

INDIVIDUAL AND SOCIAL PROTECTIVE FACTORS FOR CHILDREN IN INFORMAL KINSHIP CARE

FINAL REPORT

February 26, 2008

Authors

James P. Gleeson, Ph.D., ACSW, Associate Professor, Principal Investigator
Chang-ming Hsieh, Ph.D., Associate Professor, Co-investigator
Nicole Anderson, Ph.D., Project Coordinator
Claire Seryak, MSW, Ph.D. Student, Research Assistant
Julia Wesley, MSW, Ph.D. Student, Research Assistant
Eun Hee Choi, MSW, Ph.D. Student, Research Assistant
Raquel Ellis, MSW, Ph.D., Research Assistant
Tyreasa Washington, MSW, Ph.D. Student, Research Assistant
Gwen Walls Talley, MA, Former Director of Family Based Services
Grand Boulevard Federation
Jackie Robinson, Former Community Outreach Coordinator
Grand Boulevard Federation

The Executive Summary of this report is a separate document that is available on-line at: <http://www.uic.edu/jaddams/college/kincare/>
If you have difficulty accessing this report, contact Jim Gleeson at jinglee@uic.edu.

Funded in part by grant number 90-CA-1683 from the Administration on Children, Youth and Families, Priority Area: 2001B.2 Investigator Initiated Research Advancing the State of the Art in the Child Abuse and Neglect Field, awarded to The Board of Trustees of the University of Illinois. Additional support was provided by the Jane Addams College of Social Work and the Jane Addams Center for Social Policy and Research. The views expressed in this report are those of the authors and do not necessarily reflect the official policies of the Department of Health and Human Services or views of the funding sources.

INDIVIDUAL AND SOCIAL PROTECTIVE FACTORS FOR CHILDREN IN INFORMAL KINSHIP CARE

FINAL REPORT

ACKNOWLEDGEMENTS

We are very grateful to the families who have participated in interviews with us so that we could help to share their stories with government officials and other people who make policies and develop programs to help families. It is important that policymakers and service providers learn from the experiences of grandparents, aunts, uncles, cousins, older siblings and others who care for a relative's child. It is also important that we hear from the children who live with relatives and from the parents of these children so we can develop programs and services that build on their strengths and truly meet their needs.

We are grateful to the Administration on Children, Youth and Families (ACYF) for their support of this project through grant number 90-CA-1683, Priority Area: 2001B.2 Investigator Initiated Research Advancing the State of the Art in the Child Abuse and Neglect Field and the project officers and their supervisors who provided guidance and support throughout the study: Cassandra Simmel, Ph.D., Sally Flanzer, Ph.D., Mary Bruce Webb, Ph.D. We also thank the ACYF grants management specialists who facilitated our work: Stephanie Williams and Ruthenia Hopkins.

A special recognition and thanks to Creasie Finney Hairston, Ph.D., Dean of the Jane Addams College of Social Work (JACSW) and Director of the Jane Addams Center for Social Policy and Research at the University of Illinois at Chicago (UIC) for her consistent encouragement and support of our work. We also thank Dean Hairston for committing additional financial support throughout the project, and substantial financial support after the federal funding expired to allow us to complete data analysis and this report. We also thank the many support staff at the Jane Addams College of Social Work who assisted us throughout the project, with special thanks to Christine Murphy-Lucas, Interim Assistant to the Dean and Business Manager, Kimberly Padgett, Assistant Director of Financial Operations and Dennis J. McCauley, Assistant Dean for Administration.

We are very grateful to Gregory Washington, President of the Grand Boulevard Federation for his support of this project, for allowing his staff to participate in this effort, and for providing office space to accommodate project meetings and interviews.

Special thanks and recognition goes to Earl Durham, who brought Gwen Talley and Jim Gleeson together to collaborate on efforts to support kinship caregivers and their families. Earl also helped us through tough times in the recruitment phase of our project, when our ability to collaborate was challenged. Earl passed away recently. We miss him and will remember the way he challenged us to work closely with the community to ensure that the work we do is relevant and benefits those we engage in research.

We also thank the many persons who worked with us on this project in the past: Amy Burke, MSW, Research Assistant; Anissa Dean, MSW, Research Assistant; Leslie Ford, Ph.D., Project Coordinator; Marian Harris, Ph.D., Co-investigator; Karen Heart, Research Assistant; Shelby Hickman, Research Assistant; Angela Jones Laster, MSW, Research Assistant; Debra Matthies, MSW, Research Assistant; Sarah Moore, Ph.D., Research Assistant; Chris Nergaard, MSW, Research Assistant; Amy O’Gara, MSW, Research Assistant; Jackie Philipps, MSW, Research Assistant; Annie Redmond, Research Assistant; Maribel Ruiz, MSW, Research Assistant; Nahir Vasquez, MSW, Research Assistant; Marie Versher, MSW, Research Assistant; Jacquelyn Vincson, MSW, Ph.D. Candidate, Research Assistant; Geraldine (Penny) Walton, Outreach Coordinator, Grand Boulevard Federation; and Asabi Yakini, Ph.D., Research Assistant.

We thank all of the individuals and organizations that have informed families of this study so that they might participate, in particular Barb Schwartz, Illinois Department on Aging, a number of the Illinois Department on Aging funded grandparent raising grandchildren support groups in the Chicago area, Debra Melin, Youth Outreach Services Program Director, and supervisors and staff members of the Extended Family Support programs she coordinates, and all others who helped get the word out and referred families to participate.

We also acknowledge members of our kinship caregiver research advisory committee, Adrian Charniak, Christine Evans, Felicia Gibbs, Juanita Fite, Deborah Gibbs, and Patricia Cleveland and all who participated in forums where we presented preliminary findings. Thank you for providing feedback and helping us to describe the experiences of families caring for a relative’s child.

INDIVIDUAL AND SOCIAL PROTECTIVE FACTORS FOR CHILDREN IN INFORMAL KINSHIP CARE

FINAL REPORT

ACKNOWLEDGEMENTS.....	1
CHAPTER I: INTRODUCTION	7
Project Goals and Objectives.....	8
Review of the Literature	10
<i>What Do We Know from Interviews with Kinship Caregivers?</i>	12
<i>What Do Studies of Child Safety, Behavioral Functioning, and Well-Being Tell Us?</i>	16
<i>What Do Interviews with Children Tell Us?</i>	21
<i>What Does the Resilience Literature Tell Us?</i>	26
<i>What Does the Research on African American Family Strengths Tell Us?</i>	27
<i>What Do We Need To Know?</i>	27
Conceptual Framework.....	28
Significance	30
CHAPTER II: METHODS	33
Research Design	33
<i>Sampling Plan</i>	33
Importance of the Grand Boulevard Federation-Jane Addams College Collaboration.....	38
Human Subjects Protections and Research Ethics.....	40
Training and Supervision of Research Assistants who Conducted Interviews.....	41
Data Collection	42
<i>Interviews with Caregivers</i>	42
<i>Measures Included in Caregiver Interviews</i>	43
<i>Interviews with Children</i>	51
<i>Interviews with Biological Parents</i>	52
Data Analysis.....	52
<i>Analysis of Quantitative Data</i>	52
<i>Analysis of Qualitative Data</i>	53
CHAPTER III: DESCRIPTION OF THE SAMPLE.....	55
Reasons Participants Missed Interviews.....	56
Description of Caregivers and Their Households.....	56
Description of Focus Children.....	59
CHAPTER IV: CAREGIVERS’ VIEWS—REASONS, MOTIVATIONS, AND PATHWAYS TO INFORMAL KINSHIP CARE.....	62
Reasons Biological Parents Were Unable to Care for the Child.....	65
<i>Parental Substance Abuse/Addiction</i>	65
<i>Parental Neglect/Abandonment/Abuse</i>	67
<i>Parental Incarceration</i>	67
<i>Young and Inexperienced Biological Parents</i>	69
<i>Unstable Home Life/ Homeless</i>	69
<i>Biological Parents’ Lack of Resources and General Inability</i>	70
<i>Biological Parent’s Mental Illness</i>	72
<i>Biological Parent Deceased/Physically Ill</i>	73
Caregiver Motivation to Care for Child.....	75
<i>Keep Children with Family and Out of the Foster Care System</i>	75
<i>Protect Children/Keep Them Safe/Ensure Child’s Well-Being and Sense of Belonging</i>	77
<i>Obligation/Legacy</i>	78
<i>“I do it out of love”</i>	79
<i>Spiritual Influence</i>	80
Pathways to Kinship Care.....	80
<i>Caregiver Stepped In Without Being Asked</i>	81

<i>The Mother Asked</i>	82
<i>The Father Asked</i>	83
<i>The Child Asked</i>	83
<i>DCFS Asked/Diversion from Custody of the Child Welfare System</i>	83
<i>Another Relative Asked</i>	84
<i>Complex Pathways</i>	84
Summary and Conclusions	85
CHAPTER V: CHILD BEHAVIORAL FUNCTIONING, CAREGIVER STRESS, FAMILY FUNCTIONING, FAMILY RESOURCES, AND SOCIAL SUPPORT	87
Univariate Analysis	87
Multivariate Analysis of Wave 1 Data	89
<i>Child Behavioral Functioning—Wave 1 Cross-sectional Analysis</i>	89
<i>Caregiver Stress—Wave 1 Cross-sectional Analysis</i>	95
Analysis of Multi-Wave Data.....	97
<i>Child Behavioral Functioning—Longitudinal Analysis</i>	97
<i>Caregiver Stress—Longitudinal Analysis</i>	106
Stability of Living Arrangement.....	111
<i>Returned to Biological Mother</i>	112
<i>Returned to Biological Father</i>	114
<i>Moved in with Adoptive Family</i>	114
<i>Moved in with Another Relative</i>	115
<i>Taken into DCFS Custody</i>	116
<i>Children Who Left the Caregiver’s Home and Then Returned</i>	116
Summary and Conclusion.....	117
CHAPTER VI: CAREGIVER VIEWS—RELATIONSHIPS BETWEEN PARENTS, CHILDREN AND CAREGIVERS	122
Contact between Caregivers and Parents and Child and Parents.....	123
Quality of Relationships between Parents and Caregiver	124
Quality of Relationships between Parents and Child.....	128
<i>Mother-child Relationship</i>	129
<i>Father-child Relationship</i>	147
Quality of Relationship between Caregiver and Child	153
<i>Strong Positive Relationships</i>	154
<i>Children as “Blessings” and “Gifts”</i>	156
<i>Frustrating yet Close and Caring Relationship</i>	157
<i>Difficulty Connecting with Children</i>	157
<i>Assuming Responsibility and Ensuring a Positive Future</i>	158
Summary and Conclusions	158
CHAPTER VII: CAREGIVER AND INTERVIEWER VIEWS—STRENGTHS, CHALLENGES, SERVICE NEEDS, AND RECOMMENDATIONS	162
Children’s Strengths	162
<i>Loving, Easy Going Temperament</i>	162
<i>Understanding, Gracious, Grateful, Forgiving</i>	163
<i>Positive or Improving Behavior and Academic Success</i>	163
Children’s Challenges.....	164
<i>Academic Challenges</i>	164
<i>Emotional/Mental Health Challenges</i>	164
<i>Physical Health Challenges</i>	166
<i>Behavioral Functioning</i>	166
Caregivers’ Strengths	167
<i>Positive View of Caregiving Experience</i>	167
<i>Caregiver Recognizes Progress</i>	169
<i>Caregivers Willing to Make Sacrifices</i>	169
<i>Sense of Obligation/ Natural/ Tradition</i>	170
<i>Spirituality Source of Strength/ Support</i>	170
<i>Commitment to Providing Positive, Safe, and Stable Environment</i>	171

<i>Level of Investment and Involvement</i>	172
<i>Experience/Understands Child(ren)'s Needs</i>	172
<i>Knowledgeable/Access to Support and Resources</i>	173
<i>Caregiver Personal Aspirations/Achievements</i>	173
Caregivers' Challenges.....	174
<i>Personal Sacrifice</i>	174
<i>Challenges with Biological Parent(s)</i>	175
<i>Emotional Challenges</i>	176
<i>More Difficult Raising Grandchildren than Own Children</i>	178
<i>It's Affected Relationships with Intimate Partners and Other Family Members</i>	179
<i>Financial Challenges</i>	180
<i>Other Hardships/Stresses</i>	182
<i>Caregiver Physical Challenges</i>	183
Services Received and Services Needed.....	184
Caregivers' Reflections on the Caregiving Experience: Would do it Again?.....	187
<i>Would Recommend/Family Involvement Important</i>	187
<i>Would Do Again</i>	188
<i>Would Do Again Despite Challenges</i>	189
<i>Not Sure I'd Do This Again</i>	189
<i>Would Not Recommend</i>	190
<i>Careful Consideration/Caregiving Should Not Be Necessary</i>	190
Current Caregivers' Advice to Potential Caregivers.....	191
<i>Understand that Caring for a Relative's Child Requires Personal Sacrifice</i>	191
<i>Take Care of Yourself and Be Aware of Your Limitations</i>	192
<i>Be Prepared—Be Committed</i>	193
<i>Get Involved in Support Groups</i>	196
<i>Treat Them Like Your Own, But Raise Them Differently</i>	196
<i>Understand the Unique Developmental Needs of Children in Kinship Care</i>	198
<i>Be Ready for a Roller Coaster Ride — Regarding Relationship with Parent</i>	198
<i>Get Custody of the Children—Maybe?</i>	199
<i>Support Children's Relationships with their Parents</i>	200
<i>Give the Child a Stable Life and a Good Future</i>	201
<i>Be Loving, Patient, Understanding, and Honest</i>	203
Caregivers' Recommendations to Policy Makers.....	204
<i>Provide Financial Support for Relative Caregivers and Their Families</i>	205
<i>Ensure Access to Services for Relative Caregivers and Their Families</i>	206
<i>Focus on the Needs of Children—and Support Caregivers</i>	207
Summary and Conclusions	207
CHAPTER VIII: CHILDREN'S VIEWS.....	210
Characteristics of the Children Interviewed	210
Child's Conception of Family/Feeling Part of a Family	211
Child's Sense of Belonging	213
<i>Meet Physical and Material Needs</i>	213
<i>Emotional Needs</i>	213
<i>Teach and Support Child</i>	214
<i>Respect Child/Be Proud to Care for Child</i>	214
<i>Activities</i>	214
Place Child Feels Most At Home	215
What Children Like About Living with Caregiver	217
<i>Activities</i>	217
<i>Interaction with Family Members/Caregiver</i>	218
<i>Child Feels Provided For</i>	219
<i>Household Atmosphere</i>	219
What Children Dislike About Living with Caregiver.....	220
Children's Sense of Stability and Permanence	221
Summary and Conclusions	224

CHAPTER IX: PARENTS' VIEWS	228
Reasons Children Are Living with Relatives.....	228
Current and Future Role in Child's Life	229
Feelings When With Child and Away From Child.....	231
Positive and Negative Views of Kinship Care.....	233
Parents' Descriptions of their Relationships with Caregivers.....	235
<i>Adequate Relationship</i>	235
<i>Like Best Friends</i>	235
<i>Like Sisters</i>	235
<i>Co-parenting Relationship</i>	235
<i>Positive Relationship</i>	236
<i>Negative Relationship</i>	237
Future Goals and Dreams for Child	238
Parents' Descriptions of Their Relations with Their Child.....	239
<i>Relationship Could Be Improved</i>	239
<i>Strained Relationship</i>	240
<i>Loving Relationship</i>	241
<i>A Relationship like Friends</i>	242
<i>Positive Relationship</i>	242
Parents' Perceptions of the Strengths They Have That Can Benefit Their Children	243
Parents' Perceptions of Challenges in Caring for their Children	245
Advice to Other Parents.....	246
Summary and Conclusions	247
CHAPTER X: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS.....	249
Summary and Conclusions	250
<i>Reasons, Caregiver Motivations, and Pathways to Kinship Care</i>	251
<i>Child Behavioral Functioning, Caregiver Stress, Family Functioning, Resources, Social Support</i>	252
<i>Stability of the Child's Living Arrangement</i>	253
<i>Caregiver Views of Relationships between Parents, Children and Caregivers</i>	254
<i>Caregiver Views of the Strengths, Challenges, Service Needs and Caregiver Recommendations</i>	256
<i>Children's Views</i>	259
<i>Parents' Views</i>	262
Conclusions: Potential Protective Factors for Children in Informal Kinship Care.....	263
Recommendations for Policy, Practice and Future Research	265
<i>Policy Recommendations</i>	266
<i>Recommendations for Practice</i>	269
<i>Recommendations for Future Research</i>	271
REFERENCES	275
APPENDIX	282

CHAPTER I: INTRODUCTION

The Jane Addams College of Social Work at the University of Illinois at Chicago and the Grand Boulevard Federation conducted a three-year study with 207 families caring for related children in informal kinship care arrangements. For the purposes of this study, informal kinship care is defined as the care of children by relatives without the legal authority of the child welfare system or the legal authority that comes from adoption. For some of the children and families participating in this research, family members contacted the child welfare system for assistance but the children were not taken into the custody of the child welfare system. These children were living with kin who were willing to continue to care for the children and appeared to be providing adequately for them. In other cases, extended family stepped in to care for the children and there was no contact with the child welfare system. We included families in our sample who had been awarded legal guardianship of related children in probate court, but excluded families who served as “relative foster families” of children who were in the custody of the child welfare system as well as those who were awarded subsidized guardianship of a child who was previously in the custody of the child welfare system. Finally, we included in our sample families who had adopted a relative’s child in the distant past, if there were other related children in the home who were not adopted and otherwise met the study criteria.

This study was a collaboration of the Jane Addams College of Social Work and the Grand Boulevard Federation of Chicago. It built upon a pilot study that these organizations conducted between 2000 and 2002, which was funded through the faculty project of a research fellowship grant.¹

¹ *Fellowships for University-Based Doctoral Candidates and Faculty for Investigator-Initiated Research in Child Abuse and Neglect*, James P. Gleeson, PI, Grant number 90 CA 1673, funded by the Administration on Children, Youth and Families, Children’s Bureau, Office of Child Abuse and Neglect, 9/30/00 – 2/28/02.

The pilot study allowed us the opportunity to refine the design of the proposed project, develop a feasible recruitment strategy for study participants, select and pilot test specific measures, and formulate a subcontract agreement between the Grand Boulevard Federation and the Jane Addams College of Social Work at the University of Illinois at Chicago.

The study examines an increasingly common but not well-understood family form. The population of children who live with relatives without a parent present has been steadily increasing in recent years (Harden, Clark, & Maguire, 1997; Ehrle & Geen, 2002; U.S. Census Bureau, 2000). Yet, little is known about the well-being of children who are reared by kin and research has yet to be conducted that identifies the individual and social factors that buffer the effects of parental neglect, abandonment, incarceration, or inability to care for children, when kin assume child rearing responsibilities. The overwhelming majority of children who reside with kin who are their primary caregivers live in informal kinship care arrangements, but far less is known about the well-being of these children compared to those who live in formal kinship foster care under the legal responsibility of the child welfare system.

Project Goals and Objectives

The study had several purposes. First, we attempted to identify the strengths, resources, and the needs of informal kinship caregiving families. Second, we tested the hypothesis that caregiver stress, functioning of the caregiving family, social support, and family resources predict child behavioral functioning and changes in the child's behavioral functioning over an eighteen-month period. Third, we tested the hypothesis that, child behavioral functioning, functioning of the caregiving family, social support, and family resources predict caregiver stress and changes in caregiver stress over an eighteen-month period. Fourth, we conducted open-ended qualitative interviews with a sub-sample of the children (N=56) being cared for by these

kinship families to examine their conceptions of family, their sense of belonging, the degree to which they feel a part of a family, and their sense of stability and permanence. Fifth, we conducted in-depth, qualitative interviews with a sub-sample of biological parents (N=30) of children in our sample. These interviews explored their perceptions of the reasons that their children were living with kin, their satisfaction and dissatisfaction with kinship care, their perceptions of their role in the child's life and in the life of the family providing a home for the child, and parents' views of their child's future and their involvement in that future. We also included open-ended questions in our interviews with kinship caregivers (N=207), which generated qualitative data that helps us understand the caregivers' perceptions of the reasons that the children were living with them, their relationships with the children and their parents, relationships of the children with their parents, services they are receiving and services needed, as well as advice that they have for persons considering becoming a kinship caregiver and for policymakers.

In addition we examined stability of the child's living arrangement. We had intended to statistically analyze the relationships between several quantitative measures and whether the child remained with the same caregiver, and within the extended family, over the 18 months that we collected data from the family. However, 75% of the children remained with the same caregiver and we do not have data on 10% of the children. These children were living with the same relative the last time we interviewed the caregiver—but we lost contact with the caregiver before completion of the 18 month interview. Furthermore, the living arrangements and reasons for moving differed considerably for the 15% of the children we are aware left the caregivers' homes, so these data are examined in a more descriptive and qualitative manner. We describe the

reasons that some children left the caregiver's home but are not able to examine statistical relationships.

We also examine whether a risk and resilience framework is relevant for understanding informal kinship care. We provide a brief summary at the end of each of our results chapters, identifying the risks and protective factors suggested by the findings presented in that chapter. We provide an overall summary in the final chapter where we also present recommendations for policy, practice, and future research.

Review of the Literature

The 2000 census indicates that 4,553,016 children live in a household that is headed by a grandparent and an additional 1,509,419 live in a household that is headed by another relative (U.S. Census Bureau, 2000). The parents of most of these children are also living in the relative's home. However, Murray, Macomber, and Geen's (2004) analysis of the 2002 round of the National Survey of America's Families, a nationally representative survey of households with persons under the age of 65, reveals that 2.3 million of these children live in households headed by relatives with neither parent present. Approximately 200,000 of these children are in the custody of the child welfare system and live in formal kinship foster care. These children live with relatives because a child welfare agency "removed" them from their parents due to abuse or neglect, took them into state custody, and placed them in the care of a relative.² A much larger number of children reside in informal kinship care arrangements and are not in the custody of the child welfare system. This includes 1,760,000 children (77% of the 2.3 million) who reside in what some researchers call "private kinship care," where children are being cared for privately

² In some cases the children had not previously lived with the relative, and in others the child had spent significant time residing in the home of these relatives, so "removal" is a child welfare definition that many families would not

by relatives without any involvement of a public child welfare agency (Murray, Macomber, & Geen, 2004). Also included in the informal kinship care group are an estimated 300,000 children who have come into contact with the child welfare system but were diverted from the child welfare system's custody to "voluntary kinship care" (Ehrle & Geen, 2002). The study described in this report focuses on the last two categories of kinship caregiving situations: private and voluntary. We refer to both of these as informal kinship care.

Some earlier work by Harden, Clark, and McGuire (1997) describes national trends in kinship care, using the Current Population Survey (CPS), a large and ongoing national sample of the U.S. Population. They report that African American children are more likely to live in kinship care than children from any other racial or ethnic group. African American children are four to five times more likely to live with kin than Non-Hispanic White Children. Kinship care among African Americans increased substantially from 1983 to 1994, increasing the gap between African Americans and other groups. Research with Grandparent Caregivers confirms the findings of these national studies and indicates that more than one in ten grandparents have cared for a grandchild for at least six months (Fuller-Thomson, Minkler, & Driver, 1997).

Recent research has focused primarily on formal kinship care, however it may be even more important to focus our research on informal kinship care, because it is the most common form of kinship care and it continues to grow at a higher rate for families at the lowest income levels. The few studies that do include informal kinship care indicate similar reasons for informal and formal kinship care arrangements, e.g. parental substance abuse, incarceration, death (U. S. Department of Health and Human Services, 2000; McLean & Thomas, 1996); however, there may be other reasons that contribute to this family form that are not yet clearly understood.

agree with. In these situations, when the child welfare system takes legal custody of a child it formalizes and supervises a living arrangement that is already in place.

Our public policies encourage placement with kin and in some states diversion to informal kinship care is increasing; however, there are some unanswered questions about the strengths and the limitations of informal kinship care. Ehrle, Geen, and Clark's (2001) analysis of data from the 1997 National Survey of America's Families reveals that "children in all kinship care environments face substantial socioeconomic risk" (p.5) that may affect their development: 40% live in families with incomes below the federal poverty level; 36% live with a caregiver without a high school degree; 55% live with a caregiver that does not have a spouse; and 19% live in households with four or more children. Twenty-two percent of these children face three or more of these "risks" simultaneously, compared to only eight percent of all children in the United States. Ehrle and her colleagues indicate that levels of risk do not appear to vary by kinship care arrangement (formal, private, voluntary), except that private kinship caregivers are less likely to have a high school degree. In a subsequent analysis of the same data, Ehrle and Geen (2002) conclude that children in kinship care arrangements experience greater hardships than those in non-related foster care; they more often live in poor families and experience food insecurity. These authors express particular concern about the children in voluntary kinship care arrangements not only because of the level of environmental risk but also because they are not in the custody of the child welfare system and therefore may not be closely monitored.

What Do We Know from Interviews with Kinship Caregivers?

Most studies that have interviewed kinship caregivers focus on those caring for children in the custody of the child welfare system (formal kinship care) or do not indicate whether the child welfare system is involved. Some studies indicate that the sample is a mix of formal and informal kinship care but do not distinguish the responses of formal from informal caregivers. Several of these studies report high levels of health problems experienced by these caregivers, as

well as the tendency of kinship caregivers to downplay their own health problems and symptoms and to neglect their own health (Minkler, Roe, & Price 1992). Some speculate that these health problems can often be attributed to caregiver burden (Burton 1992; Minkler, Roe, & Price 1992). The burden of caregiving is further complicated by the environment in which caregiving is undertaken. For example, Minkler, Roe, and Price (1992) describe the fear caregivers experience when attempting to rear children in neighborhoods with high levels of violence. Petras (1999) reports that kinship caregivers describe many sources of stress beyond their involvement with kinship care, such as community violence and personal losses.

Grandparent caregivers from a range of racial and ethnic backgrounds indicate that rearing a related child has a stressful impact on members of the caregiver's nuclear and extended family as well (Jendrek, 1994; Gibson, 1999; Minkler, Roe, & Robertson-Beckley 1994). Anecdotal reports from clinical practice suggest that relationships among extended family members change when grandparents or other relatives assume primary responsibility for the care of a child (Crumbley & Little, 1997). For example, grandparents may be less available to other grandchildren and their own children, when they assume primary care of their grandchildren. Also, relative caregivers are sometimes placed in the position of regulating contact between the birth parents and children, which is particularly stressful when parents experience substance abuse problems. Richardson's (2002) interviews with a convenience sample of 120 kinship caregivers suggest considerable variance in the functioning of caregivers' families. According to caregiver ratings, half of the families in this study displayed problems in family functioning that were high enough to be considered "clinically significant" on six of the seven subscales of the Family Assessment Device (Epstein, Baldwin, & Bishop, 1983), all except the behavior control

subscale. The mean rating for the entire sample was in the clinically significant range for communications, roles, affective response, and affective involvement subscales.

Questions have been raised about the adequacy of parenting provided by kinship caregivers. Harden, Clyman, Kriebel, and Lyons' (2004) compared responses of convenience samples of 51 formal kinship caregivers and 50 foster parents on the Parenting Attitudes toward Childrearing Questionnaire [PACR-II] (Easterbrooks & Goldberg, 1984). The authors report that kinship caregivers endorsed more "problematic parental attitudes" than traditional foster parents, however, multivariate analysis revealed that these differences were attributable to the kinship caregivers generally older ages rather than kinship status. Kinship caregivers in this study did report poorer health and greater economic disadvantage than non-related foster parents.

Richardson's (2002) study suggests something very different; 117 of the 120 formal kinship caregivers responded to Paulson's (1994) parenting practices measure with high demandingness and responsiveness scores. These profiles are consistent with authoritative parenting which is the most desirable type of parenting according to research conducted by Baumrind (1983; 1989), Maccoby and Martin (1983), and Lamborn, et al., (1991). However, these reported parenting practices were not associated with family functioning or child behavioral functioning. Caregivers' ratings of family functioning were associated with child behavior, such that families not functioning very well tended to report higher levels of child behavior problems. Rodgers-Farmer's (1999) study of 82 grandparent caregivers revealed that parenting stress had a significant effect on depression and depression had a significant effect on inconsistent parenting practices; however neither parenting stress nor depression was associated with the use of harsh punishment.

While some studies report that kinship caregivers receive inadequate levels of assistance from families and friends (Burton 1992), others report high levels of social support (Minkler, Roe, & Robertson-Beckley 1994). Even when social support is high, caregivers report that taking on the care of related children results in less contact with family and friends, reduced marital satisfaction, and loss of employment (Minkler, Roe & Robertson-Beckley 1994). Kelley, Whitley, Sipe, and Yorker (2000), in a study of 102 grandparent caregivers, found that the level of psychological distress experienced by grandparent caregivers was predicted by family resources, the caregiver's physical health, and to a lesser degree, social support. Psychological distress was measured using the Brief Symptom Inventory. The Short Health Form-36 measured physical health. The Family Resource Scale measured family financial and material resources and the Family Support Scale measured social support both within and outside of the family. The authors stress that other research has determined a link between increased stress in parents and increased risk of maltreatment and dysfunctional parenting, although child measures were not included in this study.

The formal kinship caregivers interviewed by Petras (1999) displayed moderate levels of depression and those interviewed by Cimmarusti (1999) displayed a moderate level of caregiver burden and emotional distress. Cimmarusti's (1999) study demonstrated that the degree of emotional distress was associated with the degree of burden. Petras' (1999) study revealed a relationship between caregiver depression and behavioral problems of the most challenging child in care, using the Child Behavior Checklist (Achenbach, 1991). However, even when stress and burden are high, many kinship caregivers also report rewards. While kinship caregivers report social, psychological, physical, and economic costs, they also report high levels of satisfaction, gratification, and rewards from parenting related children (Burnette, 1997; Rodgers & Jones,

1999). Rewards include satisfaction that their grandchildren are well cared for, enjoyment of companionship, putting meaning into their lives, feeling useful, and feeling younger (Rodgers & Jones, 1999). Open-ended interviews and focus groups with 35 formal kinship caregivers revealed a theme of “love and at the same time burden” (O’Brien, Massat, & Gleeson, 2001). They describe pride in the children and also describe the meaning that raising these children has brought to their lives. Cimmarusti (1999) describes the “wall of respect” that he observed in kinship caregivers’ homes—a type of shrine that honors the children by displaying their pictures, school projects, and other evidence of their pride in the children. Petras (1999), Cimmarusti (1999), and Osby (1999) describe the love that the caregivers display for the children in their care and the commitment that they have to these children and the meaning that caring for these children brought to their lives. Kinship caregivers also report that they are motivated to care for their related children largely because of a strong sense of obligation (Rodgers & Jones, 1999).

What Do Studies of Child Safety, Behavioral Functioning, and Well-Being Tell Us?

While there is clear anecdotal evidence of specific situations where children are harmed by their relatives (e.g. Gordon, 2006), the very limited research conducted to date on formal kinship foster care suggests that on average, kinship care placements may be the safest for children in the custody of the child welfare system (IDCFS, 1995; Zuravin, Benedict, & Somerfield, 1993). These studies rely on reports of child abuse and neglect which may not be the most reliable or valid measure of child safety, since a number of studies indicate that kinship caregiving families receive fewer services and less contact with child welfare caseworkers compared to non-related foster families and the children in their care (Ehrle & Geen, 2002; Geen, 2003). This translates into lower levels of monitoring of kinship care placements compared to non-related foster care placements, suggesting that lower reports of subsequent abuse or neglect for kinship placements compared to non-related foster care may be in part the

result of differential surveillance and monitoring. However, there is no published evidence to date to suggest that children placed in formal kinship care placements are at greater risk of child abuse or neglect than other children in the custody of the child welfare system. And there is no research that compares the safety of children in informal arrangements to children in foster care or the general population.

Some studies indicate that children in kinship care tend to have higher rates of behavior problems than their peers in the general population based upon caregiver ratings on the Child Behavior Checklist [CBCL—Achenbach, 1991] (Dubowitz, Feigelman, Harrington, Starr, Zuravin, & Sawyer, 1994). Others report that children in kinship care in their samples do not differ significantly from the general population using the same measure (Keller et al., 2001). Berrick, Barth, and Needell (1994) report that formal kinship caregiver's ratings of children in their care using the Behavior Problem Index [BPI] (Zill, & Peterson, 1989) revealed higher levels of behavioral problems than the nationally representative sample of the National Longitudinal Survey of Youth, but not as high as ratings completed by non-related foster parents for the children in their care. Keller et al. (2001) found that children in formal kinship care were rated by their caregivers as having fewer problems and higher competency scores compared to children in non-related foster care. Differences between children in kinship care and non-related care lessened when race and gender were controlled. Caucasian children in this sample were over-represented in non-related care and had higher average problem ratings and lower average competency ratings compared to children of color who were over-represented in kinship foster care placements. However, Keller and his colleagues found few statistically significant differences in caregivers' ratings of the behavioral functioning or competence of children in kinship care and the general population. Children in kinship care had slightly higher ratings on

the delinquency subscale and greater school performance problems than children in the sample used to develop national norms for the CBCL. Shore, Sim, LeProhn, and Keller (2002) report results of comparisons of the Caregiver and Teacher Report Form versions of the CBCL for children in kinship care and non-related foster care, drawing their sample from the same Casey Programs population from which Keller and colleagues (2001) recruited their sample. Teacher ratings of children in kinship care revealed higher scores on the delinquent behavior scale compared to children in non-related foster care. Matching teacher and the caregiver ratings for the 122 children also rated by caregivers in Keller et al.'s study, Shore and colleagues report that non-related foster parents rated children's behaviors more problematic than did teachers or kinship caregivers, and there was greater agreement between teachers and kinship caregivers than between teachers and non-related foster parents.

The samples vary widely across these studies. Dubowitz et al.'s (1994) sample included children and kinship caregivers in Baltimore; the caregivers were not licensed foster parents and were receiving the AFDC subsidy rather than a foster care subsidy. Keller et al. (2001) and Shore et al. (2002) drew their sample from the Casey Family Program sites across the country; Casey is known for its long-term foster care programs with high end services and supports. Berrick, Barth and Needell (1994) conducted a survey of foster parents and kinship caregivers in California; however the low response rate raises questions about the representativeness of this sample as well. In spite of the lack of representativeness and the different samples, with few exceptions the studies suggest that on average children in formal kinship foster care appear to be functioning as well or better than children in non-related foster care, but not as well as children in the general population. However, no studies help us to determine whether observed differences are attributable to the type of placement (e.g. greater stability of kinship care

placements, etc), selection effects (different characteristics of children in kinship care and foster care at the inception of the placement), or to rater effects (systematically different ratings of foster parents, kinship caregivers, teachers, etc) (Berrick, Barth & Needell, 1994; Keller et al, 2001; Shore et al., 2002).

Using caseworker ratings, Iglehart (1994) found that 101 adolescents in kinship care in Los Angeles displayed similar educational and behavioral problems as 101 children placed with non-relatives, but were less likely to have serious mental health problems. No standardized measures were used in this study. Landsverk et al. (1996) did find slight but not statistically significant differences in the CBCL scores for children in kinship care and non-related care in San Diego County (N = 669; 33% = kinship placements). However, information extracted from case records revealed that compared to children in kinship care, a higher percentage of children in non-related foster displayed indications of emotional and behavioral problems, developmental and learning problems, physical handicaps or acute physical abuse problems, as well as multiple types of problems.

Few studies of the emotional, behavioral or mental health functioning of children focus on informal kinship care arrangements. An interesting small-scale study in Illinois interviewed 39 grandparents raising grandchildren, half of whom were informal caregivers of children not involved with the child welfare system, to assess the health and mental health needs of the grandparents, family members and children in their care (Smithgall, et al., 2006). After mapping all census tracks in Illinois, the researchers selected their sample from two geographic areas with a higher concentration of grandparent headed households and apparently fewer social service providers. Two-thirds of the grandparents indicated that they were caring for grandchildren with emotional or behavioral problems and one-third of the grandparent caregivers reported

symptoms of depression. Grandmothers who reported more depressive symptoms on the CES-D (Radloff, 1977) tended to be caring for children with higher total problem and internalizing problem scores on the CBCL (Achenbach & Rescorla, 2001). Grandmothers who reported more depressive symptoms also tended to report that they were caring for a higher number of children with emotional or behavioral problems and that they were caring for children whose parent was incarcerated. The study identifies significant unmet service needs in approximately half of the sample, dissatisfaction with services previously received by some grandparent caregivers, and several challenges to accessing mental health services, including transportation and cost.

One study raises questions about the mental health needs of adults who spent time living with kin as children. Carpenter and Clyman (2004) analyzed data from women ages 18 to 44 collected during Cycle 5 of the National Survey of Family Growth in 1995. Results of this study indicate that the 471 women who lived in kinship care at some point in their childhood were more likely to report anxiety and unhappiness with life compared to the 8,268 women who did not live with kin; no differences were observed in physical well-being of these women, after controlling for other indicators of poor health. The National Survey of Family Growth recruited a nationally representative sample; however, women who had spent time in foster care or group care and those who lived with kin their entire life were excluded from Carpenter and Clyman's analysis. The findings of this study appear to be consistent with other studies that suggest children in kinship care have more behavioral, emotional, mental health problems on average than children in the general population; however, it does not allow comparison of adults who spent time in kinship care to those who spent time in foster care. Benedict, Zuravin, and Stallings' (1996) conducted follow-up interviews with 214 adults between the ages of 19 and 31 years of age, who had lived in kinship care (40%) or foster care (60%). Although reviews of case

records indicate that while living in these living arrangements as children, those in kinship care displayed fewer developmental and mental health problems compared to those who spend time in foster care, there were no real differences in their functioning as adults. The researchers speculate that perhaps there were no differences between the youth when they were in placement with kin or in foster care as children, that the differences reflected in the case records are due to lower rates of service and perhaps less accurate assessments of the functioning of children in kinship care compared to foster care. Another possible explanation offered by the researchers is that the fewer economic resources, greater health problems, and fewer services offered to kinship caregivers results in less adequate levels of care which results in poorer outcomes over time. Although the researchers indicated that there were no statistically significant differences between the youth in the sample who participated in the follow-up interviews and those who did not, a higher percentage of adults who had been in kinship foster care participated in interviews than did adults formerly in non-related foster care and the researchers did not report whether this differential response rate distorted the kinship care and foster care subsamples in any way.

What Do Interviews with Children Tell Us?

Six published studies were found that collected data directly from children in kinship care (Altshuler, 1999; Brown, Cohon, & Wheeler, 2002; Chapman, Wall, & Barth, 2004; Chipman, Wells, & Johnson, 2002; Messing, 2005; 2006; Wilson & Conroy, 1999). In addition we include information from one study from a secondary source that indicates that the findings are based upon interviews with children (Fox et al, 2000, cited in Chipman, Wells & Johnson, 2002).

Wilson and Conroy (1999) conducted structured interviews with children in the custody of the child welfare system in Illinois. Comparisons of perceptions of 100 children in each of three types of placements in 1995 revealed that 94% of the children placed with kin and 82% of

children living with non-related foster parents reported that they “always” felt loved, compared 46% of children living in group care. Chapman, Wall, and Barth (2004) compared children’s responses to questions about their living arrangements that were part of the National Survey of Child and Adolescent Well-Being. Although most children were generally positive about their living arrangements, children in formal kinship care arrangements were less likely to run away and more likely to like the people they currently live with, have contact with their biological parents, and to be talking with adults in their life about dating and school, compared to children in foster care or group care. Children in kinship care also reported feeling closer to their caregiver and reported feeling that their caregiver cared more about them compared to children in foster care or group care. In fact, children in kinship care reported feelings of closeness to their caregiver that were nearly as close as those reported by children ages 11-15 in the first wave of the Add Health Survey, a nationally representative study of health related behaviors of adolescents (<http://www.cpc.unc.edu/projects/addhealth>). Children in non-related foster care were nearly three times more likely to report missing their family than children in kinship care. However, children in all types of placement settings expressed the desire to have more contact with their parents and siblings and the majority indicated preference for living with their mothers if they could choose with whom they would live. Other studies suggest that children in kinship care have more contact with their biological parents and are more likely to live with siblings and to have regular contact with siblings not living in the same home (Fox et al., 2000, cited in Chipman, Wells & Johnson, 2002).

Chipman, Wells and Johnson (2002) conducted focus groups with 33 kinship caregivers from 25 households, 7 Caucasian children living in kinship care (ages 11 to 18) from 3 households in North Carolina and Illinois, and 30 caseworkers to solicit their views on quality of

formal kinship foster care placements. The children as well as some other respondents identified financial stability and the ability to protect the child from “negative dynamics in and around the family home such as criminal activity, child maltreatment, domestic violence, and substance abuse” (p. 517). The children identified the caregiver’s neighborhood as a quality indicator. Fox and others (2000, cited in Chipman, Wells & Johnson, 2002) study of 100 children in kinship care and non-related foster care revealed that kinship homes were more likely to be located in dangerous neighborhoods, with more environmental hazards, loitering and poorly kept homes. Children in kinship care were also more likely to live in public housing and to report higher levels of exposure to violence (e.g. witnessing stabbing or shooting in their homes or nearby).

Brown, Cohon and Wheeler (2002) report findings from qualitative interviews with 30 African American youth living in 25 kinship caregiving families, as well as information from case records and qualitative interviews with 10 kinship caregivers. The youth ranged in age from 9 to 17 and were selected for this study because of the family’s involvement with a particular kinship support program or because of the child’s involvement with the juvenile justice system (N=15). Twenty-seven of the youth also had documented histories of child abuse or neglect. While not completely clear in this article, it appears that all of these youth were involved with the child welfare system in formal kinship care arrangements. Youth in this study described close relationships with extended family and many had shared residences with their kinship caregivers since birth in households where youth, parents and other kin resided together. In these situations, the child welfare system’s involvement formalized a living arrangement already in place. The only disruption that the child may experience in these situations is the child welfare system’s requirement that the youth’s biological parents leave the residence; the child’s residence rarely changed. In addition, the transition for several of the youth who were not living with the current

caregiver prior the child welfare system's involvement was facilitated by prior experience living part-time with that caregiver or other members of the extended family. The responses of youth to focus group questions suggest that for most, living with kin was not considered to be unusual or stigmatizing. The youth and their kinship caregivers describe the kinship network's involvement to create continuity and stability for the child, despite parents' mental illness, drug involvement or other issues that prevent them from raising the child. While some youth did not remember any particular incident that led to the relative assuming responsibility for their care, those who remember experiencing abuse or neglect describe how concerned and involved relatives helped them cope. Twelve of the 25 kinship caregiver households displayed a high degree of co-residence and role flexibility among the multiple adults that lived in these homes. Brown, Cohon, and Wheeler (2002) interpret their findings as evidence that the typical foster care model does not fit kinship care: "Where the foster care model rests on the idea of removing a child from his or her family and placing them with a new, more stable family, kinship care moves a child to a more stable part of their own family" (pp. 70-71). They suggest that service providers and policy makers alter their assumptions about what constitutes a family:

Families involved in kinship caregiving arrangements demonstrate that the family is a flexible, emergent form characterized by its on-going adaptation to changing needs. The family is a network of persons who share resources, residences, emotional bonds and obligations, and support each other in the joint tasks of rearing children in environments sometimes characterized by social and economic adversity. These families' structures and boundaries change throughout their lives, and these changes are indicative of family members' resourcefulness and initiative in the struggle to make ends meet and to protect children (p. 71).

Altshuler's (1999) mixed method study of the well-being of children in formal kinship foster care is instructive and may guide the search for individual and protective factors, both in the methods she used and the results of her study. The quantitative component of her study was a secondary analysis of data collected about 62 children. Findings from this analysis revealed

relationships between the biological mother's housing status and the well-being of children in kinship foster care (N=62). Children whose mothers were homeless were functioning poorer than children whose mothers had stable housing. This suggests that the well-being of children in kinship care may be linked to the well-being of their mothers, even when the child does not believe that it is best to return to live with the mother. The qualitative component of her study included interviews with six children. These interviews began with construction of genograms to engage the children in the interview, learn about their perceptions of family, and to reveal their views about living with kin. The children described the many "acts of kindness" performed by their kinship caregivers that created a "world of possibilities" for them.

We located only one study that interviewed children in informal kinship care arrangements (Messing, 2005; 2006). Seven focus groups were conducted with a total of 40 youth between the ages of 10 and 14 who lived with a relative other than their parent and were not in the custody of the child welfare system. Thirty of these youth were in the legal guardianship of their kinship caregiver and 10 were not. Results of the focus groups conducted with these children suggest that the children felt cared for by extended family members and did not experience stigma from not being raised by a biological parent. According to the researcher, youth for whom kin had assumed guardianship seemed to value this legal relationship and feel more secure in their living arrangement. Many youth did express disappointment or anger because they were not cared for by their parents, but also expressed appreciation for the care they received from their relative caregiver. The children tended to see their current living arrangement as stable though not necessarily permanent. While some youth believed that they would live with their parent in the future, most did not have confidence that this would occur. The children often spoke fondly of their siblings and extended family. They seemed to understand the fluidity of

family relationships and although they were not certain that they would live with the current caregiver or their parent until they were grown and independent, they expressed the belief that someone in their extended family would care for them. Interestingly, several of the children also expressed their desire to care for family members in the future, for example their current caregiver or their mother.

What Does the Resilience Literature Tell Us?

The resilience research that has been conducted with children identifies protective factors that buffer the effects of negative experiences, traumatic events, or accumulated risks (Garmezy, 1993; Rutter, 2000). Individual protective factors that have been identified include a temperament that includes sociability and humor, positive self-esteem, a sense of self-efficacy, social competence, cognitive competence, a capacity for problem-solving, an optimistic outlook, and the ability to seek out support from adults (Werner, 1990; Werner, & Smith, 1982). Social protective factors associated with childhood resiliency include a secure base of positive interactions with adults, positive relationships with peers, and access to social support networks beyond the family (Fraser, Kirby, & Smokowski, 2004). According to Thomlison (2004), children who have formed attachments are able to adapt in many different types of environments.

We did locate one small study that specifically focused on resilience of children in formal kinship care (Johnson-Garner & Meyers, 2003). This qualitative study of 30 formal kinship care families began by providing children's child welfare caseworkers with a definition of resilience and asking the caseworkers to identify resilient (N=17) and non resilient (N=13) children. Three to four hour interviews were then conducted with the families. According to the researchers, resilient children resided in families characterized by more structure, clear boundaries, well defined roles, and support from extended family, compared to less resilient children. Richardson's (2002) survey of formal kinship caregivers lends some support to Johnson-Garner

and Meyers' conclusions; in his study caregiver reports of healthy family functioning were associated with healthier behavioral functioning.

What Does the Research on African American Family Strengths Tell Us?

We examine the literature on African American family strengths for three reasons: (1) African American families display considerably higher rates of kinship care than any other group in the United States; (2) Our research targeted communities in the Chicago area that have the highest rates of kinship care and these communities are predominantly African American; and (3) Kinship care has been identified in the research literature as a strength of African American families. Robert Hill's (1972; 1977; 1997) pioneering research revealed five major strengths common in African American families: strong kinship bonds, strong work orientation, adaptability of family roles, high achievement orientation, and religious orientation. Hurd, Moore, and Rogers' (1995) interviews with 53 African American parents revealed similar results. These researchers report substantial parental involvement in the lives of children, plentiful support for parenting from external caregivers, considerable male involvement in the lives of African American children (fathers and many others), and strong family connections, among other strengths. While the research on the strengths of African American families has been helpful to guide both policy and practice, no systematic quantitative studies have been conducted that test the link between the presence of these family strengths for kinship caregiving families, and the well-being of children who live with kin.

What Do We Need To Know?

The research on kinship care suggests that we know much more about vulnerabilities, problems, and needs than we do about strengths, resources, and protective factors for children in kinship care. To what degree is growing up with relatives and not one's biological parents a traumatic event and does a risk and resilience theoretical framework apply to informal kinship

care? How does this vary by reason for living with kin? How does this vary by level of contact and involvement with the biological mother and/or father? What are the characteristics of kinship systems that are associated with healthy child development? Are there associations between the existence of family strengths and healthy child development? Does kinship care allow and encourage sufficient access to social supports for children beyond the family? What are the relationships between extended family support and child development/functioning over time? What are the relationships between social support outside of the family and child development/functioning over time? In what ways are caregiver burden, the caregiver's psychological distress, and other factors that may influence both burden and distress related to child functioning? Can the well-being and resilience of children in kinship care be improved through services and supports for kinship caregivers and kinship systems? What services and supports should be provided directly to children and by whom? And, what types of policies and formal services are required to support children in informal kinship care arrangements that build on extended family strengths and strengthen the child's individual strengths?

Conceptual Framework

The study incorporated both quantitative and qualitative methods in an attempt to address some of the gaps in our knowledge of informal kinship care. The quantitative analysis allows us to test hypotheses that are based upon prior research on resilience in children who have been exposed to adverse events, the body of research on kinship care, our own prior research, and our experiences in providing support to kinship caregivers. The qualitative components of the study helped us broaden our search for individual and social protective factors that predict resilience, beyond those included in the quantitative analyses. We define resilience as positive outcomes for children following adverse events (Fraser, Kirby, & Smokowski, 2004).

Clearly, one study cannot answer all of the questions that our review of the literature generates. The proposed study begins to examine associations between child behavioral functioning and four constructs: caregiver stress, family functioning, social support, and family resources. These constructs were selected for inclusion not only because they are identified in the research literature; they are also consistent with the views expressed by kinship caregivers in focus groups and support groups conducted by the Grand Boulevard Federation.

Shortly into our study we realized that caregiver stress could be viewed as a dependent as well as an independent variable. We became concerned that child behavior problems may be as much a “cause” of caregiver stress as an “effect” of this stress. Therefore we also examine the impact that child behavioral functioning, family functioning, social support, and family resources have on caregiver stress.

In our original plan we also intended to include the child’s temperament as an independent variable. However, this measure was highly correlated with child behavioral functioning and could not be included in analyses that also included child behavioral functioning as an independent or dependent variable. Our original plan also included a test of the hypothesis that child temperament, caregiver stress, functioning of the caregiving family, social support, and family resources predict the stability of the child’s living arrangement. Since the overwhelming majority of children in our study remained with the same caregiver over the 18-month time period, there was insufficient variance on the stability variable to conduct quantitative analysis. Therefore, we merely describe the situations where children did move to another home.

In addition to the quantitative analyses, qualitative components of this study cast a wider net to identify other potential individual and social protective factors for children in informal kinship care. We incorporated open-ended questions into interviews with kinship caregivers and

conducted qualitative interviews with small samples of children and biological parents. The resulting rich data further our thinking about the factors that buffer potentially harmful effects of neglect, abandonment, parental incarceration, parental death or parental inability to care for a child.

Significance

Implications of the study are related to theory building, public policy, prevention and treatment of child maltreatment, and family support. Results of this study advance our knowledge about the strengths, resources, and service needs of kinship caregivers, who increasingly care for children who might otherwise be taken into the custody of the child welfare system and placed in foster care.

Studies of children in kinship foster care consistently report that the majority of children in kinship foster care enter the custody of the child welfare system following a substantiated allegation of child neglect, most commonly parental absence or incapacity associated with parental substance abuse (Barth, Courtney, Berrick, & Albert, 1994; Dubowitz et. al., 1994; Gleeson, O'Donnell, & Bonecutter, 1997). However, our current state of knowledge suggests that there may be few differences between children in formal kinship care placements and those living informally with kin. Current public policy trends encourage diversion of children from the child welfare system to informal kinship care. Both the Adoption and Safe Families Act of 1996 and the Personal Responsibility and Work Reconciliation Act of 1996 encourage placement of children with kin. Yet, there has been considerable debate about the degree of risk and the need for protective intervention for children who are placed in kinship foster care.

It is particularly difficult to distinguish the effects of poverty from neglect as reasons for children entering the custody of the child welfare system and being placed with relatives. In

Illinois, for example, the greatest demand for child welfare services comes from seven of the most economically disadvantaged African-American communities in Chicago, where rates of dire poverty, single-parent households, and drug abuse are the highest (Testa, 1995). Families with low and very low incomes are over-represented in this study largely because we targeted communities that have the highest rates of kinship care and child welfare system involvement. However, it is not clear that, other than the involvement of the child welfare system, the experiences of children in informal kinship care are significantly different from those of children placed formally with kin after a substantiated neglect report (Zuravin, 1999). Both formal and informal kinship caregiving families have substantially lower average incomes and are more likely to be receiving government assistance through school lunch programs, public housing, food stamps, social security, or disability, than families headed by parents (Harden, Clark, & Maguire, 1997). However, the needs of kinship caregiving families far exceed their receipt of services. Families providing private kinship care are the least likely of all kinship caregiving families to receive governmental financial support; for example only 16% of families providing private kinship care receive the TANF child-only subsidy even though nearly all qualify for it (Murray, Macomber, & Geen, 2004). In addition, poverty rates have grown faster for children living with relatives compared to children living with their parents (Harden, Clark, & Maguire, 1997).

The population of children who have been reported to the child protective system because of allegations of neglect and diverted to informal kinship care is increasing. In Illinois, a total of 5,843 families were diverted from the custody of the child welfare system to the Extended Family Support program between July 1995 and September 1999, according to Human Service Technologies, the organization that coordinated the referrals and contracts with the agencies that

provide short-term, crisis intervention services to these families at the time that we began this study. The children in these families were in the care of relatives when they were reported to the child protective services hotline because their parents were not caring for them. Eighty percent (N = 4669) of these families lived in Chicago. The majority of these children experienced neglect by their parents, often related to parental substance abuse or mental illness, prior to living with their relatives. If members of the child's kinship network had not stepped in it is likely that these children would be in the custody of the child welfare system.

Recent policy initiatives related to kinship care placements have raised concerns about the impact that placement in formal kinship foster care has had on child welfare caseloads. There has been an ongoing debate about the possibility that the child welfare system is unnecessarily incorporating informal kinship care arrangements into the formal child welfare caseload. There has been little systematic study of the actual impact that kinship care has on children. We know very little about the possible trauma that children experience when they are unable to live with their parents and instead are reared by kin. If there are negative effects that these children experience when they cannot live with their parents, what are the characteristics of informal kinship care arrangements that buffer, exacerbate, or have no impact on the consequences of neglect by parents, parental incarceration, or other reasons that parents cannot raise their children? Answers to these questions can be very useful in guiding both policies and practice. This study represents a beginning step in this knowledge building process.