

# Kinship

## REPORTER

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## Kinship Care Research and Literature: Lessons Learned and Directions for Future Research

By James P. Gleeson

*This article is a summary of a presentation titled Advocating for Kinship Care as a Valuable Resource for Families given at CWLA's National Conference in Washington, DC, on February 28, 2007.*

The research on kinship care has proliferated in recent years, so much so that it is difficult to keep current. In this presentation I attempted to review more than 15 years of research on kinship care to identify what we have learned. I began by defining kinship care and then summarized research on outcomes for children (stability, permanency, safety, and well-being) and the impact on caregivers, parents, and extended families. I ended by describing some of the limitations of the research and proposing future directions for research on kinship care.

I provide a very brief summary of that presentation here. Because of space limitations I have not included any detail or supporting references. What is presented is my interpretation of the state of our knowledge, based on my review of the literature.

A complete reference list and PowerPoint handout are available upon request by e-mailing me at the address listed at the end of this article.

### Defining Kinship Care

The 2000 U.S. Census revealed 1 in 12 children lives in a household that is headed by grandparents or other relatives, and this number has grown in recent years. It also showed that 4.5 million children younger than 18 live in grandparent-maintained households and 1.5 million live in other relative-maintained households. Most of these households are multigenerational, and birth parents maintain primary responsibility for rearing their children.

Some 2.4 million kinship caregivers have primary responsibility for

the care of their relative's child, and in most of these families the birth parent does not live in the home. Families headed by grandparents and other relatives are growing fastest among those with the lowest incomes and greatest social service needs, and racial and ethnic minority children are more likely to live with kin than other children.

The overwhelming majority of children living with relatives are not in the custody of the child welfare system. We refer to these types of kinship care placements as *informal*,

see *Research*, page 8

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**Charlene Ingram**

Senior Program Director

**Cassandra Rainey**

Director, Mid-Atlantic Region

**Emily Shenk**

Editor

**Steve Boehm**

Acting Director of Publications

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### Headquarters

2345 Crystal Drive, Suite 250  
Arlington, VA 22202  
703/412-2400 Fax 703/412-2401  
[www.cwla.org](http://www.cwla.org)

**Christine James-Brown**  
President/CEO

**Linda Spears**  
Vice President

Corporate Communications and Development

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*Charlene Ingram  
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# Update from Capitol Hill

*Mother's Day and Father's Day Times to Highlight Kinship Families*



CWLA used the traditional holidays of Mother's Day and Father's Day as occasions to remember all the kinship families across the country by urging CWLA members to lobby for two kinship bills. Senators Hillary Clinton (D-NY) and Olympia Snowe (R-ME) reintroduced the Senate bill (S. 661) in February. In May, shortly before Mother's Day, Representatives Danny Davis (D-IL) and Tim Johnson (R-IL) introduced the House version (H.R. 2188). Both bills are known as the Kinship Caregiver Support Act.

The bills would establish a kinship caregiver navigator program that will provide grants to state governments to help develop information and referral systems for all kinship families regardless of financial need. The bills require states to have a notification process in place so relatives will be informed when a child

enters the child welfare system. In addition, both bills establish kinship guardianship assistance payments by expanding federal Title IV-E funding. Right now this funding is only available for foster care payments and payments to help families with special needs adoptions.

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*Both bills establish kinship guardianship assistance payments by expanding federal Title IV-E funding.*

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While the House bill is just starting to pick up additional sponsors, the Senate version is growing in support. In addition to the original sponsors—Clinton, Snowe, and Thad Cochran (R-MS)—new cosponsors

include Senators Frank Lautenberg (D-NJ), Robert Menendez (D-NJ), John Kerry (D-MA), Blanche Lincoln (D-AR), Barbara Mikulski (D-MD), Norm Coleman (R-MN), Charles Schumer (D-NY), Bernie Sanders (I-VT), and Patty Murray (D-WA). Both bills have drawn support from all political parties, something that did not happen in the last Congress. ■

## When Momma and Daddy Couldn't Be There

*By William C. Bell*

When momma and daddy couldn't be there,

You taught me the meaning of love and care.

You wiped my tears when I cried,  
You gave me the strength that I needed inside.

When momma and daddy couldn't be there,

You were my source of hope.

When it seemed that I had no one else,  
You taught me to believe in myself.


I now know that there is so much I can be,

Simply because you had the courage to believe in me,

When momma and daddy couldn't be there....



*William C. Bell is President of Casey Family Programs*



You are invited to register to attend the Child Welfare League of America's National Adoption and Foster Care Training Conference, a conference for adoption and foster care professionals.

Join us for learning, connecting, and celebrating the work of finding permanency for all children.

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**December 10-12, 2007**  
**Marriott New Orleans**  
**555 Canal Street, New Orleans, Louisiana**

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For questions please contact:  
Ada White at 225-683-9233 ([awhite@cwla.org](mailto:awhite@cwla.org)) or  
Millicent Williams at 202-942-0253 ([mwillia@cwla.org](mailto:mwillia@cwla.org))

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*To register online visit [www.cwla/conferences](http://www.cwla/conferences)*

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# Taking the Journey: One Grandparent's Story

By Linda James

In 1987, when my granddaughter was born, she weighed 1 pound, 4 ounces. She was born in a drug house and later transported to a hospital in Maryland. Because of her health, she was eventually transferred to Children's Hospital in Washington, DC. The hospital told me my granddaughter needed surgery, but they couldn't find her mother. I gave consent for the surgery and asked the hospital to stay in contact with me because I would take responsibility for my granddaughter when it was time for her to be released; I knew my daughter would not be found because she was back on the streets.

When my granddaughter was ready to be released, I had to find a way to bring her home to Rochester. The dilemma I encountered was due to her medical condition, which would prevent her from traveling to Rochester on a regular airplane. She had a heart monitor and breathing machine that required a private plane with a medical staff. After trying to connect to many agencies, I was finally able to find one agency to help me. A local radio station (WVOR) arranged a flight to Washington, DC, for me and also helped arrange a Mercy flight (a medical flight with a nurse onboard) from Washington to Rochester.

Caring for my granddaughter is a journey that has dramatically changed my life. I was forced to quit my job at Strong Memorial Hospital to take care of her, and I applied for assistance through our local Department of Human Services. Two years later, I was making that same journey to pick up my grandson, who also was born premature. His weight was 1 pound, 6 ounces; my daughter was using drugs at the time of his birth.

In 1990, I was able to bring my daughter to Rochester, hoping the change would give her the desire to change her lifestyle. For six months, she stayed clean, then she returned to her patterns of drug abuse. A year

later, her body was found strangled in an abandoned field two days before her 26th birthday. After the death of my daughter, my grandchildren and I received counseling to help us deal with loss and grief.

My passion for supporting grandchildren and grandparents has carried over to my professional career. I now work at the Family Resources Centers of Crestwood Children's Center (an affiliate of Hillside Family of Agencies), and I am the program coordinator for Skip Generations, an educational support group for grandparents who are raising their grandchildren. We offer several different groups in this program, each meeting

weekly: One is for grandparents who have grandchildren with a learning disability, developmental disability, or some behavioral problem in school; one is an educational support group; and the other is a therapeutic group for grandparents in partnership with the University of Rochester's Department of Psychiatry. This latter group of 10 grandparents was trained in a 15-week curriculum to become mentors. Each mentor will provide supportive home visits to other grandparents in the community. ■

*Linda James is Caregiver and Program Coordinator at SKIP Generation, Hillside Family of Agencies.*

## Conference Calendar

### July 20

#### **Reducing State Foster Care Through Kinship Care: Grandparents and Other Kin Making a Difference**

*Fort Rapids Indoor Water Park Resort (Holiday Inn), Columbus, Ohio*

The mission of this statewide kinship conference is to educate and train kinship caregivers and professionals working with them, increase collaboration and build supportive networks between caregivers in the state of Ohio, and provide an entertaining atmosphere for children and teenagers who come along. Registration deadline is June 20, 2007. Visit [www.pcsao.org/KinshipSupports.htm](http://www.pcsao.org/KinshipSupports.htm), or contact Ollie Jones at 330/379-2104 or [ojones@summitkids.org](mailto:ojones@summitkids.org).

### July 24-27

#### **Intergenerational: IT'S MONUMENTAL Generations United's 14th International Conference**

*Holiday Inn on the Hill, Washington, DC*

The conference will encourage, enhance, and establish creative programming and public policy initiatives globally that respect, value, involve, and improve lives. Sessions will focus on the areas of grandfamilies, intergenerational programming, public policy and advocacy, and research and evaluation. Visit [www.gu.org](http://www.gu.org), or contact Brent Elrod, Program Director at Generations United, 202/289-3979 or [belrod@gu.org](mailto:belrod@gu.org).

### December 10-12

#### **Shared Beliefs, Shared Values: Achieving Excellence in Adoption and Foster Care**

*New Orleans Marriott, New Orleans, Louisiana*

*Cosponsored by the CWLA National Advisory Committee on Adoption and the CWLA National Foster Care Committee*

*More information is online at [www.cwla.org/conferences](http://www.cwla.org/conferences).*

This conference, celebrating the continued increase in adoptions of waiting children, primarily by their foster parents, will feature workshops and information on all facets of adoption: special needs, placement of older children, kinship adoptions, domestic adoption, and intercountry adoption. It will also focus on foster care, including placement stability, education, mental health, medical issues, permanency, overrepresentation of children of color, and innovative foster care programs that address some of these issues.

# Kinship Institute Advocates on Behalf of Philadelphia Families

By Sarah Gaines

As a child abuse prevention agency that has served the families and children of Philadelphia since 1835, the Philadelphia Society for Services to Children (PSSC) has long offered social work services to families. As the crack epidemic decimated Philadelphia's communities, PSSC social workers reported that services were being provided to families in which a relative—usually a grandmother—was raising the children.

In 1991, the Kids 'n' Kin program was developed to address the needs of these families. Social workers in the Kids 'n' Kin program are trained to understand the implications of the kinship family structure as it relates to family dynamics. Family therapy is offered, along with workshops and support groups for caregivers and legal help through collaboration with the Support Center for Child Advocates. Kids 'n' Kin also maintains a focus of support for families in which parents are incarcerated, including therapeutic trips to a state correctional facility for women and groups for children with incarcerated parents.

Building on the expertise offered through the Kids 'n' Kin program, last year PSSC created the Kinship Institute, which complements the direct service offerings of Kids 'n' Kin by promoting policies and programs that benefit relative caregiver families. The institute accomplishes this by advocating for policies and legislation that benefit kinship caregivers, networking existing programs, and offering trainings and technical assistance.

The Kinship Institute's advocacy efforts are initially focusing on city policies and state legislation. The institute is fortunate to have the support of Councilwoman Blondell Reynolds Brown, who hosted a legislative luncheon on behalf of the

Kinship Institute to examine the issue and its implications in Philadelphia. Additionally, the institute is pleased to be supporting the work of two state senators, Anthony Williams and Rafael Musto, who each introduced legislation that would benefit caregivers. Williams's legislation (S.B. 167) would create an intergenerational housing pilot program, whereas Musto's legislation (S.B. 171) would create a statewide navigational system for relative caregivers.

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*Social workers are trained to understand the implications of the kinship family structure as it relates to family dynamics.*

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The institute is shaping its early advocacy efforts in part on a study conducted by Joseph Crumbley, a recognized expert in the field of kinship care, on behalf of the institute. This study, *The Status of Services for Relative Caregivers in Philadelphia*, revealed that housing is a primary concern for many relative caregivers. The study also demonstrated that many service providers are unaware of relative caregivers and have no system for identifying these families or helping them access appropriate services.

Although still young, the institute has already facilitated information-sharing and networking opportunities. A two-day conference in 2006 served as the springboard for these efforts. More than 300 people attended, gathering information in the areas of legal, financial, health, and support services, and receiving a free copy of a new resource guide for relative caregivers and service providers, which the institute developed.

Although the conference is expected to be a biannual event, monthly meetings for service providers and community-based information fairs for relative caregivers will be ongoing. The institute also issues a quarterly newsletter, *Connections*, which lists activities and programs for caregiver families to help build communication, collaboration, and access to programs.

Finally, efforts are also under way in terms of training and technical assistance. Under Crumbley's guidance, and through a grant from the Brookdale Foundation's Relatives as Parents Program, institute staff members developed a curriculum for Workplace Workshops for Relative Caregivers. Recognizing that more than half of the nation's 2.4 million grandparent caregivers are employed, the institute is promoting responsive programming by bringing workshops to caregivers in their places of employment. Additionally, PSSC staff members have provided training on working with relative caregiver families for local social service agencies.

These accomplishments are just a start. Much work remains on behalf of relative caregivers. The Kinship Institute looks forward to acting as an agent for change and progress, which is possible thanks to the strong and diverse members of its Advisory Committee. Leaders from Philadelphia's social service agencies, public and private organizations, and relative caregivers, as well as elected officials and policymakers, have bonded together as the Kinship Institute Advisory Committee. ■

*Sarah Gaines is Director of the Kinship Institute. For more information about the Kinship Institute, the Kids 'n' Kin program, or PSSC, contact her at 215/875-4977 or sarah@pssckids.org.*

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- keeping children safe;
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*private*, or *voluntary*. Fewer than 10% of children living with relatives without their parents present are in the custody of the child welfare system. We have used the terms *formal kinship care* or *kinship foster care* to describe this type of living arrangement.

Kinship care arrangements tend to be much more complex than these classifications suggest, however. Some families are involved in both formal and informal care with related children from several nuclear families, and many are raising their own birth children as well. Also, a number of primary kinship caregivers also care for their own parents or other adults who may live with them or in other residences. The caregiving patterns often are quite complex, and this complexity is rarely reflected in the research on kinship care.

### Placement Stability

Children in the custody of the child welfare system who are placed with relatives experience fewer placement disruptions than do children placed with nonrelated foster parents. We do know, however, that disruptions sometimes occur even when relatives want to continue to care for the children and provide them safe environments.

Family stressors that undermine the stability of these living arrangements include conflicts with biological parents, challenging behaviors and special needs of children and adolescents, and health limitations of relative caregivers. It is possible that the right type of additional support might ensure the stability of some of these living arrangements.

Not surprisingly, children whose parents are visiting their children regularly and working toward regaining custody are more likely to be reunified and less likely to experience placement disruption than are children whose parents are perceived to be noncooperative. If placement disruption does occur, these children are more likely to be transferred to the

home of another relative than to a nonrelative foster home. Recent research also indicates that kinship care living arrangements negotiated by the family are more stable than those arranged by the child welfare system, while policy shifts that abruptly reduce the financial support to kinship caregivers contribute to subsequent foster care placements, transfer to another relative's home, or reunification.

### Reunification

A number of early studies suggest that children are reunified with biological parents at slower rates from kinship care than nonrelated foster care but are less likely to reenter the custody of the child welfare system. In some ways, that children in kinship foster care return home at all is

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*Less than 10% of the children living with relatives without their parents present are in the custody of the child welfare system.*

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remarkable, since the child welfare system pays little attention to reunification of children with their parents once they are in kinship foster care. Some research shows the level of financial support affects the rate of reunification for some families.

Children in kinship foster homes who receive the full foster care payment are less likely to be reunified or are reunified at a much slower rate, and are more likely to reenter the custody of the child welfare system, compared with children placed in kinship homes that do not receive the full foster care subsidy.

Unclear, however, is how finances are considered and by whom (the caregiver, the child welfare practitioner, or others) when reunification, adoption, or any other options are considered.

### Adoption

Early research suggested that kinship caregivers were less likely than non-related foster parents to adopt the children in their care because they were already family; therefore, caregivers did not see the need to adopt children. They were also often reluctant to participate in adoption because it required termination of the birth parents' rights. Some of these concerns have been attributed to cultural beliefs.

More recent research suggests relatives will consider adopting if child welfare caseworkers discuss this and all other options with them, provide sufficient information, and help kinship caregivers and other family members weigh the advantages and disadvantages of each option for themselves, the children, and other members of the family.

Also, very recent research using propensity matching scores to balance mean differences in characteristics of children in kinship and nonkinship homes suggests that child and family characteristics are more determinative of placement outcomes, and it is not the kinship placement itself that may contribute to slower rates of reunification or differences in rates of adoption or guardianship.

### Guardianship

Even with sufficient information, however, some relatives are willing to permanently care for children, raising them to adulthood, but they are not willing to adopt these children. Alternatives to adoption are needed for these families. Subsidized guardianship is an alternative to adoption that is thought to be more consistent with cultural practices of informal adoption, particularly among African American families. Responsibility for caring for the child is legally transferred to the kinship caregiver without requiring termination of the parents' rights.

In Illinois, subsidized guardianship provides the caregiver with the same level of financial support they

would receive if they adopted the child in their care—this is the same level of reimbursement they would receive as a licensed foster parent. This has been successful in increasing permanency for children cared for by relatives who received the option of considering subsidized guardianship or adoption, compared with a control group of children cared for by relatives who only had the option of adoption. Although this difference is statistically significant, it is still only a difference of 6.7%.

Some have expressed concerns about whether guardianship or adoption is more permanent. Recent research suggests the form of legal permanence—adoption or guardianship—may have less effect on family stability than does the caregiver's relationship to the child, sense of family duty, affection, and length of acquaintance.

### **Permanency in Kinship Care**

When policy initiatives focus the various parts of the system on permanency (for example, court, child welfare agencies) the combination of these initiatives appear to have a major impact on increasing rates of permanency and decreasing child welfare caseloads.

Anecdotal information suggests a number of other factors create a context that supports permanency planning efforts: nonadversarial approaches to working with kinship families (for example, family group conferencing, mediation, family meetings), changes in practice and training, supportive child welfare and court systems, and a shared vision across these systems.

We also know from interviews with kinship caregivers some unintended negative effects have come out of recent permanency planning efforts. These include feeling coerced by child welfare practitioners to take full legal responsibility for the related children in their care and, for some, a lack of understanding of the real meaning of adoption or guardianship

and how this changes the child's and the family's relationship with the child welfare system. These unintended effects seem to be the result of the ways in which permanency planning efforts have been implemented, as well as our lack of understanding of the meaning of permanency for children and families.

### **Child Safety and Kinship Care**

Research indicates that children in kinship foster care are at least as safe as children in nonrelated foster care. Concerns about safety in the home of relatives are not trivial, however. A possibility of underreporting exists, since children may be less likely to report maltreatment if placed with kin, and the level of child protective service supervision of kinship foster homes is frequently lower than that of nonrelated foster homes.

Child welfare professionals have expressed fears that kinship caregivers may not protect children from subsequent abuse or neglect by the birth parents, and some have described case examples of kinship caregivers allowing unsupervised contact between parents and children in their care when the court had prohibited this contact.

The National Survey of Child and Adolescent Well-Being (NSCAW), however, found no differences between kinship care and foster care regarding physical environment or community violence. A couple of studies suggest kinship caregivers are more likely to hold favorable views of physical punishment, compared with nonrelated foster parents, but NSCAW revealed only a very small percentage of children in care are exposed to harsh discipline, and no differences were detected between kin and nonrelated foster care.

Questions have been raised about the adequacy of parenting provided by kinship caregivers, however, "problematic parental attitudes" displayed by kinship caregivers in one study were attributable to generally older

ages of kinship caregivers rather than kinship status. One study reports that kinship caregivers profess to practice authoritative parenting, which is the most desirable for raising healthy children.

The limited research on safety of children in kinship care seems to have been focused on trying to prove kinship care as safe as foster care—or that it is not. A more useful focus is determining how to best ensure the safety of children who live with kin.

Based on case reviews that were part of our research on achieving permanency for children in kinship foster care, ensuring the safety of children in kinship care requires a partnership between the child's extended family and the child welfare system. Working with the child's extended family to engage as many members of the kinship network as possible in designing and implementing this plan provides the best assessment and increases the number of people who may intervene to protect the child if this becomes necessary.

### **Defining the Quality of Kinship Care**

In many ways, quality is in the eye of the beholder. Research suggests child welfare practitioners, kinship caregivers, and children hold some common and unique views regarding the meaning of quality in kinship care.

One study indicates child welfare practitioners stress child safety and permanency, as defined by the child welfare system, whereas caregivers tend to place more emphasis on providing children with love and moral and spiritual guidance.

Caregivers view school performance, appropriate behavior, and happiness as important quality indicators. Others suggest that ensuring quality care requires a partnership between the kinship caregiver and the child welfare system to ensure educational support, mental health and behavioral support, and healthy development.

Other aspects of the quality of

kinship care have been described as supporting positive reciprocal attachment for the child and a significant other and ensuring youth are involved in developing their service plans and have contact with their parents and other family members.

Other quality indicators are the child welfare agency's support of kinship caregivers in their efforts to meet the needs of children, handle stress, and secure adequate financial and material resources. The caregiver's experience raising children is another quality indicator that is sometimes overlooked.

### **The Well-Being of Children in Kinship Care**

Several studies of children and adolescents in the custody of the child welfare system find that those living with relatives have lower rates of mental health and behavioral problems than children and youth in nonrelated foster care and group care, but higher rates than children in informal kinship care and even higher than the general population. Research on the long-term functioning of adults who spent time in kinship care as children has not produced definitive results.

We are beginning to move past the question of whether children are better off in kinship care or foster care to more refined questions about what factors that we might be able to influence are associated with the functioning of children—for example, caregiver stress, number of children in the home, unmet service needs, dissatisfaction with services received, and barriers to accessing services including transportation and cost. Addressing these problems may have direct and indirect effects on the well-being of children in the caregiver's home.

### **Innovative Programs**

We have seen a recent surge of descriptions of innovative programs for serving children in kinship care

and their families, including school-based projects for children in kinship care and their families, and research with parents in prison or jail, their children, and the kin who care for the children. A number of studies focus on cultural values and strengths related to kinship care for African Americans, Mexican Americans, Central Americans, and others.

### **Children's Views**

Six published studies now report data collected directly from children. This research suggests that children in the custody of the child welfare system tend to report feeling always loved at a higher rate than children placed

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*Motivated primarily by a sense of obligation and the desire to keep their families together, custodial grandparents tend to neglect their own health care needs as they focus on meeting the needs of their grandchildren.*

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with nonrelated foster parents or children in group care. Children in formal kinship care arrangements are less likely to run away and more likely to like the people they currently live with, have contact with their biological parents and siblings, and talk with adults in their life about dating and school, compared with children in foster care or group care.

In a couple of studies, youth in kinship care described close relationships with extended family and long histories of shared residences with their kinship caregivers, many since birth, in households where youth, parents, and other kin resided

together from time to time. For most, living with kin is not considered to be unusual or stigmatizing. Interviews with children in formal and informal kinship care make clear that many children truly appreciate their relative caregivers and recognize their life is better with the caregiver than it had been or would otherwise be. Yet it is common for children to want to live with their parents, though many indicate they also want their current caregiver to live with them—either because of the attachment to the caregiver or their knowledge the caregiver will be dependable in caring for them when the parents may not.

### **Effect of Kinship Care on Caregivers and Extended Families**

Much of what we know about the stresses, challenges, strengths, and benefits of kinship caregiving has been generated by research that specifically focuses on grandparent-headed families. Grandparents who assume parenting roles face serious and complex challenges, including increased distress, social isolation, depression, and deteriorating health.

Motivated primarily by a sense of obligation and the desire to keep their families together, custodial grandparents tend to neglect their own health care needs as they focus on meeting the needs of their grandchildren. These grandparents reportedly delay medical attention because they lack time and money. As a result of neglected medical needs, grandparent caregivers are more likely than noncustodial grandparents to suffer from physical and mental illnesses. Many of these conditions are preexisting but are aggravated by the stress that commonly accompanies the responsibilities of caring for a grandchild.

Stressors that exacerbate caregivers' health problems include intergenerational relationship strain, com-

plex legal situations, and burdens associated with caring for children with serious emotional or behavioral problems. Grandparents caring for multiple children report relatively worse health and greater parenting stress, compared with grandparents raising a single grandchild.

Other sources of stress include lack of financial and material resources, community violence, and personal losses. Personal losses include the death or incapacitation of their own child and the loss of their own personal plans and freedom.

Also, grandparent caregivers often experience conflicting loyalties to their own children and grandchildren. Fortunately for the children in their care, despite the challenges and consequences, and beyond the sense of duty and obligation, many custodial grandparents report high levels of satisfaction, gratification, and meaning from parenting their grandchildren. Current evidence suggests, however, that many of these grandparents need supports and services to ensure their own well-being and that of their grandchildren.

### **Social Support and Services for Kinship Caregiving Families**

Research with custodial grandparents indicates that social support varies considerably. Many caregivers indicate that family members and friends are central to their lives but they rarely turn to these people for assistance in dealing with difficult situations. Many caregivers report that assuming responsibility for related children results in less contact with family and friends, reduced levels of marital satisfaction and intimate adult relationships, and loss of employment.

Shifts in family roles occur when relatives step in to care for children. These shifts often have a stressful effect on members of the caregiver's nuclear and extended family. In addi-

tion, family conflict sometimes occurs when the kinship caregiver and other members of the extended family regulate contact between children in kinship care and their birth parents. This is particularly stressful when parental substance abuse is a problem. Some evidence suggests younger grandparent caregivers report higher levels of depression than older grandparent caregivers and that social support reduces depression.

### **Parents' Views**

Very few studies have examined the views and experiences of parents of children in kinship care. One small study suggests parents' levels of development, relationships with their own mothers, drug abuse problems, and mental illnesses are related to the likelihood of being reunified with their children.

Research with parents of children in formal and informal kinship care suggest that many parents recognize and value the support of their extended families. Some parents report feelings of love, warmth, happiness, joy, enlightenment, or inspiration when they are with their children. Some point out that being with their children is stressful because of the child's behavior and parent's temper and impatience. When not with their children, parents often indicate they miss their children, experience feelings of sadness and depression, and wonder what their children are doing.

When asked to describe positive aspects of kinship care, parents often indicate they know the child is safe and well cared for, that living with relatives increases the likelihood of educational success for the child, and that living with relatives is a learning experience (the child gets the opportunity to know and have contact with relatives).

Several parents indicate that spiritual influence is a positive aspect of kinship care for their children.

Several parents state they are thankful to the relative for their help in raising their children. Negative aspects of kinship care include separation from the child and loss of the parental role.

### **Limitations of the Research and Directions for Future Research**

Although research on kinship care is contributing to knowledge, limitations to this research exist. We know a good deal about the placement careers and dynamics of children in formal kinship care and the experiences of grandparents raising grandchildren, somewhat less about the views and experiences of the children in kinship care, and very little about the experiences of parents and other family members affected by kinship care.

Very little is known about the effectiveness of policies, programs, and interventions designed to support kinship caregivers, children, and families. Also, we need to understand the limits of statistical significance and research that bases conclusions upon the comparison of means.

The fact is, even when there are statistically significant differences, considerable variability exists in the experiences of kinship caregiving families and individual family members. Future research should incorporate multiple methods, voices, measures, and perspectives to further advance our knowledge.

We need significant involvement of children, caregivers, parents, professionals, and others in all phases of the research process and in shaping programs, policies, and interventions to support kinship caregiving families. ■

*James P. Gleeson PhD ACSW is Associate Professor at Jane Addams College of Social Work and Principal Investigator for the Kinship Care Practice Project. He can be reached by e-mail at jimglee@uic.edu.*

# CWLA National Kinship Advisory Committee

Beth Beck  
Retired  
Bountiful, Utah

Maggie Biscarr  
AARP Foundation  
Grandparent  
Washington, DC

Douglas C. Brooks  
Administration for Children Services  
New York, New York

Brigitte Castellano  
National Committee of Grandparents  
for Children's Rights  
Albany, New York

Sandra Chipungu  
Howard University  
Washington, DC

Ollie M. Collier-Jones  
Summit County Children Services  
Akron, Ohio

Sandra Cross  
Grand Central Inc., Philadelphia's  
Kinship Care Resource Center  
Philadelphia, Pennsylvania

Joseph Crumbley  
Consultant  
Philadelphia, Pennsylvania

Kikora Dorsey  
Casey Family Programs  
Seattle, Washington

Louise Eagle  
Grandma K.A.R.E.S.  
South Orange, New Jersey

Carolyn Eberwein  
Children's Choice Inc.  
Philadelphia, Pennsylvania

Brent Elrod  
Generations United  
Washington, DC

Pamela Evan  
Department of Social Services  
Baltimore, Maryland

Falope Fatunmise  
Edgewood Center for Children and  
Families  
San Francisco, California

Margie Fowler  
Child Welfare League of America  
Washington, DC

James Gleeson  
Jane Addams College of Social Work  
Chicago, Illinois

Amy Goyer  
AARP Foundation Grandparent  
Information Center  
Washington, DC

Jamie Greenberg  
New York State Office of Children  
and Family Services  
Albany, New York

Cheryl Gully  
Child Welfare League of America  
Los Angeles, California

Arlene E. Hampton  
Kinship in Action  
Los Angeles, California

Charlene Ingram  
Child Welfare League of America  
Erial, New Jersey

Madeline Jackson  
Los Angeles County Children and  
Family Services  
Los Angeles, California

Jo Johnson  
Child Welfare League of America  
Washington, DC

Debra Lee  
Kinship in Action  
Los Angeles, California

Maryjane Link  
Children Awaiting Parents  
Rochester, New York

Megan McLaughlin  
Retired  
New York, New York

Carla Neal  
Philadelphia Society for Services to Children  
Philadelphia, Pennsylvania

Melinda Perez-Porter  
Brookdale Foundation  
New York, New York

Rolanda Pyle  
Brookdale Foundation  
New York, NY

Cassandra Rainey  
Child Welfare League of America  
Bronx, New York

Brenda Rich  
Philadelphia Society for Services to Children  
Philadelphia, Pennsylvania

Gerri Robinson  
Metropolitan Government Nashville  
Social Services  
Nashville, Tennessee

Zelma Smith  
ZS Smith & Associates  
Stone Mountain, Georgia

Terry Solomon  
African American Family Commission  
Chicago, Illinois

Michael Vogel  
Philadelphia Society for Services to Children  
Philadelphia, Pennsylvania

Edward Wallace  
Department of Human Services, Division  
of Children and Family Services  
Little Rock, Arkansas

Gerard Wallace Esq.  
Albany Law School, Government  
Law Center  
Albany, New York

Dana Wilson  
Child Welfare League of America  
Baltimore, Maryland

Terrence Zealand  
AIDS Resource Foundation for Children  
Newark, New Jersey