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Kinship care and service utilization: A review of predisposing, enabling, and need factors

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ABSTRACT

Research has shown that relative caregivers are less likely to use formal supports and services than non-relative foster parents. However, less is known about factors influencing kinship caregivers' help-seeking behaviors and service use. This systematic review identified research studies examining factors associated with service use among kinship caregivers using key search terms in five computerized bibliographic databases and four journals. The search identified 337 potentially relevant studies. After screening and study eligibility assessments, a final sample of 13 studies was reviewed. Findings suggested that although children and their kinship caregivers were clearly in need of services, service use was low. Results suggested a need for more rigorous research designs and that the following factors may influence service use: child behavioral problems, caregiver mental health status, resources, provider characteristics, caregiver perceived need, and social support. More research examining help-seeking behaviors, perceptions of formal services, and effectiveness of kinship caregiver services in relation to child outcomes is needed to improve the wellbeing of kinship families in the child welfare system.

1. Introduction

Over the past 25 years, child welfare agencies have increasingly called on kinship caregivers (e.g., grandparents, aunts, uncles, cousins) to serve as foster parents of immediate or extended family members who are unable to fulfill their parenting role. Indeed, kinship care was given priority as a preferred option for out-of-home placement in the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 (Harris & Skyles, 2012). In addition to PRWORA, kinship care emerged as a preferred placement choice among child welfare professionals for several reasons, including the increased number of children in foster care, the decreased availability of traditional foster care placements, and the Adoption Assistance and Child Welfare Act of 1980 mandate that children should be placed in the "least restrictive placement." In 1997, the Adoption and Safe Families Act (ASFA) sought to accelerate *child permanency* (i.e., living in a permanent, lifetime family or living arrangement after exiting the foster care system) and treated kinship care as a viable permanency option (Geen, 2003). The convergence of these factors with other federal policies (e.g., Fostering Connections to Success and Increasing Adoptions Act) has led to a dramatic increase in the number of children in kinship care (Strozier, Elrod, Beiler, Smith, & Carter, 2004).

The growth in kinship care placements has also been prompted by a growing awareness among child welfare professionals and juvenile courts of the advantages that kinship care can offer for children who must be removed from their family home. Several studies have found that, relative to children in non-kinship out-of-home placements, children in kinship care experienced similar or better outcomes for safety and stability in their placements. For example, Jonson-Reid (2003) compared the incidence of child abuse in non-kinship and kinship care, and found children in kinship care were less likely to suffer new incidents of abuse. Other research has shown children in kinship care experience fewer disruptions in foster placements than children in non-kinship care (Aldgate, 2009; Chang & Liles, 2007; Cole, 2006; Farmer, 2009; Koh, 2010; Strozier & Krisman, 2007; Testa, 2001, 2002; Winokur, Crawford, Longobardi, & Valentine, 2008; Zinn, DeCoursey, Goerge, & Courtney, 2006).

Moreover, kinship care appears to help preserve family relationships and improve outcomes of children for whom reunification is possible. Researchers have found that children who were reunified with their parents after a length of time in kinship care were less likely to re-enter the child welfare system than children in non-kinship foster care placements (Courtney, Piliavin, & Wright, 1997; Frame, Berrick, & Brodowski, 2000; Wells & Guo, 1999). Further, because kinship care is more stable, maintains family connections, and is less disruptive, children in kinship care experience fewer multiple placements (Schwartz, 2002). Children placed in these arrangements also tend to have fewer physical and mental health problems than their counterparts in non-kinship foster care (e.g.Ryan, Hong, Herz, & Hernandez, 2010, Winokur, Holtan, & Batchelder, 2014).

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Although kinship placements are regarded as beneficial for children's safety and stability, children in kinship care show substantially different characteristics and are often more disadvantaged than children in non-kinship care. For example, as compared to those in traditional foster care placements, children in kinship care are typically older, and more likely to be Black. However, the high percentage of Black children in kinship care is partially explained by the disproportionate numbers of Black children in out-of-home placements. Black children are 3 times more likely than White children to become involved in the child welfare system and to be placed in a kinship care arrangement (Beeman, Kim, & Bullerdick, 2000; Ortega, Grogan-Kaylor, Ruffolo, Clarke, & Karb, 2010). Further, comparisons of traditional foster care and kinship care have found children in kinship care were more likely to live in a low-income household and less likely to receive child welfare and health care services (Falconnier et al., 2010; Morse, 2005; Winokur et al., 2014).

Some researchers have questioned whether kinship caregivers have sufficient resources to adequately provide for the complex and often costly care of children who have been abused or maltreated (Cuddeback, 2004). O'Brien (2012) noted that the demographic profile of kinship caregivers differs considerably from the profile of non-kinship caregivers on age, income level, quality of health, education, and family background. For example, as compared with non-kin caregivers, kinship caregivers are more likely to be Black, older, less educated, single, and of lower socioeconomic status (Berrick, Barth, & Needell, 1994; Cuddeback, 2004; Gebel, 1996; Le Prohn, 1994). Other comparisons with non-kin caregivers have shown that kinship caregivers receive less formal training in foster parenting and have less access to the support services of the child welfare system (Berrick et al., 1994; Scannapieco, Hegar, & McAlpine, 1997). In addition, kinship caregivers often have limited social networks and resources (Harden, Clyman, Kriebel, & Lyons, 2004; Striker, Zandberg, & van der Meulen, 2003), which could constrain their ability to provide good care. The unmet needs of kinship caregivers have the potential to directly and indirectly affect the well-being of children in their homes. Given that youth are dependent on their caregivers to access services and treatments for them, it is important that kinship caregivers receive the supports necessary to ensure the children in their care receive recommended services.

1.1. Theoretical frameworks for understanding kinship caregivers' service use

Several explanatory frameworks exist that identify predictors of service utilization. Andersen and Newman's social behavioral model of health care use (Andersen & Newman, 1973), one of the most widely used frameworks, has been refined and used to model predictors of mental health, healthcare, and social service use across a variety of populations (Andersen, 1995; Staudt, 2003). Theoretical assumptions of the model provide a possible explanation for kinship caregivers' service use patterns and help-seeking behaviors. The model suggests that using services is a function of the person's predisposition to use the service (with older adults more likely to use services), the factors that either promote or inhibit service use (enabling factors), and the perceived or evaluated need for the service (Wacker & Roberto, 2008). Predisposing factors that may influence a kinship caregiver's use of services include age, sex, education, marital status, and race/ethnicity. For example, caregiver educational attainment has been linked to higher engagement in preventive child mental health services (Spoth, Redmond, & Shin, 2000). Predisposing factors also pertain to caregivers' beliefs about caregiving and social services (Wacker & Roberto, 2008).

Regardless of whether caregivers are predisposed to using services, access to those services remains the key to using services. According to the social behavioral model, enabling characteristics are those that promote or inhibit use of services, including factors such as personal and family resources, access to transportation, and knowledge of services. In addition, service need, as perceived by the caregiver or the service provider, can also promote service use. For instance, McKay, Pennington, Lynn, and McCadam (2001) found that caregivers who expressed skepticism regarding the potential helpfulness of a service were significantly less likely to bring a child to a mental health appointment than were caregivers who expressed a need and confidence in the effectiveness of mental health services. Also, positive associations have been found between symptom severity, functional impairment, and both problem identification and service use (Farmer, Stangl, Burns, Costello, & Angold, 1999; Haines, McMunn, Nazroo, & Kelly, 2002). These findings suggest that caregivers of a child with high externalizing or internalizing symptoms, as well as high levels of impairment would be more likely to seek help. Additionally, caregiver stress and depression can also impact a caregiver's awareness of child behavior problems and subsequent use of services (Godoy, Mian, Eisenhower, & Carter, 2014).

In contrast to the social behavioral model, social exchange theory helps explain the process individuals use to mentally weigh the cost-benefit of seeking assistance (Wacker & Roberto, 2008). From a social exchange theory, human behavior is motivated by the desire to seek rewards and avoid potential costs in social situations (Chibucos, 2005). Perceived rewards can be tangible or symbolic (e.g., praise), whereas costs may be punishments or forfeited rewards that result from social exchanges. Given social exchange theory, what motivates kinship caregivers to accept the responsibility of providing foster care for children? Notably, Coakley, Cuddeback, Buehler, and Cox (2007) identified several rewards associated with kinship fostering, such as preserving family ties, helping the child in need, and receiving love from the child. Chibucos (2005) also described the following three potential costs from social exchanges that can be applied to kinship fostering: energy and emotional investments, costs related to investment of time or financial resources, and opportunity costs incurred through the loss of potential rewards. Examples of costs or stressors incurred by kinship caregivers include limited resources; the ages and number of children in the home; and the children's emotional, physical, and behavioral health status (Coakley et al., 2007). If the number of costs exceeds the number of rewards from kinship fostering, then kinship caregivers may decide to have the child removed from the home, which, according to literature on foster care placement disruptions, can have a negative impact on the child. Placement instability has been linked to poor self-esteem, delinquency (Ryan & Testa, 2005), low academic achievement, behavior problems, and social network disruption (Berger, Bruch, Johnson, James, & Rubin, 2009; Rubin et al., 2004).

Given the rates of behavioral health problems among foster children and established concerns about kinship caregivers' lack of resources to meet the needs of children with behavioral health problems, it is critical that social workers develop an understanding of the mechanisms underlying service use of kinship caregivers. Studies show that parents are typically the first to identify problems, decide whether to take action, and maintain engagement in services to meet their children's needs (Andersen, 1995; Cauce et al., 2002; Costello, Pescosolido, Angold, & Burns, 1998; Godoy et al., 2014). Meeting the needs of children, as well as their kinship caregivers, can promote placement stability, as well as increase the likelihood of adoption or legal guardianship when reunification is unlikely. Despite existing knowledge of kinship caregivers' low service use, no studies have synthesized the predictors of service use among this population of caregivers. Identifying individual and system factors related to kinship caregivers' patterns of service use could provide valuable insight for intervention development and service delivery strategies targeted to improve service access and increased receipt of services among children with maltreatment histories. Thus, the literature on kinship care and concepts from theoretical models of service use informed the methods used in this review. This systematic review sought to (a) identify predictors or correlates of service use among kinship care providers; (b) examine kinship caregivers' perceptions and experiences of caregiving and service use; and (c) provide recommendations for practice and research with kinship caregivers and the children in their care.