

# African American Kinship Caregivers: Principles for Developing Supportive Programs

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## Overview

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### Introduction

In January 2002, the Family Leadership Fund contracted with Evaluation Services of the Northwest Institute For Children and Families to conduct a review of the literature on family support for African American kinship caregiving. The purpose of this review was to identify principles that could inform grant making in this community.

Roughly 45 published articles narrowed from 4 journal search databases were examined for this review. It became evident that it is important to be aware of the strengths, issues, and needs of this population in order to understand and be able to implement the principles themselves.

Family support programs must affirm and support the traditional African American culture of caregiving to aid kinship caregivers and their communities. This is necessary because of the barriers to services and benefits that mainstream agencies present as a result of cultural differences in definitions of family, utilization patterns, and community roles.

The principles identified from the literature are congruent with the Principles of Family Support Practice identified by the Family Resource Coalition (attached). The major principles identified in the literature are:

1. *Take into account larger systems*
2. *Offer non-stigmatized service delivery*
3. *Recognize family dynamics and the need for family supports*
4. *Offer socially supportive environments that reduce isolation*
5. *Secure program sponsorship to ensure longevity*
6. *Ensure long-term support for caregivers*
7. *Meet tangible needs*

Any program serving kinship care providers must help reinforce the strengths of African American families and communities by building on already existing sources of vitality and resources. These concepts are highlighted in the review that follows.

## Demographics

Kinship caregiving has received increased public attention in the United States in the past two decades. Almost one-third of children in out-of-home care in the United States are living with relatives (O'Brien et al., 2001). A majority of kinship caregivers (nearly two-thirds) are grandparents and about 85% of the caregivers are female (Harden et al., 1997). "In 1997, 3.7 million grandparents were raising their grandchildren, and the majority, 2.3 million, were grandmothers" (Cox, 2002, p. 45).

Among all ethnic groups, African American communities have the highest rates of kinship caregiving. Feig (1997) noted of the 1990 census that 12.1% of African American children were living with their grandparents without their parents present compared to only 3.4% for Caucasians. Barth et al. (1997) found similar statistics: "In March 1991, more than 9% of African-American families and 2% of Caucasian families were composed of children living with relatives who were not their own parents (U.S. Bureau of the Census 1992)" (p. 130). The kinship caregiver population is much older than the parent caregiver population. "Although over 95% of the parents who live with their own children are below the age of 50, over one-half of all kinship caregivers are 50 years of age or greater" (Harden et al., 1997).

In general, informal kinship care (where the caregiver is not involved in public assistance such as TANF or the child welfare system) is more common than formal kinship care in the United States. Harden et al. (1997) found higher rates of informal kinship care noting only 15.5% of all kinship children in formal foster care placements in all the combined placements in CA, NY, IL, and MO. African American families reflect this trend of remaining informal caregivers and not getting involved in larger social welfare systems. In describing the higher incidence of kinship care in African American families, Barth et al. (1997) note, "Most of these [kinship caregiving] arrangements [are] informal – decisions made within the confines of the extended family" (p. 130).

Kinship care providers, especially those who are older, tend to be poorer and to live on more fixed incomes. "Compared to parents who live with their own children, kinship caregivers tend more often to be currently unmarried, to be less educated, to be unemployed or out of the labor force, to live in poverty, and to receive benefits through government social welfare programs" (Harden et al., 1997). Casper & Bryson, (cited in Cox 2002) makes a similar note specific to African American grandmothers who are the sole care providers for their grandchildren noting that they are "more likely to be poor, more likely to be receiving public assistance, and the grandmothers are less likely to have health insurance" (p. 45).

## Strengths

The resilience of African American kinship caregivers must serve as a backdrop for any discussion of the issues that they face. These caregivers draw on reserves of strength reaching back through generations of black families raising children in a society whose social support services reflect the values and family definitions of a dominantly white, European framework. Successful caring for children by kin caregivers despite demographic factors pointing to less schooling and greater poverty implies inherent strengths in this population (Davidson, 1997), (Cox, 2002).

In order to develop effective programs for African American kinship caregivers it is necessary to understand the cultural and historic strengths that surround caregiving in this

population. Historic patterns of caregiving have buffered African American families in this country from the violence of slavery, the oppression of racism, and the economic disenfranchisement of segregation. Kinship care is a traditional part of African American culture (Scannapieco & Jackson, 1996). In the traditional family pattern, elders (grandparents, great-grandparents, and older aunts and uncles) cared for young and school-aged children while the second and third generations worked and served as a connection to larger economic and social support systems (Cohon & Cooper, 1999), (Davidson, 1997), (Jackson, 1996). Cohon & Cooper (1999) further explain the ability second and third generations have in filling supportive roles in African American families because they generally have more exposure to education and more interaction with mainstream society than the elders in their families. Thus, younger generations and extended family members have served not only as resources for information, transportation, and services but also as links to formal social and administrative systems (Cohon & Cooper, 1999).

## **Issues**

### *Changing Family Roles and Social Isolation*

As kin, particularly older kin, take on primary caregiving roles, family roles change and the caregiver may become isolated from traditional forms of support (Kelley et al., 2000). The caregiver may experience social isolation as a result of either being cut off from supports and linkages provided by the younger generations or extended family members (as mentioned above) or because the caregiver has less time to reach out due to parenting responsibilities (O'Brien et al., 2001), (Cohon & Cooper, 1999), (Kelley et al., 2001). The reason for this isolation is two-fold. First, the placement of children with kin is often a result of the second and third generations being incapacitated due to a number of factors including mental illness, drug or alcohol addiction, AIDS, or incarceration (Cohon & Cooper, 1999), (Kelley et al., 2000), (Kelley et al., 2001). Second, the child's parent may be upset with the kinship caregiver for taking over responsibility for their child or the kin caregiver may be forced to sever ties with the biological parent to protect the child. The child's parents are not available to fill their traditional supportive roles, forcing the older caregiver either into isolation or to interact with mainstream society and larger social systems alone.

### *Financial Burden*

In addition, the majority of kinship caregivers are struggling financially (McLean & Thomas, 1996), (Christian, 2000), (Kelley et al., 2000). Income may be limited due to the caregiver's small retirement income or the need to leave their job to care for the child (Kelley et al., 2001). Since many times kin are informal caregivers not accessing formal supports, the financial burden can be great (Davidson, 1997).

While financial support may be available from mainstream institutions, kinship caregivers may feel reluctant to pursue formal avenues of support such as TANF, adoption, and/or foster parent licensure. This reluctance is attributable to several factors. First, since the African American definition of family has always included extended family, kinship caregivers already *are* family. They not only do not see a need for adoption but may also find the requirement for licensure offensive and culturally insensitive (Davidson, 1997), (O'Brien

et al., 2001). Second, caregivers may feel criticized for taking government funds to take care of their own family members (Kolomer, 2000). Third, the caregiver's belief or need to hope that the child will go back to the parent (O'Brien et al., 2001) gives them less of a desire to become formally involved in public systems, hoping the situation will be temporary.

In the social service system, licensure opens the door to formal avenues of support including financial support and other helpful services. Clearly, these differing cultural definitions and expectations of family leave traditional African American caregivers outside the reach of formal support systems.

### *Emotional and Psychological Stress*

In general, the caregiving role was noted across the literature to increase caregiver psychological stress (Kelley et al., 2001), (O'Brien et al., 2001), (Cox, 2002). Psychological stress can be attributable to loss of personal time, loss of social supports, and increased financial stress from taking on care for another family member. In addition, taking on the caregiver role can mean a loss of time with marital partners and an increase in marital tension (O'Brien et al., 2001), (Davidson, 1997). Finally, kin caregivers may be raising children who have been abused, neglected, born addicted to drugs, or abandoned. Due to these factors, which can lead to greater emotional and behavioral problems, raising these children can also be a factor in increased emotional stress for kinship caregivers (Kelley et al., 2001).

### *Physical Health*

Taking on the caregiver role was noted in the literature to correspond with a decrease in the caregiver's physical health (Kelley et al., 2001), (Cohon & Cooper, 1999), (Cox, 2002), (O'Brien et al., 2001). Cox (2002) cited an increase in specific physical health issues such as insomnia, back problems, and hypertension. As well, taking on caregiving for older caregivers has been associated with, "exacerbation of pre-existing chronic conditions, comorbidity, declines in self-assessed health, and limitations in one or more activities of daily living" (Fuller-Thomson & Minkler, 2000, p. 111). Grandparents tend to ignore their own physical health and emotional needs to meet the needs of the children in their care first (Cox, 2002). Caregivers may lack the time, money, and ability to address their physical health issues.

### **Needs**

The literature shows that caregivers have a range of needs and that those needs change over time. At initial placement caregivers have a greater need for tangible supports and legal and financial resources to get set up and prepare for what is usually a sudden placement (Davidson, 1997), (O'Brien et al., 2001). Over time, caregivers need ongoing and long-term support of all kinds. Almost every article reviewed for this paper referenced the many needs caregivers have. The main themes for caregiver's needs were:

- 1) Legal Assistance (to get custody, enroll children in school, make medical decisions for children, navigate the system, and know their benefits eligibility) (Christian, 2000), (Cox, 2002), (McLean & Thomas, 1996)

- 2) Information on agency policies, court procedures, case progress (Cohon & Cooper, 1999), (Davidson, 1997), (O'Brien et al., 2001)
- 3) Cash assistance (Christian, 2000), (Cohon & Cooper, 1999), (McLean & Thomas, 1996)
- 4) Tangible support (such as beds, cribs, furniture, and clothing) (Cohon & Cooper, 1999), (Davidson, 1997), (McLean & Thomas, 1996), (O'Brien et al., 2001)
- 5) Transportation (for caregivers and for kids) (Davidson, 1997), (O'Brien et al., 2001)
- 6) Social Support (such as support groups) (Christian, 2000) (Cox 2002), (O'Brien et al., 2001), (and peer advocates and mentors) (Cohon & Cooper, 1999),
- 7) Daycare (Davidson, 1997)
- 8) Respite Care (Christian, 2000), (Cohon & Cooper, 1999), (Davidson, 1997), (O'Brien et al., 2001)
- 9) Counseling for children (Davidson, 1997), (McLean & Thomas, 1996), (O'Brien et al., 2001)
- 10) Recreational activities for children (McLean & Thomas, 1996)

Within the needs mentioned above, the literature identified the essential requirement for all services to be delivered within a framework of respect for the caregiver by larger systems, especially the child welfare system. The intrusiveness and cultural insensitivity experienced by the African American kinship caregivers increased their distrust with the child welfare system (Cohon & Cooper, 1999), (O'Brien et al., 2001). Respect is also necessary because kinship caregivers may feel humiliation, shame, criticism, or blaming for the parent's failure within their families (Kolomer, 2000). Lack of emotional and cultural sensitivity will be a barrier to utilization of program support or services.

## **Principles**

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The goal of this literature review was to identify the core principles of programs that support kinship care providers. Available published literature shows that few programs have been evaluated using classic intervention research (that is, with control or comparison groups). The following principles are drawn from articles that described particular programs, surveyed African American kinship providers, and reported on intervention research. Principles identified from articles cover all levels of support to kinship caregivers including support at the level of individual, family, community, and social agency and policy.

### *1. Take into account larger systems*

When an older caregiver takes on the care of kin, they are instantly thrown into a new world of agencies, schools, legal systems, and policies and procedures that can be overwhelming, but are critical to the care of the child in their home (Cohon & Cooper, 1999). While planning successful programs for caregivers, attention needs to be paid to larger systems beyond the family system that interact with and affect the caregiver. Programs for African American kinship caregivers need to support caregivers in taking on their new roles and teach them new skills while addressing their issues and needs (Cox, 2002).

When discussing the relationship between kinship care providers and larger systems, the literature differentiates between formal kinship care providers who are involved in either TANF or the child welfare system and thus receiving benefits or services and informal kinship providers who rely on informal supports within families and communities and are not accessing public support. Informal kinship care providers lack a case manager and have a greater need for help with resource and referral. In addition to a greater lack of financial resources, McLean & Thomas (1996) identified informal caregivers as having increased responsibility for coordinating services between agencies and identifying resources. However, even formally designated kinship care providers have been shown to receive consistently fewer services than non-related caregivers (Berrick et al., 1994).

The first service delivery principle is to include programs and supports that increase effective interface with larger systems. To this end, there were several proposed roles that programs had enacted to fill this gap. In Ohio, the Department of Job and Family Services provides 'kinship navigators' that vary by county who help kinship caregivers obtain services. New Jersey also has its own navigator program (see website in bibliography) that includes a toll free number. Edgewood has developed a different model, set within a comprehensive program. Ethnically similar community peers work as paraprofessionals offering caregivers help navigating larger systems, links to other resources, advice, and support (Cohon & Cooper, 1999). These community workers in theory are replacing the missing younger generations who would normally fill resource and linkage functions for the caregivers. In Harlem, grandparents and other kinship care providers are reaching out and educating their peers (Cox, 2002).

At the level of community and system advocacy, a program may wish to add a process of identifying barriers, issuing reports to the community and to decision-makers, developing a speakers bureau, or other 'macro' interventions (Minkler et al., 1993). Such interventions can tap into the life experience and passions of caregivers themselves. For example Cox (2002) reports on a ten-week empowerment curriculum for kinship care providers in Harlem. After the program, participants developed presentations for other grandparents in the community and received training and support in their role as natural helpers, advocates, and outreach workers to others taking care of their children.

## *2. Offer non stigmatized service delivery*

Kinship caregivers may experience feelings of guilt as society, communities, or individuals look to place blame when a child is removed from its parent. Feeling criticized or judged may be one barrier to reaching out for financial support or other services (Kolomer, 2000). As noted earlier, Kolomer also identifies further criticism caregivers may feel for taking government funds to take care of their family members. In addition, Cohon & Cooper (1999) noted that caregivers found their interactions with public sector programs (like child welfare services) stigmatizing and intrusive (Jackson, 1996). Since caregivers are taking in their family, they also may not see why they should try to access public/private funds or services for help. A number of informal caregivers do not reach out for support because of some or all of the reasons mentioned above.

This gives rise to a second principle. Programs need to have a way to reach informal caregivers and to overcome stigmas and stereotypes such that kin feel comfortable and encouraged to receive support. Services need to be delivered in a supportive, non-judgmental

environment. This can be in the form of peer-to-peer support and support groups. It is important that programs be offered in culturally welcoming settings and are embedded in the community. Environments need to reflect that these caregiving patterns are to be honored, and that the stresses caregivers are experiencing are normal and nothing to be ashamed of. This may also imply the need for programs to reach out to find caregivers in places like churches, schools, or the community.

### *3. Recognize family dynamics and the need for family supports*

A third program principle is the need for a program to recognize the whole family, not just the kinship care provider and the child, in its model of service delivery. Kinship care *is* family preservation in African American families by virtue of the broader African American definition of family. Because kinship care helps keep the family together, it should not be seen as an alternate form of foster care (Davidson, 1997), (Cohon & Cooper, 1999), (McLean & Thomas, 1996), (Jackson, 1996), (Lawrence-Webb, 2001). Programs need to take into account the whole family system of the caregiver in order to be supportive.

To strengthen African American communities and families while supporting kinship caregivers, it is important to remember that the child, parent, and caregiver are still within the family. Caregivers may suffer grief from multiple losses (Cox, 2002) that can include loss of their old family role, loss of relationship with the child's parent (their own child), or fear of loss of the child back to the parent. Sensitive programs will recognize the needs of the caregiver for support through these losses and the help they will need emotionally to navigate family tensions and keep families strong. The old view that the parent who gave up the child is 'bad' will not work. The parent is still a part of the family and most likely a part of the caregiver's heart (O'Brien et al., 2001). These relatives offer a source of strength for the children in their care and help keep their families intact (Davidson, 1997). It is important that programs acknowledge these family system dynamics and needs.

### *4. Offer socially supportive environment that reduce isolation*

A fourth principle is that any funded program should include a strong component of social support such as opportunities for caregivers to gather and support one another. When becoming caregivers a second time around, kinship caregivers (especially grandparents) may become isolated from social supports due to lack of time and the addition of new roles and responsibilities (Kelley et al., 2001), (O'Brien et al., 2001). For example, they will not be able to attend the women's group at church, receive visitors or even engage in customary ways with neighbors or with other relatives in the family. Lack of social support was a noted component to increased psychological distress (Kelley et al., 2000). Edgewood's community workers identified emotional support and encouragement with regular contact as a service need of this population (Cohon & Cooper, 1999). O'Brien et al. (2001) ranked caregiver's support as God, family members, and support groups. Increased support for caregivers can help improve their physical and emotional health and of course, their ability to attend to the needs of the children in their care (Kelley et al., 2001).

### *5. Secure program sponsorship to ensure longevity*

The Brookdale Grandparent Caregiver Information Project (begun in 1991) identified the most up-to-date grandparent caregiver interventions and service programs nationwide (Minkler et al., 1993). Minkler et al. (1993) reviewed a variety of programs ranging from support groups, comprehensive programs offering an array of services, information and referral services, to coalitions for grandparents. They found the largest barriers to program success to be lack of institutional support (sponsorship) and lack of funding. These two factors also contributed to a lack of childcare and transportation issues that increased barriers to program accessibility. These findings highlight another key principle: the need for and benefits of programs having external sponsors such as voluntary, health, or social service sponsoring agencies that can provide in-kind support, space, part time staff, visibility, and potential member identification.

#### *6. Ensure long-term support for caregivers*

Social services in this country are often delivered with a short term, “quick fix” model. Often agencies and funders set up services for the short term, under the belief that people are most empowered when they don’t form long term alliances with public service systems. However, these caregivers need support over the long term. In addition to the ongoing nature of the challenges the children will present, caregivers in article after article expressed concern for the future of their children as the grandparent became older.

The sixth principle is that services for caregivers need to be long-term and on going, especially support groups (O’Brien et al., 2001). In addition, the program may work with caregivers to create a support system around them and their children that will last over time. For example, churches or faith-based groups might be a natural informal locus for such support, or families can develop or re-establish networks of support around the child.

#### *7. Meet tangible needs*

The final key principle identified from the literature is that programs need to offer some form of tangible assistance or referral services for tangible needs to kinship providers. The literature had a recurrent theme of kinship providers needing cash assistance, transportation services, day care, and legal assistance (see Needs section above). The ability of a program to either address these needs directly or provide successful resource referral will have a direct impact on caregivers themselves and overall program impact on caregivers and their families.

### **Conclusion**

The national family support movement has identified program principles that can be instructive to funders (see attached). Each theme is resonant with the principles that emerged from the literature specific to supporting African American caregivers. The principles will apply in unique ways with African American kinship care providers because of the unique historical and economic dynamics of their circumstances. A family support program that works will tap into the historic strengths and resilience of African American families in this country and will deal with the ways formal systems are not designed to meet their needs.

## Review of Published Works (APA Format)

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**Christian, S. (2000). Helping kin care for kids. *State Legislatures*, 26(10): 20-23.**

This article provides an overview of how different states and counties are trying to meet the needs of kinship care providers. It provides a general picture of Edgewood, a comprehensive service provider, whose success motivated the CA state legislature to enact a Kinship Support Services Program (1997). In addition to CA, the article provides a general overview of different legislature responses in LA, MO, OH, FL, DE, KY, and IN. These responses include monetary assistance (in the form of direct subsidy to kin as well as funds for services and housing), legislation expanding TANF funding to support children not in the child welfare system, medical and educational consent laws, custody laws to help kin be included in legal proceedings, and providing support services. It also provides a brief overview of three innovative programs that include legal assistance from local law schools, an apartment building for Grandparents caregivers providing services as well as housing, and respite care programs.

**Cohon, J. D. and Cooper, B. A. (1999). Kinship support network: Edgewood's program model and client characteristics. *Children and Youth Services Review*, 21(4): 311-338.**

This article provides a good overview of the government's response to kin care and why it is in increasing need. An extensive description of Edgewood's Kinship Support Network program is provided including theoretical foundations of the model (highlighting African American familial systems and their provision for resources and linkages) and a detailed description of the components of the program. Demographic and descriptive data of the program (since 1993) is provided including descriptions of the caregivers, children, services, health surveys of the caregivers, and client needs. The article looks at the privatization of kin care, using community-based agencies to provide services, and the strengths (i.e. flexibility and use of community trained ethnically similar paraprofessionals) and concerns (i.e. monitoring and compliance) to be considered in this approach. It provides a strong description of what caregivers need from both the caregivers point of view and the community workers/paraprofessionals who work with the caregivers.

**Cox, C. B. (2002). Empowering African American custodial grandparents. *Social Work*, 47(1): 45-53.**

Empowering has good statistics on numbers of grandparent headed households, factors explaining the increase in the numbers, and issues grandparents have to deal with in raising kin including psychological, physical, and economic costs. The article describes an empowerment curriculum developed and administered to African American custodial grandparents who were selected from a grandparent's support group in Harlem, New York City. The focus of the curriculum, developed with the help of caregivers, is to strengthen parenting skills and to teach grandparents how to advocate for themselves and other

grandparent caregivers in their communities. The curriculum consists of 12 weeks: 1) introduction to empowerment; 2) importance of self-esteem; 3) communication with grandchildren; 4) dealing with loss and grief; 5) helping grandchildren deal with loss; 6) dealing with problem behaviors; 7) talking to grandchildren about sex, HIV/AIDS, and drugs; 8) legal and entitlement issues; 9) developing advocacy skills; 10) negotiating systems; 11) making presentations; 12) review. The basis of the curriculum is identifying the strengths grandparents have that can be built upon to help strengthen communities. There is a good description of issues facing grandparents including concern over the future of their grandchildren, legal rights and access to available benefits, and communication with their grandchildren, especially with adolescents.

**Davidson, B. (1997). Service needs of relative caregivers: a qualitative analysis. *Families in Society: The Journal of Contemporary Human Services*, 78(5): 502-510.**

Service Needs describes the rise in kinship care nationally and the history of child welfare in regards to foster care requirements (and thus its impacts on increase utilization of kinship care). A brief literature review is included outlining kinship care rates in different states and common characteristics of kin caregivers, which highlights the prevalence of African American caregivers and reasons why this population is more prevalent in kinship care. The qualitative study was of caregivers who were involved with child welfare services in Ohio. The study focused on three areas: service needs of caregivers and their families (tangible and monetary), impact of relative care on the family system, and experiences of caregivers with the child welfare system. The article highlighted the frustration that grandparents felt having to become licensed foster parents, anger at lack of resources, and impacts on the family system (caregiver's loss of time with marital partners and their loss of relationship with child's parents). The article further identifies the needs of kin caregivers at initial placement as different from their ongoing needs with their monetary and tangible needs being higher at initial placement.

**Jackson, S. (1996). The kinship triad: a service delivery model. *Child Welfare*, 75(5): 583-599.**

The premise of The Kinship Triad is a non-foster care based model for service delivery to kin caregivers. It highlights effective practice being one that recognizes kin care not in a foster care framework but rather in a family preservation model. The Kinship Triad emphasizes the African American culturally defined family as an extended family with different functions and resources offered by these family members. The article describes why adoption may be viewed as undesirable or unnecessary by the African American caregiver within this culturally sensitive definition of family.

**Kelley, S. J., Crofts Yorker, B., Whitley, D. M., and Sipe, T. A. (2001). A multimodal intervention for grandparents raising grandchildren: results of an exploratory study. *Child Welfare*, 80(1): 27-49.**

A Multimodal Intervention describes an intensive six-month community-based intervention used in an exploratory 2-year study with African American grandparents raising

grandchildren in Atlanta, GA. The intervention, designed to support grandparents raising grandchildren, had three key components: home visits by registered nurses, social workers, and legal assistants; legal assistance from attorneys (3<sup>rd</sup> year law students); and monthly support group meetings. Grandparents involved in the study had to be the sole caregivers with the parents absent. The study identified key areas of concern including caregiver increased psychological stress and decreased physical health, lack of caregiver social supports, increased financial demands due to decreased family resources, and legal issues including inability to enroll children in school or approve medical care and the lack of legal right to deny birth-parents from taking back custody of the child.

**Kelley, S. J., Whitley, D.M., Sipe, T.A., and Crofts Yorker, B. (2000). Psychological distress in grandmother kinship care providers: the role of resources, social support, and physical health. *Child Abuse and Neglect*, 24(3): 311-321**

This article sought to identify indicators of psychological distress for African American grandmother kin care providers analyzing data from the 2-year study with African American grandparents raising grandchildren mentioned in the article above, A Multimodal Intervention. The article outlines prior research on increased psychological stress factors in grandmother caregivers. This article has a strong description of contributing factors to psychological distress, which include poor physical health, social isolation, financial distress, the sudden placement of a child into their care, behavior problems of the grandchildren, changes in familial role demands, and family tension. The article emphasizes that grandmother caregivers need adequate resources and good physical and psychological health to raise their kin. The article states that helping grandmothers with these issues benefits larger communities by minimizing family disruption and keeping intact cultural and community ties.

**Kolomer, S. R. (2000). Kinship foster care and its impact on grandmother caregivers. *Journal of Gerontological Social Work*, 33(3): 85-102.**

This article provides the history and goals of kinship foster care as well as a survey of kinship foster care programs nationwide. Notably mentioned in the article are barriers to public assistance experienced by kinship caregivers in general. It outlines WA state programs using funds to establish subsidized kinship guardianship programs. Kinship Foster Care also provides a look at the drawbacks to being a part of the foster system using 9 interviews of grandparents (8 of whom were African American) who compared themselves to their informal kinship caregiver peers.

**McLean, B. and Thomas, R. (1996). Informal and formal kinship care populations: a study in contrasts. *Child Welfare*, 75(5): 489-505.**

This article compares the demographics and service needs of informal and formal kinship care providers. The study described in the article focuses on predominantly African American kin caregivers involved in Philadelphia's KIDS'n'KIN program. The program requires the caregivers not be involved with the child welfare system and be raising children under the age of 10 from 1992-1995. The study highlights the greatest service needs of caregivers to be legal assistance and provisions while the children were needing medical care and mental

health counseling. A good description of barriers to accessing public assistance by informal caregivers is provided. This article emphasizes looking at kinship placements as family preservation and not disruptions. It also provides a good description of why caregivers are hesitant to adopt and the stress of family tension associated with the placements. In general, informal kin caregivers have fewer resources, need more financial assistance, and have a harder role because they are responsible for identifying and coordinating services for the children.

**Minkler, M., Driver, D., Roe, K. M., and Bedeian, K. (1993). Community interventions to support grandparent caregivers. *The Gerontologist*, 33(6): 807-811.**

This article provides an overview of grandparent caregiver interventions and service programs identified by the Brookdale Grandparent Caregiver Information Project. Begun in 1991, the object of the Project was to identify leading programs across the country offering the most up to date and current programs to relative caregivers and to promote program development. The article identifies and provides a brief description of different categories of programs including support groups, comprehensive programs offering an array of services, information and referral services, and coalitions for grandparents. The article highlighted the need for and benefits of programs having external sponsors such as a voluntary agency that help provide in-kind support, space, PT staff, visibility, and member identification. The largest barriers to program success were lack of institutional support (sponsorship) and funding. These two factors contributed to a lack of childcare and transportation issues that increased barriers to program accessibility.

**O'Brien, P., Massat, C. R., and Gleeson, J. P. (2001). Upping the ante: relative caregivers' perceptions of changes in child welfare policies. *Child Welfare*, 80(6): 719-748.**

This article focuses on a study of 35 caregivers interacting with the child welfare system. Upping the Ante provides a good description of changing family dynamics and roles that increase caregiver stress. 6 themes were identified with caregivers that explain their ambivalence to permanency planning and overall kin care issues 1) Sudden placements 2) Love and burden of the child 3) Immediate, on-going, and potential obstacle to caring for the child 4) Family dynamics and role issues for caregivers 5) Sources of support (and loss due to family tension) and 6) Guardianship/Adoption issues and pressures. The article provides a list of caregiver recommendations for the welfare system that can be generalized to programs that work with kinship caregivers.

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[http://www.familysupportamerica.org/content/learning\\_dir/principles.htm](http://www.familysupportamerica.org/content/learning_dir/principles.htm)

A direct link to the Family Support America Principles

<http://www.state.nj.us/humanservices/DHS%20Publications/kinshipbro2.html>

Outlines New Jersey's kinship navigator program

<http://www.distxiaaoa.com/caregiver/kinshipcare.htm>

Ohio's Kinship Navigator program

## Principles of Family Support Practice

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- Staff and families work together in relationships based on equality and respect.
- Staff enhance families' capacity to support the growth and development of all family members—adults, youth, and children.
- Families are resources to their own members, to other families, to programs, and to communities.
- Programs affirm and strengthen families' cultural, racial, and linguistic identities and enhance their ability to function in a multicultural society.
- Programs are embedded in their communities and contribute to the community-building process.
- Programs advocate with families for services and systems that are fair, responsive, and accountable to the families served.
- Practitioners work with families to mobilize formal and informal resources to support family development.
- Programs are flexible and continually responsive to emerging family and community issues.
- Principles of family support are modeled in all program activities, including planning, governance, and administration

From: *Guidelines for Family Support Practice* (1996). Chicago: Family Resource Coalition