

The Well-Being of New York Children Cared for by Relatives

Rachel Dunifon
Cornell University
Department of Policy Analysis and Management
295 MVR Hall
Ithaca, NY 14853
red26@cornell.edu

Wenni Lee
Cornell University

The Well-Being of New York Children Cared for by Relatives

**Rachel Dunifon
Wenni Lee
Cornell University**

Introduction

This paper examines an important, but understudied, group of New York children: those not living with parents who are cared for by relatives. Nationwide, the number of children cared for by relatives has increased in the past 30 years. However, little is known about how such children and their caregivers fare. Understanding the well-being of New York children cared for by relatives can help policymakers develop programs designed to assist such families. This paper examines the well-being of New York children cared for by relatives and tests for differences in well-being between them and other groups of New York children.

Prevalence of children cared for by relatives

According to the 2000 Census, about 140,000 New York households contained children cared for by their relatives. This represents 3% of all New York households (Dunifon, 2002). Nationwide, the percentage of children living with a grandparent (the most common type of relative living arrangement) and not with a parent has risen from 1.4% in 1970 to 1.8% of all children in 1997 (Bryson and Casper, 1999). According to the 2000 Census, 3% of all U.S. households in 2000 contained a grandparent caring for a grandchild (U.S. Census Bureau).

Several reasons for the rise in relative caregivers have been noted, including drug use, AIDS, incarceration and violence. Oftentimes, children move in with a relative after experiencing a family trauma resulting in the loss (either permanent or temporary) of

their parent or parents. Factors leading to such losses are highly correlated with living in poverty, meaning that children raised by their relatives are likely to be more disadvantaged than other children (Fuller-Thompson & Minkler, 2000).

While Census data can provide an accurate description of the number of New York children cared for by relatives, other data is needed to examine the well-being of children in such families. Policymakers need to understand how such children fare in terms of emotional adjustment, academic achievement, and health, and how their caregivers fare in terms of education, parenting practices, and mental health. Additionally, it is important to ask how children cared for by relatives are doing compared to other groups of children, such as those receiving public assistance, or those in single-parent families. This paper will address these important questions.

Well-being of children cared for by relatives

Studies using nationally-representative data show that children living with relatives face some challenges. Almost half of such children (45%) live with a caregiver who has a limiting health condition or is in fair or poor health. Such adults may need special services in order to appropriately attend to the children in their care. Other research shows that relative caregivers face unique potential difficulties. Relative caregivers are much older than the parent caregiver population. Although over 95 percent of the parents who live with their own children are below the age of 50, over one-half of all kinship caregivers are 50 years of age or greater (Harden et al., 1997). Caregivers in kin foster arrangements are more likely to be single, and to have less education and lower incomes than non-kin foster parents (Barth et al., 1994; Berrick et al., 1994; Chipungu et al., 1998; LeProhn, 1994). They are also less likely to report being in good health,

perhaps due to their age (Barth et al., 1994; Berrick et al., 1994; Chipungu et al., 1998). Grandparent caregivers also report greater family conflicts and financial strain, especially due to custody battles, court appearances, legal fees, and counseling for the child, as a result of becoming a primary caregiver for a grandchild (Waldrop & Weber, 2001).

Forty-eight percent of kinship care families face difficulties obtaining enough food, often referred to as food insecurity. Additionally, although all children in kinship care are eligible for Medicaid, only 42% participate in this program. This suggests that such families may not be aware of their eligibility for important public assistance programs (Ehrle & Geen, 2002). Any relative caring for a child in a kinship care arrangement is eligible for a TANF child-only payment, regardless of income (Leos-Urbel, Bess, and Geen, 1999); however, families may not be aware of such benefits, or may be reluctant to apply for them. Given the high rates of food insecurity among relative-care families, a lack of participation in available public assistance programs is particularly alarming.

In terms of child well-being, nationally-representative research shows that children cared for by relatives have higher levels of behavioral and emotional problems than other children, and that they are more likely to have been suspended or expelled from school than others (26% of kinship care children were expelled in a year, compared to 13% of children living with parents). Finally, children in kinship care are more likely to have a limiting health condition than children cared for by parents (Billing, Ehrle, and Kortenkamp, 2002).

Data and Methods

This paper will extend this previous research, which was performed with a national sample, to focus specifically on how New York children living with relatives are faring. Data for this project come from the 1999 National Survey of America's Families (NSAF), a national survey funded by the Urban Institute and conducted by Westat. The NSAF sample consists of over 40,000 households, with information on over 100,000 people. The survey focuses on the economic, health and social well-being of children, adults under age 65, and their families (Judkins et al., 1999). The NSAF is representative of the U.S. as a whole, as well as families from 13 states: Alabama, California, Colorado, Florida, Massachusetts, Michigan, Minnesota, Mississippi, New Jersey, New York, Texas, Washington, and Wisconsin. This project will use data on families representative of the state of New York. Child well-being in the NSAF is based on reports from the Most Knowledgeable Adult (MKA) for a specific child. Adults are questioned about up to two children in each family (one aged 0-6 and one aged 6-17).

Several sets of analyses will be presented. The first analyses will examine descriptive characteristics of children who are cared for by relatives. Next, children cared for by relatives will be compared to those living with their parents. Finally, children cared for by relatives will be compared to other groups of children who are potentially at-risk, including children in single-parent families and children receiving welfare payments (but not cared for by a relative). In all analyses, the sample is weighted using child-based weights developed by the Urban Institute, to provide estimates that are representative of the state of New York. Additionally, the unique sampling design of the

NSAF is accounted for through the use of survey estimation commands available in the STATA software package.

Measures

Children cared for by relatives are defined as those who are living with and cared for by relatives either in kinship care that is not foster care, or in relative foster care.

Some measures examined are *demographic characteristics* of children and their families, including race, ethnicity, age, sex, receipt of TANF, receipt of Food Stamps, caregiver educational attainment, and family structure.

Other measures capture the well-being of the caregiver. *Poor mental health* is an indicator variable for respondents who scored 67 points or lower on a 100-point standardized scale of mental health, capturing items such as feeling nervous and anxious and feeling downhearted and blue.

Additionally, some measures of child well-being are examined. For all children, an indicator of whether the child has any kind of *health insurance coverage* is examined. For children ages 6 and older, educational outcomes are captured with an index of engagement in school (including items such as whether the child does homework on time, or cares about doing well in school). These items are combined in a scale ranging from 4 to 16, and an indicator that a child's score is equal or greater than 15 is used to measure *positive school engagement*. For children ages 12-17, another measure of academic well-being is an indicator of whether the child has been *suspended or expelled* from school in the past year.

Socio-emotional outcomes for school-aged children are derived from the Behavior Problems Index (Achenbach and Edelbrock, 1981) including reports of whether

the child has problems getting along with other children or feels depressed. This scale ranges from 6-18 with higher scores indicating fewer behavior problems. An indicator of *high behavior problems* is used to identify children with a score of 12 or less.

For all ages of children, health outcomes are measured with an indicator that a child has an *activity-limiting health condition*.

For children aged 0-5, a measure that the child is *regularly taken on outings* equals 1 if the caregiver reports that the child is taken on an outing at least once a day. A measure that a child is *read to regularly* equals one if the caregiver reports that the child is read to at least six days a week.

Finally, caregiver-child relationship is measured with an index of *parental aggravation*, taken from the MKA. Items in this index include “I felt my child/children were much harder to care for than most” or “I feel I am giving up more of my life to meet my children’s needs.” Response categories range from “all of the time” (1) to “none of the time” (4) such that a higher score indicates less aggravation. Analyses presented here use a dummy indicator that the parent was in the highest quintile (i.e., the lowest amount of aggravation) of this measure.

Results

First, we examine the characteristics of New York children cared for by relatives. These results are shown in Table 1.

Table 1: Descriptive characteristics of children cared for by relatives

African-American	46%
Hispanic	21%
Male	52%
Living in poverty	44%
Average age	10

Receiving TANF at the time of survey.	20%
Receiving Food Stamps at the time of survey	33%
Caregivers do not have a high school degree	32%
Married couple families	46%
Caregiver has poor mental health	40%
Child has no health insurance	19%
Child has activity-limiting health condition	28%
High behavior problems (ages 6-11)	39%
Read to regularly (ages 0-5)	41%
Regularly taken out on outings (ages 0-5)	52%
High school engagement (ages 6-17)	20%
Suspended or expelled in past 12 months (ages 12-17)	16%
Low caregiver stress and aggravation	16%

These descriptive numbers paint a picture of a disadvantaged group of children, with high rates of poverty and relatively low levels of caregiver education. However, these numbers also show that many children in this sample are faring well, with the majority of young children taken out outings regularly, and large percentages read to on a regular basis. Additionally, although 39% of children have high levels of behavior problems, over 60% do not.

The next set of analyses examines how children cared for by relatives fare in comparison to children in other family settings. First, children cared for by relatives are compared to the average New York child living with his or her parents. This allows policymakers to see how such children are doing, and whether they are particularly at risk in certain areas. Results from this comparison are shown in Table 2. P-values are shown when the differences between the children in these groups are significantly different from each other at the 10% significance level or less. Significant differences are shown in Figure 1.

Table 2: Comparison of New York children in relative care vs. those living with parents

	Relative care	Parental care	p-value
African-American	46%	20%	< 0.001
Hispanic	21%	20%	--
Male	52%	51%	--
Living in poverty	44%	22%	< 0.005
Average age	10	8	< 0.08
Receiving TANF at the time of survey.	20%	3%	< 0.04
Receiving Food Stamps at the time of survey	33%	13%	< 0.02
Caregivers do not have a high school degree	32%	12%	< 0.008
Married couple families	46%	71%	< 0.001
Caregiver has poor mental health	40%	17%	<0.01
Child has no health insurance	19%	8%	<0.10
Child has activity-limiting health condition	28%	10%	< 0.02
High behavior problems (ages 6-11)	39%	5%	< 0.02
Read to regularly (ages 0-5)	41%	56%	--
Regularly taken out on outings ages (0-5)	52%	28%	--
High school engagement (ages 6-17)	20%	39%	< 0.002
Suspended or expelled in past 12 months (ages 12-17)	16%	11%	--
Low caregiver stress and aggravation	16%	20%	--

Results from these analyses indicate several dimensions on which New York children cared for by relatives differ from those living with their parents. Children in relative care are more likely to be African-American and twice as likely to be living in poverty. Such children are slightly older than children living with parents (10 vs. 8 years), and are much more likely to live in families receiving TANF or Food Stamps at the time of the survey. Only 12% of children living with parents have a primary caregiver without a high school degree, compared to 32% of children living with relatives. Additionally, while 71% of children living with parents live in a married-

couple family, only 46% of those cared for by relatives do so. Finally, 40% of relative caregivers have poor mental health, compared to only 17% of parental caregivers.

In terms of the well-being the child, children cared for by relatives are less likely to have any kind of health insurance (19% vs. 8%) and are more likely to have an activity-limiting health condition than children living with parents (28% vs. 10%). Finally, children aged 6-11 cared for by relatives are more likely to have high levels of behavior problems than those living with parents, and children aged 6-17 are less likely to be highly engaged in school.

It is also important to note the numerous ways in which children cared for by relatives do not differ from those living with a parent or parents. Children cared for by relatives are just as likely to be read to regularly and taken on outings as other children, are no more likely to be suspended or expelled, and their caregivers do not have higher levels of stress and aggravation than do parental caregivers.

Next, children in relative care are compared to more specific groups of children. This allows policymakers to understand how children with relatives fare compared to children in other possible living arrangements they may experience. Children living with relatives often come from families receiving public assistance. Therefore, kinship care children are compared to children living with a biological parent who receives public assistance. Results from this analysis are shown in Table 3. Significant differences are shown in Figure 2.

Table 3: Comparison of New York children living in relative care with those receiving TANF but not in relative care

	Relative care	Receiving TANF and not in relative care	p-value
African-American	46%	37%	--
Hispanic	21%	41%	< 0.04
Male	52%	63%	--
Living in poverty	44%	81%	< 0.0002
Average age	10	7	< 0.01
Receiving TANF at the time of survey.	20%	100%	< 0.0001
Receiving Food Stamps at the time of survey	33%	95%	< 0.0001
Caregivers do not have a high school degree	32%	32%	--
Married couple families	46%	32%	--
Caregiver has poor mental health	40%	33%	--
Child has no health insurance	19%	0%	<0.01
Activity-limiting health condition	28%	14%	--
High behavior problems (ages 6-11)	39%	8%	< 0.06
Read to regularly (ages 0-5)	41%	44%	--
Regularly taken out on outings (ages 0-5)	52%	14%	< 0.06
High school engagement (ages 6-17)	20%	26%	--
Suspended or expelled in past 12 months (ages 12-17)	16%	38%	--
Low caregiver stress and aggravation	16%	19%	--

These results point to several ways in which children cared for by relatives are faring better than those living with parents but receiving welfare. Children cared for by relatives are less likely to be living in poverty, and are more likely to be regularly taken on outings. On the other hand, children cared for by relatives are more likely to have high levels of behavior problems than children living with parents but receiving TANF and are more likely to lack health insurance coverage. The percentage of children living in a married-couple family, living with a caregiver without a high school degree, living with a caregiver with poor mental health, or with a health limitation do not differ between these two groups.

Finally, children living with relatives are compared with those living in a single-parent family. These results are shown in Table 4. Significant differences are shown in Figure 3.

Table 4: Comparison of New York children living in relative care with those living with a single parent

	Relative care	Single parent	p-value
African-American	46%	38%	--
Hispanic	21%	35%	< 0.03
Male	52%	52%	--
Living in poverty	44%	46%	--
Average age	10	8	< 0.08
Receiving TANF at the time of survey.	20%	8%	--
Receiving Food Stamps at the time of survey	33%	31%	--
Caregivers do not have a high school degree	32%	21%	--
Married couple families	46%	0%	NA
Caregiver has poor mental health	40%	30%	--
Child has no health insurance	19%	12%	--
Activity-limiting health condition	28%	13%	< 0.04
High behavior problems (ages 6-11)	39%	5%	< 0.02
Read to regularly (ages 0-5)	41%	51%	--
Regularly taken out on outings (ages 0-5)	52%	28%	--
High school engagement (ages 6-17)	20%	38%	< 0.007
Suspended or expelled in past 12 months (ages 12-17)	16%	18%	--
Low caregiver stress and aggravation	16%	16%	--

Results from this analysis point to some ways in which children cared for by relatives fare less well than those living with a single parent. Children cared for by relatives are more likely to have an activity-limiting health condition, are more likely to have high behavior problems, and are less likely to be highly engaged in school. However, children in these two groups do not differ from each other in terms of the percentage living in poverty, the percent living with a caregiver without a high school

degree, caregiver mental health, health insurance coverage, suspensions and expulsions, or the percent participating in public assistance programs.

Discussion

Taken together, the results of this project shed light on an important but understudied group of New York children: those cared for by relatives. Overall, such children are twice as likely to be poor than New York children cared for by their parents, are less likely to live in a married-couple family, more likely to live with a caregiver without a high school degree, and more likely to live with a caregiver with poor mental health. Such children fare worse than other children on measures of health, behavior, and school engagement. However, there are many ways in which children cared for by relatives are faring just as well as those living with their parents, despite their higher rates of poverty and other disadvantages. In particular, relative caregivers are just as likely to read to their children and take them on outings, and to have low levels of stress and aggravation as caregivers. This suggests that most relative caregivers display parenting behaviors that are just as good as those used by biological parents, highlighting the high level of commitment that such caregivers must have to these children.

Compared to other groups of children often considered “at-risk”, children cared for by relatives sometimes fare better than others, and sometimes fare worse. For example, they are less likely to be poor than children receiving TANF benefits and more likely to be read to regularly. However, children cared for by relatives consistently fare worse than children living with a single parent in terms of their health, behavior, and school engagement.

One measure on which children cared for by relatives fare worse than children in all other comparison groups is the measure of high behavior problems. Thirty-nine percent of children cared for by relatives have high levels of behavior problems, a rate much higher than children in any other group. Because tendencies toward aggression in childhood have been linked to adult criminal behavior in a variety of studies (Gottfredson & Hirschi, 1990; Sampson & Laub, 1993), the elevated rates of externalizing behavior among these children is a cause for concern and highlights an important potential area for policy intervention. Children cared for by relatives have often experienced a trauma leading to the separation from their parents. Such children may react to this trauma by acting out in undesirable ways. Programs providing counseling and treatment for such children could address this behavior and allow them to deal with this trauma in more effective ways.

Additionally, a high percentage (28%) of children cared for by relatives have an activity-limiting health condition. Combined with the relatively low economic status of such families, and the fact that 19% of these children have no health insurance coverage, this raises concerns about whether such children are receiving appropriate treatment for these conditions. Children in such families may benefit from screening and treatment programs targeted toward health and behavioral difficulties that such children face.

This study also highlights other potential areas of policy intervention for families consisting of children cared for by relatives. Only 20% of such families were receiving TANF at the time of the study, and only 33% were receiving Food Stamp benefits. Additionally, 19% of children cared for by relatives have no health insurance coverage. However, most of these families should be eligible for public assistance and health benefits. Given the high rate of poverty among these families, programs designed to inform them of

their eligibility for public assistance and ensure that they receive the assistance for which they are eligible could alleviate a great deal of financial difficulty.

Finally, the high rates of mental health problems among the relative caregivers in this sample (40% have poor mental health) are a cause for concern. Policymakers may want to develop outreach programs for such caregivers to provide and ensure access to mental health services. Such mental health problems may interfere with the caregivers' abilities to effectively parent the child, to maintain employment, or other activities that are important for family well-being.

Overall, this study highlights some strengths of families in which children are cared for by relatives, as well as some areas of need that such families have. Policies targeted toward these families could focus on addressing children's health and behavioral problems, caregiver mental health issues, as well as families' access to public assistance programs.

Figure 1

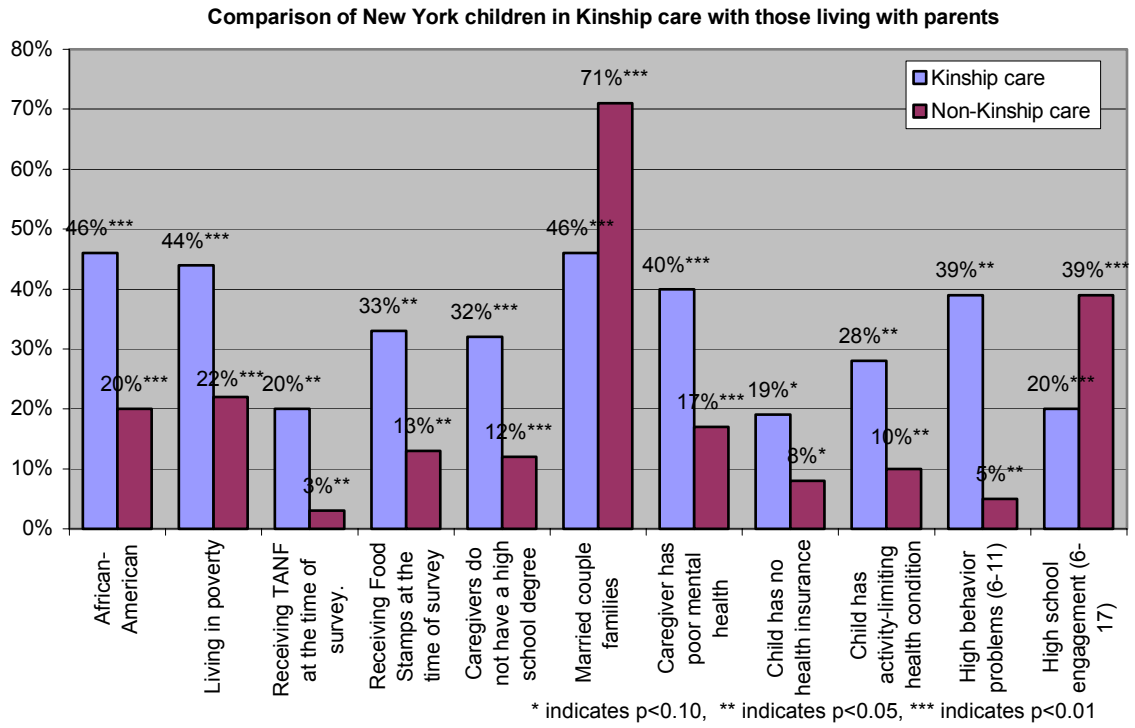


Figure 2

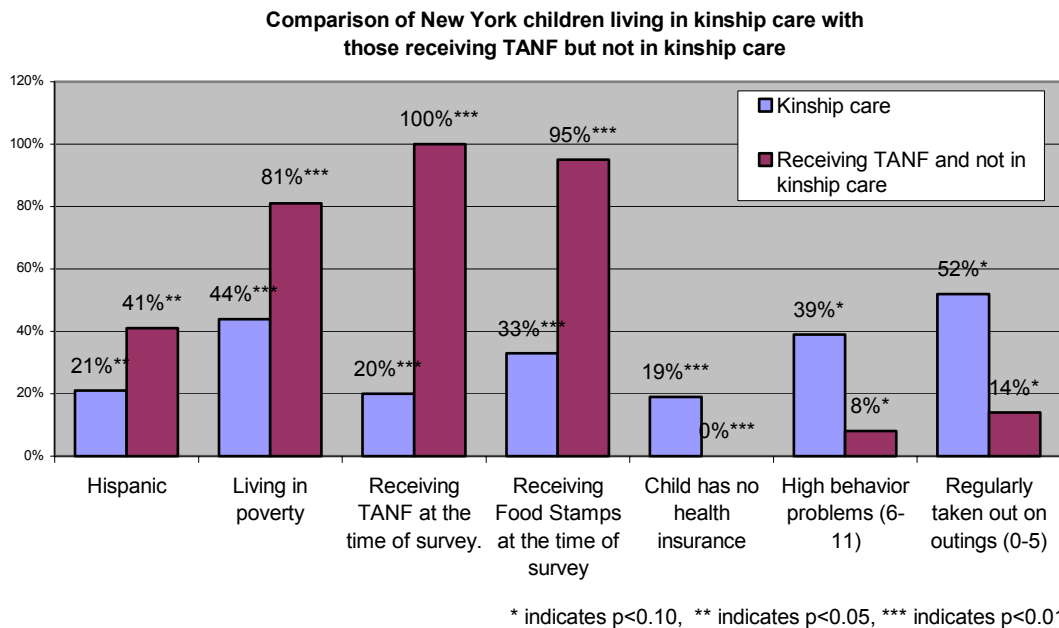
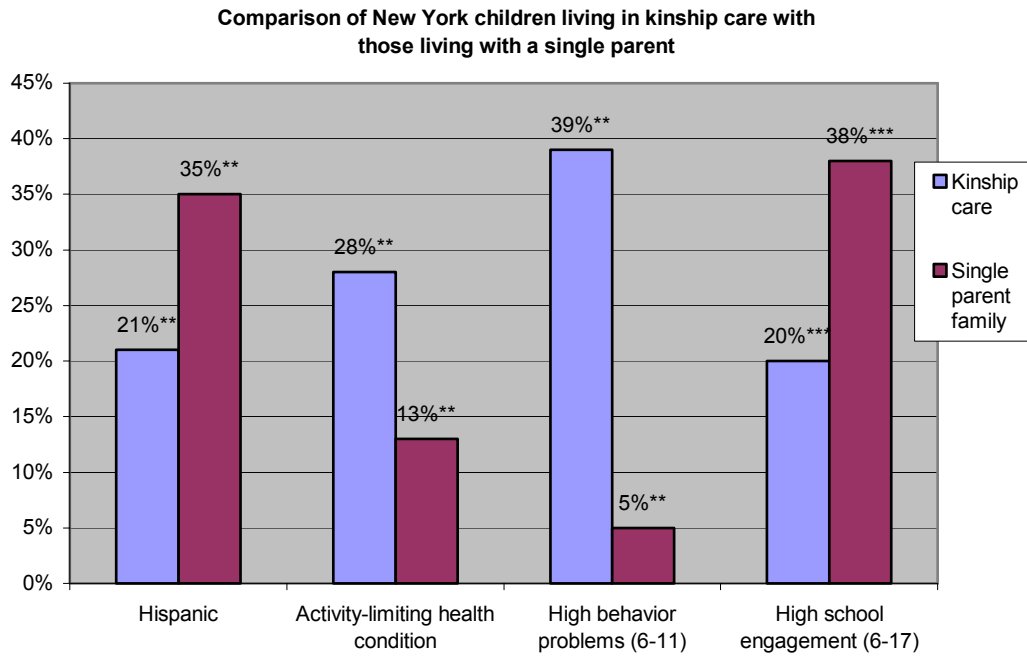


Figure 3



** indicates $p < 0.05$, *** indicates $p < 0.01$

Works Cited

- Achenbach, F.E. & Edelbrock, C.S. (1981). "Behavioral Problems and Competencies Reported by Parents of Normal and Disturbed Children Aged Four through Sixteen." Monograph of the Society for Research in Child Development, 188:46, 1-82.
- Barth, R., Courtney, M., Berrick, J., & Albert, V. (1994). *From Child Abuse to Permanency Planning*. New York: Aldine de Gruyter.
- Berrick, J., Barth, R., & Needell, B. (1994). "A Comparison of Kinship Foster Homes and Foster Family Homes: Implications for Kinship Foster Care as Family Preservation." *Children and Youth Services Review*, 16:12, 33-63.
- Billing, A., Ehrle, J., & Kortenkamp, K. (2002). "Children Cared for by Relatives: What Do We Know About their Well-Being?" Urban Institute Paper, Series B., No. B-46.
- Bryson, K. & Casper, L. (1999). "Coresident Grandparents and Grandchildren." Census Bureau report P-23-198, May 1999.
- Chipungu, S., Everett, J., Verduik, M., & Jones, J. (1998). "Children Placed in Foster Care with Relatives: A MultiState Study." Report submitted to the U.S. Department of Health and Human Services.
- Dunifon, R. (2002). "Census 2000 Fact Sheet: Grandparents as Caregivers in New York". Available at: <http://www.human.cornell.edu/pam/extensn/dunifon/grandparent.pdf>
- Ehrle, J. & Geen, R. (2002). "Children Cared for by Relatives: What Services do they Need?" Urban Institute Paper, Series B, No. B-47.
- Fuller-Thompson, E. & Minkler, M. (2001). "America's Grandparent Caregivers: Who are they?" Pages 3-22 in B. Hayslip and R. Goldberg-Glen, Eds. *Grandparents Raising Grandchildren: Theoretical, Empirical, and Clinical Perspectives*. New York: Springer Publishing Company.
- Gottfredson, M. R. & Hirschi, T (1990). *A general theory of crime*. Stanford, CA: Stanford University Press.
- Harden, A.W., Clark, R.L., & Maguire, K. (1997). "Formal and Informal Kinship Care." Report submitted to the U.S. Department of Health and Human Services.
- Judkins, D., Brick, J.M., Broene, P., Ferraro, D., & Strickler, T. (1999). "NSAF Sample Design." Available at: http://www.urban.org/UploadedPDF/1999_Methodology_2.pdf

Leos-Urbel, J., Bess, R., & Geen, R. (1999) "State Policies for Assessing and Supporting Kinship Foster Parents." Available at: <http://www.urban.org/Uploadedpdf/discussion00-05.pdf>

LeProhn, N. (1994). "The Role of the Kinship Foster Parent: A Comparison of the Role Conceptions of Relative and NonRelative Foster Parents." *Children and Youth Services Review*, 16:12, 65-81.

Sampson, R. & Laub, J. L. (1993). *Crime in the making: Pathways and turning points through life*. Cambridge: Harvard University Press.

Waldrop, D.P. & Weber, J.A. (2001). "From grandparent to caregiver: The stress and satisfaction of raising grandchildren." *Families in Society*, 82:5, 461-472.