
CHILDREN IN NONPARENTAL CARE:

A Review of the Literature and Analysis of Data Gaps

**U.S. Department of Health and Human Services
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EXECUTIVE SUMMARY

Typically, one or two parents and a child—along with any siblings—comprise a family, and the parents' interactions with the child are a primary driver of the child's development. Yet, nearly 3 million children (3.9 percent of all children) live in homes with no parent present (U.S. Census Bureau, 2011). The majority live with a relative; over half live with a grandparent. A minority of all children in non-parental care are in foster care, with fewer than 300,000 in foster care.¹

Evidence that children living with two parents fare better than children who live with only one parent (for a review, see Dunifon, 2009) raises the concern that children living with no parent may be at particular risk. Another reason for concern is that children living with non-parental caregivers experience at least one family transition, and evidence indicates that family instability can negatively affect children (for a review, see Fomby and Cherlin, 2007). Additionally, some of the circumstances resulting in non-parental care themselves may negatively affect children.²

Most research focuses on children living with relatives, children in foster care, and—to a lesser extent—children of incarcerated parents. Many children of incarcerated parents, children formally in foster care, and children who would be in foster care were it not for an arrangement made outside of the child welfare system, are living with relatives. Studies involving interviews with parents who voluntarily arrange for children to live with relatives mostly cite reasons pertaining to parenting capacity (Gleeson & Seryak, 2010).

Much of the existing research on non-parental care focuses on specific segments of the population, most commonly on relative caregivers and on grandparents in particular. Relative caregivers tend to be older than other caregivers (U.S. General Accounting Office, 1999), and they frequently experience socio-economic disadvantages (Ehrle & Geen, 2002). Despite their potential challenges in providing care for children, informal relative caregivers are frequently not eligible for the supports received by non-relative foster caregivers (Ehrle & Geen, 2002; Malm & Geen, 2003) and may face difficulty enrolling the child in school or obtaining medical services if the caregiver lacks legal custody (Ehrle & Geen, 2002; Testa et al., 2004). However, studies comparing the well-being of children living with relatives versus those living with non-relatives—often focused on children involved in the child welfare system—frequently find few differences between the two groups (Sun, 2003; Conway & Li, 2011).

Only a few studies focus on the caregiver-parent relationship, but some evidence suggests positive relationships may be beneficial to the child. For instance, they may promote parent-child contact, and are associated with more stable placements (Poehlmann et al., 2008; Gerring et al., 2008). Placement of siblings together in the same living arrangement can be beneficial for the children (for reviews, see U.S. General Accounting Office, 1999; Washington, 2007), yet research suggests that sibling separations are common across subgroups (Hynes & Dunifon, 2007; Poehlmann et al., 2008; McCormick, 2010). Sibling separations tend to occur less

¹ Overall, more than 400,000 children were in foster care at the end of 2010, but not all were living in a foster family home (U.S. Department of Health and Human Services, 2011).

² In their respective papers, Aquilino (1996) and Fomby and Cherlin (2007) weigh whether poorer child well-being more directly results from family instability per se, or from the negative circumstances or parent factors necessitating the non-parental care.

frequently for children in relative foster care than among those cared for by non-relative foster parents (U.S. GAO, 1999; Washington, 2007).

Compared to the general population, poorer health outcomes have been observed among children living with grandparents (Bramlett & Blumberg, 2007) and children in foster care (Vandivere et al., 2003). Additionally, there is some evidence that, compared to children living with two married parents, children living with no parents present have more behavioral problems (Conway & Li, 2011) and are more likely to be suspended, repeat a grade in school, and have lower school engagement (Bavier, 2011; Conway & Li, 2011). Only one study examined child well-being across the population of children in non-parental care (Sun, 2003). There is very little information about the household dynamics of children in non-parental care arrangements, including the quality of the relationship of the child to the caregiver and to other members of the household. Children in non-parental care frequently live with non-related children (Hynes & Dunifon, 2007); it is unclear whether and how the interactions among these children might affect children's well-being. Some research has examined sibling separation (particularly for children of incarcerated parents and those in foster care), as well as the share of children who live with siblings, but very little is known about the quality of sibling relationships or about sibling contact when siblings are separated.

There are many gaps in the current knowledge base about children in non-parental care. Little is known about the reasons for entry into non-parental care and how these reasons may affect child well-being and the quality of children's non-parental care arrangements. Further, there is no population-wide information on the access to and need for services and supports among children in non-parental care (though relatively more is known about receipt of financial supports and health insurance coverage).

Some sub-populations of children in non-parental care are largely absent from the extant literature. For example, there are no currently tabulated data on foster parents, and the data collected on foster parents through the Adoption and Foster Care Reporting System (AFCARS) are limited to a few demographic characteristics. No current data exist on the population of children for whom parents arrange to live with relatives to avoid involvement with child protective services and the child being in state custody. Additionally, we found virtually no information on the immigration status and nativity of parents and children in non-parental care, and whether and how these characteristics might be related to non-parental care.

Another gap pertains to the effect of continued parent involvement with children in non-parental care. Questions remain about whether and how effects vary depending on the type, quality, and frequency of involvement, as well as whether and how they are moderated by the context of the involvement or parent characteristics. With the exception of children in foster care and children with incarcerated parents, research on the effect of parent-child involvement is generally based on children with only one non-resident parent. (In addition, most of the existing information regarding reasons for non-parental care pertains to only one of the child's parents, not both of the parents.) It is not clear the degree to which findings from the population of children with one resident parent can be generalized to the population with no resident parents.

Recent years have seen great advances in the national data available on children and their well-being. However, because children living in non-parental care arrangements represent a small percentage of the overall population few national data are available regarding them. Additional research is needed on the entire population of children in non-parental care in order to capture the range of situations under which non-parental households form, the similarities and differences across subgroups, and to assess whether available services and supports are reaching the intended target populations. Further research on the duration and episodic nature of non-parental arrangements will be important for program developers and funders. Current efforts to develop a National Survey of Children in Non-Parental Care (NSCNC), planned as a follow-on survey to the 2011 National Survey of Children's Health, will be a valuable resource for researchers to move the field forward.

INTRODUCTION

The family is the central and earliest social context within which children develop (Bronfenbrenner, 1979). Typically, one or two parents and a child—along with any siblings—comprise a family, and the parents' interactions with the child are a primary driver of the child's development. Yet, nearly 3 million children (3.9 percent of all children) live in homes with no parent present (U.S. Census Bureau, 2011). Evidence that children living with two parents tend to fare better than children who live with only one parent (for a review, see Dunifon, 2009) raises the concern that children living with no parent present may be at particular risk. Indeed, one study of children born to unmarried parents indicated that those who lived consistently with a single parent tended to fare better³ than those with non-parental caregivers (Aquilino, 1996). Another reason for concern is that children living with non-parental caregivers have experienced at least one family transition, and evidence indicates that family instability can negatively affect children (for a review, see Fomby and Cherlin, 2007). Alternatively or additionally, some of the circumstances resulting in the non-parental care may themselves negatively affect children.⁴

Children in non-parental care are a diverse population, varying according to the child-caregiver relationship, custody arrangements, involvement with service systems and public supports, the duration of the non-parental arrangement, and reasons for the arrangement. Most extant research focuses on specific segments of the population. For example, substantial bodies of research exist on children in foster care and on children living with grandparents; some scattered studies have examined children in other circumstances. Very few studies have examined the over-arching population of children in non-parental care. Yet, while no single program or service sector oversees this potentially vulnerable group, concerns regarding issues such as education and health cut across subpopulations of children in non-parental care. Furthermore, some agencies and programs serve specific segments of non-parental families. For example, child welfare agencies serve maltreated children, or those at risk of maltreatment. Medicare or other services that serve the elderly could be relevant to children living with elderly relatives. Medicaid, Temporary Assistance to Needy Families (TANF), and Supplemental Security Income (SSI) are some of the programs available for poor families, some of which may include non-parental care families. Programs and services have not dealt well with the population of children in non-parental care. Across agencies that provide services to children, this population has repeatedly arisen as a concern due to program mismatches or the population not fitting well within any program.

³ Specifically, the author's analysis of retrospective data from the National Survey of Families and Households indicated that children living consistently with a single parent had similar or better outcomes in educational attainment and transitions to residential independence than those experiencing transitions in living arrangements or those who lived consistently with non-parental caregivers.

⁴ In their respective papers, Aquilino (1996) and Fomby and Cherlin (2007) weigh whether poorer child well-being more directly results from family instability per se, or from the negative circumstances or parent factors necessitating the non-parental care.

This literature review was developed as a step in the process of designing a survey instrument for the National Survey of Children in Nonparental Care (NSCNC). The NSCNC will be a telephone survey about the characteristics, circumstances, and well-being of a nationally representative group of children who reside with neither of their parents. The survey is being planned for 2013, with data to be available for analysis in 2014. Each respondent will be an adult in the household who is knowledgeable about the child's health and the sample is a subset of those that participated in the 2011 National Survey of Children's Health and who will be re-contacted for the NSCNC. Most of the children live with relatives, though other people are the primary caregivers for some children. The NSCNC is intended to gather information about the health and well-being of these children and their caregivers; living arrangements and custody issues; continuing parental roles; relationships with siblings and kin; and service accessibility. We estimate that, once complete, the survey will have a sample size of approximately 2,000 children. The project is being conducted collaboratively between The U.S. Department of Health and Human Service's Office of the Assistant Secretary for Planning and Evaluation and the Centers for Disease Control and Prevention's National Center for Health Statistics.

This literature review had two functions. First, it served to gather existing information from the research literature on this population of children and identify both where considerable information existed and topics on which little or no research was available. Second, it allowed the study team to identify survey instruments that have previously been used with this population of families and ensure that where possible we ask questions in a manner that allows for comparison with other data sources.

Below, we summarize what is known about children in non-parental care. We also highlight gaps in what is known that may be important to fill.⁵

DEFINING THE POPULATION

Children living apart from both parents live in a wide variety of settings and under a range of different contexts. As indicated in Table 1 below, children in non-parental families vary depending on their relationship to their caregiver. These dimensions are not exclusive and may overlap. For example, a child could live with a relative or a family friend who is also a licensed foster parent. Children may live with grandparents or other relatives who may or may not plan to adopt the child, or who have legal custody or guardianship of the child. Children may also live with non-relatives (either previously known to the child or not) who have assumed legal guardianship, serve as foster parents, or have some other caregiving arrangement with the child.

⁵ Because this issue brief is the initial step in the development of a new survey on the well-being and context of children living in households with one or more adult caregivers but without any parents, this brief focuses on children ages 0-18 living in households. It is important to acknowledge, however, that children living without parents may live in group residential settings (e.g., through the juvenile justice or child welfare system, or because of medical reasons), they may live alone (e.g., because they have chosen to do so independently or because their parents have asked them to leave, or through an independent living program with a child welfare agency), or they may be married or cohabiting with a romantic partner.

Table 1. Caregiver-child relationships in non-parental caregiving arrangements

Relative caregivers

- Maternal versus paternal
- Degree of relationship – immediate family versus extended family (siblings vs. aunts/uncles)

Non-related caregivers

- Foster parents
 - Family friends (e.g., godparents, neighbors, church members, teachers)
 - Families of half-siblings or step-parents
-

Size of each group

Findings from national surveys provide further detail on the number of children in non-parental families, as well as their distribution across settings. Analyses of the U.S. Census Bureau’s 2011 Current Population Survey (CPS)⁶ and the 2009 Survey of Income and Program Participation (SIPP) indicate that there are approximately 3 million children in non-parental families (2.91 million and 3.08 million, respectively) (U.S. Census Bureau, 2011; Kreider & Ellis, 2011). According to the CPS data, these children account for 3.9 percent of all children (U.S. Census Bureau, 2011). Both surveys found that over half of children who live in homes without parents present live with grandparents (1.65 million in CPS, and 1.83 million in SIPP), while between 604,000 (CPS estimate) and 632,000 (SIPP estimate) live with other relatives. As noted above, these relative caregivers may be caring for the children under a range of agreements, and a recent analysis of the 2007 National Children’s Health Survey indicates that approximately 1.7 million relative caregivers have “informally adopted” the children in their care (Radel, Bramlett, and Waters, 2010). Finally, an estimated 514,000 (CPS estimate) to 545,000 (SIPP estimate) live with nonrelatives (including non-relative foster parents), and a very small portion of children in both surveys are described as living in another non-parental arrangement (U.S. Census Bureau, 2011; Kreider & Ellis, 2011).

Some information about the size of the population in prior decades is also available. An analysis of 1968 to 1980 Current Population Surveys identified an increase in the percentage of children living without parents between 1975 and 1979, especially among black children under age 14; by 1980, 3.7 percent of children under age 18 were living without a parent present (Montemayor & Leigh, 1982).⁷ A 1997 Census Brief further noted that the rate had increased to 4 percent in 1996 and overall, from 1991 to 2009 the percentage of children living without a parent increased from 3.3 percent to 4.2 percent (Kreider & Ellis, 2011).

⁶ The CPS excludes children in group quarters and children who are the householder or the spouse of a householder from its total of children in nonparental care.

⁷ Note: Unlike the CPS data used for current estimates of children in non-parental care, The CPS data analyzed by Montemayor and Leigh (1982) included children living in group quarters (e.g., students and lodgers) in the population of children living apart from their parents.

An early effort focusing on children living with relatives and without parents also used data from the Current Population Survey, identifying approximately 3 percent of children in this situation (Harden et al., 1997). The authors found evidence that relative care had increased between 1983 and 1993, specifically among Hispanic and non-white children. A retrospective analysis of data from the 1988 National Survey of Families and Households (NSFH) found that one in four children born to an unmarried mother had ever spent some time living with grandparents or other relatives by age 15 and 7 percent had ever spent time living in foster care or in an institution (Aquilino, 1996).

The most recent federal data on children in foster care (collected through the Adoption and Foster Care Analysis Reporting System [AFCARS]) provides additional information on the distribution of children living away from their parents as a result of a foster care placement. On September 30, 2010, 103,943 children were living in relative foster homes, 194,900 were living in non-relative foster homes, and 4,050 were in supervised independent living placements (U.S. Department of Health and Human Services, 2011).

Although data exist on children who formally enter foster care, less is known about children who have come to the attention of the child welfare agency but then enter the care of relatives or non-relatives in order to avoid the child welfare agency taking custody of the child. Such situations sometimes arise when parents agree to have a relative or friend care for their child in order to “divert” the child from having to enter foster care. However, according to the 2002 National Survey of America’s Families (NSAF), an estimated 542,000 children were living with relatives who had some involvement in social services. Out of those children, 405,000 had court involvement (Ehrle et al., 2003). This study did not identify the number of children living with non-relative caregivers (who were not officially foster parents) as a result of child welfare involvement.

Harden and colleagues’ (1997) study compared “formal” and “informal” relative care, distinguishing these categories by comparing administrative foster care records in four states with Census-based tabulations of children in non-parental relative care. While they could not identify how frequently informal relative care was used specifically in order to avoid foster care, they did find informal relative care to be more common than formal relative foster care (84.5 percent, compared to 15.5 percent). Among children in relative care, children under age 6 were more likely to be in formal foster care than were children ages 6 to 17 (Harden et al., 1997). Harden and colleagues (1997) also found African American children in the general population to be more likely than children of other races and ethnicities in the general population to be in formal foster care with relatives.

Children who are ultimately adopted typically spend some time living without any parents, during the period in which they are living with the caregivers who plan to adopt them prior to the legal finalization of the adoption. The AFCARS data indicate that 14,886 of the children in foster care were in pre-adoptive placements at the end of fiscal year 2010. Some additional unknown number of children was also in pre-adoptive placements as a result of pending international or domestic adoptions arranged privately (that is, outside of the foster care system). Findings from the 2007 National Survey of Adoptive Parents (NSAP) indicate that, among all adopted children

in the United States in 2007, 37 percent were adopted from foster care, 38 percent privately from within the United States, and the remaining 25 percent from other countries (Vandivere et al., 2009). It is unclear how many children have pending adoptions and are currently living in pre-adoptive placements.

There are no published population estimates of the number of children in the U.S. living with guardians, to our knowledge. However, guardianship was a permanency goal for 4 percent of children in foster care, and among children who exited foster care during fiscal year 2010, 6 percent exited to guardianship placements (U.S. Department of Health and Human Services, 2011). We have not been able to identify any studies that describe the frequency with which non-parental caregivers have custody of the children in their care.

Child characteristics

Demographics

Few analyses of CPS and SIPP data have examined the demographic characteristics of children in non-parental care. In their analysis of the 1992 and 1993 SIPP panels, Hynes and Dunifon (2007) found that children in non-parental care were, on average, 10.6 years old. Montemayor and Leigh's analysis of 1980 Current Population Survey data (1982) indicated that the rate of non-parental care was higher among children under 6 and those ages 15 to 17 (4.7 and 4.4 percent, respectively) than among those ages 6 to 14 (2.9 percent).

Compared with the general population, evidence suggests that non-Hispanic white children are under-represented and non-Hispanic Black children are overrepresented among children in non-parental care. In 1992-1993, close to half (48 percent) of children in non-parental care were non-Hispanic white, one-third were non-Hispanic black, and 14 percent were Hispanic (Hynes & Dunifon, 2007). As has been the case in the general population, the percentage of children who are non-Hispanic white has declined over time, whereas the percentage who are Hispanic has increased. At the same time, the underrepresentation of non-Hispanic white children and overrepresentation of non-Hispanic black children seems to have persisted.⁸ In 2009, 39 percent of children living away from their parents were non-Hispanic white and 21 percent were Hispanic (Kreider & Ellis, 2011).

Associations between child demographics and type of caregiver

At least one study has found differences between related caregivers of children with some involvement in the child welfare system, depending on whether or not the caregiver is officially a foster parent to the child or not. Compared with related caregivers who are not foster parents, related caregivers who are licensed foster parents are less likely to be caring for children who are

⁸ The percentages of children under age 18 who were non-Hispanic white were 69 percent in 1990, 66 percent in 1995, and 55 percent in 2009. For Hispanic children, these percentages were 12, 14, and 22.5 in 1990, 1995, and 2009, respectively. Black children consistently comprised 15 percent of the child population at all three times. See: Child Trends Databank. (2012.) Racial and ethnic composition: indicators on children and youth. Available online at http://www.childtrendsdatabank.org/sites/default/files/60_Racial%20Compositions.pdf.

teenagers (Strozier & Krisman, 2007). Specifically, 32 percent of informal relative caregivers cared for teenagers, compared with 19 percent of relative foster parents. Looking across types of non-parental relative care, Harden and colleagues' (1997) state-level analysis of 1990 Census found children ages 6 to 17 to be more likely than younger children to be in this type of arrangement.

In 1970, based on Decennial Census data, the relationship of the non-parental caregiver to the child varied by child race, with black children more likely than white children to live with a grandparent (51 percent of all black children in non-parental care, compared with 32 percent of all white children in non-parental care), and white children more likely than black children to live in with a non-relative (21 compared with 11 percent) or in an institution (12 compared with 6 percent) (Montemayor and Leigh, 1982).

The rate of non-parental relative care in Montemayor and Leigh's 1982 study was markedly higher among black children (12.1 percent) than among white children or children of "Spanish origin" (2.2 and 3.4 percent, respectively). Similarly, Harden and colleagues' (1997) analysis of 1983 to 1993 Current Population Survey data revealed the highest rates of relative care to be among African American children, and the lowest rates to be among non-Hispanic white children. They also found relative care to be more prevalent in the southern United States than in other areas (Harden et al., 1997).

Families' immigration statuses and nativities may be related to children's living arrangements.⁹ Research indicates that children of immigrant families are twice as likely as those in native-born families to be living with non-parental relatives or non-relatives; however, this figure does not distinguish whether or not a parent is also co-residing in the home (Hernandez, 2004). Nativity may also be associated with the type of arrangement for children in the child welfare system. Children who enter foster care are less likely to be placed with a relative if they have a foreign-born parent than if their parents are U.S. born (Cardoso et al., 1999).

Non-parental caregiver characteristics

In Hynes and Dunifon's (2007) analysis of 1992 and 1993 SIPP panels, the race and Hispanic origin of children in non-parental care roughly mirrored that of the heads of these households (51 percent white, 32 percent black, and 14 percent Hispanic), and about half of children lived with a single household head. Evidence indicates that children in non-parental care in the early 1990s were more likely than the general population of children to live with a single parent, and that they were less likely to be white. In 1990, 69 percent of the general child population was non-Hispanic white, 15 percent was non-Hispanic black, and 12 percent was Hispanic; in 1993, 26.5 percent of children in the general population lived with a single parent (U.S. Department of Health and Human Services, 1999). The average age of caregivers in Hynes' and Dunifon's

⁹ Some children of immigrants may be U.S. citizens, while their parents are undocumented; this has sometimes resulted in parents being deported while the children remain in the United States. In this case, children may enter foster care, or their parents may arrange for them to live with kin. Other immigrant children may enter the United States as unaccompanied minors.

study was 45 years, and compared with children experiencing a shorter period of non-parental care, children in care for the entire 36- to 40-month study period were more likely to live with older caregivers.¹⁰

A number of studies have also examined the characteristics of specific subgroups of non-parental caregivers. Relative caregivers tend to be older than non-relative caregivers (U.S. General Accounting Office, 1999), and they are more likely to be African American (U.S. Department of Health and Human Service, 2000). Relative caregivers also tend to be older than parents who are caring for their children, with over half age 50 or older as of 1993 and with about two-thirds being the child's grandparent; they were also more likely than parents caring for their children to be single, with about half being currently married (Harden et al., 1997). In their study of children with some degree of child welfare involvement, Ehrle and Geen (2002a) found that, among children living with relatives who were not in custody of the agency, almost half had a caregiver over age 50 and the vast majority (90 percent) lived with a female caregiver. In other work, they found that children living with relatives were more likely than those living with non-relative foster parents to live with a single caregiver and to live with a caregiver over age 50 (Ehrle & Geen, 2002b).

The most recent published nationally representative data regarding foster parents are from 1989 (James Bell Associates & Westat, no date), and that population has likely changed substantially in the intervening 22 years, given changes in family structure and maternal employment occurring in the general population, as well as increases in relative care among children involved in the child welfare system. Nevertheless, findings from the 1989 survey indicated that the majority of foster parents were non-Hispanic white (70 percent of foster mothers), while about one in five were non-Hispanic black (22 percent of foster mothers). Over three out of four (77 percent) of the current foster parents also had biological children and 31 percent had one or more adopted children.

More recent data on foster caregivers—though not designed to be representative of all foster parents—are available through the National Survey of Child and Adolescent Well-being (NSCAW). Based on a nationally representative sample of children who had been in foster care for at least 12 months in 1999, the NSCAW Research Group (no date) looked across foster caregivers in different types of settings,¹¹ finding relatively few differences between relative and non-relative foster caregivers. Overall, 62 percent of caregivers were age 40 or older; 42 percent were non-Hispanic black, 36 percent non-Hispanic white, and 15 percent Hispanic. About half of caregivers were married and half were single.

¹⁰ In this study, lengths of stay in non-parental care were divided into several categories: those in continuous non-parental care during the entire 36- to 40-month study period (or a shorter time if a child reached age 18 prior to the end of the study period or left the panel due to attrition), and children with short stays who both started and ended a particular non-parental care stay within the study period.

¹¹ Half of the children were in non-relative foster family homes, a third were in relative foster care, and 15 percent were in congregate care settings.

Also, data on foster parents who have cared for children in foster care are available annually through AFCARS,¹² but we have not found published tabulations of these data.

Education, employment, and economic status

Several studies have found lower levels of educational attainment among non-parental caregivers than among parents (Stewart, 2010; Hynes & Dunifon, 2007; Sun, 2003). Lower levels of educational attainment can result in lower-paying employment, which, combined with the fact that many caregivers are retired grandparents who are living on fixed incomes (Ehrle & Geen, 2002a), means that many children in non-parental care live in families facing economic hardship. Indeed, Sun's (2003) analysis of the 1988 National Education Longitudinal Study of (NELS) indicated that socio-economic resources in general (including annual income, caregiver educational attainment and occupational prestige) were lower in non-parental care households, compared with those in two-biological-parent households. Also, while Hynes and Dunifon (2007) note wide variation in non-parental caregiver household income, they found that children in non-parental care live in households with an average household income of \$30,000 per year, and that a substantial share (43 percent) lives with an unemployed household head. Sun (2003) found that children with non-parental caregivers live in households with average annual income \$16,800 lower than do children with two biological parents.

Non-parental caregivers who are related to the child may be particularly socio-economically disadvantaged. For instance, Bavier (2011) found that relative caregivers tend to have lower levels of educational attainment than non-relative caregivers. Harden and colleagues (1997) found this to be true also in comparison with parents currently caring for children. In addition, Harden and colleagues (1997) found that, compared with parents, relative caregivers were more likely to be unemployed or not working, to have incomes below the poverty threshold, and to receive government benefits through social welfare programs. In a study focusing on relative caregivers using data from the 1999 NSAF, Ehrle and Geen (2002a) found that 64 percent of children living with relative caregivers lived in families with incomes below 200 percent of the poverty threshold, and 31 percent lived in poor families. Strozier and Krisman (2007) found that half of relative foster caregivers earn less than \$20,000 annually, compared with 62 percent of relative caregivers who were not foster parents. In another study of NSAF data, Ehrle and Geen (2002b) also found that children living with relatives were more likely than those living with non-relative foster parents to live in families with incomes below the poverty threshold, to live with a caregiver lacking high school diploma,

¹² Relevant variables in AFCARS are the foster caregiver's race, Hispanic origin, and birth year (for both caregivers, if the family includes two), as well as the family structure of the foster family. Additionally, AFCARS denotes whether the child is placed with a relative or non-relative foster family home (among other possible placement categories). Data pertain to the child's placement at the end of the fiscal year or the last placement the child experienced before being discharged from foster care during the year.

and to live in a family experiencing food security,¹³ although they were more likely to be receiving cash welfare benefits through AFDC.

In the NSCAW analysis, the authors highlighted the relatively low incomes of foster caregivers, as well as their relatively low levels of educational attainment, with 37 percent having a high school diploma or general equivalency degree and 19 percent having achieved less education (NSCAW Research Group, no date). Findings from the 1989 survey of foster parents (James Bell Associates & Westat, no date) indicated that about two-thirds of the foster parents were high school graduates but had not completed four years of college; over half were employed (38 percent full-time, and 17 percent part-time). A much smaller but more recent study of 151 non-relative foster parents found that most had a middle-class income, with about a third each having either a high school diploma (34 percent) or some college or college degree (34 percent). A very small minority—3 percent—had been in foster care during childhood themselves (Crum, 2010).

ENTERING INTO NON-PARENTAL CARE

Reasons children enter non-parental care

Children can enter non-parental care for a variety of reasons. As summarized in Table 2, these reasons can be divided into at least three broad categories: (1) parenting incapacities or behaviors that present a real or potential danger to the child, such as child maltreatment or parent mental illness, substance abuse, or cognitive deficits, (2) temporary or permanent absence of the parents due to military deployment, illness or injury, incarceration, or death; and (3) the parent's lack of resources to care for the child. Each of these three broad categories overlaps; all pertain to a parent's capacity in one way or another to care for his or her child.

The least research seems to be available on the third category for reasons for non-parental care: the parent lacking resources. However, Swingle (1999), who examined reasons for non-parental care, identified “non-crisis or voluntary fostering” as a general category. This, in combination with another category he identified—economic hardship—seems consistent with the category “parent lacks resources”¹⁴ as described in the present brief. This category also seems consistent with a parenting strategy called “family management”, as identified by Furstenburg and colleagues (1999). Family management consist of proactive strategies used by parents in low-income, inner-city neighborhoods aimed at maximizing their children's access to social capital and other resources in order to promote children's positive development. Family management strategies can include neighborhood and school selection, as well as accessing resources outside the child's household. Although Furstenburg and colleagues do not mention the arrangement of

¹³ In this case, the difference was only between children living with relatives who were formally foster parents and those living with non-relative foster parents, not for those living with relatives who were not formally foster parents..

¹⁴ Swingle also identified child maltreatment and death, hospitalization, and incarceration as additional general reasons for non-parental care.

Table 2. Reasons for Establishing Non-Parental Care Arrangements

 Parent is (potential) danger to child

- Child maltreatment
- Parent mental illness
- Parent substance abuse
- Parent cognitive deficits

Parent is unavailable

- Military deployment
- Physical illness/injury
- Incarceration
- Parent deceased

Parent lacks resources

- Child has special needs parent can't meet
 - Lack of financial resources
 - Parent is single/lacks social/family support
 - Parent is very young
 - Child behavior problems/parent-child conflict
 - Parent feels school/neighborhood is unsafe/low quality for child
-

alternative living situations for children as a family management strategy, doing so does seem consistent with such a management strategy, when a parent determines that she cannot obtain the desired resources with the child in the household.¹⁵

In his own analyses of data from the 1990 to 1993 SIPP, Swingle (1999) identified the following maternal factors as being associated with an increased risk of non-parental care: low income, co-residing with relatives in another household, never-married status, high number of hours worked, disability/illness, re-marriage or cohabitation with a partner who was not the child's father, and having older children. Some evidence indicates that the implementation of time limits on the receipt of cash welfare benefits, stricter regulations on parents to work, and narrower eligibility criteria for welfare benefits—all of which might affect a parent's resources to care for a child—may have resulted in increases in non-parental care. An analysis of Current Population Survey data found that state welfare waivers—which implemented similar changes to welfare prior to the implementation of Personal Responsibility and Work Opportunity Act (PRWORA),¹⁶ resulted in an increase of children living without a parent (typically with a grandparent or other relative, and more rarely in foster care), particularly among black children (Bitler et al., 2006).

¹⁵ In addition, these are reasons that many birth parents cite for choosing a permanent, alternative living arrangement for a child through an adoption plan; frequently, such parents frequently do so with the goal of securing access to greater social capital and resources for their child (for a review, see Baden and Wiley, 2007).

¹⁶ PRWORA replaced the former program, Aid to Families with Dependent Children (AFDC) with Temporary Assistance to Needy Families (TANF), implementing many of the changes tested in the state welfare waivers.

Other studies have identified specific reasons for non-parental care that pertain to the parent lacking resources to care for the child. Gleeson and Seryak's qualitative interviews of 30 parents (2010) reveal some of the reasons that parents arrange for their children to be living with non-parental relatives, even without child welfare involvement. Parents reported having a child at a young age while living with their own parent, but later moving out of that parent's home without their child; lack of adequate housing; loss of a job (and presumably the corresponding loss of income and resources to support the child); and inability to care for the child while maintaining a job, attending school,¹⁷ or "getting myself together." Similarly, in a 1982 article, Montemayor and Leigh speculated that reasons for increases in non-parental care prior to 1980 might include increases in non-marital child-bearing, divorce, unemployment, and inflation. Further, Zullig and colleagues' review of the literature (2005) identified divorce and teenage pregnancy as potential causes for non-parental care.

Montemayor and Leigh (1982) also wondered whether, for some children, non-parental care might not always be a response to a sudden crisis, but might serve as an opportunity to live with a "favorite relative" or to escape poor social or economic conditions. Swingle (1999) noted that parents sometimes send their children to live with relatives or friends in order for the child to gain access to a better school district.¹⁸

Some research has examined motivations for non-parental care that pertain to safety or unavailability of the parent as a caregiver for the child. Parents interviewed by Gleeson and Seryak (2010) also noted circumstances that might pertain to the safety of the parents' household for the child, including mental health problems, illegal substance use, psychological trauma (in some cases due to death of the parent's parent or death of another child), and difficult relationships with a romantic partner. Zullig and colleagues' review of the literature (2005) also identified substance abuse and child maltreatment as potential reasons for non-parental care. Further, substantial literatures exist pertaining to child maltreatment and child welfare system involvement, as well as parental incarceration (as described elsewhere in this brief.)

It is important to acknowledge that many children who experience circumstances summarized in Table 2 continue to live with one or both parents and many such children likely fare well. Furthermore, for children who do live with non-parental caregivers, a particular scenario described in Table 2 may apply to a child but may not be the reason behind that child's non-parental care arrangement, or there may be multiple reasons for the child's non-parental care. For example, Phillips and Dettlaff (2009) highlight the large number of children involved in the child welfare system and who have a parent who is or has been incarcerated or arrested; many parents

¹⁷ Jones (1975, as cited in Montemayor and Leigh, 1982) found that attending work or school, as well as parental illness, were commonly cited reasons among rural black Alabama families who had arranged "informal adoptions" for their children.

¹⁸ Like us, he was unable to find research or statistics on the phenomenon of children living with relatives in order to attend a better school or experience a better social context, though we have heard anecdotally of this occurring. We also have heard anecdotally of parents arranging for their children to live with relatives or friends in order to continue attending the same school when parents move (e.g., due to a job change).

of such children also experience family situations that lead to difficulty maintaining stable care for their children.

It is also important to keep in mind that children do not always move away from both of their parents at the same time or for the same reasons (King et al., 2010). For example, a child may continue to live with her father when her mother is incarcerated, but may move in with extended family when her father is deployed for military duty. Or, a child may continue to live with his mother after his abusive father moves out of the home, but may be placed in foster care if his mother becomes too ill to care for him and has no family or friends who can care for the child.

Voluntary versus involuntary non-parental care

For most of the reasons shown in Table 2, a non-parental arrangement may be voluntarily arranged by the parent, or it may be made regardless of the parents' wishes. When the non-parental arrangement is not voluntary, it is frequently arranged by a child welfare agency, although a parents' relatives may participate in making the arrangement either within or outside of child welfare agency involvement.

When potential maltreatment of a child is reported to a child welfare agency, the agency will first review the report to determine whether it merits investigation.¹⁹ If so, the agency will carry out an investigation, including an assessment of safety of the child in his or her present setting. If the agency determines that the child cannot remain safely at home, it may take custody of the child and arrange for the child to be placed in another setting; options can include a licensed non-related foster family or a licensed foster family that is related to the child, or a relative who is not a licensed foster parent. The practice of placing children in foster care with relatives, sometimes called kinship foster care, has become increasingly common in recent years; and states vary in their requirements for approving kin as foster parents (Allen et al., 2008).

For some children, the family may voluntarily establish a non-parental relative care arrangement. This may happen when the child welfare agency facilitates a living arrangement with kin due to concerns in the birth parent's home but never formally takes custody. This practice is sometimes referred to as "voluntary kinship care" (Murray et al., 2004) or "diversion from foster care" (Allen et al., 2008). In other cases, families may establish such arrangements privately, for a variety of reasons, without ever coming into contact with a child welfare agency. Such private arrangements between kin and biological parents account for the majority of all children cared for in relative caregiver arrangements. In a study using data from the 2002 NSAF, Murray and colleagues (2004) found that more than three in four children in non-parental relative care (77 percent) were living with those caregivers as a result of private arrangements. The remaining children in relative care have had some level of public child welfare agency involvement, including placement into foster care or diversion from foster care.

¹⁹ For more information, see: U.S. Department of Health and Human Services. (2011.) How the Child Welfare System Works. *Child Welfare Information Gateway: Factsheet for Families*. Available online at: <http://www.childwelfare.gov/pubs/factsheets/cpswork.pdf>.

CHILD WELL-BEING

Most studies that have examined the well-being of children in non-parental care focus on specific segments of the population, rather than on all children in non-parental care. One study that has examined the overarching population (Sun, 2003), as well as research focused on relative caregivers (e.g., Billing, Ehrle & Kortenkamp, 2002; Dubowitz et al, 1994), indicate relatively low overall levels of child well-being. For example, Sun (2003) examined 30 indicators of child health, behavioral health, and academic performance and found that children living without parents fared significantly less well than their peers from two-biological-parent households on 24 measures, even after controlling for demographic differences among children.

A handful of studies have tested for differences in well-being across subgroups of children in non-parental care, with mixed findings. For example, Sun (2003) found little difference in the well-being of children in relative and non-relative foster care. Further, Conway and Li (2011) found few differences in child well-being when comparing children in grandparent-headed families with children in other relative-headed and non-relative families. Similarly, Scarcella and colleagues (2003) found no differences in the health, socio-emotional well-being, and level of school problems among children living with grandparents compared with children living with other relatives.

Health

Most research on child health in non-parental care focuses on children living with grandparents. Using data from the 2003 NSCH, Bramlett and Blumberg (2007) examined the health status of children in a variety of family structures, consisting of children living with two biological parents, children living with one biological and one stepparent, children living with one biological and one adoptive parent, children living with only a biological mother, children living with biological father only, and children in grandparent care (living with at least one grandparent but no parents). They found that, even after controlling for demographic characteristics, children living with grandparents fared significantly worse on most of the sixteen health indicators they examined when compared with children in two-biological-parent families, and they experienced the poorest health status when compared with any other family structure examined. Specifically, children in grandparent-headed families were more likely than children living with both parents to have special health care needs, asthma, attention deficit hyperactivity disorder (ADHD), behavioral problems, depression, or a developmental problem. Conway and Li (2011) similarly found that children in grandparent care were more likely to have health problems than children in married two-parent families.

Among children in non-parental care, one study found roughly equal percentages of children living with grandparents and children living with other relatives had a limiting health condition or were in poor or fair health (19 percent and 21 percent, respectively) (Scarcella et al., 2003).

A review of the literature indicates that children who enter foster care have a higher risk of poor health outcomes than do other children (McCarthy and Woolverton, 2005). For example, analyses of NSAF data have shown that children in foster care are substantially more likely than

those in the general population to be in fair or poor health (among children ages 0 to 5: 16 percent, compared with 4 percent in the general population) or to have a limiting physical or mental health condition (among children ages 0 to 15: 29 percent, compared with 8 percent in the general population; Vandivere et al., 2003). Moreover, some research has shown that children in foster care are more likely to have health problems even when compared with other groups of disadvantaged children, such as other children receiving Medicaid, in families below the poverty threshold, or in families receiving TANF (Bilaver et al., 1999; Marx et al., 2003; Rosenbach et al., 2000; U.S. General Accounting Office, 1995).

Socio-emotional well-being

Some research indicates that children living with non-parental caregivers experience below-average levels of socio-emotional well-being (Casper & Bryson, 1998; Downey, Ainsworth-Darnell & Dufur, 1998). In a study comparing children in non-parental care with those raised by two married parents, Conway and Li (2011) found that the former group had higher levels of behavioral problems. However, a study of African American adults raised by non-parental caregivers found no enhanced likelihood of a depressive disorder, compared with their peers who had been raised with at least one biological parent present (Gavin et al., 2009).

Several studies have focused on specific subgroups of children in non-parental care. For example, in a study that compared children living with relatives with those living with both parents present, Billing and colleagues (2002) found poorer performance on emotional measures among the children in non-parental care.

Some research has found lower levels of socio-emotional well-being among children living with grandparents, compared with those in the general population (Smith & Palmieri, 2007). Similarly, Bramlett and Blumberg (2007) studied children raised by grandparents, and found that they were more likely than children living with both parents to experience depression or anxiety; an emotional or behavioral problem that required counseling or treatment; behavioral or conduct problems; and moderate to severe difficulty with behavior, emotions, concentration, or getting along with others. However, in analyses of the National Longitudinal Survey of Youth (Add Health), King and colleagues (2010) found lower levels of internalizing problems among adolescents living with one or two grandparents (as well as those living with siblings), compared with those living with an aunt and uncle or with non-relatives. King also found that adolescents living with an aunt and an uncle were at increased risk of exhibiting internalizing and externalizing problems, compared with those living step or adoptive parents, one or two grandparents, or with a single aunt or a single uncle.²⁰

An analysis of data from the Youth Risk Behavior Surveillance System (YRBS) revealed that, for white youth and black females (all in ninth through twelfth grade), those living with non-parental relatives, non-relatives, or guardians were up to twice as likely as other youth to report

²⁰ The authors suggest that the higher levels of externalizing and internalizing problems in adolescents who live with an aunt and an uncle are due to the fact that one of these adults is not biologically related to the adolescent and who may feel less connected to and even resentment toward the adolescent.

life dissatisfaction, based on a 6-item scale (Zullig et al., 2005). The authors speculate that the poorer life satisfaction might result from negative life circumstances that required the non-parental care, rather than the non-parental care, per se.

Mental health or behavioral problems can be particularly difficult for foster children, leading to poorer psychological adjustment while in care and difficulties that contribute to changes in foster care placements (Barber et al., 2001). A significant body of research has shown that children in foster care are more likely than other children to have behavioral and emotional problems (Brand & Brinich, 1999; Hulseley and White, 1989; Kortenkamp & Ehrle, 2002; Leathers, 2002; Marx et al., 2003; Orme & Buehler, 2001; Rosenfeld et al., 1997; Vandivere et al., 2003). However, one study examining children in long-term foster care has shown that levels of internalizing and externalizing behaviors among foster youth decrease as they age (McWey et al., 2010a).

Educational achievement and cognitive development

School engagement, grade retention, graduation rates, and school stability are common educational indicators on which children in non-parental care have been compared with their peers. Bavier (2011) found that, compared with children living with both parents, children in non-parental care—and especially children in “informal arrangements” not supported by TANF, SSI, or foster care payments—are more likely to be suspended from school or repeat a grade. Another study found that children and youth in non-parental care also have lower levels of school engagement, on average, than do their peers in married two-parent families (Conway & Li, 2011).

Blome (1997) found that, compared with youth living with at least one of their biological parents, foster youth were more likely to drop out of high school, less likely to complete a GED, less likely to take college preparatory courses, more likely to change schools, and less likely to have a caregiver who monitored homework or contributed financially to the youth’s education. Several studies also suggest that foster children tend to be less likely to be engaged in school (Vandivere et al., 2003; Kortenkamp & Ehrle, 2002) and to have lower school achievement and educational attainment compared with other children (Blome, 1997). A study using administrative data from several systems found that second-graders with a history of foster care had a higher risk of poor reading and science achievement compared with children with no history of foster care (Fantuzzo & Perlamn, 2006).

Reviews of the literature highlight the low rates of educational attainment among youth who age out from foster care (Elze et al., 2005; Wertheimer, 2002). For instance, despite high aspirations regarding educational attainment, such emancipating youth have low rates of college attendance (Elze et al., 2005). These children also experience elevated rates of below-grade performance, high school dropout, and school behavior problems and suspensions.

FACTORS AFFECTING CHILD WELL-BEING

A number of factors might influence the well-being of children in non-parental care, as indicated in Table 3. Potential influences on child's wellbeing include the well-being of children's caregiver(s), the duration and stability of an arrangement, and the legal status of the living arrangement. Caregivers may have guardianship, custody, or a power of attorney, or they may be in a pre-adoptive placement. A lack of any legal authority over the child may present difficulties in obtaining needed services for the child.. Other relevant factors include continued contact of children with their parents and siblings, as well as caregiver access to supports and services.

Table 3. Factors potentially affecting the well-being of children and their non-parental caregivers

Caregiver well-being and resources
<ul style="list-style-type: none"> ○ Physical and mental health ○ Social support ○ Socio-economic status ○ Caregiver age
Legal status of living arrangement
<ul style="list-style-type: none"> ○ Guardianship ○ Custody ○ Power of attorney ○ Pre-adoptive placement ○ No legal arrangement
(Expected) duration of living arrangement
<ul style="list-style-type: none"> ○ Temporary versus permanent ○ Long-standing versus recent ○ Intermittence/stability (e.g., child moves back and forth from parents to non-parental caregivers, child moves among non-parental caregivers)
Household structure
<ul style="list-style-type: none"> ○ Presence/absence of child's biological siblings ○ Presence of other children in the household (i.e., non-parental caregivers' children)
Other factors
<ul style="list-style-type: none"> ○ Continuing contact/involvement with parent or lack thereof ○ Continuing contact/involvement/placement with biological siblings or lack thereof ○ Access of non-parental caregiver's families to services and supports

For areas of well-being in which children in non-parental care fare less well than children in the general population, the causes of differences can be difficult to tease out. For instance, some research indicates that instability in family arrangements, and particularly placement in the home of a stranger—as happens sometimes with foster care placement—can be stressful and even traumatic for children. However, the reasons for entering into the non-parental arrangement may

also directly or indirectly affect child well-being. An obvious example is placement in foster care, which typically occurs as a result of maltreatment to the child; clearly, child maltreatment can harm children's well-being (National Research Council and Institute of Medicine, 2000).

A few studies have tried to isolate the independent effect of placement into foster care on a child's well-being. One recent study using NSCAW data indicates that, once other related factors (such as severity of maltreatment) are controlled, placement into foster care does not affect children's behavior problems or cognitive test scores over a two-and-a-half year period (Berger et al., 2009). In another study, the level of behavior problems among foster children and other children eligible for Medicaid disappeared once other relevant factors were controlled (Hulsey & White, 1989). And in Fantuzzo and Perlamn's 2006 analysis of administrative data, the association between a history of foster care placement and poorer educational well-being was partly explained by children's experiences of maltreatment and homelessness. However, an innovative set of studies has attempted to identify the causal effect of placement into foster care using an instrumental variable approach, finding negative effects of foster care placement (Doyle, 2007, 2008, 2011). In these studies, the randomness of the assignment of workers to investigate child maltreatment reports in cases at the margins (i.e., in which investigators might make different decisions about whether to place a particular child into foster care) was used to approximate randomization. Analyses of child welfare administrative data merged with other administrative data indicated that foster care placement increased delinquency, emergency health care episodes (Doyle 2011), teen pregnancy (Doyle, 2007), and adult criminal justice system involvement (Doyle, 2008), and that it reduced earnings (Doyle, 2007).

As noted previously, there are also frequently overlaps between children's involvement in the child welfare system and parents' involvement in the criminal justice system. Parents who have been incarcerated or arrested are more likely than other parents to be at risk for maltreating their child, due to elevated rates of mental health problems, substance abuse, domestic violence, and low educational attainment, which in and of themselves are related to an elevated risk of child behavioral and emotional problems. (See Phillips & Dettlaff, 2009 and Poehlmann et al., 2010 for reviews.)

Caregiver well-being and resources

Relationships with others—and especially with parents and other caregivers—shape human development; as such, children's early development depends on the health and well-being of their caregivers (National Research Council and Institute of Medicine, 2000). Yet, both in absolute terms and in comparison with biological parents, researchers agree that non-parental caregivers, especially grandparent caregivers, tend to face physical and mental health challenges (e.g., Ehrle & Geen, 2002a; Minkler & Fuller-Thomson 1999; Scarcella et al., 2003). In one study, almost half of children in relative care and with some degree of child welfare involvement (45 percent) had a caregiver with a limiting condition or in fair or poor health (Ehrle & Geen, 2002a). Symptoms of poor caregiver mental health were reported for 29 percent of child-welfare involved children in relative care, and 23 percent had a caregiver with a high level of parent aggravation (Ehrle & Geen, 2002a). Highly aggravated caregivers are those who report, for

example, that their child is more difficult to care for than most other children his or her age, or that the caregiver frequently feels angry with the child.

Bavier (2011) has found that relative caregivers tend to have poorer health than non-related caregivers. Among relative caregivers, grandparents tend to be in poorer health and are more likely to have a limiting condition than other relatives (Conway and Li, 2011). Another study found that children with some involvement in a child welfare agency, but who were not in the custody of the agency, and who were living with relatives were more likely than those in foster care and living with non-relative foster parents to have a caregiver who reported symptoms of poor mental health (Ehrle & Geen, 2002b).

A lack of social support and/or low-socio-economic well-being may indirectly affect children's well-being through a negative effect on caregiver well-being. In addition, older caregivers may have greater difficulty caring for children than younger caregivers if they experience age-related health problems (Ehrle and Geen, 2002a); further, older caregivers may simply have less stamina for child rearing than would younger caregivers. Indeed, as we have noted previously, some research indicates that non-parental caregivers tends to be older than parental caregivers (particularly when they are grandparents), and they tend to have lower household incomes and lower educational attainment.

Legal status of living arrangements

As noted previously, some families voluntarily arrange for relatives to care for a child in order to avoid a child welfare agency taking custody of the child. Sometimes an important consideration for families is that, if the child welfare agency has custody of the child, then the agency and courts determine whether and when the child can return to his parents, and also make decisions over educational, mental health, and other services that the child receives. If the child has been diverted from foster care, families likely receive fewer supports but it is the family who can decide whether, when, and how the child's arrangement changes (Malm & Geen, 2003).

A child's parents have custody of that child unless the parents voluntarily yield custody to someone else or a court revokes their custody.²¹ When non-parental caregivers care for a child, regardless of whether a child welfare agency is involved or not, they can seek custody of that child. Custody allows for a caregiver to become the legally recognized decision-maker on behalf of a child. For child-welfare involved children, this process is easier if the child welfare agency does not already have custody of the child.

Among children in pre-adoptive placements (that is, children living with caregivers who plan to adopt them, pending finalization of the adoption in court), a child welfare agency or adoption agency—or the child's parents for children not involved in the child welfare system—typically has custody of the child. For children in foster care who are not in pre-adoptive placements, the child welfare agency typically has custody of the child. Among children living with relatives, or

²¹ The Child Information Gateway provides a basic definition of custody and other child welfare terms. Retrieved November 10, 2011 from <http://www.childwelfare.gov/admin/glossary/glossaryc.cfm>.

even with non-relatives, in settings arranged outside of the child welfare system, caregivers may petition courts for custody, but we did not find research on the share of non-parental caregivers who have custody, much less on the share of children living with non-parental caregivers in order to avoid foster care and child welfare involvement.

Guardianship involves the transfer of legal responsibility for a dependent child to a private family, and is frequently an option for foster children cared for by relatives.²² Guardianship, unlike adoption, does not require the termination of parental rights. Additionally, unlike when the agency has custody, in which a child welfare worker can decide to move a child to a different home, guardianship prevents the removal of a child from the family, except by court action. This option may be appealing to children cared for by relatives and who cannot return to their parents, but whose caregivers feel uncomfortable adopting them (Testa, 2002). In some cases, relatives can receive financial support through subsidized guardianship, but in other cases, no financial stipend accompanies guardianship. An experimental evaluation of subsidized guardianship indicates that it is an effective way to increase the permanency rates for youth in foster care who cannot return to their parents, as compared to the availability of subsidized adoption only (Testa, 2002). However, the same study found no significant impact of subsidized guardianship on the stability of placements.

Non-parental caregivers may have difficulty establishing health insurance coverage for the children in their care, particularly if the caregiver lacks custody of the children (Ehrle et al., 2001). Additionally, caregivers without some form of legal custody arrangement may face difficulties with school enrollment or other services for which children might otherwise be eligible. Indeed, Testa and colleagues (2004) note that “routine immunizations, school pictures, and out-of-state trips can require prior approval and multiple signatures (p. 1).”

Duration and stability of care

While young children can benefit from developing relationships with different caregivers, such relationships are specific to individual adults and are not interchangeable (National Research Council and Institute of Medicine, 2000). Some researchers have proposed an “instability hypothesis” and suggest that children experiencing multiple transitions in their family structure tend to fare worse than children raised consistently by two parents, and possibly even than children raised consistently by a single parent (for a review, see Fomby and Cherlin, 2007). Indeed, a body of research indicates that turbulence—the experience of instability and change across a variety of domains of children’s lives—is associated with poorer levels of socio-emotional well-being (Moore & Vandivere, 2005). Studies have found problems with impulsivity, as well as some cognitive difficulties, among children who have not lived with a stable, consistent caregiver (National Research Council and Institute of Medicine, 2000).

²² The Child Welfare information Gateway provides a basic definition of guardianship. Retrieved November 10, 2011 from <http://www.childwelfare.gov/admin/glossary/glossaryg.cfm>.

Pecora and colleagues (2005) found stable foster care placement to be a strong predictor of high school or GED completion. Similarly, a review of the literature found multiple foster care placements, as well as entering foster care at a younger age, to be associated with poorer educational outcomes (Elze et al., 2005).

It is important to acknowledge, however, that it is not clear whether it is the instability per se or the circumstance that led to the transitions that is more directly associated with well-being (Aquilino, 1996; Fomby & Cherlin, 2007). Furthermore, the direction of the association between child well-being and stability is not always clear; it may be more difficult for caregivers to provide long-term, stable care for a child who has emotional problems or other special needs. For example, a longitudinal analysis of NSCAW data found the presence of behavioral and emotional disorders to be predictive of greater instability in foster care placements during a three year period (Barth et al., 2007).

For children who enter a new care arrangement in order to avoid exposure to abuse and neglect, as is the case with foster care entry, a break in the continuity of children's contexts may be beneficial; even so, maintaining continuity in the child's life may lessen the trauma of separation from parents (U.S. General Accounting Office, 1999). Living with relatives may support continuity in care. In a study focusing on California and Illinois foster children, those living with relatives experienced significantly more continuity in contact with family, friends, and the neighborhood where they lived prior to foster care compared with other children (U.S. General Accounting Office, 1999).

The duration of non-parental care, in addition to its stability, may also affect child well-being. One recent five-year study of 7- to 12-year-olds cared for by related foster parents found longer durations of non-parental stays to be associated with increased risk behaviors, lower grades, and more criminal justice involvement, but not with internalizing or externalizing behavior problems (Taussig & Clyman, 2011).

Research indicates great heterogeneity in the stability and length of time of non-parental care stays. In an analysis of 1992-1993 SIPP data by Hynes and Dunifon (2007) involving children with any non-parental care over a 36- to 40-month period, 30 percent of children were in a single non-parental arrangement continuously during the period, 33 percent moved into such an arrangement and remained in that arrangement throughout the study period, 13 percent were in such an arrangement at the beginning of the study period but moved out sometime during the study period, 21 percent had a short non-parental care stay (that is, moved in and out of a single non-parental care arrangement during the study period), and 3 percent had multiple transitions.

Several studies of children in foster care and of children in non-parental care more broadly indicate that those in the care of relatives have longer non-parental care stays than do those in the care of non-relatives (for a review, see: Strozier & Krisman, 2007). Compared with related caregivers who are not foster parents, related caregivers who are licensed foster parents more likely to have children with relatively short stays in their household (Strozier & Krisman, 2007). Specifically, 45 percent of informal relative caregivers cared for children for 5 years or more, compared with 37 percent of relative foster parents. However, Smith and colleagues (2004)

found that relative caregivers are more likely than non-relative caregivers to expect biological parents to resume care of the child at some point. Consistent with this finding, Malm and Bess (2003) found that relatives typically expect non-parental care to be temporary, even when informed by a child welfare agency at the outset that care would last at least 6 months.

Some evidence indicates that the duration of children's stays in non-parental care varies by economic characteristics and by caregivers' educational attainments. Children experiencing continuous stays in non-parental care were more likely to live with an unemployed caregiver with a lower income, and more likely to have a caregiver with low educational attainment compared with children in short-term non-parental care (Hynes & Dunifon, 2007).

When Hynes and Dunifon (2007) examined race by length of stay using data from SIPP, they found that the group of children living continuously in non-parental households during the study period had more black children and fewer white children than the full sample, while more than half (58 percent) of children spending only a short time in non-parental care were white. Racial differences have also been found in the placement stability of foster children, with African American children typically experiencing greater instability (Foster et al., 2011).

Several child characteristics in addition to race and the presence of socio-emotional problems have been linked with stability in care arrangements. Looking specifically at foster children without behavioral and emotional disorders, Barth and colleagues (2007) found that older children experienced more placement changes than younger children.

A study of incarcerated mothers found that a positive mother-caregiver relationship and selection of the non-parental caregiver by the mother were associated with greater stability of the child's non-parental placement (Poehlmann et al., 2008). The same study found that non-parental arrangements were less stable than placements with the child's father during mothers' incarcerations.

Parental involvement

Parents can continue to be involved in their children's lives while the children are in non-parental care through visitation or other forms of contact. Involvement may also occur through child support payments or other financial or material assistance. Such involvement may affect the parent-child relationship and child well-being. The existing body of research, as described below, indicates that the type of non-parental care arrangement, the level of child welfare agency involvement, certain child characteristics, and the quality of the relationship between the birth parent and caregiver all affect the personal, financial, and material involvement non-resident parents have with their children.

Parent-child contact and visitation

Most studies on visitation with non-residential parents has been carried out with children who live with one of their two parents; these generally find that ongoing contact with the non-resident parent has a positive effect on children's socio-emotional well-being and on parent-child relations (for a review, see Birnbaum & Alaggia, 2006). However, the nature of the effect may

be complex. Some researchers have questioned the direction of the association between child well-being and levels of non-resident parent involvement, finding that better child well-being results in greater parent involvement (Hawkins et al., 2007). Further, the effect of parent-child contact may depend upon the characteristics of the non-resident parent; Carlson and Magnuson (2011) suggest that this may be why research tends not to find positive relationships between father-child interaction and child well-being for low-income non-resident fathers. Inferences about the effects of parent-child contact on children in non-parental care must be tentative, since—with the exception of studies of children in foster care and children with incarcerated parents (described next)—most prior research on non-resident parent involvement has been based on children living with one parent.

Visitation with parents is frequently part of child welfare case plans, with the aim of supporting efforts to reunify children with their families. McWey and Mullis' review of the literature (2004) indicates that such visitation can benefit the physical and emotional development of the child and is associated with shorter stays in foster care. In their own study of children in foster care with a goal of reunification, McWey and Mullis (2004) found parent contact to be associated with stronger parent-child attachment, and they found parent-child attachment to be related in turn to lower levels of behavioral and emotional problems. A subsequent study showed that frequent contact of foster care youth with their mother was associated with lower levels of depression and low externalizing problem behaviors (McWey et al., 2010b). In a separate review of the literature on visits in the child welfare context, Haight and colleagues (2003) found that parents' and children's experiences, the quality of parent-child interactions, and the effect of such visits on parent child relationships are not all positive and in fact vary widely.

In Poehlmann and colleagues' 2010 review of the literature on children's visits with incarcerated parents, findings were mixed regarding the effect of visits on children. Effects tended to be positive when visits occurred in the context of interventions specifically aimed at supporting positive parent-child interactions, but negative otherwise.

For children living with relatives outside of the foster care system, parents in Gleeson and Seryak's (2010) qualitative interviews often reported close, positive relationships with open communication; however, a minority of parents reported strained or inconsistent relationships, sometimes adding that their personal problems or lack of time with their child hampered the relationship.

The type of the relationship²³ between the parent and caregiver can affect the level of parent-child contact. One multi-state study found that children living with relatives are more likely to have contact and visits with their parents, compared with children living in non-relative foster care (Chipungu et al., 1998). However, an analysis of the 1997 NSAF data indicated that, with the exclusion of grandparent caregivers, parent involvement with the child did not vary depending on whether children lived with relative caregivers or non-relative caregivers (Stewart, 2010). Researchers have since looked at differences across types of relative caregivers and have found that children living with grandparents are more likely to see their parents, especially their

²³ The effect of the quality of the parent-caregiver relationship on parent involvement is discussed below.

mothers, than children living with other relatives (Conway & Li, 2011; Stewart, 2010). Because children are more likely to live with maternal relatives, mothers tend to be more involved with their children in non-parental care than do fathers (Stewart, 2010).

One study found an association between children's ages and parent involvement. Among children living with relative caregivers, children's older age at placement was associated with less parent involvement (Green & Goodman, 2010).

Contact with parents may also vary depending on child welfare agency involvement. In their survey of custodial grandmothers in California, Green and Goodman (2010) found that parents were more involved in their children's lives when there was no agency involvement and when the family had reached an informal arrangement. In informal arrangements, it is less likely that visitation would be regulated or limited by a legal agreement (Stewart, 2010).

The quality and outcomes of supervised parental visitation, both in the context of the child welfare system and with incarcerated parents, likely differs from that of visitation with parents that occurs freely. Haight and colleagues note that the context of supervised child welfare visits (for example, sometimes occurring in office settings under the scrutiny of other individuals, and/or occurring sporadically) may result in the experience being more negative than would be the case for unsupervised visits (2003). The context of visits occurring with incarcerated parents also frequently has negative aspects; for instance, sometimes parents and children are separated by a window (for a review, see Poehlmann et al., 2010). Poehlmann and colleagues (2008) also observe that telephone contact is more common than in-person contact when parents are incarcerated, although the latter is more meaningful to children. They point to an added problem that parents can only make "collect" calls, resulting in expensive phone bills for the child and non-parental caregiver's families.

One study has examined not just contact and visitation, but the closeness of the parent-child relationship. In this study of adolescents living with neither biological parent using the National Longitudinal survey of Adolescent Health (Add Health) data, children reported similar levels of closeness to their biological mothers across varying levels of parent contact. Adolescents in households with two caregivers (whether it be two step, adoptive, foster, or other parents) were more likely to report that they felt less close to their fathers, compared with adolescents in other non-parental settings (King & colleagues, 2010).

Material and financial support

In addition to formal child support payments, non-resident parents may provide informal financial or material supports. Among children living with mothers, but with non-resident fathers, research has frequently found cash support to be associated with better child well-being (for a review, see Garasky et al., 2010); this also tends to be true for low-income fathers (for a review, see Carlson & Magnuson, 2011). Low-income fathers may be more likely to provide "informal" support through in-kind transfers than to provide official child support payments; such assistance can improve the economic situation of the child's family (Garasky et al., 2010). We are not aware of any research on the effects of material and financial support to children with

two non-resident parents; however, such involvement could be particularly relevant for parents whose contact with the child is limited due to child welfare agency or criminal justice system involvement.

Some evidence indicates that parents' provision of financial support to caregivers varies depending on the parent's relationship to the caregiver. One study found that children living with grandparents were more likely to receive financial assistance from mothers or fathers than were children living with other non-parental caregivers (Conway and Li, 2010).

In contrast, another study that examined non-resident parents separately by gender found that children living with relatives were less likely than those living with non-relatives to receive financial assistance from their fathers (Stewart, 2010). Findings showed that non-resident fathers provided less financial support to their children if they lived with a grandparent (Stewart, 2010). Similarly, non-resident mothers made greater child support payments to nonrelatives or other relatives than to grandparents (Stewart, 2010). Further, other research reveals that fathers are more likely to pay child support than are mothers (Sousa & Sorensen, 2006).

Relationships and interactions among members of the non-parental caregivers' household

Presence or absence of children's siblings in the non-parental caregivers' household and their relationship to the child

Contact with siblings, especially if they are living together, has been shown to have a positive effect on children (for reviews, see U.S. General Accounting Office, 1999; Washington, 2007), whereas sibling separation can be traumatic (Poehlmann et al., 2008; McCormick, 2010). However, one analysis of NSCAW data found placement with some, all, or none of a youth's siblings to be inconsistently associated with child well-being, though a few positive associations with placements of siblings together were identified (Hegar & Rosenthal, 2007).²⁴

Yet, Hynes and Dunifon (2007) found that, while children in non-parental households frequently live with other children, only 41 percent lived with their own siblings (in addition, 27 percent lived with other children who are related to the child). Sibling separations are common during out-of-home placement into foster care (Hynes & Dunifon, 2007; McCormick, 2010), when children's parents are incarcerated (Poehlmann et al., 2008), and in non-parental care in general (Hynes and Dunifon, 2007). Studies estimate that the majority of children in foster care have siblings (with estimates ranging from 73 to 90 percent; McCormick, 2010). Among children in

²⁴ Specifically, placement of siblings together, with at least one but not all siblings, or separately from siblings in foster care was not significantly associated with caregiver or youth-reported behavior problems, or with emotional support, involvement, or the child feeling like part of the caregiver's family. Youth placed with at least one but not all siblings were more likely than those placed without any of their siblings to feel close to the caregiver and to like living with the caregiver's family, but the likelihood of positive responses on these measures did not differ for youth in intact sibling groups compared with youth placed without any siblings. Youth placed in intact sibling groups fared better on a school performance measure than youth placed without any siblings. The association of sibling placement status with teacher-reported behavior problems depended on whether the caregiver was related to the child or not; for those living with relatives, youth placed with any or all siblings showed fewer behavior problems than youth placed apart from any siblings.

foster care who have siblings, estimates of the share placed without any of their siblings range from 44 to 53 percent; McCormick, 2010). McCormick (2010) further notes that youth in foster care are rarely asked about their preferences about placements with siblings, and when siblings are separated, contact frequently diminishes because of difficulty arranging visitation with siblings.

Among children with incarcerated parents, factors associated with sibling separation during mothers' incarceration were mothers' histories of substance abuse and larger sibling groups (Poehlmann, 2008). For children involved in the child welfare system, sibling separation occurs less frequently with kinship care than with non-relative foster care (U.S. GAO, 1999; Washington, 2007). For children in foster care, McCormick (2010) notes that siblings may be purposely separated under certain circumstances, such as when one sibling is at risk of being abused by another or when siblings are hostile to each other; he also points to debate about the appropriateness of sibling separation even when circumstances make it difficult to care for those siblings together.

Presence or absence of other children in the non-parental caregivers' household and their relationship to the child

A review of the literature on foster care indicates an increased likelihood that the arrangement will disrupt if caregivers have children already in the home; however, the effects of children already in the home depend on a variety of factors, and the presence of the caregiver's birth children can sometimes have a positive effect on foster children (Thompson & McPherson, 2011). Thompson and McPherson (2011) carried out a review of studies involving qualitative interviews with birth children who had lived with foster children. In nearly all studies, birth children reported some positive experiences resulting from living with foster children, including gaining a friend, learning to be a better listener, and finding value in helping others; however, they also reported loss, including loss of the parents' time and attention and loss of privacy. They also reported increased conflict, as well as the experience of transitions, which could be made difficult due to lack of preparation and sudden changes (such as in rules and in household composition).

In the general population of children, large family size has been associated with poorer child well-being, including lower educational attainment, lower verbal test scores, unintentional injuries, and psychological problems (for a review, see Moore et al., 2006). Overcrowding—which occurs when a family does not have enough space in the home for all household members—has also been negatively associated with child well-being, including health problems, psychological distress among children and adults, and family conflict (for a review, see Vandivere et al., 2006). A review of the literature found living with a relatively larger number of children in foster care to be associated with poorer educational outcomes (Elze et al., 2005).

Children in non-parental care frequently live with other children not related to them; Hynes and Dunifon (2007) found this to be the case for nearly one in four children (24 percent). We did not find estimates of the frequency with which children in specific types of non-parental care arrangements live with non-related children.

Household size may vary depending on caregiver characteristics. Strozier and Krisman (2007) found differences in the household size of relative caregivers among those caring for children with some child welfare involvement, with those who were formal foster parents to the child more likely to be caring for seven or more children than those who were informal caregivers (11 compared with 5 percent). The NSCAW Research Group (no date) found large households to be more common among non-relative than among related foster parents, with approximately a third having 5 or more children in the household.

Non-parental caregiver's feelings toward, interactions with, and supports to the child

One of the most important assets for a child is to have an enduring, positive relationship with an adult who cares about that child (Bronfenbrenner, 1994). According to a National Academy of Sciences report, children's development will be disrupted with serious consequences when they lack at least one positive relationship with a caregiver, but re-establishing or developing such a relationship can foster recovery (National Research Council and Institute of Medicine, 2000). This adult need not always be a parent, it may be another caregiver or other adult. Indeed, a study of foster youth indicated that maintaining a supportive relationship with the adults involved in the last or longest foster care stay is associated with high school or GED completion (Pecora et al., 2003).

Some evidence indicates that the social and economic supports non-parental caregivers are able to provide to children are less than the resources and supports available to the general population of children living with parents. Sun (2003) notes that non-parental caregivers talked less with the youth in their care, had lower academic expectations, and were less likely to be involved in school activities with the youth, when compared with biological parents.

The type of non-parental household may affect the resources kin are able to provide to the child. For example, one researcher hypothesizes that grandparents may be better positioned to support children than other relatives. Specifically, Stewart (2010) speculates that grandparent caregivers have more and stronger social and financial ties among family members than do other relative caregivers, arguing that grandparents typically step in first to care for a child and are more likely to provide financial support to the child when they are able to do so. However, one study found grandparent caregivers to be less likely to take young children on outings than other relative caregivers (Scarcella et al., 2003). Even if grandparents tend to have resources that other relative caregivers may not, it is important to keep in mind the research described earlier indicating the relative socio-economic disadvantages of relative caregivers, compared with other caregivers.

Analyses of NSCAW data indicate that the majority of—though not all—adolescents in foster care have a positive relationship with a foster parent or with another adult, with about nine out of ten adolescents indicating that a series of positive statements pertaining to emotional security, autonomy support, and structure from their caregiver, as well as their involvement with their caregiver, was “sort of true” or “very true” (Vandivere et al., 2003).

Some households may include adult members other than the child's caregiver(s). Observing that non-parental and parental households include a similar average number of adults, Hynes & Dunifon (2007) note that many children in non-parental care may live with additional adults who

can help support them and their primary caregiver. However, the authors also comment that it is unclear how frequently additional adults in the household require assistance themselves, instead requiring support from the child's caregiver.

Parent-caregiver relationship

Poehlmann and colleagues (2008) found that a positive relationship between the non-parental caregiver and incarcerated mothers was associated with greater mother-child contact (as well as with greater stability of the child's non-parental care arrangement, as noted previously). Contact between birth parents and non-relative foster parents has become more common in the child welfare field, with collaborative relationships potentially benefitting both parents and children and enhancing parent-child contact (for a review, see Gerring et al., 2008).

In Gleeson and Seryak's (2010) qualitative interviews with parents who had voluntarily arranged for non-parental relative care, some parents reported very positive relationships with the child's caregiver, while others reported the opposite. The quality of the caregiver's prior relationship with the parent can affect relatives' decision about whether to care for children in the first place. Qualitative interviews with child welfare caseworkers and kinship caregivers found that relatives were often unwilling to care for children if the parent had a history of domestic violence, mental illness, or drug abuse; in such cases, many relatives had purposely maintained distant relationships from the parent (Malm & Bess, 2003). One study found that parents were more involved with their children in the care of a custodial grandmother when the parent had a positive relationship with the grandmother, rather than when the relationship was less positive (Green & Goodman, 2010).

ACCESS TO SERVICES

As described below, prior research—most of which has focused on relative caregivers—has found that caregivers frequently do not access all available resources and additional service gaps exist. As we have previously noted, those lacking a custody agreement may have difficulties in accessing needed health, education, and other services. In some cases, available supports may not be accessed because relative caregivers, and sometimes, the workers who determine families' eligibility for benefits, are unaware of them (Macomber & Geen, 2002).

Financial assistance

Many children in non-parental care are eligible for financial assistance through foster care payments, SSI payments, or TANF child-only payments; they may also be eligible for service supports through Medicaid, WIC, Food Stamps, and other community programs. Such resources may be particularly important for children in non-parental care, and especially for those cared for by relatives, who tend to be in households with fewer economic resources than children cared for by parents. Caregivers may qualify for assistance based on both their personal eligibility and the child's eligibility.

In their analyses across children in different types of non-parental care, Hynes and Dunifon (2007) found that 21 percent of caregivers received Social Security payments, 27 percent received Medicaid, and 16 percent received Medicare.

Access to financial assistance varies depending on the type of non-parental care arrangement and on caregiver characteristics. Hynes and Dunifon (2007) note that children living with household heads age 65 and older were less likely to receive AFDC or food stamps than children living with household heads ages 25 to 44, suggesting that older caregivers may have greater difficulty accessing available financial benefits.

Non-parental caregivers who are licensed foster parents typically receive financial supports to care for the child, in the form of a foster care stipend. Caregivers of children diverted from foster care through privately arranged non-parental care, as well as relative caregivers of children in foster care not licensed as foster parents, typically do not receive the foster care stipend for which licensed foster parents are eligible. Children in such informal foster care or relative foster care may receive TANF child-only payments on behalf of the children in their care, however (Malm & Geen, 2003). Using data from 1999, Ehrle and Geen (2002a) found that, despite their frequent eligibility for assistance, only 27 percent of children living with related caregivers live in families that receive either a foster care or TANF child-only payment. Families involved with the child welfare system were more likely to receive either a foster care or TANF child-only payment than those without child welfare involvement (Ehrle & Geen, 2002a). Additionally, Chipungu and colleagues (1998) found that non-relative foster parents are less likely to receive TANF than kinship foster caregivers.

Medical insurance coverage

Non-parental caregivers who are licensed foster parents typically receive medical coverage and mental health services for the child in their care, and children in families with low incomes may be eligible for public insurance programs such as Medicaid or the Children's Health Insurance Program (CHIP). One study has found that children in households with no parent present are less likely to have health insurance than the general population of children (Bavier, 2011).

Most research on the insurance coverage of children in non-parental care has focused on those cared for by relatives. Although most children in any form of relative care arrangement should be eligible for Medicaid (Ehrle et al., 2001), two studies find that only about half of children in relative care are enrolled in Medicaid (40 percent in Hynes & Dunifon's 2007 study; 53 percent of children in Ehrle and colleague's 2001 study). Close to one-third (29 percent) of all children in relative care lacked health insurance at some time over the course of a 12 month period in 1997 (Ehrle et al., 2001), although subsequent analyses indicate that the share of children in relative care who were not covered by public or private health insurance had declined in 1999 and 2002 (Main et al., 2006). In 1999, close to one in five children (19 percent) living with relatives and who had fair or poor health lacked health insurance (Ehrle & Geen, 2002a). Similarly, Bavier (2011) found that children in informal non-parental care (defined by the author to exclude children whose relative caregivers receive welfare payments through TANF, SSI, or

foster care payments) were less likely to have health insurance than children in formal non-parental care and children in the general population.

One study found that, even after controlling for differences in household income, work status, and education, adolescents cared for by grandparents were less likely to be insured, more likely to have public insurance, and less likely to have private insurance than other adolescents (Kirby & Kaneda, 2002).

Children in relative care with some level of involvement with the child welfare system are more likely to be covered by insurance (Ehrle & Geen, 2002a), and particularly by Medicaid (Main et al., 2006), than children in relative care arrangements with no child welfare involvement. Indeed, since many children in foster care are categorically eligible for Medicaid, it is not surprising that the vast majority of foster children do have health insurance. Analyses of NSCAW data indicate that 86 percent of foster children have public coverage and an additional 9 percent have private coverage; findings from the NSAF analyses indicate that foster children are no more likely than other children to lack insurance coverage (Vandivere et al., 2003).

Other services and supports

Child welfare agencies frequently provide supportive services to children and their parents aimed at supporting children's well-being and enhancing the families strengths, typically with the goal—at least initially, for children who move into non-parental care—of children being reunified with their parents. Children who have been involved in the child welfare system, but who have avoided foster care only due to their families' private arrangements for the child to live with relatives, may not be eligible for all the services available to foster children (Malm & Geen, 2003). This is likely also the case for children in the custody of a child welfare agency who are placed with relative caregivers who are not licensed as foster parents. However, Strozier and Krisman (2007) found some similarities in the needs of formal and informal relative foster caregivers, including needing more information about services or support groups and more help regarding how to handle the problems experienced by the children in their care. One study found that related foster caregivers are less likely to request services for themselves and the children in their care, compared with non-relative foster parents (Ehrle et al., 2001).

Various community resources are available to assist relative caregivers. While information is not available on how frequently caregivers access these supports, data from the NSAF does indicate that the majority of relative caregivers are aware of community resources, including sources of assistance with food, housing, drug or alcohol problems, or family violence (Scarcella et al., 2003; Ehrle & Geen, 2002). Relative caregivers may also find supports through their church communities. Ehrle and Geen (2002) found that 87 percent of children in relative care had a caregiver who attended religious services a few times or more during the survey year.

Assistance for relative caregivers, who tend to have lower economic resources than do other non-parental caregivers, may be particularly important. Ehrle and Geen (2002a) found that relative caregivers are in frequent need of material assistance with food. Further, studies have also found that relative caregivers, particularly grandparent caregivers (Scarcella et al., 2003), are often in

need of material assistance with housing (Ehrle and Geen, 2002a). Ehrle and Geen (2002a) found that among low income kinship families, 39 percent had problems with overcrowding or paying housing costs, but only 12 percent received housing assistance. The authors note an even greater need for food assistance, with almost half (48 percent) of children living with relatives with low household incomes experiencing food insecurity, but only 53 percent of those children receiving food stamps.

Mental health services both for relative caregivers and their children are also frequently needed but lacking. Ehrle and Geen (2002a) found that among children living with a related caregiver who had poor mental health symptoms, only 20 percent had caregivers who received mental health services during the survey year. The lack of needed mental health care seemed to be more common for the caregivers than for the children; among children in relative care with a high level of behavioral and emotional problems, 61 percent received mental health care (Ehrle and Geen's; 2002a).

Despite the high rate of mental health problems among foster children and despite the fact that they are commonly covered by health insurance, foster children often do not receive needed mental health and health care services. McCarthy and Woolverton (2005) observe that, despite the fact that youth in foster care have an elevated rate of health problems, they frequently do not receive needed health care services, with particular deficits in receipt of dental, mental health, substance abuse services, and reproductive health services.

One reason that some children in foster care do not receive needed physical and mental health care services for the children in their care may be that foster parents often lack clarity regarding their responsibilities in navigating these systems; foster parents need additional training, information, and support to do so (Pasztor et al., 2006). Indeed, McCarthy and Woolverton (2005) point to problems in clarity of roles and responsibilities, as well as cross-system coordination, resulting in inadequate health care services for children in foster care placements.

Nevertheless, foster youth—perhaps due to child welfare agencies' roles as gateways to mental health care services (Leslie et al., 2005) and due to their health insurance coverage—are more likely to receive such services than other children in non-parental care. One study found that children placed in foster care were about three times more likely to receive care consistent with at least one standard than were children reported for maltreatment who remained at home (Raghavan et al., 2010). A separate analysis of NSCAW data examining children who had been the alleged victims of maltreatment (Leslie et al., 2005) found that those who entered foster care were twice as likely to receive mental health care services, compared with those who remained at home and received in-home child welfare services.

Among all children who were currently or previously involved with child welfare in the 2005 study by Leslie and colleagues, several factors were independently associated with an increased likelihood of mental health care receipt, including older child age; being white; having a history of physical abuse, neglect, or abandonment; having health insurance; and having an elevated level of behavior problems. Children whose families continued their involvement with the child welfare agency were also more likely to receive mental health services, compared with children

who had been reported for maltreatment but whose families were no longer involved with child welfare services.

CONCLUSION

This brief identifies a substantial body of work on children in non-parental care, but only a few studies have taken a comprehensive look at children across different types of living arrangements. Most studies have examined specific subgroups of children, and it is difficult to identify a meaningful, mutually exclusive, taxonomy of subgroups, due to overlaps among them. However, the following populations of children in non-parental care seem to emerge as cohesive groups:

- Children in foster care
 - With relative caregivers
 - With non-relative caregivers
- Children living with relatives
 - In order to avoid placement in foster care
 - When the child's parent(s) is incarcerated
 - For other reasons

Much of the extant research focuses on children living with relatives, children in foster care, and—to a lesser extent—children of incarcerated parents. Many children of incarcerated parents, children formally in foster care, and children who would be in foster care were it not for an arrangement made outside of the child welfare system, are living with relatives (or, perhaps in some cases, with non-related individuals previously known to the child or parents). Studies involving qualitative interviews with parents who voluntarily arranged for children to live with relatives mostly included reasons pertaining to parenting capacity (for example, needing to deal with a substance abuse problem, to complete school or to be able to work, or being unprepared for parenthood due to one's age or simply “needing to get one's life together.”)

We suspect that some parents may voluntarily arrange for children to live with relatives as a family management strategy (i.e., in order to secure social capital for their child, including access to better schools or to safer neighborhoods.) However, we could not find any research on such a phenomenon, so the extent to which it occurs is unclear. Another group absent from the research is children who live with non-relatives outside of foster care (although this scenario would describe many pre-adoptive placements). It may be that when this occurs, children most frequently live with someone they know. In child welfare research, the term “kin” is frequently used rather than the term “relatives” and is understood to include friends as well as relatives. Thus, it may be that many studies examining children living with relatives do, in fact, include some share of children living with non-relatives.

In summary, our review of the literature has made clear that some information is known about children in non-parental care. For example:

- The Decennial Census and the Current Population Surveys, as well as some other national surveys, provide basic information about the size of the population of children in non-parental care, as well as information on the relationship of the child to the caregiver(s). The most recent data from the 2011 Current Population Survey indicate that nearly 3 million children, or nearly 3.9 percent of all children, live in a household with no parent present. The majority live with a relative; over half live with a grandparent. A minority of all children in non-parental care are in foster care, with fewer than 300,000 in foster care.²⁵
- In general, children in non-parental care seem to be at risk of lower levels of well-being than other children.
- A number of studies have focused on relative caregivers, and in particular on grandparent caregivers. Relative caregivers tend to be older than other caregivers, and they frequently experience socio-economic disadvantages. Despite their potential challenges in providing care for children, these caregivers are frequently not eligible for the supports received by non-relative foster caregivers. However, studies comparing the well-being of children living with relatives versus those living with non-relatives—often focused on children with some involvement in the child welfare system—frequently find few differences between the two groups.
- Only a few studies have focused on the caregiver-parent relationship, but some evidence suggests positive relationships may be beneficial to the child. For instance, they may promote parent-child contact, and are associated with more stable placements.
- Placement of siblings together in the same living arrangement can be beneficial for the children, yet research suggests that sibling separations are common across subgroups. Sibling separations tend to occur less frequently for children in relative care than among those cared for by non-relatives.

In addition, our review highlights gaps in the current knowledge base about children in non-parental care.

- With the exception of child welfare involvement and criminal justice system involvement (which frequently co-occur), little is known about the reasons for entry into non-parental care, the co-occurrence, and how these reasons for entry into care may affect child well-being and the quality of children's non-parental care arrangements. Some families arrange for children to live with relatives in order to avoid a child welfare agency from taking custody of a child at risk of continued maltreatment in her parent(s)' home. It is unclear how frequently parents voluntarily arrange non-parental care as a "family management strategy" (e.g., in order for their child to gain access to greater social capital and other resources).

²⁵ Overall, more than 400,000 children were in foster care at the end of 2010, but not all were living in a foster family home.

- There are no currently tabulated data on foster parents, and the data collected on foster parents through AFCARS (of which we could not find published tabulations) are limited to a few demographic characteristics. No current data exist on the population of children for whom parents arrange to live with relatives to avoid involvement with child protective services and the child being in state custody. We found virtually no information on children who live with non-relatives for reasons other than foster care; it is not clear whether the lack of information is because of the rarity of the situation. Nor could we find any information on the frequency with which children live with guardians, or distinguishing between non-parental caregivers who do versus do not have custody of the children. Because the population of children in pre-adoptive foster care is quite small, we suspect that the population of children in pre-adoptive placements arranged privately within the United States or internationally is quite small, though we found no data on these latter two groups.
- We found virtually no information on the immigration status and nativity of parents and children in non-parental care, and whether and how these characteristics might be related to non-parental care.
- While we did find evidence of lower levels of well-being among children in non-parental care, we found only one study that examined child well-being across the population of children in non-parental care; this study focused on adolescents in 1988 (Sun, 2003).
- There is very little information about the household dynamics of children in non-parental care arrangements, including the quality of the relationship of the child to the caregiver and to other members of the household. Children in non-parental care frequently live with non-related children; it is unclear whether and how the interactions among these children might affect children's well-being.
- Some research has examined sibling separation (particularly for children of incarcerated parents and those in foster care), as well as the share of children who live with siblings, but very little is known about the quality of sibling relationships or about sibling contact when siblings are separated.
- A few studies have addressed correlates of parent involvement. Questions remain about how the effects of parent involvement may vary depending on the type, quality, and frequency of involvement; its effects may also be moderated by the context of the involvement or parent characteristics. With the exception of children in foster care and children with incarcerated parents, research on the effect of parent-child involvement is generally based on children with only one non-resident parent. (In addition, most of the existing information regarding reasons for non-parental care pertains to only one of the child's parents, not both of the parents.) It is not clear the degree to which findings from the population of children with one resident parent can be generalized to the population with no resident parents.
- There is no population-wide information on the access to and need for services and supports among children in non-parental care (though relatively more is known about receipt of financial supports and health insurance coverage).

Many children are living with non-parental caregivers due to the fact that their parents are potential dangers to them, are unavailable, or lack the necessary resources to care for them. Furthermore, research indicating that children living with two parents tend to fare better than children who live with only one parent raises the concern about the well-being of children living with no parents. Many children in non-parental care experience instability in their living arrangements, and many live with non-parental caregivers who have low incomes. Thus, there can be little doubt that children in such households are a potentially vulnerable population. Given their vulnerability and the limited government and community services available to serve these households, additional research is needed to examine further how these children are faring and whether there are unmet needs of the children and their caregivers.

Recent years have seen great advances in the national data available on children and their well-being. However, because children living in non-parental care arrangements represent a small percentage of the overall population few national data are available regarding them. A few other studies have generated representative samples of children in non-parental care, but have only included subsets of this group, such as children living with relatives or children living with foster parents or children living with grandparents. Also, surveys that do have samples large enough to analyze this population typically do not include questions specifically tailored to address the characteristics or needs of this group. Given these data limitations, most studies have used clinical or other non-representative samples, making it difficult to generalize findings to children living in non-parental care nationwide.

Additional research is needed on the entire population in order to capture the range of situations under which non-parental households form, the similarities and differences across subgroups, and to assess whether available services and supports are reaching the intended target populations. Further research on the duration and episodic nature of non-parental arrangements will be important for program developers and funders. For example, targeting supports and programs to the non-parental caregiver in lieu of supports to parents to shore up their ability to care for their children may warrant further examination if certain subgroups of non-parental households are short-term in nature.

In summary, important gaps in the knowledge base regarding children living in households with no parent present persist. Current efforts to develop a National Survey of Children in Non-Parental Care (NSCNC), planned as a follow-on survey to the 2011 National Survey of Children's Health, will be a valuable resource for researchers to move the field forward.

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