

CHILDREN AND FAMILY RESEARCH CENTER

Caregiving Environments of Kinship Care Literature Review

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Executive Summary

What are the Characteristics of Kinship Caregivers?

- Many studies (Berrick, 1998; Berrick, Barth, & Needell, 1994; Courtney & Needell, 1997; Dubowitz, Feigelman, & Zuravin, 1993; Ehrle & Geen, 2002; Gebel, 1996; Le Prohn, 1994) have found that kinship caregivers are more likely to be older, African American, single, financially unstable, unemployed, and undereducated as compared to the general population of foster caregivers. However, Scannapieco, Hegar, and McAlpine (1997) reported that financial status, employment status, and educational level did not differ between kin and non-kin caregivers.
- Gebel (1996) found that kin caregivers were more favorable toward physical discipline, but had more positive perceptions of the children.
- Le Prohn (1994) found that kinship caregivers showed more sense of responsibility for the children in their care than did non-relative caregivers. Furthermore, kinship caregivers indicated significantly stronger feelings of responsibility to maintain the child's contacts with his/her family of origin.
- Many studies (Burnette, 1997; Fuller-Thompson & Minkler, 2000) have found that a majority of kin caregivers were grandparents, especially grandmothers.
 - Studies have found that many grandparent caregivers suffered from physical and mental health problems (Burton, 1992; Fuller-Thompson & Minkler, 2000; Grant, 2000; Kelly, Whitley, Sipe, & Yorker, 2000; Minkler & Fuller-Thompson, 1999; Minkler & Roe, 1993; Solomon & Marx, 2000).
 - Emick and Hayslip (1999) found that grandparents raising grandchildren with behavioral/emotional problems demonstrated higher levels of stress, role disruption, and

deteriorated relationships with grandchildren than did grandparents raising grandchildren displaying no problems and non-custodial grandparents

What kinds of services are kinship caregivers receiving, and what are their service needs?

- Kinship caregivers receive less case management, public support services, and supervision from the child welfare system than do non-kinship foster parents (Berrick, 1998; Berrick et al., 1994; Brooks & Barth, 1998; Gebel, 1996; Iglehart, 1994; Scannapeico et al., 1997).
- Kolomer (2000) reported that grandmothers of disabled grandchildren reported that they did not receive any services for disabilities and that they could not access community-based disability services because the services were unavailable to kinship foster parents.
- Kinship caregivers want services and support, including financial support, counseling, and respite services (O'Brian, Massat, & Gleeson, 2001).
- Kinship caregivers indicated varied service needs, including the need for tangible assistance to help them meet federal foster care home requirements; a respite program; support groups; day care; counseling for relative children; information about agency policies, timeliness, court procedures, and case progress; and time to prepare for the arrival of their relative children (Davidson, 1997).

Is greater placement stability and permanence achieved through kinship care?

- Several studies (Berrick, 1998; Berrick et al., 1994; Courtney & Needell, 1997) reported that kinship care provides more stability than does non-kinship care. However, Terling-Watt's study (2001) revealed substantial disruption rates in kinship care, rising up to 50% at the third year of placement.
- Testa (2001) found that the greater stability evidenced in kinship care at the initial phase of placement faded as time passed.

Introduction

Dramatic growth of kinship care placements since the late 1980s has drawn attention from both child welfare practice and academia (Geen & Berrick, 2002; Testa, 1997). Despite the increasing preferences for kinship care, scholars who have less optimistic views raise many concerns regarding quality of care. They question how well kinship care can achieve child welfare goals, such as child safety, well-being, and permanency in comparison with non-kinship care (Shlonsky & Berrick, 2001). This review examines recent research on the caregiving environments of kinship care. Special attention was paid to the comparisons of kinship versus non-kinship environments in terms of caregiver characteristics, receipt of services, placement stability, and achievement of permanency (Berrick, 1998; Berrick, Barth, & Needell, 1994; Courtney & Needell, 1997; Dubowitz, Feigelman, & Zuravin, 1993; Ehrle & Geen, 2002; Gebel, 1996; Le Prohn, 1994; Scannapeico et al, 1997; Terling-Watt, 2001; Testa, 2001; Thorton, 1991).

Search Strategy

The following sources were used to locate relevant literature about the caregiving environments of children in kinship care: Eric, Psych INFO, Social Science Abstracts, and Social Work Abstracts. The studies were limited by English language and publication year of 1990-2003. Combinations of the following terminologies, “kinship” OR “relative care” were used to identify appropriate studies. To be included in this review, a study must have: (a) been published in a psychological, sociological, and/or social work journal, or (b) been a review of professional and accrediting organization standards, and (c) provided empirical evidence regarding the caregiving environments of kinship care, including kinship caregiver characteristics, services received, and placement stability and permanence achievement.

Results

Kinship Caregiver Characteristics

Several studies have examined the characteristics of kinship caregivers. According to most, kinship caregivers are more likely to be older, African American, single, financially unstable, unemployed, and less educated than non-relative foster caregivers (Berrick, 1998; Berrick, Barth, & Needell, 1994; Courtney & Needell, 1997; Dubowitz, Feigelman, & Zuravin, 1993; Ehrle & Geen, 2002; Gebel, 1996; Le Prohn, 1994). However, Scannapieco, Hegar, and McAlpine (1997) reported that financial status, employment status, and educational level did not differ between kin and non-kin caregivers. These studies noted that a majority of kin caregivers were grandparents, especially grandmothers.

Gebel (1996) compared kin and non-kin caregivers' attitudes toward physical discipline and perceptions of the children in their care. The study showed that kin caregivers were more favorable toward physical discipline, but had more positive perceptions of the children. Le Prohn (1994) examined the differences in role perception between kin caregivers and non-kin caregivers. The results found that relative caregivers showed more sense of responsibility for the children in their care than did non-relative caregivers. Most importantly, relative caregivers indicated significantly stronger feelings of responsibility to maintain the child's contact with his/her family of origin.

Since a majority of kin caregivers are grandparents, there is a need to better understand this particular group of caregivers. Historically, grandparents have cared for children so that their parents could obtain job stability. More recently, AIDS and substance abuse are factors that attribute to the dramatic increase in grandparent caregivers (Burnette, 1997; Fuller-Thompson & Minkler, 2000). Data from the U.S. Bureau of the Census (1993) showed that 60% of

grandparent caregivers were grandmothers, and three quarters were married. (In terms of marital status, grandparents differ from the results of other studies reporting that most kinship caregivers are single.) Additionally, African Americans were twice as likely to become grandparent caregivers as were Caucasians. Fifty- eight percent of grandparent caregivers did not complete high school, and 28% were living at or below the poverty line. According to Fuller-Thompson and Minkler's study (2000), over half of the grandparents (54%) were married, more than three fourths (77%) were female, and over one third (42.5%) had not graduated from high school. In comparison with non-custodial grandparents, custodial grandparents were significantly more likely to be unmarried, female, undereducated, and financially unstable.

In Burnette's descriptive data (1997) of 42 Latina grandmothers raising grandchildren in New York city, only 16.7 % of these grandmothers were married, over 70% did not finish high school, and 43% had total annual incomes of less than \$7,500. Contrary to the stereotype of multigenerational households in which familial support is voluntarily available, the study revealed that almost 50% of the grandmothers reported that they were living only with the grandchildren in their care. In addition, 14% reported that they did not have any informal support for child caregiving, and only 58% of those who had informal support reported that they felt confident about the continuity of the support.

The burdens of grandparenting seem to aggravate the diverse disadvantages that older people face, such as financial pressure, social isolation, and physical and mental health problems. In particular, physical and mental health problems have been a focus of studies of grandparent caregivers (Burton, 1992; Fuller-Thompson & Minkler, 2000; Grant, 2000; Kelly, Whitley, Sipe, & Yorker, 2000; Minkler & Fuller-Thompson, 1999; Minkler & Roe, 1993; Solomon & Marx, 2000). Burton's ethnographic study suggested that grandparent caregivers suffered from

substantial physical and psychological costs, as well as social and financial costs caused by childrearing, even though they felt satisfaction and gratification from childrearing. Minkler and Roe reported that African-American caregiving grandmothers also experienced huge caregiving burdens on their health and well-being. According to Grant, many grandparent caregivers suffer from chronic health conditions, but do not receive health care because of their financial limitations.

Studies that compared mental and/or physical health of both custodial and non-custodial grandparents revealed the poorer health of custodial grandparents (Emick & Hayslip, 1999; Fuller-Thompson & Minkler, 2000; Kelly et al., 2000; Minkler & Fuller-Thompson, 1999; Solomon & Marx, 2000). According to Minkler and Fuller-Thompson, custodial grandparents reported significantly more limitations in daily activities and lower satisfaction with their health than did non-custodial grandparents. In Fuller-Thompson and Minkler's study of African-American grandparents, grandparents who were taking care of their grandchildren appeared to have more limitations in daily activities and to be twice as likely to have depressive symptoms than did grandparents who were not taking care of their grandchildren. Solomon and Marx also found that custodial grandparents had poorer health on all physical, mental, and social health indices compared to non-custodial grandparents in both White and Black groups.

Emick and Hayslip (1999) addressed the issues of the impact of grandparenting on the grandparents' psychological distress, coping skills, and relationships with grandchildren by comparing three groups: grandparents raising grandchildren displaying behavioral/emotional problems, grandparents raising grandchildren displaying no problems, and non-custodial grandparents. The authors found that grandparents raising grandchildren with emotional/behavioral problems demonstrated the highest levels of stress, role disruption, and deteriorated

relationships with grandchildren. In addition, grandparents raising grandchildren without these problems showed more distress, more role disruption, and more deterioration of the grandparent-grandchild relationship than did non-custodial grandparents. Kelly and her colleagues (2000) investigated the predictors of psychological distresses of grandmother kinship care providers. Findings indicated that family resources, grandparent caregivers' physical health, and to a lesser degree, social support predicted the level of psychological distress of the caregivers.

While the studies discussed so far indicate various potential limitations of grandparents in their grandchild-rearing, other studies noted the positive influence of grandparenting in continuing cultural and familial heritage. In particular, the studies examined the roles of grandparents of Native American tribes and African-American families as "keepers of culture" (Kopera-Frye & Wiscott, 2000). Strom, Collingsworth, Strom, and Griswold (1993) reported that African-American grandparents seemed to be more influential than Caucasian grandparents in giving grandchildren life direction and advice, teaching their grandchildren respect toward other people's feelings, the worth of religion, and what is right or wrong. Timberlake and Stukes-Chipungu (1992) investigated the symbolic meanings that African-American grandmothers place on grandparenting. The majority of the grandmothers (85%) viewed their grandchildren as an expansion of themselves and an important link to continuing family traditions. Kopera-Frye and Wiscott looked at grandchildren's perspectives of how and to what extent their grandparents influence their lives. The majority of grandchildren, regardless of their ethnicity, reported the importance of family traditions in their lives and the moderate to great influence of grandparents on their beliefs about religion, family, education, work, morality, and personal identity. Although this study was not specific to custodial grandparents, the authors noted their findings would have implications for the impact of custodial parenting on cultural continuity.

Services Received and Needed

Regarding services that kinship families receive, prior studies showed consistent results: kinship caregivers receive less case management, public support services, and supervision from the child welfare system than do non-kinship foster parents (Berrick, 1998; Berrick et al, 1994; Brooks & Barth, 1998; Gebel, 1996; Iglehart, 1994; Scannapeico et al., 1997). Three qualitative studies (Davidson, 1997; Kolomer, 2000; O'Brien, Massat, & Gleeson, 2001) further explored the various service needs of kinship caregivers, including case management and financial support. According to Kolomer, grandmothers of disabled grandchildren reported that they did not receive any services for disabilities and that they could not access community-based disability services because of the services' unavailability to kinship foster parents. O'Brien et al.'s study noted the services and supports that kinship caregivers want, such as financial support, counseling, and respite services. Davidson's study revealed that kinship caregivers had a variety of service needs, including the need for tangible assistance, including help in meeting federal foster care home requirements; a respite program; support groups; day care; counseling for relative children; information about agency policies, timeliness, court procedures, and case progress; and time to prepare for the arrival of their relative children. It is noteworthy that these studies revealed kinship caregivers' frustration and mistrust of the child welfare system that failed to respond to their and the children's needs. Many caregivers expressed anger, especially about lower foster care payments as compared to that given to non-kinship foster parents (Davidson; O'Brien et al.).

Placement Stability and Permanence

Studies reveal mixed results on the relationship between placement stability and kinship caregiving. Berrick (1998), Berrick et al. (1994), and Courtney and Needell (1997) reported that

kinship care provides more stability than does non-kinship care. However, Terling-Watt's study (2001) revealed substantial disruption rates in kinship care, rising to 50% at the third year of placement. Testa (2001) also found that the better stability of kinship care at the initial phase of placement faded out as time went by.

Greater concern centers on reunification and adoption by relatives. According to Berrick (1998), Berrick et al. (1994), and Courtney and Needell (1997), despite the advantages in placement stability, children in kinship care were reunified with their families of origin at a much lower rate than were children in non-relative foster care. In addition, the study indicated that kin caregivers are not very interested in adoption because they already consider the relative child in their care as a family member (Berrick et al., 1994; Thorton, 1991). However, a comparison study of kinship and non-kinship caregivers (Gebel, 1996) did not show a significant difference in kin caregivers' willingness to adopt a child in their care. Furthermore, Dubowitz et al. (1993) found that kinship caregivers were more willing and committed to take care of children despite their lower financial resources than those of non-kinship caregivers.

Conclusion

Studies on caregiving environments suggest that kinship care poses greater environmental disadvantages for children than non-relative foster care in terms of caregiver demographic characteristics. Furthermore, findings that kinship caregivers received less financial support and services increases concern. However, kinship caregivers' positive attitudes toward children in their care, their strong commitment to caregiving, and their roles in continuing cultural identity for children indicate positive aspects of kinship caregiving environments. As for placement stability and permanence for children in kinship care, studies showed the placement stability provided by kin waned over time. Children in kinship care also reunify with their families at a

much lower rate than do children in non-relative placements. However, since these children are placed with family, this issue may be of less importance.

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