



# ISSUE BRIEF

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## The Psychosocial Well-Being of Substance-Affected Children in Relative Care

Kinship, or relative, care has become an increasingly popular option for placement of children who are unable to remain in the care of their biological parents. In fact, approximately 6 million children in the U.S. currently live in households headed by a grandparent or another relative.<sup>1</sup> Many of these children come into the care of their relatives because of parental substance abuse.<sup>2</sup> Children in kinship care, particularly those affected by parental substance abuse, face a number of factors influencing their social, psychological, and emotional well-being. However, they also have a number of strengths, especially the support of their relative caregivers, that can help them to cope with these challenges.

This issue brief presents what is known about the overall well-being of these children. Specifically, it addresses how relative care arrangements can either promote positive mental health and protect children from adverse outcomes, or conversely present additional stressors that could compromise the mental health of children. Factors that potentially influence

these effects are identified. In addition, a number of interventions to improve the psychosocial well-being of substance-affected children in kinship care are highlighted.\*

### CIRCUMSTANCES AND CHARACTERISTICS OF CHILDREN IN KINSHIP CARE

Several types of kinship care arrangements exist: kinship foster care, legal guardianship/adoption, and informal kinship care. Children placed into kinship foster care are under the supervision of a child welfare agency. The relative that cares for the child is a licensed foster parent, and can receive the same oversight and compensation as a foster parent caring for non-kin children. However, relative caregivers have increasingly opted to become legal guardians or adopt children in their care. In this way, the relatives are officially recognized as caregivers of the children, while maintaining the children outside of the child welfare system. Many more children, however, are placed in

\* To address this issue, the National Abandoned Infant Assistance Resource Center hosted a national conference, *Raising Kin: The Psychological Well-Being of Substance-Affected Children in Relative Care*, in September 2004. The focus of this conference was the unique psychosocial issues affecting children residing in kinship care due to parental substance abuse and promising interventions launched around the country. For more about this conference, visit the Center's conference archive: [http://aia.berkeley.edu/training/2004\\_conference/2004\\_conference.html](http://aia.berkeley.edu/training/2004_conference/2004_conference.html).



**National Abandoned Infants Assistance Resource Center**

University of California, Berkeley

A Service of the Children's Bureau

PHONE: 510-643-8390 WEB: <http://aia.berkeley.edu>

the home of a relative informally.<sup>3</sup> In this case, the relative caregiver takes on primary care for the child without obtaining legal recognition of their caregiving role or oversight from child welfare. In this issue brief, unless stated otherwise, the term kinship care will be used to refer to all three types of relative care. However, as a caveat, it is important to be aware that most of the current research about children in kinship care is primarily derived from the populations of children residing in kinship foster care or the legal guardianship of their relatives, rather than children in informal kinship care.

Children in kinship care often have had lives beset with problems, misfortune, and sometimes harm. Many of these children have been exposed to substances in utero and/or lived with a substance-using parent who may have been unable to adequately care and provide for them. Many of them also have histories of abuse or neglect.<sup>4</sup> In addition to the trauma of maltreatment, children in kinship care carry with them the trauma of separation from their parents. Children in relative care are also younger and more likely to be African American compared to children in traditional foster care.<sup>5</sup>

Individual characteristics of children placed in kinship arrangements must not be overlooked in discussing their well-being and adjustment to relative caregiver placements. Factors including resilience, coping, and the child's temperament may influence the child's experience of out-of-home care with a relative. Different children may experience the same kinship placement in different ways, and the makeup of the individual child may therefore impact subsequent psychosocial outcomes.

The caregiving environment also contributes to the child's overall well-being. The environment encompasses both the physical space in which the child resides, as well as the characteristics of the caregiver. Factors such as caregiver involvement, the level of stress in the home, and the lack of monetary and other material resources may influence the quality of the home setting for the child.

## PROTECTIVE FACTORS OF KINSHIP CARE

Close investigation suggests that certain elements of kinship care may serve as protective factors for children's well-being, while others represent risk factors. Kinship care is often hailed as a culturally appropriate, family-centered model of care for children who are unable to remain with their birth parents. Relative care embraces the extended family network as care providers, a framework that is consistent with African American, Latino, American Indian, and other cultures.<sup>6</sup> Remaining with family members preserves the cohesion of the family and may protect the child against the stigma of living without a birth parent and with a non-related foster caregiver.<sup>7</sup>

Kinship arrangements also typically enable the child to stay within his or her community of origin, thereby buffering against possible negative effects of moving outside the child's familiar neighborhood.<sup>8</sup> Children may therefore experience smoother adjustments to the change in care arrangement. Moreover, children are usually already familiar with the relative before placement, which enables a less disruptive transition in the event that parents are unable to care for them. Importantly, relative caregiver arrangements usually allow siblings to stay intact and relocate together to the same placement. All these things taken together lessen the trauma of separating the child from his or her biological parents.

Relative caregiver placements are also usually more stable for children. Children who are placed with kin are less likely to change placements compared to children in foster care.<sup>9</sup> Stability is important for children of all ages. For very young children, remaining with the same caregiver allows for development of healthy attachment relationships.<sup>10</sup> Given that attachments during infancy and early childhood have important implications for future relationships, promoting secure attachments whenever possible is critical. Older children benefit from the stable nature of kin homes by



being protected from multiple changes in school placements, which can also disrupt academic performance.<sup>11</sup> Having a stable home is important in developing the child's sense of belonging and feeling significant and worthy.

Children in kinship care also report satisfaction with their placements and high levels of relatedness with their caregiver.<sup>12</sup> As a result, children in relative placements are not as likely to run away from or try to leave their homes compared to foster children, who may not be as satisfied with their care arrangement.

Kinship care placements may also protect children from disruptive behaviors, which may be indicative of better overall mental health functioning. Children in kin arrangements have been found to have less withdrawn behaviors and fewer thought and attention problems than children residing with foster parents.<sup>13</sup> They have been found to be less likely to be suspended or expelled from school compared to children in traditional foster care arrangements. Placement with relatives may, therefore, assist children with coping with their emotions, especially negative feelings that may be difficult to manage.

The ability for children to discuss their thoughts and feelings with an adult is relevant to their emotional well-being, and children in kinship care have been found to be likely to talk with their caregivers about personal issues, including dating and school activities.<sup>14</sup> As such, this is representative of feelings of relatedness and trust with an adult, which is supported by children's reports of feeling loved and cared for by their relative caregivers. Having an emotional outlet is important for children, particularly as they age into adolescence, where pressure from peers and the potential for engagement in high-risk behaviors are salient characteristics of this developmental stage.

## HARDSHIPS ASSOCIATED WITH KINSHIP CARE

While kinship care may safeguard children from potentially ill effects regarding their development and mental health, it is not an ideal arrangement for children universally. Poor outcomes for children in kinship care may not necessarily be the result of placement with a relative, but may be the sum contribution of a number of adverse factors often associated with kinship placements. Regardless, children in kinship care are often faced with hardships that affect their overall well-being.

Of particular concern is that most kinship caregivers are impoverished. The effects of poverty are difficult to tease out, as outcomes may be due to living in underprivileged environments rather than specifically living with a relative caregiver. The truth, however, is that kinship caregivers are more likely to be poor compared to traditional foster parents.<sup>15</sup> Living in poverty means not only having minimal material goods, but can also entail exposure to neighborhood crime and violence, as well as disadvantaged school systems.

In addition to the hardships of poverty, kinship arrangements are typically headed by older caregivers, or grandparents.<sup>16</sup> As a result, children reside in residences where the caregiver may have compromised physical health and may be less able than a younger caregiver to remain involved with the children's activities. Children may therefore be burdened by the weight of concern for the health and well-being of their caregivers. Understanding the caregiver's limitations may be overwhelming for a child, and such feelings may lead to anxiety over the loss of the caregiver and, potentially, being moved to another relative or placed into foster care.<sup>17</sup>

Kinship caregivers may also often have poor mental health themselves. Compared to parents and non-relative caregivers, kinship caregivers have higher levels of depression, anxiety, and distress.<sup>18</sup> Caregivers are often overwhelmed by the responsibility of caring for the child, and their own emotional needs may impede their ability to remain present for

the emotionally needy child. Despite their significant need, relative caregivers are unlikely to receive help or treatment.<sup>19</sup>

Substance use in kin caregivers is an added concern that may have serious implications for the well-being of the children in their care. Caregivers' own abuse of substances is often underreported but can be as significant and problematic to a child as drug use by the parents. Children who were removed from the care of their own substance-using parents may find their relative caregivers' substance use confusing and frightening. Substance-affected children in kinship care are already at risk for developing their own drug and alcohol problems and have a particular need for role models to help them develop constructive coping techniques and healthy behaviors. Caregiver substance use may threaten the development of positive mental health and place the children in their care at even greater risk for future substance abuse problems.<sup>20</sup>

Children in kinship care are also less likely to receive needed mental health services. In fact, kinship caregivers are less connected to outside resources than traditional foster care or biological parents, and may be unaware of services that are available.<sup>21</sup> Unaddressed mental health concerns are problematic for children, and the manifestations of these issues may become more pronounced as the child ages. In addition to mental health needs that are not adequately addressed in relative care, social and educational needs of these children may also be compromised.<sup>22</sup> Supportive services may bolster positive outcomes for children in kinship care; however, the underutilization of such supports may place the child at greater risk, particularly when pressing needs are not adequately addressed.

Living in relative care enables children to have more frequent and regular contact with their biological parents.<sup>23</sup> Children are therefore less isolated from their parents, typically the mother, and the kinship placement facilitates the maintenance of the ongoing relationship between child and parent. However, increased contact with relatives and parents does not always positively impact children's

mental health. Visitations with birth parents are typically arranged by the relative caregiver, and even though this facilitates contact, it may also place the child at risk of potential harm and danger. Kin caregivers have been found to have difficulties setting limits and establishing boundaries around child-parent visits, and children may be exposed to continued harm.<sup>24</sup> Difficulties in boundary setting may, in fact, lead to disruptions in the child's placement, as well as potential negative reactions to the visitation. The changes in family roles are significant to consider, as shared and co-parenting approaches by the relative and the birth parent can facilitate or hinder the development of positive mental health outcomes for the child.

### **INTERVENTIONS TO ADDRESS THE NEEDS OF CHILDREN IN KINSHIP CARE**

The numerous needs of children residing with relatives are documented and apparent. Programs targeting children in kinship care, however, are sparse compared to the expanse of services and projects geared toward relative caregivers. While few would dispute that the needs of caregivers must also be adequately addressed, the experiences of the children deserve equal, if not greater, attention. Ideally, services for children in kinship care would be determined through an assessment of individual child characteristics, environmental stressors, and caregiver skills as a way of targeting points of intervention.

#### **Federal AIA Projects—Past and Present**

Under the Abandoned Infants Assistance Act (AIA), the U.S. Department of Health and Human Services, Children's Bureau funds projects to provide services to families affected by substance abuse and/or HIV. Currently, there are four AIA funded projects that specifically address the needs of kinship caregivers and the children in their care. Two of these projects have incorporated work with youth, in

addition to supportive services for kin caregivers, in their service delivery model. Family Heritage, in St. Petersburg, FL, offers art therapy to children in kinship care whose caregivers are also receiving support services. The aim of this intervention is to build resiliency in the children and to strengthen the family unit. Counselors at Family Heritage carry small caseloads of six to eight families, allowing for intensive work aimed towards crisis resolution and family stabilization to assure the safety and well-being of the children.

Family Links-Kin Care, in Atlanta, GA, emphasizes the developmental and medical needs of infants in relative care, in addition to providing psychosocial support to caregivers. This project addresses the developmental and medical needs of infants through ongoing in-depth assessment, caregiver education, and referral. The developmental status of the children is monitored through use of the Ages and Stages Questionnaires and the Denver II Developmental Assessment. Family Links-Kin Care provides comprehensive services through home visitation, community outreach, education, and interagency collaboration from birth until the child's third birthday.

A conference sponsored by the National AIA Resource Center in 2004 highlighted additional noteworthy programs across the U.S. that are working to fill the service gap for children exposed to substance abuse and being raised by relatives. One such program, the Youth Leadership Program, operated by Project Healthy Grandparents at Georgia State University (which received AIA funding from FY 2002 – 2005), provides abstinence education and peer leadership skills to youth ages 12-16 years old who are being raised by grandparents. The project works with adolescents who have histories of abuse, neglect, or abandonment and provides services to effectively empower the participants to make healthy life choices. Leadership development, a key feature of this program, is designed to promote positive character development, reduce the risk of violent behaviors, prevent early initiation of sexual activity, and prevent substance abuse.

This project highlights the importance of substance abuse prevention work with children in kinship care. Children from substance-affected families may be at increased risk for developing substance use issues themselves due to genetic vulnerability, as well as environmental exposure.<sup>25</sup> As such, interventions to prevent potential substance abuse problems in children being raised by relatives are important to increase and promote protective factors in these vulnerable children.

The Saturday Youth Academy (SYA), a past intervention provided by Project Healthy Grandparents, was developed to specifically target younger children. This program provided children living with grandparents a support system, resources, and cultural activities. The objectives of this project were to: provide a setting where children in kinship care can be supported and feel safe, in addition to freely expressing their feelings and emotions; assist the children in recognizing their strengths and use them when encountering challenges in their homes, schools, and communities; and provide activities and a social network for children in order to reduce feelings of isolation and enable children to interact with other children being raised by their grandparents. To reduce logistical barriers to attendance, SYA also provided transportation for children. Project Healthy Grandparents is hoping to locate additional funding to revive this program.

### **School-based Interventions**

Schools may also serve as a portal through which services can be delivered to kinship children. As caregivers are often unaware of or unlikely to utilize community resources, school-based services may successfully reach children in relative care. Service delivery in the school system provides children with knowledge and skills, uses a developmental and educational model, and may also be a less stigmatized model of service delivery.

The Kinship Care Connection, in Tampa, FL, (KCC) is a comprehensive school-based



intervention that connects children, caregivers, and the school, and addresses the academic and psychosocial needs of children and youth in kinship care affected by parental drug use. The aim of KCC is to improve the self-esteem of children in relative care. Mentoring and tutoring interventions are used to work on problem-solving skills, goal setting, character building, and social skills. Children are also provided with academic support through classroom assignments and supplemental curriculum materials. Support groups and individual counseling are also available for children and are intended to improve peer relationships, self-esteem, and behaviors.<sup>26</sup>

Finally, the Grandma's Kids program in Philadelphia provides school-based support for children, ages 7-12 years old, living in relative care and attending one of four designated elementary schools in the Philadelphia School District. Designed to improve school performance, deter children from violence, and prevent drug abuse, this after-school program provides a range of services to both children and caregivers. The after-school program includes academic support through tutoring and homework help, in addition to life skills training to build coping skills through conflict resolution, communication, and anger management. Children also participate in cultural and recreational activities provided by community resource personnel such as art, storytelling, rap, and dance. Furthermore, the program includes weekly small group counseling for 5 to 7 students to enable the children to discuss their concerns and issues.<sup>27</sup>

## FINAL THOUGHTS

Kinship care arrangements for children demonstrate great potential, as well as areas of concern, that require advocacy and improvement. While the benefits of relative placement are encouraging, issues such as children's ongoing relationships with biological parents and challenges faced by kin caregivers must be adequately addressed.

Most of what is known about children in kinship care is based on small sample sizes and states with large kinship populations, such as California and Illinois, and focuses on children in kinship foster care or the legal guardianship of their relatives. To obtain a comprehensive picture of the kinship care experience, the largest proportion of children—those living in informal kinship care arrangements—must also be examined.<sup>28, 29</sup> In addition, most research on kinship care frequently does not specifically state that the children studied are substance-affected, despite the fact that children of substance users comprise the majority of children in kinship care. Finally, few studies have followed children raised in kinship care to adulthood.

Understanding the long-term benefits of continuity provided by kinship caregivers, the potential disadvantages of environmental hardship associated with relative care, and the confluence of other factors that influence psychosocial adjustment, requires continued attention and investigation. Furthermore, in this realm of children's psychosocial well-being, the importance of balancing quantitative research with qualitative explorations of the experience of kinship care for children and families must be highlighted. The importance of talking with youth to learn about their feelings and experiences in kinship care cannot be overstated. The voices of children in kinship care must not be lost, as they provide the clearest portrait of their lives and overall well-being.

## ENDNOTES

- 1 U.S. Census Bureau. (2000). *Table P28: Relationship by household type for the population under 18 years*. Retrieved July 12, 2006, from [http://factfinder.census.gov/servlet/DTable?\\_bm=y&-geo\\_id=01000US&-ds\\_name=DEC\\_2000\\_SF1\\_U&-\\_lang=en&-mt\\_name=DEC\\_2000\\_SF1\\_U\\_P028&-format=&-CONTEXT=dt](http://factfinder.census.gov/servlet/DTable?_bm=y&-geo_id=01000US&-ds_name=DEC_2000_SF1_U&-_lang=en&-mt_name=DEC_2000_SF1_U_P028&-format=&-CONTEXT=dt)
- 2 Jones, E. (2003). *The kinship report: Assessing the needs of relative caregivers and the children in their care*. Seattle, WA: Casey Family Programs.
- 3 Ehrle, J., & Geen, R. (2002). Kin and non-kin foster care: Findings from a national survey. *Children and Youth Services Review, 24*(1-2), 15-35.
- 4 Timmer, S. G., Sedlar, G., & Uргуiza, A. J. (2004). Challenging children in kin versus non-kin foster care: Perceived costs and benefits to caregivers. *Child Maltreatment, 9*(3), 251-262.
- 5 Harden, A.W., Clark, R.L., & Maguire, K. (1997). *Formal and informal kinship care: Executive summary*. Office of the Assistant Secretary for Planning and Evaluation, United States Department of Health and Human Services. Washington DC: DHHS.
- 6 Brown, S., Cohon, D., & Wheeler, R. (2002). African American extended families and kinship care: How relevant is the foster care model to kinship care. *Children and Youth Services Review, 24*(1/2), 53-77.
- 7 Messing, J. (2005). *From the child's perspective: A qualitative analysis of kinship care placements*. National Abandoned Infants Assistance Resource Center, University of California at Berkeley.
- 8 Grant, R. (2000). The special needs of children in kinship care. *Journal of Gerontological Social Work, 33*(3), 17-33.
- 9 Chamberlain, P., Price, J. M., Reid, J. B., Landsverk, J., Fisher, P. A., & Stoolmiller, M. (2006). Who disrupts from placement in foster and kinship care? *Child Abuse and Neglect, 30*(4), 409-424.
- 10 Vig, S., Chinitz, S., & Shulman, L. (2005). Young children in foster care: Multiple vulnerabilities and complex service needs. *Infants and Young Children, 18*(2), 147-160.
- 11 Altshuler, S. J. (1999). Children in kinship foster care speak out: "We think we're doing fine." *Child and Adolescent Social Work Journal, 16*(3), 215-235.
- 12 Chapman, M. V., Wall, A., & Barth, R. P. (2004). Children's voices: The perceptions of children in foster care. *American Journal of Orthopsychiatry, 74*(3), 293-304.
- 13 Keller, T. E., Wetherbee, K., Le Prohn, N. S., Payne, V., Sim, K., & Lamont, E. R. (2001). Competencies and problem behaviors of children in family foster care: Variations by kinship placement status and race. *Children and Youth Services Review, 23*(12), 915-940.
- 14 Chapman, M. V., Wall, A., & Barth, R. P. (2004). Children's voices: The perceptions of children in foster care. *American Journal of Orthopsychiatry, 74*(3), 293-304.
- 15 Main, R., Macomber, J. E., & Geen, R. (2006). *Trends in service receipt: Children in kinship care gaining ground*. Washington DC: The Urban Institute.
- 16 Ehrle, J., & Geen, R. (2002). Kin and non-kin foster care: Findings from a national survey. *Children and Youth Services Review, 24*(1-2), 15-35.
- 17 Messing, J. (2005). *From the child's perspective: A qualitative analysis of kinship care placements*. National Abandoned Infants Assistance Resource Center, University of California at Berkeley.
- 18 Billing, A., Ehrle, J., & Kortenkamp, K. (2002). Children cared for by relatives: What do we know about their well-being? Washington, DC: The Urban Institute.
- 19 Terling-Watt, T. (2001). Permanency in kinship care: An exploration of disruption rates and factors associated with placement disruption. *Children and Youth Services Review, 23*(2), 111-126.
- 20 Sumner-Mayer, K., & Langosch, D. (2004). *Let's not keep it secret: Caregivers' own problematic use of substances and effects on the children* [Conference Abstract]. Retrieved August 31, 2006, from [http://aia.berkeley.edu/training/2004\\_conference/agenda\\_2004.html](http://aia.berkeley.edu/training/2004_conference/agenda_2004.html)
- 21 James, S., Landsverk, J., Slymen, D. J., & Leslie, L. K. (2004). Predictors of outpatient mental health service use: The role of foster care placement change. *Mental Health Services Research, 6*(3), 127-141.

- 22 Strozier, A., McGrew, L., Krisman, K., & Smith, A. (2005). Kinship care connection: A school-based intervention for kinship caregivers and the children in their care. *Children and Youth Services Review, 27*(9), 1011-1029.
- 23 Messing, J. (2005). *From the child's perspective: A qualitative analysis of kinship care placements*. National Abandoned Infants Assistance Resource Center, University of California at Berkeley.
- 24 Terling-Watt, T. (2001). Permanency in kinship care: An exploration of disruption rates and factors associated with placement disruption. *Children and Youth Services Review, 23*(2), 111-126.
- 25 Conger, B. (2005, Spring). Young children of substance users: The case for alcohol and other drug education. *The Source, 14*(1), 1-5.
- 26 Strozier, A., McGrew, L., Krisman, K., & Smith, A. (2005). Kinship care connection: A school-based intervention for kinship caregivers and the children in their care. *Children and Youth Services Review, 27*(9), 1011-1029.
- 27 Temple University Center for Intergenerational Learning. (2006). *Grandma's kids: A kinship family support program*. Retrieved August 10, 2006, from <http://gkids.templecil.org>.
- 28 Carpenter, S., & Clyman, R. B. (2004). The long-term emotional and physical wellbeing of women who have lived in kinship care. *Children and Youth Services Review, 26*(7), 673-686.
- 29 Cuddeback, G. S. (2004). Kinship family foster care: A methodological and substantive synthesis of research. *Children and Youth Services Review, 26*, 623-639.