

African American Extended Families and Kinship Care: How relevant is the foster care model for kinship care?

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In supporting kinship care as a “new” solution to old child welfare problems, we should acknowledge the history of the extended family and of informal kinship care in individual families. In this article, we review the role of extended family in the lives of 30 youth currently residing in kinship care households. We find that these youth have extensive experience living with kin prior to their formal placement in kinship care, and that these youth continue to rely on extended family networks after their official placement with kin. This familiarity with extended family households suggests that youth in kinship care may find these arrangements neither novel nor disruptive. We recommend that service providers and researchers working with kinship care understand the adaptable and flexible nature of the family and acknowledge that this flexibility often protects families facing social and economic adversity. We further suggest that continued idealization of the nuclear family—including its use in the conceptualization of foster care—may hinder service provision because it obscures the resources of extended families.

As this volume demonstrates, kinship foster care has received a great deal of attention in recent years in both child welfare services and research communities.¹ Kinship foster care has emerged as a solution to a number

¹ Recent reviews of kinship care research can be found in Berrick & Barth 1994; Cox 2000; Crumbley & Little 1997; Gleeson & Hairston 1999; Hagar & Scannapieco 1999; Wilson & Chipungu 1996.

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of problems that the child welfare system faces at the turn of the twenty-first century: growing child welfare rolls; the declining availability of foster parents; and continued concern for culturally competent placements for children (Wilhelmus, 1998). Relatives willing to care for their kin children help the child welfare system address these problems, and some evidence suggests that children benefit from these placements as well (Courtney & Needell, 1997; GAO 1999; Gleeson & O'Donnell, 1997; Inglehart, 1994; Scannapiceo & Hegar, 1997).

This focus on kinship care as a "new" solution to old child welfare problems can elide, however, the history of the extended family and of informal kinship care within individual families. In this article, we review the family histories of 30 youth residing in kinship care households to understand their experiences living with and being cared for by relatives other than their parents. We also look at make-up of the 25 households in which these 30 youth currently reside, the ages when youth came to live with relative caregivers, and the youth's experiences living with relatives prior to their official placement in kinship care.

The individual histories of the youth in this study reveal complex family structures and living situations that negate some of our assumptions about these families, the family in general, and the placement instability suffered by youth involved with child welfare services. The families studied here are characterized by extended family households, frequent social interaction across branches of the extended family, and a good deal of assistance and support among family members (including the shared care of children).

These few though diverse histories suggest that the foster care model of placement cannot adequately capture the lives of these kinship care families. The foster home ideal suggests that the foster family provides maltreated youth with a new residence and stable family that substitute for the child's maltreating family. Further, foster care draws on a model of family that makes the nuclear family an ideal to be imitated: the foster family provides abused or neglected youth with a family more stable, more "ideal," than their own. This idealization focuses too heavily on the culturally-sanctioned, two parent, mother-and-father dyad caring for children.² In doing so, the foster care model fails to capture the variety of family

² Even when individual foster families do not consist of this nuclear family structure, the nuclear family ideal is a cultural symbol that carries significant weight in the United States. It is presumed to be the most "right" or most adequate family form, an ideal to which other families should strive (Coontz 1992; 1997; Brown 2000; Gordon 1994; Polakow 1993).

situations in “kinship care” families and the adaptive and flexible nature of these families. In order to provide kinship care families with adequate and appropriate services, we need to understand that their families do not necessarily conform to the nuclear family model and appreciate the role that kin play in providing protection, care and stability for these children.

Literature Review and Background

The nuclear family is an idealized image in American culture, and as such we sometimes assume that it is the most common or healthy family form. However, historians such as Stephanie Coontz (1992) and sociologists like Judith Stacey (1991) dispute the predominance of the nuclear family, suggesting instead that it circulates in American culture as an ideal, despite a limited historical and social existence.³

African American families, and other American families who struggle against social and economic adversity, appear to have particularly diverse and flexible family forms. Adaptability and flexibility have allowed these families to respond to elevated needs brought by their social and economic positions. This flexibility includes a greater reliance on extended family members for social and economic support.

Research on African American extended families suggests that their especially flexible and adaptable form emerged due to the history of particularly difficult circumstances for African Americans in the United States (Burton, 1995; Franklin, 1997; Crosbie-Burnett & Lewis, 1999). One way African American families have responded to adversity is through an increased reliance on kin, what Johnson called “mutualism” (Johnson, 1966, quoted in Scott & Black, 1989). In these families, kin function as a “latent matrix” that can be called upon in times of increased need (Riley & Riley, 1993:169). Role flexibility within the family and extended family support networks protect children from the disruption caused by employment instability, marital instability, and instability in housing (Bengston 2001; Billingsley 1968; Hill, 1971; Stack, 1974). In such families, members “pool resources and build community while cop-

³ For further discussion of the history of the nuclear family form, see Philippe Aries, *Centuries of childhood: A social history of family life* (1962. New York: Vintage), Stephanie Coontz, *The social origins of private life: A history of American Families, 1600-1900* (1988. London: Verso), Steven Mintz & Susan Kellog, *Domestic revolutions: A social history of American family life* (1988. New York: Free Press), Edward Shorter, *The making of the modern family* (1975. New York: Basic Books).

ing with long-term poverty and growing unemployment rates among men” (Coontz, 1992:242). Family members may provide economic support for each other (Edin & Lein, 1997), may “absorb others into the household” (Hall & King, 1982), or may assist with child rearing and social regulation (Scott & Black, 1989; Wilson, 1986, 1989). In each of these ways, extended family networks help families cope with the numerous challenges facing them in a historically racist society (Arnold 1995; Bengston, 2001; Crosbie-Burnett & Lewis, 1999).

While the African American extended family has received particular attention in research, the extended family is not exclusive to African Americans. The historian Stephanie Coontz (1992) argues that the nuclear family is more a fiction than a reality in American life: Coontz presents evidence that the nuclear family has never been the predominant family structure in the United States, despite its ideological prominence. The sociologist Judith Stacey (1991) suggests that the relevance of the nuclear family is decreasing in contemporary times: the nuclear family is a form that “rose and fell within a globalized capitalist system” (Bengston, 2001:4, summarizing Stacey), whereas contemporary families are characterized by adaptability, fluidity, and diversity. Contemporary social factors that impact all families, including, for example, growing marital instability and divorce, make extended kin in all families critical to socialization, nurturance, and other “essential family functions” (Bengston, 2001:5). Kinship care families can help us understand the role extended family members play in these “family functions.”

Study Design and Setting

The thirty youth, ages 9 to 17, described here were research subjects for study conducted by the Institute for the Study of Community Based Services in San Francisco. Funded by the California Office of Criminal Justice Planning (OCJP), this project used mixed methods (quantitative and qualitative) to look at the relationship between child abuse/neglect and later juvenile justice involvement among African American youth in kinship foster care. In this paper, we present a limited piece of that larger study, presenting information about these youth’s extended families taken from our qualitative research.

The thirty youth interviewed represent twenty-five families: four sets of siblings were interviewed.⁴ All of the youth interviewed were living with relative caregivers at the time of the study. They were selected for the study either because of their family's participation in the Kinship Support Network run by the Edgewood Center for Children and Families⁵ or because of the youth's involvement with the juvenile justice system.⁶ Twenty-seven of the thirty youth had documented histories of child abuse and neglect. Fifteen of the youth had some contact with the juvenile justice system: six had been adjudicated by the juvenile court as delinquent offenders and nine more were on informal probation.

Each youth participated in a qualitative interview, during which they discussed issues ranging from their feelings about school to their experiences in kin care. The information we rely on here was culled from the transcripts of this one-time qualitative interview with the youth, a similar qualitative interview with ten of their kin caregivers⁷, and from reviews of the youth's Department of Human Services (DHS) and juvenile court case records.

All of the youth are African American residents of San Francisco, California. San Francisco is a city that, despite prosperity brought by technology-based industries, has also been troubled with poverty. Real estate

⁴ Each of these four sibling sets reside together in the residence of a relative caregiver. Other youth interviewed may have siblings, but if those siblings fell outside of the study criteria, they were not included. The siblings we did interview can be expected to share perspectives and experiences in some cases, but also show some differences, including the age they came to reside in kinship care and memories of their move from their parents' household to the kin caregiver's household. We have made an effort to specify when we are discussing the 25 households represented by this group and when we are drawing on the responses and experiences of all 30 youth.

⁵ Edgewood's Kinship Support Network (KSN) provides support services to relatives foster parents: adult's raising children, not their own offspring, to whom they are related. KSN is a privatized model that delivers services at the community level.

⁶ Children and youth participating in the KSN program were identified through the KSN database if they met study criteria. These criteria included being African American; have documented histories of abuse/neglect; living with relatives; being between the ages of nine and 17 at the time of interview; and being fluent English speakers. We recruited other youth by cross-referencing a database list from the Department of Human Services (DHS) with a list from the San Francisco Youth Guidance Center (YGC) to identify youth residing in kin care having contact with the juvenile justice system.

⁷ The 30 youth interview represent 25 kinship care families. Of these 25 families, only ten caregivers consented to be interviewed. Although we asked all 25 caregivers to participate, many indicated they were uncomfortable discussing theirs and their relative foster children's histories.

values have skyrocketed in recent years, squeezing out middle-income families and contributing to a widening gap between rich and poor. Economic disparity in the city has especially impacted African American families.

The kinship families involved with the KSN program reside primarily in four neighborhoods (see Table 1), which reflect the legacy of restrictive housing covenants used during WWII to contain Blacks in certain areas of the city (Daniels, 1990; Broussard, 1993). These neighborhoods have a significant number of families living below the poverty line, a factor often associated with higher crime rates and exposure to violence, and contain large concentrations of youth under the age of eighteen years.

Table 1
Population of Neighborhoods In San Francisco, California Where The Youth In this Study Reside 1998

Neighborhood	Total number of residents	No. of Youth (and % of population)	No. of youth living below poverty line	Median family income
Bay-view/Hunter's Point	27,239	7,934 (29%)	3,149	\$25,170
Visitacion Valley/Portola	34,635	9,049 (26%)	2,235	\$32,924
Inner Mission	70,770	15,213 (22%)	3,800	\$29,874
Western Addition	28,859	3,344 (12%)	925	\$34,319

San Francisco Mayor's Office of Children Youth and Families [MOCYF]

These neighborhoods also contend with high adolescent birth rates, and a high percentage of live births reported as low birth weight.

Family make-up and history

The youth we studied here have histories of close involvement with extended family, including sharing residence with relatives. In the discussion below we review several areas of the youths' family life to show their involvement with relative caregivers and extended family more generally, both before and after their official placement with kin. We look first at the histories among these youth of residing with kin prior to their involvement with child welfare. Next, we describe the circumstances surrounding the relative caregivers' assumption of care for the youth. These circumstances give us an idea of family involvement with the youths' care, and of the

youths' memories of their transition to kinship care. We then discuss the current household make-up for the 25 kinship care families involved in our study, showing that their households often include a number of extended family members. Lastly, we describe the youth's continued reliance on extended family members both within and outside of their residences, and suggest that family continues to be a source of emotional support for youth throughout their young lives.

History of residing with kin

Research on kinship foster care has suggested that kinship care minimizes the disruption youth feel upon their removal from their parents' care (Crumbley and Little 1997). The trauma of being removed from home and family is mitigated by their familiarity with kin caregivers: youth know their caregivers and know them as family. But we argue further that these youth have, in many instances, lived previously with the very relatives with whom the child welfare system later places them. Relative caregiving has been a part of the lives of these youth *prior* to their involvement with the child welfare authorities so that, in some cases, kinship foster placement merely formalized a care-giving situation that the family had already arranged. Mark Testa, in his 1997 article discussing kinship care in Illinois, calls such situations "non-removal placements": cases that do not involve any physical removal of the child from their residence but instead involve a change in legal custody of a child in preexisting kinship arrangements. Testa found that, in 1991, 18% of all Chicago kinship placements were of this type (1997).

Some of the youth in our sample had shared residence with their kin caregivers from birth in extended family households where youth, parent and other kin resided together. Often, the youth and their parent resided with a grandparent or other relative from the time of the child's birth, and that co-resident relative later became the official relative caregiver. We heard clear descriptions of this type of living situation in eight cases. For example, one case involved a young woman who became pregnant at 15 years of age. When her child was born, she and the child continued to live with her mother (the infant's grandmother). However, when the child was 6 years old, child abuse/neglect charges were filed against the child's mother and father, both of whom were drug addicted and neglecting the child's care (with the grandmother informally assuming primary care for the youth). At this point, the child's placement with his grandmother be-

came official. The child had, however, been at the same residence since birth.

In such cases, child welfare involvement formalizes a living situation already in place. When child welfare authorities become involved, formal placement may bring much needed economic and social support to the caregiver, but it does not mean that the youth changes residence. The youth's formal placement with the relative caregiver may not, then, represent any placement disruption to the youth (though formal placement may involve the requirement that the youth's parent move out of the extended family home where the youth remains).

We can better understand the degree of disruption these youth experienced by looking at the age when they were placed with relatives (see Table 2). Of the 30 youth studied, the average age of official placement was 6.7 years.

Table 2
Child's age of official placement with relative caregiver

Age of placement	Number of youth
before 1 year	2
before age 5	6
between ages 5 and 10	14
between ages 10 and 15	7

However, if we look at the average age when these youth *began* living with relatives, it is 3.9 years, with ten of the youth residing with relatives from birth or prior to the age of one year.

Even this figure does not fully capture the experiences these youth have had living with kin because these youth had generally lived in extended family households even before they came to live with their relative caregivers. Further, in cases where child welfare authorities facilitated a move from the parents' household to a relative caregiver's household, the youth had sometimes spent a period of time staying with relatives prior to the official move. A number of the youth resided part-time with a relative prior to their placement, moving between several households, staying sometimes with a parent and sometimes with a grandparent or other adult relative (often an aunt or cousin). For example:

Youth: I always stayed with my grandma.

Interviewer: Do you remember how old you were when you first went to stay with her?

Youth: I pretty much stayed with her my whole life.

Interviewer: Since you were a baby? Did you go with anybody else?

Youth: I stayed with my stepmother and my cousin.

Interviewer: So from when you were born, were you first with your grandma?

Youth: My grandma.

Interviewer: And how old were you when you went somewhere else?

Youth: When I was about five, then I went to live with my cousin, till I was about 11, stayed with my stepmother for maybe a year and a half. Then I went to a foster home for about a month and a half, then I went back to my grandmother's house. (Y7)

I was living with my grandfather and my father at the same time, and my mother. And so it was like I was in between three homes, and also living with my other grandparents. So I just got bounced around, and I stopped going really, over to my other grandparents' house, eventually. And then I stopped going to my mother's house because she moved...and then my father, I stopped staying with him because I got into it with his wife and stuff like that. So I started staying with my grandfather, and when I was living with my grandfather, it was closer to the school I was going to at the time, so it was good, me living there. (Y29)

Youth who lived with extended family members prior to child welfare involvement clearly have a different experience of being removed from home by child welfare authorities than the traditional model implies. This is due not only to the fact that they know their relative foster parent, but also to the fact that they have had experience living with that caregiver or other relatives prior to their official placement. The prevalence of this arrangement among these youth suggests that this situation is neither unusual nor stigmatized in this community.

Circumstances surrounding assumption of care

A majority of the youth interviewed were living in kinship foster care as a result of child abuse/neglect charges against their parents: 27 of 30 were dependents of the court who had been placed with relatives due to

child abuse and neglect rulings against their parents. Most of these charges of abuse and neglect related directly to parental drug abuse and mental illness: 25 cases involved drug abuse problems in one or both parents, 10 involved psychiatric problems in one or both parents, 7 cases involved parental homelessness, and 5 involved parental incarceration (most cases involved multiple rulings against parents).

The greatest percentage of charges against parents involved emotional abuse (37%), and these emotional maltreatment charges were frequently linked directly to the parents' having left the youth with other relatives for substantial periods of time without providing for their care (10 of 18 cases of emotional abuse). The high rates of emotional maltreatment charges related to leaving children with relatives is relevant because it indicates that, prior to child welfare intervention, many of these youth were already being cared for informally by their kin. Parents who were incapacitated by drug use and/or mental illness relied on relatives to assist with child-care; the haphazard manner in which parents left children in relatives' care led to abuse charges.⁸

When the ten caregivers were asked how they came to assume care of these children, they described the youth's parents as unable to care for the children due to severe incapacity—drug addiction, mental illness, homelessness and incarceration. Caregivers' descriptions of the assumption of care support our conclusion that the youth were already residing, either part-time or permanently, with a relative caregiver. For example:

Interviewer: How old was S-- when she came to live with you.

Caregiver: I believe she was four. She was already living here. But when she came into my care she was four.

Interviewer: So she was, when the court placed her with you, she was four. But she was living with you before that?

CG: Yes, she was living here, they all were. (CG2)

The caregivers' active role in assuming the care of these youth also

⁸ If parents leave a child with other adults (including family) without indicating when they will return and without financially providing for their care, child neglect charges can be leveled against the parent. Court documents may read, for example, that the mother left the child "with relatives for extended periods of time without making provisions for their care." Note that these charges do not mean that the children were not cared for, but rather that their care was not formally arranged. Testa found a similar situation in Illinois. He described these as "grandmother cases," where a parent drops a child off with a relative "but then fails to return and reclaim them within a reasonable time," leading to charges against the parents for "inadequate supervision" (1997:118).

shows that these relatives were actively involved in the children's lives prior to child welfare involvement. In two of the ten cases, the caregiver herself called the child protection authorities to report concerns about the parents' capacity.

Interviewer: Do you know why he's not living with his mom?

Caregiver: Well, she was on drugs. Mm-hmm.

Interviewer: Did someone find out about it?

Caregiver: About her being on drugs?

Interviewer: Yeah.

Caregiver: Mm-hmm.

Interviewer: And so did they tell the CPS or something?

Caregiver: Yeah, I reported it. (CG1)

Similarly, Berrick, Barth and Needell (1994) found that 31% of the caregivers in their sample had themselves initiated contact with child protective services. This active involvement on the part of relatives suggests that kin networks serve as protective factors in the lives of at-risk youth. Cases like this need to be studied more closely to determine how well co-resident relatives are able to protect children from their parents' abuse and neglect.

Of those caregivers who did not call the child welfare authorities themselves, six actively sought custody of the youth when the youth was removed from her parents, as this grandmother reported.

Caregiver: The mother was schizophrenic, they tried it with the kids and then they thought that her husband, the father—he was with her too, and I think that he was on drugs at that time. So whatever happened, they took the baby away from them at four months. And I was on vacation. And my son called me in Texas where I was to let me know that they were taking the baby. And I shortened my vacation, came home and called the system, the juvenile, to find out where the baby was and if I could get it. And with the procedures, they gave him to me at six months. He's been here ever since. (CG9)

In these cases, relatives pursued custody of the child, often overcoming obstacles in the child welfare system, such as those described by one caregiver below:

Caregiver: Well, basically, her mom's life pretty much fell apart, and her mom's sister had taken T-- [the youth] in, the woman who is married to my brother. But unfortunately, their lives fell apart...her auntie was put in

jail, so my brother decided that he no longer wanted to have the responsibility for the girls, so he brought them to the city and said he was gonna bring them down to the authorities, and I said, "Well, no, don't do that, I'll take them, let me have the girls." And that's basically how that all started.

Interviewer: So you kind of took the responsibility on yourself, like you just decided that you'd rather take them than have them in a foster home.

Caregiver: Yes, exactly, well it wasn't that simple, I didn't realize it.

Interviewer: Well, what did you....

Caregiver: Well, what happened was that they were with me, and that seemed to be okay at first. But the worker at the time felt that somehow the girls were in some sort of danger staying with me because of my brother, because of the craziness that was going on between my brother and sister-in-law. So they snatched the girls up and took them and placed them in a foster care home. And so I went to court. Because the parents, both the girls' mother and dad, wanted them with me. So it took, once they snatched the girls up, it took maybe a year...It was a long process, but eventually they thought there was no reason, no real reason why they should keep the kids from me, so they let me have them. (CG5).

Again, this effort on the part of relatives suggests that kin networks played an important role in creating stability and security for maltreated youth.

Many of the youth, when interviewed, could not recall the specific circumstances that led to their official placement with kin: they were too young to remember and did not recall being included in a discussion about where they would live.

Youth: I'm not sure if my grandma kicked my mom out of the house, but I know that after she kicked her out or whatever, my mom, she became a drug-addict. And then, they turned us over.

Interviewer: Do you remember how old you were?

Youth: I think I was seven.

Interviewer: Did any one ask you how you felt about moving in with your grandma?

Youth: At that time?

Interviewer: Yeah, did you have any say-so in the decision?

Youth: I didn't have no problem with it because we already lived here. (Y18)

Twenty-six of the youth did know *why* they did not live with their parents, even if they did not recall the specific incidents surrounding their placement.

It's because my mom, when I was first born, my real mom was like kind of like drinking alcohol a lot, and smoking, and she always went to jail a lot. And so my mom, when she first got me, she thinks she couldn't take care of me and didn't have no place to stay, she just stayed on a box outside. She moved real close to my grandma or something. And when my mom first had me, she [grandma] came to pick me up from the hospital. (Y13)

Several youth remember the move from their parent's home to their relative caregivers home, and describe the relative as a positive force in the youth's care.

Interviewer: So how did you and your brother and your sisters come to live with your grandma?

Youth: Well, when we was living in Potrero Hill, and my mom was like, well she would always leave and don't come home, and we would have to call them, and my grandmother lived down here, and we had to call them, and ask to bring some food up. So then once my grandma told those people [CPS]. Then they took us to my grandmother's....

Interviewer: Did any one ask you how you felt about moving in with your grandma?

Youth: I felt great because we had something to eat. (Y20)

Youth's memories suggest that the presence of concerned and involved relatives have helped them cope with maltreatment. While they were often aware of the problems that led to abuse/neglect charges against their parents, they also knew that their relatives were actively involved in caring for them. While some research has shown that youth in kinship care struggle with resentment towards parents and split loyalties between parents and caregivers (Crumbley & Little 1997), future research should more thoroughly examine the relief that relative involvement can bring to youth in maltreatment situations.

Current Household Make-Up

We have been arguing that close kinship networks—involvement, including co-residence, with the extended family—are a part of the lives of

the youth we studied. This involvement with extended family continues after child welfare involvement: the 25 families in which the youth we studied *now* reside include households with several co-resident relatives. The youth primarily lived in large households with extended family members in addition to their primary relative caregiver (see Table 3). Twelve of these households were made up of multiple adults and children:

Table 3
Coresidents including more than 1 adult (15 of 30 youth)

Research subject	No. of youth in household	No. of adults in household	Total in household	Relationship to research subject
Y10	4	5	9	3 great-aunts, 2 adult siblings, 2 cousins, youth's infant
Y20	6	4	10	grandmother, grandfather, aunt, uncle's girlfriend, 3 siblings, two cousins
Y27, 28, 29	3	4	7	grandfather, aunt, mother, mother's boyfriend, 2 siblings
Y2 & Y3	2	3	5	grandmother, great-grandmother, father, sibling
Y15	3	3	6	grandmother, great-grandmother, aunt, two cousins
Y16	2	2	4	grandmother, great grandmother, sibling
Y23 & 24	5	2	7	grandmother, uncle, 4 siblings
Y21	4	2	6	grandmother, aunt, 3 siblings
Y32	4	2	6	grandmother, uncle, sibling, 2 nieces
Y14	4	2	6	grandmother, grandfather, 3 siblings
Y4	1	2	3	grandmother, uncle
Y9	1	2	3	great-grandmother, father

These residences show that there is a great variety in the household arrangements found in these kinship families. Further, the presence of multiple adults in these households, coupled with what we know about active kinship networks *prior* to the youth's official placement, suggest that role flexibility, including the shared care of minors, are central aspects of the make up of these families.

The other thirteen households, those not represented in table 3, were primarily households with only one adult present (most often a grandmother). One household was imitative of the idealized nuclear family:

youth and siblings living with a married adult couple (grandmother and grandfather, in this case). But in nine households, a single caregiver took care of the youth and the youth's siblings and/or cousins, and in three households, a single adult caregiver cared for one youth who was the only child in the house.

While these residence patterns show a strong presence of extended family, the descriptions of household make-up miss an even larger extended family living situation: besides the extended family living in the household, additional family members may live in attached units. A number of the youth described other relatives living in attached apartments or in-law units.

My mom stays downstairs in a little apartment. (Y16)

Youth: Ok, upstairs we have my grandmother, my uncle, my two nieces, my sister, and that's it.

Interviewer: And downstairs is your auntie?

Youth: Yeah, and my cousins, and that's it. They're all my cousins and second cousins. (Y32)

Persons in these proximate residences are also likely involved in sharing resources and responsibilities, including the care of children.⁹

Youth also described other care-giving situations in other branches of their family, indicating that these arrangements are not unusual within their families and neighborhoods. Finally, a number of the youth suggested that their household make-up was very fluid, with some relatives staying for periods of time but not residing permanently in the home.

Extended Family

All the caregivers we interviewed have relatives in the area with whom their relative foster children have frequent contact. Family visits seem very important for the caregivers and their children, providing social activity, social support, and a sense of connection. The comments of the caregivers

⁹ This proximity is a source of concern for child welfare, in that attached units may house the abusing parent. Critics of kinship care argue that this proximity of the parent may mean that the child is not adequately protected from further abuse, while advocates of kinship care argue that continued involvement with parents is an important advantage for youth in kinship care (Crumbley & Little, 1999). Further research needs to be conducted to determine what types of involvement parents have with youth and how effective relative caregivers are at protecting the minors for whom they are responsible.

reflect their involvement with and attention to their relative foster child's experience of the extended family. For example, one caregiver says:

I have two daughters in Richmond, and he [relative foster child] visits with them, spends weekends sometimes. And we just visit period. I have sons in Hunter's Point, and we go out there. We were out there Tuesday to spend the day with them. [CG01]

One caregiver said she believes that her child feels good after family visits. When asked how she thinks the children felt after visiting with relatives, this caregivers said:

Oh, great, great. That's why I stay around them so often because, see, around here, they have no out back to play. They have a nice place set out in the back for the kids. So usually when I go around the family, he gets a chance to *be* with the family. And like I said, they're all teenagers, his age now, and they really enjoy themselves. Sometimes, when we go to Richmond, once I go I know they'll want to spend the night. They don't want to come home...We've had family outings, picnics, and just sometimes being here at the house, family coming over, just enjoying sitting, talking. And we have a lot of family videos and we sit down and look at these things, and look at them when they were just little kids. We go through the photo albums, the books, albums. You'd be surprised how joyful it is....It's very touching and to see them, how they've grown. (CG01)

The caregivers also felt that the youth relied on family members for emotional support.

The variety of kin with whom the youth have on-going relationships is a testament to the importance of family in their lives. For each of the 25 families represented, the youth described extended family members living close by with whom they had regular contact.

Youth: I always visit my relatives on my grandma's side. Like family events and things like that, and they always come over here...I love spending time with my relatives. [Y30]

Interviewer: Do you visit with or see any relatives?

Youth: Yes, my aunties, practically everyone.

Interviewer: How often would you say you visit other relatives?

Youth: Well, when my auntie was living in Potrero Hill, we used to go see her every weekend, and almost every day...She comes over here, and we go to her house and spend the night almost every weekend. [Y12]

The youth we interviewed also described family relationships as important aspects of their general coping skills.

Interviewer: Why is he your favorite uncle?

Youth: He's just, it's just because he's hecka sweet. It seems like, you know you can't go sit down and talk to your mom or your grandma about something? You can always go and talk to him about it, because he always makes you feel good about it.

Interviewer: What does he do to make you feel good?

Youth: Say I went to him and I was like, "Uncle S--, I have a problem." He'll say, "Well, let's sit down and talk about it." And then when we sit down and talk about it; when I first go in, I feel bad, but when I come out, I always feel good.

Interviewer: Awesome. Because he pays attention and listens to you and wants to know what's going on?

Youth: And then he gives you your advice. You don't have to take it, that's what he always say, "You don't have to take it, but if you want to, you could," and it always be good when you take it, you always come out better. [Y16]

Many of the youth (18) mentioned family members when asked who they share their most personal feelings and ideas with (more than mentioned friends).

Interviewer: Is there anyone you can share your most personal feelings and ideas with?

Youth: My cousin, T--.

Interviewer: What about your cousin T-- makes him someone you can tell anything to?

Youth: 'Cause me and him, we've known each other, 'cause he was living in Houston, maybe from a baby to like four or five, and he's older than me. And then one day, they decided to move out here, and his mom, they talked to my grandma, and she said it was fine, and she picked them up at the airport, and me and him, we was talking, and we just started getting that bond with each other. So we just kind of got close to each other. And we the closest cousins out of the whole batch. [Y1]

Four of the youth who cited non-relatives as confidants identified these confidants using fictive kin terminology, such as godmother, godsister, and play-sister (for further discussion of the use of fictive kinship

terms in African American families, see Fordham, 1996; Schulz, 1969; Stack, 1974).

The above examples demonstrate the importance of family to these youth: most of the youth in our sample have extended family living close by; they see family members very frequently; they rely on family for emotional support; they use kin terms to identify other people with whom they have close relationships. Children who are cared for by relatives may escape some of the risks of disruption that foster children face because their on-going contact with family provides consistency and support. Further, this support is provided not just by co-resident kin but also by the continued connections with other kin, connections facilitated by residence with relatives.

Conclusion

Relative placement may ease the disruption abused and neglected children experience upon removal from their homes. However, conceptualizing this arrangement as “relative *foster care*”—a derivation on the traditional foster care model—has a number of shortcomings. Where the foster care model rests on the idea of removing a child from his or her family and placing them with a new, more stable family, kinship care moves a child to a more stable part of their own family. Using the foster care model to describe these arrangements fails to capture the important role that extended family plays in the lives of these children both before and after their child welfare placement. This study shows that African American children involved in kinship care may have previous experiences living with extended family and are likely to continue to rely on broad networks of extended families once in kinship care.

Kinship care families are, however, unlikely to imitate the nuclear family norm. Instead, kin care households may be made up of several generations and include multiple adults in multiple roles. These extended family arrangements—and their on-going adaptability and flexibility—can make kinship care families appear chaotic because they do not imitate the culturally idealized family structure. Born, Chevalier and Humblett (1997) criticize that some researchers look at extended family arrangements and see, instead of flexibility in roles, an “informal intra-family organization” that “leads to a disengagement from conventional social institutions.” However, extended family households that appear chaotic from the outside

may be protective for children whose families struggle with economic and social adversity, providing children with attachment and stability when residence and employment are unstable.

Further, the families we studied have histories of flexibility and adaptability. Adults step-in to care for youth whose parents need assistance; adults and youth beyond the two generation nuclear family unit share households; families have permeable boundaries with adults and children moving between households as needed. Unlike traditional foster care, kinship care *draws on* these family resources.

In acknowledging that the extended family can be a source of support for these youth, we suggest that service providers and policy makers use this recognition to alter assumptions about what constitutes a family. Families involved in kinship care-giving arrangements demonstrate that the family is a flexible, emergent form characterized by its on-going adaptation to changing needs. The family is a network of persons who share resources, residences, emotional bonds and obligations, and support each other in the joint tasks of rearing children in socially and economically adverse environments. These families' forms and boundaries change throughout their lives, and these changes are indicative of family members' resourcefulness and initiative in the struggle to make ends meet and protect children.

The families in this study have suffered a number of stresses and challenges associated with poverty, drug addiction, homelessness, mental illness, and incarceration (for a further discussion, see Cohon, Brown, Wheeler & Cooper, 2001). But we should be careful not to associate these families with risk¹⁰ simply because *their family structures* do not conform

¹⁰ The "risk" framework is ubiquitous in contemporary sociological literature, a paradigm for evaluating danger used in fields as diverse as child development (where "risk" is evaluated in relation to child outcomes) and community planning (where it is evaluated in relation to community safety and "quality of life"). We use the term here to point out that certain types of families (and people) become associated with a general "riskiness" that encompasses not only threats to the well-being, safety and developmental success of children but also the well-being of communities and society more generally. The problem with the "risk" framework, as Robert Castel (1991) points out, is that it creates associations between "factors" and outcomes based solely on a probabilistic relationship. The reliance on probability may then create an association between a particular family form and an undesirable outcome without attention to causality. This statistical relationship then facilitates the slippage that Mary Smith Arnold (1995) criticizes: a slippage that allows black families, for example, to be associated with risk to child well-being. Swadener (1995) suggests that the risk model thereby ends up blaming the victim by failing to understand whether particular "risk factors" and "negative outcomes" are themselves outcomes of other factors. We sug-

to a presumed norm. This association between a particular family form and pathology is what Born, Chevalier and Humblett (1997) criticize in the quote above. It is an association at play in much of the opposition to kinship care as well.¹¹ Therefore, while some family forms have been associated with an increased risk to child well-being (single parent families, for example), we should heed Mary Smith Arnold's call to avoid the slippage that makes a particular type of family and "risk" interchangeable (1995). We need instead to understand the concrete circumstances of each family. For example, while single-parent families may place children at greater risk because of elevated caregiver burden, extended family networks show us that we cannot assume that single parents necessarily raise children alone. The very risk produced by such hardships as caregiver burden is, in some cases, ameliorated by extended family networks.

If we recognize that the nuclear family is not an inherently advantageous arrangement but is, rather, one ideologically and culturally extolled, we can counter the assumption that kinship care families are *inherently* risky. While kinship care families may need additional social and economic support, especially when caregivers are poor and elderly, stigmatizing these families can create its own burdens and stresses (Swadener & Lubbeck, 1995). In treating these families as "outside the norm," the very idealization of the nuclear family can become a hindrance to service delivery. Linda Gordon makes this point:

gest here that the flexible extended family be seen as a response to risk (the risks created by social and economic inequality) rather than a producer of risk. For further discussion of the risk paradigm, see Robert Castel, "From Dangerousness to Risk" in *The Foucault Effect: Studies in Governmentality*, G. Burchell, C. Gordon & P. Miller, eds. University of Chicago Press. 1991. 281-298. For further discussion of the concept of risk in relation to studies of children and families, see the edited volume *Children and Families at Promise: Deconstructing the Discourse of Risk*. B. B. Swadener & S. Lubbeck, eds. State University of New York Press. 1995.

¹¹ For example, Gleeson (1999:17) writes "There have been concerns expressed in the professional literature about the quality of care provided by kinship caregivers [Dubowitz et al 1993; Scannapieco & Hegar 1999]." Berrick, Barth & Needell (1994) write that skepticism about the merits of kinship care-giving arrangements focus on fears about relatives' ability to protect children, doubts regarding quality of care, and an assumption in some parts of the child welfare community that "parental failure must be a function of the entire [family] network's failure as well," a position they attribute to Gray and Nybell (1990). They go on to argue that "Some policymakers and practitioners continue to consider the family...to be somehow responsible for their offsprings' neglectful or abusive behavior...Blaming the victim' is a tired and futile way to avoid facing the real issues of institutionalized poverty, racism, and unequal opportunity..." (Berrick, Barth & Needell, 1994).

The 'independent' family—the male-breadwinner/female-housekeeper family—remains as a norm despite the fact that so few live this way, and that disjunction between ideal and reality also creates stress in child-raising. When social welfare policy adopts that norm as a goal, the result is often the denial of help to those who need it most, or until their need is too great (Gordon 1988:166-7).

Therefore, we call for recognition that families in the United States come in a variety of forms, and that the extended family is a norm in many communities. This extended family form is a resource that should be tapped in the care and treatment of abused and neglected youth, as it is now being tapped by the use of kinship care in child welfare services. But in addition to using relative caregivers for abused and neglected youth, we should recognize that these families often include multiple extended family members engaged in a variety of forms of mutual aid, and that these families continue to change and adapt in response to on-going need. Further research should examine how family services can best support these extended families in ways that draw on their inherent strengths. Research exploring the daily functioning of kinship care households and extended families more generally would help us understand whether (and how) the presence of extended family members can protect children from the multitude of risks they face, including the risk of abuse and neglect.

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