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Competence and African American children in informal kinship care: The role of family ☆

Tyreasa Washington [a,*], James P. Gleeson [b], Kelly L. Rulison [a]

[a] University North Carolina at Greensboro, United States
[b] University of Illinois at Chicago, United States

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ABSTRACT

African American children are more likely than any other racial or ethnic group to live in kinship care, yet there is little empirical knowledge available to help understand the attributes of these families that contribute to children's development of competence. This study analyzed existing longitudinal data to explore the family-level factors that promote these children's competence. Hierarchical linear modeling revealed that *average* quality of the biological mother's relationship with child, the quality of the biological father's relationship with child, and kinship care family functioning predicts children's *average* competence. Additionally, *changes* in family resources and family functioning over time are related to corresponding *changes* in children's competence levels. Results from this study highlight that African American informal kinship care families possess the strengths and resources that contribute to children's competence.

1. Introduction

Kinship care is a term used to describe relatives raising a child when the child's parents are unable or unwilling to do so (Annie E. Casey Foundation, 2012). According to 2010 United States Census, more than 5.8 million children under the age of 18, live in a household headed by a grandparent (Lofquist, Lugaila, O'Connell, & Feliz, 2012). While the majority of these families are multigenerational, with the parents of the grandchildren also living in the home, analysis of the American Community Survey data suggest that over 2.8 million grandparents are the primary caregiver for these children (U.S. Census Bureau, American Factfinder, 2010). In addition more than 1.5 million children live in households headed by aunts, uncles, cousins, older siblings or other relatives, but census data do not report the primary caregiving relationship for these children. An analysis of the 2009 Survey of Income and Program Participation (SIPP) reveals that more than 1.8 million children who do not live with either parent reside with a grandparent and 632,000 reside with other relatives (Kreider & Ellis, 2011). While kinship care is common among all races and cultures, this report confirms that African American children are more likely than any other racial or ethnic group to live in a household without either parent present and to be raised by kin.

Kinship care living arrangements are commonly classified as formal or informal. Formal kinship care is the care of children by relatives that is supervised by the child welfare system. This living arrangement is often referred to as kinship foster care or public kinship care. According to the Adoption and Foster Care Analysis and Reporting System (AFCARS), just over one quarter of the children in the custody of the child welfare system live in public kinship care arrangements, approximately 103,943 children (USDHHS, 2011). This may be an underestimate, as placements with relatives may be underreported by some states. In addition, there are a number of children involved with the child welfare system but have not been taken into the child welfare system's custody, so their living arrangement with kin is not counted in foster care statistics; these types of living arrangements are sometimes called voluntary kinship care (Murray, Ehrle Macomber, & Geen, 2004). Taken together, it is likely that children involved with the child welfare system represent no more than 25% of children living with kin. The majority of kinship care arrangements are informal, also known as private kinship care; informal kinship care occurs outside the legal authority or monitoring of the child welfare system, although it often is initiated for many of the same reasons as formal kinship care arrangements (Gleeson et al., 2009; Jendrek, 1994).

Over the past several decades all forms of kinship care have increased (The Annie E. Casey Foundation, 2012). The increased numbers have been accompanied by concerns about the functioning and overall well-being of children in kinship care. Human service professionals, researchers, and the general public have raised questions about the abilities of extended family members to foster the healthy development of children, often using "the apple does not fall far from the tree" analogy. In addition, the majority of research that has examined the functioning of children in kinship care has focused on placement

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* Corresponding author at: Department of Social Work, University of North Carolina at Greensboro, P.O. Box 26170, Greensboro, NC 27402, United States.
E-mail address: t_washin@uncg.edu (T. Washington).

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stability, safety, and well-being (e.g., Gleeson, 2012). Less focus has been placed on pathways to positive developmental outcomes, such as the development of competence.

1.1. Competence in children in kinship care and African American children

It is important to study children's competence in addition to placement stability and challenges because competence is associated with positive outcomes and plays a role in reduction of behavior problems and other negative outcomes (Landy, 2002). Research reveals that both social and academic competence protect children against delinquency, substance abuse, and teen pregnancy (Fraser, Kirby, & Smokowski, 2004; Landy, 2002; Schneider, 1993), and promote children and adolescents' self-esteem, mental health, and high school graduation rates (Landy, 2002; Valiente, Lemery-Chalfant, Swanson, & Reiser, 2008).

Only a few studies examine the competence of children in kinship care. Of these studies, all are cross-sectional, and all reveal higher levels of competence for children in formal kinship care compared to children in foster care. One such study, conducted by Keller et al. (2001), evaluated the competence of children in kinship foster care compared to children in foster care, using the Child Behavior Checklist (CBCL; Achenbach & Rescorla, 2001). The sample was drawn from children in 14 states who participated in the Casey Family Program. The children in formal kinship care ($n = 67$) demonstrated higher levels of social competence and total competence compared to children in foster care ($n = 173$). In this study, the competence levels of children in formal kinship care did not appear very different from children's competence levels in the general population. Two published studies conducted outside the US also used the CBCL to assess competence in children in kinship care and foster care and reported similar results (Holtan, Ronning, Handegård, & Sourander, 2005; Tarren-Sweeney & Hazell, 2006). Further, Shin (2003) assessed academic competence using the Wide Range Achievement Test — Revised among 152 foster youth in one Midwestern state and found children placed in formal kinship care had higher reading levels than children in foster care. Although the studies summarized in this section add to the literature on competence of children living in kinship care, they did not examine predictors of children's competence nor did they focus on children in informal kinship care.

There is a vast amount of literature (e.g., Landy, 2002; Schneider, 1993; Valiente et al., 2008) available on predictors of competence in children in the general population, but less literature exists on predictors of competence specifically for African American children. The research on predictors of competence in African American children in the general population indicates associations among family-level variables such as positive parent–child interaction, adequate social support, and healthy family functioning and the development of competence (Brody, Stoneman, & Flor, 1995; Oravecz, Koblinsky, & Randolph, 2008; Toldson, Harrison, Perine, Carreiro, & Caldwell, 2006). However, it has not yet determined whether these and other family level variables promote competence among the substantial percentage of African American children who do not reside with their biological parents and are reared by kin. This study aims to evaluate the extent to which several different family-level factors predict *overall competence*, as well as *changes in competence*, among these children.

Determining how family-level factors predict overall competence as well as changes in competence requires longitudinal data. In longitudinal studies, a child's score on a variable at any given point in time reflects both the child's *average* level on that variable as well as any *time-specific* factors that may lead to higher or lower than usual levels. For example, some children, such as those whose caregivers have a higher level of education and those whose caregivers work in higher paying occupations, will generally have more family resources (e.g., food, clothes) than other children. However, a family's resources can also vary from one wave (data collection point) to the next. A child's family may typically have a lot of resources, but if that child's caregiver is temporarily laid off at one wave, the child may have fewer family resources than usual at that one wave. Both the overall level of each predictor variable (e.g., average family resources) as well as wave-to-wave variation in these predictor variables (e.g., change in family resources) may independently contribute to a child's competence at a particular point in time. Whether the child generally has a lot of family resources is a between-person effect, as it captures how children generally differ from each other. Whether the child has higher or lower family resources than they usually have at a particular wave is a within-person effect, as it captures how these resources differ for a particular child from that child's average level of family resources. Both of these effects may independently shape children's competence and therefore we include both types of effects as predictors of competence in our models.

2. Theory and research hypotheses

According to Fraser et al. (2004), protective and promotive factors contributing to positive outcomes for children could be categorized into three domains: (1) individual psychosocial and biological factors; (2) family factors; and (3) environmental conditions. Our research hypotheses focus on the second domain of family-level factors because the competence literature has suggested that family components (e.g., parent–child relationship and family functioning) are the key predictors of competence in children in the general population (Landy, 2002; Oden, 1987; Sani, 1997; Schneider, 1993). Influenced by the risk and resilience framework, we conceptualize the factors that predict competence among children in kinship care as promotive rather than protective factors. Protective factors exert little effect when risk is low, but their effect emerges when risk is high (Fraser et al., 2004; Smokowski, Mann, Reynolds, & Fraser, 2004). Promotive factors directly increase the likelihood of a positive outcome across low, moderate, and high risk groups (Fraser et al., 2004). Therefore, we tested direct effects rather than interactive effects to identify factors that promote competence.

First, we hypothesized that the *average* quality of the biological mother's relationship with child, the quality of the biological father's relationship with child, caregiver's stress, caregiver's social support, kinship care family functioning, and kinship care family resources are related to *average* competence in African American children in informal kinship care (between-person effects).

Second, we hypothesized that *changes* in these family factors over time are related to corresponding *changes* in competence in African American children in informal kinship care over time (within-person effects).

3. Methodology

3.1. Sample

This study is a secondary analysis of longitudinal data collected from families caring for related children in informal kinship care arrangements (Gleeson et al., 2008). Interviews were conducted with the primary caregiver in an initial interview and again every six months over an 18-month period. The families interviewed for the original study were recruited from Cook County (which includes Chicago) and the Collar Counties surrounding Chicago. Recruitment strategies included providing information to families about participation in the study at health fairs, parades, and other community events, as well as through public service announcements on Gospel and popular music radio stations. Families were eligible to participate in the study if they were caring for at least one related child, between the ages of 18 months and 11 years of age, for whom they were not the parents; they were not involved with the Department of Children and Family Services (DCFS) at the time of initial interview; the child had not been adopted by the caregiver and was not previously involved with DCFS and discharged to the relative caregiver through subsidized guardianship. If more than one child in the family met the eligibility criteria, one