

## Evaluating Services for Kinship Care Families: A Systematic Review



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### ABSTRACT

Despite their needs, kinship care families receive less support and fewer resources than other foster care families. This study systematically reviews thirteen studies that evaluated services and programs for kinship caregivers and children. Studies evaluating the effectiveness of the Kinship Navigator Program, financial assistance, support services, and training/educational programs were identified and reviewed. The Levels of Evidence-Based Intervention Effectiveness (LEBIE) scale was used to evaluate the research designs. The findings indicate that although positive results are shown for enhanced well-being and permanency outcomes of children and kinship caregivers, the rigor of the research designs are low, making it difficult to draw any firm conclusions about the effectiveness of these programs. Recommendations for child welfare practice and future research include the need to develop services for informal caregivers and particular racial/ethnic groups. In addition, more rigorous research designs and qualitative research should be conducted to support the effectiveness or social validity of the services and to inform evidence-based practice.

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### 1. Introduction

On September 30 of the 2011 fiscal year, there were 400,540 U.S. children in the child welfare system living in multiple types of foster care placements, such as family foster homes, kinship care, group homes, and institutions. Among the foster care child population, 107,995 children (27%) were placed in kinship-type care (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth & Families, Children's Bureau, 2012). Since the passage of the Adoption and Safe Family Act (ASFA) of 1997, the federal government has been encouraging states to look to kinship care as the primary placement preference for children entering the child welfare system. In the past decade, foster children in kinship care increased from 24% in 2002 to 27% in 2011 (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth & Families, Children's Bureau, 2006, 2012). The increasing percentage of children placed with relatives demonstrates the importance of kinship care for many children involved with the child welfare system, and reflects federal and state policies' growing reliance on kinship care as an option to foster care placement (Allen, DeVooght, & Geen, 2008). Kinship care sometimes is described as "informal," meaning that kinship caregivers care for related children without child welfare involvement (Geen, 2004; Scannapieco, Hegar, & McAlpine, 1997). In this article, kinship care is usually referred to as kinship foster care or formal kinship care, which is defined as foster care placements with relatives of children in state and child welfare custody. However, kinship care also is sometimes

used to describe both types of caregiving arrangements, and informal kinship care is indicated when the distinction needs to be clarified.

Kinship care placement has advantages which makes it a primary choice for maltreated children. Based on attachment theory and evolutionary theory, researchers contend that kinship caregivers tend to provide children and youth with a secure environment and beneficial treatment (Cole, 2002; Hegar, 1993; Herring, Shook, Goodkind, & Kim, 2009). For example, Herring et al. (2009) used the concept of evolutionary theory and suggested that children are likely to be treated better by kin foster parents than non-kin parents in a relatively safe environment. In addition, the positive attachment and child-caregiver relationship make kinship care a more stable placement than other types of foster care placements, thus reducing placement disruptions (Dubowitz, Feigelman, & Zuravin, 1993; Koh, 2010). Other research indicates that kinship care does serve as a stable home in which children are less likely to experience multiple placements and re-entry to the foster care system (Berrick, Needell, Barth, & Jonson-Reid, 1998; Courtney, 1995). Furthermore, children who are placed with their relatives, compared with other types of placements, are more likely to maintain contact with their birth parents and to preserve racial identities (Berrick, 1997; Berrick, Barth, & Needell, 1994).

According to ASFA, the goal and emphasis of the child welfare system has shifted to promote permanent placements, particularly through adoption and family reunification. However, in terms of child welfare outcomes, studies have shown that kinship care delays the time and reduces the likelihood of reunification and adoption even though it is considered a more stable placement than other types of placements (Connell, Katz, Saunders, & Tebes, 2006; Courtney, 1994; Courtney & Wong, 1996; Farmer, 2010; Goerge, 1990; Harris & Courtney, 2003; Taussig & Clyman, 2011; Terling-Watt, 2001). Children who spend

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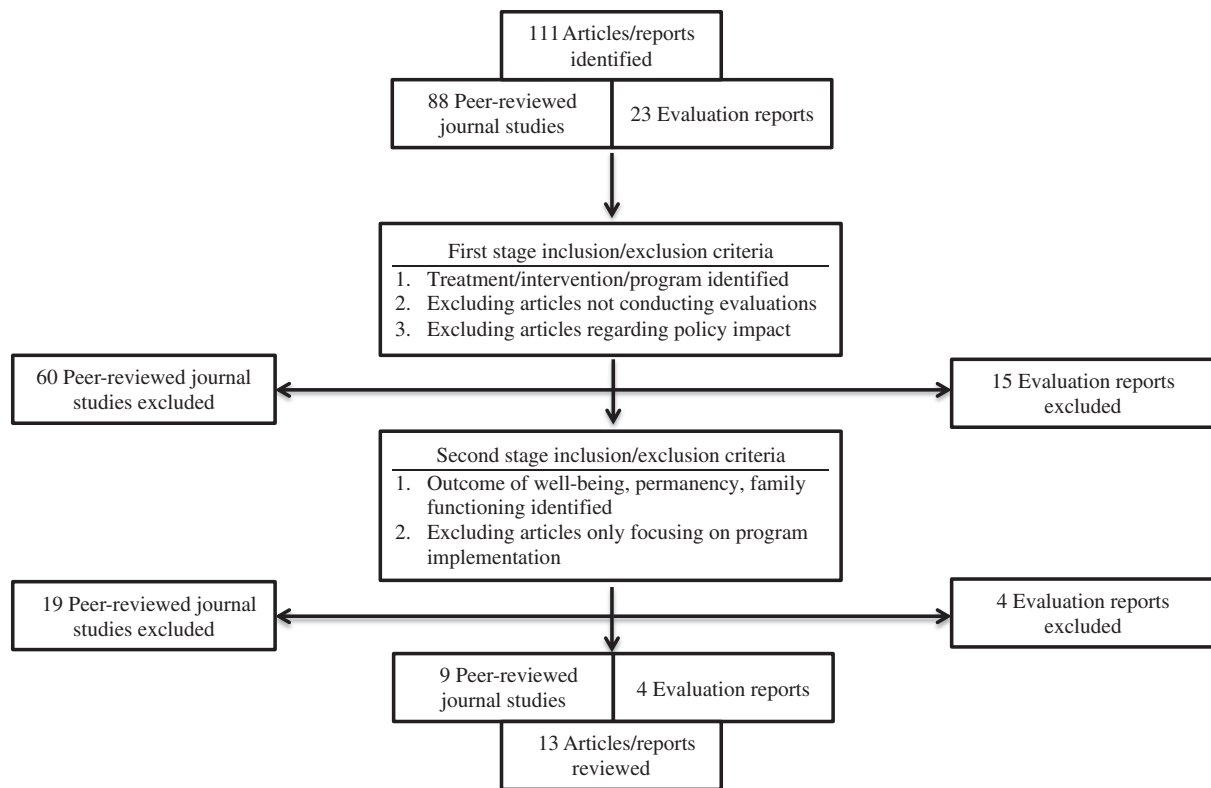


Fig. 1. Study Selection Process.

more time in kinship care also experience more adverse outcomes, such as substance abuse, delinquent behavior, and poor academic performance (Taussig & Clyman, 2011). Moreover, kinship caregivers tend to be older and single, to have poor health, to be unemployed, and to live in poverty (Berrick, 1997; Berrick et al., 1994; Cuddeback, 2004; Dubowitz et al., 1993; Geen, 2004; Terling-Watt, 2001). Kinship caregivers also receive fewer services and less support than do other foster parents (Berrick et al., 1994; Dubowitz et al., 1993; Geen, 2004; Sakai, Lin, & Flores, 2011). Sakai et al. (2011), for example, found that compared to other foster parents, kinship caregivers are less than half as likely to obtain financial assistance and four times less likely to receive respite care or peer-support group services. Lack of resources and supervision from case workers can also lead to hardships among kinship families and to less than desirable children's outcomes. These risk factors may result in instability within the family (Lorkovich, Piccola, Groza, Brindo, & Marks, 2004). Kinship homes are also sometimes rated unsafe due to the connection with the abusing parent (Berrick, 1997; Terling-Watt, 2001).

The federal government provides funding to and requires states to develop programs and services to support grandparents and other relatives raising related children. However, few studies have evaluated the effectiveness of these programs and services. Although studies have identified the challenges that children and caregivers in kinship care families may encounter, there is little evidence showing that the services or interventions they receive address these problems. In a recent study in the U.K., Kinsey and Schlösser (2012) systematically reviewed psychological interventions for foster care and kinship care. Of the 30 studies examining interventions in the U.S. and the U.K. reviewed by the researchers, only one study with one intervention (Strozier, 2012), specifically targeted kinship care families. Since Kinsey and Schlösser only reviewed research examining psychological interventions and no other study could be located that reviewed research examining other types of interventions for kinship care families, this gap in the literature calls for research evaluating the effectiveness of interventions for kinship care and reviewing the rigor of the evaluation studies.

To begin to fill the gap in the literature, the current study systematically reviews existing research that evaluated interventions for kinship care. The aim of the current study is to evaluate whether services and programs implemented for kinship families effectively address their needs (i.e., financial hardship and lack of support) and lead to expected child welfare outcomes (e.g., reunification and adoption), which has implications for practice and future research. First, this article discusses the study selection process. Second, studies evaluating programs targeting kinship care and addressing family difficulties—the Kinship Navigator Program, financial assistance, support services, and training/education services—are reviewed. Third, based on the findings of the review, a detailed discussion is provided and practice and research implications are drawn.

## 2. Method

### 2.1. Data Source

Multiple electronic databases (ERIC, PsycINFO, ScienceDirect, Social Service Abstracts, and Sociological Abstracts) were searched for published peer-reviewed articles evaluating services/interventions for kinship care families or caregivers. Searches were conducted with combinations of the following keywords: kinship foster care, kinship care, kinship caregiver, kinship family, grandparent, intervention, evaluation, program, service, treatment, and effective. This process resulted in 14,354 articles. The title of each article was reviewed based on predetermined criteria to see if the article pertained to service, treatment, intervention, program, or policy about kinship care. A bibliographic review was also conducted using a Google search to identify additional articles, including academic journal articles and evaluation reports. Additionally, the process was repeated by using specific titles of programs or services as key words, such as Relatives as Parents Program, National Caregiver Support Program, Kinship Navigator Program, MAPP/PRIDE, and Intergenerational Community as Intervention.

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