

FROM THE CHILD'S PERSPECTIVE:

A QUALITATIVE ANALYSIS OF KINSHIP CARE PLACEMENTS



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Preface

Kinship care is not a new phenomenon; family, and even friends, caring for children who cannot remain in the home of their biological parents has long been a community strategy. More recently, the child welfare system has turned to kin as a valuable resource for children in need of out-of-home placements. However, research in the area of kinship does not match this utilization. Very few studies have addressed the needs of children in kinship care, or gathered in-depth information about their experiences.

For this reason, this study was designed to provide a qualitative analysis of children in kinship care. An attempt was made to record the knowledge, feelings, and understandings of youth to create a description of their experience. Eight focus groups were conducted (n = 40), and the topics of discussion centered on the child's perception of transitional issues, family relationships, the stigma of being in care, and the stability of their placement. This report summarizes this research, and it is hoped that the child- and family-centered focus of this study will be useful in informing policy and practice in the area of kinship care.

Background Information

Definition and Incidence

Kinship care is a living arrangement in which a relative or another person who is emotionally close to a child takes on primary responsibility for raising that child (Leos-Urbel, Bess, & Geen, 1999). According to the 2000 U.S. Census, nationally, there are 4.5 million children under the age of 18 living in grandparent-maintained households, and another 1.5 million children under 18 living in other relative-maintained households (CWLA, 2003; U.S. Census Bureau, 2002). Of these grandparent-maintained households, 2.4 million report that they are solely responsible for their grandchildren (CWLA, 2003). Several types of kinship care arrangements exist: formal, informal, and legal guardianship/adoption.

Children placed into formal kinship care are under the supervision of a child welfare agency. The relative who cares for the child in formal care is a licensed foster parent, and can receive the same oversight and compensation as a foster parent caring for non-kin children. Some states' foster care systems utilize kin much more heavily than others and, therefore, an estimate of the number of children placed in the care of relatives varies by locale. Based on a sample of 25 states, approximately 20 percent of children entering foster care in 1997 were placed in the homes of relatives (U.S. DHHS, 2001d). The National Survey of Child and Adolescent Well-Being (NSCAW) found that, of children who had been in foster care for one year (excluding those who were returned home before data could be gathered), 32% were placed in kinship care (NSCAW, 2003). However, in some states, such as California, New York, and Illinois, the proportion of children placed with kin has been reported to be markedly high; various estimates approach or exceed 50 percent (Geen & Berrick, 2002; Meyer & Link, 1990; U.S. GAO, 1999). The numbers in California, at least, have been decreasing over the past several years: while, in

1998, 45.3% of children entering the foster care system were placed with relatives, by 2003 this number had dropped to 33.7% (Needell et al., 2003).

Many more children are placed in the home of a relative informally. In this case, the relative takes on primary care for the child outside of the auspices of the child welfare system (Harden, Clark, & Maguire, 1997). A distinction has further been made between two types: "private" and "voluntary." Voluntary kinship care placements exist when there is initial involvement with a child welfare agency, but the child is placed in the care of a relative outside of the auspices of the child welfare system (Geen, 2003). When an arrangement is made between parties without any involvement of the child welfare system, this has been termed private kinship care (Geen, 2003). According to the National Survey of American Families (NSAF), the number of voluntary kinship care placements is approximately one and a half times greater than the number of formalized kin care placements (Ehrle & Geen, 2002; Ehrle, Geen, & Clark, 2001). In addition, children who have come to the attention of the child welfare system and are placed in the home of a relative (whether in kinship foster care or in voluntary kinship care) make up only 28% of all children living with a relative; the remaining 72% are in private kinship care (Ehrle, Geen, & Clark, 2001). Thus, most children who reside in the home of a relative have not come to the attention of child welfare agencies. They are also not eligible for the same monetary compensation and services that formal kinship caregivers receive.

An increasingly popular option for kinship care families is legal guardianship (Testa, 2001). In the context of kinship care, legal guardianship occurs when a relative is appointed by the court to take on the legal rights, responsibilities, and decision-making power of a parent (i.e. enrollment in school, medical decision-making) in regards to a minor child

(Find Law, 2005). It has often been reported that kinship caregivers are reluctant to adopt the children in their care because of the confusion that it might cause for the child, the conflict that might arise with the child's biological parent(s), and a feeling that existing blood ties make legal bonds unnecessary (Berrick, Barth, & Needell, 1994; Chipman, Wells, Johnson, 2002; Thornton, 1991). While the same reasoning can be applied in the guardianship process, guardianship, unlike adoption, does not sever the legal bonds between parent and child (Find Law, 2005). Further, new federal and state policies seem to make obtaining legal guardianship a more viable option for kinship caregivers (Testa, 2001). Monetary compensation or subsidized guardianship for caregivers obtaining guardianship, legal services available to assist kin in completing necessary paperwork, and agency support systems where kin can see others who have obtained guardianship have promoted this option among kin caregivers. As a result, the number of caregivers obtaining legal guardianship has been increasing (Testa, 2001).

Demographic and Psychosocial Characteristics

Children

Significant differences have been found among the children placed in kin care and those placed in traditional fostering arrangements (Dubowitz et al., 1994; Grogan-Kaylor, 2000; Iglehart, 1994). Based on the Current Populations Survey, African American children are more than four times as likely to be in kin care settings as white children (Harden, Clark & Maguire, 1997). This may be explained by the long tradition of extended family networks within the African American community (Chatters, Taylor, & Jayakody, 1994). Indeed, an important function of kin within this community is to protect children from family instability and the loss of parents (Brown, Cohon, & Wheeler, 2002). Some have suggested that, though extended kinship networks have been generally attributed to African American families,

modernization is currently making extended family more important among all racial and cultural groups (Bengston, 2001).

Other factors also seem to be at work. For instance, a random sample of 21,560 children entering care in California between 1989 and 1996 found that children removed from their biological parent(s) due to neglect, and children from mother-only households were more likely to be placed with kin; while infants, children with health problems, and those whose families had been receiving Aid to Families with Dependent Children (AFDC) were less likely to be placed with kin (Grogan-Kaylor, 2000). The tradition of flexibility and fluidity in familial relationships, thus, may not be the deciding factor in the placement of a child.

The children in the care of relatives face a number of challenges. However, the data identifying the level and type of these difficulties are often conflicting or inconclusive. Chipman, Wells, and Johnson (2002) report that, "when compared to normative samples, children in kinship care... have significantly more problems than children in the general population." For example, while eight percent of the general child population faces three or more socioeconomic risks concurrently (such as poverty or a caregiver with less than a high school degree), over twenty percent of children in kinship care can be placed in this category (Ehrle, Geen, & Clark, 2001). On the other hand, when compared to children living in the home of their biological parent(s) in impoverished settings, it seems that children in family foster care and kinship care are not only similar to one another, but are not significantly different than children with intact biological families residing in poverty (Dubowitz et al., 1994).

Children in kinship care and children in foster care have been found to have similar levels of developmental delay, academic achievement, behavioral difficulties, and physical health problems (Dubowitz et al., 1994; Leslie et al., 2002). However, mental health problems and delinquent behaviors have been found to be lower among children in kinship care, and children residing in the care of relatives have been shown to have higher developmental scores and functioning levels than children in family foster care or group homes (Inglehart, 1994; NSCAW, 2003).

Caregivers

A brief look at the characteristics of kinship caregivers helps to explain the risks that these children face. As Ehrle and Geen (2002) note, “research has consistently shown that relative caregivers are more likely to be single, poorer, older, and have less formal education than non-kin foster parents.” A survey of 246 kin care providers and 354 non-relative foster care providers in California found that kin tend to be significantly older, more often single, employed outside of the home, have less formal education, more health problems and less income than traditional foster parents (Berrick, Barth, & Needell, 1994). However, while the NSCAW found that kinship foster parents are significantly older than non-kin foster parents, it did not find significant differences in marital status, employment type, educational attainment, physical/mental health, or income (NSCAW, 2003).

There were significant differences between health factors depending on age; with caregivers 60 and older reporting significantly better mental health than their younger counterparts and younger caregivers reporting significantly better physical health (NSCAW, 2003). Nearly two-thirds of relative caregivers across the country are grandparents (Harden, Clark, & Maguire, 1997), which may help to

explain the differences in age and the high rate of health problems among kinship caregivers.

While the NSCAW (2003) did not find significant differences in income among kin and non-kin foster parents, the authors did note that kinship foster caregivers had lower incomes than non-relative foster caregivers. Further, in a sample of 1,095 kin care providers taken from the NSAF, it was found that 41 percent of kin caregivers lived below the federal poverty level and 36 percent had less than a high school degree (Ehrle, Geen, & Clark, 2001). Perhaps even more salient, relative caregivers have an income that is less than two-thirds the income of non-relative caregivers (Brooks & Barth, 1998).

Some studies have found that caring for grandchildren, especially in light of the demographic characteristics of many kin caregivers as described above, is a source of stress. Kelley et al. (2000) also found that the mental health of relatives is often adversely affected by assuming full-time caregiving responsibility for their kin. Added to this, the introduction of kin into care may occur suddenly, as in the case of incarceration of the mother or removal by Child Protective Services, and kin caregivers are often less prepared than non-relative foster parents to take on caretaking responsibilities (Kelley, Whitley, Sipe, & Yorker, 2000). In a self-selected sample of 102 grandmothers and great-grandmothers caring for kin, 28.4 percent reported a psychological distress score in the clinical range as measured by the Brief Symptom Inventory (BSI) (Kelley et al., 2000), a test which has shown internal consistency and test-retest reliability (Derogatis, 1993). Grandparent caregivers have also rated themselves 1.69 times more psychologically distressed than the normative non-psychiatric female (Kelley et al., 2000). However, several circumstantial factors appear to be at play: 41 percent of the psychological distress felt by grandparent caregivers can be accounted for by a

self-reported lack of resources, social support and good physical health (Kelley et al., 2000).

Substance Abuse

Kinship care and parental substance abuse are closely intertwined. According to recent research, the primary reason for a child's separation from a parent and placement with a relative is substance abuse by a biological parent (Weinstein & Takas, 2001). In particular, maternal substance use and abuse is a recurring theme for the caregivers of children in kinship care, who often identify drugs as the catalyst for the problems in the mother's life (Cohon, Hines, Cooper, Packman, & Siggins, 2000). Various studies have also reported substance abuse as a current concern for between 25 and 80 percent of mothers whose children have been placed in kinship foster care (Benedict, Zuravin, & Stallings, 1996; Gleeson, O'Donnell, & Bonecutter, 1997).

State and Federal Policy

Despite the heavy reliance on family members as substitute caregivers, and the tangible needs of this population, state and federal policy governing the role of kin in the foster system have been slow to materialize. While much of the growth in kin care occurred in the late 1980's and early 1990's (Barth, Courtney, Berrick, & Albert, 1994; Boots & Geen, 1999, Needell et al., 2001), it was not until the 1997 Adoption and Safe Families Act (ASFA) that the federal government recognized kin care as a unique type of foster care placement (Geen & Berrick, 2002). Before this time, states developed their own policies about kinship care, with no direction by the federal government. This resulted in differing definitions of kin, large disparities in monetary compensation, and a broad array of licensure requirements, which created inconsistency across states and confusion as to the role of kinship care within the foster care system (Boots & Geen, 1999).

Through a revision of ASFA in 2002, the federal government began to establish standards for licensing and monetary compensation of kinship foster homes (Geen & Berrick, 2002). Rules set forth mandated that, in order for states to receive federal funds for kinship caregivers, "relatives must meet the same licensing/approval standards as nonrelative foster family homes" (Leos-Urbel, Bess, & Geen, 2002). Licensed kinship foster homes are entitled to the same foster care payments and services. However, meeting the licensing requirements can be problematic, as many families taking in relative children do not have the resources to meet family foster care regulations (Ingram, 1996). Such families are still able to take relative children into their homes informally (Ehrle, Geen, & Clark, 2001), but these caregivers are not eligible to receive foster care payments, and do not have service systems set up to meet non-monetary needs. Informal kinship caregivers may be eligible to receive grants through Temporary Assistance to Needy Families (TANF), but these are often significantly smaller than foster care payments (Leos-Urbel, Bess, & Geen, 2002). In 1999, Berrick, Needell, and Minkler reported that the difference in these payments range from only \$66 to a substantial \$1,653 monthly, depending upon the number and ages of children residing in the home.

Research Findings and Gaps with Children Living in Kinship Care

As state and federal governments rely more heavily on kin to care for children who cannot remain in the home of their biological parents, it is important to recognize the special needs of kinship caregivers and children and tailor systems which suit their unique situations. As seen above, many studies examine the demographic characteristics of caregivers and children in their care and, thus, provide some insight into the needs of this population (Berrick, Barth, & Needell, 1994; Brooks & Barth, 1998; Dubowitz et al., 1994; Ehrle, Geen, & Clark, 2001; Harden, Clark, & Maguire,

1997; Iglehart, 1994; Kelley, Whitley, Sipe, & Yorker, 2000; Leslie et al., 2002). However, there is a marked lack of knowledge about children's perceptions of their kinship care placements. Rather than direct inquiry about the feelings and understandings of children in the care of a relative, research tends to tacitly make assumptions regarding issues pertinent to the well-being and happiness of these children. While some of these assumptions have a strong foundation in research findings, others are only loosely based on the literature. In order to understand kinship foster care, and tailor the system to meet the needs of the children within it, it is imperative that research begins to explore kinship care from the child's point of view. This research project examined four separate content areas – transitions into care, family relationships, stigma, and placement stability/permanency. The following sections will both outline what is known and describe the information that is lacking in each of these four content areas.

Transitions into Care

There is little information on transitions into kinship care, yet it is tacitly assumed that this transition is not traumatic for the children. While it has been reported that placing children with family members minimizes adjustment difficulties or lessens trauma (Ehrle & Geen, 2002; Iglehart, 1994; Ingram, 1996; Terling-Watt, 2001), there has been little empirical data to back up these claims. There does seem to be some logical basis for this assumption, as kinship care maintains family ties, provides a familiar environment for the children, and builds upon existing bonds (Crumbley & Little, 1997; Iglehart, 1994; Ingram, 1996). However, often evidence does not drive these claims, but a normative belief regarding the role of family in the lives of these children.

In some cases, children live with their caregiver prior to the official transition into care (Brown, Cohon, & Wheeler,

2002; Testa, 1997). This observation is compatible with U.S. Census (2000) data. As noted above, in the year 2000, 4.5 million children were living in grandparent maintained households: 2.4 million children were the primary responsibility of their grandparent, and 2.1 million children were, ostensibly, living in multi-generational households.

Brown, Cohon, and Wheeler (2002) have argued that physically living, even sporadically, with a caregiver prior to placement in kinship care lessens the trauma of custodial placement with a relative. These authors asked children and a sample of their caregivers about the child's transition into care and found that children either did not remember the move (because they were too young), could not report a single point-in-time transition into care, or were relieved that their caregiver rescued them from an abusive home. While this evidence supports the common assumption that transitions into kinship are not traumatic for children, the children were not queried directly on their feelings regarding the move. Rather, this research "suggests" that these arrangements are neither "novel nor disruptive" (Brown, Cohon, & Wheeler, 2002). Contrarily, in a focus group study reported by Chipman, Wells, and Johnson (2002), it was found that the children would have appreciated pre-placement meetings to assist in reducing transitional strain. It is important to note that in both of these studies, the sample size was small and unrepresentative of the kinship care population as a whole. Thus, it is important to continue to research children's perceptions of their transitions into kinship care, with an explicit focus on their perceptions of and feelings about the transitional event.

Family Relationships

Children placed with relatives are more likely to have contact with parents than are children in traditional foster care (Barth et al., 1994; Berrick, Barth, & Needell, 1994; Crumbley & Little, 1997; Dubwitz, Feigelman, & Zuravin,

1993). Further, this contact is less likely to be monitored by the child welfare system, and has been described as more family-like and more informal (Berrick, Barth, & Needell, 1994). Visits within kinship care homes are more likely to be arranged between the caregiver and the birth parent, rather than under the auspices of the child welfare system (Davis, Landsverk, Newton, & Ganger, 1996). This same fluidity, however, may make it difficult for kinship caregivers to set boundaries around visitation (Crumbley & Little, 1997). Indeed, one qualitative study found that caregivers felt that their emotional attachment to the parent of the child in their care makes it difficult to enforce rules regarding visitation (Chipman, Wells, & Johnson, 2002). And, while it is generally thought that parental visitation is a positive influence in the lives of maltreated children, it may also provide an unfit parent with access to continue their abuse of their child (Dubowitz, Feigelman, Zuravin, 1993).

This underscores the difficulty in using quantitative studies to understand the dynamics of visitation and the impact that visiting with biological parents has on the child in care (Davis et al., 1996). In one study, an analysis of social worker's notes regarding the reactions of children in foster care to parental visitation found that 62% of the visiting parents had some positive reactions, but that 53% of the children had negative reactions to these visits (Browne & Moloney, 2002). Indeed, a child's interpretation of visitation (as happy, stressful etc.) may be a better method of assessing the parent/child relationship than the physical presence of a biological parent, yet children's perceptions of visitation have not regularly been taken into account.

In addition to the findings outlined above, children have been queried on their family composition, as well as the importance of their extended family and confidants (Brown, Cohon, & Wheeler, 2002). Yet only a very few studies describe the experience of living in the care of a relative

from the child's perspective (Brown, Cohon, Wheeler, 2002; Chipman, Wells, & Johnson, 2002). Furthermore, this qualitative research is diffuse, with investigators speaking to caseworkers and caregivers, as well as the children in kinship care placements.

Stigma

Kinship care has been described as a means of preserving families within the African American community (Danzy & Jackson, 1997; Scannapieco & Jackson, 1996). Authors point to the long history of extended kin networks within traditional African communities, during slavery, and through the modern era, to suggest that the nuclear family structure is not the norm within African American families (Scannapieco & Jackson, 1996). Indeed, the presence of kinship networks has long been recognized as an adaptive response to social and economic disadvantage within the African American community (Stack, 1970). Within other cultures as well, children being cared for by relatives is viewed as the long-established solution when a child is unable to reside with their biological parent (Hegar, 1999). Thus, the movement of children into the home of kin is often regarded as a "natural" response to a parent who can no longer care for their offspring (Danzy & Jackson, 1997).

Brown, Cohon, and Wheeler (2002) suggest that the prevalence of kinship care within the African American community they studied leads to a lack of stigmatization surrounding placement. Much the same as with questions regarding transitions into care, however, children were not directly queried regarding their feelings; high prevalence rates within particular communities are assumed to normalize the experience. Conversely, other researchers report that children in kinship care want to live with their parents "like other children," are embarrassed about living with a relative, and may fabricate stories regarding the whereabouts of their parent (Crumbley & Little, 1997). It

is, therefore, important to assess children's understandings of the situation in which they live and how, or if, this has implications for their feelings of belongingness and adjustment.

Stability and Permanency in Placement

Kinship placements also tend to be more stable; initial placement in a relative's home leads to fewer subsequent placements (Benedict, Zuravin, & Stallings, 1996; Iglehart, 1994). Despite the greater stability in placement, children in kinship care have lower rates of permanency, e.g., adoption and reunification (Barth et al., 1994). Indeed, children in the care of kin are likely to remain in care for longer periods than those in non-relative care (Berrick, 1998). Moreover, federal policy specifically waives permanency requirements for children residing with kin while encouraging, in the case of non-relative foster care, permanent placements through adoption and legal guardianship (Geen & Berrick, 2002).

Telephone interviews conducted with kinship foster care providers in California demonstrate that kinship foster parents did not want the child(ren) in their care to be placed in a non-relative home (Berrick, Barth, & Needell, 1994). The telephone interviews shed some light on the importance of family to these caregivers – another pervasive theme was the caregiver's love for the child in their care (Berrick, Barth, & Needell, 1994). Further, a single study looked at the strength of family relations, as perceived by youth's perceptions of their living plans after graduating high school, or leaving the foster care system.

Approximately the same percent (slightly over 50%) of non-foster care adolescents and youth living in kinship care believed that they would continue to live with family, while this was true for only 13.4% of children in non-relative foster care (Iglehart, 1995).

In reality, however, not all children remain in the home of the same relative, and not all children initially placed with relatives are able to avoid non-relative foster care (Berrick, Barth, & Needell, 1994). The longer that a child is in the care of a relative, the more likely that child is to have a disrupted placement. Kinship care placements are more stable until the child has been in care for approximately three years; at this point, kin and non-kin placements have the same chance of disruption (Testa, 2001). Further, as a child in kinship care gets older, (s)he is more likely to have a disrupted placement and is, furthermore, more likely to be moved from relative care into non-relative care (Testa & Slack, 2002).

While kinship care placements may be stable when compared to those of children in non-relative foster care, they may be seen as entirely unstable when compared to the living situations of children in the general population. With few exceptions, research has looked at the differences in placement stability between kinship and non-kinship foster care as measured by administrative data, which provides no information as to children's perceptions of their placements as stable or unstable. A single placement disruption may be catastrophic to a child (Webster, Barth, & Needell, 2000). It is important to broaden this inquiry and gain an understanding from the child's perspective.

Research Design and Methodology

Purpose

The aim of this research was to provide a descriptive analysis of kinship care from the child's perspective, focused on the content areas outlined above. Children were the focus of the research, and an attempt was made to use their knowledge, feelings, and understandings to formulate a nuanced picture of their experience. Broadly, information about the transitional event, the children's perception of their family relationships, the stigma attached to being in

kinship care, and the children's feelings of security in their placements was elicited.

Methodology

Seven focus groups were conducted with 40 children in the care of a relative; 30 had caregivers who were their legal guardians, while 10 children were in the care of their relative informally. Though it was originally hoped that children in foster care would also be interviewed, due to the difficulty of gaining access to foster children, this was not possible. Most children and their caregivers were recruited, through fliers and mailings, from several kinship care programs in Alameda and Contra Costa Counties in Northern California. These programs provide services such as respite care, support groups for caregivers, workshops and training, youth activities, legal assistance, case management, counseling/crisis intervention, and referrals to community resources. Other families heard about the study through word of mouth or came across fliers distributed throughout the area (in churches, welfare offices, childcare centers, and on community bulletin boards). Fliers asked caregivers to contact researchers if they were raising a relative's child and were interested in participating in a research study. Children between the ages of 11 and 14, residing with a relative who was their primary caregiver, and not under the auspices of the formal foster care system were eligible; though two ten year olds were included. Once caregivers made contact with researchers, the exact nature of the study was explained, several questions were asked to determine the eligibility of the child for participation in the group (e.g., age of the child and type of placement), and caregivers were asked if they and the child in their care would like to participate. Finally, some general characteristics of the child were elicited to determine in which group they would be placed.

The groups consisted of between four and eight children -- groups of between six and eight are thought to be large

enough to facilitate discussion between participants, yet small enough that most children will not feel intimidated (Bloor, Frankland, Thomas, Robson, 2001). Because of difficulties with attrition, some groups became smaller than originally intended. An attempt was made to make the groups as homogeneous (by age, sex, and type of placement) as possible. This, also, is thought to facilitate communication among the children and allow them a greater opportunity to share their thoughts and experiences (Bloor, Frankland, Thomas, Robson, 2001). Focus groups lasted approximately 90 minutes and were structured around four themes: transitions, family relationships, stigma, and security in placement. While children participated in the focus groups, caregivers completed demographic surveys on themselves and on their children, and responded orally to the Behavior Problems Index (BPI), a standardized measure of child functioning. The BPI is a checklist which seeks to ascertain the functioning of children on several levels (subscales include antisocial, anxious/depressed, headstrong, hyperactive, immature/dependent, and peer conflict/social withdrawal), and allows caregivers to answer as to the presence and frequency of behaviors (response categories include: "not true," "sometimes true," and "often true"). The final scores are dichotomized and summed to produce an index score for each child that can range from zero to 28, with higher scores indicating the presence of more behavioral difficulties (Zill & Peterson, 1989). At the close of the group, children were given a \$25 gift certificate to thank them for their time; caregivers were mailed a \$50 check for their participation and to cover transportation costs to and from the group.

Focus Group Questions

Focus group questions were focused on the four themes discussed above. Questions about transition into care centered on the children's stories about the day that they moved in with their caregiver. Questions such as, "What

did you think was going to happen?” and “How did you feel?” were used to gain an understanding of children’s perception of the event as either traumatic or innocuous. In order to gain an understanding of the various relationships that children had with people in their families, questions about visitation, about the differences between living with a caregiver and living with parents, and about whether/when their parents visit their home were asked. Throughout this line of questioning, children were asked about their feelings and wishes in regards to these relationships. In order to get an idea of whether or not the children felt stigmatized by living with a caregiver, several questions were asked. This line of questioning centered around three themes: whether the children talked about their living situation with their peers, whether they thought that living with a caregiver was much different than living with a parent, and how people generally react when they tell them that they live with a caregiver. Finally, in order to ascertain what they thought their living situation would be at various times in their lives, the children were asked where they believed that they would be living in one year, whether they thought that they would live with their caregiver until they moved out on their own, and who they would (realistically) choose to live with if they could live with anyone.

Results

Demographic Characteristics

Children

The children in this study ranged in age from 10 to 14, the mean age of the children was 12.08. Their grades in school ranged from the fifth through the ninth with most children being in the fifth, sixth, or seventh grade and very few (three) attending high school. Slightly more females (55%) than males participated. Seventy-one percent of the caregivers identified the child in their care as African American, 16% were identified as Caucasian, and three percent were identified as Native American. No children

were identified as Hispanic/Latino or Asian/Pacific Islander, yet 10% of caregivers identified the child in their care as “other.” Children had lived with their caregivers for between one and 12 years, the mean length of stay was 7.54 years with a standard deviation of 3.64. Nearly 80% of caregivers thought that the child would continue to live with them until they reached adulthood, and only 6.7% believed that the child would return to living with their biological parent.

Of those who identified a reason for the child’s removal from their birth home, a slight majority (53%) identified substance abuse as a factor. In half (52%) of these cases, however, substance abuse was cited in combination with neglect. Neglect alone was given as the reason for removal in 12.5% of cases: sexual abuse, physical abuse, and domestic violence were each a factor in only one case. Most (85%) of the children interviewed had siblings, the mean number of siblings was 3.39 and the child with the largest biological family had nine brothers and sisters. Thirty-four percent of caregivers were also caring for at least some of the siblings of the child who was interviewed. In 13% of cases, at least some of the child’s siblings were living with another relative, and in 22% of cases caregivers were unsure where the siblings of the child in their care were residing. Thirty-one percent of caregivers said that the child’s siblings were dispersed among several homes.

The children who participated in the focus groups seemed to have a preponderance of psychological, emotional, and medical difficulties. Of those that responded to the question, nearly 65% of caregivers stated that their child suffered from depression. Other psychological or emotional problems cited included bed-wetting, nervousness, bipolar disorder, and difficulties with rejection. Fully 70% of caregivers responded that the child in their care had Attention Deficit (Hyperactivity) Disorder

(ADD/ADHD). Seventy percent of the children interviewed also suffered from asthma. Other medical conditions that children suffered from included hives, respiratory problems, and spina bifida. Over 75% of the caregivers stated that the child in their care had some learning disability. Finally, scores on the BPI ranged from three to 28, with a mean of 13.5. This score is approximately the same as that found by Berrick, Barth, and Needell (1994) in a sample of kinship foster children (13.9). The same study found this score significantly lower than that of children placed in foster homes rather than with relatives (15.6), but at least on standard deviation higher than the mean scores in the general population (Berrick, Barth, & Needell, 1994). As noted above, higher scores indicate the presence of more behavioral difficulties (Zill & Peterson, 1989).

Caregivers

Caregivers were between the ages of 21 and 74 with a mean of 55.45. Most caregivers (77.8%) were African American. Eleven percent of caregivers identified themselves as Caucasian, a single caregiver identified as Hispanic/Latino, and one other identified as Native American. Six percent identified themselves as “other.” These caregivers took care of between one and five children, most had two or three children in their care. These children ranged in age from four to 24. Thirty-five percent of caregivers also had their own children residing with them. Most caregivers (82.5%) were the grandparent of the child in their care, 76% of these were on the maternal side. The remainder of the caregivers was aunts and uncles, all maternal. Thirty-one percent of caregivers reported that they had access to babysitting, most of these in the form of other family members (46%) or paid child care providers (36%).

Most caregivers (44%) had attended some college, but had not received a degree. Thirteen percent of caregivers had

been awarded a (two or four year) college degree, while 21% of caregivers had not received a high school diploma. The remainder had either completed high school (15%), or had been to a trade or vocational school. Half these families had household incomes under \$30,000 per year, and 21.9% reported a household income of above \$50,000. Services accessed by these caregivers included counseling and support groups, both for themselves and for the children in their care, and legal advice.

Content Areas

Transition into Care

Many of the children in this study were placed in the care of their relatives before they were old enough to remember the transition. These children were generally told stories about when they came into the care of their relative. Generally, the stories were brief and factual: “She was a teenager when she had me, she was 18... And then my grandpa and my grandmother, they took me away, took me to their house” or “I was a baby when my daddy got shot and... my mom was doing drugs... My mama had to sign papers.”¹ For many of the children who remembered moving to their grandparents, the transitional pathway did not seem clear cut. Often they had prior experiences of staying (or living) with their relatives. Some of the children had been living with both their mother and grandmother when their mom moved out, died, or was sent to jail: “She’s my grandma. My mama lived with her.” This did not feel like much of a transition at all for these children, especially for those whose mothers “keep going [in] and out” or keep moving in and out of their homes and lives. Other children had been visiting their relative and their mom did not return to pick them up: “[we were] just supposed to stay there for the weekend, like a day or two, and then we just ended up

¹ As much as possible, all direct quotations have been reported in the language that the child used. While it is understood that this is not always correct English, this decision was made consciously in order to preserve the children’s voices and accurately convey their statements.

staying.” Some children expressed that they were “shocked” by this, “[be]cause I didn’t know I was going to move there.” Another group of children had spoken to their caregivers about moving in with them: “I knew everything, all that court stuff was going to happen, [be]cause she told me.” These children were often asked to make a conscious choice about whether they would prefer to stay with their parent or move in with their relative. Others knew that the invitation was open and that they could choose to live with their relative at any time. As one 14-year-old female, under the legal guardianship of her grandmother, stated:

“I called my grandma and asked her if she could come pick me up, and she said ‘yes,’ and I was like, ‘it ain’t for the weekend,’ and she was like ‘alright,’ and then I said ‘okay, okay,’ and then she said ‘alright’ and then she had my auntie come and pick me up, and then she came [and] picked me up [from my aunt’s], and then I moved in with my grandma... I didn’t want to take nothing [with me]. I wanted to start over.”

These children were often older at the time of their transition and many had brothers or sisters who already lived with that relative, and being able to live with siblings often factored into their decision to move. Overall, the adjustments to kinship care did not seem to take much of a toll on the children, some talked about being sad or missing their mothers, while others missed the freedom of their homes prior to living with their caregiver.

When asked how they felt about the transition into the care of their relative, many children responded that they felt “good” or “happy” about moving in with their caregiver, but some said that they were “sad,” “frustrated,” “confused,” or “angry.” Moving in with someone in their extended family network helped these children adjust; some even stated that it “was not a very big change.” Many children recalled that they had enjoyed visiting with their caregiver before they moved in with him/her and that this

made it easier. As one boy, in the legal guardianship of his grandmother, stated: “I was happy [to be moving in because]... when I lived with my mom, I used to like going over to my grandma’s house all the time [be]cause it was fun over there.” Some had been moving back and forth between their parents and grandparents for some time before they actually moved in. One boy, now in the legal guardianship of his grandmother, talked about this sort of living arrangement fondly: “See I go to my grandma house and I stay there for a while. Then I’d go back to my mom’s house. It keep switching around...It feels good sometimes because I like being with both of them. I felt like I was wanted all the time.” Most children stated unequivocally that they were not scared of moving in with a relative: “I was living with my grandma, there ain’t no reason to be scared about it.” Being in an extended family network seemed to make things easier for these children, access to family members was key to an easy transition: “You’re happy for your grandma that she came, she took you in, because you want so you can see all your family members and stuff. Because if I had gone to foster care, I wouldn’t have never saw my cousins or nobody.”

Family Relationships

Mothers

The children interviewed for this research generally had contact with their mothers, but were often disappointed in the quality of the mother-child relationship. Many mentioned times that they were let down by their mother. Typical is the story of a female in informal care who described a birthday where she cancelled all of her plans to spend time with her mother:

“And then it was around, like, eight o’clock at night actually when she’s coming and she said, ‘Oh, I was caught up with something else.’ And I was like, ‘You were caught up from seeing me after a couple of years, you’re so caught up that you can’t see me.’ And she was like, ‘It isn’t really like that.’ She said some things is more important than me... Then I hung up in her face.”

Whether or not children shared specific stories about their mother letting them down, a point of contention always seemed to be their mother's inability to spend time with them. While arguments with caregivers generally centered on household chores, arguments with mothers were "about, like, stuff like... why she don't spend time with me." Further, many children said that, even on visits, their mothers would "just go out with friends, come back at, like, one in the morning, just bringing stuff back." That their mothers did not pay attention to them was often buffered by the fact that she bought them presents and other things. As an eleven-year-old girl in the legal guardianship of her grandmother explained:

Child: "We can't never go with her [be]cause she always with her partners."

Facilitator: "And how does it make you feel when you go over there and she's hanging out with other people?"

Child: "I don't know, she always buying me things."

Many of the children seemed to take this in stride; there was much discussion about how their mother "spoiled" them, making them feel "Good. Happy. She gonna buy you something. Make you feel good if somebody bought me something, right?" Many others, however, talked about how they were hurt and confused by the nature of their relationship with their mother: "Like, dang, she can't spend time with us when we done come over here." A very few refused to see her altogether. Most children expressed a desire to visit with their mother, though for a few this was more of an opportunity to see their siblings or other family members with whom they did not live.

Children compared their parents to their caregivers. Although these comparisons were unfavorable on some levels, they were favorable on others. Most children talked, in this regard, about how they could talk to their mother about personal matters, such as love interests or difficulties

with friends, because "she treats me like a grown-up." In fact, many stated that they told their mothers more about their personal lives than they told their caregiver. One boy in a legal guardianship situation stated that this was "because I don't feel comfortable talking with my grandma about, uh, you know, sexual things." In this way, many of their relationships resembled one with an older sibling, rather than with a parent.

However, there were other ways in which children described their mothers less favorably. Many talked about how their mothers were selfish: "Like, if I feel like I want to go play basketball, she be wanting me to go down the street with her to the corner store and stuff... She's selfish." They also described their mothers as immature: "[be]cause right now she's a kid, I mean, I'm more mature than she is." Children also spoke of how their mothers did not want to do things with them -- "My mom just sit down and go to bed. And watches TV... You'd rather she loved to take you somewhere." One eleven-year-old boy, in the legal guardianship of his grandmother, talked about his frustration with trying to get his mother to pay attention to him:

"Every time I try to talk, my mom says shut up to me or she tries to. Every time I try to talk to her when she's laying down, and she says 'Get up and turn off the lights,' and every time I try to get her to drive me to school, she says 'No, you can walk,' and then every, and then every time I want her to stay at the park with me, she says... um... she says 'Go by yourself.'"

This seemed in stark contrast to the picture that these children painted of their caregivers. Direct comparisons, such as "My... grandma's nice. And my mom's mean." or "My mother screams at me. [My grandma is] polite with me." were almost always in favor of the child's caregiver. Yet relationships with their mother were certainly important to these children and played a large role in their lives.

Many children held out hope that they would be able to live with their mother in the future. Many of these youth have conflicting feelings on this subject. On one hand, they harbor angry feelings about their mother's inability to care for them, but they also long to have their mother care for them. As one boy in informal care stated:

“And I sometimes do get mad at her ... [for] not taking care of me, like, how she should of. She knows that she did everything wrong and... she tells me that she has her priorities straight and that everything is going to be alright. She's already taking care of my little sister.”

Mothers, and the children's feelings toward them, lay along a continuum. Some children discussed how their mother's behavior was embarrassing to them, that they did not want to see her, much less live with her, and remembered difficult times when they used to reside with their biological parent. The feelings that a child has about living with his or her parent are a product of the character traits of the mother, the disposition of the child, and many situational characteristics. Children who did not feel that they could trust their parent were much less likely to hope for a time that they would be able to live with her. Yet, many children forgave their mother for past indiscretions when it seemed that she, also, was working toward reuniting with them. One boy, in the legal guardianship of his maternal aunt, stated that:

“Sometimes my mom gets really mad at herself because she should be taking care of me, and not her sister... She should have taken... taken care of myself. Or taken care of getting me back a long time ago. And she, I don't know, she tells me 'I'm sorry,' like all the time... [I] just feel like, letting [her] know that it's alright because she'll still always feel really bad about it... [and] because, uh, it is [alright].”

This boy hoped that he would, someday, get to live with his mother. This was a pervasive theme among the children in these groups. While some youth stated that they would not care to live with their mother, they seemed to have come to

this conclusion after giving up hope that she would be able to care for them.

Fathers

While there was an expectation that their mothers should care for them, there seemed to be no such expectation of the fathers of the children in the groups. Indeed, fathers were largely absent from these children's lives: “Everyone has a father, but that doesn't mean you ever get to see him.” This was a topic of sadness for some children and a topic of anger for others. Children who were angry about not seeing their fathers cited his absenteeism for these feelings, but often said that they were unwilling to see him as well. As a female in a legal guardianship situation stated, “I hate my dad... He never talked to me since I was seven. He didn't talk to me no more. And when he got to jail, he said he wanted to see me, but I said no... I'm mad at him.” The hurt that comes from their father's unwillingness to take responsibility for seeing them is turned quickly to anger for these children. This seemed to be especially the case for girls, many of whom cited their fathers inability to be serious: “He makes everything a joke;” inattentiveness: “He thinks his dog higher than me;” “He only come [over] when he want money;” hypocrisy: “He tell me not to be stealing and he be stealing and go to jail;” and inability to follow through: “What really gets on my nerves is when he comes to take me somewhere and he doesn't.” as reasons for their dislike. In many cases, these children's fathers would pop up sporadically and attempt to take on a parental role, but this was not appreciated by their daughters: “I just feel like saying, ‘You haven't been there, not in my life. Don't ever try and come up here and tell me what I can and cannot do, [be]cause my grandma been here ever since I was born.”

Boys, on the other hand, did not seem to have this same angry reaction to their fathers. Generally, they yearned to have “...like a big, like a man, like you know, a person to

look up to.” That their fathers did not fulfill this role, made them sad, rather than angry. One boy in informal care spoke with sadness about the day that he found out that he did not have a father:

“One day my mom sat down with me and my grandma in the car. And we were talking, and my mom said I didn’t have a dad. And I said ‘What about, what about my dad in [another state]?’ And she said, ‘No that isn’t your dad, that’s [your brother’s] dad.’ So I ran out into the car and locked all the doors and cried because I found out I never had a daddy.”

Though this boy stated that his father is “out there in the world,” this child, like many of the children that participated in the focus groups, is unable to see his father or have a relationship with him. In general, children’s visitation with their fathers was described as sporadic: “When I call my daddy he’s always doing something;” or occurs only on special occasions: “I haven’t seen my daddy ever since my birthday.” One or two children stated that their fathers were more constant in their lives than their mothers, and several more equated their father’s behavior with their mother’s: “My mom call, say she’s gonna do something, she don’t do it... My daddy doesn’t do it either.” Many of the children, particularly the boys, longed to have a relationship with their father. One male, in the legal guardianship of his grandmother, understood the difficulties of not having a father and hoped that his brother would not have to go through the same ordeal: “I don’t want my brother to be just like me, you know, without a dad. But I have pictures of my dad.”

Caregivers

The children’s caregivers were typically the most constant person in their lives and this was evident when they spoke about their relationships with them. Children seemed to genuinely appreciate that their caregiver was looking after them, as is described eloquently by a boy who was in the legal guardianship of his grandmother:

“She gets kind of sick sometimes and I love taking care of her. And sometimes I mess up and I get mad at myself because, you know, I don’t want to make no mistakes. But, and she... when she get too sick, she told me how to take care of her. So, you know, I love taking care of her since she’s taking care of me. You know, in the future, when I go to college and stuff; I become whatever I wanted, and I’ll start taking care of her, you know... returning the favor. Because... she said... she said the reason why she took us in is because she loves us. And I say when I grow up the reason why I’m taking care of you is too because I love you. The reason why I want to return the favor. So, I just know when I grow up, I’m going to return the favor and everything is going to be nice. But I still know I am going to be making mistakes. Like I said, it’s still kind of stressful.”

Children spoke of their caregivers as thoughtful: “My grandma, she’s thoughtful. She thinks about me, before she even thinks about her;” kind: “Yeah, nicer too, [be]cause they know what you been through... When you’re crying they be, like, oh, poor baby;” and available to fulfill their needs: “[Be]cause her whole life is me, doctor’s appointments, and my sister.” Though many of them talked about their caregivers (especially grandparents) as strict, they also seemed to understand that this was a necessary component of caregiving and, therefore, okay. As one girl, in a legal guardianship situation, stated: “She yells a lot, but I still care for her because she... she takes care of me all the time, and she handles my problems.”

Stigma

It is possible that children who do not live with their parent(s) will feel stigmatized or choose not to tell people where they live for fear of ridicule. Yet the children interviewed for this research did not seem to feel ostracized from their peers due to their living situation, nor did they seem to be uncomfortable talking about it with their friends or teachers. In fact, most children reported that they felt “okay,” “good,” or “happy” with their living situation, the

reason most often given for these feelings is that their caregiver “takes care” of them.

Children reported that they talked about their living situation with their peers. Indeed, many children reported that their friends also lived with a caregiver, rather than their biological parents, and that it was helpful for them to have a friend to talk to about their living situation. A female in informal care reported that she talks to her friend who also lives with her grandmother and that they have a unique bond because they share this aspect of their lives in common: “Because my friend, she lives with her grandma... me and her think alike. We like things because she lives with the same feelings.” Others reported that they feel free to talk about living with a caregiver to their friends because their friends also live with caregivers. Some children even commented that *everyone* lives with a caregiver: an 11-year-old who was in the legal guardianship of his grandmother made this point: “I mean [a lot] of people now live with their grannie, aunties and stuff and not most people have a perfect family where they live with their mom and dad.” Therefore, stigmatization seemed to be avoided because the children felt that they were like their peers in this aspect: they could share their feelings about living with a relative and have friends who understand what that is like.

More children than not said that living with a caregiver is “just the same” as living with a parent. Indeed, in one of the groups there was some confusion about what it means to live with a relative. In order to get the children to open up, the facilitator let them know that they had specific knowledge about living with a relative, and that this knowledge was important for the research -- they were the experts. Subsequently, when the facilitator told them that she did not know what it was like to live with a relative, one child raised her hand and asked if the facilitator had ever lived with her parents. There was a moment of confusion

until the facilitator realized that this child was saying that the facilitator had also lived with relatives while growing up – her parents! In subsequent groups, more specificity was used in distinguishing these two living arrangements, yet it is telling that this child did not parse out “living with a relative” and “living with parents.” To this child, these things were one and the same. Interestingly, some children, when asked this question responded that their caregiver “has full custody of me.” The knowledge that their caregiver had the legal rights of their parent was comforting.

When children did not agree that living with a relative and living with a caregiver were the same, they most often cited specific differences such as having the privacy of their own room, having more rules at their caregiver’s home, or going to school regularly. Some children, however, cited the emotional impact of living with a caregiver. A 14-year-old female said that it is not the same, “[Be]cause other people been going through different life than you have.” This child’s experiences of family and of moving from her parents to her caregivers make her life “different” than the lives of other children her age. In a profound way, her experience of the world is not the same as her peers’.

Many children reported that they do not have to tell people that they live with a relative; most people already know. For example, at school, children have to fill out cards with emergency information and included is the relationship of the person to their emergency contact. Circumstances, such as having a cousin at the same school, also may make it obvious that the child does not live with their parents. For others, their mother or their caregiver had already told “everyone” and it is, thus, not an issue. When children have to tell, most reported that the listener does not have a reaction. One child stated that, when she tells other children about her living situation, “They say, well, I live with my mother. That’s all they say.” Some of the youth

reported that other children tease them about their living situation by saying that their parents “must be poor” or asking “Where your mommy at?” The children seemed to take this in stride. One 11-year-old girl, in the legal guardianship of her maternal aunt, reported that other children “saw [that] it wasn’t funny, but I told them that they can’t feel sorry for me because, in a way I was feeling, I don’t want to live with [my mother].”

Security

The children interviewed seemed to feel that their placements were stable. Most of the children believed that they would still be living with their caregiver in one year, but many thought that they would move in with their mother before they moved out on their own. Many of the children clearly wanted to live with their parents, but loyalty to their caregivers and love for the people who were raising them were also pervasive themes. The children fell along a continuum. At one end, children held out hope that they would live with their parent in a relatively short time period, as a boy in informal care stated, “I’ll be able to live with [my mom] in nine months... Sometimes it seems like a long while.” These children seemed to know their mother’s plans: that she was looking at houses or that she would be able to move into a place with two bedrooms after one year. These children trusted, and looked forward to the time, that these plans would come to fruition: “I guarantee [I will be living with my mom in one year]... because she promised.” At the other end of the continuum were the children who stated that they did not want to live with their parent. These youth seemed to have made a realistic appraisal of their options. An 11-year-old girl, said this of her living situation with her maternal aunt: “I think [where I live is] good because my mom, she had me, she had four girls and one boy... I don’t think it’s fair because she only took one of her daughters, and you gonna make your sisters take care of your kids.”

Several children stated that they would live with their caregiver until they moved out on their own. Some of the children who thought that they would not ever live with a parent were angry about this, but many more seemed satisfied with this living arrangement. Emotional ties were one of the reasons that these children believed that they would remain in the care of their relative. Other youths mentioned legal guardianship and court procedures which gave their caregivers legal custody. For many of these children, going to court for custody issues seemed to legitimize the care-taking relationship that they had with their relative. Even as children expressed a hope that they would be able to move back in with their parent, they seemed to feel confident that they would be able to continue living with their caregiver if this was not the case. As one 14-year-old female said, “I *should* be living with mama. If I don’t live with my mama, then I’m gonna live with my grandma.”

By and large, these children seemed confident that their family members would care for them, though they did not always know if this would be their current caregiver, another relative, or their parent. For some children, this came up in the context of their concern about the health of their current caregiver, typically a grandparent. They were nervous about what would happen to them if their caregiver passed away. In a couple of instances, children mentioned foster care:

“What if my grandma died? [Be]cause she got heart problems and stuff... They said two years [ago] that she may not have long to live and stuff... [If] my uncles or something do not take us... they are talking about putting us in foster homes... like I kind of worry about.”

As in many other instances, this child mentioned that he would only go into foster care if his other family members were unable to care for him. Many other children did not

consider that their other family members would not be there to take them in if something were to happen to their current caregiver. One female, in the legal guardianship of her grandmother, stated that: “If she die, I’ll stay with my auntie... [but] I’m not even trying to think about that. I’m thinking about what’s happening now.”

The children were also asked with whom they would prefer to live, if they could realistically live with anyone. Some of the children said that they would prefer to live with their current caregiver: “My grandmother... because she’s really nice to me and she’s my grandmother;” “Um, my grandma... because when she moves, I’ll go with her.” For many of the children who had never lived with their mother, or did not remember it, living with their grandmother or caregiver seemed “natural”; they could not imagine doing anything else. There were others who remembered living with their parent and stated unequivocally that living with their caregiver was better. As one female under the legal guardianship of her grandmother said, “My grandmother is much [more] fun to be around... always teasing, always coming up with jokes, when I’m bored and stuff she [will] just do something silly to make me laugh.” Other children obviously missed their parents and said that they would like to be living with their mother, while some presented answers that were more encompassing: “I want to live with my sister and my nephew and my niece and my dad and my mom and my other sister.” Many of the children, especially those living with grandparents, wanted to be able to live with their mother and their caregiver. To them, living “with my mom and granny” seemed like the perfect solution: two people to care for them, rather than just one.

Substance Abuse

In each focus group, the children spoke of their parent’s (or mother’s) substance abuse. The children were not

specifically asked this question, but brought it up on their own. Though the children were candid in their admissions, it was obvious that this was a source of shame or discomfort for them. Their statements centered around several themes: knowledge of their parent’s drug use, an understanding of the consequences of this use, and alternate feelings of hope and despair in regards to the substance use of their parent. Children expressed their knowledge of substance abuse on many levels. Many had an understanding that this was the reason that they were unable to live with their parent. One exchange with an eleven-year-old girl in the formal care of her grandmother demonstrates this sort of knowledge:

Facilitator: “So you’ll go see your mom, but you don’t live with her?”

Child: “Nope, because she smokes all those drugs and she’s not supposed to do that.”

Facilitator: “And do you think that it is different to live with your grandmother than it is to live with your mom?”

Child: “Yeah, [be]cause my mom does drugs.”

This sort of exchange was typical of those in which the child is disclosing that their parent uses substances. Other children talked about their mother’s drug use during pregnancy. A female in informal care talked about how discussion of this topic was upsetting to her: “I was born when she was on drugs, so that really kind of like hurt me.” Many were able to recognize when their parent was high: “There’s a whole new side;” “[She’s] crazy [and] you don’t know what crazy is;” and most unequivocally stated that they did not like to be around their parent when she was under the influence of drugs: “She only used to be happy, like, when she was high, and so that’s why I stopped just seeing her.” Implicit in the knowledge that their parent uses drugs is an understanding that their parent cannot care for them because of this substance use. Yet, even though they understood the reason for their estrangement, other children harbored some resentment toward their caregiver for keeping them from their parent. The children’s

knowledge of their parent's drug use, and their knowledge of the consequences of that use were pervasive themes. Children discussed drug rehabilitation and parental incarceration in regards to drug offenses, they were sensitive to other children's stories, and often chimed in with "my mama too" and other words of support and encouragement.

The children in the groups vacillated between hope that their substance abusing parent would get better and despairing over the difficulties of getting their parent to stop using drugs. Statements of hope: "[I] just hope and pray, and help my ma to get better;" were generally buffered by the knowledge that it was unlikely that their parent would quit using substances: "[Be]cause it's like, it would take a miracle for her to get the way I want her to get." The children were quick to take responsibility for their parents, seemed to understand implicitly the difficulties of addiction, and wanted desperately to help their parent get better. The statements of a boy in informal care clearly demonstrate these emotions:

"She tells me it's hard for her not to do that drug stuff. Because people try to get her to do it, then she be like no, she's trying to get her life together so she can get us back... What I would like to do to keep her from doing [drugs] is.... My brother, he had this crazy idea where he could build a big room where he could have TV, refrigerator.... and a bathroom, like. [Be]cause we really miss our mom, because we never really see her... My brother said that he could put our mom in there. And there would be no drugs or nothing where she could make anything out of it."

Other children were less explicit in their desire to care for their parents, yet understood their need for emotional support: "I try to show goodness for her so she can feel like if she's off that stuff she gets a lot of love." The children's desire to care for their parents was often buffered by the knowledge that they cannot make their parent stop using. In the statement above, the child understood that the idea of locking his mother in a room was "crazy," yet he and his

brother had concocted a plan that might work to help her "get her life together." They hold out hope that there is *something* that can be done about their mother's substance abuse and that, once the solution is found, she will be able to care for them. It is striking how many children took on responsibility for helping their parent to recover. Many children also expressed an unconditional love for their parent, regardless of their struggles with substance abuse. One boy in informal care stated this eloquently: "And [my mom] starts crying every time I tell her no matter what you do, even if you on that drugs and stuff, we always love you and stuff."

Limitations

This study was conducted with 40 children, living in the care of a relative, and who reside in Alameda or Contra Costa counties in California. There are approximately six million children living in relative-headed households in the United States (CWLA, 2003). Therefore, this is a tiny proportion of the population of children in kinship care, taken from a relatively small geographic location that cannot be said to be representative of California, or the United States as a whole. Although the sample is in some ways representative of the population (grandparent caregivers, disproportionately African American and low income, extensive stays in the care of a relative, siblings in the home, and a preponderance of physical, emotional, and behavioral difficulties), it cannot be said to be generalizable.

Furthermore, there are several dissimilarities between the general population of children in kinship care and those in this sample. Most of the families that participated were recruited from kinship care programs. It may be that the supportive services they received make these children and their caregivers unlike those in the general population of kinship care. Additionally, it must be mentioned here that six of the eight focus groups were composed of children who were under the legal guardianship of their caregivers.

In this sense, the groups are highly unrepresentative of kinship care as a whole. This may have to do with the legal support component of the services that these families were receiving. The Kinship Guardianship Assistance Program (Kin GAP), a California initiative which became effective in 2000 and provides money for kinship caregivers who take on legal guardianship, may have had an impact on the number of caregivers in this study who were legal guardians of the child(ren) in their care. In an attempt to control for any differences, children in the focus groups were split up by placement type (legal guardianship versus informal care). Though there were no observed differences between the children in these groups, it cannot be said that this constitutes strong evidence of their similarity, especially because only ten children interviewed were in the care of a relative informally.

Discussion

These children were surprisingly frank in their assessments of the situation in which they lived. Though, at times, their openness seemed remarkable, it is important to remember that these are issues faced every day by youth in kinship care. While it is impossible to make generalizations from such a small sample, this research is able to shed light on several issues not adequately addressed in the literature on kinship care. Specifically, this research taps into children's knowledge and assessments of their family relationships and the change that these underwent as a consequence of entering the care of kin.

It has been asserted that keeping children within their extended family may reduce the stigma and trauma of separation from parents and family (e.g., see Ehrle and Geen, 2002), yet little evidence supporting these assertions has been offered. The children in this study, however, explicitly stated that this was the case. The family

constellations for these children were fluid. While they understood that their caregiver was not the person who was "supposed" to be caring for them, they also did not view residence with their caregiver as a move outside of their "family." Indeed, along with their discussions of the lack of stigma placed on being in kinship care, many discussed their fear of having to enter the foster care system. Furthermore, these children did not feel that their transitions into care were exceedingly difficult. While children may have been hurt or angry that their mother could not care for them, they also viewed residence at their caregiver's home as a relatively innocuous part of their life. They may have missed their parent, but they were happy to be in the care of an extended family member. In this same way, children spoke often and with fondness of their siblings and extended family. Contact with relatives outside of the immediate household, including their parents, was an important part of life for these children. Their primary connections were not within the nuclear family; these children had a broader sense of family relationships, and these relationships were of great importance to them.

While discussions of the move outside of their nuclear family did not seem to be a source of great distress for these children, conflicting feelings about the role of their biological parents were expressed. Some children were obviously resentful that this relationship did not include the normative ideal of parent-child interaction; yet many of them still remained hopeful that they would be able to live with their parent in the near future. Feelings of anger and disappointment were stated during discussions of visitation, but not in the context of their current living situation. With regard to visitation, parents seemed to disappoint their children often. This seemed to be especially the case for the mothers of these children, not because they were more unreliable than the fathers, but because of the higher expectations of them. The children in these groups

discussed their mother's failure to show up for visits or their disappointment with the quality of the visit when she did show up. Yet, at the same time, these youth discussed their appreciation for the material things that their mother would buy for them, and this appeared to make up for the lack of interaction between mother and child. The caregiver is the disciplinarian, while the mother is able to have fun with the children because of her lack of responsibility for their well-being. It is interesting that, while the children may have enjoyed spending time with their parent, they seemed to understand the nature and responsibilities inherent in taking care of another person, and appreciated this quality in their caregiver. These children discussed the meaning of caregiving, and their desire to care for the people in their lives. Further, this caregiving quality was demonstrated through their mannerisms: these children readily empathized with the other children in the group, and expressed this empathy openly, creating an aspect of caregiving within the group itself. With regard to family, the understandings of these children are complicated. They love their caregiver, yet hope to live with their mother. They perceive that their parent cannot care for them, yet yearn for a time when she can. The fluidity with which these children understand their familial relationships is an important aspect of their adjustment, yet it remains important to them to feel as if they are connected to their family unit.

The high rate of children in legal guardianship situations within these groups offers an interesting chance to understand the issue of permanency from the perspective of the child. It is often thought that the blood ties inherent in kinship care are, themselves, a guarantee of permanency and that families do not want to adopt or seek guardianship due to the confusion that this might cause (Barth & Berry, 1990; Thornton, 1991). However, among the children in these focus groups, the fact that they were tied legally to their

guardian seemed to be a source of comfort for them. This was mentioned in several different contexts, but most often in the discussion of transitions. Though it is unclear if these children understood the scope of legal ties that guardianship entails, the fact that their caregiver had the legal rights of a parent seemed to make the children feel more secure in their placement. It seems that the children were making a distinction between a moral and a legal obligation. The bonds of love and family tied them to their caregiver in a moral sense. Indeed, this is often why their caregiver took them in. Yet, they also seemed to recognize that "signing papers" made their living situation legitimate in some legal or formal sense, even if they did not completely understand the specific rights bestowed by legal guardianship. Some even went so far as to state that living with a caregiver is not different than living with a parent because their caregiver has "full custody" of them. This would seem to suggest that the option of legal guardianship is a viable one from the child's standpoint and, in fact, seems to provide a sense of security and lessen confusion about their place in the family.

Speaking to children in kinship care (and their caregivers) about their experiences and needs is an important step in gaining an understanding of this population. Though this research touches on some important issues, the small sample size and limited scope make it necessary to continue with this line of questioning. By using children's voices, and by listening to their unique experiences, we can begin to understand their hopes, fears, joys, and disappointments. This sort of understanding will allow researchers, practitioners, service providers, and policy makers to create systems that are best suited to the needs of children and, thus, successfully integrate kinship care into the myriad of social services available.

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