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# Research on Kinship Foster Care: What Do We Know? Where Do We Go From Here?

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In recent years, kinship care has gained increasing notice from practitioners, policy makers and researchers. Our attention has been captivated by the large numbers of children now being served in foster care by kin. The development of kinship care as a foster care resource has been stimulated by legal, demographic, and value-based changes. First was the *Miller v. Youakim* Supreme Court (1979) case which determined that kin could not be excluded from the definition of foster parents and that under some conditions, kin might be eligible for foster care benefits. Second, the burgeoning foster care census and changing economic circumstances that leave far fewer conventional unrelated foster parents at home to care for children have contributed to greater inclusion of kin and fictive kin as foster caregivers (National Commission on Family Foster Care, 1991). Third, kinship care's development has been spurred on by a refocussing of values and priorities regarding the role of family--broadly defined--in the lives of children. Kinship foster care has developed at a time when calls for family preservation have grown increasingly urgent (National Commission on Children, 1993). Many child welfare experts believe that children will be better served if their care is provided by family members within the community of origin, rather than strangers (Chipungu, 1991).

Research in the area of kinship care has not kept pace with its development as a placement alternative. Until recently, few studies were available that focused on the characteristics of kinship providers or on the children in their care. Neither were studies available which addressed the services provided to kin through the child welfare system, or about the providers' views of their roles within this system. Researchers are finally embracing this issue. In the meantime, kinship care is becoming the predominant form of out-of-home care in several large states (Barth, Courtney, Berrick, & Albert, 1994; Wulczyn & Goerge, 1992).

This special issue begins to address our current knowledge in the area of kinship care. We begin with an article by James Gleeson who reviews policies and procedures regarding kinship care in 32 states. His findings suggest that few states, if any, are taking proactive steps to address issues of kinship care. Instead, practice has developed from a collection of sources including legislative statutes, administrative rules, and case law. States have generally not grappled with the task of defining the appropriate role of kinship providers nor how this role may differ from foster parents.

In the second paper, the editors and our colleague Barbara Needell report on a sample of kinship foster parents and foster family parents to describe their demographic characteristics, the services they receive, the children in their care, and questions regarding visitation. One of the more notable findings from the study is the lesser number of services provided to kinship foster parents in comparison to foster family parents. Kinship foster parents in this sample indicated that they would welcome additional services from their foster care agency.

Although kinship foster parents found the system lacking in many regards, kin were assuring greater contact between children and their birth parents than were foster parents. This, in addition to the fact that more kin children were placed with siblings than non-kin suggests the importance of viewing kinship foster care as an alternative form of family preservation.

Nicole Le Prohn describes the differences between kinship foster parents and foster family parents in the conceptions of their roles with regard to the child and the child welfare agency. Kin in this sample were more likely to see the importance of their role in maintaining contact with the biological family; they were also more likely to see the importance of dealing with issues of separation and loss than were foster parents.

One of the more surprising findings from the study is the observation that kin were more likely to identify with all of the roles studied, including acting as a partner with the foster agency. These findings, in conjunction with data from the Berrick, Barth and Needell paper may indicate that kinship foster parents are more open to agency involvement than was previously suspected.

Dubowitz and associates review the health, mental health, behavioral, and educational status of children placed in kinship care in Baltimore, Maryland. These data are then compared to other studies of foster children and national norms. The data indicate that children in kinship foster care exhibit a number of problems which may contribute to difficulties in their care and which may require concerted efforts to locate appropriate services to meet their needs.

Iglehart's data also support the findings of Dubowitz and associates. She reviews the records of almost 1,000 adolescents in kinship foster care

or foster family care. Hers is the first study of adolescent kinship care and the findings regarding the mental health and educational status of these children points to a number of problems that could benefit from the intervention of a trained professional.

Joseph Magruder's "Research Note" on kinship adoptions is the first paper known to us on this phenomenon. These data offer a glimpse into the kinship families currently adopting children in California and suggest that kinship adoptive parents represent a unique group of families. Many findings were similar to those in studies of kinship foster parents (Berrick, Barth, & Needell, 1994; Le Prohn, 1994; Thornton, 1987); kinship adoptive parents are more likely to be single parents, to be older, to have lower income and fewer years of education. The differences between kinship adoptive parents and non-kin adoptive parents are even more striking than the differences we see between kin and non-kin foster parents. Recent federal initiatives stress the importance of removing barriers to adoption for kin. These data indicate that children adopted by kin will not receive the same level of family resources as children adopted by other families.

Finally we end the Special Issue with a review of a recent book on formal and informal kinship care. *Grandmothers as caregivers: Raising children of the crack cocaine epidemic* does not deal specifically with the intricacies of the child welfare system or the growth of formal kinship foster care. Nevertheless, the book is important for child welfare practitioners who need a framework for understanding the personal sacrifice, the daily difficulties, and the joys of assuming parenthood under unexpected and often stressful circumstances.

Although we believe that this is the most complete compendium of research on kinship foster care available, the studies presented have gaps and flaws. This is just the beginning of research in this area and highly representative samples, adequate comparison groups, and repeated measures on caregivers and children are not yet available. Nonetheless, the findings comparing kinship foster parents and conventional foster parents are relatively consistent. They suggest that we can look forward to the next round of research which should focus on the services that are critical to the well-being of children in kinship foster care.

We also need to better understand the long-term careers of children in kinship foster care and how these are influenced by services. The evidence is consistent that children in kinship foster care remain in care considerably longer than other children and are less likely to be adopted than other children (Barth et al., 1994; Wulczyn & Goerge, 1992). When children are placed in kinship foster care, the ultimate "permanency plan" very often becomes long term foster care and emancipation. Information about how emancipation for children leaving foster care differs for kin and non-kin is especially important. This information is key to developing

appropriate independent living services. We also need to know more about the appropriateness of guardianship and adoption for kin, and the services and supports necessary to promote these permanent homes.

Current practice identified through these studies would appear to indicate that kinship foster care has many advantages over foster family care. If kin can be prepared to assume their new role, if they can be assisted or trained in advocating for health, mental health, and educational services for these children, and if they can provide suitable protection for children in homes where boundaries may be blurred by relationship and history, kinship foster care may uniquely meet the best interests of many (perhaps the majority of) foster children. If, however, we view kinship care as a cheap alternative to foster family care and provide little to bolster the significant work involved in caregiving, we will create a two-tiered system. Given the striking differences found in several of these studies in the services and supports kinship caregivers--largely single women of color--received from their child welfare agency, this two-tiered system already appears to be in place. Studies which shed light on these differences and point to better alternatives for children and families are the research community's next challenge.

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