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**Benefits of Kinship Placement**

Social science support for your in-court and out-of-court legal advocacy

*A tool for lawyers*

This tool was created by the Children’s Rights Litigation Committee of the American Bar Association Section of Litigation. Thank you to everyone who contributed to this document including Andrew Cohen, Dir. of Appellate Panel, Massachusetts Committee for Public Counsel Services, Children & Family Law Division; Cathy Krebs, Committee Director, ABA Litigation Section Children’s Rights Litigation Committee; Corey Jacobson and Kylah Clay, Legal Interns, Massachusetts Committee for Public Counsel Services, Children & Family Law Division; and DLA Piper LLP (US). Special thanks to Heidi Redlich Epstein, JD, MSW, Director of Kinship Policy and Director of State Projects, ABA Center on Children and the Law and her legal and social work interns for their assistance with the research summaries and input.

Information is up to date as of January 2022. To share information to be added to this tool or to provide feedback, please e-mail [cathy.krebs@americanbar.org](mailto:cathy.krebs@americanbar.org)

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**Benefits of Kinship Placement**

1. **Executive Summary**

Research shows that kinship care for children in the child welfare system often leads to better outcomes for children than when they are placed in non-kinship care. Specifically, kinship care generally leads to fewer placements, greater stability for children, and more contact with parents, siblings, and other kin. In addition, children in kinship care generally have better mental and physical health, fewer behavior problems, higher levels of competence, higher levels of placement satisfaction, and better outcomes as adults.

Government institutions often pose obstacles to kinship care. In some states, the regulatory framework makes it difficult for kinship caregivers to become licensed or approved as foster parents for their related children. Kinship caregivers often have difficulty understanding and processing the paperwork necessary to access financial and other benefits, and they are often ineligible for certain benefits or financial supports. Compounding these problems, kinship caregivers – particularly grandparents – often have limited financial resources prior to taking on a caregiving role. Because kinship caregiving often arises on an emergency basis, caregivers often lack access to childcare, respite care, or other services. Counsel for parents and children who support the kinship caregiving arrangement should consider advocating for, and helping the caregivers to obtain, necessary benefits, supports, and services to assist in ensuring a successful placement.

1. **How to Use This Tool**

How you can use this tool in trial or appellate advocacy will largely depend on your jurisdiction. For example, you may be able to include the clinical summaries below (or your own synthesis/analysis of them) in your:

* Motion for custody to a kinship resource
* Guardianship petition for a kinship resource, or your client’s motion in support of a that person’s guardianship petition
* Permanency plan, or opposition to the agency’s permanency plan
* Adoption plan or opposition to an adoption plan
* Motion for visits with the kinship resource
* Other motion, petition, memorandum, or
* Appellate brief to educate your appellate court on the importance of kinship placements.

There are other ways, outside of court, you can use this toolkit to affect the outcome of your case or even to effectuate long-term change. For example, you may be able to provide this tool to:

* Your expert
* Your child client’s therapist/mental health provider
* Your child client’s residential/group home case manager
* A guardian ad litem, CASA, probation officer, or other “neutral” investigator in order to educate (and persuade) them
* The agency social worker or other staff in order to educate (and persuade) them.

Any workgroup or committee in your jurisdiction, including those that include judicial officers, to further educate them on this issue.

Further, if you have provided this information to your own expert, you may, depending on the jurisdiction, be able to examine the expert on it. If you have provided it to one or more of the other persons listed above, your jurisdiction may permit you to examine or cross-examine them as to whether they read it and whether they pursued (or failed to pursue) a kinship placement.

In any event, regardless of jurisdiction, counsel should be able to *speak* to judges and social workers about the benefits of kinship placement (as set forth in section III, below). Decisions in child welfare cases should be guided by social science research.

Please note that we are including URLs to all cited articles. Some URLs link to complete articles; others link to abstracts, where the complete article can be ordered from the author or from a proprietary database.

1. **Talking Points for Trial Counsel**

Below are key takeaways and talking points from social science research that may help lawyers persuade judges (and the foster care agency) to place children with kin. Note that all sources cited in these talking points are discussed, with full citations, in section V.

1. **When children are removed from parents, they generally have better outcomes when placed with kinship caregivers than their peers who are placed in non-kinship placements. Benefits from kinship care include:**

* Reduced trauma after removal by providing familiarity, continuity, and retention of familial ties. ([Epstein 2017](#epstein_2); [Ehrle & Geen 2002](#Ehrle_2002)).
* Improved mental health outcomes. ([Epstein 2017](#Epstein_2017); [Messing 2006](#Messing_2006); [Winokur, et al. 2018](#Winokur_2018)).
* Fewer behavioral problems and better social outcomes. ([Holtan, et al. 2005](#Holtan_2005); [Rubin, et al. 2008](#Rubin_2008); [Sakai, et al. 2011](#Sakai_2008); [Winokur, et al. 2018](#Winokur_2)).
* Better educational outcomes and educational stability. ([Conway & Hutson 2007](#Conway_2007); [Holtan, et. al. 2005](#Holtan_2); [Mass. Ct. Impr. Prog. 2019](#Mass_gov)).
* Greater placement stability and higher levels of permanency. ([Hegar & Rosenthal 2009](#Hegar_2009); [Koh 2010](#Koh_2010); [Koh & Testa 2008](#Koh_2008); [Koh & Testa 2011](#Koh_2011); [Sugrue 2019](#Sugrue_2019); [Winokur, et al. 2018](#Winokur_3); [Winokur, et al. 2018](#Winokur_4))
* Better cultural, ethnic, racial, and traditional connections to their communities of origin. ([Child Wel. Info. Gateway 2021](#Gateway); [Conway & Hutson 2007](#Conway_2); [Hopkins 2020](#Hopkins_2020); [Nat’l Ass’n of Black Soc. Workers 2003](#SocialWorkers); [Sugrue 2019](#Sugrue_2)).
* Stronger ties to the child’s biological family. ([Holtan, et al. 2005](#Holtan_3); [Metzger 2008](#Metzger_2008)).
* Greater placement satisfaction for children and youth, including feelings of love and belonging. ([Chapman, et al. 2004](#chapman_2004); [Conway & Hutson 2007](#Conway_3); [Hegar & Rosenthal 2009](#Hegar_3); [Metzger 2008](#Metzger_2); [Montserrat & Casas 2006](#Montserrat_2006)).

1. **Kinship care is most effective when caregivers are provided proper services and support.**

* Kinship care should generally be prioritized and supported. ([Bissell, 2017](#bissell_2017); [Doblin-MacNab 2015](#doblin_2015); [Lin 2014](#lin_2014); [Miller 2017](#Miller_2017); [Raphel 2008](#Raphel_2008))
* Kinship caregivers need better, and more equitable, access to the financial resources and services available to non-kinship foster families. Their caregiving role often comes unexpectedly, leaving many kinship caregivers unprepared for the financial demands of caring for a child. Consequently, child welfare agencies and state governments should work to provide a greater number of resources to meet the demands of caregiving. ([Bailey, et al. 2013](#Bailey_2013); [Lin 2014](#lin_2)).
* Kinship caregivers need more flexible licensing standards in order to remove barriers to kinship care. ([Bissell 2017](#bissell_2017); [Miller 2017](#Miller_2017)).
* Kinship caregivers need better access to and information about supportive services, support groups, and parenting skills training/education. ([Castillo, et al. 2013](#castillo_2013); [Collins 2011](#collins_2011); [Gerard, et al. 2006](#gerard_2006); [Hayslip, et al. 2019](#hayslip_2019); [Hayslip & Kaminski 2005](#hayslip_2005); [Kirby 2015](#kirby_2015); [Lee & Blitz 2014](#blitz_2014)).
* Kinship caregivers need resources directed to their individualized needs. ([Carr, et al. 2012](#carr_2012); [Hayslip, et al. 2020](#hayslip_2020)).
* Child welfare agencies and advocates can better support kinship caregivers if they consider cultural, racial, and ethnic differences and the impact of systematic oppression on different groups. ([Carr, et al. 2012](#carr_2); [Collins 2011](#collins_2); [Fuller-Thompson 2005](#fuller_2005); [Kopera-Frye 2009](#frye_2009)).

1. **Federal and state law and policy resources regarding kinship placements**

* *New Opportunities for Kinship Families: Action Steps to Implement the Family First Prevention Services Act in Your Community*, Aba Center On Children And The Law, Children’s Defense Fund, And Generations United (last accessed 1/21/22),

<https://www.grandfamilies.org/Portals/0/Documents/FFPSA/new-opportunities-kinship-families.pdf>.

This brief champions the federal Family First Prevention Services Act (Family First Act) and encourages meaningful implementation to support kinship families. It highlights the potential benefits of the Act for kin, such as prevention services to keep children out of foster care, elimination of licensing barriers in order to increase the number of kinship foster homes, support for kinship navigator programs to aid kinship families, and better family involvement for children in group homes.

* Children’s Bureau, *Placement of Children with Relatives: State Statutes Current through January 2018*, Child Welfare Information Gateway (Jan. 2018),

<https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/placement/>.

This article details how U.S. states and territories can receive federal support for foster care and adoption under Title IV-E of the Social Security Act. In particular, Title IV-E requires that states “consider giving preference to an adult relative over a non-relative caregiver . . . provided that the relative caregiver meets all relevant state child protection standards.” This provides an incentive to place children with kin when possible. The article also discusses various state requirements for placement with kinship providers, including inquiries into the caregiver’s criminal background, fitness and willingness to provide the child care. The article notes that some states provide provisional foster care licensure, while many more require the caregiver be fully licensed in order to assume care.

1. **Social Science Research**
2. **Children removed from their parents generally experience better outcomes when placed with kin, including:**
3. **Reduced trauma upon removal**

* Heidi Redlich Epstein, *Kinship Care is Better for Children and Families*, 36 ABA Child L. Prac. Today 77 (2017),

<https://www.americanbar.org/groups/public_interest/child_law/resources/child_law_practiceonline/child_law_practice/vol-36/july-aug-2017/kinship-care-is-better-for-children-and-families/>

This review of social science research concludes that children have better mental health measures when placed with relatives than when placed in non-kinship foster care. First, placing children with kin caregivers minimizes the trauma that comes with removal. When children are removed from their homes, they often lose all prior attachments. Placement with a relative diminishes the loss that comes with removal from parents. Additionally, children who live with relatives have fewer school changes and a better relationship with their caregiver than children who live with unrelated foster parents. Moreover, children who live with relatives are more likely to live with or stay connected to their siblings.

* Jennifer Ehrle & Rob Geen, *Kin and Non-Kin Foster Care – Findings from a National Survey*, 24 Child. & Youth Servs. Rev. 1-2, 15-35 (Feb. 2002), <https://www.sciencedirect.com/science/article/pii/S0190740901001669>

This article explains that children placed in kinship care can experience less trauma upon removal because of the familiarity, continuity, and connection to family ties these placements offer. Despite these benefits, kinship caregivers are provided fewer financial and family support resources than non-kinship caregivers, which hampers kinship caregivers’ ability to provide care and reduce trauma.

1. **Better mental health outcomes**

* Heidi Redlich Epstein, *Kinship Care is Better for Children and Families*, 36 ABA Child L. Prac. Today 77 (2017),

<https://www.americanbar.org/groups/public_interest/child_law/resources/child_law_practiceonline/child_law_practice/vol-36/july-aug-2017/kinship-care-is-better-for-children-and-families/>

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* Jill Theresa Messing, *From the Child’s Perspective: A Qualitative Analysis of Kinship Care Placements*, 28 Child. & Youth Servs. Rev. 1415 (Dec. 2006), <https://www.sciencedirect.com/science/article/pii/S0190740906000673?via=ihub>.

This study focuses on seven focus groups that consist of forty children; thirty of them had caregivers who were legal guardians and the remaining ten were under informal kinship care. Questions were presented to the children regarding their transition into care, family relationships, stigma they faced in care, and placement stability. Many children were placed in kinship care when they were too young to remember the transition; for those who were not, the option to live with a relative caring for a sibling factored into their decision to live with the relative. Children overall adjusted smoothly and saw their caregiver as a constant source of support. Children did not feel ostracized from their peers due to their living arrangement and often had friends who could relate as they also lived with a kinship caregiver. Last, the children saw their placements as stable but not permanent because most sought to eventually live with their parents.

* Marc A. Winokur, et al., *Systematic Review of Kinship Care Effects on Safety, Permanency, and Well-Being Outcomes*, 28 Res. on Soc. Work Prac. 19 (2018), <https://www.researchgate.net/publication/288888726_Systematic_Review_of_Kinship_Care_Effects_on_Safety_Permanency_and_Well-Being_Outcomes>

This review evaluates the effects of kinship care compared to foster care on factors such as safety and well-being of the children. The authors review and evaluate 102 quasi-experimental studies and extract outcome data for meta-analysis. Their findings show that children in kinship care have fewer behavioral problems and mental health disorders in comparison to children in non-kinship foster care. Children in non-kinship foster care are 2 times more likely to experience mental illness than children in kinship care. They also have less placement disruption; children in non-kinship foster care are 2.6 times more likely to experience three or more placements than children in kinship care. Children in kinship care also have similar reunification rates. Because there is a significant disparity between the mental health and the number of placements of children in foster care and children in kinship care, the researchers assert that kinship care should be a priority for children who cannot live with their parents.

1. **Better behavioral and social outcomes**

* Amy Holtan, et al., *A Comparison of Mental Health Problems in Kinship and Non kinship Foster Care*, 14 European Child & Adolescent Psych. 200 (2005),

<https://www.researchgate.net/publication/7762944_A_comparison_of_mental_health_problems_in_kinship_and_nonkinship_foster_care>

Children in kinship care experience fewer placement changes, maintain greater contact with their biological parents, and stay closer to their original community, all of which are associated with positive behavioral outcomes. This study compares psychiatric problems and placement characteristics of 124 children (ages 4-13) in kinship and 90 in non-kinship foster homes in Norway, with a minimum one-year stay in care. Their caregivers filled out the Child Behavioral Checklist (CBCL), a 120-item questionnaire that reflects their view of the child’s behavior. Results show that kinship placements are more stable, and these children have fewer prior placements and foster care breakdowns. Additionally, the kinship group scores significantly higher than the non-kinship group on Total Competence and School Competence scales. Regarding the CBCL Total Problem scales, which measures Total Problems, Withdrawn Behavior, Social Problems, Attention Problems, and Delinquent Behavior, 51.8% of the non-kinship group score above the borderline and only 35.8 % of the kinship group score above the borderline Total Problem score. The kinship group are more integrated with their community and have more contact with their biological parents, which could influence their lower Total Problem scores.

* David M. Rubin, et al., *Impact of Kinship Care on Behavioral Well-being for Children in Out-of-Home Care*, 162(6) Arch. Pediatr. Adolesc.Med. 550-56 (June 2, 2008), <https://jamanetwork.com/journals/jamapediatrics/fullarticle/379638>.

This cohort study examines the association between kinship care and likelihood of child behavior problems after 18 and 36 months in out-of-home care, using a national sample of children who entered out-of-home care. To gather data, interviews were conducted with children, caregivers, birth parents, child welfare workers, and teachers. This study finds that children in kinship care experience fewer behavioral problems than peers in non-kinship care three years after placement. The study characterizes kinship care as a “protective effect” against behavioral problems. Furthermore, children placed directly in kinship care, rather than being placed into foster care and then transitioning later to kinship care, exhibit better behavioral outcomes than children originally placed with non-kin.

* Christina Sakai, et al., *Health Outcomes and Family Services in Kinship Care, Analysis of a National Sample of Children in the Child Welfare System*, 165 Arch. Pediatr. & Adolesc. Med. 159 (Feb.7, 2011), <https://jamanetwork.com/journals/jamapediatrics/fullarticle/384260>.

This three-year study on health outcomes for children in kinship care relies on the National Survey of Child and Adolescent Well-Being and utilizes face-to-face interviews and assessments with 1,308 American children and caregivers, with follow-up interviews three years later. Children in kinship placements show “significantly lower risks of behavior problems and poor social skills” in comparison to non-kinship placed children three years post-placement, despite the lack of support for kinship caregivers in comparison to non-kinship foster caregivers.

* Marc A. Winokur, et al., *Systematic Review of Kinship Care Effects on Safety, Permanency, and Well-Being Outcomes*, 28 Res. on Soc. Work & Prac. 19 (2018), <https://www.researchgate.net/publication/288888726_Systematic_Review_of_Kinship_Care_Effects_on_Safety_Permanency_and_Well-Being_Outcomes>.

The authors review 102 quasi-experimental studies that extracted outcome data for meta-analysis, finding that children in kinship care have fewer behavioral problems and increased well-being. This may be related to the lower levels of placement disruption for children in kinship arrangements.

1. **Better educational outcomes and educational stability**

* Tiffany Conway & Rutledge Q. Hutson, *Is Kinship Care Good for Kids?*, Ctr. for L. & Soc. Pol’y (Mar. 2, 2007), <https://www.clasp.org/sites/default/files/public/resources-and-publications/files/0347.pdf>

This fact sheet provides a summary of various research studies. The authors conclude that children in kinship care are less likely to change schools in comparison to children in non-kinship care placements or group care facilities. A data analysis from 2005 shows that only 63% of children in kinship care changed schools compared to 80% in non-kinship care and 93% in group care.

* Amy Holtan, et al., *A Comparison of Mental Health Problems in Kinship and Non kinship Foster Care*, 14 European Child & Adolescent Psych. 200 (2005),

<https://www.researchgate.net/publication/7762944_A_comparison_of_mental_health_problems_in_kinship_and_nonkinship_foster_care>.

Children in kinship care demonstrate higher levels of competency in school settings when compared to children in non-kinship care settings. This study measures the behavioral outcomes of 214 Norwegian children in kinship and non-kinship care settings using the Child Behavioral Checklist, which assesses behavioral and emotional problems in children. The checklist also measures competency in school settings and finds that children in kinship care score higher in this category, especially girls in kinship care. Holtan reasons that children in kinship care experience fewer placements, maintain greater contact with their biological parents, and stay closer to their original community which is associated with positive behavioral outcomes, such as school competency.

* Mass. Court Improvement Program, *Stable Placement, Stable School: Improving Education Outcomes of Children in Foster Care in Massachusetts* (Mar. 2019), <https://www.mass.gov/files/documents/2019/04/23/Educ%20Study%20Report%20printer%20Final%20March%202019.pdf>.

This study looks at data collected in Massachusetts during the 2014-2015 school year for 6,000 foster care children, as well as surveys from school counselors and other professionals who work with the children. The study finds that, in Massachusetts, children with fewer foster care placement changes have better school experiences. They are less likely to attend 2 or more schools, less likely to be chronically absent, less likely to have a disciplinary action, and less likely to be held back a grade at the end of the school year. Students in kinship homes fare better academically overall than students in non-kinship placements and have fewer school changes, better attendance, and less disciplinary actions. Recommendations from the study include adding support to keep children at home, placing children with kin when possible, and providing kin with services.

1. **Increased levels of stability and permanency**

* Rebecca L. Hegar & James A. Rosenthal, *Kinship Care and Sibling Placement: Child Behavior, Family Relationships, and School Outcomes,* 31 Child. & Youth Servs. Rev. 670 (2009),

<https://www.researchgate.net/publication/223721596_Kinship_care_and_sibling_placement_Child_behavior_family_relationships_and_school_outcomes>

This study relies on data from the Child Protective Services Sample, Long Term Foster Care, and NSCAW data which include quantitative and qualitative data from 2,472 youth in kinship or non-kinship foster care. The authors find that kinship care placements are more stable than non-kinship placements. Additionally, the study finds that kinship foster care can result in increased emotional support particularly for children in minority groups. The study also finds that children experience lower levels of internalizing problems (i.e., depression and self-blame) when placed with their siblings; this benefit was more pronounced for children in non-kin placements but was still applicable to children placed with kin.

* Eun Koh, *Permanency Outcomes of Children in Kinship and Non-Kinship Foster Care: Testing the External Validity of Kinship Effects*, 32 Child. & Youth Servs. Rev. 389 (March 2010), <https://www.sciencedirect.com/science/article/pii/S019074090900276X>.

This study examines permanency outcomes for children in kinship foster homes and non-kinship foster homes in the Foster Care Improvement Project states (Arizona, Connecticut, Missouri, Ohio, and Tennessee). The study relies on Adoption and Foster Care Analysis and Reporting System data and limits the sample size to children who are placed at kinship or non-kinship foster homes within 60 days of removal and who stay at their placement for at least a week. The study took place between 1999 and 2005 and finds that children in kinship care are more likely to experience placement stability. Placement instability is defined as experiencing “three or more placements within a year of entry.”

* Eun Koh & Mark F. Testa, *Propensity Score Matching of Children in Kinship and Non Kinship Foster Care: Do Permanency Outcomes Still Differ?*, 32(2) Soc. Work Res. 105 (2008),

<https://academic.oup.com/swr/article-abstract/32/2/105/1620753?redirectedFrom=fulltext>

This longitudinal study relies on mandatory data collected from the Adoption and Foster Care Analysis Reporting Systems (AFCARS) from 1998 to 2007. Researchers selected a random sample of records of Illinois children which included over 30,000 children and specifically matched a subset of 1,500 kinship children to 1,500 foster care children and compared the sample. The authors find that children generally experienced more placement stability in kinship care settings as compared to non-kinship placements: 71.2% of children placed with kin do not experience a placement disruption, compared to 62.9% of children in non-kinship homes.

* Eun Koh & Mark F. Testa, *Children Discharged from Kin and Non-Kin Foster Homes: Do the Risks of Foster Care Re-Entry Differ?*, 33(9) Child. & Youth Servs. Rev. 1497 (2011), <https://www.researchgate.net/publication/227414007_Children_discharged_from_kin_and_non-kin_foster_homes_Do_the_risks_of_foster_care_re-entry_differ>

The authors compare exit events from kinship and non-kinship foster care (adoption, guardianship, or return to birth parents) as well as rates of re-entry into the foster system. “[C]hildren in kinship foster homes experience greater stability during their out-of-home placements than children in non-kinship foster placements.” The authors note that “[k]in children are more likely to stay in out-of-home care for a shorter period of time than non-kin children in the samples of reunified and guardianship children, but the opposite finding is reported for adopted children.” Children in kinship foster placements have a lower rate of re-entry into the system following discharge due to reunification (16.7%) or guardianship (1.3%) than non-kinship placements (21.6% and 4.3%, respectively).

* Erin Sugrue, *Evidence Base for Avoiding Family Separation in Child Welfare Practice: An Analysis of Current Research*, Alia Innovations Org. (July 2019), <https://www.ncsc.org/__data/assets/pdf_file/0031/18985/alia-research-brief.pdf>.

This research report reviews studies addressing the impact of out-of-home placement on children who have been maltreated and the impact of kin foster home placement versus foster home with strangers on children’s wellbeing. The report finds that, when out-of-home care is necessary, kinship care is the best option for children because it provides greater stability, leads to fewer emotional problems for children, and keeps children connected to their family.

* Marc A. Winokur, et al., *Matched Comparison of Children in Kinship Care and Foster Care on Child Welfare Outcomes*, 89 Families In Soc’y: j. Contemp. Soc. Servs. 338 (2018), <https://journals.sagepub.com/doi/10.1606/1044-3894.3759>

This study uses a comparative design to review differences between children in kinship care and children in foster care by focusing on permanency, safety, and stability outcomes. The sample included children who lived in their placements for 60 days or longer and who spent 90% of their total days in the placement. The resulting sample included 1,377 children: 505 in kinship care and 872 children in foster care from 12 Colorado counties. The primary findings are: (1) non-kinship foster care children are more likely to be in multiple placements; (2) non-kinship foster care children are more likely to be reunified than kinship children; (3) kinship care children are more likely to achieve permanency through guardianship; (4) non-kinship foster care children are about 10 times more likely to have a new allegation of institutional abuse or neglect while in care; (5) non-kinship foster care children are more likely to be involved with a detention or commitment facility; and (6) non-kinship foster children stay in care placements longer than children in kinship care.

* Marc A. Winokur, et al., *Systematic Review of Kinship Care Effects on Safety, Permanency, and Well-Being Outcomes*, 28 Res. on Soc. Work & Prac. 19 (2018), <https://www.researchgate.net/publication/288888726_Systematic_Review_of_Kinship_Care_Effects_on_Safety_Permanency_and_Well-Being_Outcomes>

The authors review and evaluate 102 quasi-experimental studies and extract outcome data for meta-analysis. Their findings show that children in kinship care have less placement disruption; children in non-kinship foster care are 2.6 times more likely to experience three or more placements than children in kinship care.

1. **Better cultural, ethnic, racial, and traditional connections**

* Child Welfare Information Gateway, *Child Welfare Practices to Address Racial Disproportionality and Disparity*, U.S. Dep’t of Health & Human Servs., Admin. for Children & Families, Children’s Bureau (April 2021), <https://www.childwelfare.gov/pubPDFs/racial_disproportionality.pdf#page=1&view=Introduction>.

This report analyzes racial disparities in the child welfare system and recommends ways to reduce them, including prioritizing kinship care placements. The report discusses the cultural practices of kinship care in “many African-American, Hispanic, and American Indian or Alaska Native communities.” Prioritizing kinship care honors these traditions and promotes “the preservation of family, community, and cultural ties.” The report also emphasizes the need to provide resources for both formal and informal kinship caregivers.

* Tiffany Conway & Rutledge Q. Hutson, *Is Kinship Care Good for Kids?*, Ctr. for L. & Soc. Pol. (Mar. 2, 2007), <https://www.clasp.org/sites/default/files/public/resources-and-publications/files/0347.pdf>.

This fact sheet addresses the various benefits of placing children in kinship care versus non-kinship care. Kinship care reduces racial disparities. In many cultures, “the family and home are understood to include the extended family,” and, as a result, kinship care allows children to remain connected to their “ethnic, racial, and cultural traditions.”

* Marcía Hopkins, *Family Preservation Matters: Why Kinship Care for Black Families, Native American Families, and Other Families of Color is Critical to Preserve Culture and Restore Family Bonds*, Juvenile Law Center (Sept. 24, 2020), <https://jlc.org/news/family-preservation-matters-why-kinship-care-black-families-native-american-families-and-other>.

This blog post advocates for kinship care to promote racial equity and support permanency for children and youth. The author, a Senior Manager of Youth Advocacy Program & Policy at Juvenile Law Center, shares her lived experience and advocates for kinship care in an effort to pursue racial equity and permanency for children and youth. The author explains how communities of color have, historically, informally used kinship care to care for children and family members. The author explains that remaining with kin can provide long term positive effects such as strong bonds, a sense of community, and cultural identity. By using kinship care instead of non-kinship care, children can “remain within their family of origin” which “ensures children continue to maintain strong bonds with other family members, like siblings, and grandparents.” Consequently, children in kinship care can heal from the trauma of removal and experience a sense of cultural identity and belonging with their family. According to the author, zealously pursuing kinship care is key to promoting racial equity.

* Nat’l Ass’n of Black Social Workers, *Kinship Care Position Paper* (Jan. 10, 2003), <https://cdn.ymaws.com/www.nabsw.org/resource/resmgr/position_statements_papers/kinship_care_position_paper.pdf>.

Written by the National Association of Black Social Workers (NABSW), this position paper argues that kinship care provides “cultural and historical continuity for children who are unable to live with their parents” and serves as a “continuation of the African tradition of caring, supporting and providing cultural continuity for families.” As such, the NABSW provides seven recommendations to improve kinship care: (1) provide more resources to kinship caregivers; (2) remove culturally insensitive licensing standards; (3) entitle kinship families to the same level of foster care stipends as non-related families; (4) provide easily accessible, family/child friendly quality services; (5) lengthen the timeline for termination of parental rights; (6) provide child welfare workers with specialized training related to family legacies and kinship; and (7) expand the definition of kin/relative in policies to include extended non-relative family members.

* Erin Sugrue, *Evidence Base for Avoiding Family Separation in Child Welfare Practice: An Analysis of Current Research*, Alia Innovations Org. (July 2019), <https://www.ncsc.org/__data/assets/pdf_file/0031/18985/alia-research-brief.pdf>.

This research report reviews studies addressing the impact of out-of-home placement on children who have been maltreated and the impact of kin foster home placement versus foster home with strangers on children’s wellbeing. The report finds that children in kinship care are often able to remain closer to their biological parents and remain connected to their family history and culture. By living with kin, foster children can retain a “sense of personal and cultural identity” not available to children in non-kin placements. Living with kin can also boost self-esteem as a result of “knowing family history and culture.” These factors positively contribute to the child’s mental health and wellbeing.

1. **Stronger connections to child’s biological family**

* Amy Holtan, et al., *A Comparison of Mental Health Problems in Kinship and Non kinship Foster Care*, 14 European Child & Adolescent Psych. 200 (2005),

<https://www.researchgate.net/publication/7762944_A_comparison_of_mental_health_problems_in_kinship_and_nonkinship_foster_care>.

This study compares psychiatric problems and placement characteristics of 124 children (ages 4-13) in kinship and 90 in non-kinship foster homes in Norway, with a minimum stay in care of 1 year. Their caregivers filled out the Child Behavioral Checklist (CBCL), a 120-item questionnaire that reflects their view of the child’s behavior. Results show that children in kinship care are able to maintain higher levels of contact with their biological parents which likely contributes to positive wellbeing.

* Jed Metzger, *Resiliency in Children and Youth in Kinship Care and Family Foster Care*, 87 Child Welfare League of America 115 (2008), <https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.459.956&rep=rep1&type=pdf>

This study examines self-concept, resiliency, and social support in foster care children through a private nonprofit child welfare agency contracting with DSS. Data was collected in 1997 via voluntary participation of individuals filling out questionnaires. The questionnaire utilizes the PAIC which measures a child’s sense of well-being and self-worth. The sample size includes 107 children in New York City; 55 in non-kin foster care, and 52 in kinship foster homes. The study finds that children in kinship care experience more communication with their biological parents compared to children in non-kinship care. Children in kinship care are also more likely to receive monthly visits from both their mothers and fathers. The study also suggests that increased visitation is correlated with increased well-being for the child. Children in kinship foster homes have “significantly more robust self-concept, performance, and personal attribute scores.”

1. **Improved placement satisfaction for children and youth**

* Mimi V. Chapman, et al., *Children’s Voices: The Perceptions of Children in Foster Care*, 74(3) Am. J. Orthopsychiatry 293 (2004), <https://pubmed.ncbi.nlm.nih.gov/15291706/>

In this paper, researchers review data from 727 children who had been in out-of-home placement for 12 months. The researchers examine the children’s perceptions of their foster care experience based on demographics and placement type. They ask the children how they view their current living situation, their thoughts about where they would live in the future, and their view of their biological parents. The study finds that children in kinship care have a greater chance of liking their foster family in comparison to children in group homes and non-kinship care. Additionally, children in kinship placements are less likely to run away. They also experience closer relationships to their kin caregivers as noted by their increased likelihood to talk about personal matters like dating and relationships. Children in kinship homes also report feeling closer to and more cared for by their caregivers, displaying a level of closeness similar to the national average for children out of foster care.

* Tiffany Conway & Rutledge Q. Hutson, *Is Kinship Care Good for Kids?*, Ctr. for L. & Soc. Pol’y (Mar. 2, 2007), <https://www.clasp.org/sites/default/files/public/resources-and-publications/files/0347.pdf>.

In this factsheet comparing children in kinship care versus non-kinship care, the researchers note that children in kinship care are “[m]ore likely to report liking those with whom they live” and “[m]ore likely to report that they “always felt loved”” during their placement.

* Rebecca L. Hegar & James A. Rosenthal, *Kinship Care and Sibling Placement: Child Behavior, Family Relationships, and School Outcomes,* 31 Child. & Youth Servs. Rev. 670 (2009),

<https://www.researchgate.net/publication/223721596_Kinship_care_and_sibling_placement_Child_behavior_family_relationships_and_school_outcomes>.

This study, which relies on data from 2,472 youth in kinship or non-kinship foster care, finds that children in kinship care placements are more likely to like living with and feel part of the family, especially when living with siblings. They are also more likely to feel part of the family early into their placement, whereas children in non-kin placements take longer to feel part of their foster family.

* Jed Metzger, *Resiliency in Children and Youth in Kinship Care and Family Foster Care*, 87 Child Welfare League of America 115 (2008), <https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.459.956&rep=rep1&type=pdf>.

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* Carme Montserrat & Ferran Casas, *Kinship Foster Care from the Perspective of Quality of Life: Research on the Satisfaction of the Stakeholders*, 1(3-4) Applied Res. Quality Life 227 (2006), <https://psycnet.apa.org/record/2007-19580-001>.

This study compares the points of view of the following three stakeholders of kinship care within the child protection system in Spain: the kinship caregivers, children placed with kin, and practitioners of the Childhood and Adolescence Interdisciplinary Care Teams. This study measures stakeholders’ satisfaction with kinship care situations at least five years after kinship care had started, including the children’s satisfaction with kinship care and with life as a whole. Researchers analyzed 451 questionnaires and observed 57 caregivers who participated in caregiver support groups over a year for a total of 109 meetings. The “[r]esults showed that both children and caregivers report high levels of satisfaction with the fostering situation within the extended family.” Further, the study notes that “[t]hat the characteristics of kinship care, like the maintenance of family bonds and stability and the existence of a familiar network, may indicate already a more functional support system and suggest a positive aspect for child well-being.” Surprisingly, the satisfaction rates of children in kinship homes is higher than that reported by the population of children ages 12-16 as a whole with their natural family.

1. **To support successful kinship placements, lawyers must advocate for appropriate services and resources to support the kinship caregivers.**

Kinship caregivers often lack the financial benefits and support services needed to help them care for nieces, nephews, cousins, and grandchildren. They also often lack – or lose, after they take legal guardianship or custody – mental health and other resources necessary to help children who were removed from their homes of origin. The child protection agency, as well as other state agencies, by withdrawing, denying, or failing to give access to such supports, in effect sets kinship caregivers up to fail. Accordingly, lawyers for parents and children must zealously advocate for such supports in order to ensure that kinship placements and permanency with kin succeed.

Note that, while kinship caregivers may be grandparents, aunts, uncles, cousins, adult siblings, or even unrelated persons with a significant connection to the child falling under a broader definition of “kin,” the vast majority of clinical literature about needed support services concerns grandparents.

1. **General recommendations for creating a kin-first culture**

* Mary Bissell, *Recruiting and Supporting Kinship Foster Families*, 36 ABA Child Law Practice 4 (July 1, 2017), <https://www.americanbar.org/groups/public_interest/child_law/resources/child_law_practiceonline/child_law_practice/vol-36/july-aug-2017/recruiting-and-supporting-kinship-foster-families/>.

According to the author, child welfare reform must be grounded in children’s needs; thus, kinship care should be better supported and accessible. Bissell’s recommendations include early engagement with kin when a child is involved in child welfare services, full disclosure of options available to kin caregivers, adequate financial resources, and foster care licensing programs that consider the needs of kin caregivers.

* Megan L. Dolbin-MacNab, *Critical Self-Reflection Questions for Professionals who Work with Grandfamilies*, 2(1) GrandFamilies: The Contemp. J. of Res., Prac. & Pol. 139, 142 (Mar. 2015), <https://scholarworks.wmich.edu/cgi/viewcontent.cgi?article=1010&context=grandfamilies>.

This article poses a series of reflective questions and exercises for social workers and other professionals in child welfare to reduce the negative stereotypes and stigmas held against grandparent caregivers. For example, Dolbin-MacNab discusses the incorrect assumption that grandparents are not well-suited to raise their grandchildren because they did not raise their grandchildren’s parent well. To address bias stemming from incorrect assumptions like this, professionals should go through reflective practice to consider how their own biases impact their ability to support grandparent caregivers.

* Ching-Hsuan Lin, *Evaluating Services for Kinship Care Families: A Systematic Review*, 36 Child. & Youth Servs. Rev. 32 (2014), <https://www.sciencedirect.com/science/article/abs/pii/S0190740913003393?via%3Dihub>

This literature review relies on 13 carefully selected peer-reviewed articles evaluating services/interventions for kinship care families or caregivers. Studies generally show positive outcomes for children, caregivers, and families. The review concluded that kinship care families do not receive the same amount of financial support as their non-kin peers, often because of obstacles to foster care licensure and payments. It also noted that kinship caregivers receive lower levels of support from child welfare agencies. Lin concludes that child welfare agencies can support kinship families by ensuring access to resources and support. Both informal and formal supports – including support groups, tutoring for the child, healthcare, and legal assistance – can help achieve permanency outcomes, improve the child’s self-esteem, and boost the child’s mental health and academic performance.

* Jennifer Miller, *Creating a Kin-First Culture in Child Welfare*, 36 ABA Child L. Prac. 4 (July 1, 2017), <https://www.americanbar.org/groups/public_interest/child_law/resources/child_law_practiceonline/child_law_practice/vol-36/july-aug-2017/creating-a-kin-first-culture-/>

In this article, Miller proposes a multi-step approach to creating a kin-first culture in child welfare. The first step is a message through court and child welfare systems that children belong with their family. The next step is to develop a series of written policies that allow a kin-first culture to flourish. Kin-first policies must include notifying kin of child welfare services’ involvement, emergency placement protocols that emphasize kin placements, flexible licensing policies to ensure kin caregivers have access to needed resources, parenting training, and general financial support.

* Sally Raphel, *Kinship Care and the Situation for Grandparents*, 21(2) J. Child Adolesc. Psychiatr. Nurs. 118 (May 2008), <https://pubmed.ncbi.nlm.nih.gov/18429842/>

Raphel discusses the implications of key studies regarding kinship foster care, including a 2000 U.S. Department of Health and Human Services report stating that kinship caregivers receive less financial assistance than non-kinship caregivers despite rising costs associated with kinship care and increased demand for kin caregivers. Another report by the U.S. General Accounting Office concludes that children benefit from kinship care in terms of stability. As a result of these reports, Raphel states that kinship caregivers need education on resources they are eligible for, and states should become more involved in kinship policies and resources. For example, “many service providers are unaware of grandparent or relative caregivers and have no system for identifying them or helping them access appropriate services.” Creating a system that connects service providers to caregivers is one way the state can become more involved in supporting kinship families.

1. **Kinship caregivers need supports to be successful, including:**
   1. **Financial support**

* Sandra Bailey, et al., *“How can you retire when you still got a kid in school?”: Economics of raising children in rural areas*, 49(8) Marriage & Fam. Rev. 671-69 (Dec. 2013),

<https://www.tandfonline.com/doi/abs/10.1080/01494929.2013.803009>

Grandparents raising their grandchildren, especially single grandmothers, face significant financial difficulties, especially in rural areas. In a study of grandfamilies in Montana, researchers find that grandparents raising grandchildren are more likely to work, and more likely to work longer hours than their peers. Additionally, grandparents who are not legally recognized as foster-parents struggle to obtain financial assistance because of work requirements that elderly caregivers cannot meet. Grandparents who are legally recognized as foster parents and qualify for foster-parent benefits still struggle with making ends meet. Financial assistance and resources, such as food stamps, health care, and housing, can help caregiver grandparents.

* Ching-Hsuan Lin, *Evaluating Services for Kinship Care Families: A Systematic Review*, 36 Child. & Youth Servs. Rev. 32 (2014), <https://www.sciencedirect.com/science/article/abs/pii/S0190740913003393?via%3Dihub>

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* 1. **Support groups and parenting skills support**
* Katherine D. Castillo, et al., *The Relation Between Caregiving Style, Coping, Benefit Finding, Grandchild Symptoms, and Caregiver Adjustment Among Custodial Grandparents*, *in* Resilient Grandparent Caregivers: A Strengths-Based Perspective*,* 25-37 (Bert Hayslip Jr. & Gregory Smith eds., 2013), <https://psycnet.apa.org/record/2012-32833-002>

In this study, grandparents’ caregiving and coping styles, “perceptions of their grandchild’s behavior problems,” and resources/benefits are examined to determine how they impact the custodial grandparent’s adjustment to a parenting role. Psychological adjustments and grandparenting behaviors may impact custodial grandchildren’s adjustments. Consequently, custodial grandparents should be provided some sort of training or intervention to foster authoritative caregiving styles which can better support their grandchildren’s development.

* Wanda Lott Collins, *A Strengths-Based Support Group to Empower African American Grandmothers Raising Grandchildren*, 38(4) Soc. Work & Christianity 453-466 (2011), <https://www.proquest.com/docview/906851420?pq-origsite=gscholar&fromopenview=true>.

Support groups that provide tailored caregiver support can be helpful for African American grandmothers raising children. This report follows a support group comprised of African American grandmothers raising grandchildren in either formal or informal arrangements. The group uses five interventions centered on certain main concerns: health; social services; financial and legal matters; religious and spiritual connections; socio-economic support; and the need for respite care. The support group met with nurses, legal aid speakers, and a private lawyer to discuss the first two themes. The church tied to the support group also provides reduced charges for recordings of Sunday sermons for grandparents who could not attend either due to work, caregiving, or sheer exhaustion, so they can stay connected to their spirituality. They also meet with a counselor to “discuss strategies to reduce day-to-day anxiety and emotional frustrations.” Finally, the church offers youth lock-in programs with safe and fun activities so grandmothers can rest and socialize with their friends. These forms of support result in positive improvements for the grandmothers.

* Jean M. Gerard, et al., *Grandparents Raising Grandchildren: The Role of Social Support in Coping with Caregiving Challenges*, 62(4) Int’l J. of Aging & Human Dev. 359-383 (2006), <https://pubmed.ncbi.nlm.nih.gov/16739469/>.

Researchers examine 133 grandparents with primary responsibility for their grandchildren and the potential moderating role of social support on stressors and well-being. Results show that formal support improved the relationship between grandchild health problems and both grandparent caregiving stress and life satisfaction. Also, satisfaction with the availability and adequacy of informal (i.e., aid from family or friends) and formal (i.e., assistance from professional helpers) support systems is beneficial to grandparents regardless of children’s health and daily stressors. Professional assistance and community services are important in minimizing the negative impact of child-related challenges on grandparents’ well-being and life satisfaction.

* Bert Hayslip, Jr., et al., *Grandparents Raising Grandchildren: What Have we Learned Over the Past Decade?*, 59(3) The Gerontologist 152-163(May 2019), <https://pubmed.ncbi.nlm.nih.gov/28666363/>.

Support groups can be beneficial for grandparents taking on caregiving roles. This article provides an overview of key research on grandparents raising children and provides suggestions for future research. Most notably, the authors discuss the importance of grandparent resilience in order to “counteract the negative effects of stressors on [their] physical and mental health.” Resilience can be taught through interventions and “enhancing protective factors” such as social support and health care resources. Additionally, family trauma can increase the intensity of grandparents’ stress. Social support and healthcare resources are especially beneficial for grandparents in situations involving family trauma.

* Bert Hayslip, Jr. & Patricia Kaminski, *Grandparents Raising Their grandchildren: A Review of the Literature and Suggestions for Practice*, 45(2) The Gerontologist 262-269 (2005), <https://academic.oup.com/gerontologist/article/45/2/262/815984?login=true>.

This article reviews the literature regarding grandparent caregivers as of 2005 regarding financial resources, social support, and parenting practices. The authors note that the majority of grandparents raising grandchildren are younger than 65, and the reasons they assume this role vary by ethnicity. Caregivers report loneliness and a lack of support but nevertheless state that raising their grandchildren is inherently rewarding. They also discuss having little in common with the younger parents of their grandchild’s friends and struggling to maintain their own social networks. The authors suggest providing greater social support which can aid them in tolerating challenging behavior in their grandchildren.

* James N. Kirby, *The Potential Benefits of Parenting Programs for Grandparents: Recommendations and Clinical Implications*, 24(11) J. of Child & Fam. Studies 3200-3212 (Jan. 20, 2015), <https://psycnet.apa.org/record/2015-02742-001>

This research examines the effectiveness of parenting programs for grandparents. When grandparents participate in parenting programs, it leads to positive social, emotional, and behavioral outcomes for the children in their lives, even if the children do not directly live with them. These programs positively impact both children and grandparents. The grandparents who participate in parenting programs (specifically support groups, parenting education, and psychoeducation) have better outcomes in terms of reduced distress levels and improved grandparent-parent relationship satisfaction.

* Youjung Lee & Lisa V. Blitz, *We're GRAND: A Qualitative Design and Development Pilot Project Addressing the Needs and Strengths of Grandparents Raising Grandchildren*, 21(4) Child & Fam. Social Work 381-390 (May 5, 2014), <https://onlinelibrary.wiley.com/doi/10.1111/cfs.12153>

The authors interviewed caregiving grandparents to determine their key needs, finding that family conflicts, financial instability, and a lack of community resources are a concern of grandparents. When schools communicate openly with grandfamilies, they are able to assist these families in finding helpful, relevant resources and educational programs to ameliorate the negative experiences of custodial grandparenting and emphasize the positives. With this assistance, custodial grandparents are more supportive to their grandchildren, are more comfortable discussing diversity as it relates to their specific family unit, and feel more fulfillment from caring for their kin.

* Anne L. Strozier, *The Effectiveness of Support Groups in Increasing Social Support for Kinship Caregivers*, 34(5) Child. & Youth Servs. Rev. 876-881 (May 2012), <https://www.sciencedirect.com/science/article/abs/pii/S0190740912000229>.

Strozier argues that kinship support groups should be more readily available because of their ability to “increase formal social supports” for grandparents and combat their reported feelings of isolation. Given the unique and stressful position grandparent caregivers are in, social support groups are an important tool. The study finds that caregivers who attend support groups experience a significant increase in social support when compared to caregivers who do not attend kinship support groups. Additionally, caregivers who attend kinship support groups are more likely to seek out formal social supports from sources such as parent groups, social clubs, church members, physicians, early childhood programs, and schools.

* 1. **Knowledge of, access to, and availability of individually tailored resources**
* Gloria F. Carr, et al., *Needs for Information about Supportive Resources: A Predictor of Needs for Service and Service use in African American Grandmother Caregivers*, 10(1) J. of Intergenerational Relationships48-63 (March 7, 2012), <https://www.tandfonline.com/doi/abs/10.1080/15350770.2012.647566>.

In this study of 93 African American grandmothers, researchers find a link between what services are needed and the grandmother’s age and number of grandchildren in her care. The findings suggest that older grandmothers and grandmothers with more children in their care are more likely to need information and access to social, medical, and legal services. Though needs vary for each person, this study helps predict what resources and information may be most helpful for African American custodial grandmothers depending on their particular situation.

* Bert Hayslip, Jr., et al., *Thematic Dimensions of Grandparent Caregiving: A Focus Group Approach*, 6(1) Grandfamilies: The Contemporary J. of Res., Prac. & Pol. 1 (2020), <https://scholarworks.wmich.edu/cgi/viewcontent.cgi?article=1092&context=grandfamilies>.

This study, relying on qualitative information provided by 75 Texas grandparent caregivers during focus groups, finds that grandparents experience isolation, disenfranchisement, and marginalization from others due to financial costs of raising grandchildren and stigmatization. Providing knowledge of available resources through a needs-based approach can empower caregiving grandparents. Major concerns for grandparent caregivers include affordable and trustworthy day care, difficulty dealing with the adult child (parent of the child they are raising), dealing with their own emotions and life situations, and the emotional, interpersonal, and behavioral problems of the grandchild. The article recommends “Empowerment Training” and “Grandchildren Fact Sheets” along with grandparent specific interventions.

1. **Cultural, racial, and ethnic considerations**

* Gloria F. Carr, et al., *Needs for Information about Supportive Resources: A Predictor of Needs for Service and Service use in African American Grandmother Caregivers*, 10(1) J. of Intergenerational Relationships48-63 (March 7, 2012), <https://www.tandfonline.com/doi/abs/10.1080/15350770.2012.647566>.

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* Esme Fuller-Thomson, *Canadian First Nations Grandparents Raising Grandchildren: A Portrait in Resilience*, 60(4) Int’l J. of Aging & Human Dev. 331-342 (2005), <https://pubmed.ncbi.nlm.nih.gov/15954683/>.

This study focuses on Canadians of First Nations origin living in skipped generation households and the serious hardships they face as a result of inadequate financial assistance. The author argues that an understanding of the historical context surrounding people of First Nations origin (including forced acculturation, residential schools, and family separation) is essential when considering the hardships and resilience of these grandparent caregivers. The article discusses the cultural components of these living arrangements; while grandparents generally become involved with raising their grandchildren “in order to enhance children’s understanding of traditional ways and values,” many First Nations grandparents are unprepared when they become full-time caregivers due to a family crisis (i.e., the imprisonment or death of the grandchildren’s parents) because they are significantly financially disadvantaged. Thus, financial assistance is especially important because of the historical disenfranchisement that has contributed to their financial disadvantages.

* Karen Kopera-Frye, *Needs and Issues of Latina and Native American Nonparental Relative Caregivers: Strengths and Challenges Within a Cultural Context*, 37(3) Fam. & Consumer Sciences Res. J. 394-410 (July 2, 2009), <https://legalaidresearch.org/2020/01/31/needs-and-issues-of-latino-and-native-american-nonparental-relative-caregivers-strengths-and-challenges-within-a-cultural-context/>.

The need for resources varies depending on the family’s racial and cultural identity. This study consists of a series of interviews with Native American and Latino caregivers to determine the specific needs and issues they face as grandparents. The author finds that both groups have financial and health related concerns, but they also struggle accessing other kinds of support. Latino caregivers in particular express concerns about “inadequate resources for the child’s medical care,” while Native American caregivers struggle with legal custodial issues. Moving forward, child welfare agencies should consider how needs and issues vary across different groups of caregivers so as to best serve the families.

* Additional Resources on Cultural Issues
  + Generations United Toolkit: American Indian and Alaska Native Grandfamilies: Helping Children Thrive Through Connection to Family and Cultural Identity [American Indian & Alaska Native Grandfamilies: Helping Children Thrive Through Connection to Family and Cultural Identity - Generations United (gu.org)](https://www.gu.org/resources/american-indian-alaska-native-grandfamilies-helping-children-thrive-through-connection-to-family-and-cultural-identity/)
  + Generations United Toolkit: African American Grandfamilies: Helping Children Thrive Through Connection to Family and Culture [African American Grandfamilies: Helping Children Thrive Through Connection to Family and Culture - Generations United (gu.org)](https://www.gu.org/resources/african-american-grandfamilies-helping-children-thrive-through-connection-to-family-and-culture/)

1. **Additional Resources on Kinship Care**

Grandfamilies.org ([www.grandfamilies.org](http://www.grandfamilies.org)). This website includes a database of existing state laws and policies, resources to support grandfamilies both inside and outside of the child welfare system, and publications such as *Kinship Caregiving Options: Considerations for Caregivers* (January 2022), <https://www.grandfamilies.org/Portals/0/kin-caregiving-options-dec21%202022-01-10%2022_34_13.pdf>