

The reason for compiling, analyzing, and synthesizing a group of related research studies is to answer the question, "What does the research in this area tell us?" Depending upon the needs of the people who might ask the question, an answer can be as lengthy as 20 pages (or more!). An answer also can be as short as the following summary, prepared for The Encyclopedia of Parenting (1999, Charles A. Smith, Editor, Greenwood Press).

Kinship Care: An Overview

More than one million children live apart from their parents and in the care of kin. Although many cultural groups have long-standing traditions of informally arranged kinship care, formal agency-sanctioned kinship care is a fairly new phenomenon. Such care has grown dramatically in recent years, in part because child welfare agencies have come to favor family members as foster care providers (Wilson & Chipungu, 1996).

Does this mean that kinship care is the "best" form of out-of-home care? Studies have indeed shown that children in formal kinship foster care have a slight edge in well-being over children in traditional foster homes (Berrick & Barth, 1994). An important caveat, however, is that it is unknown whether there were significant differences between the two groups of children in reasons for entering foster care or in socioemotional functioning at the time of placement.

Further, whether kinship care is advisable will vary from family to family, so that a careful assessment ought to be made of any potential kinship care placement. Problematic patterns of family functioning are not inevitably handed down from one generation to the next, but they can be. Consequently, family dysfunction may characterize a child's extended family as well as his or her immediate one. Kinship care also may lead to deleterious contact with a parent that otherwise would be prevented, or it may expose children to conflict between their parents and the caregiving relative (Clark, 1995).

Nevertheless, many kinship caregivers are adequate or better as foster parents, even if they may have fallen short as parents at an earlier, less-mature time of life. There is also evidence that some fostering relatives help a child to negotiate a relationship with an inadequate parent and to accept the nature of the situation without self-blame. A child in kinship care may derive feelings of connectedness, belonging, and security from familiar family habits and customs and from a sense of the long-term nature of family ties. He or she also may have a pre-existing attachment to a kin caregiver. In addition, if keeping a child within the extended family preserves cultural group ties along with family ties, the child's identity development is likely to benefit (Clark, 1995; Wilson & Chipungu, 1996).

Despite the advantages of kinship care, it can entail numerous stresses for kinship caregivers, who are disproportionately members of ethnic minority groups. One source of stress is the frequent difference between the family-related norms of such groups and the norms of the dominant culture, which have helped shape traditional foster care policies. For example, the child welfare system may overlook fictive kin, who lack a genetic tie but who are nonetheless important family members in some cultural groups. If pre-placement screening is done, inflexible application of any of several criteria can eliminate a potentially excellent home. Then, once a foster care placement is made, it usually is considered undesirable to return the child to his or her home of origin unless the move promises to be permanent. In some cultural groups, though, in which family life is characteristically fluid, a child's "shuttling" between two homes may be both normative and adaptive. Finally, routine monitoring of a kinship placement may seem, to the family, a stressful and unnecessary intrusion into their life (Wilson & Chipungu, 1996).

In other areas, problems can ensue when kinship caregivers are not accorded the same treatment as traditional foster parents. Kinship foster parents are often elderly, in poor health, and caring for children with a formidable array of problems. Yet they are less likely than traditional foster parents to receive supportive services such as specialized training (e.g., caring for drug-exposed infants), respite care, or support groups (Child Welfare League, 1994). For some, financial support is unavailable, inadequate, or not in the form that would be most helpful (Takas, 1993). In short, those who are part of the child welfare system may be disadvantaged in comparison to traditional foster parents. Not uncommonly, kinship caregivers, both within and outside the system, are disadvantaged to the point of genuine hardship (Clark, 1995).

Child abuse and neglect, along with such correlates of poverty as substance abuse, spurred the growth in kinship foster care and are likely to sustain a need for it. The need may be increased still more by two societal conditions of fairly recent genesis: (1) the limits on public assistance mandated by the welfare reform bill of 1996 and (2) the AIDS (Acquired Immunodeficiency Syndrome) epidemic, which is expected to create sizable numbers of orphans. Fortunately, there is increasing recognition of the difficulties inherent in fitting relatives into policy molds constructed for traditional foster parents. In more than one locale, reform efforts are under way (Takas, 1993; Wilson & Chipungu, 1996).

References

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