Kith and Kin Care: A Review of the Literature

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Abstract
The BC Ministry of Child and Family Development implemented a new strategy of placing children needing care with extended family or community people as alternatives to foster care. Factors critical in kith and kin placements include housing, medical and dental care, availability of family counselling, respite care, and case management. Kith and kin care respects Aboriginal ways of being and preserves the extended family. However, with the effects of residential schools on successive generations, kith and kin care becomes problematic. Literature on extended family care agreements is available but scarce. Often the burden of extended family care falls on grandparents (most often women) who may have health and financial issues. Some studies have suggested that family reunification is easier to accommodate when the child has been placed with a friend or relative than in foster care.

Introduction
As part of the Service Transformation Policy, the Ministry of Child and Family Development in British Columbia has implemented a new strategy of placing children needing care either with extended family or community people (who have a strong relationship to the child) as an alternative to foster care. Out-of-care agreements include child in the care of relatives, interim custody to other, temporary custody to other, and transfer of custody. ¹ “Kith and kin” ______________

“Interim custody to other” refers to placing the child in the custody of a “person other than the parent,” with the consent of that other person, and under the supervision of the Ministry.
“Temporary custody to other” refers to placing the child for a specific period of time in the custody of the Ministry or another person other than the parent.
or “kinship care” are terms used to describe care where the child is in the home of a relative or someone close to the family. This includes people related to the child by blood, marriage, or who have a family-like relationship.

Current practice of out-of-care agreements is in evolution, while the use of kinship care is a practice that spans over 20 years. In British Columbia, kinship care relationships are currently defined as “...families providing full-time nurturing and protection of children with whom they have a kinship bond” (Ministry of Child and Family Development, 2003, p. 18). At present, out-of-care and informal care includes those arrangements which result from court orders in British Columbia (2003). These arrangements mark a departure from most other child welfare agencies, where court-ordered placements are classified as formal kinship care.

Kinship care agreements are commonly defined as the placement of children with relatives (Dubowitz, Feigelman, & Zuravin, 1993). In the situations where there is no transfer of custody to the caregiver who is a relative, this is known as informal kinship care (Dubowitz et al., 1993; Gordon, McKinley, Satterfield, & Curtis, 2003). This paper reviews the literature, considers kinship foster care as an alternative to taking a child into formal care, and identifies gaps in the literature that warrant further research. The review will explore the context of current policy and practice related to kinship care, including international trends, theoretical perspectives, and ideological underpinnings. In addition, findings from a number of outcome studies that compare kinship care agreements to traditional foster care will be presented. Finally, this review will present information regarding the demographic profile of kinship caregivers, as well as what is known about kinship care from the experiences and perspectives of caregivers themselves.

International Trends

In a number of countries (e.g., USA, England, Ireland, Norway), kinship care is the fastest growing form of child placement in contemporary social work (Bonecutter & Gleeson in Lorkovich, Piccola, Groza, Brindo, & Marks, 2004; Spence, 2004). Although informal placements are not new, the shift by child welfare agencies favouring kinship placement options is a relatively new phenomenon, emerging in the 1980s (Geen & Berrick, 2002). Much of the

“Transfer of custody to other” refers to cases where an application may be made to permanently transfer the custody of a child with a “continuing custody order” to a person other than the parent.
available literature comes from the United States, where kinship care agreements account for an increasing percentage of all out-of-home placements (Cuddeback, 2004; Ehrle & Geen, 2002; Harden, Clyman, Kriebel, & Lyons, 2004; Holtan, Ronning, Handegard, & Sourander, 2005; Strozier, Elrod, Beiler, Smith, & Carter, 2004). According to the US Department of Health and Human Services (2000 as cited in Peters, 2005), an estimated 29% of all children in care are placed with kin. This represents a significant increase from the 18% estimated in 1981 (Kusserow, 1992 as cited in Geen & Berrick, 2002). This increase may be attributed to the growing emphasis on informal placements and keeping children out of mainstream foster care and residential care. While acknowledging an increased reliance on kin child welfare agencies over the past two decades, Geen and Berrick (2002) report that use of kinship care has recently “leveled off” (p. 1).

Another significant portion of the literature related to kinship care originates from Great Britain. In a comprehensive review of primarily English contributions, Flynn (2002) documents an increased use of kinship care agreements over the past 20 years. According to the Department of Health (2001 as cited in Flynn, 2002), children cared for by kin comprised approximately 16% of the total number of children in foster care in the year 2000. While most of the available literature on kinship pertains to the USA and Great Britain, literature also exists which shows similar trends in Ireland (O’Brien, 2000 as cited in Flynn, 2002) and Norway (Holtan et al., 2005). While the available literature clearly shows an international trend toward increased use of kinship care agreements for child welfare placements, actual research on kinship care is limited and “still in its infancy” (Holtan et al., 2005, p. 201).

Theoretical Perspectives

Various theoretical perspectives are used to understand and support the use of kinship care arrangements. Gordon et al. (2003) observe a lack of clear consensus within the literature regarding a conceptual framework for kinship care. Flynn (2002) also points out that a poorly defined philosophy and inconsistent policies are characteristic in discussions of kinship care. Nevertheless, the most commonly cited perspective within the literature is family preservation (Dubowitz et al., 1993; Flynn, 2002; Gordon, et al., 2003; Lorkovich et al., 2004). Family preservation is a model that emphasizes supporting and providing services to the family. In some instances, family preservation is a service that is viewed as a preventative measure to taking children into care.
Similarly, a growing understanding of the importance of cultural preservation also plays a key role in forming the framework for kinship care (Flynn, 2002; Iglehart, 2004; Ingram, 1996 as cited in Strozier et al., 2004). According to Hegar (as cited in Cuddeback, 2004), the primary advantage of kinship care is continuity of life within the child’s ethnic and religious community of origin. The conception of continuity of life forms the basis of a theoretical foundation.

**Ideological Underpinnings**

Ideological views are an impetus for government policy in relation to child protection. This is an important context for understanding kinship care and the emphasis being placed on kinship care. According to Ainsworth and Maluccio (1998), the trend toward greater use of kinship care may indicate that agencies are becoming more sensitive to family, racial, ethnic, and cultural factors and the importance of family continuity in child development. While theoretically altruistic, kinship foster care might also be seen as reflecting a neo-conservative ideological stance in that it emphasizes “familial responsibility” and generally assumes less government involvement, particularly in terms of financial support (Geen & Berrick, 2002, p. 4).

Gleeson (1996) places the policy debate regarding kinship care within the broader context of USA welfare reform, in which “cost-cutting is the primary concern” (p. 444). Because kinship caregivers typically receive less support and services than traditional foster caregivers (Chipman, Wells, & Johnson, 2002; Flynn, 2002), increased emphasis on kinship care placements must be examined to determine whether the primary motivation really is concern for the best interests of the child, and not merely a matter of economics (Gleeson, 1996).

**Outcome Studies**

Overall, less is known about the experiences of children than about other facets of kinship care. This is largely due to the fact that children represent the most vulnerable units of analysis in the research. While demographic information can be obtained through file review and other unobtrusive methods, there is understandably very limited information available on the perceptions and experiences of children in kinship care. The most reliable information seems to be found in outcome studies, and these are also few in number. As well, it would be relevant to be able to ascertain the long-term consequences of kinship as opposed to foster care. However, this would require longitudinal studies, which have not been done to date.
A significant portion of the literature presents findings which show kinship care agreements produce more favourable outcomes compared to traditional foster care. In his comprehensive review of the literature, Flynn (2002) concluded research to date showed children in kinship care agreements generally enjoyed greater stability and permanence, experienced fewer behaviour problems, and did better in “virtually all respects” (p. 315).

A recent study conducted by Holtan et al. (2005) supported previous findings regarding the superiority of kinship care. Their study of 214 children in kinship and nonkinship foster care showed children in kinship foster care experienced fewer mental health problems, enjoyed greater placement stability, and had the added benefit of more frequent contact with their biological parents. Chapman, Wall, and Barth (2004) assert that children in kinship care appear to be “somewhat more content” than children in other types of placements (p. 302).

Conversely, the literature also includes several studies which question the superiority of kinship care over traditional foster care. For example, one study by Cuddeback and Orme (2002) revealed few differences between kinship and nonkinship care in terms of children’s problems. Benedict, Zuravin, and Stallings (1996) found that, contrary to their hypothesis, they could find no patterns between traditional foster care and kinship-raised adults in terms of how well each group was faring in young adulthood. In addition, a cross-sectional study by Carpenter and Clyman (2004) found that women who lived in kinship care were more likely to experience poor emotional well-being compared to women who lived with at least one biological or adoptive parent. Finally, the literature also reveals a number of disadvantages associated with kinship care, including lower incomes, higher stress, and slower rates of reunification and adoption (Chipman et al., 2002; Cuddeback, 2004; Flynn, 2002; Geen & Berrick, 2002).

**Demographic Characteristics**

American researchers observe that kinship caregivers tend to be older than traditional foster parents (Cuddeback & Orme, 2002; Harden, Clyman, Kriebal, & Lyons, 2004). In examining the findings of a study of 524 (state-involved) formal kinship placements, Dubowitz et al. (1993) noted that fewer than half of all the caregivers had completed high school and more than half were unemployed. Interestingly, they found that despite these personal limitations, caregivers expressed a high degree of willingness to care for their dependent kin. This finding is further supported by Spence (2004) who described an inherent sense of duty and responsibility that relatives feel to “care for their own”; it is also echoed by Beeman and Boisen (1999) who found
that 83.4% of interviewed social workers thought relative caregivers were motivated by a desire to preserve family unity.

In their examination of caregivers, Strozier et al. (2004) note the tendency of caregivers to be “. . .older, female single parents, who frequently have less education and are in poorer health than non-kinship caregivers” (p. 642). This helps to explain the fact that kinship caregivers present with greater financial needs than do traditional foster parents, while kinship caregivers received less remuneration from the agency.

In relation to the child’s education, Strozier et al. (2004) postulate that low education levels may facilitate caregivers’ feelings of inadequacy around helping their dependent kin with homework and with caregivers’ involvement in the child’s school. This finding is particularly interesting in light of an observation that kinship caregivers are more likely to seek tutoring that enables them to assist with homework (Fox et al., 2000 as cited in Chipman et al., 2002).

As of 1997, the vast majority of kinship care arrangements in the United States were informal (Strozier et al., 2004), and the majority of these caregivers were maternal grandmothers (Cuddeback, 2004; Lorkovich et al., 2004). Several researchers also note that compared to traditional foster parents, kinship caregivers are more likely to be older, the heads of single-parent households, less educated, and in poor health (Chipman et al., 2002; Cuddeback, 2004; Scannapieco & Hegar, 2002). In his USA-based article, Cuddeback (2004) notes that caregivers are more likely to be African-American (citing Berrick, 1994; Gebel, 1996; Soloman & Marx, 1995). However, it should be noted that African-American children are overrepresented in the American foster care system. Cuddeback also describes caregivers as experiencing higher levels of depression, lower levels of marital satisfaction, and poorer health in general than traditional foster parents. For instance, one study (Gaudin & Sutphen 1993) found that kinship caregivers are less likely to provide a safe and stimulating home environment (as cited in Cuddeback & Orme, 2002). From this, the question of causality arises: what is the relationship between the higher levels of depression and more limited access to financial resources?

Shorkey and Mitchell (2003) report on a Canadian study of grandparent kinship arrangements in Ontario. They found that grandparents take children into their homes to avoid placing the child in the child welfare system. However, these kinship care arrangements create issues for the caregivers including lack of financial support, lack of support and sense of isolation, stress and feelings of being overwhelmed, and change in life style and structure. The relationship between the caregiver grandparents and the child welfare system was perceived as ambivalent by the
grandparents. Shorkey and Mitchell suggest that these issues were, in part, due to lack of ongoing contact, systems supports, and long-term planning.

Caregivers appear to encourage visitation with birth parents more than traditional foster parents, when taking into consideration visit and promotion of family ties. For example, this occurs through visitation with the dependent kin’s biological parents and/or siblings. This may suggest that kin families appreciate the importance of maintaining family connections, and prompts the question of whether this occurrence may (at least in part) be attributed to the greater sense of duty and responsibility articulated by Spence (2004). Alternatively, it is possible that the caregiver’s encouragement to visit biological parents and siblings suggests that competing loyalties may exist between the dependent kin and the kin’s parent, who is often the caregiver’s offspring or sibling.

Information regarding the demographic profile of kinship caregivers in Great Britain is quite limited; however, several studies indicate a majority of kinship caregivers are maternal grandparents (gender not specified) and maternal aunts (Flynn, 2002). An exception to this pattern was seen to exist among families from South Asian and Chinese communities, where more than half of kinship caregivers were paternal grandparents (Richards, 2001 as cited in Flynn, 2002). These patterns would be characteristic of current cultural practices in terms of defining familial responsibility for children. Waterhouse (2001 as cited in Flynn, 2002) found equal representation of both maternal and paternal relatives among kinship caregivers, including grandparents, aunts, and uncles.

Demographics of Children

In their comprehensive review of children in kinship care, Dubowitz et al. (1993) observed that children placed into kinship care were usually placed at a younger age than those placed in traditional foster care. They also noted that the duration of the placement was usually longer than traditional foster care. This second discovery is significant when considered in concert with the finding (mentioned in the previous section) that relative caregivers are more likely to encourage visitation with the biological parent(s). It appears plausible that the caregiver’s belief in the value of visitation is not linked to the caregiver’s belief in family reunification.

Spence (2004), in his review of kinship care in Australia, concludes that the most common reason for kinship placement is risk of harm or neglect to the child and that kinship care is the most likely placement option for children in all age groups, except children who are 16–17 years of age.
Spence also found that children did not appear to participate extensively in decision-making processes around care or parenting issues. If the children most likely to be placed in kinship care are young, then it follows that they would not be as involved in decision making. This finding appears to be consistent with the American study conducted by Dubowitz et al. (1993) previously mentioned.

Chipman et al. (2002) discuss types of living arrangements for children in kinship arrangements. They recognized an important distinction between kinship children and those in traditional foster care. Kinship children tend to live in neighbourhoods that are considered to be more dangerous, and they are less likely to live in single-family (i.e., detached) housing. Additionally, kinship children are exposed to higher levels of violence (Fox et al., 2000 as cited in Chipman et al., 2002). This is consistent with the previously stated findings that families providing kinship care tend to be less financially well off than the more ‘professionalized’ and financially supported foster families. Fortunately, these statistics do not appear to reflect a lower level of concern for the children. Rather, high levels of support and concern for overall well-being and future expectations were noted for both groups.

**Level of Special Needs Children**

Cuddeback and Orme (2002) identified the needs of kinship children as being at least as great as those faced by traditional foster children (cf., Benedict et al., 1996; Berrick et al., 1994 as cited in Cuddeback, 2004; Dubowitz et al., 1993; Iglehart, 2004), including problems in school, health care, and mental health referrals and services. Overall, the findings on children with special needs appear mixed. Iglehart found few differences between the two groups, with the exception of mental health needs. In the area of mental health, kinship children are less likely to be referred for mental health services, and they are more likely to have a serious mental health problem (Cantos, Gries, & Slis, 1996; Cuddeback & Orme, 2002). This may be due to the associated stigma and trauma that a family experiences when they find that their child, or the child they are caring for, has possible mental health issues.

**Caregiver Perspectives**

Gordon et al. (2003) found that many caregivers “. . . assumed responsibility for the children” prior to the children arriving in their home (p. 86). Grandparents often worried about the children
and desired to provide a safe place for the children (Gordon et al., 2003). These findings support the belief that family members do experience a sense of duty and obligation that may not be present to the same degree in traditional foster homes.

One study by Chipman et al. (2002) found caregivers’ primary motivation in their kinship care agreements centred around their ability to meet the child’s developmental needs, and to provide children with love and moral or spiritual guidance. Some specific challenges encountered by caregivers were also identified in this study, including difficulties related to their “emotional attachment” with the child’s birth parent and inadequate resources and support (p. 519).

A significant number of studies indicate that kinship caregivers are not compensated adequately financially (Chipman et al., 2002; Connolly, 2003; Department of Health, 2002; Hunt, 2003; Szolnoki & Cahn, 2002). Families often have differing perceptions and feelings about caring and supporting children for financial compensation, especially when there is a close relationship with the biological parents (O’Brien, 2000). At the same time kinship caregivers may question why foster parents, who are strangers, receive greater compensation than family caregivers.

Data regarding parenting styles and experience is mixed. Harden et al. (2004) ascribe this lack of consistency in the data to limited methodological rigor. While some studies found that kinship parents appear less empathic (Gebel, 1996 as cited in Harden et al., 2004), other studies have found no significant differences in the level of supportiveness and attention to particular needs between traditional foster parents and relative caregivers (Berrick, 1997 as cited in Harden et al. 2004). These observations prompt the question as to what causes the apparent demonstration of less empathy. In previous research, it has been suggested that caregivers are more likely to experience depression (Cuddeback, 2004). Caregivers describe adverse effects that the kinship placement has had on their other significant relationships with spouses, children, and other grandchildren (Chipman et al., 2002). It is possible that low empathy reflects struggles related to the relationship, rather than to a particular dynamic between the caregiver and kin.

**Social Worker Perspectives**

Social workers generally agree that the child welfare agency should not hold kinship caregivers to the same rigorous standards as foster parents in criteria such as housing and training requirements (Chipman et al., 2002). This suggestion is echoed by Cuddeback (2004), who affirms the Child Welfare League’s recommendation that the same standards should apply to kinship and nonkinship caregivers as it relates to safety and protection but that greater flexibility ought to be
applied when safety is not an issue. This means that once safety is no longer an issue, caregivers can be given more freedom and flexibility for broad concerns such as accommodation and experience. This perspective appears to support current practice, where most kinship caregivers are unlicensed and are entering into care agreements out of a sense of family responsibility and preservation (Beeman & Boisen, 1999).

Workers note that although “some screening occurs prior to placement. . .subsequent assessments sometimes reveal significant issues that if known in advance, would have precluded the placement decision” (Chipman et al., 2002, p. 512). Some social workers in this comprehensive study expressed concern that the agency could not guarantee the child’s safety and protection in kinship settings, due to the competing loyalties between the biological parent and the dependent kin. The researchers note that this risk is especially great if the caregiver does not believe that the allegations against the biological parent are true. Conversely, Beeman and Boisen (1999) found that, although neutral about the concept of kinship foster care in general, the majority of social workers believe that kinship caregivers are competent foster parents and that children are better off in a kin environment as kinship children are believed to have a stronger sense of identity and be less troubled.

In terms of financial compensation, workers who participated in the Chipman et al. (2002) study suggested that relative caregivers should be entitled to the same amount of remuneration as traditional foster parents, even though the workers generally did not want caregivers to go through the licensing process (i.e., in the USA). A small number of case workers suggested that kinship caregivers should not receive comparable funding to foster parents because of the expectation of family care that could ‘naturally’ extend to kinship care. This view has been echoed in other studies (Geen, 2003). Chipman et al. (2002) provided complex and detailed information from a diverse group of participants, including caregivers and caseworkers.

**Comparison of Goals and Objectives**

A noteworthy observation made by Chipman et al. (2002) is that the primary objective of the agency is different than that of the caregiver. The agency’s mandate is the safety and protection of the child, manifested as ‘permanency’ status for the child. In contrast, the caregiver often has love and moral/spiritual guidance as their goal, which frequently manifests itself as appropriate behaviour, school performance and happiness for the child. The emphasis on love and happiness may contribute to the pervasive difficulties present in the ongoing relationship between
caregivers and biological parents, as identified by workers; although the caregivers value happiness and family unity, there is often a great deal of tension between the biological parent and the caregiver and kin (Beeman & Boisen, 1999).

Implications

Chipman et al. (2002) discuss the position of some workers who stress the need to avoid unplanned placements wherever possible and who recognize the importance in mandatory pre-placement assessments. Further, Chipman et al. (2002) suggest the need to correct the uneven provision of resources and support to different types of foster caregivers, including financial and monitoring services. Inherent in this is the implication that the role of the child welfare agency in kinship agreements should be reviewed. As well, many caregivers identified a need for more frequent and relevant contact with agency staff. This need for contact is especially important in light of the limited training and preparation that most relative caregivers receive (Beeman & Boisen, 1999; Cuddeback & Orme, 2002). Scannapieco and Hegar (2002) affirm the need for financial and emotional support to caregivers and kin; they also emphasize the need for a “multidimensional assessment” (p. 325) to address the needs that may exist for care providers.

Beeman and Boisen (1999) encourage agencies to recognize the uniqueness of kinship agreements and of the role of relative caregiver. They further urge workers to clearly relay the expectations and objectives that exist from the agency’s perspective, since there is often a disparity between caregiver and agency objectives. They also advocate for “cultural competence” (p. 334) among workers, to be achieved through ongoing training. This recommendation is based on the data which reveal higher proportions of kinship relationships are comprised of people of colour, and data reveal that white workers in their study were more likely to believe that kinship caregivers were more difficult to supervise than traditional foster parents (Beeman & Boisen, 1999).

Cuddeback (2004) concludes that kinship-placed children experience lower levels of trauma and stigma than children placed in traditional foster care. His greatest recommendation, however, concerns future research. Cuddeback argues that extensive rigorous research is needed to better understand and prescribe effective interventions. Specifically, he advocates for methodological improvements, including longitudinal designs and standardized measurements.

Conclusion
While there has been substantial research done on American, Australian, and British kinship placements, there is a deficit in the literature and research reflecting Canadian placements. For example, it is documented that in the United States, the vast majority of kinship placements continue to be informal, where there is no transfer of custody to the relative caregiver (Strozier, Elrod, Beiler, Smith, & Carter, 2004). The literature also reveals that in many other countries, kinship placements represent the fastest growing form of care (Bonecutter & Gleeson, 1997) as cited in Lorkovich et al., 2004; Spence, 2004).

This review has presented what is known from the current body of literature about kinship care in terms of the international, theoretical, and ideological context, as well as what has been learned from various outcome studies and information provided by social workers and kinship caregivers.

British Columbia is currently utilizing and promoting kinship care agreements as an integral part of its child protection strategy, and it is therefore imperative that Canadian research be conducted in order to better support and guide policy and practice. This literature review reveals a need for both quantitative and qualitative data in relation to kinship care.

References


