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The Extended Family: Reviewing an Invaluable Resource

Elaine Walton, Jini Roby, Richard Sullivan, and Amy Frandsen

During the last two decades, the extended family has been rediscovered as a viable and meaningful resource for nurturing and protecting children. The purpose of this article is to provide an historical context for involving the extended family in child welfare cases and to identify key factors influencing that involvement.

Once seen as the primary source of support for children, the extended family lost favor during several decades of emphasis on individualism. However, since the 1980s, policymakers and child welfare workers have increasingly viewed the extended family as a viable option for the placement of children at risk, as an effective decision-making mechanism, and as a source of support for children. The purpose of this article is to chronicle the involvement of the extended family in providing child welfare services and to discuss the factors associated with effective use of the extended family in protecting children at risk of abuse or neglect.

History of the Extended Family in the Child Welfare System

Reliance on the Extended Family

Historically, children without parents were placed predominately with extended family members. This policy was reflected in the Elizabethan Poor Laws that legally mandated the extended family be responsible for dependant children in the event of nuclear family disruption. Reciprocally, children were legally responsible for their parents and grandparents (Trattner, 1984). Children placed in apprenticeships outside the circle of extended families lived with the master's family, which closely resembled an extended family. Early American colonies adopted many provisions of the Poor Laws, perpetuating these arrangements (Trattner, 1984).

Distrust of the Family

Throughout the nineteenth century, economic and psychoanalytic theories contributed to a decrease in nuclear and extended families' role as caretakers for their children. As economist Adam Smith (1991) grew in popularity, so did his view of poverty as a

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manifestation of individual deficit. The expectation of family sufficiency was therefore supplemented with intervention by the local government, sometimes in the form of institutionalization. In 1824, the Secretary of the State of New York issued the Yates Report, which held that the current system of home relief had led to the neglect of the morals and education of children. Yates recommended institutional care as the solution. Although some states had laws against child abuse, they were poorly applied. With the Mary Ellen case in 1875 (Hartman & Laird, 1983), child abuse came to the forefront of the national agenda. New attention to issues of child welfare increased enrollment in juvenile care facilities, state-supported orphanages, and similar institutions (Watkin, 1990). Although social workers were promoting an environmental view for social problems, psychoanalytic theory prevailed within the mental health movement directing attention to the individual, not the family. Coupled with a limited knowledge base within the social work field, the integration of a family focus became even more difficult (Hartman & Laird, 1983).

Increased Individualism

In the twentieth century, the value of the extended family diminished in the face of many social changes. The Industrial Revolution of the early 1900s brought increased industrialization and urbanization to America, creating mass emigration to the cities and, seemingly, altering forever family relationships. Improvements in transportation and communication also changed the family, allowing members to become more mobile and distant from each other. As family interaction and communication decreased, gains in average household income allowed many families to survive without dependence on the work of each nuclear and extended family member. Drive for personal growth overshadowed the collective gain and safety of the family (Schneiderman, 1979). This social movement, termed by McNutt (1997) "rampant individualism" (p. 45), has dominated American society since that time (Ben-Ari & Azaiza, 1998; Daly, Jennings, Beckett, & Leashore, 1995; Westfried, 1997; Wu, 1996). Some scholars argue that the culture of individualism is taught in schools, on television, and is exemplified in homes (Ramsey & Nelson, 1956). This individualism places little emphasis on family unity and practically eschews reciprocal responsibilities of family members (Daly, Jennings, Beckett, & Leashore, 1995), setting a trend further away from reliance on the extended family.

Child Welfare and Agency Intervention

Social changes affecting nuclear and extended families, coupled with mandatory reporting laws, brought changes to the structure of child welfare in the latter 1900s. Child welfare workers confirmed that physical, sexual, and emotional abuse and neglect

often came at the hands of family members (Brown, 1991; Garey, 1999). Research on child abuse and neglect led family systems theorists to claim that abusive and neglectful parents resulted from dysfunctional family systems (Ryburn, 1993) that were often pathogenic and threatened the health and stability of the child (Brown, 1991; Dahiyat, 1997). In fact, the extended family was perceived as an outlet for dysfunctional behaviors in the home (Kaiser, 1996), and overly involved extended families were presumed to perpetuate dysfunctional and deviant behavior within the family (Watson & Gross, 2000). Thus, theorists questioned the ability of the family to provide new or safe resources for children (Ryburn, 1993), and, increasingly, caseworkers and agencies assumed a decision-making role in child welfare cases. In this context, child welfare workers and judges generally avoided placing children in kinship networks (Berrick, 1998; Davidson, 1997). The extended family was underused, for a time, as a resource to families and children in the child welfare system.

Rediscovery of the Value of Families

Recently, an increasing number of child welfare workers have embraced a philosophical shift that focuses on the strengths, rather than the deficits, of family systems (Berrick, 1998). Davidson (1997) asserted that the family network should not automatically be viewed as the origin of parental failure. Ryburn (1993) concluded: "Families do not abuse. It is individuals who live in families who abuse (p. 6)." Research indicates that in many child welfare cases, the neglectful or abusive parent is the only dysfunctional family member, and the family system as a whole is healthy and functioning properly (Myer & Link, 1990). The perceived problems of individual members of the family do not automatically indicate the failure of the entire family system. This shift includes an increasingly optimistic view of the potential for change on the part of the abusive parents; likewise, the extended family is more frequently viewed as a vital and available resource.

Growing confidence in the extended family was manifested in 1979 when federal funds became available for kin who became foster families to children in state custody. In the 1980s, Family Preservation Services were initiated to keep children in the home and to strengthen families through the use of family and community resources. Family decisions and problem-solving methods gained respect as families were seen as experts in understanding the family and its resources. The family network continued to gain advocates in the child welfare system, and workers began to utilize the extended family as a resource in planning for the safety and well-being of children at risk.

Increasingly, policymakers and the courts have recognized the potential benefits available through the extended family and have provided means through which the

extended family can be given support and priority consideration in child welfare decisions. For example, under the Social Security Dependent Care funding, children whose grandparents are their sole or primary financial supporters are entitled to receive death and disability benefits upon the demise of that grandparent (Whiteman, 2001). Under the Indian Child Welfare Act, priority is given first to an "extended family member" for the placement of children, including grandparent, aunt or uncle, brother or sister, brother-in-law or sister-in-law, niece or nephew, first or second cousin, or stepparent (U.S.C. 25 §1903(2)). In addition, under the Adoption and Safe Families Act (ASFA) of 1997, kin have priority over non-kin for the placement of children who are in need of out-of-home placement (U.S.C. 42 §675(5)(E)). Finally, at the state level, most states currently possess some statutory preference for kin (Berrick, 1998).

The Extended Family as a Resource for Children and Families

In 1930, Mary Richmond, recognized as the founder of the social casework process, contended, "The family itself continues to be the pivotal institution around which our human destinies revolve" (Hartman & Laird, 1983, p. 12). In 1953, the term "family-centered casework" was introduced at a national social work conference, where social workers were urged to consider the needs of the family and to set goals to improve family functioning (Hartman & Laird, 1983). In 1989, Jane Rowe recognized the value of the family in child welfare intervention when she stated, "We do not help the children with whom we work when we neglect the families they came from" (Ryburn, 1997, p. 80). In 1992, Nelson & Landsman similarly stated, "The best and often the only way to save children is through their families" (as recounted in Ronnau, 2001, p. 41). Indeed, the extended family has proven valuable as a superior placement choice for children, as a decision-making mechanism with detailed knowledge of the family network generally unavailable to the professional (Ryburn, 1997), and as a source of continuity and support to children.

Extended Family and Child Placement

Marked growth in the number of children in state custody was followed by an increased use of kinship care—the placement of children in state custody with extended family members. Between the years 1970 and 1997, the number of children placed with extended family members rose 76% (from 2.2 million to 3.9 million) (Grant, 2000, p. 18). As research continues to show the benefits of kinship care, the extended family continues to gain advocates (Gleeson, O'Donnell, & Bonecutter, 1997).

First and most important in the placement of children is an assurance of safety. According to Myer and Link (1990), children removed from their homes and placed with

extended family were found to be in a safer environment than if they had remained in the home. Using comparative data, Metzger (1997), Neckerman (1995), and Nisivoccia (1996) found that extended families provide safer, more stable placements for children than do traditional foster parents.

In addition to increased safety, extended family members provide support that traditional foster care and child welfare services often lack. A study conducted by Le Prohn (1994) compared relative foster parents with traditional foster parents and found that the relatives identified more strongly with all five of the foster parent roles of (1) parenting, (2) birth-family facilitator, (3) spiritual support, (4) social/emotional development, and (5) agency partner. LeProhn also concluded that relative foster parents feel they should play a more active and influential role in the lives of their foster children and feel more responsible for the health and happiness of the children in their care. Not surprisingly, Berrick (1998) found that children placed with kin were more likely than children in other settings to indicate they were "happy" or "very happy," suggesting that kinship placements can provide a safe emotional environment. Iglehart (1994) found that adolescents in a relative's care were less likely to have a serious mental health problem when compared with children in traditional foster care.

Children placed with family members benefit from security that comes from a stable placement. According to Scannapieco, Hegar, and McAlpine (1997), kinship placements last longer, are more stable, and result in fewer moves than traditional foster care. Berrick, Courtney, and Barth (1993) found that only 23% of children in kinship care had multiple placements; whereas, 58% of those residing in traditional foster care had at least one disruption (p. 59). Placement stability is linked to two main factors. First, parents are more accepting of placing their children in the home of a relative over a longer period of time (Scannapieco, Hegar, & McAlpine, 1997), and second, kinship caregivers are more committed to the children in their care (Berrick, Barth, & Needell, 1994).

The Child Welfare League of America (1994) outlined additional benefits in support of kinship placements. Kinship care supports the transmission of a child's family identity, culture, and ethnicity; helps children stay connected to siblings; and encourages families to rely on their own family members and resources. Kinship care helps children remain connected to their own communities, allowing communities to help shoulder responsibility for the children. In addition, kinship care eliminates the unfortunate stigma children may experience from being labeled "foster children."

The burgeoning preference for children to be placed with extended family has caught the child welfare system somewhat by surprise. Practice models and policies are inadequate to support the extended family and slow to respond to the growing needs of kinship

placements (Scannapieco, Hegar, & McAlpine, 1997). As a result, kinship caregivers receive less support, fewer services, and less contact with child welfare workers than do traditional foster parents (Berrick, 1998; Dubowitz, 1994). These are troublesome deficits, because kinship caregivers are usually in a disadvantaged position to begin with. Half of relative caregivers are single, and among those that are single, 85% are female. More than half of kinship caregivers are more than 50 years of age. They tend to be poorer and are more likely to be a member of an ethnic minority (p. 18). When compared with other foster parents, relative foster parents have less education; are more likely to be unemployed, retired, or otherwise out of the labor force; and are more dependent on government programs (Grant, 2000; LeProhn, 1994). These circumstances, given the benefits for the children, call for extensive efforts by the child welfare system to provide better support to effective kinship placements.

The Extended Family and Decision Making

Many states currently use the extended family as a resource in some form of a family group decision-making process. In the state of Oregon, for example, there is an explicit statutory authority for family group decision-making processes and, upon approval of the court, the decisions are binding on all parties (Oregon Revised Statutes §417.365). The extended family typically is invited to participate in meetings in which they will construct a plan for protecting the health and safety of the child. The objective is to arrive at a decision that will provide the requisite safety and the least disruption to the child's stability while supporting the child's family (Hudson, Morris, Maxwell, & Galaway, 1996; Marsh & Crow, 1998).

Support for the family group decision-making process stems from the belief that the family possesses the knowledge concerning family patterns and functioning and therefore serves as the expert regarding the family system. The family group decision-making process also places the decision-making responsibility squarely upon those who will be most affected by the decision—the family (Burford & Hudson, 2000). Ban (1993) suggested it is inappropriate for professionals to make uninformed decisions that will fundamentally and quite permanently affect an entire family system. Unfortunately, the professional's contact with the family's least functional members at a time of acute distress (Ryburn, 1993) may skew the view of the family and result in decisions that exceed the scope of the professional's abilities.

When provided with the necessary information, resources, and power, a family group will almost always make a decision to serve the safety and best interest of the child (Ryburn, 1993). Relevant information is critical. Family members bring information and

skills that would otherwise be surrendered in a professional's decision, but family members in turn require information. In a study assessing the needs of relatives in providing roles, Davidson (1997) found that most relatives involved with the children were frustrated with the small amount of information offered to them by professionals. Relatives need more information about the child's case, agency policies, timelines, court procedures, and case progress. Most relatives are unclear about the structural organization of the child welfare system—a situation that hinders the family's ability to resolve family problems (Schatz & Bane, 1991).

A family's ability to make a decision requires the knowledge of resources available to the family. Service programs to assist families of at-risk children are lacking or difficult to access (Davidson, 1997; Jackson & Morris, 1999). Kinship providers have concrete needs, especially during the initial stages of child placement. These tangible needs include specific items for the household, such as beds, cribs for infants, clothes, food, personal hygiene items, and toys. Extended family members also have a need for ongoing resources for respite care, adult advocacy, counseling, and support groups for the child and family members, day care, and role modeling and support for the child (Davidson, 1997; Schatz & Bane, 1991). Information about, and access to, resources are essential to empowering families (Jackson & Morris, 1999).

Empowering the family system has been a focus of child welfare practice since the 1970s (Schatz & Bane, 1991). It is a process of helping families identify, access, and build on their unique strengths and resources (Saleebey, 1992) in order to enhance their own competence (Fong, 1994). It is also a process of negotiating or eliminating barriers to problem solving imposed by external society (Lee, 1996). This empowerment framework helps minimize the helplessness that family members often feel within the child welfare system (Schatz & Bane, 1991) and encourages family members to believe that they can affect their lives successfully. Through empowerment of family members, unused or underused capabilities and family attributes can be uncovered and utilized to benefit the family system (Cimmarusti, 1992).

Empowering family members positively impacts the outcome of child welfare cases. In studying the effects of intensive family preservation services, Walton (1997) found that families who were entrusted to make decisions and provided intensive services had fewer open child welfare cases at a six-year follow-up. Those cases that were still open more often maintained the children in their own homes, and the cases remained open for shorter periods of time than those without the intensive family preservation services.

Involving a family system in the decision-making process can increase the range, flexibility, and creativity of possible decisions because of the family's intimate

knowledge of its own dynamics and the feasibility of the available options (Ryburn, 1993). Families also promote their own cultural norms and traditions that may be unfamiliar to the professional. Further, Nixon (2000) reported that consensus is more likely when families are given the decision-making responsibility and power. Such empowerment increases the cooperation of the family members, producing greater commitment to carrying out a plan that they helped construct. Participation also reduces anxiety and increases the trust between the parents and professionals (Lupton, 1998). The level of the parents' accountability also will depend on the influence they have had during the decision-making process (Ryburn, 1997), suggesting that greater involvement in decision making will yield greater involvement from the parents.

Extended Family and Continued Support

In addition to serving as a placement and a decision-making mechanism, the extended family can provide much needed continuity and stability even when a child has been removed from home and placed in a traditional foster care setting. This benefit is significant in serving the children's best interest at a time of crisis and minimizes the difficulty of adjusting to a new family and environment (Ronnau, 2001). Contact with the extended family also provides continued contact with the ethnic, religious, and/or racial environment that is familiar to the child; continued development of family and personal identity; and further development of already existing family relationships (Davidson, 1997; Hegar & Scannapieco, 1995). Le Prohn (1994) found that improved opportunities for association with environmental and familial references increase the chance for success in an out-of-home placement.

Extended family members also are significantly more likely than foster parents to support the continuation of contact between children and their birth parents (Merkel-Holguin, 2001). This provides a major contribution toward the goal of reunification with the biological family, which is the preferred outcome under the Adoption and Safe Families Act of 1997. Sanchirico and Jablonka (2000) affirm that maintaining contact with biological parents, through visiting and other forms of contact, is an essential step toward reunification in order to reestablish and strengthen family relationships during out-of-home placement. Parent-child contact also can increase children's well-being during out-of-home placement (Sanchirico & Jablonka, 2000).

Promoting child contact with extended family members provides further opportunities for learning and practicing appropriate behaviors and patterns of interaction within the family system. Further, encouraging family contact reduces the sense of abandonment and grief that results from out-of-home placement (Sanchirico & Jablonka, 2000). There is evidence that close family relationships are related to adolescent well-being and

competence (Liddle, 2000). Scales and Gibbons (1996) found that the presence of caring adults within the extended family positively impacts young adolescent development and that over 75% of surveyed adolescents listed an extended family member as a significant person in their lives (p. 368). Experts suggest that relatives are the most significant nonparental adults in the lives of adolescents (Scales & Gibbons, 1996).

Extended Family as a Resource to the Child Welfare System

The extended family is a welcome resource to the child welfare system, which seems forever burdened with a decreasing number of available foster homes simultaneous with an increasing demand for foster homes. Extended family placements help to alleviate this stress with open responsiveness, and financial incentives have made these placements attractive and feasible (Berrick, 1998; Dubowitz, 1994).

Within the last two decades, the child welfare system has given notable support to the extended family. In 1999, the U.S. Department of Health and Human Services (2001) reported that out of 568,000 foster care children, 26% were living with extended family members. In some states, the number of children placed in kinship foster care surpasses the number of children being placed in traditional foster care (Hegar & Scannapieco, 1995), and many states have a statutory preference for kin placements. In recognition of the benefits associated with kinship care, lawmakers and courts increasingly have supported extended family (Gleeson & Craig, 1994; Hegar & Scannapieco, 1995; Berrick, 1998). But implementation is an ongoing challenge. Child welfare workers frequently struggle with their own individual values and opinions regarding issues, such as how to retain authority while giving autonomy, when family deficits are more readily apparent than strengths and when the need to appease supervisors and administrators is more immediate than the long-term benefit for any one family.

Conclusion

Historically, the value placed on extended family as a resource has waxed and waned with an increased focus in recent years. The degree to which extended families have been, and continue to be, viewed as either a resource or a liability depends on many factors, such as political or economic theory and climate, geographic mobility, including transportation and communication, and social mores and traditions, to name but a few.

Collective values currently support a strengths-based, empowerment model of viewing families as the experts in solving their own problems and caring for their own children. Nevertheless, "rampant individualism" is still pervasive; dysfunctional families *are* often

pathogenic, and governments—including state and local agencies, as well as individual case workers—are ultimately responsible for the welfare of children.

The authors hope for a continued focus on the collective responsibility for the care and protection of children. We envision an enhanced strengths-based approach within a culture of inclusion—a collaborative system with a wide range of resources in which neither the child welfare worker nor the caretaker feels alone.

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