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# RACE, KINSHIP CARE AND AFRICAN AMERICAN CHILDREN

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## Introduction

For most of the 20th century, the conception of children required human/social relationships characterized by some degree of intimacy. At the onset of the 21st century, conception has been jump-started by technology. Technology, in the form of in-vitro fertilization, genetic engineering and cloning, has jettisoned the necessary condition of personal social relationships for conception. Children do not have to have parents and families to come into the world.

But irrespective of how children arrive, the human experience still requires that they have parents and families. Most African American children live with one (56%) or both (36%) parents (U.S. Bureau of the Census, 1998; Table 4). One out of every 10, however, who did not live with their biological parents, instead lived with other relatives (U.S. Bureau of the Census, Table 4). Interestingly, most African American children (56%) who did not live with their parents lived with their grandparents (U.S. Bureau of the Census, 1998; Table 4) and about one-third lived with kin other than grandparents (U.S. Bureau of the Census, 1998; Table 4). What have we learned about kinship care? What have we learned about African American children in kinship care? What more do we need to learn about African American children and kinship care?

## Literature Review

### Kinship Care as a Concept

Much of what we know about kinship care is shaped by the varying conceptualizations of social scientists. Hegar and Scannapieco (1995) point out that the term kinship care . . . “(w)as inspired by the work of Stack (1974) who documented the importance of extended kinship networks in the African American community.” A review of the existing literature indicates that kinship care is generally defined as full-time care and nurturing of children by the relatives and family members of the child’s biological parents (United States General Accounting Office, 1999; Berrick, 1997; Burton, 1992; Staples and Johnson, 1993; Dubowitz et al., 1993a; Stack, 1974; Wilson and Chipungu, 1996; Child Welfare League of America, 1990).

Analysis of the literature also suggests that the concept of kinship care exists on a

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continuum varying in the degree of formality of “child-keeping” (Stack, 1974: 63) relationships. Informal kinship arrangements have “*gemeinschaft*” features (Miner, 1969). More specifically, such caregiver arrangements are entered into voluntarily. Furthermore, the arrangements are structured by emotional and affective bonds in a complex web of folk obligations, rights, expectations and sanctions (Stack, 1974). In informal kinship care there is an elasticity of household composition that accompanies shared responsibilities among members of the kin network. “(Furthermore), children may retain ties with their parents and siblings, and at the same time established comparable relationships with other kin members” (Stack, 1974: 63).

In contrast, formalized kinship care has “*gesellschaft*” features. Formalized kinship care is contractual. A web of legal rights and responsibilities are specified by the state structures and contractual arrangements. Indeed, the state becomes a participant observer in the web of family-childkeeping relationships. In formal kinship care, household membership is fixed, rather than elastic. In addition, the state, via financial subsidies and casework services, shares responsibility for children with the kin network. The state determines with whom and where in the kin network the child may have ties. Furthermore, the state specified goal of permanency planning is to limit, rather than expand, the number of relationships that are comparable to the biological parents. For example, Scannapieco (1999), in her systematic review of kinship care studies defines it as out-of-home placement with licensed or approved kin of children in the custody of a public child welfare agency.

Seldom does the existing research on kinship care focus on practices that lie midway on this continuum. Instead, most research lies at the ends of the continuum. Variations in this body of research tend to reflect disciplinary differences. Anthropologists, sociologists of the family, and scholars of Black studies tend to focus on informal kinship care (Stack, 1974; Martin and Martin, 1978; Staples and Johnson, 1993). In contrast, researchers whose applied disciplines (medicine, social work, psychology) have professional roles in the child welfare system, tend to focus on formalized kinship care (Dubowitz et al., 1993; Davidson, 1997; Link, 1996; Iglehart, 1994; Scannapieco et al., 1997).

### **Historical Roots of Kinship Care**

While the emergence of kinship care as a concern of researchers and policymakers is relatively recent, Hegar (1999) points out the early cultural roots of kinship care practices. Hegar (1999) noted that the fostering of children by relatives is among the oldest traditions in child rearing. Moreover, this practice continues in Africa today. For example, at the end of the 1980s in Ghana, Liberia, Western Nigeria, and Botswana estimates of the numbers of children who live away from their parents with others ranged from 20% to 40% (Hegar, 1999).

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Observers have noted that in Africa motivations for kinship fostering range from: care when a family dissolves, attendance at school, instruction in a trade, weaning and insurance to minimize the chance of losing children to epidemics (Hegar, 1999; 20). In the United States during slavery, biological and/or fictive kin cared for children whose parents died, were incapacitated or sold to other slave owners (Everett et al., 1991). Later in the twentieth century, informal African American kin networks fostered children who had been excluded from the formal child welfare system.

## **Findings from Empirical Studies on Formal Kinship Care**

### **Entry to Foster Care**

Formalized kinship care is one form of several different types of foster care. Entry to formal kinship care begins with entry to the foster care system. Archived data from California, Illinois, Michigan, Missouri, New York and Texas show that the overall racial/ethnic composition of the foster care population varies greatly by state. In some states, the differences among ethnic groups are relatively slight, but in others, the differences are much more substantial. For example, in Texas between 1988 and 1994, there were slightly greater percentages of white children than African Americans. But African American children were the clear majority of the foster care population in New York and Illinois. In Missouri white children were the majority (Wulczyn et al., 1997: 18).

### **Exit, Re-Entry & Kinship Care**

Generally, children in kinship care have the smallest re-entry rate (15%) for the 3 types of placement (Wulczyn et al., 1997). When African American children enter the formal child welfare system, they are less likely than whites to be reunited with their families (Barth et al., 1986; Courtney, 1994; Wulczyn et al., 1997). But some data suggest that race as well as type of foster care placement affect how children exit from the foster care system. For example, the 1988-1990 entry cohort archived data from 7 states shows that the percentages of African American children in kinship placements reunited with their families was greater than the percentages of African Americans in non-relative and congregate care placements (62% vs. 53%, 51%; Wulczyn et al., 1997). Furthermore, when African American children enter the system and are placed with non-relatives, they are more likely than Hispanics and whites to exit the system by being discharged to relatives of their biological parents (14% vs. 10%, 7%) (Wulczyn et al., 1997). Thus, findings from empirical studies suggest that networks mobilized for formal kinship care demonstrate the same elasticity found in the mobilization of networks for informal child keeping.

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## Demographic Characteristics of Relative Caregivers

Kinship caregivers tend to be older than non-relative caregivers (Gebel, 1996; Berrick et al., 1994). Many studies report an average age above forty (Gebel, 1996; McLean and Thomas, 1996; Dubowitz et al., 1993). Kinship caregivers are also more likely to be female (McLean and Thomas, 1996; Berrick et al., 1994) and single (i.e., separated, divorced or widowed) rather than married (Scannapieco et al., 1997; Dubowitz et al., 1993a; McLean and Thomas, 1996).

Kinship caregivers tend to have less education than non-relative caregivers (Berrick et al., 1994; Gebel, 1996; Dubowitz et al., 1993). Furthermore, they are likely to have not completed high school (Scannapieco et al., 1997). Given the lower levels of education, the marital status and gender of the “typical” kinship caregiver, it is not surprising that studies report that relative caregivers tend to have lower income levels than non-relative foster caregivers (Gebel, 1996; McAllen & Thomas, 1996). Berrick et al. (1994) report that kinship caregivers are more likely than non-kin foster caregivers to rely on social security, disability, investments and foster care subsidies (Berrick et al., 1994). Perhaps because of the greater economic need of relative caregivers, it is also not surprising that studies report that the majority of kin caregivers are likely to be employed outside the home (Scannapieco et al., 1997; Dubowitz et al., 1993; Gebel, 1996).

## Caregiver Attitudes toward Children

Gebel (1996) found that type of caregiver and not race is a significant predictor of caregiver’s perception of children as “difficult to handle.” Race, however, along with income and education, is a significant predictor of level of empathy to children’s needs (Gebel, 1996). Berrick et al. (1994) found that kinship foster parents tend to have higher expectations for the future for the children in their care. Kinship foster parents reported greater expectations of the child to (1) care for themselves economically, and (2) form close personal relationships (Berrick et al., 1994). Studies have also shown statistically significant differences in attitudes toward physical discipline and empathy toward the child’s needs. Relative caregivers hold more favorable attitudes toward physical discipline. However, statistically significant differences between types of caregivers disappear when the effects of education, income and race are included in a multivariate analysis (Gebel, 1996).

Kinship foster parents were more likely than non-relative foster parents to think that the child in their care would remain in foster care placement until emancipation (58% vs. 38%). Generally, findings on differences between kin and non-kin caregivers toward keeping children are somewhat inconsistent. For example, Berrick et al. (1994) report that kinship caregivers were more likely than non-relative caregivers to indi-

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cate that they expected to keep the child until the age of independence (93% vs. 80%). In contrast, Gebel (1996) found that relative and non-relatives caregivers did not differ significantly in the length of time that they would be willing to care for children or in their willingness to adopt a child placed with them.

### **Services to Kinship Caregivers**

Findings regarding the pattern of effects of race and type of placement on services are somewhat mixed. Several studies have clearly demonstrated that relative caregivers tend to interact with, and receive supervision and services from the agency less frequently than other types of caregivers (Task Force on Permanency Planning for Foster Children, 1990). Gebel (1996) reported that relative caregivers received significantly fewer home visits and phone calls from agency workers than non-kin caregivers. Non-relative foster parents were more likely to receive respite care, training, and support groups than kinship caregivers (Berrick et al., 1994).

The effect of race on receipt of services is not the same for all types of caregivers. African American non-relative foster caregivers tend to receive significantly fewer services than white non-kin foster caregivers. Among white, African American and Hispanic kin caregivers, however, there were no significant differences in services received (Berrick et al., 1994).

Several studies also report that both caregivers and caseworkers are more likely to indicate that caregivers need more social services (Berrick et al., 1994; Dubowitz et al., 1993). Berrick et al. (1994) found that no matter what level of payment the majority of kin providers received, they “. . . used their own money, above and beyond, for children in their care because they could not care for their children with state money alone.” Interestingly, most caregivers appear to be satisfied with their social workers (Berrick et al., 1994).

### **Services to Kinship Care Children**

The differential effects of type of foster care placements are also evident in the services that children receive. Children in kinship care were significantly more likely to receive substance abuse treatment services (Scannapieco et al., 1997). In contrast, children in non-kin foster care placements were more likely to receive significantly more mental health and transportation services (Scannapieco et al., 1997).

### **Characteristics of Children**

Children appear to remain in kinship placements for longer periods of time than in non-relative care placements (Scannapieco et al., 1996; Dubowitz et al., 1993a; Berrick

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et al., 1994). Many studies report that neglect is the primary or most common reason for placement in kinship care (Berrick et al., 1994; Dubowitz et al., 1993). Neglect is often a consequence of drug addiction of the biological parent(s) (Iglehart, 1994; Berrick et al., 1994).

Most studies report no or virtually no gender differences between children placed with relatives and those placed with non-relatives (Berrick et al., 1994; Dubowitz et al., 1993a; Iglehart, 1994). McLean and Thomas (1996) report more males in their profiles of kinship care samples.

Studies report the average age of children in kinship care as ranging from five to eight years (Dubowitz et al., 1993; McLean & Thomas, 1996; Berrick et al., 1994). Several studies suggest that children coming into kinship care are increasingly likely to be younger than children in non-relative foster care (Dubowitz et al., 1993; Wulczyn and Goerge, 1992). Scannapieco et al. (1997) however, report that children in non-kin foster care were twice as likely to be younger (i.e., under the age of four).

Studies indicate that in the general population about 13% of children 3 to 17 years old have emotional and behavioral problems (Dubowitz et al., 1993b). Such problems appear to be somewhat more prevalent in children in foster care. Berrick et al. (1994) report that at almost every age, children in relative and non-relative care scored higher than children not in foster care on a standardized measure of clinical problems. However, children in kinship care tended to have fewer problems and somewhat lower mean scores on clinical measures than children in non-relative foster care. These differences were statistically significant (Berrick et al., 1994). Dubowitz reports that African American children in kinship care have a statistically significant tendency to experience clinically abnormal behaviors than white children in relative placements (Dubowitz et al., 1993b).

Many studies of kinship care report that children in these placements are typically African American (Berrick et al., 1997; Burton, 1992; Davidson, 1997; Dubowitz et al., 1993; Gebel, 1996; Scannapieco et al., 1997; Link, 1996; McLean and Thomas, 1996; Iglehart, 1994). Berrick et al.'s (1997) study is one of the few that reports ethnic/racial differences between kinship and non-relative foster parents. African American kin providers are more likely than Hispanics, but less likely than whites to have completed high school (Berrick et al., 1997).

Generally, children in kinship care, as well as those in non-relative foster care, tend to have good or excellent health. Five out of every ten African American children placed with kin were born prenatally exposed to drugs (Berrick et al., 1994). Interestingly, African American kin caregivers were also more likely than white and Hispanic caregivers to arrange visitation for biological parents (Berrick et al., 1994).

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## Race and Kinship Care Studies

To some extent the profile of African American kin caregivers and children that has been presented thus far is relatively sparse and lacks depth because very few studies include race as a variable in their analyses (Iglehart, 1994; Berrick et al., 1997; Burton, 1992; Dubowitz et al., 1993a,b; Gebel, 1996; Scannapieco et al., 1997; McLean and Thomas, 1996). Some studies fail to even mention the racial composition of their sample (Altschuler, 1998).

Generally, studies that include race in their analyses fall into one of several categories. Some studies use race as a variable only in order to describe the composition of the sample (Johnson et al., 1995; Link, 1996; McLean and Thomas, 1996). In some of these studies the majority of the respondents are African American (Dubowitz et al., 1993a; Johnson et al., 1995; McLean and Thomas, 1996). For example, an overwhelming majority (93%) of respondents in McLean and Thomas' study (1996) of informal and formal kinship care populations were African American.

Given the monotonic distribution of race in such studies, it is understandable why the investigators would not examine the direct effects of race in their descriptive statistical analyses. What is troubling is the absence of consideration of how race impacts on the macro structural context of social services, public policies and individual functioning. For example, Dubowitz et al. (1993a) reported on a sample that was 90% African American. Unfortunately, the investigators did not even mention race as a context for interpreting the pattern of findings on contacts with caseworkers.

A second group of studies includes race as a variable in their statistical analyses. Some of these studies include race as a demographic variable in a linear model fitted to their sample data. Generally, even if there is no discussion in the study's narratives, such studies will present in regression tables, the direct effects of race on study outcomes (Scannapieco et al., 1997; Dubowitz et al., 1993a).

In this context the most troublesome aspect of such studies (Scannapieco et al., 1997; Dubowitz et al., 1993b) is the absence of any discussion of the effects of race on psychometric properties of instruments and procedures used to generate study findings. For example, Dubowitz et al. (1993b) report on the greater tendency of African American children in kinship care to exhibit clinically abnormal behaviors. Unfortunately the study fails to provide information on the reliability and validity of its measures for African Americans and low income groups. An exception to neglect race methodologically is Berrick et al.'s (1994) study of kinship care.

This review of the literature suggests several things that we need to learn about kinship care and African Americans. First, as scholars move beyond purely descriptive

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studies, they may need to examine intragroup variation along with black-white contrasts. Failure to treat race/ethnicity as a predictor variable serves as an obstacle to understanding cultural variations in family functioning and family life cycle development. Furthermore, this neglect has resulted in a lack of depth of knowledge of intragroup variation.

In small-scale studies in which the sample consists almost entirely of African Americans, scholars should examine intragroup variations by including factors that reflect stratification and heterogeneity in the African American foster care population. Second, scholarly work demands greater attention to the specification of validity and reliability of measures used to generate study findings. Scholarly attention to these issues will give policymakers better data for the customization of programs and service delivery systems.

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