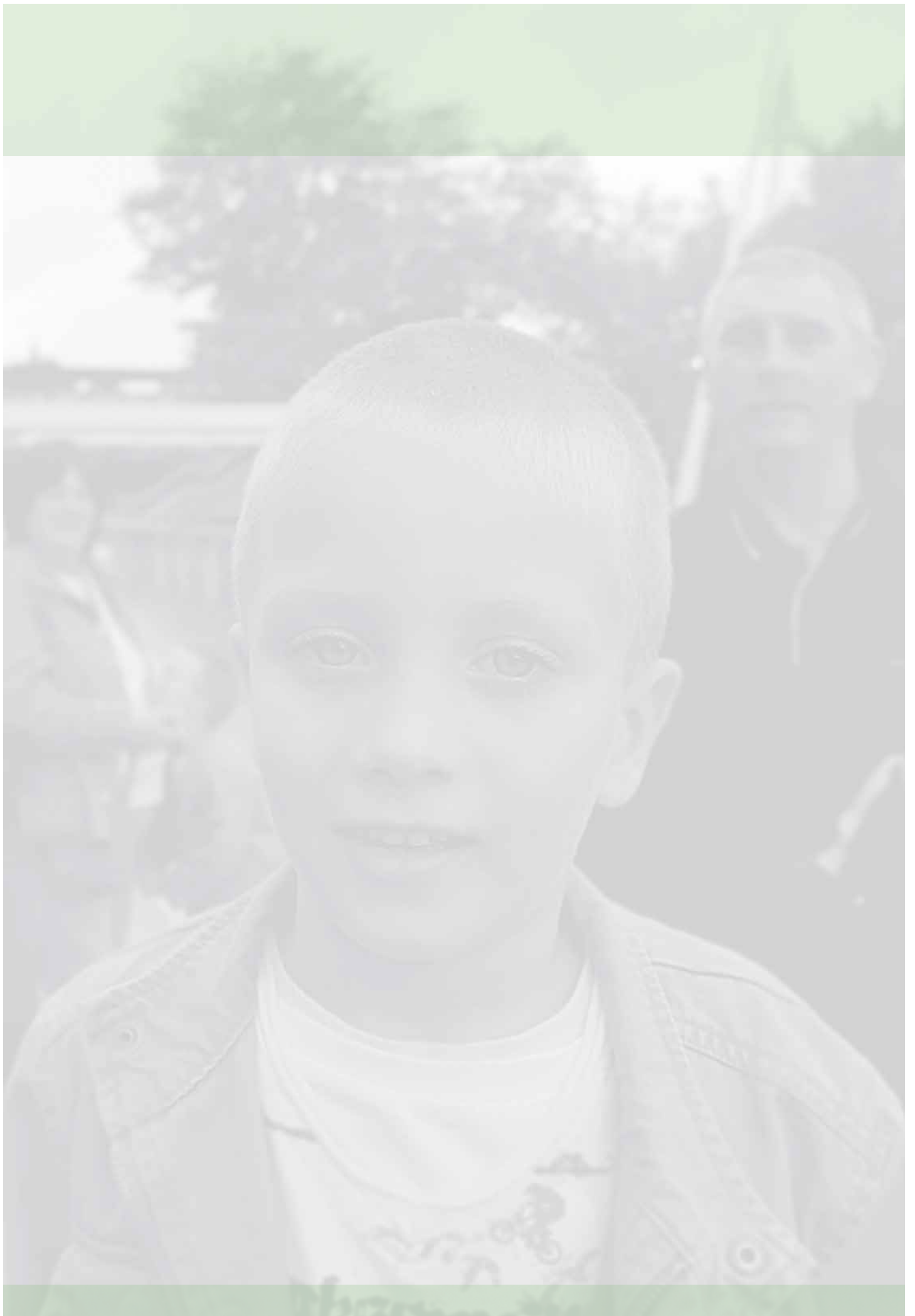


# EU Kinship Carers Project

*Forgotten Families - Literature Review*





# LITERATURE REVIEW

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## INTRODUCTION

### About the Project

The project SHARING GOOD PRACTICE IN SUPPORTING KINSHIP CARERS TO PREVENT SUBSTANCE RELATED HARM TO YOUNG PEOPLE aims to improve the quality of prevention programmes targeting children and young people living with kinship carers, thus preventing vulnerable children and young people from experiencing harm as a consequence of alcohol or drug use.

The project is working across 7 countries - Belgium, Italy, Lithuania, Romania, Spain, Sweden and the United Kingdom and is being coordinated by Mentor UK, the leading drug and alcohol prevention charity for children and young people in the UK.

The project proposes to identify the needs of many vulnerable children living with kinship carers and to pilot responses to these needs which will protect children and young people in kinship care from drug and alcohol related harm.

The project will increase our knowledge about the needs of a very vulnerable group who are frequently hidden from services and about who very little is known. The project also intends to improve access to services for this group and to pilot the provision of targeted responses to their needs in order to increase the health benefits and reduce the chance of substance misuse among the target population.

The project will also improve professional practice by sharing the knowledge that is gained about prevention among children and young people in kinship care, in the form of a training and resource pack for professionals working with kinship carers and their families.

To help the project achieve these objectives we have undertaken this comprehensive Literature Review.

The project has received funding from the European Union in the framework of the Public Health Programme.

It builds on Mentor UK's Grandparent's Project, which aimed to inform policy development and service planning in England, so that families where grandparents are caring full-time for their grandchildren can be better supported. This earlier project included undertaking a literature review, Grandparents in Custodial Care of their Grandchildren, which is available to download from Mentor UK's website – [www.mentorfoundation.org/uk](http://www.mentorfoundation.org/uk).

## Search Methods

We searched MEDLINE, Web of Science, Current Contents Connect, and PsycINFO databases published in the last 10 years, beginning in September 2008, using a search strategy that included both truncated free text and MeSH terms. MeSH headings and subheadings included “family”, “foster home care”, “kinship”, “parenting”, “education”, “child”, “teen”, “adolescent”, “young”, “drug”, “alcohol”, “risk”, or “prevention” and their variants.

The search strategy had an English language restriction and we focused on the countries of Western Europe, South Africa, North, Central, & South America, Australia and New Zealand.

We also consulted references from the extracted articles and reviews to complete the data bank. When multiple articles for a single study were present, we used the latest publication and supplemented it, if necessary, with data from the most complete or updated publication. We assessed the relevance of studies by using a hierarchical approach based on title, abstract, and the full manuscript.

We found that it was very rare to find studies that differentiate children raised by grandparents from children raised by other relatives.

## Defining Kinship Care

There are two kinds of kinship carers:

- Family members, other than parents, raising children full-time (this does not include family members who provide childcare)
- Family members, other than parents, who are primary carers for extended periods, for example, grandparents of grandchildren considered to be at risk when their parents have a drug problem.

## Structure

The paper is structured in five parts. The first one offers an overview of the issues for kinship carers and what the literature can tell us about kinship care in a number of countries. The second deals with the needs of kinship care providers, and the third with children’s needs. The fourth explores findings that could help kinship carers to raise healthy children. Finally, we outline the key findings from the review and make recommendations for action.



# I. GENERAL BACKGROUND

The extended family (grandparents, aunts, elder siblings etc) has long played a role in caring for children whose parents were unable to do so; a practice commonly referred to as kinship care.

Although other kinship care arrangements are possible most of the literature is focused on grandparents, suggesting that a huge majority are grandparents.

Grandparents can play many important roles in children's lives. They can be loving companions, carers, mentors, historians and sources of various other forms of support. In some cases, they also can become surrogate parents.

An often overlooked consequence of the public health epidemics of drug abuse, teen pregnancy, HIV/AIDS, and violence resides in their contribution to the growing number of grandparents raising grandchildren.

## The Scale of Kinship Care

### United States

Although the data is incomplete, mostly focused on grandparents, and sometimes contradictory, kinship care has been an increasingly important phenomenon in the United States over the last twenty to thirty years.

In 1997, approximately 200,000 children were in public kinship care, well below 1 percent of all U.S. children but 29 percent of all foster children. Available evidence suggests that public kinship care increased substantially during the late 1980s and 1990s.

In 1998, approximately 2.13 million children in the United States, or just fewer than 3 per cent, were living in some type of kinship care arrangement. According to the March 1998 Current Population Survey approximately 1.4 million children or 2 % of all children younger than 18 lived in their grandparents' household with their grandparents assuming full care of their grandchildren without the presence of the children's parents. (Lugaila, 1998; U.S. Census Bureau, 1998).

According to the American Census 2000 Supplementary Survey, the number of children raised by grandparents in the USA has increased by 78% over the past decade. Between 2.3 and 2.4 million grandparents have primary responsibility for the care and upbringing of 4.5 million grandchildren (Hayslip, 2003)

More recent data shows that in the United States more than 6 million children are being raised in households headed by grandparents and other relatives.

- 2.5 million children are in grandparent-headed households without any parents present;
- 2.4 million grandparents report they are responsible for their grandchildren living with them: 29% of these grandparents are African American; 17% are Hispanic/Latino; 2% are American Indian or Alaskan Native; 3% are Asian; 47% are White.
- 71% of these grandparents are under the age of 60.
- 19% of these grandparents live in poverty.

### Australia

Most developed countries are experiencing similar trends. According to the Australian Bureau of Statistics (2004), around 1% of all Australian families with children under 18 years are headed by grandparent carers.

### UK

In the UK authorities do not know the total number of children being brought up by a relative or friends; however, information from the British Social Attitudes Survey for 2001 and 1988 suggests that there are around 100,000 children under the age of 13 living with a grandparent. (Richards 2003)

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## General findings

Grandparents in developed countries are facing similar financial, legal and personal issues. Despite differences in the social security, education and health systems the similarities between the experiences of grandparents are striking.

Grandparents are often not eligible for the payments and support services available to others who provide formal out of home care to children not their own; and their legal rights are often ambiguous and difficult to enforce. The literature indicates that in the US and UK, for example, financial benefits and support services are variable and are usually determined by whether the grandchildren are in the formal child protection system. Grandparents in those countries report that the best support they get is from other grandparents in support groups and from staff in the professional agencies that sponsor them. The issues outlined in research in other countries, such as the impacts on the health and well being of both grandparents and grandchildren and the types of support groups and services that are most beneficial to them (Richards 2003; Hayslip 2003)

## Minority groups

Although more than 1 in 10 (10.9%) American grandparents report raising a grandchild at some point for at least 6 months, and usually for 3 or more years, the prevalence of grandparent care giving is particularly high in inner cities, where health and social service providers have estimated that between 30% and 50% of children are in the care of grandparents. (Minkler 1999)

Over 500,000 African Americans aged 45+ were estimated to be raising grandchildren in 2000. They were disproportionately female, younger, and less educated than non-carer African American grandparents and more likely to be living in poverty and receiving public assistance. Grandmother carers had significantly higher rates of functional limitations and poverty than either grandfather carers or other African American women aged 45+. (Minkler 2005)

## Problems

While many grandparents appear to welcome the opportunity to commit to frequent, regular and lengthy periods with their grandchildren, others prefer to pose heavy restrictions on the time they spend with them. (Ochiltree, 2006). Relationships between grandparents and grandchildren evolve and are not always beneficial to one or both parties. The relationships would tend to change in response to the grandchildren's increasing maturity and the ageing of their grandparents.

Qualitative and quantitative studies have suggested that care giving grandparents are vulnerable to a host of problems, including depression, social isolation, and poverty.

## Health Problems

In one study women caring for non-ill children 21 hours or more per week and caring for non-ill grandchildren 9 hours or more per week (vs. no care giving) were associated with an increased risk of coronary heart disease (Lee, 2003) A study performed in the United States (Minkler, 1993a) demonstrated that grandparents were more likely to report significant functional health limitations. Furthermore, grandparent carers reported lower satisfaction with their health and a trend toward poorer self-rated health.

Kinship carers appear to take less care of their own health during the transition into care. (Baker 2008) Grandmothers who recently began raising a grandchild are less likely to report influenza vaccination and cholesterol screening than grandmothers not raising grandchildren.

## Drug related problems

Additional challenges for kinship carers may include dealing with hostile, abusive individuals who steal money or property to obtain drugs (Chychula 1990). Addicts' families witness the deterioration of their loved one and suffer bereavement. Thus, although the experience of kinship care may have positive aspects, it might also be a source of stress and distress in a carers life. When parenting a grandchild is coupled with the parenthood of a drug abuser, the likelihood of stress and distress is increased (Turpin, 1993).

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## Prevalence of Drug abuse in Parents

Australia is now experiencing a rapid rise in the number of grandparents raising their grandchildren. The increase is mainly due to the effects of illicit drug use by the parents of the grandchildren, particularly the mother. Children of parents with substance abuse problems make up the largest group of children entering the child welfare system. (Barth, cited in Patton, 2003)

The increase in parental drug abuse has resulted in a recent and rapid increase in the numbers of children being raised by their grandparents. An audit of formal kinship care in Victoria by the Department of Human Services in 2000 found that at least 52 per cent of abusive parents were known to misuse substances. Likewise, in a study of grandparents raising grandchildren in the USA in 2001, Kelley found that 72 per cent were raising grandchildren due to maternal substance abuse. [Patton, 2003]

Grandparents may have to care for children who may have been prenatally exposed to drugs and to dysfunctional parenting, neglect, or abuse. Those children may have emotional, behavioural, or physical problems and special needs that present significant parenting challenges. (Besharov, 1989; Koppleman, 1989; O'Reilly, 1993),

## Parental drug abuse

The Mirabel Foundation of Australia published two literature reviews, *Parental Drug Use – The Bigger Picture A Review Of The Literature and The Effects of Parental Drug Use – Children in Kinship Care A Review of the Literature* [Patton, 2003] They include a commentary on Australian and other countries' research, which includes a finding that according to a study of grandparents raising grandchildren (Kelley et al [USA in 2001]), 72 per cent were raising grandchildren due to maternal substance abuse. [Patton, 2003]

## Other findings include:

- Infants with foetal substance abuse symptoms run a high risk for short term and long term damage to their physical, social and emotional health and well-being.
- Women with alcohol and drug problems are more likely to be punitive towards their children. Punitive measures can significantly impact on a child's concept of self-worth.
- Drug use can result in parental behaviour that places their children at risk of abuse. Many children in these environments are at an increased risk of exposure to violence from both within the family as well as from the community.
- Children may be exposed to hostile environments where time is spent in dealing, prostitution and criminal activities to help support the parent's habit.
- The literature indicates that children of drug users are likely to have poor physical, cognitive and psychosocial development. They are more likely to come to the attention of the child protection system, however, according to Patton, 'strategies vary, depending on whether a child or adult-centred approach is taken.'

A qualitative study performed with African American grandmothers parenting their grandchildren because the parents were drug abusers (Haglund, 2000) found that some grandmothers may appreciate referrals to a sensitive mental health care provider or to a local support group. Nevertheless some may be reticent to divulge this information and ask for support because of the stigma associated with admitting their child's drug misuse.

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## II. KINSHIP CARE PROVIDERS' NEEDS AND ALCOHOL AND DRUGS PROBLEMS OF THEIR CHILDREN

Although poorly documented, it seems that placement with relatives has become the most common type of foster care for children and young people who have relatives able to assume their care. Questions concerning the real needs of these kinship care providers and the relationship between carers' requirements and the prevention of problems with drugs and alcohol in children and young people in kinship care continue unresolved. More information is needed in order to make professionals and politicians aware of these young people's needs and those of their carers and make it easier for them to get the help and support that they need.

The literature indicates that kinship foster parents tend to be older and have lower incomes, poorer health, and less education than non-kin foster parents. As a result, kin carers face more challenges as foster parents than non-kin carers (Geen 2004). Landry-Meyer and Newman (2004) analysed raising grandchildren, the role transition from grandparent to grandparent carer. Participants were predominantly female, low income, married, with an average age of 53.

The needs of a growing number of grandparents and other relatives providing care for children can often be overlooked. It is necessary to support this group because grandparents and other relatives are an invaluable resource to the child welfare system. Nevertheless, these carers are also an overburdened population that needs creative and supportive interventions to enhance their capacity to provide quality care and reduce the risks to the children (Smith CJ and Monahan DJ), 2006).

There are a lack of studies regarding the relationship between the needs of kinship carers and the risk of drugs and alcohol problems of the children that they provide care for. In addition, the kinship literature has methodological limitations and significant gaps that restrict our knowledge (Cuddeback, Gary S, 2004).

It seems reasonable that a greater knowledge of carers' needs would allow for the improvement of existing services to support them and the development of new strategies to sustain carers in their vital roles (Murphy NA, Christian B, Caplin DA and Young PC, 2007) in such a way that it could have a beneficial effect on risks of the children, including a preventive effect on the development of drugs and alcohol problems.

### The Needs of Kinship Carers

There are studies which have evaluated the needs of kinship carers.

#### General needs

There is evidence that kinship foster families have fewer resources and receive less training, services, and support, as well as concern that kinship families are less qualified to foster than their non-kinship counterparts (Cuddeback and Gary S, 2004).

#### Health

Researchers have found that assuming full-time parenting responsibilities is associated with increased psychological distress in carers. A study investigated whether social support, family resources, and physical health would predict psychological distress in grandmothers raising grandchildren. The findings indicated that family resources, social support, and physical health affected psychological distress in grandmothers raising grandchildren. Grandmothers who reported fewer resources, less social support, and poorer physical health tended to experience higher levels of psychological distress. This study suggested that greater attention should be given to interventions aimed to decrease psychological distress and improve the financial resources and physical health of grandmothers raising grandchildren (Kelley SJ, Whitley D, Sipe TA and Yorker BC, 2000).

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A study of subjective carer burden, perceived social support, and emotional distress in a sample of kinship foster care carers was conducted using a descriptive, cross-sectional approach. Carer burden was conceptualized as the degree of restriction on the carer's time, social life, health, emotions, and development. Emotional distress was conceptualized as the degree of depression, anxiety, hostility, somatisation, interpersonal sensitivity, obsessive-compulsiveness, paranoid ideation, phobic anxiety, and psychosis resulting from carer burden (Cimmarusti, 1998).

Social support was conceptualized as the perception of being cared for, loved and accepted. It was hypothesized that carer burden would have a positive relationship with emotional distress. It was further hypothesized that social support would have a negative relationship with emotional distress and would serve as either a mediator or moderator of the impact of carer burden on emotional distress. These carers reported a moderate amount of carer burden and social support. Results indicated a positive relationship between burden and emotional distress. However, social support did not result in a significant relationship with either carer burden or emotional distress. This second finding contradicts the results of previous carer burden research done on different populations (Cimmarusti, 1998). Carers identified family conflict, behaviour management of the children placed in their homes, and negative interactions with the child welfare system as sources of carer burden. They reported a strong reliance upon faith in God as a source of their support, as well as receiving support from family, friends, and the children placed in their care (Cimmarusti, 1998).

## Parenting Skills

It is known that older kin adoptive families are smaller, report lower income, and include adoptive mothers with less formal education. Older adults may serve as effective adoptive parents but would benefit from pre-adoption and post-adoption services to assist them in preparing for and positively addressing the challenging behaviours exhibited by adopted children (Hinterlong J and Ryan S, 2008).

Higher levels of difficulties were reported when grandmothers were caring for boys and were white (Smith GC and Palmieri PA, 2007).

Kinship carers receive less supervision and fewer services than non-kin carers. They may not receive the support they need to nurture and protect the children in their care, even though their needs for support may be greater (Geen R, 2004).

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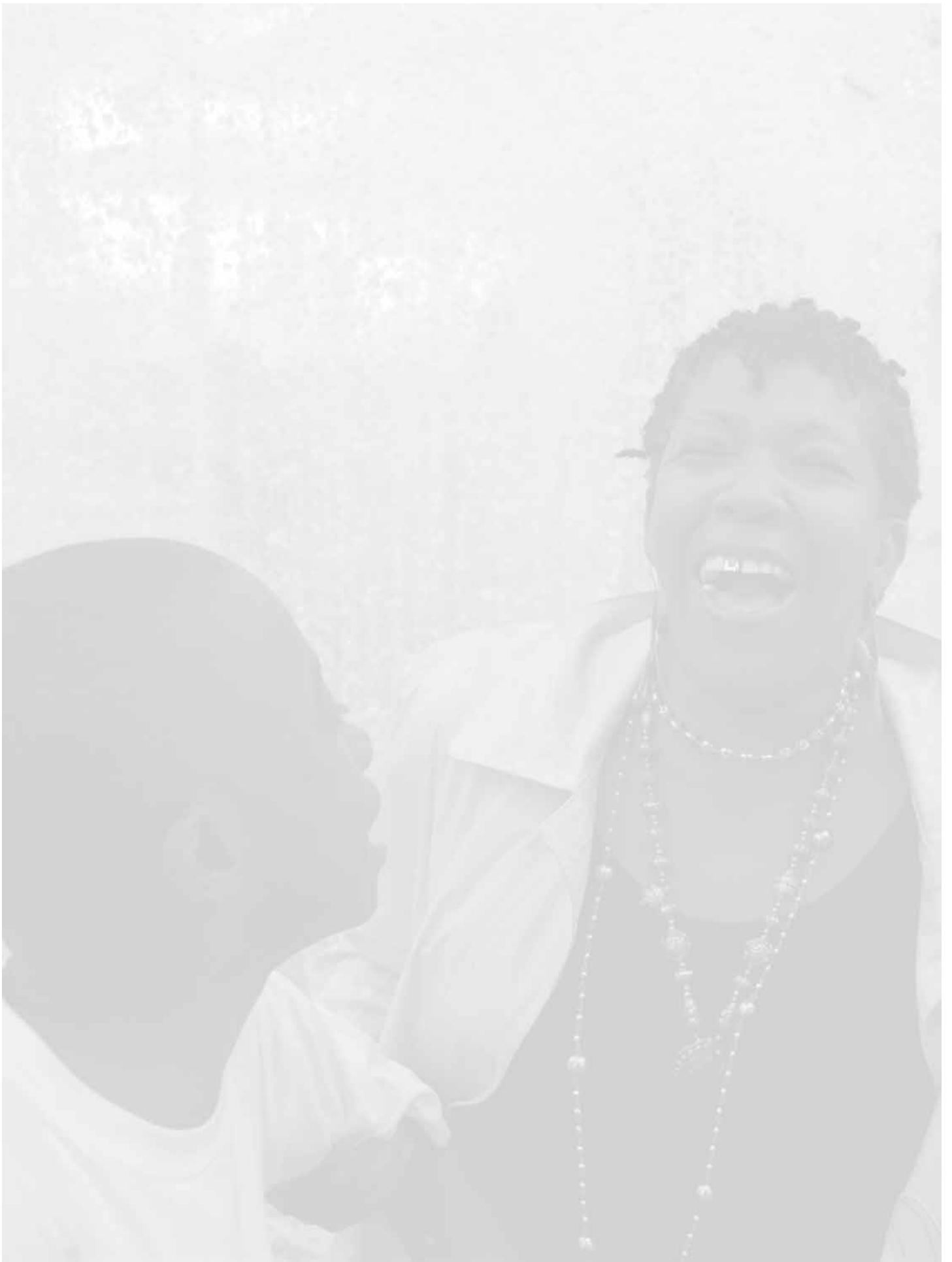
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### III. THE NEEDS OF CHILDREN RAISED IN KINSHIP CARE

Research into the needs and outcomes for children in kinship care is incomplete and inconsistent. Some appears to show benefits to the children from these arrangements but others show either no impact or the potential for further harms.

Child welfare systems are responsible for the safety and well-being of children in their care. However, children placed in out-of-home care show more educational, behavioural, emotional and physical problems than children in general (Dubowitz, Feigelman, Harrington et al., 1992; Dubowitz, Feigelman, Zuravin et al., 1992; Dubowitz, Zuravin, Starr et al., 1993; Clausen, Landsverk, Ganger, Chadwick and Litrownik, 1998; Rubin et al., 2004). Studies based on national samples for the United States estimate that 48% of the children and youth under child protective services (Burns, Phillips, Wagner et al., 2004) or that 47% of children in long-term foster care (Leslie, Hurlburt, Landsverk et al., 2004) have clinically significant behaviour problems.

Children under age 18 living with relatives fared worse than children living with non-drug using biological parents on most measures of behavioural, emotional and physical well-being. (Billing, Ehrle and Kortenkamp, 2002). Sun (2003) found that non-biological-parent households provided a less favourable family environment for children to live in than households containing two biological parents, a single mother, a stepmother, or a stepfather. Other authors have observed that custodial grandchildren are likely to have elevated mental health symptoms in need of professional intervention (Ghuman, Weist and Shafer, 1999).

However, children in residential care have more mental health problems than those in family-type foster care, while those in kinship care have fewer problems (Tarren-Sweeney, 2008). It is not certain whether this is because the placement itself, the maltreatment that caused it or shortcomings in the child welfare system (Winokur, Holtan and Valentine, 2007).

The number of children in out-of-home care has been increasing over the last decades. Child welfare agencies have reasoned that the children would benefit from

higher placement stability, being more likely to remain in the same neighbourhood and living with siblings, and have consistent contact with their birth parents, all of which might contribute to less disruptive transitions into out-of-home care (Berrick et al., 1994; Beeman and Boisen, 1999).

Using the recent National Survey of Child and Adolescent Well-Being (1996-2004), Rubin, Downes, O'Reilly et al. (2008) have been able to demonstrate that use of kinship care has a protective effect on the early behavioural outcomes for children entering out-of-home care. Compared with children going into foster care, children entering kinship care had a lower estimated risk of behavioural problems (32% compared to 46% after 36 months of placement). Even children who moved to kinship care after longer periods of foster care showed some benefits. In other words, when kinship care is a realistic option and appropriate safeguards have been met, children in kinship care might have an advantage over children in foster care in achieving permanency and improved well-being, even while recognising that they will continue to have significant needs.

The foster care system is characterized by constant placement transition, as children move from foster home to foster home and return home, and return to foster care again. These re-entry issues are the most salient negative outcome causing a detrimental impact on the well-being of children (Courtney, 1995; Frame, Berrick and Brodowski, 2000; Palmer, 1996). In short, placing children with family members is assumed to increase stability, minimize adjustment difficulties or lessen trauma (Ehrle and Geen, 2002; Iglehart, 1994; Ingram, 1996; Terling-Watt, 2001). Bada et al. (2008) have confirmed through a longitudinal study in the United States the importance of stability of early living arrangements, specifically with relative care, on behaviour outcomes of children with and without prenatal drug exposure.

The research by Solomon and Marx (1995) looking at the 1988 National Child Health Supplement of the National Health Interview Survey from the United States, found no difference in health or behaviour problems between

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children raised solely by grandparents and children living with two biological parents. In fact, they compare custodial grandchildren with children from families with two biological parents and with children from other types of families (single-parent and blended families) on health and school adjustment. Children from two-parent households were perceived as being better students than custodial grandchildren and children brought up in single-parent or blended families. Moreover, custodial grandchildren were less likely to experience school related behavioural problems than children from single-parent families. Overall, the authors concluded that custodial grandchildren appear to be relatively healthy and well-adjusted.

However, other research has raised concerns over the safety of children in kinship care given the greater risk of continued exposure to the same problems (Peters, 2005), for instance, abusive parents or parental substance misuse (Kroll, 2007).

Smith and Palmieri's study (2007) reworks Solomon and Marx's earlier study, introducing a children's psychological adjustment measure. Their findings provide new evidence that custodial grandchildren are at greater risk of psychological difficulties than children in the general population. It is also interesting to note that grandmothers reported boys to present significantly more difficulties than girls on every aspect (conduct problems, hyperactivity or inattention, peer problems) except for emotional symptoms.

Long term studies have failed to demonstrate significant differences between children raised by kin and foster parents (Brooks and Barth, 1998; Benedict et al., 1996; Iglehart, 1995).

## Maltreated Children

In the case of maltreated children, the evidence for placing them with a kin foster parent is divided with some seeing it as especially advisable (Geen, 2004; Leos-Urbel and Geen, 2002; Testa, 2001), while a very recent sociobiological study (Lawler, 2008) has shown that the biological relationship with the kin foster care gives no advantage for kin foster placements among maltreated children, although the limitations of the clinical sample and the lack of measurements for external support make further research necessary.

## Behaviour

Other authors have emphasized the importance of considering children at different developmental stages. It seems that younger children living with custodial grandmothers are comparable in their socio-emotional functioning to other children (Pittman and Boswell, 2005). In comparison, young adolescents living with custodial grandmothers may be displaying more problematic behaviours; not because of poverty or other risk factors characterised by this type of placement, but because they are questioning who they are and their family background and history. These findings suggest the need to provide extra support to these custodial grandparents as well as developing prevention programs targeting these adolescents and families (Pittman, 2007).

When studying behavioural problems of children in custodial care, Keller et al. (2001) found that non-kinship foster parents reported higher behaviour problems levels than did kinship foster parents. Shore, Sim, Le Prohn and Keller (2002) found the same result but, according to teachers, behavioural problem levels were similar for children in kinship and non-kinship homes. Rosenthal and Curiel's work (2006) expands on the quoted studies because: first, they used large and nationally representative samples for the United States; second they also added youth reports to those of teachers and carers; and, third they added new living situations in addition to kinship and non-kinship foster care. From the perspective of the carers, children in non-kinship foster homes evidenced higher behavioural problems than did those in birth family homes, kinship foster homes, and other living situations. However, from the perspective of teachers, behaviour problems of children in kinship foster homes exceeded those of children in non-kinship foster homes. Problem levels for girls were considerably lower than for boys as reported by teachers, somewhat lower as reported by carers, and modestly higher as reported by youth. Minority ethnicity and teacher report predicted elevated behavioural problems. Lower educational level of carer predicted increased behavioural problems from the perspective of the teacher but not from that of the carer.

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## School/Academic functioning

Despite the significant amount of research conducted on children in out-of-home care in the areas of mental health, behaviour and family functioning, there is a scarcity of research looking at academic status. However, school functioning, in particular academic achievement, is an important area of focus for many reasons. First, children who successfully master basic academic skills such as reading, writing, and mathematics present many positive adult outcomes associated with academic achievement. Without mastery of basic skills, children will continue to be at an elevated economic disadvantage. Second, behaviours associated with low academic achievement such as truancy, not following instructions, and failing to complete schoolwork influence students' ability to view school as important for future success and consequently can affect school completion, postsecondary enrolment, and eventually employment. They are also associated as risks for problematic drug misuse.

What is known supports the idea that children in out-of-home care are at risk for short and long term school failure. These children present discouraging school related behaviours that may negatively impact on school and other outcomes. Factors related to school functioning such as truancy, grade retentions, multiple placements, low IQ, and elevated rates of disability further suggest that children in out-of-home care face additional risks that likely have a negative impact on their educational programming and outcomes (Trout et al., 2008). It should be noted that these authors point out that the type of setting (residential versus kinship care) have demonstrated effects on outcomes, but it remains unclear in what sense. In other articles it is shown that children in kinship care manifest similar educational problems to children in foster care and maltreated children who are not placed out-of-home, but substantially greater difficulties –including school related– than children in general (Dubowitz and Sawyer 1994). An important question is why some children in kinship care do well while others fare poorly (Sawyer and Dubowitz, 1994).

## Meaning of family and care giving: children in foster care and kinship care

Understanding the feelings and attitudes of foster children can have a significant impact in tailoring foster care interventions. Including the voices of children is likely to enhance the success of their temporary and permanent placements. However, studies rarely include assessment of children's feelings and thoughts regarding their foster placements (Berrick, Frasch and Fox, 2000). Merrit (2008) uses data from the National Survey of Child and Adolescent Well-Being (1996-2004) in the United States to examine perceptions of children regarding their placement preferences and expectations while living in new and temporary living situations. Findings indicate that children express a sense of belonging in their foster homes, regardless of their desire to stay in the placement. Significant variables were age, race and type of placement. Older children were more agreeable to their current placement as long as there was no option of permanency or adoption. White children were more likely than BME children to prefer and expect to return to the parental home. Foster children are less likely than kinship care children to want permanency and adoption.

Holtan (2008) addresses the complexity of relationships in kinship foster care and explores the social integration of foster children. Her work analyzes the meaning of family and parenting from three different perspectives: the child, the foster parents and the biological parents. The study is based on a qualitative methodological approach supplemented by a quantitative study of long-term kinship foster care in Norway. Her research shows that if foster parents and parents experience a sense of community and solidarity and have friendly relations among themselves the child is more likely to be socially integrated.

Though there is a long and informal tradition of kinship care, and kinship care arrangements are very common, the realisation within child welfare services that kin may be a valuable resource within the foster care system is relatively recent. This may explain why there are only a few studies which have looked at children's perspectives of living in the care of a relative (Brown, Cohon and Wheeler, 2002; Chipman, Wells and Johnson, 2002; Chapman et al., 2004). Messing (2006) sheds light on topics such as transition into care, family relationships, stigma and stability in placement for children in kinship care that are not adequately addressed in the literature. The evidence confirms that keeping children within their extended family reduces the stigma and trauma of separation from parents. Also, that those children that have missed their parents were happy to be in care of an extended family member, and that their grandparents are especially loved and trusted. The children spoke often and with fondness of their siblings and extended family, and had a broader sense of familial relationships, which were of great importance to them. The children showed feelings of anger and disappointment towards their mothers, and to a lesser extent to their fathers. And, they discussed the meaning of care giving and appreciated what their carers do for them.





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## IV. HELPING CUSTODIAL GRANDPARENTS TO RAISE HEALTHY CHILDREN

Davidson (1997), through a qualitative analysis, indicates the needs of kinship carers. Results indicated that their immediate needs, in the initial stages of placement, included tangible items such as beds, food, and clothing. Ongoing needs included information regarding case progress and system procedures, respite, day care and counselling for the child. The relatives recommended developing a kinship advisory council to assist the agency in policymaking and a respite program for relative carers.

Grandmothers who reported fewer resources, less social support, and poorer physical health tended to experience higher levels of psychological distress than non-caring grandmothers. (Kelly et al., 2000).

Goodman et al. (2004) compares grandmothers providing full care for their grandchild(ren) informally and children in care through the child welfare system (public kinship care) and found that informal kinship carers had provided care for a longer time and were more apt to share decision-making with the child's parent. Stevenson et al. (2007) found that economically poor grandmothers demonstrated strong personal integrity and familial responsibility. Grandmothers relied on a wide range of sources for formal and informal support to provide for their grandchildren.

Iglehart's study (1994) indicates that the kinship placement is more stable and that adolescents in a relative's care are less likely to have a serious mental health problem. Kinship care teens are doing no less well than their counterparts in foster family care. Neither group, however, is problem free. The data on monitoring and legal guardianship does suggest that services should be supplied with equal vigour to the kinship foster care minors. The study conducted by Shore et al. (2002) reports that non-kinship foster parents reported higher levels of problem behaviour at home relative to school. Cole (2006) reported differences in the attachment relationships observed in kin and unrelated foster carer-infant. Ehrle and Geen (2002) also compare kin and non-kin foster care.

Engstrom (2008), studying care giving grandmothers in family interventions when mothers with substance use problems are incarcerated, describes the factors that complicate the grandmothers' care giving experiences: the stresses associated with their daughters' substance use problems and incarceration; the complex bio-psychosocial needs of many of their grandchildren; the challenging relational issues they must address, and, often, the long-term, multifaceted effects of poverty. This paper shows the importance of taking into account the inclusion of care giving grandmothers in interventions and research with families affected by maternal incarceration and substance use problem, in general, and for the promise of multifamily groups, in particular.

Among children of Latino illicit drug users one study found that the youth's conservative family values and a responsible attitude toward community traditions were dual factors related to family bonding, perhaps operating also as sources of "protection" against youth problem behaviours (Castro et al., 2007).

Hayslip and Kaminski (2005) explore the state of the knowledge about grandparents who are raising grandchildren, with particular attention to its implications for service providers and researchers. They identify three: a) the costs and benefits of raising a grandchild; b) the heterogeneity of custodial grandparent carers; c) the critical need for social support among custodial grandparents; and, c) parenting practices and attitudes among grandparents raising grandchildren.

## Policies and their application: civil services and school.

As Mayer (2002) affirms this family structure, grandparents who are rearing their own grandchildren, must be understood, explored and supported by policy makers, school administrators and, in particular, by school psychologists and school counsellors.

Hornby et al. (1996) concludes that, in formulating their policies, states must separate a carer's need for support (money and services) from a child's need for supervision (casework oversight). This means establishing clear policies as to what constitutes a protective need in a kinship care case as opposed to a financial need. I

Findings from Gerard et al. (2006) highlight the importance of professional assistance and community services in order to prevent the grandparents' well-being. Enacted formal support buffered the association between grandchild health problems and both grandparent care giving stress and daily hassles. Minkler and Roe (1992) shows that interventions at a community level have helped grandparents in feeling themselves less alienated and more capable of coping with the demands of parenting their grandchildren.

Letiecq et al.'s study (2008) revealed four legal or policy contexts that hindered informal grandparents care giving: 1) the lack of a kinship care navigation system (many grandparents report that finding information on existing programs can be difficult, especially during a family crisis); 2) the lack of legal rights (kin rearing children in informal care arrangements often have limited legal authority, they may have difficulties enrolling children in school or getting them medical care); 3) fear of the child welfare system (the legal limbo experienced by many informal grandparents care giving grandchildren (IGCs)). Policy makers might consider implementing de facto custodian policies; and, 4) disparities between informal and formal kinship care policies (because many IGCs are older and in poorer mental health than non-kin foster parents and are not currently eligible for many services and financial assistance, policy makers might provide grandparent carers with child care assistance, respite care, and mental health services; because many grandchildren in informal care arrangements have experience trauma associated with abuse, neglect, or parental abandonment, policy makers might also consider

providing grandchildren with high-quality care programs and mental health services.

The following actions to cover these families' main needs are proposed by different authors.

1. Emotional needs of grandchildren:
  - a) Support groups and mental health resources in schools in order to empower and promote the grandchildren's adjustment and success. The grandchild can be observed through play and art therapy with the school psychologists informing the grandparents of issues the grandchildren are facing and recommending coping strategies to assist the grandchildren. This type of intervention permits the grandparent carer to receive support from peers while the grandchild simultaneously receives support from peers and psychologists. (Mayer, 2002)
  - b) Children in this kind of family may require skill training around drug and alcohol education, and may require assistance in dealing with loss and grief issues associated with death, incarceration or incapacity of their parents to parent them. (Mayer, 2002)
  - c) Encourage intergenerational activities to strengthen all family structures. (Mayer, 2002)
  - d) A mentoring program can help in the communication problems between grandparent and grandchildren. (Mayer, 2002)
  - e) Children's social workers should receive training in working with vulnerable adults (Forrester and Harwin, 2008).
2. Emotional needs of grandparents: It is clear that grandparents may need assistance in dealing with the stress of their unexpected and assumed status.
  - a) As a first step school psychologists should have helpful information about the available resources in the community to hand. (Mayer, 2002)
  - b) Information on before and after-school activities, classes on (grand)parenting (discipline, behavioural problems, developmental stages,

- logical consequences, child encouragement or empowerment, responsibility, and so on). (Mayer, 2002)
- c) Schedules with extra time for grandparent/teacher conferences, letting grandparents know how to reach the teacher or psychologist at any time. (Mayer, 2002)
  - d) Landry-Meyer (1999) affirms that grandparents carers often lack the parental authority of the ability to enact a parent role due to societal and policy limitations restricting parental authority. Support for grandparents in the enactment of a parental surrogate role is beneficial for families and society. Providing grandparent carers with services and support enhances their parental efficacy which strengthens families.
3. Financial support issues:
    - a) Information about financial assistance. Sheran and Swann (2007) point out that many private kinship care families do not take-up cash assistance because they do not know that they are eligible for it. Schwartz's study (2002) shows that although there is a growing number of children living with relative carers, policies often provide kin carers less public financial support than non-kin carers
    - b) Information and advice in order to get additional money. Grandparents often need information and assistance in identifying additional sources of income (Flint and Pérez-Porter, 1997)
  4. Legal issues (Mayer, 2002): Grandparents can assume the care of their grandchildren informally, as when the child is left in the grandparent's care for an indefinite period of time; or formally, through legal custody, guardianship, adoption or by becoming a foster parent. Informal custody can be the simplest way to keep children in a safe environment, but grandparents may not have legal rights regarding their grandchildren (register their grandchildren in schools, sign for a medical treatment, get financial assistance, acquire health care benefits, and so on): Information and support in the legal process and revision in laws affecting custody and child support.
  5. Transitions and reorganisation (Mayer, 2002):
    - a) Parenting classes.
    - b) Grandparent-led families should be encouraged to seek the help and resources they need beyond the family unit, such as family, friends, social service agencies, school-related organizations, members of church congregations, baby-sitters groups, senior centres, and so on.
    - c) Counselling can offer some first aid in stabilizing the family system early on by joining the family unit temporarily as it regroups which will help strengthen the grandparent's position.
- Gladstone and Brown (2007) explore the circumstances under which grandparents and child welfare workers have contact with each other, as well as factors that contribute to positive working relationship between them. For grandparents, child welfare services were perceived to be a resource by: ensuring their grandchild's safety; helping them formalize their care giving role; and allowing them access to their grandchildren. For the children's services, grandparents represented an alternative to foster care and could facilitate supervision visits between grandchildren and their parents or by helping communicate with the grandchild's parents. Also while children's welfare services may have had more placement options, the cost of using these options, in terms of time and energy, might have been high. Factors contributing to positive relationships included: the provision of emotional and material support; services; information; and a perception that the other was competent and caring.
- Lorkovich et al. (2004) reviews why kinship care is favoured, and in part uses lessons learned from the Kinship Adoption Project in Ohio, to discuss barriers and permanence of kinship care, needed shifts in philosophy and policies, and practice strategies to promote permanence in kinship homes. Achieving successful outcomes for children in kinship care requires child welfare policy makers, administrators, and practitioners to make philosophical shifts, policy changes, and practice efforts that support kin carers and children.

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## Successful strategies

Burnette (1999) describes support groups as the most popular source of education and support for the growing number of grandparents who are rearing their grandchildren. The study showed a reduction in depressive symptoms and in use of distancing as a coping strategy. Seeking social support and planned problem solving increased as did knowledge about grandparent-related social services.

Support groups are the most popular source of education and support for the growing number of grandparents who are rearing their grandchildren. Burnette (1998) studies the nature and efficacy of these groups through an exploratory study of an 8-week school-based small group intervention. Comparison of pre-and post test measures showed a reduction in depressive symptoms and planned problem solving increased as did knowledge about grandparent-related social services. Strozier et al (2005) emphasizes the importance of including the school system as one of the ways to improve the kinship care families' support. The experience of the Kinship Care Connection shows increase self-esteem in children and mediated kin carer burden for families. Other studies (Sawyer & Dubowitz, 1994; Edwards & Ray, 2008) show the importance of the school in order to put into practice programs for this population. Dore (1999) documents the need that children affected by family drug use have for workable strategies and skills for coping with adverse environments. The author designed and tested a model curriculum for use with groups of children in schools located in communities where drug use is pervasive. Strozier et al. (2005) present an innovative intergenerational school-based intervention designed to increase children's self-esteem and to mediate kin carer burden. Carers participate in support groups and case management services, including counselling, advocacy and resource procurement; and, children participate in tutoring, mentoring and counselling, advocacy and resources procurement. Results indicate increased self-esteem in children and mediated kin carer burden for families. They make suggestions for ways social workers and the school system can better support kinship care giving families.

Burnette (1999) examined patterns of service use and predictors of unmet needs among a purposive sample of 74 Latino grandparent carers in New York City. Lack of knowledge was the major barrier to service use, and predictors of unmet needs included low education, poor health, high levels of life stress, and lack of reliable help with child rearing.

Minkler et al. (1993) in an article presented an evaluation of a community interventions and service programs for grandparents raising grandchildren, with special attention to support groups and comprehensive multi-service programs for grandparent carers. Lack of funding and institutional support, and the consequent inability to provide child care, was the key obstacle faced, while sponsorship by health and social service agencies often played a vital role in providing in-kind support and part-time professional staff.

Strom and Strom (1993) identify, along with ways to improve group interaction by encouraging hopeful attitudes and constructive behaviour, setting guidelines for discussion, emphasizing communication with family members, and making education the basis for grandparent development. Success in overcoming the unique problems that grandparents who are raising grandchildren, have, requires that grandparents be optimistic and adjust to their new role: learn about child and adolescent development in today's society; cooperate with the parent who shares responsibility for providing care, monitor social and academic development; become aware of available services, obligations, and rights, and obtain periodic relief from the demands of the role. Full-time grandparents often rely on support groups for advice and comfort.



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## New Technologies

Cohon and Cooper (1999) describe the development of the Kinship Support Network (KSN). KSN provides community-based, case-managed, supportive services to kinship carers, filling gaps in public social services. This article discusses strengths and weaknesses of privatizing public services. Orme et al. (2006) present a new measure of social support specific to fostering, the Help with Fostering Inventory (HFI). Smith and Monahan (2006) describe the KinNET, a project designed to create a national network of support groups for older relatives caring for children in and associated with the foster care system. Support groups often provide kinship carers with access to important emotional and community support, information and referral, relaxation and respite.

Schinke et al. (2004) present a study in which they test the role that parent involvement, in a CD-ROM intervention, plays to reduce risk of alcohol use among an urban sample of early adolescents. The study shows better results in these adolescents that have a parent intervention. Gropper et al. (1995) show as the drug prevention education provides an important first line of defence against future drug use. The program, drawing on social learning theory, utilizes an attractive, cartoon illustrated, computer program combined with games, role-playing and group work techniques to prevent future drug use in preadolescent children.



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## V. FINDINGS AND RECOMMENDATIONS

### KEY FINDINGS:

1. Child welfare agencies in the developed world are increasingly turning to kinship placements.
2. The latest evidence confirms that children in kinship care have an advantage over children in foster care in achievement permanency and improved well-being. This finding supports efforts to maximize placement of children with willing and available kin. However, other studies have failed to demonstrate significant differences between children raised by kin and foster parents.
3. Kinship foster parents tend to be older and have lower incomes, poorer health, and less education than non-kin foster parents. They also seem to receive less supervision and fewer services than non-kin carers.
4. Assuming full-time parenting responsibilities is associated with increased psychological distress in carers.
5. Older adults can serve as effective adoptive parents but would benefit from pre-adoption and post-adoption services to assist them in preparing for and positively addressing the challenging behaviours exhibited by adopted children.
6. Where kinship carers take over the care of children on an informal basis their lack of legal rights can create practical difficulties; for example in enrolling the child in school, or getting medical care.
7. While children in residential care have more mental health problems than those in family-type foster care, those in kinship care have fewer.
8. In the case of maltreated children, placing them with a kin foster parent is especially advisable.
9. Kinship care has a protective effect on the early behavioural outcomes for children entering out-of-home care.
10. The evidence confirms that keeping the children within their extended family reduces the stigma and trauma of separation from parents.
11. Research indicates that kinship placement is more stable than non-kinship placement and those adolescents in a relative's care are less likely to have a serious mental health problem.
12. Children's services should separate a carer's need for support (money and services) from a child's need for supervision (casework oversight).
13. Grandparents report that finding information on existing programs can be difficult, especially during a family crisis.

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## RECOMMENDATIONS:

1. Researchers should pay far greater attention to the health and well-being of grandparents raising grandchildren and the potential health consequences of such care giving.
2. Support groups should target a range of interventions toward the promotion of healthy behaviour among new grandparent carers.
3. Service providers should explore how sensitively to support kinship carers' mental health and identify local support groups, and recognise that carers may not ask for this support themselves.
4. Greater attention should be given to interventions aimed to decrease psychological distress and improve the financial resources and physical health of kinship carers.
5. Services for children in kinship care should be comparable to those in other forms of public care.
6. Child welfare services should put much greater emphasis on speaking to children and listening; how they feel is fundamental to evaluating foster care. They should also provide specific support and monitoring to kinship carers of children with a background of parental substance misuse or abusive parents.
7. There is value in developing specific prevention programs targeted to adolescents and their carers to help those children to address their emotions and externalizing behaviours.
8. Interventions programs should focus not only on behavioural, mental health and family functioning of the children in kinship care, but also on their academic functioning in order to improve their academic skills and, in consequence, the short and long-term outcomes associated with school success.
9. Risks associated with adolescents in kinship placements suggest the need to provide extra support to these carers as well as developing prevention programs targeting these adolescents and families.
10. Child welfare service should put much greater emphasis in paving the way for building alliances between parents and foster parents, based on their common responsibility for the child.
11. Kinship carers should be assessed against their needs for tangible items such as beds, food, and clothing in the initial stages of placement. Child welfare systems should also look at ongoing needs, which may include information regarding case progress and system procedures, respite, day care and counselling for the child.
12. Child welfare agencies should understand the importance of including the school system as one of the ways to improve the kinship care families' support.



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