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African American Grandparents Raising Grandchildren

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African American Grandparents Raising Grandchildren

Submitted by Gina Misiewicz
May 2012

MSW Clinical Research Paper

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present their findings. This project is neither a Master's thesis nor a dissertation.

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By Gina L. Misiewicz

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Abstract

The overrepresentation of African Americans in kinship care placements has become a growing concern over the last decade. A review of available literature has found that African American children in kinship care arrangements, especially those being cared for by grandparents, are more susceptible to mental health and academic deficiencies than those in other foster care arrangements (Ghuman, Weist, and Shafer, 1999). A quantitative and qualitative survey designed for professionals working in child welfare was administered in regards to the perceptions of child outcomes of African Americans in grandparent-headed kinship care arrangements within the foster care system. Descriptive and inferential statistics were used to evaluate the findings. Additionally, the findings from one open-ended qualitative question as well as additional comments from all survey questions were carefully analyzed, coded, and organized into themes for qualitative data. The literature reviewed and the data obtained from the interview contained somewhat different findings. Although the majority of respondents agreed that children in kinship care arrangements have more positive outcomes in life than those in non-familial placements, themes such as reluctance in accessing resources

and services, lack of trust in social service agencies, acceptance of behavioral problems, and health and quality of care among caregivers were all considered significant factors that contributed to the overall well-being of those in kinship care placements. Further research is needed to implement practices that will effectively provide services and resources to kinship caregivers that encourage them to utilize what is available to them in order to provide children with even better outcomes in kinship foster care placements.

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African American Grandparents Raising Grandchildren

In 2001, approximately 2,400,000 children were being raised by grandparents in the United States. Yet, these numbers can be misleading as they often merely reflect those children who are actively involved with the child welfare system (Raphel, 2008), not necessarily those who are living informally with extended kin. It is estimated that 6 million children are being raised in households headed by grandparents or other relatives. This parental role taken on by grandparents has historically been thought to be tied to such life-changing events as death, divorce, or abandonment by biological parents. Today, research points significantly to other factors such as parental substance abuse, physical or sexual violence, parental incarceration, or emotional and neurological disorders that contribute to the inability to parent, triggering the grandparent to assume parental responsibilities (Pinson-Millburn et al, 1996; Pebley & Rudkin, 1999; Chipungu & Bent-Goodley, 2004).

The child welfare system becomes involved in cases where there is documented abuse, neglect, parental problems such as incarceration, substance abuse, and abandonment or if the parent or other relative enlists their services in situations such as severe behavioral problems with the child (AACAP, 2005). All states have statutes in place requiring that the best interests of the child are taken into consideration when determining the child's placement in the foster care system (Child Welfare Information Gateway, 2010). Over the past ten years, there has been a decrease in the number of non-familial foster parents available to provide care for children and an increase in the number of kinship caregivers (AACAP, 2005). Child welfare agencies are increasingly

using kinship care when children are removed from the home, yet data reflect that children in kinship placements on average remain in foster care longer than those in non-familial settings (Geen, 2003).

In comparison to these long-term placements, adoption has been found to contribute to increased levels of emotional security (Triseliotis, 2002). Yet many children who are raised in kinship foster placements often do not achieve the permanency options that the Adoption and Safe Families Act (ASFA) of 1997 sought to guarantee them. A significant number of children in care spend long periods of time awaiting permanent arrangements (AACAP, 2005). The often informal and voluntary arrangement made by grandparents to care for their grandchildren can be advantageous for the child, yet research contends that there are far fewer resources available for the grandparents and the children in their care than in traditional foster care placements (Raphel, 2008). Kin caregivers are required to be licensed foster parents in order to receive federal foster care funds. Although states can provide funds to kin foster parents, they are not required by law to do so, leaving many kinship caregivers with fewer resources, fewer services, and less support from social service agencies (Herring, 2008; Schwartz, 2002).

Regardless of the lack of services and support for kinship placements, there are consistent findings that demonstrate that kinship placements are more suitable for children than non-kinship foster care (Berrick, 1997; Beeman, Kim, & Bullerdick, 2000; Herring, 2008; Ryan et al., 2010). Studies in the area of kinship care offer various perspectives on the overall well-being and functioning of the children placed with relatives. When looking at placement success, it is important to focus on the two goals of

the ASFA: placement stability and timely permanency. Placements are considered to be successful due to placement stability, which means that a child in foster care does not experience more than one move to another home within the first year in care (Webster, Barth, & Needell, 2000) and due to timely permanency, which means that the child is put into a permanent placement within the allotted timeframes set forth by the ASFA. This is either by being reunified with biological parents or by the termination of parental rights which makes the child eligible for adoptive services (Gauthier, Fortin, & Jeliu, 2004). Since kinship foster care placements typically result in fewer placement moves than those in non-kinship placements, as the child is residing with a biological relative, they are often considered to be more successful and stable (Webster, Barth, & Needell, 2000). Yet, in many states, very few child welfare resources are put into kinship care placements in comparison to traditional non-familial foster care homes. Foster parent training, licensing, and added financial resources all play an important role in the overall well-being of the child receiving care. Given that few child welfare resources are put into kinship care, and that such resources are important for child well-being, it is important to understand the vulnerabilities of kinship care placements.

Although kinship foster children are living in homes often headed by their biological grandparents or other relatives, that factor does not ensure that the child is receiving the best possible services. Increased mental health needs due to trauma, incarceration, or substance abuse of the biological parent requires additional training and resources, yet these are all too often overlooked by the child welfare system. Kin caregivers may be more likely to tolerate problematic behaviors or offer more placement stability as opposed to strangers providing foster care to the child. In addition, it may be

increasingly difficult for child welfare agencies to find other placements for children with increased mental health needs because these children are often reluctant to trust new caregivers (Tyrrell & Dozier, 1999). Since many children in kinship placements are less likely to need to be subsequently placed in multiple homes, there could be less of a reason for child welfare workers to suspect that the placement is not a success.

Because recent research supports the notion that best outcomes for children occur with a single caregiver (Gupta, 2008), it belies stresses that grandparents as kinship providers may be forced to tolerate. Grandparent caregivers not only endure the stress of caring for their grandchildren, but may also have ongoing conflict with their adult children if they are still engaged in illegal activity or drug abuse and are allowed visitation of their children (Leder et al., 2003). Additionally, research points to more frequent and unsupervised contact in kinship placements between birth parents and their children (Geen, 2004). In situations where supervised visitation is required due to parental abuse or neglect, this can be detrimental to the parent-child relationship and future reunification efforts. Since children who are removed from their biological parents are typically at higher risk for long-term emotional difficulties (Rutter, 2000), this can significantly add to the psychological trauma that can affect both children and birth parents. It can be argued that some children may in fact be facing ongoing disruption due to these maintained emotional ties with their birth parents and continued conflict between the grandparent caregiver and biological parent.

Of children placed in any type of foster care setting, 42% to 60% of them have emotional and behavioral problems (Min Park & Ryan, 2009) and children living with

grandparents have been found to be more frequently diagnosed with oppositional defiant disorder than were children living with other caregivers (Ghuman, Weist, and Shafer, 1999). Not only does this diagnosis create more problems within the home for grandparent caregivers, but it also creates additional problems in school and community settings. In addition, Min Park & Ryan (2009) found that children with emotional and behavioral problems are less likely to be reunified back into their original homes than children without these problems. Some of these children not only experience the initial disruption of being removed from their homes, but also experience multiple disruptions by being reunified with the biological family and then subsequently placed back into the child welfare system (Litrownik, Newton, Mitchell, & Richardson, 2003; Gauthier, Fortin, & Jeliu, 2004). Recent research has found that children who are removed from the home and subsequently returned to the biological family often have more negative outcomes than those who do not reunify. Additionally, studies have found that these children often develop severe behavior difficulties that can result in yet another displacement (Gauthier, Fortin, & Jeliu, 2004).

In addition to increased mental health problems, research on parenting attitudes found that children who are raised in high-risk environments comprised of limited financial resources and oftentimes harsh parenting typically face increased academic underachievement and poor social skills (McLoyd, 1998; Edwards & Mumford, 2005). Previous research has found that kinship caregivers are more frequently African American, single parents with lower levels of education and income in comparison to non-kinship care placements (U.S. Children's Bureau, 2000; Ryan et al., 2010; Schwartz, 2002). Once placed in the child welfare system, African American children in kinship or

non-familial foster care placements typically receive fewer contacts with their caseworkers, fewer visits with family, fewer written case plans, and fewer psychological assessments (Chipungu & Bent-Goodley, 2004; Geen, 2004; Herring, 2008). Fewer services and financial resources can contribute negatively to the kinship care placement as well as the well-being of the child.

Since minority children living in large cities or isolated rural areas face greater challenges such as poverty, poor education, single and unstable families, and often dysfunctional neighborhoods (Haveman & Wolfe, 1993), this can only exacerbate the problems within their homes. Minkler and Fuller-Thomson (2005) found that in the year 2000, over a half a million African American grandparents were raising their grandchildren. Studies have shown that placing African American children with their relatives helps them to maintain emotional ties to their extended family, yet also points to maintained emotional ties with often dysfunctional birth parents who want to be reunified with these children (Harris & Skyles, 2008). There is a documented association between a lack of family structure, dysfunction within the family unit, and negative outcomes regarding the child's well-being (Wu, Hou, & Schimmele, 2008).

Additionally, Lee, Ensminger, & LaVeist (2005) found that inner city African American grandmothers who were primary caregivers to their grandchildren reported more alcohol, drug, and legal problems within the family unit than other non-caregivers. Substance abuse, incarceration, and poverty and neglect are the major factors for children of color being referred into the foster care system. This can significantly impact the well-being of the child or children being exposed to these problems. Children who are

exposed to prenatal or postnatal drug or alcohol use are at a higher risk for various emotional, developmental, and academic problems. These children are more likely to suffer from psychiatric disorders, have behavior problems, have academic underachievement, and experience symptoms of depression and anxiety. Additionally, pregnant women who abuse substances are more likely to have other risk factors in their lives, such as poor prenatal care and nutrition, stress, violence, and a lack of social support which significantly impact their ability to take care of their children properly (U.S. Department of Health and Human Services, 2010).

In addition, it has been difficult for federal and state policy makers and child welfare advocates to accurately determine the effectiveness of kinship care in relation to children's well-being, safety, and permanency, even though these are three major goals of the child welfare system (Geen, 2003). This research aims to investigate the perceptions that child welfare professionals have on African American grandparent-headed kinship care, including the quality of care given to the children, resources available to relative caregivers, and the child outcomes associated with this type of foster care placement.

Literature Review

History of Child Welfare

The history of the federal government's involvement with child welfare dates back to the National Center on Child Abuse and Neglect's creation in 1974 with the passage of the Child Abuse Prevention and Treatment Act (CAPTA), or Public Law 93-247. This was a major federal effort at the elimination of child abuse and neglect. CAPTA provided federal funds to States, nonprofit organizations, and public agencies that supported the prevention, assessment, investigation, prosecution, and treatment efforts in the area of child abuse and neglect (Patti & Berleman, 1976). Although CAPTA assisted in the prevention and treatment efforts associated with child abuse and neglect, the problem of the necessity of long-term permanent care was becoming apparent. In response to the growing problems and foster care "drift" prevalent in child protection, the Adoption Assistance and Child Welfare Act of 1980 was passed (Freundlich, 1999). The Act required states to have foster care plans in place which stated that reasonable efforts were to be made in the prevention of the removal of children from their homes and in the reunification of families. The purpose of the Act was on biological family preservation, putting mandates on the placement of children and encouraging the most family-like settings possible while giving the federal government the authority to monitor foster care (Kernan & Lansford, 2004; Burnette, 1997; Schweiger & O'Brien, 2005). Yet, kin caregivers were very rarely designated by child protection workers as foster parents for related children (Geen, 2004). Overall, the

effects of this Act resulted in an increase in the number of termination of parental rights cases and finalized adoptions (Freundlich, 1999).

In 1993 the passage of the Family Preservation and Family Support Act (FPFSA) replaced these previous methods of terminating parental rights and pursuing adoption. The Act emphasized the idea of conserving the family unit by either keeping families together or eventually reunifying them, regardless of the extent of the abuse. It also de-emphasized adoption, which led to concern by critics of the Act due to the unstable environments that many children were left in or forced to go back into (Freundlich, 1999). The Act also ensured that states that were in compliance with the Act would be eligible for federal funds. Once again, states were required to have foster care plans in place which maintained that reasonable efforts were to be made in the prevention of the removal of children from their homes and in the reunification of families (Judicial Education Center, 2011). However, states were not mandated to provide any services to assist troubled families (Adler, 2001). Evidence indicated that for impoverished parents struggling to enter the workforce, there was a higher incidence of maltreatment, resulting in more children in out-of-home placements (Kernan & Lansford, 2004). Due to the nature of the FPFSA's focus on the reunification of families, the health and safety of children in reunified abusive homes and extensive foster care placements became apparent. The definition of "reasonable efforts" was vague, leaving it to the State's discretion as to what was considered acceptable or not.

In response to these concerns, congressional leaders, with the support of President Clinton collaborated with the Department of Health and Human Services in creating the

Adoption 2002 Initiative, a plan that aimed to double the amount of adoptions and permanent placements by the year 2002. This resulted in the proposal of the Adoption and Safe Families Act (ASFA) of 1997, which was an effort to enhance the safety and well-being of children in foster care (Curtis & Denby, 2004). With the advocacy of President Clinton, the ASFA received bipartisan support as parties focused on the needs of children receiving protective services. Endorsers of the Act stipulated that children's needs, rather than the needs of the parents, took precedence in the juvenile court system (Kernan & Lansford, 2004). In addition, proponents of the Act argued that it was in the best interests of the children to be living in safe, permanent homes instead of being reunified with abusive caregivers or moving through a series of foster homes (Adler, 2001). The Act once again shifted the policy back to an increase in the termination of parental rights and adoption. The Adoption and Safe Families Act brought forth a definition by Congress as to situations which would warrant terminating parental rights at the beginning of the child welfare case, specified the timeframes that states must adhere to, and defined the circumstances in which states must seek to terminate parental rights (Center for the Study of Social Policy, 2005). The exception to the requirement for filing a termination of parental rights under the Adoption and Safe Families Act of 1997 was if a child was being cared for by a relative (Freundlich, 1999).

Kinship Care

The Elizabethan Poor Law of 1601 historically set precedence in the government's involvement in kinship care, stating that by law parents and grandparents were responsible for the care of their children and grandchildren in cases of indigence

(Jansson, 2001). Kinship care has legally been defined in congressional reports as “any living arrangement in which a relative or someone else emotionally close to the child takes primary responsibility for rearing the child” (Gipson Rankin, 2002, p. 156). There are two categories of kinship care: kinship foster care, which occurs when children in state custody are cared for by relative foster parents and private kinship care, which occurs when children who are not in state custody are informally cared for by their relatives. Kinship foster care was originally intended to assure that children were able to maintain emotional attachments to relatives and experience the least amount of disruption when removed from the care of birth parents (Gipson Rankin, 2002; Harris, 2008). It has eventually become a widely accepted practice to place children with relatives rather than strangers, and many child welfare experts believe that children fare better if placed with relatives (Berrick, 1997; Beeman, Kim, & Bullerdick, 2000; Herring, 2008; Ryan et al., 2010). In a 2001 survey of state kinship care policies, it was determined that in all states except for Illinois and Georgia, child welfare caseworkers were required to actively seek out kin when children were not able to remain with birth parents in order to avoid placements in non-familial foster care (Jantz, Geen, Bess, et al, 2002). According to the U.S. Department of Health and Human Services, Administration for Children and Families (2011) there were approximately 408,425 children in formal out-of-home foster care placements in the United States in 2010; approximately 103,943 of these children were residing with relatives.

Statistics also show that kinship caregivers have a significantly lower socioeconomic status than other foster care parents. They are typically less educated, older, have lower incomes, and often are in poor health (Geen, 2004; Herring, 2008).

Geen (2004) reported that 13% of children in non-kin foster care placements were living in households with incomes below the federal poverty line, compared to 39% of children in kinship foster care placements. Yet, most states do not provide as much financial assistance and support to kin caregivers as to non-kin caregivers (Schwartz, 2002).

Additionally, qualitative data suggests that many of these grandparent caregivers are over 55 years old, have multiple health concerns, and are often overwhelmed with emotional, physical, and financial hardships (Blackburn, 2000). The most common kinship foster care placement is with grandparents, typically the maternal grandmother, with 40% to over 50% of children in kinship care in this type of placement. Grandparent kinship care became prevalent in the late 1980s and early 1990s with the crack cocaine epidemic in the United States. At this time, the child welfare system began to place a large number of African American children with relatives when they were removed from the custody or care of their birth parents (Harris & Skyles, 2008).

African Americans and Kinship Care

African Americans, compared with other racial and ethnic groups, have a much higher chance of becoming grandparent caregivers and often keep those children in their care for a much longer period of time (Harris & Skyles, 2008). The system of Black kinship care in America developed its roots in Africa prior to slavery (Gipson Rankin, 2002). It has been a long-standing practice for Black elders to raise their grandchildren, great-grandchildren, and extended kin. Slavery tore apart families when parents were sold, leaving extended family to care for young children. For African Americans who came to the United States due to slavery, caring for kin was required due to parents being

sold to slave owners. It became part of the African American culture for grandmothers to raise their grandchildren. Even after the Civil War, African American children who had been living as indentured servants were not allowed into orphanages or the greater child welfare system. Extended families often combined their resources in order to provide and care for kin. Yet, kinship care was considered to only be used by people of color, so it was initially disregarded in child welfare policies written by the federal government. It was not until the late twentieth century that African American children were given the same child welfare services that were given to Whites (Gipson Rankin, 2002).

Although African Americans historically have sought to preserve their family units by caring for kin, previous research illustrates that minority children and their families are still less likely to receive services aimed at maintaining and supporting their families (Curtis & Denby, 2004). This not only contributes to continued problems within the birth parent's home, but also plays a part in longer placements outside of that home. African American children make up only 15% of the child population in the United States, yet they represent 41% of the children in non-familial and kinship foster care placements (Harris & Skyles, 2008). African American children are also three to six times more likely than White children to be in foster care (Pebley & Rudkin, 1999). Additionally, statistics from 2004 find that 45% of White children were able to exit the greater foster care system, comprised of non-familial and kinship placements compared to only 29% of African American children (Harris & Skyles, 2008). Since more White children were able to either be reunified with birth parents or placed in permanent adoptive homes, these statistics reinforce concerns regarding whether African Americans

receive the same services aimed at reunifying the family or are simply afforded the disproportionate use of long-term kinship care as a permanency option.

Due to the disproportionate number of African American children in foster care, there is growing concern as to whether the parental rights of African Americans are being terminated prematurely and replaced with the permanency option of long-term kinship care as opposed to adoption (Curtis & Denby, 2004; Chipungu & Bent-Goodley, 2004). In addition, there are concerns that the overuse of kinship care with African American children reflects a lack of family-centered programs and policies and ultimately results in fewer efforts being put into their reunification with birth parents (Harris & Skyles, 2008). Statistics suggest that African American children are almost twice as likely as White children to be placed with relatives instead of with non-familial foster care families (Hill, 2004). Herring (2009) reports that in cases where there is parental substance abuse, African American children who do not have a disability and who are over two years old will likely be referred by caseworkers into kinship foster care as opposed to other non-kin placements. Research also indicates that a significant number of caseworkers believe that many kinship foster parents have little to no interest in adoption, as this would terminate the biological parent's rights to the child, exacerbating the problem of providing permanent placements for children in foster care (Freundlich, 1999). In addition, research has pointed to the perceived willingness of African American families to provide foster care for relatives, thus resulting in child welfare practitioners potentially overlooking the needs of children and birth parents and in fact contributing to the decrease in reunification efforts with birth parents (Harris & Skyles, 2008).

Effects of Kinship Care on Grandparent Caregivers

In addition to the health and well-being of the children in kinship care, the health of older caregivers is a major concern. Up to 30% of older adults report either difficulties in performing daily activities or a disability that impacts their daily lives. Fuller-Thomson and Minkler (2000) report that some grandparents without legal custody of their grandchildren may avoid trying to obtain any government assistance or support for their own health-related problems due to fearing that the child will be taken away and placed in non-familial foster care. Previous research has also indicated that older minorities may be less likely to follow through on prescription medication usage as well as less likely to use health care services than their White counterparts (Bowen & Gonzales, 2008). Not taking care of one's own medical or health-related issues can often exasperate the problem and create larger health issues. Since there is a higher rate of emotional and behavioral disorders in children raised by grandparent caregivers, there may be an increased need for the administration of prescription medication for these children. These statistics do point to the concern that older caretakers may not administer or follow through with the recommended medications for these children, adding to the emotional and behavioral issues already at hand.

Because grandparents' social, physical, and emotional well-being is affected by increased levels of stress, this can in turn significantly influence the social, emotional, and educational environments in which their grandchildren are raised (Edwards & Mumford, 2005). Yet only six States and the District of Columbia are required to factor in the mental and physical health of the caregivers when determining what is in the best

interests of the child (Child Welfare Information Gateway, 2010). Harden, Clyman, Kriebel, and Lyons (2004) found that kinship caregivers were not only older, but also had compromised attitudes to parenting which contributed to poor parenting. Research has shown that increased psychological stress on the part of the parental figure is associated with family dysfunction and less favorable parenting styles (Thomas, Sperry, & Yarbrough, 2000). Interviews with grandparent caregivers in schools in the Oakland, CA area disclosed that many grandparents were reporting that they were forced into caring for their grandchildren due to parental substance abuse (Blackburn, 2000). Additionally, many grandparents who assume the role of caretaker in situations that involved substance abuse of the parent are also dealing with grandchildren who may have been exposed to prenatal drugs, abuse, or neglect, adding to challenges of caretaking (Lipscomb, 2005). Statistics also suggest that grandmothers are typically caring for groups of siblings, rather than just a single child (Harris & Skyles, 2008), adding to the stress and wellbeing of the grandparent. Although many children in kinship placements reside with biological grandmothers, these grandparents often may be dealing with health problems, stress, depression, or poverty, which could in turn significantly impact the well-being of the child receiving care.

Effects of Kinship Care on Children

The overall goal of any type of foster care placement is to provide a safe and stable environment for the child, with the end result of reunification, adoption, or legal guardianship. Yet, with kinship care, although the relative is often willing to permanently care for the child, adoption is the least likely outcome as it would require the

termination of parental rights (Raphel, 2008). Many grandparent caregivers may not want or feel comfortable with permanently severing ties between their children and grandchildren. If there is not a permanent termination of parental rights in place then there must be another permanency plan in place, such as reunification with birth parents. Yet, Koh and Testa (2008) found that kinship foster children have significantly lower rates of reunification with birth parents and permanency options than do children in non-kinship foster care. It can be argued that children in kinship foster care are in limbo while residing with their grandparents or other relatives. Yet, for a large percentage of minority children, kinship care represents the only permanency plan in place (Harris & Skyles, 2008).

Stability is a significant need for children in foster care placements, especially when those children have been abused or neglected. Although previous studies have confirmed that kinship placements provide more stability than non-kinship placements (Herring, 2008), Lawler (2008) found that younger foster mothers demonstrated a more sensitive approach to maltreated children in their care and that maltreated children were more emotionally available to younger foster mothers, regardless of whether they were biologically related or not. These research findings challenge previous arguments of the advantages of kinship placements based solely on socio-biological factors, since statistics show that kinship caregivers are typically older than non-related foster caregivers (U.S. Children's Bureau, 2000; Harden et al., 2004; Schwartz, 2002).

Research also suggests that there are higher rates of disruption, meaning that children exit foster homes for negative reasons, significantly more when the children are

placed in non-kinship homes. In addition, this research has correlated higher rates of disruption with higher costs for child welfare agencies (Herring, 2008). In essence, the more placements a child requires, the more money the state has to pay. Since most states require child protection workers to actively seek out kinship placements for children referred into the system, this could point to the child welfare system cutting costs at the expense of the children. By always recommending the use of kinship care as opposed to non-familial foster care, the best interests of the child could often be overlooked. It may be in the best interest of the states to have children reside with kin, as this placement requires some states to provide less financial support, yet a child's well-being includes much more than just financial resources.

The ASFA defines the best interests of the child by the success of the placement based on timely permanency or reunification, yet does not seem to take into account children in kinship care, specifically their mental, emotional, physical, and psychological health as relevant factors. Each state has specific mandates in place in order to define what constitutes the best interests of the child. Yet, in the United States, only five States and the District of Columbia are required to factor in the mental and physical health of the child when determining what is in the child's best interests regarding his/her placement (Child Welfare Information Gateway, 2010). In a study by Leder, Nicholson Grinstead, Jensen, and Bond (2003) of psychotherapeutic outcomes for children who were raised by grandparents, it was reported that the most common diagnosis for children in kinship placements was oppositional defiant disorder, followed by post-traumatic stress disorder, attention deficit hyperactivity disorder, adjustment disorder, and depressive disorders. Mental health issues such as these often require additional care and

maintenance, including psychiatric and therapeutic interventions, which can add to the stress of the child and the caretaker. Smith and Palmieri (2007) found that children raised by custodial grandparents fared much worse than those raised by other caretakers, having higher levels of emotional and behavioral disturbances and psychological difficulties. Research also indicates that mental health problems are directly related to longer stays in alternative care, placement instability, and decreased likelihood of reunification with birth parents (Min Park & Ryan, 2009). Additionally, mental health disorders can affect many aspects of a child's life, including within the community and the school.

In a national survey of comparison groups of children living with grandparents and those living in traditional and single-parent households, it was found that children living with grandparents have increased deficits in academic achievement (Franklin, 1999). Dubowitz and Sawyer (1997) found that children in kinship foster care who are being cared for by an older relative often have more behavioral issues in school than those being cared for by younger relatives. Often, children with significant emotional or behavioral challenges require Individualized Education Plans (IEPs) to accommodate problematic school behavior. These children are placed in more restrictive educational settings, which can be increasingly difficult on the child while adding to the stress of the caretaker. Data suggest that as many as 64% of students labeled as having a serious emotional disturbance (SED) or an emotional or behavioral disorder (EBD) fail to complete high school (Zigmond, 2006). Research has also shown that students with emotional and behavioral disorders are more likely to engage in criminal behavior, substance abuse, and deviant sexual behavior than their peers. This is supported by shocking data revealing that over half of all adolescents with EBD and over 70% of EBD

dropouts are arrested within five years of leaving school (Sacks & Kern, 2008).

Grandparents often may have had trouble raising their own children who have led dysfunctional lives, making raising grandchildren increasingly difficult (Edwards & Mumford, 2005). In addition, grandparents may not be fully aware of the changing sexual and criminal behavior of at-risk youth or the substance use that children may come in contact with, making raising at-risk children increasingly difficult.

Many children removed from the home due to abuse, neglect, or parental incarceration come from chaotic backgrounds, with unstable and inconsistent structure in their lives. Grandparents who are not accustomed to using extremely consistent and structured disciplinary practices often struggle with maintaining stability in the lives of these children (Leder et al., 2003). Havlicek (2010) found that although kinship placements provided increased stability for children initially entering foster care, that stability declined as the child spent more time in kinship care. Koh and Testa (2008) confirm that children in non-kinship foster homes show a higher risk for initial placement disruption, yet also found that there is no difference in instability between kinship and non-kinship foster homes within a year of placement. These studies point to the need for increased support for kinship care placements and specialized services for grandparents raising grandchildren.

Research Question

Little research has considered the effects of kinship care on the children and caregivers as they relate to the overall well-being of African American children in kinship care. Since African Americans are disproportionately represented in kinship care

placements in addition to the data showing that fewer financial and social service resources are being put into those kinship care placements nationwide, it can be argued that African American children are not actually always receiving the best care possible by being placed with kin. Placement stability and timely permanency are both important factors in determining the success of a placement, yet they are not the only factors that should be looked at when determining child outcomes. The disproportionate use of kinship care for African American children leads to reduced efforts in family reunification and a decreased focus on family-centered programs and policies (Harris & Skyles, 2008). This research intends to examine whether professionals working in kinship foster care believe that grandparent kinship care is the best placement option for inner-city African American children in the child welfare system as well as whether they believe that children in this type of placement have more positive outcomes in life than those placed in non-familial foster care arrangements.

Conceptual Framework

Several theoretical perspectives can be helpful when attempting to understand the effects of kinship foster care on African American children and their families. Iris Marion Young's Oppression Theory (1990) can examine the impact of the disproportionate use of kinship care with African Americans. Young's theory examines oppression within the structures of exploitation, marginalization, powerlessness, cultural imperialism, and violence. Other theorists have reduced Young's structures within Oppression Theory into two categories of justice and autonomy (Zutlevics, 2002). Within the United States, there has been a significant history of exploitation, violence, and injustice brought upon the African American family. Oppression Theory can be used to analyze the interactions between the system that is designed to help children in need of protective services and the reality of the services they receive. Additionally, the dynamic interactions that occur between African American children, birth parents, foster or kinship caregivers, families, communities, and the greater child welfare system can be examined through an ecological perspective (Bronfenbrenner, 1979). Taking into account both perspectives and examining oppression within each of the systems of the ecological model, the healthy development of a child can be seen as contingent on the degree of synergy among relationships within the child's systems (Leonard, 2011).

According to the late child psychologist Urie Bronfenbrenner (1979), the four ecological systems that theorists believe to have an effect on children's development are the microsystem, mesosystem, exosystem, and macrosystem. The microsystem is made up of the immediate environment in which the child lives, such as within the foster family

unit. It also includes the relationships between the foster parent and the child as well as the “goodness-of-fit” of the relationship within the foster care setting. The foster family, whether kin or non-familial, make up a large part of this system. Influences between the caregivers and children are transactional in the sense that both the parents and children affect and in turn are affected by one another. This mutual influence between grandparents and the children in their care can be both positive and negative. The ecological concept of “goodness-of-fit” is the degree to which a child’s disposition can adequately adapt to the family’s environment (Schweiger & O’Brien, 2005).

Based on the prevalence of the use of grandparent caregivers for African American children in the child welfare system, it appears that there is an assumed “goodness of fit” of this relationship between the child and the grandparent within the child welfare system, often based largely on biological factors. Young’s (1990) concept of Exploitation can be seen within this system, as African American kinship caregivers, often biological grandmothers, are given the additional burden of caring for their grandchildren. Since fewer resources are put into these kinship placements, in addition to very little support, these caregivers can be seen as exploited for their limited resources and services. Additionally, the individual’s cultural and historical contexts are a part of this system (Young & Smith, 2000), which can negatively affect the child in the sense of continued oppression within this family unit

Within the Ecological Perspective, the mesosystem is made up of the connections between these microsystems within the child’s life, such as the child’s biological family and foster care family, school, and the child’s peers. With kinship foster care, biological

family connections are continually present. In addition, biological parents are often still involved in the child's life. The mesosystem emphasizes the interconnectedness of these factors. In situations where children were abused or neglected, they often carry that trauma with them into their foster or kinship care placement, which in turn affects their relationships with caregivers. Being displaced from one's home and put into a foster care placement, even if it is with extended kin, is a traumatic experience for a child. The child often takes that experience into other environments, such as at school and with peers. Within the mezosystem, children can be repeatedly exposed to biological parents who are deemed unfit; often this can occur without the proper supervision in place. Without proper training and resources in dealing with victims of trauma, grandparents can often struggle with providing the appropriate care for the grandchildren in their care.

Kinship caregivers may face continued barriers in providing care for the children they are responsible for. Young's (1990) concept of Powerlessness can be seen within the context of African American caregivers' lack of resources, training, or knowledge in dealing with the trauma or other issues the child is facing. Research has shown that African American families can be rooted, often unknowingly, in African tribal beliefs and practices that focus on extended family as a central importance in their lives (Dunlap, Golub, & Johnson, 2006). By disregarding the specific needs of African American families, and failing to empower families with resources to help strengthen themselves, these families can continue on a path of oppression by simply only using family as a resource instead of external agencies. Whether in the family or in the community, resources need to be put in place to support African American families struggling with factors associated with the child welfare system. Additionally, cultural mistrust and

differences often begin the relationships between families and the child welfare system. Research suggests that there is a reluctance by African American caregivers to become involved in family preservation programs (Kemp et al., 2009), which could be a direct reflection of this cultural mistrust. Within the mesosystem, there is a clear need for added resources put into kinship placements to ensure that caregivers can adequately meet the needs of the children.

The exosystem is made up of the settings that are not necessarily experienced directly by the child but those that influence the child's microsystem, such as services that are provided to kinship caregivers or community supports they may find. Within the exosystem is the greater child welfare system, providing social services that affect the child. Child welfare professionals serve as experts in the placement process for children who are removed from their homes. They provide services to non-familial and kinship foster parents in order to find suitable homes for children who have found their way into the child welfare system. Children who are not in state custody but are living informally with kin are far less likely to receive economic assistance aside from any Temporary Assistance for Needy Families (TANF) funds that they or their caregivers are eligible for (Schwartz, 2002). Since African Americans are also far more likely to be living in both formal and informal kinship care arrangements, this points significantly to the lack of financial support and resources that are put into African American children and families. Additionally, almost one-fifth of grandparents raising their grandchildren are living in poverty (Child Welfare League of America, 2007), pointing to a systemic need for resources for these caregivers to better provide for these children.

The fourth ecological system is the macrosystem, comprised of the wider society and culture which includes all of the other systems. Social policy, legislation, and the societal perceptions of foster care and kinship care are all found within this system. There is a direct association between poverty and a greater involvement with the child welfare system (Gustavsson & MacEachron, 2010), pointing to the need for systemic changes in policy to help those families suffering from financial hardships. Kinship care policies fail to provide adequate financial assistance or other support to vulnerable families and children in society, reinforcing the vulnerable role they play in our society (Schwartz, 2002). The social stigma of adoption and foster care can contribute to the adjustment problems which children in the child welfare system face. In addition, there is a belief within this larger macrosystem that adopted children are at a greater risk for psychological difficulties (Schweiger & O'Brien, 2005), which in turn could contribute to lower expectations by adoptive parents and in fact could result in fewer kinship caregivers opting to adopt those children in their care. The effects of these systemic beliefs can have detrimental effects on the overall well-being of the relationship between the caregiver and the child.

Within Oppression Theory, the concept of cultural imperialism applies to many African Americans, as this refers to minorities being forced to respond to inferior images of themselves (Young, 1990) within our culture and within the child welfare system. In fact, this same concept stems from the very roots of the American culture. The Constitution of the United States of America guaranteed the virtues of liberty, freedom, and equality to the citizens of this country, while denying these same virtues to African Americans on the grounds that they were three-fifths of a human being (Hardy &

Laszloffy, 2000). Policies regarding the lack of resources and funding for kinship care placements reinforce African Americans as undervalued members of society (Schwartz, 2002). When looking at the disparate rates of kinship care placements among African Americans, an already disproportionately vulnerable group, in conjunction with the lack of services provided to kinship care placements, there is a strong argument for continued systemic oppression against African American children placed in the child welfare system.

Methods

Research Design and Sample

This research examined the factors associated with grandparent caretaking of inner city youth when there is child welfare involvement and the child has been removed from the biological parent. The research was a quantitative and qualitative study involving a convenience sample of social workers and child welfare workers selected from a specific county in Minnesota as well as within the greater metropolitan Minneapolis/St. Paul region in Minnesota. The research participants were asked to take part in an anonymous cross-sectional survey, consisting of 15 questions, attached as Appendix B. All survey questions were approved by the University of St. Thomas/ St. Catherine University Internal Review Board (IRB) (attached as Appendix C) prior to disbursement to ensure appropriate content. Additionally, a Human Services and Public Health Department (HSPHD) Institutional Research Review Committee (IRRC) approved the research (attached as Appendix D) and distributed it to 165 employees within the Human Services and Public Health Department of that county.

The questions began by gaining an understanding of the respondent's experience working with African Americans in grandparent-headed kinship care, then gained complexity by addressing the individual and structural factors contributing to African American kinship care, such as the effects of this type of placement on those involved, and the quality of resources and services offered to grandparent kinship caregivers in comparison to non-kinship caregivers. The questions were intentionally formed this way in order to gain a better understanding of the relationship between the effects of

grandparent kinship care and non-kinship foster care on those involved. In addition, space was provided after each question for qualitative responses to ensure that few restrictions were placed on the respondent's answers and for the exploratory nature of this study (Monette, Sullivan, & DeJong, 2011). The purpose of this research was to further explore the effects of grandparent kinship care, including the benefits and risks to African American children being raised by grandparent caregivers.

This survey was distributed to 165 child welfare professionals from a county in Minnesota as well as 500 social workers throughout Minnesota. The researcher used a convenience sample, due to the readily available population of child protection, foster care, and social work professionals throughout the state. This survey was an example of cross-sectional data, as the survey was administered to measure the beliefs of child welfare workers at one point in time, but may also be used for future research (Monette et al., 2011).

Protection of Human Subjects

Measures were taken to protect the confidentiality and professional standards of all participants. Informed consent was provided to each participant providing a detailed description of the purpose of the research, benefits and risks associated with participation, in addition to the voluntary nature of the study (Attached as Appendix A). The surveys were confidential in nature and did not contain any identifying information. Participants through a county in Minnesota were administered the survey via that county's Institutional Research Review Committee, while social workers throughout the state were given the survey through an email link to an anonymous online Qualtrics survey. All

participants were given the researcher's name and contact information for further questions. Questions were not personally sensitive in nature and since the survey was entirely voluntary in nature, participants may have chosen to skip any questions they did not wish to answer.

Data Collection Instrument and Process

The Child Welfare Workers' Perceptions of Kinship Foster Care dataset was compiled by administering a survey (attached as Appendix B) in order to gain further awareness of the perceptions of the effects of kinship care and grandparent caregivers on African American children and the impact this has on future child welfare practice. The results of this data were obtained from the responses of the surveys consisting of 15 quantitative questions, one qualitative question, as well as additional qualitative responses regarding the effects of kinship care on African American children as perceived by child welfare workers. The survey examined the individual and structural factors associated with the effects of grandparent-headed kinship care with African American children by using scale measurements cumulated from individual likert questions. By reviewing the dataset, future researchers will be able to examine the findings between the association of child outcomes and the perceived effects of kinship care on African American children. This survey was based on previous research and was designed as a survey that was electronically distributed to 665 social workers, foster care workers, and child protection workers in order to gain a better understanding of the perceived effects of kinship care.

Data Analysis Plan

This analysis of the survey examined the effects of grandparents raising African American grandchildren on the well-being of the children and grandparents in these kinship care arrangements. A number of variables were analyzed to further explore the relationship between the beliefs in regards to African American grandparent caregivers as well as views about the effects of this type of placement on children and grandparents. This research categorized the experience level of working with African American children involved in grandparent-headed kinship care arrangements that all respondents self-identified with as part of the survey. Question number 1 was analyzed to determine the number of respondents who identified best with each category of experience working with foster care and question number 2 was analyzed to determine the number of respondents who identified best with each category of experience working with African American children in need of protective custody. Additionally, question number 7 categorized the experience level of working with grandparent caregivers. Question number 1 contained responses such as “0-1 year”, “2-5 years”, “5-10 years”, and “over 10 years.” For question numbers 2 and 7, respondents chose from responses such as “No Experience”, “Very Little Experience”, “Some Experience”, “Moderate Experience”, or “Significant Experience.”

Question number 8 was also analyzed to determine the perceptions of child welfare workers in thinking that grandparent kinship caregivers are just as likely to be White as African American. Question number 10 also was analyzed to determine the number of respondents who believe that grandparent caregivers seek out help just as

much as non-familial caregivers. For both of these questions, respondents chose from responses such as “Never”, “Rarely”, “Sometimes”, “Often”, and “Always.” These ordinal variables were entered into frequency distributions in order to obtain results and were accompanied by bar graphs. These tests also showed the distribution of the relationships, whether they had normal distributions or were negatively or positively skewed (Monette, Sullivan, & DeJong, 2011).

This study also compared the association between question number 7 which stated, “Please rate the extent of your knowledge/experience working in kinship care with grandparent caregivers” and question number 9 which states, “In my experience, the age of a caregiver impacts the quality of care given to the child.” Question number 7 was re-coded into two responses, “No/Little Experience” and “Some/Significant Experience.” Question 9 was re-coded into three responses, “Never/Rarely”, “Sometimes”, and “Often/Always.” The research hypothesis was that there would be a statistically significant association between the experience level of respondents and their perceptions on the age of a caregiver impacting the quality of care given to the child. The null hypothesis was that there would be no association between these two variables. A Chi Square statistical analysis was used to represent the association between these two variables.

Additionally, this research investigated how the experience level of working with African American grandparent kinship care (question numbers 2 and 7) predicted the number of respondents who believe that children in this type of placement have better outcomes in life (question 15). A chi-square analysis compared question number 2, which states, “Please state the extent of your experience working with African American

children who are in need of protective custody” with question 15 in which respondents determined their professional opinion on child outcomes of kinship foster care.

Additionally, responses from question number 7, which states, “Please rate the extent of your knowledge/experience working in kinship care with grandparent caregivers” was compared with responses from question 15 regarding child outcomes in kinship foster care. The research hypothesis in each of these chi-square analyses was that there would be a difference in the number of respondents who believe children have better outcomes in kinship care based on their experience level. The null hypothesis in each analysis was that there would be no difference between these variables.

This research also investigated how the experience level in working in kinship care with grandparent caregivers (question 7) predicted the number of grandparent kinship caregivers who respondents believed would seek out help in caring for their grandchildren (question 10). Question 7 regarding experience level of working with grandparent kinship caregivers was collapsed into two categories, “No/Little Experience” and “Some/Significant Experience.” Question number 10 was also collapsed into two categories, “Never/Rarely” and “Often/Always”, with “Sometimes” being eliminated from the test. A chi-square analysis compared the mean difference between experience levels (question number 7) on question 10. The research hypothesis was that there would be a difference between the percentage of caregivers who respondents believe seek out help based on the respondent’s experience level in working with grandparent kinship caregivers. The null hypothesis was that there would be no difference between these variables.

Additionally, this research aimed to look at the relationship between the perceptions of increased behavioral problems in children and child outcomes of kinship foster care placements. Question number 14, which states, “In my experience, children in kinship care arrangements are more likely to have behavioral problems than those in non-familial foster care placements” was compared with question number 15, which states, “In your professional opinion, what are the outcomes of kinship care placements compared to non-familial foster care placements.” Question number 14 was re-coded into two categories, “Never/Rarely” and “Often/Always”, with “Sometimes” being eliminated from the test. Question number 15 allowed for three different responses, including “Children generally fare better in kinship care placements,” “Children generally fare better in non-familial foster care placements,” and “Children have an equal chance of good outcomes in non-familial foster care placements as they do in kinship care placements.” The research hypothesis was that there would be a statistically significant association between the perception of behavioral problems and the perceived outcomes of kinship and non-familial foster care placements. The null hypothesis was that there would be no association between these two variables. A Chi Square statistical analysis was also used to represent the association between these two variables.

The quantitative data consisting of 14 questions was analyzed using descriptive and inferential statistics as well as grounded methodology for qualitative responses. The idea behind grounded theory is that in order to develop a theory, the researcher lets the theory emerge from the data. By using a repeated interaction between the data collection, data analysis, and theory development, the theory essentially becomes “grounded” in the data (Monette et al, 2011). Once three or more codes, or patterns, were found in the data,

a theme was created consisting of a minimum of three literal quotes from the respondent. Codes and themes were carefully identified throughout the qualitative questions, transcribed and attached as Appendix E.

Quantitative Findings

Descriptive Statistics

Figure 1 shows the experience level of working in foster care of all respondents. Of the 60 respondents, 64% of them identified themselves as having over 10 years of experience in working with children placed in foster care, 19% identified themselves as having 5-10 years of experience, 10% had 2-5 years of experience, and 7% had less than one year of experience in working in foster care. Because one respondent chose multiple answers, that participant's response was omitted from the database.

Figure 1

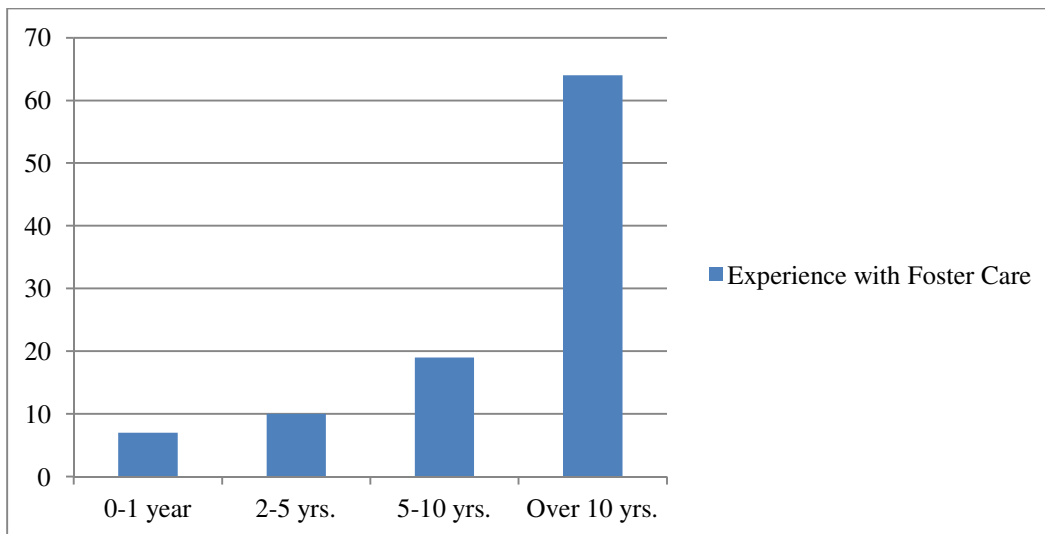


Figure 2 shows the experience level of respondents in working with African Americans in foster care placements as well as their experience level in working with

grandparent caregivers. Of the 60 respondents, 62% identified themselves as having significant experience, 18% identified as having some experience, 12% identified as having little experience, and 8% classified themselves as having no experience in working with African Americans placed in foster care. Of the 60 participants, 50% of them identified themselves as having significant experience in working with grandparent caregivers. Additionally, 37% classified themselves as having some experience, 10% identified themselves as having little experience, and 3% recognized themselves as having no experience in working with grandparent caregivers.

Figure 2

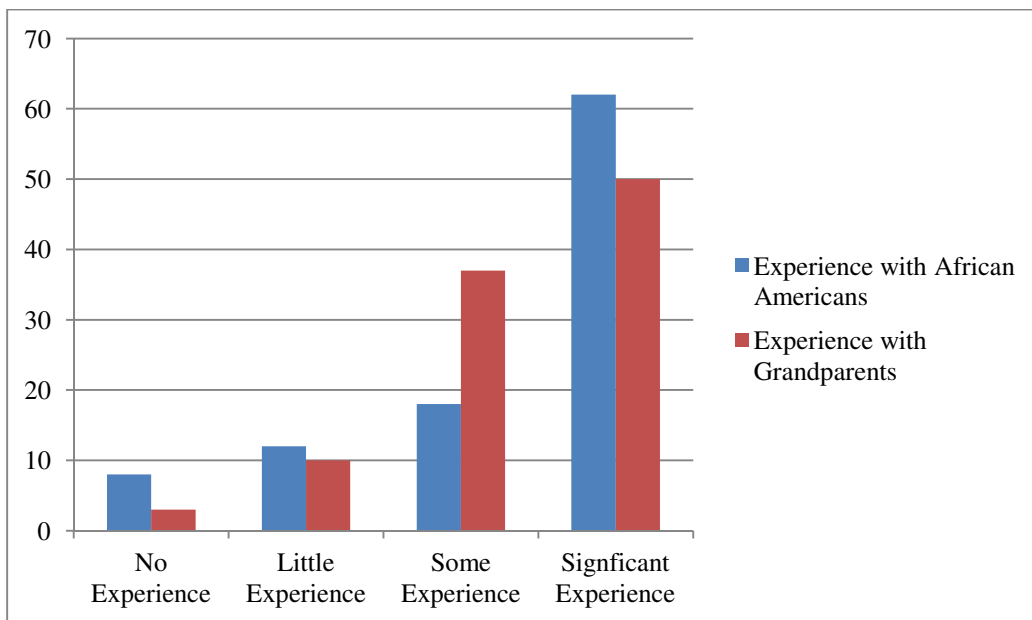
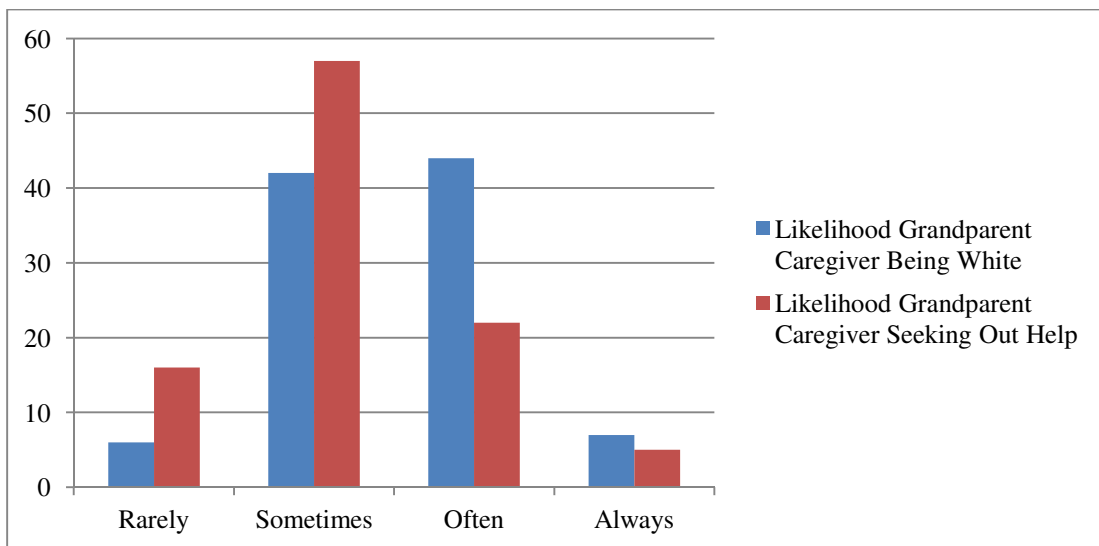


Figure 3 shows the perception of child welfare workers in believing that grandparent caregivers were White as opposed to African American as well as their perceptions that grandparent caregivers seek out help as much as other caregivers. Of the 60 respondents, 7% said that grandparent caregivers were always more likely to be White

than African American. 44% of respondents believed that grandparent caregivers were often more likely to be White, while 42% said that grandparent caregivers were sometimes more likely to be White than African American. Six percent of respondents believed that grandparent caregivers were rarely White as opposed to African American, while 6 respondents either chose multiple answers or declined to answer. Additionally, of the 60 respondents, 5% believed that grandparent caregivers were more likely to always seek out help, 22% believed that grandparent caregivers were more likely to seek out help often, and 57% believed that grandparent caregivers would sometimes seek out help as much as non-familial caregivers did. Additionally, 16% of respondents believed that grandparent caregivers rarely sought out help as much as non-familial caregivers did. Because two respondents chose multiple answers, their responses were omitted from the database.

Figure 3



Inferential Statistics Using a Chi Square

Table 1 shows the association between the experience level of working with grandparent caregivers and respondents' beliefs that the age of a caregiver impacts the quality of care given to the child. Of the respondents who identified as having no experience to little experience, 28.57% felt that the age of a caregiver never or rarely impacted the quality of care given to the child. Additionally, 42.86% of respondents who identified as having no experience to little experience felt that the age of a caregiver sometimes impacted the quality of care as well as 28.57% who felt that the age of a caregiver often or always impacted the quality of care given to the child. Of the respondents who identified as having some experience to significant experience working with grandparent caregivers, 15.69% felt that the age of a caregiver never or rarely impacted the quality of care. Of these respondents, 62.75% felt that the age of a caregiver sometimes impacted the quality of care and 21.57% of these respondents felt that the age of a caregiver always impacted the quality of the care given to the child. For this statistical analysis, $p=0.568$, which means that there is not a statistical association between these two variables, resulting in a failure to reject the null hypothesis.

Table 1: Association between experience working with grandparent caregivers and the belief that the age of caregiver impacts the quality of care

Rows: Experience working with grandparent caregivers

Columns: Belief that the age of caregiver impacts quality of care

	Never/Rarely	Sometimes	Often/Always	Missing	All
No/Little Experience	2 28.57 20.00 3.45 1.21	3 42.86 8.57 5.17 4.22	2 28.57 15.38 3.45 1.57	1 * * * *	7 100.00 12.07 12.07 7.00
Some/Significant Experience	8 15.69 80.00 13.79 8.79	32 62.75 91.43 55.17 30.78	11 21.57 84.62 18.97 11.43	1 * * * *	51 100.00 87.93 87.93 51.00
All	10 17.24 100.00 17.24 10.00	35 60.34 100.00 60.34 35.00	13 22.41 100.00 22.41 13.00	* * * * *	58 100.00 100.00 100.00 58.00

Pearson Chi-Square = 1.131, DF = 2, P-Value = 0.568

Likelihood Ratio Chi-Square = 1.076, DF = 2, P-Value = 0.584

* NOTE * 3 cells with expected counts less than 5

Table 2 shows the relationship between respondents' experience level and their perceptions on child outcomes in kinship foster care. Of those respondents who identified as having no experience or little experience, 36.36% believed that children fare better in kinship care placements while 63.64% believed that children had an equal chance of good outcomes in either kinship or non-familial placements. Of those respondents who identified as having some or significant experience working with African Americans in foster care, 67.39% believed that children fare better in kinship care arrangements, while 32.61% said that children had an equal chance of good outcomes in either kinship care or non-familial placements. For this statistical analysis,

$p=0.058$, which means that there is not enough of a statistical association between these variables; therefore, the research failed to reject the null hypothesis.

Table 2: Association between experience level in working with African Americans in foster care and child outcomes in kinship care

Rows: Experience Level in Working with African Americans in Foster Care

Columns: Child Outcomes

	Fare Better In Kinship	Equal Chance	Missing	All
No/Little Experience	4	7	1	11
	36.36	63.64	*	100.00
	11.43	31.82	*	19.30
	7.02	12.28	*	19.30
	6.75	4.25	*	11.00
Some/ Significant Experience	31	15	2	46
	67.39	32.61	*	100.00
	88.57	68.18	*	80.70
	54.39	26.32	*	80.70
	28.25	17.75	*	46.00
All	35	22	*	57
	61.40	38.60	*	100.00
	100.00	100.00	*	100.00
	61.40	38.60	*	100.00
	35.00	22.00	*	57.00

Pearson Chi-Square = 3.606, DF = 1, P-Value = 0.058

Likelihood Ratio Chi-Square = 3.521, DF = 1, P-Value = 0.061

* NOTE * 1 cells with expected counts less than 5

Table 3 shows the association between the experience level in working with grandparent kinship caregivers and their perceptions of child outcomes in kinship care placements. Of those respondents who self-identified as having no experience or little experience working with grandparent kinship caregivers, 28.57% of them felt that children fare better in kinship care placements while 71.43% of those respondents felt that children had an equal chance of good outcomes in kinship care and non-familial

placements. Of the respondents who self-identified as have some or significant experience working with grandparent caregivers, 66% of them felt that children fare better in kinship care arrangements while 34% of them felt that children had an equal chance of having good outcomes in either kinship or non-familial placements.

Regardless of experience level, no respondents in this research felt that children had better outcomes in non-familial placements. For this statistical analysis, $p=0.057$, which means that the research failed to reject the null hypothesis.

Table 3: Association between experience level in working with grandparent caregivers and perceptions of child outcomes in kinship care placements

Rows: Experience level in working with grandparent caregivers

Columns: Child outcomes in kinship care placements

	Fare Better In Kinship	Equal Chance	Missing	All
No/Little Experience	2 28.57 5.71 3.51 4.30	5 71.43 22.73 8.77 2.70	1 * * * *	7 100.00 12.28 12.28 7.00
Some/ Significant Experience	33 66.00 94.29 57.89 30.70	17 34.00 77.27 29.82 19.30	2 * * * *	50 100.00 87.72 87.72 50.00
All	35 61.40 100.00 61.40 35.00	22 38.60 100.00 38.60 22.00	* * * * *	57 100.00 100.00 100.00 57.00

Pearson Chi-Square = 3.630, DF = 1, P-Value = 0.057

Likelihood Ratio Chi-Square = 3.548, DF = 1, P-Value = 0.060

* NOTE * 2 cells with expected counts less than 5

Table 4 shows the association between respondents' experience level in working with grandparent caregivers and their perceptions of child outcomes in kinship care placements. Of the respondents who self-identified as having no experience or little experience in this field, 33.33% believed that grandparent caregivers would never or rarely seek out help in assisting them to care for their grandchildren while 66.67% believed that grandparent caregivers were likely to seek help often or always in caring for their grandchildren. Of those respondents who self-identified as having some experience or significant experience, 36.36% believed that grandparent caregivers never or rarely seek out help in caring for their grandchildren while 63.64% felt that grandparent caregivers often or always were likely to seek help in caring for their grandchildren. For this association, $p=0.918$, which means that there is not a statistical association between these two variables and the research failed to reject the null hypothesis.

Table 4: Association between experience level in working with grandparent caregivers and belief that caregivers would seek out help in caring for children

Rows: Experience level in working with grandparent caregivers

Columns: Belief that grandparent caregivers would seek out help in caring for children

	Never/Rarely	Often/Always	Missing	All
No/Little Experience	1 33.33 11.11 4 1.080	2 66.67 12.50 8 1.920	5 * * * *	3 100.00 12.00 12 3.000
Some/Significant Experience	8 36.36 88.89 32	14 63.64 87.50 56	30 * * *	22 100.00 88.00 88

African American Grandparents Raising Grandchildren

	7.920	14.080	*	22.000
All	9	16	*	25
	36.00	64.00	*	100.00
	100.00	100.00	*	100.00
	36	64	*	100
	9.000	16.000	*	25.000

Pearson Chi-Square = 0.011, DF = 1, P-Value = 0.918
 Likelihood Ratio Chi-Square = 0.011, DF = 1, P-Value = 0.918

* NOTE * 2 cells with expected counts less than 5

Table 5 shows the relationship between respondents' perceptions of child outcomes in kinship and non-familial foster care placements and their beliefs about the likelihood of increased behavioral problems in kinship care placements in comparison to non-familial foster care placements. Of the respondents who felt that children had better outcomes in kinship foster care, 82.61% believed that children never or rarely had increased behavioral problems in kinship placements over non-familial placements, 46.67% felt that these children sometimes had increased behavioral problems, and 33.33% said that children either often or always had increased behavioral problems in kinship care placements over non-familial placements. Additionally, of the respondents who believed that children had an equal chance of good outcomes in either non-familial or kinship care placements, 17.39% said that these children never or rarely had increased behavioral problems, 53.33% felt that they sometimes had increased behavioral problems, and 66.67% of respondents said that children in kinship care arrangements often or always had increased behavioral problems over children in other non-familial foster care placements. For this statistical analysis, $p=0.018$, which means that there is a statistically significant association between these two variables; therefore the null hypothesis is rejected.

Table 5: Association between respondents’ perceptions of child behavior problems and perceived outcomes in kinship and non-familial foster care placements

Rows: Likelihood of increased behavioral problems in kinship placements

Columns: Child outcomes

	Fare Better In Kinship	Equal Chance	Missing	All
Never/ Rarely	19	4	1	23
	82.61	17.39	*	100.00
	55.88	18.18	*	41.07
	33.93	7.14	*	41.07
	13.96	9.04	*	23.00
	5.036	-5.036	*	*
Sometimes	14	16	0	30
	46.67	53.33	*	100.00
	41.18	72.73	*	53.57
	25.00	28.57	*	53.57
	18.21	11.79	*	30.00
	-4.214	4.214	*	*
Often/ Always	1	2	0	3
	33.33	66.67	*	100.00
	2.94	9.09	*	5.36
	1.79	3.57	*	5.36
	1.82	1.18	*	3.00
	-0.821	0.821	*	*
Missing	1	0	2	*
	*	*	*	*
	*	*	*	*
	*	*	*	*
	*	*	*	*
	*	*	*	*
All	34	22	*	56
	60.71	39.29	*	100.00
	100.00	100.00	*	100.00
	60.71	39.29	*	100.00
	34.00	22.00	*	56.00
	*	*	*	*

Pearson Chi-Square = 8.047, DF = 2, P-Value = 0.018

Likelihood Ratio Chi-Square = 8.513, DF = 2, P-Value = 0.014

* NOTE * 2 cells with expected counts less than 5

Qualitative Findings

The Child Welfare Workers’ Perception of Kinship Foster Care Survey included the option for respondents to add additional comments after 14 of the qualitative questions as well as contained one qualitative question (question 12) which stated, “If

you feel there is a difference between resources offered to kinship and non-familial caregivers, please explain that difference.” Themes such as accessing resources/ services, trust in social service agencies, acceptance of behavioral problems, and health and quality of care were identified and analyzed using the research methodology of grounded theory.

Accessing Resources/ Services

The first theme throughout the qualitative responses dealt with the idea that kinship caregivers typically do not seek out help as much as non-familial caregivers, mainly due to not being familiar with the resources that are available to them. This theme was discovered through the following quotes:

Resources are the same, but the kinship caregiver is less experienced in asking the right questions and knowing the resources available than are non-familial foster parents.

It may be possible that the foster care/ non-familial are more familiar with what to ask for as far as resources and support and therefore receive it more often.

Sometimes the financial component gets confused, and the county does a voluntary placement in which kinship caregivers cannot receive funds while a foster family would.

I don't think there is a difference but non-familial caregivers are more experienced [in] accessing the resources and asking the right questions and also have an ongoing relationship with the agency.

Kinship caregivers seem to have less support available to them.

This response pattern was immediately found in the data. It quickly developed into a theme with several references throughout the qualitative responses that were made in regards to resources that are offered to both kinship and non-familial foster care placements, but are not always accessed by kinship caregivers.

Trust in Social Services

The next theme that was found throughout the qualitative responses was the lack of trust by many kinship caregivers in allowing social service agencies to provide them with additional resources and support. This theme was discovered in the following quotes:

Families often need help transporting children to services, but resist having help come into their home.

Most grandparents do not want workers in their life. They want to raise them as they raised their children. They feel that their children did not follow what they were trying to teach. Also, the family history needs to be looked at. Again, each case is individual. You may find a few that are welcoming to resources. A few will be very defiant against workers because of their history with Child Protection or other government services.

If they feel they could trust an agency, then an African American Familial Care-Giver will ask for help. The trust level and experience/s in dealing with systems in the past plays a huge part in this.

This theme was also immediately found in the data. It correlates with the previous theme of accessing services and resources in that it appears that many African American families may not be accessing these additional services and resources due to cultural mistrust of the system that provides the services and resources.

Acceptance of Behavioral Problems

Additionally, a theme regarding the increased acceptance of behavioral problems by kinship caregivers was found throughout the data. The following quotes illuminate this theme:

Often relatives are more tolerant of their children's behaviors and don't give up as easily as non-relatives.

Family does a better job of not making a big deal out of every little thing, but at the same time don't seem to be as consistent in dealing with behavioral problems and often seem to think that CP is overreacting across the board.

I think that kinship providers tend to accept behavioral problems more easily than non-familial caregivers. Sometimes it is because the kinship caregivers have had similar 'chaotic' circumstances in their lives to the children they are caring for.

Social workers get fewer calls from kinship providers about the children in their care (kinship providers don't want as much social work involvement in their lives and they accept more behavioral issues). There are probably fewer disrupted placements in kinship care. However, I'm not sure that the children in kinship care are getting the

same quality of care as they would get in non-familial foster care placements (educationally, intellectually, regarding gaining social skills, etc.).

This theme was found based on numerous qualitative responses in response to question number 14, which states, “In my experience, children in kinship care arrangements are more likely to have behavioral problems than those in non-familial foster care placements.” This theme suggests that relatives may not give up as easily than non-relatives when behavioral issues arise, possibly due to their own similar chaotic circumstances in life, which ultimately results in fewer disrupted placements for the children in their care.

Health and Quality of Care

The last theme that was identified in the research was based on responses that included references to the health of the caregiver impacting the quality of care given to the child. This theme was identified from some of the following quotes:

When placed with grandparents there are often health issues of the care giver that prevent active parenting or become barriers to bringing kids to needed services.

Age is only one factor and not a major one, it is the quality of care, health status and numbers of children and their needs that impact more.

Again, I think it depends on the health as well as the financial background of the caregiver. If they are financially struggling, they may be looking for income rather than [sic] giving quality care. Their health care support may be gone and they are looking for

more monies. These things really need to be studied to make sure we are making decisions for the best interest of the child.

If the caregiver is older sometimes they don't drive, thus making it more challenging to get the child to appts and visits. Also, if the caregiver is older and the child presents 'behaviors [sic] issues' I have noticec [sic] that the caregivers don't have the energy to put into dealing with the child daily.

This theme was based on qualitative responses to question number 9, which states, "In my experience, the age of a caregiver impacts the quality of care given to the child." Although age did not appear to be a major factor discussed in the qualitative responses, health issues, lack of transportation, lack of energy in caring for the child, and financial hardships appeared to be significant factors that affect grandparent caregivers and the quality of care they are giving.

Discussion

The confirmation of better outcomes for children in kinship care placements in comparison to other non-familial foster care placements has already long been established in the available literature. Yet, in this research, several qualitative themes are present that point to an increased need for additional services for kinship care providers and the children in their care. Additionally, this research aimed to look at the relationship between experience level in working with African American grandparent caregivers and the perceptions of positive outcomes in kinship care placements. As the descriptive statistics point out (Tables 1 and 2), the majority of respondents in this research had over 10 years of experience working in foster care, with 80% of respondents having some to

significant experience working with African Americans in foster care. In addition, 87% of respondents classified themselves as having some to significant experience in working with grandparent caregivers, pointing to a pool of participants with an overwhelming amount of experience working with African American grandparent caregivers.

Additionally, this research looked at the respondents' perceptions that grandparent caregivers were just as likely to be White as African American (Table 3). Although much of the research points to an overrepresentation of African Americans in the foster care system (Minkler & Fuller-Thomson, 2005), this research pointed to a larger number of White grandparents raising grandchildren. Eighty-six percent of respondents said that according to their perceptions, grandparent caregivers were sometimes or often more likely to be White than African American. These perceptions contradict nationwide research that states that kinship caregivers are more frequently African American, with grandparent caregivers being more prevalent in African American kinship care (Minkler & Fuller-Thomson, 2005). These findings point to the need to understand race based on the area where services are provided in addition to an increased need for services and trainings that are specifically targeted to the cultural dynamics of those being served.

Respondents also felt that grandparent caregivers did seek out help (Table 3), with 79% of respondents saying that grandparents sometimes or often sought help in caring for their grandchildren. The research also looked at the relationship between participants' experience level in working with grandparent caregivers and their beliefs that grandparents seek out help in order to care for their grandchildren (Table 7). The data revealed that there was no statistical association between the amount of experience a respondent had with grandparent caregivers and his/her belief that the caregiver sought

help to care for the children. Respondents identified the first theme of accessing resources and services in that although the resources and services offered to kinship providers are the same as those that are available to non-familial foster care providers, kinship providers often do not know what is available to them or simply do not access those services or resources. This data directly contradicts some of the available literature on resources for kinship caregivers, mainly that there are fewer services, fewer resources, and less support from social service agencies available for kinship caregivers than for non-familial caregivers (Herring, 2008; Schwartz, 2002). Since this research was conducted in Minnesota, with most respondents representative of an urban area, this points to resources and services being the same for kinship and non-familial caregivers within this state.

A similarity between the literature reviewed and the qualitative responses in this study is in regards to the theme of trust in social services. Research suggests that there is a reluctance by African American caregivers to become involved in family preservation programs (Kemp et al., 2009), which could be a direct reflection of the cultural mistrust that these qualitative responses refer to. Since current research in this area has shown that grandparents may avoid seeking out government assistance or services in fear that the child would be taken away from them (Fuller-Thompson & Minkler, 2000), these qualitative responses point to a necessity in systemic change in order to effectively meet the needs of kinship caregivers who are struggling with factors related to the child welfare system. Many of these caretakers may be actively avoiding services and resources that could benefit them and the children in their care simply because of systemic mistrust and not wanting support on child-rearing from social service agencies.

The system designed to help these individuals may in fact be detrimental to them. Since cultural mistrust and cultural differences are often the beginning of the relationships that many of these families have with the child welfare system (Kemp et al., 2009), it is not surprising that this theme is often carried on into caregivers not accessing services and support based on this mistrust.

This research also looked at the association between experience level of participants with grandparent caregivers and their beliefs that the age of a caregiver impacts the quality of care given to the child (Table 4). The findings in this study point to no statistical association between these variables. Although previous research states that up to 30% of older adults report either difficulties in performing daily activities or a disability that impacts their daily lives (Fuller-Thomson and Minkler, 2000), it should be added that based on the research findings from this study, 50.88% of respondents said that the typical age of a kinship caregiver was 40-50 years old. In addition, no respondents categorized the typical age of a caregiver as being over 60 years old.

Although age did not seem to be a factor in the quality of care, one of the qualitative themes dealt with the health and quality of care provided by grandparent caregivers. Although the quantitative data suggests that 60.34% of respondents felt that the age of a caregiver sometimes impacts the quality of the care given to the child, the qualitative responses shed light onto why this may be a factor. Health concerns and transportation issues seem to be two concerns that were prevalent in the qualitative responses. Research has shown that older minorities may be less likely to use health care services or follow through on prescription medication usage than their White counterparts

(Bowen & Gonzales, 2008). The health issues of these grandparent caregivers should not go untreated, as failure to care for medical or health-related issues can often exasperate the problem and create larger health issues. Although many counties provide assistance with transporting children to appointments or services, additional resources with managing their own health care needs may be warranted. Often, case managers take on the additional burden of driving children to appointments or to receive needed services due to the caretaker's inability to manage that aspect. As another qualitative response regarding resources offered to kinship care providers states, "*Many workers are willing to provide extra transportation support to kin/realtives [sic]. The worker will be more flexable [sic] meeting hours and according to kin/relatives schdules [sic].*"

Research contends that children in kinship care placements fare better than those in non-familial placements (Berrick, 1997; Beeman, Kim, & Bullerdick, 2000; Herring, 2008; Ryan et al., 2010); therefore, the association between respondents' experience level working with African Americans in foster care and their perceived outcomes of children placed in either non-familial or kinship foster care were studied (Table 5). These findings were not considered statistically significant, $p=0.058$, which warrants further research in this association. It should be noted that of the respondents that identified with having some or significant experience, 67.39% of them felt that children fared better in kinship care placements. Yet, of those respondents with no experience or little experience in the field, only 36.36% felt that children fared better in kinship care arrangements.

The research also investigated the association between the experience level in working with grandparent caregivers of participants and their perceptions of good

outcomes for children in kinship and non-familial placements (Table 6). The data revealed that there was not a statistical association between experience level in working with grandparent caregivers and the respondents' perceptions of the overall outcomes for children placed in kinship or non-familial foster care. Yet, once again, there were far more participants who identified as having some or significant experience in this area, resulting in statistically insignificant findings. Overall, 34.00% of those respondents with some or significant experience felt that children had an equal chance of good outcomes in either kinship or non-familial foster care, whereas 71.43% of respondents with no experience or little experience felt that children had an equal chance of good outcomes in either placement. Although there does seem to be an association between the experience level of working with children in kinship foster care as well as grandparent caregivers and the perceived outcomes in life of children due to those placements, there is not enough statistical evidence in the data to suggest that experience predicts perceptions of positive outcomes in kinship care. Since there were far more participants who had some or significant experience in each of these areas a larger sample pool comprised of participants with all levels of experience is needed.

The last statistical analysis for this research was with the association between respondents' perceptions on the likelihood of increased behavioral problems in kinship care placements and their perceived outcomes in both kinship and non-familial foster care placements (Table 8). The research pointed to a statistically significant association between these two variables, resulting in the rejection of the null hypothesis. Although children living with grandparents are more frequently diagnosed with Oppositional Defiant Disorder (Ghuman, Weist, & Shafer, 1999), this research gave evidence to

children in kinship care having fewer or equal amounts of behavioral difficulties compared to other placements as well as faring better in kinship placements. Yet, another theme in this study was the increased acceptance of behavioral problems by kinship care providers. Although current research points to increased behavioral problems in kinship care placements (Ghuman, Weist, & Shafer, 1999), the findings from this qualitative research imply that although there are behavioral issues in kinship care, they are more often managed by the caretakers as opposed to by the case workers. Although only 5.26% of respondents believed that children in kinship care arrangements were often more likely to have behavioral problems than those in non-familial arrangements, in addition to no respondents reporting that these children always were more likely to have behavioral problems than their counterparts, it appears that kinship caregivers may deal with the behaviors on a level that other non-familial caregivers do not. The qualitative data suggests that kinship caregivers are better prepared to tolerate behavior problems from the children in their care, yet they perhaps are not as able to manage those behaviors due to a variety of factors.

Familial caretakers may not be as inclined to give up on children with behavioral difficulties or in fact may have had a similar chaotic upbringing, resulting in those behavioral challenges not seeming as extreme to them and fewer disrupted placements. Research has shown that children who are raised by custodial grandparents have increased levels of emotional and behavioral disturbances and psychological difficulties, faring much worse than children raised by other caretakers (Smith and Palmieri, 2007). One respondent added an interesting qualitative comment in regards to children in kinship placements having increased behavioral problems stating, "*More savvy families*

can often get mental health diagnoses for billing purposes, resulting in increased funds for the family.” Although this research points to kinship providers not accessing resources as much as non-familial caregivers, this qualitative statement points to the need to research families who may be accessing increased funds based on behavioral problems. This may in fact point to the perception of increased behavior problems in kinship placements where the family is accessing additional resources on the basis of those behavioral challenges. Further research is warranted on children’s behavioral challenges and their association with different types of kinship caregivers.

Yet, all children who are removed from their birth parents are at risk for long-term emotional difficulties (Rutter, 2000); therefore, these relatives may be willing to put up with increased behavioral problems, which ultimately may lead to increased placement stability for the child. As the respondents asserted, families may be dealing with increased behavioral challenges, but fail to report those to social services. While this may mean that kinship providers are more tolerant, it may also mean that not enough is being done to provide for the emotional, physical, and educational wellbeing of these children.

Implications for Future Research

A review of the available research involving the relationship between African American grandparent caregivers and child outcomes in kinship requires future research. Since this research aimed to test the association between the perception of positive outcomes for children in kinship foster care and a number of individual factors contributing the overall wellbeing of children in foster care placements, it is important to

recognize those aspects such as the age of the caregiver and potential behavioral challenges as important factors in the success of a foster care placement. Although age may not be a factor in determining the quality of care, the health and well-being of the caregiver due to the caregiver's age may be. Yet, only six states and the District of Columbia require employees to factor in the caregiver's mental and physical health when determining what is in the best interests of the child (Child Welfare Information Gateway, 2010). Because of this fact, there may be a need for further research in the area of health and well-being of both the child and the caregiver.

The findings of this research indicate that many factors contribute to the placement success of children in kinship care arrangements. Yet, the underutilized resources available to kinship providers, mistrust of the social services programs designed to assist caregivers and children, health concerns by older caregivers, along with an increased tolerance for behavioral problems with the children in their care pose serious concerns as to the additional resources that are required in kinship care placements. Further research into how to provide services and resources to kinship caregivers that encourages them to utilize what is available to them could ultimately provide children with even better outcomes in kinship foster care placements.

Additionally, future research should delve into the association between race and seeking help from social service agencies, as many of the qualitative responses point to a decreased likelihood in African American grandparents wanting social service agencies in the home. Implications for future social work involving the fundamental need for increased support and services designed specifically for kinship care providers and the children in their care are warranted. In addition, a closer look into policies and programs

that will ensure that African American grandparent caregivers' needs are appropriately met is desperately needed in order to lessen the cultural divide and mistrust that appears to be evident within the child welfare system.

Strengths and Limitations

This survey was an appropriate method of data collection due to the ability for potential researchers to correlate the perceived effects of African American grandparent-headed kinship care with a variety of factors, including the quality of care given to children, resources available to kinship caregivers, and the well-being of the children in care. This survey was limited to Minnesota, minimizing the sample of participants to this demographic area only. Additionally, the re-coding of data in order to obtain chi-square analyses could be a potential weakness in this research. Since the sample consisted of the majority of participants who had experience in foster care, working with African Americans, and working with grandparent caregivers, a larger sample pool is warranted for future research.

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Appendix A

To Whom It May Concern:

My name is Gina Misiewicz and I am a graduate student at the University of St. Thomas, School of Social Work. I am currently conducting research for my Master's Thesis regarding the perceptions of child welfare professionals on African American grandparent-headed kinship foster care, including the resources available to caregivers, quality of care given to children, and child outcomes.

I am asking that you take part in a short 5-10 minute online survey that addresses perceptions of kinship foster care. The questionnaire is completely confidential. Your name, agency affiliation, and any other identifying information will be omitted from the survey. The survey is entirely voluntary. You may complete all questions or choose to skip questions you do not wish to answer. Please answer the questions honestly and carefully, as this will produce the most meaningful and valid results. There are no direct benefits to this study in addition to no compensation for participating in this research.

By taking part in this survey, you are implying that you consent to your responses being part of this research. At any time, you may choose to opt out of this research by declining to take part in the survey. If you have any questions or should you desire to see the results of this research, please contact me at the email address or phone number listed below. I have also included my research advisor's contact information for your convenience.

Your help in this research is greatly appreciated.

Sincerely,

Gina Misiewicz

μισι2646@stthomas.edu or (651)341-9930

Research advisor: Lance Peterson, Ph. D, LICSW, pete2703@stthomas.edu or (651)962-5811

Appendix B

Child Welfare Workers' Perceptions of Kinship Foster Care

- 1.) Please rate your experience level in working with children who have been removed from the home and are receiving some type of foster care services:

0-1 year 2-5 years 5-10 years over 10 years

Additional comments: _____

- 2.) Please state the extent of your experience working with African American children who are in need of protective custody:

No experience Little experience Some experience Significant experience

Additional comments: _____

- 3.) My agency/supervisor encourages me to seek out kinship care placements over non-familial foster care placements:

Never Rarely Sometimes Often Always

Additional comments: _____

- 4.) I notice that African American children are placed in kinship care arrangements:

Never Rarely Sometimes Often Always

Additional comments: _____

- 5.) I notice that White children are placed in kinship care arrangements:

Never Rarely Sometimes Often Always

African American Grandparents Raising Grandchildren

Additional
comments: _____

6.) In my experience, the typical age of kinship caregivers is:

Under 30 years 30-40 years 40-50 years 50-60 years Over 60
years

Additional
comments: _____

7.) Please rate the extent of your knowledge/experience working in kinship care with
grandparent caregivers:

No experience Little experience Some experience Significant
experience

Additional
comments: _____

8.) Kinship caregivers that are grandparents are just as likely to be White as African
American:

Never Rarely Sometimes Often Always

Additional
comments: _____

9.) In my experience, the age of a caregiver impacts the quality of care given to the child:

Never Rarely Sometimes Often Always

Additional
comments: _____

10.) Kinship caregivers that are grandparents seek out help just as much as non-familial
caregivers:

Never Rarely Sometimes Often Always

Additional
comments: _____

11.) In my experience, child welfare resources are the same for kinship caregivers as they are for non-familial foster caregivers:

Never Rarely Sometimes Often Always

Additional comments: _____

12.) If you feel there is a difference between resources offered to kinship caregivers and non-familial caregivers, please explain that difference:

13.) In my experience, children in kinship care placements have just as good of educational outcomes as those in non-familial foster care:

Never Rarely Sometimes Often Always

Additional comments: _____

14.) In my experience, children in kinship care arrangements are more likely to have behavioral problems than those in non-familial foster care placements:

Never Rarely Sometimes Often Always

Additional comments: _____

15.) In your professional opinion, what are the outcomes of kinship care placements compared to non-familial foster care placements (Please circle one):

Children generally fare better in kinship care placements

Children generally fare better in non-familial foster care placements

Children have about an equal chance of good outcomes in non-familial foster care placements as they do in kinship care placements

Additional comments: _____

Appendix C

**[302186-3] African American Grandparents Raising Grandchildren
University of St. Thomas Institutional Review Board, Saint Paul, MN**

Submission Details	
Submitted To	University of St. Thomas Institutional Review Board, Saint Paul, MN
Submitted by	Gina Misiewicz
Submission Date	02/16/2012
Submission Type	Amendment/Modification
Local Board Reference Number	

Review Details:

Agenda	Review Type	Status	Effective Date	Expiration Date
Unassigned	Expedited Review	Approved	02/24/2012	01/18/2013

Please note that University of St. Thomas Institutional Review Board has taken the following action on IRBNet:

Project Title: [302186-1] African American Grandparents Raising Grandchildren
Principal Investigator: Gina Misiewicz

Submission Type: New Project
Date Submitted: January 16, 2012

Action: APPROVED
Effective Date: January 18, 2012
Review Type: Exempt Review

Should you have any questions you may contact Eleni Roulis at e9roulis@stthomas.edu.

Thank you,
The IRBNet Support Team

www.irbnet.org

Appendix D



March 5, 2012

Ms. Gina Misiewicz
2701 Morgan Avenue North
Minneapolis, MN 55411

Re: PROJECT TITLE: [302186-1] African American Grandparents Raising Grandchildren.

Dear Ms. Misiewicz:

The [redacted] Human Services and Public Health Department (HSPHD) operates an Institutional Research Review Committee (IRRC) to ensure the protection of human research subjects. All individuals engaged in research using HSPHD client data must comply with all applicable data practices laws and other laws protecting the rights of research subjects.

As the authorized representative of HSPHD's IRRC, I am pleased to report that the IRRC has reviewed and approved the above-referenced human-subjects research project, and that HSPHD agrees to participate in this study. This approval is limited to the activities described in the approved study proposal. It expires one year from the date of this letter, unless an extension is requested and granted before the expiration of that year. No changes may be made to the protocol without prior review and approval of the IRRC.

[redacted] Human Services Area Director, will serve as the project sponsor from [redacted].

We look forward to working with you on this research project.

Sincerely,



Appendix E

Child Welfare Workers' Perception of Kinship Foster Care Survey Qualitative Comment Report

1. Please rate your experience in working with children who have been removed from the home and are receiving some type of foster care:

At the 10 yr. mark.

There is a great need for latino-spanish speaking-asian families.

I've worked in direct service for 17 years and have been a supervisor in child protection and other areas for 10 years.

I work as a children mental health case manager and some of my clients had their parents' rights terminated. I work with adoptions as well as foster care. I also interned in Kinship/Relative Foster Care. Lots of experience in recruiting families to be licensed as a foster care home for the child.

26 years in Child Protection and working in areas of Adoption, Foster care, Court, Investigations [sic], Case management, etc.

I have worked in upfront, LTFC and children services for more than 10 years.

2. Please state the extent of your experience working with African American children who are in need of protective custody:

My caseload has not been heavy with African American children.

Half of my caseload was children who are African American with child protection open or have a CHIPS petition.

I work in ICWA.

Very Community Active particularly in the African American Community. Have witnessed the effect of child placement and the deterioration of families as a result of our response to issues in the community through child protection practices.

About 80 percent of my clients are families of African Americans.

3. My agency/supervisor encourages me to seek out kinship care placements over non-familial foster care placements:

Agency practice and expectation.

Some times[sic], kin/relative placement is so important that our agency overlooks child's special needs.

This is our stance in the agency. Sometimes there is resistance to this practice. We have to make sure that a kinship study is done before we consider other foster care. If Child Protection has not done it, then we have to double check with our kinship unit, check SSIS to see if it is noted and if not, we have to do it ourselves.

Requirement under the Indian Child Welfare Act.

This is definitely a newer practice as we have more focused, caring, and understanding administration in HSPHD i.e. supervisors, program managers, area director. With these many years working in Child Protection, although my supervisor does not always encourage me to seek out kinship placement over non-familial foster care, I always put my heart and soul in searching for families. I think that my supervisor would agree with me unless it is not appropriate to place the children with the relative.

4. I notice that African American children are placed in kinship care arrangements:

Do not have enough experience I work in ICWA

We have to rely on names family gives us and they need to be in town for visits with birth families AND they have to be licensable. AND able to afford it given limited daycare funding and hopefully be able to transport.

Whenever possible.

Most of the families of the children have significant criminal or drug related background and cannot pass the BCA. I am an African American worker and I feel that some of the backgrounds may put African American at a disadvantage. If the family member has served their time, and the crime did not put harm to a human being and therefore they are living a completely different life and have turn themselves around, we should give them a chance. That is not happening with most of the cases.

Placing children with relatives depends on having available and willing relatives that meet licensing requirements. Some families do not have licensable relatives.

I do not have the experience to comment.

Still needs work and weeding out the old prejudiced and stereotypical practices by some. It depends on the availability [sic] of placement resources but most of the time we are looking for family and saem [sic] race.

5. I notice that White children are placed in kinship care arrangements:

Do not have enough experience I work in ICWA

Same as above. Don't forget we try to keep sibs together and hopefully in same school, but kin come first.

I work in ICWA and don't have exposure to those placements.

Again, whenever possible and when we can find a suitable, licensable [sic] resource.

Most white families get to have their relative child, I don't know how much of the criminal checks have anything to do with getting them back. It would be an interesting thing to look into.

Placing children with relatives depends on having available and willing relatives that meet licensing requirements. Some families do not have licensable relatives.

In many years of work I have observed white families seem less open to taking in relatives than African American families.

same as able [sic]

It starts with Law Enforcement who generally make the initial contact. How do you respond to people you have perceptions about and don't look like you?

6. In my experience, the typical age of kinship caregivers is:

Often older aunties or grandmother's.

not sure, over 30 and not over 60

Varies. Usually middle aged.

Kins/Relatives ages are wide range of age group. _Some relatives are age 21 and some relatives are 73 years old,

I work primarily with Native American clients, children and providers.

Too difficult to say using these categories.

I think they are all across the age spectrum but often are grandparents.

Lots of older relatives are taking care of the children. I do feel we need to do more with the parents to see if they could change their lives or their relatives. We give up too soon. Of course it is realized that those on drugs are hard to turn around. I do realize we have to make sure the children are safe.

40 - 50 is the average. I have seen many kinship caregivers 30 - 40 and grandmothers 50 - 60.

7. Please rate the extent of your knowledge/experience working with kinship care with grandparent caregivers:

Some will help out for limited time, some want the kids, but have hsg. limitations. For drug cases, tlc's work well since the birth parent then can try to go back after 2 yrs. to Family Crt. and try to show they have addressed the issue. ___Big issue also is if they can draw boundaries with birth parents (meaning don't leave kids unup. with them, we legally only can tell them to leave only with safe caretakers, but we also tell them off the record the above).

There has been significant numbers of children were placed with maternal/paternal greandparents [sic] as well as great grandparents.

During my internship many years ago, I did work with grandparents. Those that I worked with, had many of their grandchildren from different children in their family. Most were exhausted, sick and elderly but did not want to have their grandchildren in different homes. It is quite overwhelming. Also, there was a thought that the biological parents would still see their children or even stay with them after a TPR. I think each situation has to be reviewed separately, see what their health is, the behaviors of the children. Resources have to be present to help support grandparents.

Have done training and follow-up interaction with caretakers, especially when they have become frustrated in feeling that after the children are with them they cannot get any help or assistance with pertinent issues.

I have some experiences working with grand parents [sic]. It appears that grand parents [sic] are more commit to caring for grand children than other relatives.

8. Kinship caregivers that are grandparents are just as likely to be White as African American:

Unknown, I work in ICWA

Unknown

I have seen White grandparents with their grandchildren. No one ever studies the White American like they do the African American grandparents. It would be interesting to see just how many other relatives, like Aunts and Uncles in the White communities take care of the relative children. Friends also take children in without government involvement. This used to happen back in the day for African American friends and family members. I think with the reduction on marriage and all of the single mothers now, it is difficult to teach that marriage can assist, that teens are not supposed to have babies so soon, education is important. Marriage and male responsibility is important. Those things are not seen as important.

cannot comment

In the African American Communities grand-parents are generally in a stable position and can economically [sic] provide for themselves as well as a child if needed. In White Communities [sic] there is a larger [sic] chance of adult siblings being able to take on the role, while being stable and economically able.

There are statistics on this. Why are you asking what my perception is, when you can just get the facts? Or, are you checking if I know the facts?

9. In my experience, the age of a caregiver impacts the quality of care given to the child:

When placed with grandparents there are often health issues of the care giver that prevent active parenting or become barriers to bringing kids to needed services.

It's tough to tell. Some think it does, but I have seen older grandparents who are more on task and have a good eye for what the child needs.

Yes, I have 11 years old child who has "reactive attachment disorder" with major behavioral issues. The paternal aunt who is 24 years old and works full time and she thinks that she would meet child's needs without problems. The kinshp [sic] worker, and other workers push for the placement because it is realtive [sic]. They want to see child will make it this home. The patenal [sic] aunt does not have children and she has idealist of parenting issues.

Age is only one factor and not a major one, it is the quality of care, health status and numbers of children and their needs that impact more.

Again, I think it depends on the health as well as the financial background of the caregiver.

If they are financially struggling, they may be looking for income rather than [sic] giving quality care. Their health care support may be gone and they are looking for more monies. These things really need to be studied to make sure we are making decisions for the best interest of the child.

If the caregiver is older sometimes they don't drive thus making it more challenging to get the child to appts and visits. Also if the caregiver is older and the child presents "behaviors issues" I have noticec [sic] that the caregivers don't have the energy to put into dealing with the child daily.

10. Kinship caregivers that are grandparents seek out help just as much as non-familial caregivers:

Families often need help transporting children to services, but resist having help come into their home.

This really varies. I have seen bright kin who get busy and don't seek out resources and also kin who are somewhat clueless but caring who don't. We ask this when placing, give them resources, but often times if there are problems they say they don't know, when they were in fact told. You need to make info concrete, simple and easy to access. It's not rocket science.

Kinship care givers need lot more support from our agency to successfully [sic] parenting a child.

For example- Single kin parent needs agency worker to transport child to visits, medical appointment_[sic] and school conference. Many kins who are younger age group needs assistance to enroll child in the school and help them to search for community [sic] programs. It often comes up that kin/relatives needs assistance [sic] for beds, car seats, and some cash assistance [sic] which our agency does not have budget for.

Most grandparents do not want workers in their life. They want to raise them as they raised their children. They feel that their children did not follow what they were trying to teach. Also, the family history needs to be looked at. Again, each case is individual. You may find a few that are welcoming to resources. A few will be very defiant against worker because of their history with Child Protection or other government services.

If they feel they could trust an agency then an African American Familial Care-Giver will ask for help. The trust level and experience/s in dealing with systems in the past plays a huge part in this._We have a huge issue with Non-Familial care-Givers perceiving and labeling African American children as "damaged" or "high risk" or "being difficulty of care" from the time of placement and using the opportunity to benefit financially.

Sometimes it is true that parents are more aggressive in seeking out to care for their grandchildren than other groups.

11. In my experience, child welfare resources are the same for kinship caregivers as they are for non-familial foster caregivers:

I don't think that kinship caregivers are as familiar with all of the resources that are out there, therefore they are not utilized.

sometimes I would say there may be more resources for kinship caregivers, as the agency may be more invested in making those placements work and it's understood that the kinship caregiver may be less prepared than a non-familial foster parent.

Ugh no.__Get real, those non family members in St. Cloud tend to be more savvy [sic] in how to pressure legislators, read how to get the money. I don't think legislators are racist, rather clueless on how the system works. You all rarely ask us in the field.

Child Service and Child Protection workers try their best to give extra service and extra effort [sic] for kin/relatives because many relatives do not have same resources as regular foster providers.

Kinship caregivers seem to have less support available to them.

resources are the same but the kinship caregiver is less experienced in asking the right questions and knowing the resources available. than are non-familial foster parents.

I feel that Kinship caregivers get more specialized resources. Foster care caregivers are trained from the start so that they are prepared to accept the children into their home.

Kinship are not trained from the beginning but are afford [sic] training at the time they received children into their home. Family will be more difficult to train. They do have to go to foster care training but again, this is their relative and they will view training differently. I think they should take a training more designed for them.

Exception: In ICWA non-familial foster care providers cannot receive day care assistance and relative foster care providers can, although for only three months.

this is true assuming the kinship caregiver is a licensed foster parent....not sure if you are looking at other arrangements or not.

12. If you feel there is a difference between resources offered to kinship caregivers and non-familial caregivers, please explain that difference:

In my experience as an editor of foster parent training materials, topics tended to be more related to non-familial caregivers than to kinship caregivers. Over the past few years, there has been an effort to make resources more equal.

In my experience, training was mandatory for non-familial foster care families, while it wasn't even hardly suggested for familiar [sic] foster care. I think that sometimes families think that because they know the child, that perhaps they don't need any outside help when in fact, I think that is not true at all.

Kinship caregivers are not as familiar with the resources therefore they are not utilized as much.

There may be more daycare support options and money resources for non-familial, I'm not for sure about this. It may be possible that the foster care/non-familial are more familiar with what to ask for as far as resources and support and therefore receive it more often.

DOC rates, assistance with resources.

Sometimes the financial component gets confused, and the county does a voluntary placement in which kinship caregivers cannot receive funds while a foster family would.

Resources are the same but often not utilized by kinship caregivers.

In my experience social workers are more willing to provide extra time and attention to kinship caregivers than non-kin providers.

Often [sic], he [sic] department is trying [sic] to place with relative/kin as soon as possible to maintain the family connection. This is actually a good practice; however [sic], the relatives do not have the same amount of training preparedness [sic] as non-relative providers.

The services offered to the family for the child _Financial assistance _Childcare

see above

I think we have a long [sic] way to go to reach equality here, particularly after a TLC or adoption to a kinship caregiver. Mental health resources, therapy, summer camp things. A TLC is going to get you less than a TPR. _Many of our families are on the edge financially and sometimes resource wise. _Why not make all TLC's and TPR's based on needs and ages of kids and free or low cost daycare and summer camps.

It depended on each worker, many workers are willing to provide extra transportation support to kin/relatives [sic]. The worker will be more flexible [sic] meeting hours and according to kin/relatives schedules [sic]. I feel there is still some lingering prejudice regarding the use and licensure of relative care providers. This is no where [sic] near as prevalent as it was 20 years ago when I began providing relative foster care.

Kinship caregivers seem to have less support available to them.

Private agency homes sometime have other resources available to their caregivers that are not available to the general population.

Adoption assistance is not dependent on income. It comes with automatic [sic] medical. _Transfer of legal custody funds are income dependent and every state varies in amounts of care assistance.

I don't think there is a difference but non-familial caregivers are more experienced accessing the resources and asking the right questions and also have an ongoing relationship with the agency.

Same as above

Kinship care givers have more commitment for long term care for the children. Non-familial caregivers are more temporarily [sic] care and non-committal [sic].

Less services/resources for kinship caregivers who sacrifice more to take on FP responsibilities.

13. In my experience, children in kinship care placements have just as good of educational outcomes as those in non-familial foster care:

In my experience, our non-familial caregivers were more positive about/ supportive of education than our kinship providers.

Each family has their own perception of what is acceptable. Relatives often share similar expectations whether high or low.

I don't know the answer to this one - haven't seen the research

I'm not sure, I wonder. Again we don't have an equal school system, why isn't it state based on what we give districts? You need to know the system to play it.

Worker monitor school attendace [sic] very carefully so I think there is no difference in school attendance.

This is far too open-ended of a question and requires longitudinal studies that are not in the scope of my knowledge.

I do not know whethe te [sic] dept. or state have ny [sic] data on educational outcomes

If the family is strong on promoting education and assist with home work, I think the outcomes will be higher. Nothing like family.

I am in Children's Mental Health - the youth I work with are generally highly behaviorally disturbed and have difficulty [sic] in many environments.

Rare because too few are made to feel or believe that they are in a stable, long-term, understanding, family setting. Most don't believe that these non-family care-takers are invested in their long-term success or even feel that they will be successful. many witness this through the care-taker's actions and often verbally.

It is a little different because it depend [sic] on the rules and daily routine of the individual foster parent. Some foster parents are more into education others are more loose.

14. In my experience, children in kinship care arrangements are more likely to have behavioral problems than those in non-familial foster care placements:

Behavioral problems, in my opinion, are not necessarily considered ultimately a negative, as children feel sometimes feel [sic] more comfortable expressing the pain or trauma they are experiencing.

I think there is some added stress and different dynamics that can cause more anxiety with kids in kinship homes.

I think that kinship providers tend to accept behavioral problems more easily than non-familial caregivers. Sometimes it is because the kinship caregivers have had similar "chaotic" circumstances in their lives to the children they are caring for.

Often relatives are more tolerant of their children's behaviors and don't give up as easily as non-relatives.

Sometimes not, particularly because kinship care frequently permits the child to stay closely connected [sic] to family, and often to birth parent/s.

Hard to say, I think what the family does is more important. I don't think you can honestly measure this. Again more savvy [sic] families get the kids to therapists who give a diagnosis for billing purposes and then can ask the state to up the doc.

If children comes with behavior [sic] issues, they would act out any placement. It would not make any difference.

Family does a better job of not making a big deal out of every little thing, but at the same time don't seem to be as consistent in dealing with behavioral problems and often seem to think that CP is overreacting across the board.

I debate that. It also depends on how the family history of support and discipline. Each case is so different. One family may have no positive experience in being a good parent while another may have excellent skills in dealing with good parenting.

All my clients have behavioral problems. The careprovider does not make behavior much worse, can make it better, whether family or non-family.

It depends upon the quality of the relationship the child has with the family member prior to placement.

Depends on previous history.

I think that kinship placement [sic] has a more secure component in the behavior. They are more secure and they may be more active but it is in a more fun and comfortable way and as a result, they may do educational better.

This could be an interesting research question. In my experience, some kids have problems, some don't, for a variety of reasons.

15. In your professional opinion, what are the outcomes of kinship care placements compared to non-familial foster care placements:

I think kids are more comfortable with kinship homes but again I think there can be added stress due to different dynamics.

Social workers get fewer calls from kinship providers about the children in their care (kinship providers don't want as much social work involvement in their lives and they accept more behavioral issues). There are probably fewer disrupted placements in kinship care. However, I'm not sure that the children in kinship care are getting the same quality of care as they would get in non-familial foster care placements (educationally, intellectually, regarding gaining social skills, etc.).

The difference that I have seen is that in the non-familial placements the children are not as relaxed as when they are placed in the familiar placements.

Children NEED to be placed with family, if possible. Opportunities to include extended family should begin at the child protection investigation.

I do feel that it is very important, and in the best interests of the child, to have them in a kinship care placement. I would generally see this as being less disruptive for a child. That said, in some cases where there have not been caregivers available in the family, I have seen some really incredible non-family foster homes. I've seen the greatest success when the foster parent is able to have a positive relationship with the biological family. And that's probably the case whether [sic] it's a kinship placement OR non-familial placement.

It so depends on the situation, the severity of emotional/behavioral issues of the children the reasons the children are removed from birth parent, the age of removal, the attitude toward/ongoing relationship with of the caregivers toward the birth parents - ongoing contact, safety, etc., the skill level of the caregivers, the needs/expectations of the caregivers going into the experience, how well the caregivers are informed of ALL the issues, what services are available ongoing, attachment issues, etc. etc.

No one size fits [sic] all. I have seen cases where you could argue either way. What are we looking for. We have best interest of child (8 on the list), if you look at that, then yes, kin placements usually are best, IF they can meet the needs, access resources AND if there are resources. We seem to go around and around on this and yet, little change. We need help in providing families, esp. low income support for kin--legally they are not the client. We have had proposals offering to do this, but the budget thing keeps coming up. Other states have done it.

The children in the relative/kin placement have shorter time adjusting to family rules and family values. _However, children with trama [sic] and mental health issues would not make difference in relative home or non- familial foster care because it takes adults with

emotional maturity and reasonable parenting skills and community supports to raise and help the youth.

Either family would not do well if they are under stress and does not have healthy enciroments [sic] for them selves [sic].

I think the family connection is extremely important to reducing trauma during a child protection case. While I don't think that certain educational, developmental, medical and mental health needs are met as well as they usually are in a non-relative placement, I do believe that overall, being with family is so important that it outweighs the lower quality of meeting those needs.

I think children may look better in non-familial placements in the short term but in the long term kinship care placements are better for the child.

Nothing like a good supporting family to make a child excell [sic]. If you cannot find that, then foster care is a must. But, how many quality foster care homes are out there?

I think any time there is a likelihood of a lifetime commitment by a caregiver to a disturbed child, that helps the child. I think kin and relatives are much more likely to follow through on that lifetime commitment compared to a non-relative foster home.

I think that in kinship placements things work a little better due to the child and the parent(s) having a relationship with the caregiver and that makes a difference in trying to set up visits and ease the stress of having teh [sic] child placed out of the home. __On the flip side, in come kinship homes the caregiver doesn't always communicate openly and honestly with concerns and problems and that can present other issues later on.

Kinship placement is much better because they don't have to go through adjustment stage. They often will fit into the "family" environment and get back "normal" situation.

How do you define a good outcome?