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*Journal of Family Issues* 2008; 29; 1013 originally published online Apr 2, 2008;

DOI: 10.1177/0192513X08316543

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# Kinship Care for African American Children

## Disproportionate and Disadvantageous

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To highlight the individual and systemic practices that perpetuate the overuse of and reliance on kinship care and instead emphasize family reunification as the permanency plan for African American children in the child welfare system, the authors first discuss how kinship care is affected by federal child welfare policy and provide a historical perspective on how that policy has evolved. They then discuss the number and proportion of African American children entering the child welfare system and receiving kinship foster care, distinguishing between formal and informal kinship care. The conclusion addresses implications for practice and research, including the need to reevaluate child welfare policies, and demonstrates that kinship care is overused and detrimental for African American children.

**Keywords:** *African American children; kinship care; disproportionality; African American families; relative foster care*

Although African American children make up 15% of the national child population, they represent 41% of the foster care population (Perez, O'Neil, & Gesiriech, 2003). Since the late 1980s, the system has placed a large proportion of these children with relatives when they are removed from the care and custody of their birth parents. According to the Child Welfare League of America (2006), there were approximately 515,500 children in out-of-home care on September 30, 2003; approximately 118,000 of children in out-of-home care were in care with relatives. Hill (2004) reported that African American children are almost twice as likely as White children to be placed with kin. In fact, kinship care is used disproportionately for African American children (Harris, 1999, 2004; Minkler & Fuller-Thomson, 1999; Ross & Aday, 2006). Researchers have found

that although placing African American children with kin helps them to maintain their emotional ties to extended family, the children maintain emotional bonds with their birth parents, and most birth parents want to be reunified with their children (Harris, 1997, 1999, 2004; Grant, 2004).

Attachment theory (Bowlby, 1973) provides one lens through which to understand the significance of the child's relationship to his or her primary caregiver. Bowlby's work helped us to understand the importance of early attachment experiences on later development, and Ainsworth's empirical work examined attachment theory and identified secure and insecure patterns of infant-child attachment. The work of Bowlby (1979, 1988) and Ainsworth, Blehar, Waters, and Wall (1978) laid the foundation for understanding parent-child relationships. Others have shown that when there is disruption in children's relationships with significant parenting figures, these disruptions may play a part in the development of dysfunctional parenting, personality, and other adult psychopathology (Cicchetti, Cummings, Greenberg, & Marvin, 1990; McCrae & Costa, 1988; Rutter, 1987, 1989). Bowlby (1969) stated that attachment is a basic and universal human need. When children are removed from the care and custody of their birth parents and placed in foster care—with kin or strangers—this experience is traumatic for children as well as for their birth parents. The original intent of kinship care was to assure that children maintained emotional attachments with kin and experience the least disruption when removed from their parents' care.

Given the importance of the child's attachment to a primary caregiver, kinship care may, at first glance, seem to offer the advantages of continuity and familiarity for children removed from the care and custody of their parents. Moreover, public policy supports the use of kinship care through the Adoption Assistance and Child Welfare Act of 1980 and again in the Adoption and Safe Families Act (ASFA) of 1997. We argue, however, that kinship care placements for African American children result in disparities in treatment and in the amount and quality of services provided to them and their families and in longer periods of time in substitute care. As a consequence, the disproportionate use of kinship care for African American children is, in fact, overuse of kinship care, which mitigates against family reunification and a family-centered focus to policies and programs (Bogenschneider, 2002).

Difficult caseloads and the willingness of African American families to assume responsibility for kin may encourage child welfare practitioners to overlook the needs of birth parents when African American children are placed in kinship care and thus may reduce the likelihood of reunification. In effect, kinship care comes to represent a permanency plan for large numbers of African American children, often placed with grandmothers,

who may themselves be impoverished and experience depression, stress, and multiple health problems (Kelley, Yorker, Whitley, & Snipe, 2001; Minkler & Fuller-Thomson, 1999; Musil & Ahmad, 2002; Ross & Aday, 2006).

The unintended harm caused by the misuse of kinship care is readily apparent when looking at the large number of African American children who are in kinship care placements with grandmothers and other elderly or frail relatives. The odds are higher (83%) for African Americans to be grandparent caregivers than for other racial-ethnic groups (Minkler & Fuller-Thomson, 1999). A number of studies have noted that kinship caregivers are often grandparents who are older than the age of 60 (Chipungu, Everett, Verduick, & Jones, in press; Gebel, 1998; Geen & Clark, 1999; Harden, Clark, & Maguire, 1997; Testa & Rolock, 1999). Approximately 20% of the grandparents who are kinship caregivers live in poverty, and 41% live below the poverty level (U.S. Census Bureau, 2000).

The monthly Temporary Assistance for Needy Families (TANF) payment usually received by kinship caregivers is \$200 and is based on the number of children in their care; however, foster parents typically receive board payments of \$356 to \$531 for children in their care, and these payments are based on the age of the child (Hill, 2004). Moreover, despite their eligibility, few kinship care families take up important government benefits, which has a disparate effect on kin caregiving families, because it does not cost less to care for a child with a relative than for a child with a nonrelative (Hill, 2004). According to the U.S. Children's Bureau (2000), formal kinship caregivers are usually not well educated, African American, single, older, and poor. Furthermore, grandmothers are typically caring for sibling groups rather than for a single child (Berrick, Barth, & Needell, 1994). By virtue of their age and health status, they may not live to see the children in their care reach adulthood; yet they are frequently encouraged to adopt their grandchildren or great-grandchildren (Harris & Skyles, 2005).

Child welfare practices, however, encourage workers' continual overuse of kinship care placements in their work with African American children to the detriment of the needs of the biological family (Grant, 2004; Harris, 1997; Stehno, 1982; Walker, Zangrillo, & Smith, 1994). Intensive work is required to achieve family reunification. Child welfare workers often do not make the necessary effort required to help birth parents achieve family reunification, especially those parents who have substance abuse or mental health problems (Fein, Maluccio, & Kluger, 1990; Garland, Landsverk, & Lau, 2002; Harris, 1997, 1999; Walker et al., 1994). In 2004, only 29% of African American children exited foster care, whereas 45% of White children exited the system (U.S. Department of Health and Human Services, 2006).

Researchers have clearly shown that when family reunification is successful for children in kinship care placements, children are less likely to reenter the child welfare system (Berrick et al., 1994).

To highlight the individual and systemic practices that perpetuate the overuse of and reliance on kinship care and instead emphasize family reunification as the permanency plan for African American children in the child welfare system, we first discuss how kinship care is affected by federal child welfare policy and provide a historical perspective on how that policy has evolved during the past few decades. We then discuss the number and proportion of African American children entering the child welfare system and receiving kinship foster care, distinguishing between formal and informal kinship care. We conclude with implications for practice and research and demonstrate that kinship care is, in fact, overused for African American children, to their detriment.

## Evolution of Kinship Care Policies

Kinship care policies, developed primarily through federal legislation, reflect the changing landscape and debate about the role and responsibilities of government and of families toward children. In addition to the policies concerning safety and permanency for children, several important federal policies pertain to income assistance, which affects the economic well-being of households providing kinship care. The 1950 amendments to the Social Security Act authorized eligible relatives and dependent children to receive payments under the former Aid to Dependent Children (ADC) program (Title IV-A of the act), later known as the Aid to Families with Dependent Children (AFDC) program. Under these programs, if the relative was deemed ineligible for assistance, the relative household could receive a child-only grant (Leos-Urbel, Bess, & Geen, 2002). The federal role expanded as a result of the recognition that some states were not providing ADC payments to children whose homes were determined "unfit" (Courtney, 1997).

Child welfare policy responded to the necessity of providing financial assistance to caregivers of children in foster care in the 1961 amendments to Title IV of the Social Security Act, which authorized federal reimbursement payments to licensed foster parents for AFDC-eligible children (Leos-Urbel et al., 2002; Smith & Devore, 2004). At that time, relative caregivers were usually not part of the formal state child welfare system; they were not licensed as foster parents and did not receive foster parent payments (Leos-Urbel et al., 2002). If relative caregivers needed financial support for the

children in their care, they were referred to income assistance programs. In addition, if they were fully licensed foster parents, they were denied foster care rates and were provided payments at the state-established AFDC levels (Smith & Devore, 2004).

AFDC allocations, however, are generally lower, sometimes considerably, depending on the state and the number of children in care (Boots & Geen, 1999). What resulted was a dual system of payments for foster care, with kinship homes receiving lower amounts than nonrelative licensed foster homes. This practice was overturned when the U.S. Supreme Court ruled in *Miller v. Youakim* (1979) that relative foster parents who are caring for children and who are eligible for federally reimbursed foster care payments are entitled to the same federal benefits as nonrelative foster parents if they meet the same licensing standards. Nonetheless, the requirement of paying relatives the same as nonrelative foster parents was inconsistently applied across the country, with some states not paying relative foster parents at all (Smith & Devore, 2004).

The Indian Child Welfare Act of 1978 (1985) was the first law that explicitly stated a preference for kinship care (Hegar, 1999). In response to the long-standing practice of placing American Indian children in boarding homes and foster homes outside of the child's tribe and culture, the new law required that Native American children in foster care should be placed near their home and with their extended family if possible.

Further advancement of the idea of relative placements for children occurred as a result of the documentation of the harm done to children by removing them from their homes and placing them in foster care. During the 1970s, federal policy and laws created financial incentives for states to rely on foster care as the first option for children, because there was unlimited funding for out-of-home placements and there were only limited funds for preventing such placements or reuniting families. As a result, states were choosing to qualify for federal reimbursements by removing children from their homes and placing them in foster care (Guggenheim, 1999). The Adoption Assistance and Child Welfare Act of 1980 mandates that when children are removed from the care of their birth parents, they should be placed in a least restrictive environment as close as possible to their birth parents' home, in accordance with the best interests of the child. This public policy has been interpreted by many states as establishing a preference for relative foster care as the placement of choice when children are removed from their homes (Gleeson & Craig, 1994). The law also required that "reasonable efforts" be made to prevent or eliminate the need for the removal of children from their family homes and to reunify them with their parents

if possible. If reunification was not feasible, then more permanent arrangements through adoption should be found (Braveman & Ramsey, 1997). Time frames were established to ensure that permanency plans were made for each child. As a result of the implementation of the provisions of the act and the acceptability of termination of parental rights, the numbers of finalized adoptions increased (Freundlich, 1999).

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) significantly altered the federal cash assistance program by replacing the AFDC program with the TANF program. Under the TANF program, child-only grants are provided to any relative caring for a child in a kinship living arrangement, without consideration of the relative's income, as long as the relative meets the state's TANF definition of relative caregiver (Leos-Urbel et al., 2002). PRWORA legislation also addressed kinship care by requiring states to "consider giving preference to an adult relative over a non-related caregiver when determining a placement for a child, provided that the relative caregiver meets all relevant State child protection standards" (PRWORA, 1996).

The following year, child welfare legislation affirmed the importance of relatives in providing child welfare services. In 1997, ASFA recognized the unique position of kinship placements within the foster care system by stating that "a fit and willing relative" could provide a "planned permanent living arrangement." Under ASFA, kinship care was clearly acknowledged as a preferred placement resource (Jimenez, 2006). ASFA also stated that on a case-by-case basis, the requirements regarding termination of parental rights may not have to occur within the allotted time frame if a relative is caring for the child. ASFA, however, was interpreted by many family advocates as a policy that changed the goals of the child welfare system from a focus on reuniting children with their birth parents to (a) encouraging states to increase adoptions, (b) requiring shorter timetables for terminating parental rights, and (c) providing financial incentives to states for placing children in adoptive homes (Baillie, 1998; Doran & Roberts, 2002; Guggenheim, 1999; Roberts, 2001). ASFA mandates the state to petition the court to terminate parental rights if a child is in foster care for 15 of the past 22 months.

With reference to payment of kin, ASFA allows states to request Title IV-E reimbursement for kinship foster care expenses only if the relative meets the same foster care licensing standards as nonkin. Federal policy also permits states to waive or modify existing standards for kin on a case-by-case basis if the state seeks federal reimbursement for expenses associated with the relative kinship placement. To do otherwise would require that states would have to support these kin with state-only TANF funds (Leos-Urbel et al., 2002).

Current federal policy makes a clear declaration of the important role of family in the life of the child. In those circumstances where a child must be removed from a birth parent, there is an unequivocal preference for the child to be placed in a relative's home while services are being provided to the birth parent. Yet as kinship placements burgeoned in the African American community in response to the increasing child welfare caseload in the 1980s and 1990s, inequities and inconsistencies in treatment and service provision to African American children and their families in comparison to the other children and their families in the child welfare system surfaced (Hill, 2006).

### **The Use of Kinship Care**

Since the 1980s, kinship care has been the most rapidly growing component of the substitute care system. In the African American family, it is quite common for relatives to provide care for children whenever there is an existing need (Hill, 1987; Martin & Martin, 1983; Stack, 1974). Beginning in the early 1990s, the formal placement of children in kinship care became a common child welfare practice in large urban states such as California, Illinois, and New York, with the majority of the children in kinship care placements being children of color, who were often members of socioeconomically disadvantaged families (Barth & Berry, 1990; Kusserow, 1992; Testa, 1992, 1993; Wulczyn & Goerge, 1992). For example, in 1990, 48% of all foster care placements in New York were kinship care placements (Meyer & Link, 1990). According to Testa (1993), the number of African American children from Cook County, Illinois, in kinship care placements increased from 33% in 1977 to 1978 to 65% in 1991 to 1992. More than half (56%) of the African American children initially placed in Cook County in 1991 to 1992 were placed with relatives (Testa, 1993).

African American children have continued to make up the majority of children in public kinship care (Cook & Ciarico, 1998; Geen & Clark, 1999; Landsverk, Davis, Ganger, Newton, & Johnson, 1996; Scannapieco, Hegar, & McAlpine, 1997). According to Cook and Ciarico (1998), African American children are approximately 60% of children in public kinship care and only 45% of children in nonkinship foster care. Hill (2004) found that African American children are twice as likely to be placed with kin as White children (29% vs. 14%).

Children enter the formalized child welfare system for a variety of reasons, including physical neglect, abuse, emotional neglect, sexual abuse, abandonment, and exploitation. In a recent study of victims of child abuse or neglect,



more than 60% of child victims enter the child welfare system because of neglect (Center for Family Policy and Research, 2006). A strong correlation between race and the Black child's entry into the child welfare system was highlighted by Brisset-Chapman and Issacs-Shockley (1997). Although White children composed 75% of the U.S. child population, they represented only 42% of the children who were placed in foster care. African American children represented 15% of the child population yet were 43% of the children who were placed in foster care (Woodley & Bailu-Etta, 1997).

Racism plays a large part in the social context of family situations that bring children into care. In a study of urban families referred for child neglect, the most startling finding was the economic disparity between African-American and White families. Although almost all of the families in the sample were poor, African-American families suffered even more from economic inequality than those in the general population. (Downs, Moore, McFadden, & Costin, 2000b, pp. 319-320)

The kinship networks of most African American families include relatives as well as individuals not related by blood and marriage. Shared child rearing among kin members (biological or "fictive") is a long-standing tradition in African American families (Stack, 1974). African American families continue to have an extensive and intensive kin network. White (1984) explored the "uncles, aunts, big mamas, boyfriends, older brothers and sisters, deacons, preachers, and others who operate in and out of the Black home" (p. 123). For many African Americans, the definition of family has always connoted immersion in their family kinship network, as indicated by Laird (1979):

Human beings are profoundly affected by the family system of which they are a part. Kin ties are powerful and compelling, and the individual's sense of identity and continuity is formed not only by the significant attachments in his intimate environment but also is deeply rooted in the biological family—in the genetic link that reaches back into the past and ahead into the future. . . . Ecologically oriented child welfare practice attends to, nurtures and supports the biological family. Furthermore, when it is necessary to substitute for the biological family, good practice dictates that every effort is made to preserve and protect important kinship ties. (p. 175)

In traditional or informal kinship care, relatives expect and accept reliance on one another whenever the need arises. Grandparents, aunts, uncles, cousins, sisters, and brothers share the responsibility for child care.

In fact, it is not unusual for a child or children to be informally adopted and reared by the extended family members who have the necessary resources that the birth parents do not have (Hill, 1987, 1997). This practice is viewed as a positive aspect of extended family support. According to Stack (1974), this process of "child keeping" is viewed as a survival method that evolved out of a realization in the African American culture of the problems and stressors inherent in rearing children with little or no economic resources.

During the 1980s and 1990s, there was a dramatic increase in the number of African American grandparents caring for their grandchildren, attributable in large part to the epidemic of crack cocaine and HIV/AIDS (Downs, Moore, McFadden, & Costin, 2000a; Hill, 2004). Many of these grandparents provided care for their grandchildren informally because they did not want to be involved with the child welfare system. Currently, many grandparents and other relatives continue to provide care for kin informally, that is, without receiving any governmental financial support or services (Child Welfare League of America, 2006). The number of kin who provide care informally is approximately 1.5 times greater than formal kinship placements (Ehrle & Geen, 2002; Ehrle, Geen, & Clark, 2001). In these informal kinship systems, relatives provide care for children and their mothers who are abusing drugs and/or other substances. According to Weinstein and Takas (2001), the primary reason for placement of children in kinship care is substance abuse by a biological parent. It is quite common for the child(ren), birth mother, grandmother, and other members of the extended family to live in the same home.

In formal kinship foster care, relatives do become involved with the child welfare system as foster parents. The child welfare system has the responsibility for the care of the child because it has taken custody of the child, and any relative who wants to provide care for a child must have her or his home assessed and licensed and must adhere to all rules and regulations of the formal foster care system. Relative caregivers receive monthly financial payments for the care of each child placed in their home by the child welfare agency.

## **The Overuse of Kinship Care**

As shown above, public policy supports the placement of children with relatives while child welfare professionals work with the parents to remediate the problems that caused the removal and to reunify the family. We argue that kinship care is overused and misused in child welfare practice

with African American children. Child welfare practitioners appear to view kinship care as the final, not temporary, solution for the large number of children who disproportionately enter and remain in the child welfare system (Bowser & Jones, 2004; Cahn & Harris, 2005; Caliber-Associates, 2003; Harris & Skyles, 2005; Hill, 2001; Hines, Lemon, & Wyatt, 2004). The exit rate for White children is 46%, compared to 29% for Black children (U.S. Children's Bureau, 2000). Overall, researchers have found that children in kinship care have lower rates of reunification from the foster care system than children placed in nonrelated foster care, especially African American children (Goerge, 1990; Harris, 1997, 1999; Scannapico et al., 1997).

Jenkins and Diamond (1985) found the length of stay in foster care to be partially explained by race. They used census data and a range of demographic variables for more than 300,000 children from 3,000 counties in the United States. African American children remained in foster care an average of 1 year longer than White children. The length of stay for African American children averages 739 days, compared to 466 days for White children, because of lower rates of adoption, slower exit rates, and lower rates of family reunification for African American children (Wilson, 2006).

Goerge (1990) describes three reasons for reunification of children and their birth parents: (a) enhancement of child well-being, (b) possible damage to parent-child relationship from foster care placement, and (c) that foster care is very costly and there are limited families for adoption. Although our public policy commitment to reunification remains strong, the commitment to the reunification of African American children, as evidenced by their return home rates, is weak. White children are more likely to be reunified than African American children. Race has been found to have a significant relationship to reunification in prior research (Barth et al., 1987; Courtney, 1994; Harris & Courtney, 2003; McMurtry & Lie, 1992; Wells & Guo, 1999). It has been suggested that kinship care placements are used when family reunification is not likely or when conflictual relationships with birth parents are incongruent with family reunification (Broad, 2001).

Several studies have confirmed differences in services received by children, caregivers, and parents according to race (Courtney, Barth, Berrick, Brooks, & Parks, 1996; Katz, Hampton, Newberger, & Bowles, 1986; Maluccio & Fein, 1989; Walker et al., 1994).

Research on delivery of services to the children and their families in the child welfare system consistently demonstrates that African American children are at a disadvantage regarding the range and quality of services provided, the type of agency to which they are referred, the efficiency with which their

cases are handled, the support their families receive, and their eventual outcomes. (Harris & Skyles, 2005, p. 95)

Instead of allowing African American children to languish in their kinship care placements, every effort must be made to provide the services required to reunify these children with their parents, unless reunification is clearly not in the best interest of the child. Priority must be placed on family reunification for African American and all children in kinship care placements. Furthermore, workers must cease behaving as if the kinship placement is the equivalent of the children living with the parent and must stop failing to provide very little or no services to the children, the birth parents, and kin caregivers. Until the child welfare system and practitioners end these less advantageous and inequitable practices, kinship care will continue to be a dead end for African American children.

Many child welfare agencies are encouraging adoption as the permanency plan for children in kinship care placements. Informal adoption has been the norm in the African American culture from slavery to the present time. Many kinship caregivers are reluctant to formally adopt their kin because of existing familial relationships. Researchers have shown that kinship caregivers do not see the need to adopt children already in their care because the children were "already family" (Hegar & Scannapieco, 1994; Tataara, 1993; Thorton, 1987, 1991). In 2001, only 24% of adoptions were by kinship caregivers, as opposed to 59% of adoptions by foster parents (U.S. Department of Health and Human Services, 2003).

Although African American kinship caregivers demonstrate a commitment and attachment to children in their care, they also express a strong desire for children to be reunified with their birth parents. After all, these placements present many challenges for grandparents, great-grandparents, and other relatives who are kin caregivers (Hill, 2004; Jantz, Geen, Bess, Scarcella, & Russell, 2002). These challenges include a lack of financial resources, lack of knowledge regarding social service systems and educational systems, inadequate or no child care, and lack of health insurance and health care services. The use of kinship care has seriously burdened many caregivers, especially when resources and services are only minimally provided to kinship families.

## Conclusion

Current child welfare policies and practice are in direct conflict with efforts to reunify African American children in kinship care with their birth

parents. Given that kinship care placements are continuing to increase rather than decrease, it is imperative for child welfare practitioners to focus on service delivery that will facilitate positive family functioning and to employ the best child welfare practice when providing services and supports to African American children and their kinship caregivers. These practices should be culturally sensitive and include all members of the family system in developing and implementing the permanency plan. The relationship between growing children and parents is the major point of development, and family preservation or family reunification when children are placed in kinship care should be the primary permanency goal.

Child welfare practitioners would be wise to focus on preserving the relationship between African American children and their parents. Preservation of this relationship requires intensive work with birth parents to assure that they receive a high caliber of services and supports to alleviate the problems that caused an inability to care for their child and resulted in placement in kinship care. Child welfare practitioners need to provide culturally sensitive assessments and services from the time of kinship care placement until the child is successfully reunified with birth parents. It is not enough to simply provide case management services. Best child welfare practice dictates that workers have the knowledge and clinical skills to provide intensive and long-term services to African American children and families that encompass multicultural factors, that is, language barriers, culturally specific parenting approaches, values, norms, and so on. All of the aforementioned must be proactively addressed when family reunification is the stated permanency goal for any African American child who is placed in kinship care. The changes that we are suggesting should be applied to all families, not just African American families. Practices need to be family centered and thus focused on the values, beliefs, and goals of the family and not the system. Kinship caregivers need to be actively involved in any decisions regarding the permanency plan for any children placed in their care.

Although the enactment of the Adoption Assistance and Child Welfare Act of 1980 and ASFA of 1997 were intended to decrease the length of stay for children in foster care, African American children continue to remain in the system longer than White children. African American children are remaining in kinship care placements for longer and longer periods of time and entering kinship care placements in alarmingly large numbers. It is futile to continue to express a commitment to reunification yet aggressively adopt and implement policies that use cost-containment measures to reduce services to children and their families in formal kinship care. It appears that child welfare policies directly affecting children and families in kinship care need to be reevaluated because of their unique and complex issues.

Clearly, further research is needed that is geared to gaining a greater understanding of the barriers and conditions, both individual and systemic, that are resulting in the disproportionate number of African American children in the child welfare system who continue to remain in kinship care placements and are not reunified with their birth families. There is a need for research that examines child welfare policies and disparities in practice with African American children and families in kinship care. Policy, as well as practice, needs to reflect a continuum of coordinated and equitable services to facilitate reunification of African American children who are in kinship care placements with their birth parents.

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