

# Resiliency in Children and Youth in Kinship Care and Family Foster Care

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This study examined self-concept, resiliency, and social support in 107 children and youth placed in foster care in New York City. Of the children and youth, 55 were placed in family foster care, while the remaining 52 children and youth were placed in a kinship foster home. Significantly more of mothers of the kinship foster care children and youth were homeless or substance abusing, yet visited their children more often than the family foster care youth. These same kinship-placed children and youth had significantly more robust self-concept, performance, and personal attribute scores. Implications for these findings are highlighted.

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Since 1985, there has been a dramatic and rapid increase in the number of children requiring foster care placement (Danzy & Jackson, 1997; Hawkins & Bland, 2002). Beginning nationally with the 1979 U.S. Supreme Court ruling in *Miller v. Youakim*, 440 U.S. 125, and in New York state with the 1986 *Eugene F. v. Gross* case, the legal mandate for kinship has been upheld. Formal kinship foster care is thus a relatively new service (Scannapieco & Hegar, 1996). It is important to understand how kinship foster care, as a newer service, works or does not work to support the children, youth, and families involved and to what extent it is or is not similar to family foster care.

The legal mandate for foster care in the United States rests in the doctrine of "Parens Patriae." This doctrine mandates state intervention when parents cannot provide for the safety or welfare of their children. Children come into care via a number of different routes—parental neglect, abuse, becoming an orphan, or voluntary placement by their parents (Gurak, Smits, & Goldson, 1982; National Commission on Foster Care, 1991). Fueled by the argument made by the ecological perspective, child welfare policy began a move toward a family-centered model in the 1980s (Thoburn, 1988). In this model, the family is seen as the client, and an underlying value is that the client system is to be valued and empowered (Thoburn, 1988). From a policy perspective, the move toward a family-centered perspective was supported by the Adoption Assistance and Child Welfare Act of 1980. This shift requires that the child be viewed not as an isolated entity, but as a member of a larger family network. This thinking has been further mandated and integrated by the implementation of the Adoption and Safe Family Act of 1997.

The move toward kinship foster care seems to be a direct outgrowth of the paradigmatic shift toward a family-centered ecological child welfare practice (Crumbley & Little, 1997; Smith & Beltran,

2000) and the legal decisions supporting kinship foster care mentioned earlier. Foster care in the new millennium can be characterized by the focus on an ecological, family-centered perspective with the goal of permanence for every child, all under the mandate of placement in the least restrictive, most family-like setting. As a part of this strategy, kinship placements have become the placement of choice in many areas of the country (Hawkins & Bland, 2002; Vericker, Macomber, & Geen, 2008).

The history of relatives caring for children who cannot be cared for by their birthparents (particularly by older female kin) is as old as the history of families (Cox, 2000; Stack, 1974). This tradition is stronger in some cultures than in others, particularly in the African American (Goodman, Potts, Pasztor, & Scorzo, 2004; Danzy & Jackson, 1997; Stack, 1974) and Hispanic (Burnette, 1999; Vidal, 1988) cultures. The strong helping tradition in the African American family has been seen as an extension of West African culture and was further developed to protect against the ravages of slavery (Danzy & Jackson, 1997; Gray & Nybell, 1990). Gray and Nybell described how this tradition has developed into a long-standing practice of complex kinship networks assuming and providing care for children in the community who needed help. Hall and King (1982) described how many African American families have utilized the kin networks to promote the development and general welfare of the family's dependent members. In a similar way, Delgado and Humm-Delgado (1982) noted the long-standing importance of kin networks to deal with family crisis in the Hispanic community. These authors stressed the importance of continuity of language, association with prior role models, and the idea that in the Hispanic culture, self-concept is determined in part by the role that an individual plays in the extended family system.

With kinship foster care an established and mandated response to the mission of foster care and a service that is being used in increasingly large numbers, the question has been raised of how effective kinship foster care is (Cuddeback, 2004; Gleeson, O'Donnell, & Bonecutter, 1997; Shore, Sim, Le Prohn, & Keller,

2002). While the debate over the merits of kinship foster care continues, research does seem to indicate that kinship foster care is a service that is working with the strengths of families and is promoting the positive development of the children, at least as well as traditional foster care (Altshuler, 1999; Burnette, 1999; Dubowitz, 1990; Kortenkamp & Ehrle, 2002; Rowe, Cain, Hundleby, & Keane, 1984; Shore et al., 2002).

A central construct in many child welfare studies is well-being (Altshuler, 1999; Cuddeback, 2004; Kadushin, 1989; Shore et al., 2002). Well-being is defined as composed of a series of dimensions relating to the environment and the personal adjustment of an individual (Magura & Moses, 1986). One finding that has been consistently found is that children in kinship families get visited by their parents more frequently than children in family foster care placements (Christenson & McMurtry, 2007; Hawkins & Bland, 2002; Oyserman & Benbenishty, 1992). Several studies have added support with their finding that a placed child's well-being or self-concept can be supported or enhanced by maintaining close contact with their extended family and cultural heritage (Burnette, 1999; Christenson & McMurtry, 2007; Gonzalez-Ramos & Goldstein, 1989; Kruger & Powell, 1990; Thomlison, 1997). The ongoing connection to family can thereby be seen as a type of social support for the kinship-placed child.

Social support has been found to be a mediating variable in a person's capacity to cope with stress (Cobb, 1976; Cooney, 2007). Dunst and Trivette (1988) defined social support as "the emotional, psychological, physical, informational, instrumental and material assistance provided by others to either maintain well-being or promote adaptations to difficult life events" (p. 3). Social support is a multidimensional construct with both functional and structural components (Cameron, 1990). The different components of this multidimensional construct seem to have specific and distinct effects on the coping and well-being of individuals as the events of their lives unfold, particularly on how stressful life events are managed (Cohen & Wills, 1985).

An early but important study done by Festinger (1983) is one of the few to examine the interaction between foster care and well-being as a function of social support. Festinger noted that those who had contact with kin and or parents while in care were less likely to have problems at discharge. With respect to social support and well-being, Festinger found that well-being was positively associated with a sense that there were others who cared about the individual and that well-being increased when the individual felt that he or she had others on whom they could count for help. This finding is consistent with the pioneering research done by Maluccio and Fein (1989) related to the importance of visitation while in foster care to child well-being.

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## Methods

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This study used a survey methodology. As such, the establishment of cause and effect cannot be definitively determined (Judd, Smith, & Kidder, 1991). The setting for the study was a private, nonprofit child welfare agency located in midtown Manhattan. The agency was a voluntary service agency a contracted provider with the then-named Department of Social Services (DSS) of New York City. The specific setting of the study was in the Foster Home Division of the host agency. The population studied in this study was the family foster-placed and kinship-placed foster care children and their foster parents. It did not include any child placed in a group home or in residential care. Data was collected in the fall of 1997. At the time of data collection half of all foster care placements in New York City (over 23,000 children) were kinship placements (Danzy & Jackson, 1997). All children in care with the host agency during the data collection period (three months), who were over the age of 7, were invited to be included in the study. The eligibility criterion of age 7 or older was necessary based on the requirements of the two child self-report measures. An attempt was made to sample all potential subjects. Letters were sent to all children, youth, foster parents, and social workers, inviting them to be involved and outlining

that participation was completely voluntary and would not affect their case or employment. Confidentiality was maintained by pre-coding all of the measurement packages so that neither the subjects nor the social workers were identified on the questionnaires. Informed consent was gained from the birthparents of the children and youth to participate in the study. Informed assent was obtained from the children under 14 years old. Informed consent was obtained from the adolescents over 14 years old. Informed consent was obtained from the foster parents. Informed consent was obtained from the social workers. All instruments were administered individually to the subjects. Incompletely filled-out questionnaires is a problem facing all research involving the use of questionnaires (Levin & Fox, 1991). Questionnaires that were at least 80% completed were included in this study.

The main research question of this study was to explore the emotional and behavioral functioning of children and youth placed in family foster and kinship foster care. The independent variable of this study was the type of current foster care placement. This is a dichotomous variable, with children placed in family foster care and children placed in kinship foster care comprising the two variable cells. A variety of dependent variables were examined in an effort to adequately describe and explore the research question of this study. One of the most critical dependent variables to be considered was child self-concept. Self-concept was operationalized in this study to reflect Parish and Taylor's (1978) definition. Parish and Taylor defined self-concept as the child's evaluation and affective self description. A second dependent variable, possibly related to self-concept, was the child's level of adjustment to placement; included in this variable are affective and behavioral reactions to placement. This variable was operationalized as the degree to which a child has made a series of affective and behavioral responses to the placement situation over the past six-month period, and is consistent with the research of Festinger (1994). A third dependent variable was the attitude toward parenting as provided by the foster parent (kinship and family foster). This variable was operationalized by the degree of satisfaction that the

foster parent experiences in relation to their role as a foster parent. Finally, a potential mediating variable, social support, was considered. Social support was operationalized following Cobb's (1976) description of the degree to which the social support offered leads a child to feel loved, valued, cared for, and accepted.

### *Sampling*

An unmatched convenience sample was used for this study. The sample does have elements of purposive sampling. The host agency for the study receives all of the foster care cases (both kinship- and family foster-placed children) from DSS. DSS, at the time of the sampling, sent cases to the host agencies by the use of a computerized auto-match system that lists either available beds (in the case of family foster care placements) or caseload availabilities (in the case of kinship foster care placements). While this would appear to be random selection on the surface, it is not. Several factors influence the determination of the host agency-foster child match. These factors include the possibility of sibling reunification (in cases where there is more than one child in care) and DSS directives that try to place the child within the same ethnicity, religion and borough as their biological family. Additionally, every agency is not of the same size, does not have the same number of foster homes, or does not have foster homes that can accommodate large sibling groups or children with specific special needs (i.e., Russian speaking, American Sign Language capacity). Therefore, the sample in this study is a nonprobability sample with some elements of probability sampling. Data was collected on 100% of the cases from the social workers and 100% of the foster parents. Data was collected from 100% of the kinship foster children and 91% (55 of 60) of the family foster-placed children.

### *Instruments and Their Psychometric Properties*

#### *The Personal Attribute Inventory for Children*

The personal attribute inventory for children (PAIC) was developed by Parish and Taylor (1978) as an evaluative measure of

children's self-concept. Test-retest reliability of the PAIC was found to be good ( $r = .73, p < .001$ ). The overall psychometric properties of the measure led Parish and Taylor to conclude that the data supported the use of the instrument as a measure of children's self-concept. Fisher and Corcoran (1994) reported that the PAIC has been run on over 1,000 children, thereby demonstrating the measure's general acceptance as a solid and useful instrument. The PAIC is scored by having the child put a mark in the 15 (of 48 possible) adjectives that are most descriptive of themselves. The 48 adjectives are evenly divided between positive and negative adjectives. Only the positive adjectives are scored (one point for each) leading to a possible range of scores of 0 to 15. Fisher and Corcoran report norms of a mean of 12.01 (standard deviation of 3.02) for boys and a mean of 12.41 (standard deviation of 2.75) for girls. The single-word adjectives were understandable for children age seven and over. The scale was chosen for this study to examine child and youth self-concept.

*Rating Adjustment of the Child, Affective Reactions, Behavioral Reactions, Quality of Foster Care Received, and Social Support*

Festinger (1994) developed these five scales—adjustment of the child, rating of affective reactions, rating of behavioral reactions, quality of foster care received, and rating of social support. The scales are anchored, Likert-type measures intended to be completed by the social worker assigned and familiar with a case. The scales are intended to reflect the social worker's subjective perceptions about the child with regard to the stated domain. The adjustment of the child scale is a single-item measure asking the social worker to rate the child's adjustment over the past six months. The rating of affective reactions is an 18-item scale designed to tap the child's affect in the last six months. The rating of behavioral reactions is a seven-item scale designed to measure a child's behavior during the past six months. The quality of foster care received is a one-item measure which asked the social worker to rate the quality of care received by the child from the foster parent in the past six months. The rating of



social support is a four-item scale designed to measure the number of social supports in four domains: friends, neighbors, family, and professionals. The scale counts the number of social supports around the foster parent. Festinger reported that the scales all had good to excellent reliability (.72 to .92) but did not identify specific alphas for each scale. The measures were chosen for this study due to their application specifically with foster care research.

#### *Kansas Parental Satisfaction Scale*

The Kansas Parental Satisfaction Scale (KPSS) was developed by James, Schumm, Kennedy, Grigsby, Shectman, and Nichols (1985). This measure was developed to measure satisfaction with parenting. This is a brief (three-item), anchored, Likert-type instrument. The authors reported very good internal consistency from the reliability testing samples that were completed (alphas ranged from .78 to .85). The authors found good concurrent validity for the measure, with significant correlations with a marital satisfaction scale and the Rosenberg Self-Esteem Scale. James et al. (1985) reported on norms for the scale. Norms reported included a mean of 6.23 with a standard deviation of .83 for the first item (satisfaction with children), a mean of 5.40 with a standard deviation of .88 for the second item (satisfaction with self as a parent) and a mean of 5.80 with a standard deviation of .81 for the third item (satisfaction with relationship with children). Total scale mean was 17.42 with a standard deviation of 2.20. For this study, the Cronbach's alpha was low for the scale (.53). The measure was chosen for this study as it is one of the few known measures of satisfaction of parenting, the strong psychometric properties, and the relative ease in administering the measure.

#### *The Appraisals Scale*

The appraisals scale was developed by Dubow and Ullman (1989). This scale was developed to assess the degree to which a child feels loved and valued (i.e., functional and esteem support). The 41-item revised version was used in this study. The scale was chosen for this research because of the scale's capacity to evaluate functional support, critical in promoting self-esteem (Cohen & Wills, 1985).

For this study the reliability of the scale was adequate with a Cronbach's alpha of .76. The reliabilities of the various subscales all were in the good to adequate range. The Cronbach's alpha for the peer subscale was .81, for the family subscale was .74, and for the teacher subscale was .75. The scale was also chosen due to the strong reliability and validity psychometric properties that were reported by the authors.

### *Data Analysis*

All data analysis was conducted by a computerized SPSS (Statistical Package for the Social Sciences) program package. Data analysis was completed in three sections. First, the reliability of each scale was computed. Second, frequency distributions and descriptive statistics were obtained for the purpose of describing the sample. Nonparametric tests (chi-square) examined nominal level data (i.e., gender and ethnicity). Parametric tests (*t*-tests) examined interval level data. The third step in the data analysis was to examine the relationship between child and youth self-concept and social support by placement type.

To evaluate the possibility that social support is a mediating variable on the well-being of placed children, a multivariate analysis of variance was conducted. Scores on the PAIC were examined in relation to high and low social support on the three social support factors from the appraisals scale. A multiple regression was carried out to determine the extent to which the various dependent variables could explain well-being. The analysis was conducted with the use of a stepwise multiple regression on the PAIC.

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## **Results**

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### *Demographic Results*

Demographic results were obtained for 55 children placed in foster family foster care and 52 children placed in kinship foster care. See Table 1 for the findings of the children. One variable of

**TABLE 1**  
Demographic Results of Children

VARIABLE	FAMILY FOSTER CHILDREN	KINSHIP FOSTER CHILDREN	VALUE	P
Age	M = 11.6 years	M = 12.4 years	F = 1.082	.301
Length of time in care	M = 77.8 months	M = 74.0 months	F = 354	.553
Gender	51% male	44.2% male	z = -.688	.491
Ethnicity				
Caucasian	13	2	z = -2.914	.004*
Children of color	42	50	z = -.734	.671
Physically abused	31%	19%	z = -1.445	.148
Sexually abused	16.4%	19.2%	z = -.190	.849
Placed in more than one foster home	71%	35%	F = 13.95	<.001**
In special education	64%	40%	z = -2.898.0	.004*
Had repeated a grade in school	38%	15%	z = 2.439	.01*
Visited more than 10 times while in care	29	36	F = 3.64	.059

\* Indicates significant at  $p < .05$ . \*\* indicates significant at  $< .001$ .

significance was lack of Caucasian children in kinship family placements. A second important variable was that the family foster children had been in significantly more foster homes. Finally, with regard to the children, the family foster-placed children were more likely to have repeated a grade and be involved with special education services. See Table 2 for results of the findings for the biological mothers of the placed children. The two factors that rose to a level of significance were that the mothers of the kinship-placed children were significantly more likely to have a history of substance abuse and had been homeless with the child prior to care. With regard to the frequency with which the children were visited by their mother, there was a trend toward the kinship mothers visiting more often. The father characteristics were overwhelmingly notable for the frequency of the "do not know" response. Nearly every demographic had over 40% of the responses as "do not know," rendering the results of the father's demographic analysis unstable. Clearly the most powerful statistic is the lack of information about the fathers. See Table 3 for a summary of the missing data for the fathers. Related to the lack of knowledge about the fathers was their lack of involvement with the placement and the children. A full 51% of the children in the sample had never been visited by their fathers since they entered foster care.

### *Scale Results*

Except for the quality of care received and the subscale of friend social support, all of the scores on the Festinger (1994) scales showed the kinship-placed children and youth having significantly better adjustment, reactions or social support (see Table 4).

### *Results from the PAIC*

The PAIC was developed by Parish and Taylor (1978) as a measure of a child's sense of their own well-being and self-worth. The family foster group mean was 11.00 with a standard deviation of 2.03. The kinship group mean was 12.77 with a standard deviation of 1.81. A one way ANOVA found the kinship group to have significantly greater well-being ( $F = 21.61, p < .001$ ).

**TABLE 2**  
Demographic Results for the Biological Mothers

VARIABLE	FAMILY FOSTER CHILDREN	KINSHIP FOSTER CHILDREN	VALUE	P
Age	36.1 years	34.3 years	F = 3.77	.055
Had been in foster care themselves	7.3%	7.7%	z = -.033	.974
Over 18 at time of birth of first child	89%	79%	z = 1.842	.66
Still living	84%	81%	z = .602	.547
History of substance abuse	51%	77%	z = -3.436	<.001**
Homeless with child	40%	60%	z = -2.063	.039*
Working at time of child placement	10.9%	7.7%	z = -1.337	.181
Receiving public assistance	73%	81%	z = -.845	.398

\*\* indicates  $p < .001$ , \* indicates  $p < .05$ .

**TABLE 3**

Total Sample Missing Data on Birthfathers

FACTOR	% MISSING DATA
If was employed	58
If was living	26
If was substance abusing	40
If currently homeless	43
If had been in foster care	60
If had been in jail	47
If receiving public assistance	66
Information about highest grade in school completed	67
If at least 18 at time of birth of first child	32

**TABLE 4**

The Festinger Scales

SCALE	F VALUE	SIGNIFICANCE
Adjustment of the child	16.87	$p < .001^{**}$
Rating of affective reaction	15.72	$p < .001^{**}$
Rating of behavioral reaction	5.91	$p = .017^*$
Quality of care received	1.28	$p = .261$
Rating of social support	Friends—3.05	Friends— $p = .084$
	Family—6.82	Family— $p = .01^*$
	Neighbors—9.18	Neighbors— $p = .003^*$
	Professionals—12.79	Professionals— $p = .001^*$

\*\* =  $p < .001$ , \* =  $p < .01$ .

### *Results from the KPSS*

The KPSS is a three-item measure designed to examine parental attitudes about the functioning of their child, their relationship with the child and their own concept of their parenting competencies. A series of one-way ANOVA's found that the kinship foster parents had significantly greater satisfaction with the children ( $F = 12.53$ ,  $p = .001$ ), with their relationships with the children ( $F = 4.38$ ,  $p = .039$ ), and overall satisfaction ( $F = 10.20$ ,  $p = .002$ ) than the family foster parents. The foster parents were not significantly different with regard to satisfaction with themselves as parents ( $F = .31$ ,  $p = .581$ ).

### *Results of the Appraisals Scale*

The appraisals scale taps functional social support. Results found the kinship children to have significantly greater functional social support. The kinship children felt that they received greater social support from peers ( $F = 6.73$ ,  $p = .011$ ), family ( $F = 6.62$ ,  $p = .012$ ), and from their teachers ( $F = 5.66$ ,  $p = .019$ ). The total scale score also demonstrated significantly greater social support for the kinship group ( $F = 9.76$ ,  $p = .002$ ).

### *Regression Analysis*

A regression analysis was carried out to determine the extent to which various dependent variables could predict self-concept. Before the stepwise multiple regression was run, a multiple linear regression was performed on the five strongest demographic variables (by Beta weight) variables from the linear multiple regression (how often mother visited, months in care, placement type, if the child was free, and age) and the scores on the KPSS (which had been the strongest of the KPSS measures) and the appraisals total sum. This  $R$  square was relatively modest (.31). Placement type was the strongest variable (Beta = .374,  $t = 3.69$ ,  $p = .001$ ). The KPSS (Beta = .223,  $t = 2.35$ ,  $p = .02$ ), how often the mother visited (Beta =  $-.199$ ,  $t = -2.04$ ,  $p = .04$ ), and the appraisals total (Beta = .197,  $t = 1.98$ ,  $p = .05$ ) all proved significant. Kinship placement, mother

visiting, satisfaction of the foster parent with the child, and social support all helped to explain the variability in child self-concept.

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## Discussion

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The study reported here was designed to explore the factors associated with positive self-concept among children placed in family foster care and kinship foster care. Also investigated was the relationship suggested in the literature concerning the potential mediating variable of social support on child well-being (Cohen & Wills, 1985). The role of stress as a negative force on well-being has been well documented (Cohen & Wills, 1985; Kortenkamp & Ehrle, 2002; Vaux, 1988). Additionally, there is evidence of a related relationship between increased stress and decreased coping in children (Sorenson, 1993). A review of the analysis of the demographic results from this study tragically asserts that the children and families were and have been faced with a high degree of stress. The effects of stress on the children's coping are one of the more interesting findings of the study.

The biological families of the children were found to be battling the combined stressors of poverty, homelessness, and drug addiction. The overall numbers for the biological mothers are staggering: Over 60% of the mothers had used or were using illegal drugs, roughly half of all mothers had been homeless with the children prior to placement, and nearly 80% of the mothers had been dependent on income maintenance prior to placement to provide food and shelter for their children. Given the high rate of unknown information concerning the fathers of the children, it would seem that in general, the mothers in the sample had the additional stress of raising the children without the benefit of the children's fathers as a consistent presence. The high levels of stress impinging on the biological parents in this study were consistent with other studies of child welfare populations (Fanshel & Shinn, 1978; Grant, 2000; Kortenkamp & Ehrle, 2002; Nelson, Sanders, & Landsman, 1993; Wilhelmus, 1998). This high level of stress on the parents is important



given the established connection between parental stress and child maltreatment (Danzy & Jackson, 1997; Herrenkohl & Herrenkohl, 1991). The mothers of the kinship-placed children did have significantly more history of substance abuse and homelessness. The significantly greater rate of maternal substance abuse has also been found in other studies of kinship foster care placements (Benedict, Zuravin, & Stallings, 1996; Cuddeback, 2004; Swann & Sylvester, 2006). Perhaps this result is reflective of the strength in families willing to become kinship foster care placements in that they are responsive to a member who has substance abuse issues (Kropf & Kolomer, 2004). This hunch is reflective of a thread running through the results, which when put together seems to indicate a pattern of resiliency or learned resourcefulness in many of the kinship families (Fuller-Thompson & Minkler, 2005; Scannapieco & Jackson, 1996). This resiliency or resourcefulness is thought to wrap or buffer the individual from stress and help to bind the family together (Hagen, Myers, & Mackintosh, 2005; Wilhelmus, 1998).

Parental visitation is a major factor relevant to child adjustment in foster care (Berrick, 1992; Dubowitz, 1990; Maluccio & Fein, 1989; O'Donnell, 1999, 2001; Rowe et al., 1984). This study found a solid trend toward the kinship children being visited more by both mothers ( $p < .06$ ) and, in the limited amount of data, on the fathers ( $p < .08$ ). What makes this finding particularly interesting is that the kinship mothers had a significantly higher rate of substance abuse and homelessness, yet still visited more often. Increased visiting by mother was a significant predictor of child well-being (Beta of .20 on the PAIC). In addition, a trend was found in relation to increased mother visitation being able to account for the variance in the adjustment of the child (Beta of .16,  $p = .10$ ). These findings are consistent with several studies that found that children who were visited more by their parents were seen as less depressed and better adjusted (Fanshel & Shinn, 1978; O'Donnell, 2001; Oyserman & Benbenishty, 1992; Ross, Khashu, & Wamsky, 2004; Rowe et al., 1984). It is postulated that these results can be best understood in two or three, perhaps interconnected, ways. These results may be

demonstrating a positive link for the children in this study, between parental visitation and the child's self-concept. A second, equally interesting explanation of these results concerns a relationship between parental visitation and child coping and resiliency. Also quite possible is that a strong positive interaction between coping and resiliency and self-concept is affected by parental visitation. Finally, perhaps the results are reflective of a larger reverberation on the child of having the whole family function together to provide a multigenerational link and the reciprocal exchange of values (Burnette, 1999; Goodman, Potts, & Pasztor, 2007).

Parish and Taylor (1978) defined self-concept as a function of the child's self-evaluation. Perhaps the consistency of parental visitation while in placement mitigates the effects of the placement separation (Krugman, 1980; Shore et al., 2002) and works to promote or maintain well-being. As the attachment bond weakens, due to the unavailability of the parent, the child begins to lack necessary confidence in him- or herself. Self-concept is thereby compromised. For the children in this study who were not visited regularly, perhaps the diminished self-concept scores were reflective of the child not feeling confidence in the attachment of the parent.

For the children in this study, increased visitation was associated with increased self-concept scores. Viewing the results of this study through the lens of the resiliency model, the association found between parental visitation and well-being could be framed as a function of a buffering effect related to resiliency (Fox, Berrick, & Frasch, 2008; Reynolds, 1998; Shore et al., 2002; Thomlison, 1997). This study found a connection between the self-concept measures and parental visitation, regardless of placement type. Interestingly, the kinship children in this study were visited by their parents more often despite the kinship parents seeming to have more stressors. Perhaps what the results were tapping was increased coping and resiliency in the kinship children facilitated by the ongoing connection.

Type of placement may be linked to enhanced opportunity to create coping and resiliency. The kinship placements, with the increased parental contact, may have been better able to promote

coping and resiliency (Christenson & McMurtry, 2007). If this is true, what may be happening in the kinship situations is that by promoting ongoing visitation with the parents, a protective or buffering coping process is being facilitated which can be used to divert the negative impact of stress (Coohey, 2007). Perhaps the contact and support with the parental objects is catalyzing a developmental process that engenders a type of psychic strength in the child such that he or she becomes more able to deal with stress (Rink & Tricker, 2004). It is further postulated that the kinship children, visited more frequently, developed resiliency in part due to the stable caretaking they received from the kinship network. Perhaps the kinship foster parent, parenting for a second time as an expected part of life, sends a message "this is our way to raise our kin," which helps to create an environment that promotes resiliency (Fox et al., 2008; Goodman & Silverstein, 2002). This understanding would be consistent with the longitudinal research of Burnette (1999); Herrenkohl, Herrenkohl, and Egolf (1994); and Werner and Smith (1982). The link to well-being is promoted by the extended family interactions, which builds a sense of security through the consistency of the parenting and thereby develops resiliency (Fox et al., 2008; Rutter, 1987). Put together, it is theorized that there seems to be a model of resiliency in which resiliency develops from stable relationships with family members and parents, which in turn promotes well-being (Rink & Tricker, 2004, Roland, 1996). If this model was in operation for the subjects of this study, the link between parental visitation and improved self-concept, adjustment and behavioral scores, particularly for the kinship subjects, would be the expected result. It is surmised that for many of the kinship foster children in this study, the ongoing relationships between parent and the child within the stable environment of the extended family, led to development of feelings of being valued, which in turn promoted resilient abilities in the face of stress.

The results of the study seem to point to an intersection of family expectation and self-concept. Much has been written about the American minority family expanding to take care of members

in need (Burnette, 1999; Cox, 2002; Danzy & Jackson, 1997; Fuller-Thomson & Minkler, 2005; Gray & Nybell, 1990; Hays & Mindel, 1973; Osby, 1999; Vidal, 1988). Roland (1996) has incorporated the different role of the extended family in promoting self development in minority cultures. Roland commented on how, in several minority cultures in America, the job of child rearing is culturally expanded beyond the parent-child dyad or triad. In simple terms, the extended family raises the child in these cultures. Therefore, the kinship foster care situation naturally works to legitimize a practice in which the child experiences him- or herself positively because everything is as it "should" be. In other words, the reality of the foster care situation is lessened by a sense of "business as usual" for the family (Goodman & Silverstein, 2002; Rink & Tricker, 2004; Sorenson, 1993).

It is surmised that the kinship foster mother, often the maternal grandmother in this study (and most kinship placements), is providing a type of enhanced care. Perhaps she is working double-time to both raise the child, meet her own needs, and provide for the larger extended family (Gordon, McKinley, Satterfield, & Curtis, 2003; Houtman, 1999; Minkler, Roe, & Robertson-Beckley, 1994). Interestingly, the kinship foster parents in this study did not report levels of the aggravation with their roles, as has been seen in some studies (Goodman et al., 2007; Pasztor, Hollinger, Inkelas, & Halfon, 2006), although this may be a function of the instrument, which looked at satisfaction with the role as opposed to wider issues related to care. For this study, it appears that the enhanced mothering provided created a type of reverberation between kinship foster parent and kinship foster child. This reverberation seems to work to promote mutual self-concept. In turn, the feelings of self-concept lead to enhanced ability to cope with adversity (Burnette, 1999; Fox et al., 2008; Thomlison, 1997).

The study is limited with respect to the comprehensives of the set of variables selected, the nature of the sampling procedures and the generalizability of the findings. The self-concept of a child is obviously a multidetermined phenomenon. Many factors that

could be related to the self-concept of a child have not been included in this study. These include genetic factors and factors associated with the preplacement environment.

One of the more interesting and compelling explanations of the findings of this study concerns the role that child resiliency and coping may have played on the self-concept of the children. This area of research continues to need additional studies that can tease out how resiliency is facilitated. In particular, the role of extended family social supports needs further clarification. As the child welfare field continues to work with high-risk children and families, some evidence shows many kinship families represent some of the neediest served (Swann & Sylvester, 2006); as such, ongoing support for solid clinical work and advocacy (every state should have a kinship navigator program, for instance) are important larger agendas (Ornelas, Silverstein, & Tan, 2007).

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## References

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- Altshuler, S. (1999). The well-being of children in kinship foster care. In J. Gleeson & C. Hairston (Eds.), *Kinship care: Improving practice through research* (pp. 117–143). Washington, DC: Child Welfare League of America.
- Benedict, M., Zuravin, S., & Stallings, R. (1996). Adult functioning of children who had lived in kin versus nonrelative family foster homes. *Child Welfare, 75*(5), 529–549.
- Berrick, J. (1992). *A comparison of kinship foster homes and foster family homes: Implications for kinship care as family preservation*. Berkeley, CA: Child Welfare Research Center.
- Burnette, D. (1999). Physical and emotional well-being of custodial grandparents in Latino families. *American Journal of Orthopsychiatry, 130*(3), 305–318.
- Cameron, G. (1990). The potential of informal social support strategies in child welfare. In M. Rothery & G. Cameron (Eds.), *Child maltreatment: Expanding our concept of helping* (pp. 145–167). Hillsday, NC: Lawrence Erlbaum Associates.
- Christenson, B., & McMurtry, J. (2007). A comparative evaluation of preservice training of kinship and nonkinship foster/adoptive families. *Child Welfare, 86*(2), 125–140.
- Cobb, S. (1976). Social support as a moderator of life stress. *Psychosomatic Medicine, 35*(5), 300–314.

- Cohen, S., & Wills, T. (1985). Stress, social support, and the buffering hypotheses. *Psychological Bulletin*, 98(2), 320–357.
- Coohy, C. (2007). Social networks, informal child care and inadequate supervision by mothers. *Child Welfare*, 86(6), 53–69.
- Cox, C. (2000). Empowerment practice: Implications for interventions with African American and Latina custodial grandmothers. *Journal of Mental Health and Aging*, 6(4), 385–397.
- Cox, C. (2002). Empowering African American custodial grandparents. *Social Work*, 47(1), 45–54.
- Crumbley, J., & Little, R. (1997). *Relatives raising children: An overview of kinship care*. Washington, DC: Child Welfare League of America.
- Cuddeback, G. (2004). Kinship family foster care: A methodological and substantive synthesis of research. *Children and Youth Services Review*, 26(7), 623–639.
- Danzon, J., & Jackson, S. (1997). Family preservation and support services: A missed opportunity for kinship care. *Child Welfare*, 86(1), 31–44.
- Delgado, H., & Humm-Delgado, D. (1982). Natural support systems in Hispanic communities. *Social Work*, 83–89.
- Dubow, E., & Ullman, D. (1989). Assessing social support in elementary school children: The survey of children's social support. *Journal of Clinical Child Psychology*, 18(1), 52–64.
- Dubowitz, H. (1990). *The physical and mental health and educational status of children placed with relatives, final report*. Baltimore: University of Maryland Medical School.
- Dunst, C., & Trivette, C. (1988). Toward experimental evaluation of the family, infant and preschool program. In H. Weiss & F. Jacobs (Eds.), *Evaluating family programs* (pp. 315–346). New York: Aldine DeGruyer.
- Fanshel, D., & Shinn, E. (1978). *Children in foster care: A longitudinal investigation*. New York: Columbia University Press.
- Festinger, T. (1983). *No one ever asked us ... A postscript to foster care*. New York: Columbia University Press.
- Festinger, T. (1994). *Returning to care: Discharge and reentry in foster care*. Washington, DC: Child Welfare League of America.
- Fisher, J., & Corcoran, K. (1994). *Measures for clinical practice*. New York: Free Press.
- Fox, A., Berrick, J., & Frasch, K. (2008). Safety, family, permanency and child well-being: What we can learn from children. *Child Welfare*, 87(1), 63–90.

- Fuller-Thompson, E., & Minkler, M. (2005). American Indian/Alaskan Native grandparents raising grandchildren: Findings from the census 2000 supplemental survey. *Social Work, 50*(2), 131–140.
- Gleeson, J. P., O'Donnell, J., & Bonecutter, F. J. (1997). Understanding the complexity of practice in kinship foster care. *Child Welfare, 76*(6), 801–826.
- Gonzalez-Ramos, G., & Goldstein, E. (1989). Child maltreatment: An overview. In S. M. Ehrenkranz, E. Goldstein, L. Goodman, & J. Seinfeld (Eds.), *Clinical social work with maltreated children and their families: An introduction to practice* (pp. 3–20). New York: New York University Press.
- Goodman, C., Potts, M., & Pasztor, E. (2007). Caregiving grandmothers with vs. without child welfare system involvement: Effects of expressed need, formal services, and informal social support on caregiver burden. *Children and Youth Services Review, 29*(4), 428–441.
- Goodman, C., Potts, M., Pasztor, E., & Scorzo, D. (2004). Grandmothers as kinship caregivers: Private arrangements compared to public child welfare oversight. *Children and Youth Services Review, 26*(3), 287–305.
- Goodman, C., & Silverstein, M. (2002). Grandmothers raising grandchildren: Family structure and well-being in culturally diverse families. *The Gerontologist, 42*(5), 676–689.
- Gordon, A., McKinley, S., Satterfield, M., & Curtis, P. (2003). A first look at the need for enhanced support services for kinship caregivers. *Child Welfare, 82*(1), 77–96.
- Grant, R. (2000). The special needs of children in kinship care. *Journal of Gerontological Social Work, 33*(3), 17–33.
- Gray, S., & Nybell, L. (1990). Issues in African American family preservation. *Child Welfare, 69*(6), 513–523.
- Gurak, D., Smits, D., & Goldson, M. (1982). *The minority foster child: A comparison study of Hispanic, black and white children* (Monograph #9). Tempe, AZ: Hispanic Research Center.
- Hall, E., & King, G. (1982). Working with the strengths of black families. *Child Welfare, 61*(2), 536–544.
- Hagen, K., Myers, B., & Mackintosh, V. (2005). Hope, social support and behavioral problems in at-risk children. *American Journal of Orthopsychiatry, 75*(2), 211–219.
- Hawkins, C., & Bland, T. (2002). Program evaluation of the CREST Project: Empirical support for kinship care as an effective approach to permanency planning. *Child Welfare, 81*(2), 271–292.
- Hays, W., & Mindel, C. (1973). Extended kinship relations in black and white families. *Journal of Marriage and Family, 35*(1), 51–57.

- Herrenkohl, R., & Herrenkohl, E. (1991). Some antecedents and developmental consequences of child maltreatment. In R. Rizley & D. Cicchetti (Eds.), *Developmental perspectives on child maltreatment* (pp. 57–76). New York: Jossey-Bass.
- Herrenkohl, R., Herrenkohl, E., & Egolf, B. (1994). Resilient early school-age children from maltreating homes: Outcomes in late adolescence. *American Journal of Orthopsychiatry*, 64(2), 301–309.
- Houtman, S. (1999). *To grandma's house we... stay*. Northridge, CA: Studio4 Productions.
- James, D., Schumm, W., Kennedy, C., Grigsby, C., Sheckman, K., & Nichols, C. (1985). Characteristics of the Kansas parental satisfaction scale among two samples of married subjects. *Psychological Reports*, 57, 163–169.
- Judd, C., Smith, E., & Kidder, L. (1991). *Research methods in social relations*. Fort Worth, TX: Holt, Rinehart, & Winston.
- Kadushin, A. (1989). Child welfare services. In A. Minahan (Ed.), *Encyclopedia of social work* (18th ed., pp. 265–274). Washington, DC: National Associations of Social Workers.
- Kortenkamp, K., & Ehrle, J. (2002). *The well-being of children involved with the child welfare system: A national overview*. Washington, DC: Urban Institute.
- Kropf, N., & Kolomer, S. (2004). Grandparents raising grandchildren: A diverse population. *Journal of Human Behavior in the Social Environment*, 9(4), 65–83.
- Kruger, M., & Powell, N. (1990). *Choices in caring*. Washington, DC: Child Welfare League of America.
- Krugman, D. (1980). *The impact of separation on children: Clinical considerations*. Washington, DC: Child Welfare League of America.
- Levin, J., & Fox, J. (1991). *Elementary statistics in social research*. New York: HarperCollins.
- Magura, S., & Moses, B. (1986). *Outcome measure for child welfare services*. Washington, DC: Child Welfare League of America.
- Maluccio, A., & Fein, E. (1989). An examination of long-term foster family care for youth and children. In J. Hudson & B. Galaway (Eds.), *The state as parent* (pp. 387–399). Dordrecht, UK: Kluwer Academic.
- Minkler, M., Roe, K., & Robertson-Beckley, R. (1994). Raising grandchildren from crack-cocaine households, effects on family and friendship ties on African American women. *American Journal of Orthopsychiatry*, 64(1), 20–29.
- National Commission on Foster Care. (1991). *A blueprint for fostering infants, children and youth in the 1990s*. Washington, DC: Child Welfare League of America.



- Nelson, K., Sanders, E., & Landsman, M. (1993). Chronic child neglect in perspective. *Social Work, 38*(6), 661–671.
- O'Donnell, J. (1999). Involvement of African American fathers in kinship foster care services. *Social Work, 44*(5), 428–441.
- O'Donnell, J. (2001). Paternal involvement in kinship foster care services in one father and multiple father families. *Child Welfare, 80*(4), 457–479.
- Ornelas, L., Silverstein, D., & Tan, S. (2007). Effectively addressing mental health issues in permanency-focused child welfare practice. *Child Welfare, 86*(5), 93–112.
- Osby, O. (1999). Child-rearing perspectives of grandparent caregivers. In J. Gleeson & C. Hairston (Eds.), *Kinship care: Improving practice through research* (pp. 215–232). Washington, DC: Child Welfare League of America.
- Oyserman, D., & Benbenishty, R. (1992). Keeping in touch: Ecological factors related to foster care visitation. *Child and Adolescent Social Work Journal, 9*(6), 541–554.
- Parish, T., & Taylor, J. (1978). The personal attribute inventory for children: A report on its validity and reliability as a self-concept scale. *Educational and Psychological Measurement, 38*, 565–570.
- Pasztor, E., Hollinger, D., Inkelas, M., & Halfon, N. (2006). Health and mental health services for children in foster care: The central role of foster parents. *Child Welfare, 85*(1), 33–57.
- Reynolds, A. (1998). Resilience among black urban youth: Prevalence, intervention effects, and mechanisms of influence. *Journal of Orthopsychiatry, 68*(1), 84–100.
- Rink, E., & Tricker, R. (2004). Resiliency based research and adolescent health behaviors. *School Nurse News, 21*(1), 24–25.
- Roland, A. (1996). The influence of culture on the self and self-object relationships: An Asian-North American comparison. *Psychoanalytic Dialogues, 6*(4), 461–475.
- Ross, T., Khashu, A., & Wamsky, K. (2004). *Hard data on hard times: An empirical analysis of maternal incarceration, foster care and visitation*. New York: Vera Institute of Justice.
- Rowe, J., Cain, H., Hundleby, R., & Keane, S. (1984). *Long-term foster care*. New York: St. Martin's Press.
- Rutter, M. (1987, July). Psychosocial resilience and protective mechanisms. *American Journal of Orthopsychiatry, 57*(3), 316–330.
- Scannapieco, M., & Hegar, R. (1996). A nontraditional assessment framework for formal kinship homes. *Child Welfare, 75*, 567–582.

- Scannapieco, M., & Jackson, S. (1996). Kinship care: The African American resilient response to family preservation. *Social Work, 41*, 190–196.
- Shore, N., Sim, K., Le Prohn, N., & Keller, T. (2002). Foster parent and teacher assessments of youth in kinship and non-kinship foster care placements: Are behaviors perceived differently across settings? *Children and Youth Services Review, 24*(1), 109–134.
- Smith, C. J., & Beltran, A. (2000). Grandparents raising grandchildren: Emerging program and policy issues for the 21st century. *Journal of Gerontological Social Work, 34*(1), 81–94.
- Sorenson, E. (1993). *Children's stress and coping*. New York: Guilford Press.
- Stack, C. (1974). *All our kin*. New York: Harper & Row.
- Swann, C., & Sylvester, M. (2006). Does the child welfare system serve the neediest kinship care families? *Children and Youth Services Review, 28*(10), 1213–1228.
- Thoburn, J. (1988). *Child placement: Principles and practice*. Hants, UK: Aldershot.
- Thomlison, B. (1997). Risk and protective factors in child maltreatment. In M. Fraser (Ed.), *Risk and resilience in childhood* (pp. 50–72). Washington, DC: National Association of Social Workers.
- Vaux, A. (1988). *Social support: Theory, research and intervention*. New York: Praeger.
- Vericker, T., Macomber, J., & Geen, R. (2008). The story behind kinship care caseload dynamics: An analysis of AFCARS data, 2000–2003. *Children and Youth Services Review, 30*(4), 437–451.
- Vidal, C. (1988). Godparenting among Hispanic Americans. *Child Welfare, 67*(5), 453–459.
- Werner, E., & Smith, R. (1982). *Vulnerable but invincible*. New York: McGraw Hill.
- Wilhelmus, M. (1998). Mediation in kinship care: Another step in the provision of culturally relevant child welfare services. *Social Work, 43*(2), 117–127.

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