



# Capturing caregiver data: An examination of kinship care custodial arrangements

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## Abstract

In order to examine the experiences of both formal and informal kinship caregivers, this study presents data from June 2003 to October 2005 from the Kinship Care Warmline, a statewide emotional support, education, and information and referral telephone line in Florida. This study addresses the following three research questions: (1) What are the demographics and basic needs of a large group of kinship caregivers in a Southern state? (2) Do kinship caregiver and children demographics differ by formal versus informal custody arrangements? (3) Do the needs identified by kinship caregivers differ significantly by formal versus informal custody arrangements?

The following differences were found between formal and informal kinship caregivers: income, relationship to child, child's age, number of children in care, and length of time in care. Both formal and informal kinship caregivers expressed similar needs. Significant differences were found between informal and formal caregivers for the need for more information about available resources and the need for counseling for their children. Both informal and formal caregivers felt particularly strong about the need for more information about resources. This supports the operation of the Kinship Care Warmline for those caregivers in need.

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## 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 (CWLA, 2000). While this term is usually associated with grandparents raising grandchildren, it more broadly refers to a wide range of familial arrangements and circumstances. Kinship families include grandparents providing

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primary care for grandchildren whether the parents reside in the same home or not. 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 2 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.

Although kinship caregiving families can look different depending on individual situations and circumstances, since the 1980s kinship care has been conceptualized mostly as grandparents caring for children due to issues such as child abuse or neglect, substance abuse problems, incarceration, teenage pregnancy and other problems that would motivate relatives to take responsibility for the care of children. Some kinship caregiving families are involved with the child welfare system and some are not; the difference has often been described as informal versus formal care (Chipungu, Everett, Verdieck, & Jones, 1998; Dubowitz, Feigelman, & Zuravin, 1993; Gleeson, O'Donnell, & Bonecutter, 1997; Harden, Clark, & Maguire, 1997a,b; Hegar, & Scannapieco, 1995; U.S. Department of Health and Human Services, 1997). Informal kinship caregiving refers to an arrangement where children live with a grandparent or other relative and are not in state custody and are not under the auspices of the child welfare system. Often times these children do not come to the attention of any child protection services, but instead are cared for by relatives with an informal family understanding. Conversely, formal kinship care refers to children who have been reported to child protective services, are removed from the care of their legal parent or guardian, and have been placed in the care of a relative by a child welfare agency.

While the terms “formal” and “informal” kinship care have been used in practice, policy and research since the 1980s, some feel that these terms do not fully capture the experiences of families as they relate to their involvement in the child welfare system (Ehrle & Geen, 2002; Geen, 2003; Geen & Berrick, 2002). Sometimes “informal” kinship caregivers receive certain services from the child welfare system or have opted to care for the children through temporary guardianship. This means that their experiences with the child welfare system can be limited during less stressful times or more utilized during times of need. Likewise, “formal” kinship care placements can vary depending on how they are publicly supported and the way they are monitored. Although most researchers continue to use the terms “informal” and “formal”, others have adopted the terms “public” and “private” kinship foster care to differentiate between the experiences of families’ involvement with the child welfare system. However, the terms “public” and “private” can be confounded based on the privatization of child welfare services. For example, when child welfare services in Florida and other states are provided by “private” community-based care agencies, these are often referred to as “private,” even though this type of involvement would be traditionally categorized as “formal”. Because the terms informal and formal appropriately describe the kinship care experience in Florida, these terms will be used in this paper.

## 2. Review of policy development

Social problems such as the unavailability of traditional foster homes and the effects of the crack cocaine epidemic generated a need for the child welfare system to consider alternatives for placing children in out-of-home care and develop policies to support kinship care placements. Policy first became involved in kinship care when concerns arose about the high number of Native American children being removed from their families and placed outside of Native American communities (Barth, Webster, & Lee, 2002). The Indian Child Welfare Act of 1978 gave Native American tribes the authority to make placement decisions for their own children (Crosson-Tower, 2001, p. 360).

Furthermore, state and county interpretations of the Adoption Assistance and Child Welfare Act of 1980 implied a preference for relative placements when any child was to be placed into the foster care system. The Adoption Assistance and Child Welfare Act required states to place children in the least restrictive setting available (Murray and Gesiriech, n.d.). Oftentimes, this meant that children were placed with relatives they already had a relationship with prior to child welfare involvement. In the early 1990s, 44 states placed children in state custody in kinship care, and 29 states had policies that required agencies to give preference to relatives of foster children (U.S. General Accounting Office, 1995). In recent years there has been an increase in the government's partiality for kinship care. This was demonstrated by the enactment of the 1997 Adoption and Safe Families Act, the first piece of Federal legislation to explicitly recommend that child welfare agencies explore placement of children with a relative first, before non-relative placement is considered.

In 1998, the Florida Relative Caregiver Program was established to provide financial assistance to kinship care families. Eligibility criteria for this program includes: children are in the full-time care of a relative within a fifth degree of relationship to the child, the child has been adjudicated dependent by the state due to child abuse, neglect or abandonment, the relative possesses a dependency court order through juvenile court, and a home study is approved by the state (Florida Department of Children and Families, 2001).

### 3. Review of research

Recent child welfare research (e.g. the Administration for Children and Families Children's Bureau State Demonstration Projects, Child Welfare League of America, Casey Family Programs, and others) has spearheaded a movement to examine secondary child welfare data about kinship care to systematically inform practice at the micro, mezzo, and macro practice levels. Child welfare studies have compared outcomes for children placed with relatives to outcomes for children placed with traditional non-relative foster parents. These child welfare studies (Chipungu et al., 1998; Dubowitz et al., 1993; Gleeson et al., 1997; Harden et al., 1997a,b; Hegar & Scannapieco, 1995; U.S. Department of Health and Human Service, 2000) have concluded that, compared with non-relative caregivers, kinship caregivers are more likely to be female, African American, older, single, less educated, unemployed, and had lower socioeconomic status.

Because kinship caregivers tend to be older, the aging field has also examined kinship care with its own framework. Instead of focusing on children's outcomes, the aging system of care is concerned with the outcomes of older adults and what kinds of effects rearing a second generation have on individual health, mental health, and life satisfaction. Compared with grandparents not caring for their grandchildren, kinship caregivers report more limitations of daily activities, increased depression, lower levels of marital satisfaction, and poorer health (U.S. Department of Health and Human Service, 2000). Although aging research has made important contributions to the field of kinship care, child welfare research is the setting for more social interventions and federal studies and demonstration projects to examine kinship care from a family-systems perspective.

According to child welfare research comparing kinship caregivers with non-relative foster parents, kinship caregivers generally receive less training and support and fewer services (Berrick, Barth, & Needell, 1994; Brooks & Barth, 1998; Gebel, 1996; Scannapieco, Hegar, & McAlpine, 1997; U.S. General Accounting Office, 1999). Additionally, there is strong evidence that children in kinship care are more likely to be removed from their birth homes due to parental substance abuse as compared to children in non-kinship care, who are more likely to be removed due to the mental health problems of their birth parents (Beeman, Kim, & Bullerdick, 2000; Benedict, Zuravin, & Stallings, 1996; Besinger, Garland, Litrownik, & Landsverk, 1999; Gleeson et al.,

1997; Grant, 2000; Franck, 2001; Pruchno, 1999), though how these differences might affect child outcomes is unclear (Cuddeback, 2004).

In recent years, child welfare research has made great strides in examining children and families' experiences with kinship care in the context of the child welfare system. One particular study, the National Survey on Child and Adolescent Wellbeing (NSCAW) (NSCAW Research Group, 2002; U.S. Administration for Children and Families, n.d.) provides a snapshot of the functioning and the potential service needs of children and families after child protective services investigations. NSCAW follows the life course of these children to gather data about services received during subsequent periods, measures of child well-being, and longer-term results for the study population. Westats' work on evaluating the largest Assisted Guardianship Study for Illinois has also helped to build the knowledge base about experiences of kinship caregiving families within the child welfare system (Anderson, Ramsburg, & Scott, 2005; Testa, 2005; Testa & Miller, 2005). These large studies help to provide a clearer understanding of life outcomes for children and families that come into contact with the child welfare system. While most studies using child welfare data have successfully strengthened the knowledge base of kinship care, findings have not focused on those families not involved in the child welfare system: the informal kinship caregivers. Informal kinship caregivers often voluntarily care for children without child welfare oversight, avoiding social service systems because of distrust, negative perceptions of social service systems, and other barriers. According to Cuddebeck (2004), few studies have examined informal kinship foster populations (Charon & Nackerud, 1996; Ehrle & Geen, 2002; Harden et al., 1997a,b; McLean & Thomas, 1996) and consequently, little is known about informal kinship care. Cuddeback explains research limitations examining informal kinship care:

...informal kinship foster families probably make up a larger part of our child welfare system than we realize, yet the actual numbers of these families and how these families are functioning is unknown. Granted, informal kinship caregivers might be a difficult population to study, they make up an important part of the kinship care child welfare picture and need to be studied. (p. 633)

One of the most difficult tasks in increasing the knowledge base on informal kinship care through research is attaining a representative sample. Because these families are not involved in formal systems of care, they are not included in child welfare administrative databases, which capture the experiences of those children formally placed with a relative through the foster care system. As Gleeson and Hairston (1999) highlight, methodological concerns and challenges for studying kinship caregiving families include: balancing generalizability and depth, establishing causal relationships, and examining trends over time. Several studies have used creative strategies to learn more about these informal kinship care families (Bryson & Casper, 1998; Chalfie, 1994; Fuller-Thomson, Minkler, & Driver 1997; Geen, 2003; Geen & Berrick, 2002; Rutrough & Ofstedal, 1997; Saluter, 1992; Simmons & Dye, 2003), but most studies have struggled to capture a representative sample. The studies that have compared informal and formal kinship caregiving include national non-probability samples, national probability samples, and studies with smaller samples. Following is a review of those studies.

### *3.1. National non-probability samples*

In the field of kinship care, national non-probability samples have been used to obtain basic demographic information on kinship caregivers. The field of aging has utilized national data from the Census to increase the kinship knowledge base (Simmons & Dye, 2003). In Census 2000,

variables were included to examine grandparent heads of households as the primary caregivers to children. Even though the sampling procedures of the Census are not based on service utilization or involvement with systems of care, it leaves many informal caregivers out of the sample by excluding other relatives, such as aunts, uncles, cousins, or brothers and sisters who are often primary caregivers to relative children. In addition, in the Census 2000 missing data is often imputed and most socioeconomic census data is based on a sample estimate. While several improvements in Census 2000 have strengthened the sampling of race and ethnic variables, people who identify themselves as biracial and multiracial continue to contribute to sampling error in the Census. Other sources of error from the Census include: inability to identify all cases in the actual universe, definition and classification difficulties, differences in the interpretation of questions, errors in recording or coding the data obtained, and other errors of collection, response, coverage, processing, and estimation for missing or misreported data (U.S. Census Bureau, n.d.).

Despite the limitations of the Census data, it provides researchers with informative variables for examining the concept of kinship care. Several studies using the Census as a larger nationally representative data set have focused primarily on describing the demographics of custodial grandparents, grandparent-maintained households, or the grandchildren residing in them (Bryson & Casper, 1998; Chalfie, 1994; Fuller-Thomson et al., 1997; Rutrough & Ofstedal, 1997; Saluter, 1992). These studies omit information from other relations providing care, such as siblings, aunts, and great grandparents. While the demographic studies have provided valuable information about the number and characteristics of grandparent families on a national scale, their value to the field of kinship care is limited. Although a number of studies have provided insight on kinship care, many did not distinguish between caregivers who lived in households with other adults present and those caregivers who lived in households with no other adults present. For example, Chalfie (1994) only examined grandparent households in which no other adults were present. Chalfie failed to consider approximately two-thirds of the grandparent-maintained households with parents present. Using the National Survey of Families and Households (NSFH), Fuller-Thompson, Minkler, & Driver (1997) provided important information on the timing and duration of care and the characteristics of custodial grandparents who had raised a grandchild since 1990. However, the study was not designed to provide information about the numbers and kinds of grandparents who are currently maintaining households for their grandchildren. Most studies do not take into account how grandparent-headed households vary by family structure and economic characteristics, which is another limitation of existing research.

### 3.2. *National probability samples*

The National Survey of American Families (NSAF) collected information on more than 100,000 people in two rounds of data collection in 1997 and 1999 from more than 42,000 households to make up the national probability sample from 13 selected states (Alabama, California, Colorado, Florida, Massachusetts, Michigan, Minnesota, Mississippi, New Jersey, New York, Texas, Washington, and Wisconsin) (Urban Institute, n.d.). As in all surveys, the data from the National Survey of America's Families are subject to sampling variability and other sources of error (Geen, 2003; Geen & Berrick, 2002). The sample of children in many publications on kinship care resulting from the NSAF was obtained by randomly selecting up to two "focal" children, one under 6 years old and one between the ages of 6 and 17 from each household. This sample of children was then weighted to be representative of children in the nation. To increase the sample size of the children for statistical analyses, 1997 and 1999 data were combined. This sample was limited to those households with people under 65, which excluded many older caregivers. Furthermore, statistical analyses are based on small samples of subgroups that often have large standard errors. Since NSAF provides only an

estimate as to how many relatives are caring for children informally, it is difficult to estimate a probability sample that will have enough statistical power to conduct meaningful analysis. Additionally, because of the dynamic nature of kinship familial relationships and changing living situations, it can be difficult to determine if this point-in-time survey sampling methodology accurately captures valid and reliable data on informal kinship caregivers.

### 3.3. *Smaller samples*

Most of the smaller scale studies on informal kinship care have used qualitative methods with smaller samples to paint a more in-depth picture of this type of caregiving (Gibson & Lum, 2003; Gleeson, 2001; Gleeson, Talley, & Harris, 2003; McClean & Thomas, 1996; Mayfield, Pennucci, & Lyon, 2002). While these studies have contributed to the knowledge base of informal caregiving, especially in terms of the in-depth analyses from qualitative studies, their lack of generalizability limits their findings.

In the first nationally representative survey that profiled children in various types of kinship-care arrangements, Gleeson (2001) examined 215 families caring for related children in informal kinship care arrangements in Chicago in order to identify the strengths, resources, and service needs of these families and how they might change over time. This exemplary study also tests the hypotheses that the child's temperament, caregiver stress, functioning of the caregiving family, social support, and financial/material resources predict both change in the child's behavioral functioning and the stability of the child's living arrangement over an 18-month period. Since this study takes place in a state that has been a national leader in kinship care, replication in other areas can increase future generalizability.

In another study, McClean and Thomas (1996) employed a mixed methods approach to examine similarities and differences between a group of informal kinship care providers and two formal kinship care groups. Using an evaluation of the KIDS'n'KIN Program in Philadelphia from 1992 through 1995, the authors drew data from case file reviews which included entry and exit demographics, case worker summaries, and family service description plans from a voluntary program to access community resources and avoid the child's entering or re-entering the child welfare system. The sample included 165 children (96 in legal custody of the relative) and 60 relative caregivers. Although this sample included a comparison between informal and formal kinship care, the results are limited by the fact that the sample was small and drawn from only one program in one city.

Because of the paucity of data on kinship care, especially informal kinship care, it is essential that researchers continue studying basic information about of these families, including demographics and basic needs. New data-gathering methods are needed to learn about informal kinship caregivers since these families are not part of a formal child welfare system, a system that has built-in data gathering methods. The Florida Kinship Center devised a method for gathering data on both informal and formal kinship caregivers while at the same time delivering much needed services to the caregivers. This was through the Kinship Care Warmline, a statewide emotional support, information and referral line.

### 3.4. *Kinship Care Warmline: Overview of services*

The Kinship Care Warmline's objective is to provide emotional support, education, information and referral services to kinship caregivers throughout the state of Florida. In developing supportive services to kinship caregivers, the Kinship Care Warmline was selected for a number of reasons. One important reason is this service is available to all caregivers, formal and informal alike. The

telephone line is also geographically and logistically practical for a large state such as Florida, and the Warmline was cost effective for program start-up and continuation. Lastly, the Warmline offers anonymity for all caregivers, a feature especially attractive to informal caregivers fearing involvement by the child welfare system.

The term “Warmline” was originally coined by Grandparents and Relatives as Second Parents in Oakland, CA. The Florida Kinship Center adopted this terminology because it adequately describes the warm, listening ear of telephone operators providing service through this line. Moreover, the term lessened the focus on the crisis-nature of traditional “hotline” calls and focused on an active and supportive listening style of intervention. The Warmline offers information and self-help materials to all caregivers who contact the Warmline, and facilitates access to other supportive services statewide. Additionally, the Warmline gathers and analyzes data to continuously evaluate, improve, and promote services.

Besides the objectives of providing emotional support, information and referral to kinship caregivers statewide, the Warmline facilitates access to services throughout the state by the distribution of target mailings and newsletters and the maintenance of a website ([flkin.org](http://flkin.org)), equipped with online chatrooms, a listserve, and resource maps of the state. Lastly, the Warmline gathers and analyzes data to continuously evaluate and improve services supporting kinship care.

### *3.5. Kinship Care Warmline: Data collection*

Since both informal and formal kinship caregivers call the Kinship Care Warmline, it offered the opportunity to collect demographic and basic needs data on both groups. Data collection provided the opportunity to learn about demographics and needs from a large group of kinship caregivers in a state with fourth largest number of kinship caregivers in the U.S., and to examine differences between informal and formal caregivers.

### *3.6. Research questions*

The current study utilizes a telephone support service to gather information about kinship caregivers and to evaluate differences between formal and informal kinship caregivers regarding basic demographics and basic needs. This study addresses the following research questions:

1. What are the demographics and basic needs of a large group of kinship caregivers in a Southern state?
2. Do kinship caregiver and children demographics differ by formal versus informal custody arrangements?
3. Do the needs identified by kinship caregivers differ by formal versus informal custody arrangements?

## **4. Method**

### *4.1. Instruments*

Two instruments were administered to each participant in this study: the Florida Kinship Center Demographic Survey and the Florida Kinship Center Needs Checklist. Both of these instruments were pilot-tested and adapted to capture data on kinship caregivers based on the current knowledge base of kinship care. These instruments have only been utilized in one state, but they have been

used for several years since the Florida Kinship Care Warmline is the longest running statewide support line for kinship caregivers. Other states that are creating their own kinship warmlines will be utilizing the Florida Kinship Center Demographic Survey and the Florida Kinship Center Needs Checklist to assist them with data collection and program evaluation. In the near future, therefore, more information will become available about the generalizability of these measures.

#### *4.1.1. Florida Kinship Center Demographic Survey*

The Florida Kinship Center Demographic Survey (FKCDS) was developed to capture in-depth demographic data on Florida caregivers. Census 2000 response variables that collected information on co-resident caregiver and grandparent-headed households were included in the survey to offer a national comparison for future investigations. The FKCDS has 15 questions and takes approximately 5 to 10 min to complete over the telephone. Because caregivers who provide the answers are often caring for more than one child with different custodial arrangements, the survey queries for up to ten children. This allows the survey to capture certain variables for each child cared for by the responding relative.

#### *4.1.2. The Florida Kinship Center Needs Checklist*

The Florida Kinship Center Needs Checklist (FKNC) was designed to capture the needs of the caregivers who contacted the Warmline. During the initial warmline call, caregivers are asked to rate the importance of these needs for their individual situation using the following scale: very important, important, not important, not applicable. The nine needs in the FKNC were based on existing literature that highlighted these items for kinship families (Caliandro & Hughes, 1998; Dowdell, 1995; Kelley, 1993; Kelley & Damato, 1995; Minkler & Roe, 1993; Wells & Agathen, 1999; Yorker et al., 1998). The needs in the FKNS include: financial, child care, medical care for children, medical care for caregiver, counseling for children, education for children, support groups, programs and services, and legal services.

## *4.2. Participants*

Participants in this study included all 1070 kinship caregivers who contacted the Warmline from June 2003 to October 2005. Seventy-five percent ( $n=809$ ) of the caregivers were below the age of 60 years. Fifty-nine percent ( $n=1113$ ) of the caregivers were the grandmothers of the child. Fifty-four percent of the sample ( $n=563$ ) were Caucasian and 37% of the sample ( $n=383$ ) were African American. Fifty-five percent of the caregivers were single, separated, divorced or widowed. Most of the caregivers cared for two or three children (47%,  $n=1107$ ). About one-third of the children ( $n=612$ ) in the care of relatives were between the ages of 5 to 9 years. In terms of education, about 50% ( $n=525$ ) of the caregivers had some post high school education. However, many caregivers considered themselves low income, with 45% ( $n=448$ ) of caregivers reporting an income of less than \$15,000 a year. Forty-one percent ( $n=765$ ) of the caregivers reported caregiving for a relative child for 5 years or longer.

## *4.3. Procedure*

When a caregiver contacts the Warmline, the approach of the telephone operator is simple: to listen, assess needs, amplify strengths, and provide support and empowering information to the caller. Many of the relative caregivers tell the Warmline, “I have so many problems I don’t know where to begin.” They feel overwhelmed and overburdened. The Warmline operator helps the

caregiver identify which needs are high priorities to their individual situation and which require the most immediate attention. While prioritizing needs, the Warmline amplifies the caregiver strengths and supports positives that already exist within the caregiver and family members.

In addition to providing a warm, listening ear during the Warmline call, the operator provides education to the caller by describing available resources and clarifying policies that affect kinship care. Information and referral to local programs are normally discussed toward the end of the call. Warmline support is not over once the telephone call is completed, however. Follow-up is included to assure that caregivers have been provided all the education and information that is available and needed. Warmline operators mail an educational packet that includes the information requested by the caregiver and an informational folder on kinship care in Florida (fact sheets, support group listings, financial support availability, etc.). Two or three weeks after the packet is mailed, Warmline operators contact the caregiver to assure that the educational packet was received, that their questions were answered, and that the service was helpful to them overall.

In 2003, the Florida Kinship Center Demographic Survey (FKCDS) and the Florida Kinship Center Needs Checklist (FKCNC) were administered to every Warmline caller by the telephone operators. Although there have been several Warmline operators during data collection for this study, the Warmline Program Coordinator provided training and oversight for the entire project to assure consistency and avoid bias in the data collection.

#### 4.4. Analysis

##### 4.4.1. Demographics by formal and informal caregiving

To answer the second research question, if demographics differ based on custodial arrangements, variables were recoded into a bivariate response variable: informal and formal custody.

Table 1  
Kin caregiver placement definitions (Florida Department of Children and Families)<sup>a</sup>

Custodial arrangement	Explanations
Dependency (juvenile) law court placements	Custody options for kinship caregivers within the juvenile division include: (1) court-ordered temporary legal custody to a relative under the protective supervision of the DCF, F.S. § 39.521(1)(b)3; and (2) long-term relative custody, F.S. § 39.622. In Hillsborough County, DCF initiates dependency cases through the Office of the Attorney General. However, any party with knowledge of the facts alleged may file a petition for dependency, F.S. 39.501(1).
Probate law court placements	Grandparents and other relatives may also file petitions within the probate division for guardianship of minor children, F.S. § 744.3021. Depending on the needs of the children in their care, grandparents and other relatives will need assistance in determining whether the appointment being sought is for a guardian over the person, property, or both.
Family law court placements	Within the family law division, kinship caregivers are awarded custody of children through petitions for: (1) temporary custody of minor children by extended family, F.S. § 751.03; and (2) adoption, F.S. § 63.112.
General informal placements	Informal placements are those where the children are residing with and being cared for by a caregiver other than the birth parent without benefit of a court order. Some examples include a grandparent caring for a grandchild while the birth parent is incarcerated, or an uncle taking a nephew in while the birth parent receives substance abuse treatment, or a neighbor caring for the teenager who was locked out of his parent's home. In informal caregiver situations, grandparents and other relatives are seldom afforded any of the rights or benefits that are provided to legally appointed custodial caregivers.

<sup>a</sup> In Florida, a variety of legal custody options exist to assist kinship caregivers. However, those options appear piecemeal throughout the Florida Statutes. Currently, there are three divisions (family, probate, and juvenile) within the circuit court exercising jurisdiction over the custody of children.

Table 2  
Basic demographics

Variable	N	Response	Frequency	Percent
Caregiver age	1070	20–29	35	3.3
		30–39	98	9.2
		40–49	295	27.6
		50–59	381	35.6
		60–69	205	19.2
		70+	56	5.2
Race	1034	African American	383	37.0
		Caucasian	563	54.4
		Hispanic/Latino	68	6.6
		Other	20	1.9
Marital status	1063	Single	129	12.1
		Separated	87	8.2
		Married	476	44.8
		Divorced	254	23.9
		Widowed	117	11.0
Education	1061	Under 9th grade	46	4.3
		Some high school	153	14.4
		High school graduate	285	26.9
		GED recipient	52	4.9
		Some technical school	30	2.8
		Technical school graduate	37	3.5
		Some college	300	28.3
		College graduate	125	11.8
Employment status	1066	Post graduate school	33	3.1
		Employed full-time	353	33.1
		Employed part-time	109	10.2
		Retired	145	13.6
		Unemployed	459	43.1
Current income	987	\$1–4999	272	27.6
		\$5000–9999	81	8.2
		\$10,000–14,999	95	9.6
		\$15,000–19,999	79	8.0
		\$20,000–24,999	87	8.8
		\$25,000–29,999	79	8.0
		\$30,000–34,999	61	6.2
		\$35,000–39,999	51	5.2
		\$40,000–44,999	42	4.3
		\$45,000–49,999	25	2.5
		\$50,000–54,999	31	3.1
		\$55,000–59,999	21	2.1
		\$60,000–64,999	19	1.9
Own computer	1024	\$65,000+	44	4.5
		Yes	621	60.6
Relationship to child <sup>a</sup>	1880	No	403	39.4
		Grandmother or step	1113	59.2
		Grandfather or step	74	3.9
		Great-grandmother	41	2.2
		Aunt	234	12.4
		Great aunt	40	2.1
		Cousin	39	2.1
Sister	13	0.7		

(continued on next page)

Table 2 (continued)

Variable	N	Response	Frequency	Percent
Custodial arrangement <sup>a</sup>	1813	Non-relative/other	326	17.3
		Dependency	745	41.1
		Probate court	129	7.1
		Family court	238	13.1
		Formal dependency court	701	38.7
Number of relative children in care <sup>a</sup>	2355	1	443	18.8
		2	630	26.8
		3	477	20.3
		4	356	15.1
		5	160	6.8
		6	132	5.6
		7	63	2.7
		8	64	2.7
		10	30	1.3
		Child age <sup>a</sup>	1835	Birth to 4
5 to 9	612			33.3
10 to 14	533			29.1
15 to 19	285			15.5
Length of time in care <sup>a</sup>	1861	Less than 6 months	318	17.1
		6–11 months	205	11.0
		1–2 years	327	17.6
		3–4 years	246	13.2
		5 or more years	765	41.2

<sup>a</sup> Since caregivers care for more than one child, data analyzed includes all children in care. Caregiver data is unduplicated.

When answering questions from the FKCDs, caregivers were provided the following response options regarding custody arrangement: dependency, family law, probate and informal. These responses were described to caregivers from definitions used by the Florida Department of Children and Families to determine assistance eligibility for the Florida Relative Caregiver Program (Florida Department of Children and Families, 2001). The responses are described in Table 1.

“Formal kinship caregiver” in Florida is defined as: relatives possessing a custody order obtained by juvenile dependency court. Hence, for analytical purposes those kinship caregivers who indicated that their custodial arrangement was made through the juvenile dependency court were considered “formal kinship caregivers” for this study, because they were eligible for Florida Relative Caregiver Program. A  $\chi^2$  analysis was used to test the significance between the basic demographic characteristics of the caregivers by Florida definitions of formal and informal caregiving.

#### 4.4.2. Needs of formal and informal caregivers

To answer the third research question—if kinship caregiver needs were significantly associated by custody arrangement—the nine items of the Florida Kinship Center Needs Survey were analyzed based on the differences between the formal and informal kinship care. The initial analysis revealed that kinship caregivers were in need for each item, regardless of custodial arrangement. Because the responses “very important” and “important” are conceptually similar, they were recoded into a new variable named “important caregiver needs” for statistical analysis. A  $\chi^2$  analysis was conducted on the variables “important caregiver needs” versus “not important caregiver needs” and the bivariate informal and formal custodial arrangement.

Table 3  
Significant variables with relationships to custodial arrangement

Variable	N	n	Response	Custodial arrangement				$\chi^2$
				Informal	n	Formal	n	
Income	953	265	\$1–4000	34%	126	24%	139	25.93
		77	\$5000–9999	11%	39	7%	38	
		91	\$10,000–14,999	10%	36	10%	55	
		77	\$15,000–19,999	7%	26	9%	51	
		84	\$20,000–24,999	8%	28	10%	56	
		77	\$25,000–29,999	6%	21	10%	56	
		59	\$30,000–34,999	4%	16	7%	43	
		51	\$35,000–39,999	5%	17	6%	34	
		38	\$40,000–44,999	4%	14	4%	24	
		22	\$45,000–49,999	2%	9	2%	13	
		30	\$50,000–54,999	4%	13	3%	17	
		21	\$55,000–59,999	2%	8	2%	13	
		19	\$60,000–64,999	2%	6	2%	13	
		42	\$65,000+	3%	12	5%	30	
Relationship to child	1811	1081	Grandmother	55%	587	66%	494	159.59
		308	Other relative	26%	278	4%	30	
		227	Aunt	11%	115	15%	112	
		72	Grandfather	3%	33	5%	39	
		38	Great aunt	2%	18	3%	20	
		39	Cousin	1%	15	3%	24	
		34	Great-grandmother	1%	14	3%	20	
		12	Step grandmother	1%	6	1%	6	
Child age	1758	75	1	4%	39	5%	36	47.23
		99	2	5%	52	7%	47	
		104	3	5%	52	7%	52	
		106	4	6%	62	6%	44	
		132	5	7%	77	8%	55	
		111	6	6%	64	7%	47	
		129	7	7%	69	8%	60	
		93	8	5%	48	6%	45	
		126	9	7%	71	8%	55	
		118	10	6%	62	8%	56	
		101	11	5%	55	6%	46	
		99	12	5%	55	6%	44	
		99	13	6%	66	5%	33	
		94	14	6%	60	5%	34	
		80	15	6%	57	3%	23	
74	16	5%	52	3%	22			
75	17+	9%	94	3%	24			
Number of relative children in care	1813	604	2	32%	337	36%	267	36.35
		458	3	26%	275	25%	183	
		330	4	20%	214	16%	116	
		151	5	10%	110	6%	41	
		130	6	7%	73	8%	57	
		59	7	2%	24	5%	35	
		81	8+	3%	35	6%	46	
Length of time in care	1804	303	0–6 months	17%	179	17%	124	19.26
		192	6–11 months	9%	94	13%	98	
		318	1–2 years	16%	168	20%	150	
		240	3–4 years	13%	142	13%	98	
		751	5 or more years	45%	477	37%	274	

## 5. Results

The results are presented in three sections: Basic demographics, Demographics by formal and informal kinship caregiving, and Needs by formal and informal kinship caregivers.

### 5.1. Basic demographics

From June 2003 to October 2005, 1070 caregivers contacted the Warmline for services, as can be seen in Table 2.

The 1070 kinship caregivers included in this study services were caring for 2355 children at the time they called the Kinship Care Warmline. While most research has indicated that caregivers are typically older than non-relative caregivers (U.S. Department of Health and Human Service, 2000; Generations United, 2005), over one-half of caregivers (63%,  $n=676$ ), in this study were between the ages of 40 and 59. Interestingly, 54% of caregivers were Caucasian ( $n=563$ ), a finding that differs from many other studies on kinship care (U.S. Department of Health and Human Service, 2000; Generations United, 2005) which indicate that kinship caregivers are typically African American. Slightly greater than 65% of children in this study were being cared for by a grandparent or great-grandparent ( $n=1228$ ). Over 50% of the children resided with their relative caregivers for 3 years or more ( $n=1011$ ) and over 40% ( $n=765$ ) stayed greater than 5 years.

Forty-five percent ( $n=476$ ) of the kinship caregivers were married, and over 80% had either a high school diploma or some level of college and technical school education ( $n=862$ ). However, only 33% were employed full-time, ( $n=353$ ) and 67% ( $n=713$ ) were employed either part-time or not at all. Consistent with the low employment data, 36% ( $n=353$ ) earned less than \$10,000 per year.

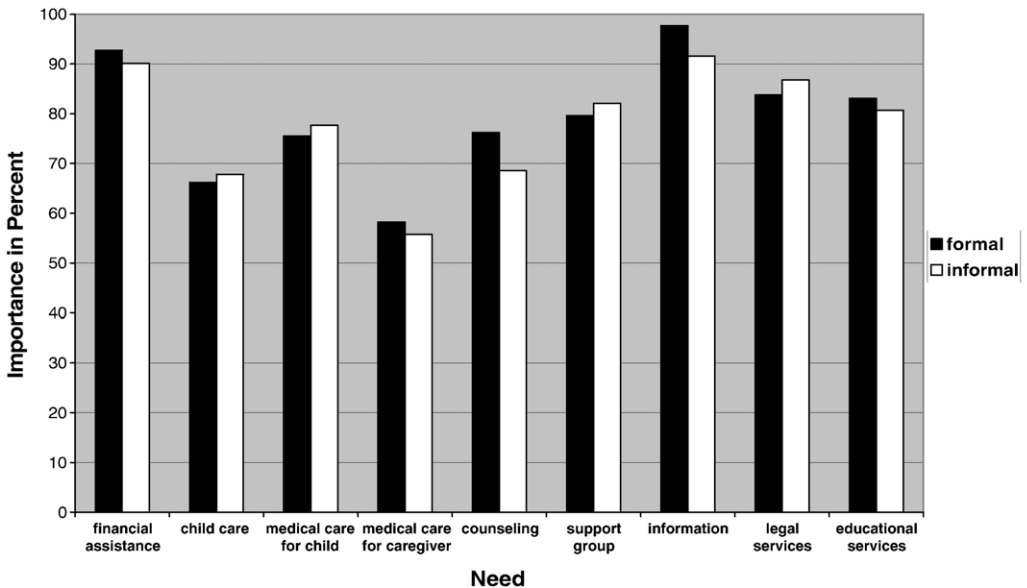


Fig. 1. Needs survey: the importance of needs for formal and informal kinship caregivers (in percent).  $n=665$ . Counseling  $p=.03$ ,  $\chi^2=4.48$ . Information  $p=.001$ ,  $\chi^2=10.47$ .

## 5.2. Demographics by formal and informal kinship caregiving

Forty-one percent of the kinship caregivers in this sample ( $n=745$ ) were “formal caregivers,” and fifty-nine percent ( $n=568$ ) were “informal kinship caregivers.” To answer the second research question addressing the differences in demographics between custodial arrangements, Table 3 presents significant differences in demographics by formal versus informal custody arrangements. The first variable with a significant difference is income ( $\chi^2=25.93$ ).

In addition, significant differences were found in: kinship caregivers’ relationships to the child ( $\chi^2=159.59$ ), child’s age ( $\chi^2=47.23$ ), number of children in care ( $\chi^2=36.35$ ), and length of time in care ( $\chi^2=19.26$ ).

## 5.3. Needs by formal and informal caregivers

With the exception of the need for information and counseling for children, caregivers in both formal and informal arrangements shared common needs for services (see Fig. 1). Caregivers in formal custodial arrangements reported a significantly greater need for counseling for children,  $\chi^2(1, N=685)=4.48, p=.03$ , and information  $\chi^2(1, N=685)=10.47, p=.001$ , but only a slightly higher need for financial assistance, medical care for the caregiver and educational services. Caregivers in informal custodial arrangements reported a slightly higher need for child care, medical care for the child, support group and legal services.

# 6. Discussion

## 6.1. Basic demographics

### 6.1.1. Age

Much of the child welfare research indicates that kinship caregivers are older than non-relative kinship caregivers (U.S. Department of Health and Human Service, 2000; U.S. General Accounting Office, 1999). In addition, policy tends to support this notion. The National Family Caregiver Support Program (NFCSP), signed into the Older Americans Act before President Clinton left office, provides assistance to grandparents raising grandchildren who are ages 60 or over. Few of the current sample would be eligible for NFCSP funding because 75% are under age 60 years of age. This is consistent with Census data indicating that 71% of grandparent caregivers are under the age of 60 (Bryson & Casper, 1998).

### 6.1.2. Race

Kinship caregivers are more likely to be African American than non-relative caregivers (U.S. Department of Health and Human Service, 2000) for several reasons. First, African-American children are disproportionately represented in the child welfare system and are more likely to live in poverty than other races. Also, African-American families have historically depended on extended familial support to rear children. This study sample has a rather large proportion of Caucasian caregivers, as compared to other studies (Dubowitz et al., 1993; Johnson, Yoken, & Voss, 1995; McLean & Thomas, 1996). It is important to note that our sample distribution could mean that Caucasian caregivers are more likely to call telephone lines for help and assistance. While this study’s sample may not be representative of the racial distribution of population of kinship caregivers, it is important to study all cultural experiences of kinship caregiving (Smith, 2000).

### 6.1.3. Length of time in relative care

Previous studies (Berrick et al., 1994; Brooks & Barth, 1998; Kerman, Wildfire, & Barth, 2002) have shown that children placed with kin stay in the care of their relatives for a longer period of time than those children placed in non-relative care. In the current study, 41% of the caregivers have been caring for their children for 5 or more years, and 13% have been providing care for 3 to 5 years. This finding may cause concern for those kinship caregivers who are hoping that one day the biological parent(s) will be able to care for their children, as was found by Smith, Krisman, Strozier, and Marley (2004) who interviewed incarcerated parents whose children were being raised by relatives. On the other hand, this finding may create hope about the stability of the children in kinship care. In addition, the fact that these long-time caregivers called the Warmline seems to indicate that, even with several years experience being caregivers, the individuals still were in need of information and emotional support. Further research on the needs of long-term kinship caregivers is needed.

### 6.1.4. Income and education

Kinship caregivers in this study achieved a relatively high education and have a low unemployment rate. However, they still report earning low incomes. Forty-five percent of the caregivers in this study report having an income of less than \$15,000 annually. So, for many of these caregivers, even the advantages of education and employment do not lead to a reasonable wage. This is likely to be due in part to the difficulties in securing and retaining a good-paying job while caring for relatives' children.

## 6.2. Demographics by formal and informal kinship caregiving

Regarding the distribution of the sample between formal and informal kinship care, custodial arrangements were relatively split even between the two groups (46% were formal, 54% were informal). Research indicates that the study should have found more informal kinship caregivers than formal caregivers (U.S. Department of Health and Human Service, 2000; U.S. General Accounting Office, 1999), especially since many informal caregivers are not accounted for by systems of care. The distribution of this sample could be explained by Florida Kinship Center public relations efforts that have reached out to both formal and informal caregivers in the state. Regardless, the methodology of the Warmline, a service available to all caregivers, has provided a unique opportunity, unlike most studies focusing only formal caregivers, to study both informal and formal caregivers.

In addition, the large number of formal kinship caregivers in this study's sample appears to indicate that, although these caregivers are receiving financial support from the Florida Relative Caregiver Program, they continue to have challenges and needs. These formal caregivers still need information, education, referrals, and emotional support.

### 6.2.1. Income

Statistically significant differences were found between the incomes of formal and informal kinship caregivers. While 50% ( $n=283$ ) of kinship caregivers with formal custodial arrangements earned less than \$20,000 annually, 62% ( $n=227$ ) of kinship caregivers with informal custodial arrangements earned less than \$20,000 annually. This finding is disconcerting: a larger percentage of those caregivers with the lowest incomes are not eligible or not receiving financial assistance or child welfare benefits from the Relative Caregiver Program.

### 6.2.2. Relationships to the child

Statistically significant differences were found between informal and formal caregivers regarding the kind of relationship they had to the child. Sixty-six percent ( $n=494$ ) of formal kinship caregivers were grandmothers of the child in care, whereas only 55% of the informal caregivers were grandmothers. Perhaps the grandmothers, versus other relatives, were more willing to apply for Relative Caregiver Program benefits, because of what appears to be greater awareness and acceptance in our country of grandparents raising grandchildren than of other relatives doing so. Could grandparents' willingness to apply for formal support be a reflection of the "Grandparents Raising Grandchildren" movement in the United States in recent years? It could be that this movement, spearheaded by organizations such as AARP, Generations United, and National Committee of Grandparents for Children's Rights raise societal awareness of this type of caregiving and increase the willingness of grandparents to pursue available support.

### 6.2.3. Child age

Statistically significant differences were found for the ages of the children being raised by formal versus informal kinship caregivers. The analyses indicate an especially large difference between formal and informal kinship caregivers who are caring for teenagers. Thirty-two percent of informal kinship caregivers ( $n=329$ ) are caring for teenagers, while only 19% of formal kinship caregivers ( $n=136$ ) are caring for teens. Part of this difference may be due to the fact that for formal caregivers, the child welfare system does not support older teenagers who have aged out of the system.

Many caregivers report feeling tremendously challenged by children during the teen years. The Warmline Program Coordinator stated:

Those who are caring about teens with formal arrangements often call to say they are going to give the children back to the state if the state continues to ignore their cries for help. Informal kinship caregivers are more likely to state that they are considering finding a different placement for the teenagers (with another relative), but if they can't find one, they'll keep caring for the teen. (A.M. Caparratto, personal communication, January 26, 2006).

Once again it appears that the caregivers not receiving child welfare benefits carry a greater burden.

### 6.2.4. Number of children in relative care

Statistically significant differences were found regarding the number of children being cared for by formal versus informal kinship caregivers. More relatives with formal custody arrangements are caring for many kinship children. For example, 11% ( $n=81$ ) of relatives with formal caregiving arrangements care for seven or more children, while only 5% ( $n=59$ ) of informal relatives care for seven or more children. This finding may indicate that, for most caregivers, the only way to be able to raise seven or more children is to receive financial assistance.

### 6.2.5. Length of time in care

Statistically significant differences were found in the length of time a child has resided with formal versus informal caregivers. Forty-five percent of informal caregivers ( $n=477$ ) have been caring for children for 5 years or more, while only 37% of formal caregivers ( $n=274$ ) have been

caring for children for 5 years or more. The long-term dedication of all caregivers is commendable, but that of caregivers receiving no funds from the child welfare system is even more remarkable.

### 6.3. Needs of formal and informal caregivers

Overall, formal and informal caregivers appear to have very similar needs. This finding highlights how difficult it is to care for relative children, even with financial support from the child welfare system.

According to the results of the FKCNS, the greatest hardship for both formal and informal caregivers is a need for information. Kinship caregivers need instruction and assistance from the Warmline. They need information about what resources are available, what support groups are in their communities, how to handle their grandchildren's school problems, how to handle the new teen culture, how to handle drug-affected children, how to handle their own adult children coming back into the home intermittently and disruptively, how to handle their own grief over their loss of freedom and financial responsibility, etc.

The caregivers need for information could be addressed in part through more updated technology. According to the demographic characteristics in this study, 61% ( $n=621$ ) of the caregivers who contacted the Warmline own a computer in their home. Therefore, the use of computer technology could help provide some of the important information caregivers are seeking.

Although both informal and formal caregivers want information, formal caregivers expressed a greater need for information. This could be indicative that the child welfare system needs to increase the amount and depth of information it is providing to caregivers. It is certainly possible that, with the turnover in the child welfare system, many workers are not as knowledgeable about kinship caregiving resources as they need to be.

Significant differences were found between informal and formal caregivers concerning the need for counseling for their children, with formal caregivers expressing a greater need for the counseling. This result could indicate that formal caregivers are more aware of the availability of counseling and are wanting this service for the children in their care.

The need requested least by the caregivers was medical care for themselves, a finding noted in other studies (Gibbons & Jones, 2003; Smith et al., 2004). This is a sad finding, one that appears to reflect the humility and personal sacrifice of caregivers giving so much to raise their relatives' children. Telephone operators have heard many caregivers tell them that they do not buy their diabetes or heart medicine, their hearing aids or eye glasses, anymore because they need to buy diapers or school supplies instead. One grandmother stated, "Financially, I have used all of my hearing aid money and then I need. I am emotionally drained, and financially there is no help whatsoever" (Smith, Strozier, & Chaffin, 2000, p. 13).

## 7. Limitations

### 7.1. Sample

Only those caregivers who contacted the Warmline were included in the data set. These are caregivers who acknowledged that they needed assistance and took the initiative to call the Warmline. Some of the caregivers not included in this sample are those living in isolation or those who do not know about the Warmline. Others who did not call the Warmline are individuals who do not want any assistance from outside of their own families and are afraid to get professionals

involved in their family for fear that the children in their care will be taken into state custody. However, the non-invasive nature of the Warmline helped diminish some of those fears.

## 7.2. Intervention

A limitation of the telephone helpline intervention is that it can be restricted in terms of what the telephone operator can give back to the client. For example, the operator cannot make eye contact or provide non-verbal listening cues for the client. Due to these barriers, trust can be an issue for the client in this relationship.

## 8. Future implications

This study introduced the Kinship Care Warmline, a valuable service to relatives and a means for states to capture data on informal and formal kin families. During the time this article was written, several new statewide warmlines were introduced around the country. Recently initiated warmlines could adopt the Florida Needs Survey and/or Florida Kinship Demographic Survey to capture important data on the kinship families they serve. Not only could this data be used to improve telephone operations and practice, but it also could generate important information for policy makers and other stakeholders about specific service needs and gaps throughout their state. If other warmlines adopt similar data collection methods, future state comparative data could become available.

Although collecting data using the Florida Needs Survey and the Florida Demographic Survey has been beneficial to the Warmline's practice and research, a future investigation with data collection methods that better capture those kinship caregiving families who may be less inclined to ask for help is needed. In addition, better assessments that more deeply investigate the resource needs and available support for caregivers are needed.

Lastly, while several differences were noted between the caregivers' demographic characteristics and needs when custody arrangement was stratified, the formalization of custodial arrangement should not be a measure of kinship care quality. Formalization should be used to describe an experience, not to make a value judgment regarding the worth of one custody arrangement versus the other. While we need to continue our efforts to understand different patterns and needs of formal and informal caregivers, we must encourage empowerment and self-determination for all.

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