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Kin as Teachers: An early childhood education and support intervention for kinship families

Kerry A. Littlewood [a,*], Anne L. Strozier [b,1], Danielle Whittington [c]

[a] School of Social Work East Carolina University 217 Rivers, Mailstop 505 Greenville, NC 27858, United States
[b] School of Social Work University of South Florida, 13301 Bruce B. Downs Blvd., MHC 1400, Tampa, FL 33612-3807, United States
[c] Humana 800 Carillon Parkway, Suite 240, St Petersburg, FL 33716, United States

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ABSTRACT

Whereas child welfare has championed efforts in kinship care practice, policy, and research, there is a growing need for other systems of care, specifically early childhood education, to improve the ways in which kinship care families are supported. This study highlights outcomes from the Kin As Teachers (KAT) Program, an early childhood education program specifically designed for children living with a grandparent or other relative. KAT addresses the areas of parent knowledge and parenting practices, detection of developmental delays and health issues, prevention of child abuse and neglect, and promotion of school readiness and success. Current issues facing kinship families with young children are highlighted using quantitative data and case studies based on 83 grandparents and other relatives providing care for 185 children. Pre and post tests show results on age appropriate family environment and the caregivers' knowledge of child development. Two case studies describing the familial experience in KAT detail the process evaluation related to this intervention. Results indicate improved age appropriate family environment and an increase in caregivers' knowledge of child development for families participating in KAT. Implications for social work practice include suggestions for ways social workers and early childhood educators can better support kinship caregiving families.

1. Introduction

Kinship care is defined as the full time care, nurturing and protection of children by relatives or any adult who has a kinship bond with the children (Child Welfare League of America, 2000). While this term is usually associated with grandparents raising grandchildren, it can be more broadly referred to a wide range of familial arrangements and circumstances. Biological ties are not necessary for a child to be considered kin. Kinship families are dynamic, because they adapt their familial arrangements based upon the context to which care is needed. A biological parent can place a child with a relative because of a problematic situation, but two months later the parent may return to regain the role of primary caregiver to the child. Child welfare and legal systems of care may or may not be involved to demarcate roles and responsibilities with the family members.

Kinship care has been extensively studied in the field of child welfare, which has primarily focused on goals of safety, permanence and well-being of children. While child welfare studies have increased the knowledgebase in the field of kinship care in general, they provide little insight into the early learning development of children in care. Primarily, child welfare research on kinship care provides us with a framework of risk factors that can be used to determine a need for early intervention services for children in kinship care. Risk factors identified by previous studies describe how grandparents' health issues and lack of resources and support affect their ability to provide care to young children (Burke & Schmidt, 2009; Whitley & Kelley, 2008). Studies have found that assuming the caregiving role negatively effects caregiver's health and that kinship caregivers rate their health as poorer when compared to traditional foster parents (Fuller-Thomson & Minkler, 2000; Hardxen, Clyman, Kiebel, & Lyons, 2004; Sands & Goldberg-Glen, 2000). In terms of health care behaviors, kinship caregivers are also less likely to participate in health screenings, psychological assessments, and substance abuse treatment (Smithgall, Mason, Mitchels, LiCalsi, & George, 2006). There is strong evidence that kinship foster families receive less training, fewer services, and less support than non-kinship foster families (Brisebois, 2013; Franck, 2001; Kelley, Whitley, & Campos, 2010). Furthermore, kinship caregivers are less likely to refer their children for needed resources and services (Kelley et al., 2010). It is unclear if they receive fewer resources because kinship families do not request, do not need, or refuse such services or if these differences are due to the perceptions of child welfare workers (Edwards & Taub, 2009; Sands & Goldberg-Glen, 2000).

1.1. Need for early childhood interventions

Ramey and Smith's (1977) research-based developmental screening index includes thirteen factors that are associated with school

* Corresponding author. Tel.: +1 252 737 2117.
E-mail addresses: littlewoodk@ecu.edu (K.A. Littlewood), strozier@usf.edu (A.L. Strozier).
[1] Tel.: +1 813 974 1379.

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underachievement and failure for young children. They include low parent education, low income, absence of a father from the home, use of welfare services, poor social support for the mother, and parents working at unskilled jobs. Kinship caregivers have been found to share these risk factors, including low parent education, low income, absence of a father from the home, and poor social support (Dowdell, 1995; Kelley, 1993; U.S. General Accounting Office, 1999).

With regard to physical, social and emotional care of kinship and non-kinship families, non-kinship families exhibited greater physical affection, verbal and behavioral attending, and praising (Gaudin & Sutphen, 1993). Also, non-kinship foster parents were found to provide greater attention to activities that encouraged the intellectual and social development of pre-school aged children compared with kinship foster parents.

Moreover, children in kinship care experience a unique set of risk factors, often associated with the circumstances that led them to being reared by a grandparent or other relative. There is evidence that children in kinship care are functioning less well compared with children in the general population. Children in kinship care were found to have more health problems due to prenatal drug exposure (Keller et al., 2001) compared with children in non-kinship foster care. When compared to children in the general population, children in kinship care were found to have more behavior problems (Sands & Goldberg-Glen, 2000), below average scores in reading, math, cognitive functioning, problem solving, reasoning, and listening comprehension.

Traditionally, fewer children being raised in kinship care are enrolled in early age programs. Many caregivers cannot enroll the children in programs because they do not have formal custodial guardianship of the children. Others may find it difficult to enroll children because they cannot afford the cost of the program (Ehrle, Geen, & Clark, 2001).

1.2. Parents as Teachers model

Early childhood education programs are a primary prevention strategy to achieve the goal that all children begin school ready to learn. Most early childhood programs are designed to improve children's social, psychological and cognitive readiness for school (Broström, 2006; Cohen & Syme, 2013; Munford, Sanders, Maden, & Maden, 2007; Votruba-Drzal, Coley, Koury, & Miller, 2013). Parents as Teachers (PAT) is a model early childhood education program that includes parental involvement, early age enrollment, home visits, and lengthy intervention. Established in 1981, Parents as Teachers was created to address the developmental learning needs of children before entering kindergarten. The mission of the PAT program is to provide the information, support and encouragement that parents need to help their children develop optimally during the crucial early years of life. Parents as Teachers consists of home visits, developmental screenings, resource networking and group meetings.

According to the National Registry of Evidence-based Programs and Practices, home visitation is the key component of the Parents as Teachers model. During each home visit of the PAT program, the Parent Educator chooses developmentally appropriate educational activities based on the needs of the individual child. For children aged birth to three, there are four activities to choose from for each month of life. For children aged three to kindergarten entry, the parent educator chooses from 38 different activities in different subcategories such as literacy, music, math, science and pretend play.

1.3. Kin as Teachers model

Kin as Teachers (KAT) is a modification of the Parents as Teachers Program designed to meet the special needs of relative caregivers raising children from birth to kindergarten entry. This is the only known adaptation of the PAT program for kinship families. Similar to the PAT program, the KAT program addresses the areas of parent knowledge and parenting practices, detection of developmental delays and health issues, prevention of child abuse and neglect, and promotion of school readiness and success. Unlike PAT, however, KAT establishes a two year time limit for delivery of services, due to a waiting list, and it utilizes case management services rather than resource networking. These changes will be further explained.

Kin as Teachers was created specifically to address the needs of vulnerable young children in kinship families who often need extra support and special services. Some of the children being raised by relatives suffer from low self-esteem, poor academic performance, and/or behavior problems (Edwards & Taub, 2009; Sands & Goldberg-Glen, 2000; Strozier, McGrew, Krisman, & Smith, 2005). Kinship children may be born of drug addicted mothers and suffer the consequences of that drug addiction, such as Attention Deficit Hyperactivity disorder, learning disabilities, or other learning difficulties (Sawyer & Dubowitz, 1994). In addition, the children may suffer from depression, anger, or anxiety due to early abuse or neglect by parents addicted to drugs (U.S. General Accounting Office, 1999).

An additional challenge is that many of the kinship caregivers feel a lack of confidence and knowledge about raising children in today's world (Fuller-Thomson & Minkler, 2000; Strozier et al., 2005). Grandparents often have been away from the role of parenting for a long time so that they do not remember, or simply do not know, the latest 'ins' and 'outs' of parenting. As one caregiver in the KAT Program stated:

> It had been a long time since we have been parents of very small children. Our grandson remembers the abuse that happened to him before he came to us. Because of the abuse, he is very shy and doesn't like strangers. We aren't sure the best way to help him.

Like PAT, KAT uses four types of interventions: home visits, developmental screening, case management, and support group meetings. Each will be explained here:

1.3.1. Home visits

Home visits are typically held in the caregiver's home but can occur in other environments, such as the child's daycare center. A certified Kin Educator trained in child development teaches caregivers new ways to observe and interact with their child in order to increase knowledge and understanding of the child. Using the Born to Learn Curriculum, the Kin Educator chooses from the many developmental lessons provided by PAT to meet the needs of the family. KAT utilizes 144 different lesson plans for children birth to three, breaking them down into four lessons per month for the first 36 months. Families typically receive one to two lessons per month. For children three years to kindergarten entry the curricula is broken down to 10 categories including pretend play, construction, math, literacy, science, games, art, motor, music, and social emotional. Each of these sub-categories has from three to six different curriculums for the parent educator to utilize with the family.

During a home visit for children ages birth to kindergarten entry, the Kin Educator and caregiver discuss developmental topics such as: language, socio-emotional, intellectual, and fine and gross motor skills development. Handouts with information regarding each topic are shared and discussed as they relate to the child. At every visit an age-appropriate developmental activity is completed by the caregiver and child. This increases the developmentally appropriate parenting practices of the caregiver and aids in bonding between caregiver and child. Toward the end of a home visit, a literacy activity is completed with the caregiver and child to promote reading. The visits last approximately an hour and occur on a bi-weekly or monthly basis, depending on the individual needs of the family.

1.3.2. Developmental screening

Developmental screenings allow the Kin Educator to detect developmental delays and health issues in the child. Each child receives a developmental screening every six months called the Ages and Stages