

# Building Connection and Creating Stability:

## Considering a Kinship Foster Care Placement

*A Research Brief*

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### Summary

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Kinship foster care is increasingly becoming a preferred placement for children and youth within the child welfare system, yet many within the field still debate its viability as an appropriate placement for youth. Kinship care differs in significant ways from the more traditional non-kin foster care, but until the past few years much of what we knew about kinship care was speculation with limited research to support the movement towards kinship care as a more beneficial placement for youth. Now, the body of research on kinship care has grown to the point that we can begin to make conclusions regarding both the benefits and the challenges of kinship foster care placements and better understand when and how youth benefit from placement in kinship care.

Overall, research to date supports kinship care as a placement that overwhelmingly results in more positive outcomes for youth in out-of-home care, from improved safety and stability, to increased sense of belonging and connection and greater social and emotional well-being. However, this does not mean there are not challenges that arise within kinship placements, and research has also identified some areas of concern around ensuring the quality of kinship placements. Consequently, caseworkers, administrators and policymakers must be thoughtful about the support relative caregivers need to be successful as well as how to define success within this unique form of out-of-home care. What follows is a summary of the current research and what this research points to as the benefits of kinship care that support its growing prominence within the child welfare field as well as the considerations that must be made when moving towards placing a child in kinship care.

### Introduction

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Kinship care is defined as “the full-time care, nurturing, and protection of a child by relatives, members of their Tribe or clan, godparents, stepparents, or other adults who have a family relationship to a child,” as opposed to adults unrelated to or without prior connection to the child (Children's Bureau). Legislators, researchers and organizations have been moving towards this form of out-of-home care in an effort to preserve the child's connections to their family culture and values, to preserve the child's relationships and emotional ties to their family, to reduce placement trauma, to increase stability and continuity in care and to reinforce a sense of identity, self-esteem and belonging for the child (Children's Bureau; Winokur, Holtan, & Batchelder, 2014; Cuddeback, 2004; Lin, 2014; Winokur, Crawford, Graig, & Longobardi, 2008).

In 1997, the Adoption and Safe Families Act made kinship placements the preferred placement type for children in out-of-home care (Lin, 2014; Falconnier, Tomasello, Doueck, Wells, Luckey,

& Agathen, 2010). Despite this movement towards kinship care in both federal and state laws as well as agency and organizational policies, there still remains uncertainty around the use of kinship care as a placement option. According to the latest published reports, there are 402,378 children in the foster care system in the United States – of those children 47% are in a non-kin foster home while only 28% are in kinship care, despite kinship care being considered the least restrictive and safest option for out-of-home placement (USDHHS, 2013; Winokur, Holtan, & Batchelder, 2014). This may partially be due to unclear messages from researchers and practitioners regarding the realities of kinship care. Much is still to be learned, but great strides have been made to understand both the benefits and the challenges of kinship foster care placements. By understanding the current research findings, practitioners should be better equipped when leading the decision-making process for determining appropriate placement for a child.

## The Benefits of Kinship Care

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### *Improved Outcomes*

The current research on outcomes for children in kinship care is diverse with a variety of differing measurements and methods, making it challenging to determine the true impact of kinship care. However, a systematic review of the literature and analysis of 102 quality experimental studies on the effects of kinship care on children found a plethora of improved outcomes for children placed in kinship care compared to those placed in non-kin foster homes (Winokur, Holtan, & Batchelder, 2014). The research shows that children placed in kinship care experience:

- Decreases in internalizing and externalizing behavior problems
- Increases in adaptive behaviors
- Decreased odds of experiencing mental illness
- Increased likelihood of reporting positive emotional health
- Increased placement stability (both fewer placements and fewer disruptions)
- Decreased likelihood of experiencing abuse or maltreatment while in care
- Decreased risk of re-entry into the child welfare system
- Increased likelihood for relatives to assume guardianship

(Winokur, Holtan, & Batchelder, 2014). Other studies have also found that children in kinship care are less likely to run away or have truancy and substance abuse issues than children in non-kin care (Cuddeback, 2004; Courtney & Zinn, 2009). Furthermore, in addition to all of these improved outcomes for children within kinship care, the literature also shows no difference in educational attainment, attachment outcomes, reunification rates or length of stay in out-of-home care by placement type (Winokur, Holtan, & Batchelder, 2014). One study on the length of stay in out-of-home care for infants – the population with the longest average stays in out-of-home care – found that infants placed in kinship care spent a significantly shorter time in out-of-home care (Stacks & Partridge, 2011).

### *Safety*

The mission of child welfare is to protect children from harm. While kinship placements tend to be located in neighborhoods with a higher risk for social disorder and kinship caregivers tend to be of a lower socioeconomic status than non-kin caregivers, kinship homes generally provide safer environments than that of the birth parents and case workers find they meet the same safety standards as licensed non-kin homes (Stacks & Partridge, 2011; Hong, Algood, Chiu, & Lee, 2011; Shlonsky & Berrick, 2001; Gibbs & Muller, 2000). While environmental safety may be comparable between kin and non-kin foster homes, there is a significant difference when comparing instances of abuse and neglect while in out-of-home care. In a matched comparison study of children in kinship and non-kinship foster homes, it was over ten times more likely for a new allegation of institutional abuse or neglect to be made after entry into care for children in non-kin homes than those placed in kinship care (Winokur, Crawford, Longobardi, & Valentine, 2008). Researchers theorized that this may be due to the increased cultural bonds and familial relations between children and their caregivers within kinship care, which may act as a protective factor against abuse (Winokur, Crawford, Longobardi, & Valentine, 2008).

### *Stability*

Kinship placements have been consistently found to be more stable than non-kin placements (Gibbs & Muller, 2000). Kinship care provides connectedness and continuity that generally make the placement easier for children to understand and accept, while also alleviating some of the trauma experienced by being separated from their biological parents (Hong, Algood, Chiu, & Lee, 2011; Gibbs & Muller, 2000). The result is not only physical but also emotional permanence for the child (Schwartz, 2010). Children in kinship care are more likely to maintain family connections not only within, but also outside of the household, providing a greater network of enduring connection and support (Schwartz, 2007; Schwartz, 2010). Kinship parents are also more likely to strive to maintain high involvement in the child's life (Hong, Algood, Chiu, & Lee, 2011).

Children in kinship care also show stronger attachment due to the increased placement stability in kinship care (Hong, Algood, Chiu, & Lee, 2011). Looking at matched samples of children in kin and non-kin placements, kinship placements are equally likely to result in legal permanency as non-kin placements, however the kinship placements provide greater stability for the children in care as disruption is less likely than for non-kin placements (Koh & Testa, 2008; Cuddeback; Chamberlain, Price, Reid, Landsverk, Fisher, & Stoolmiller, 2006). This implies that there must be qualities intrinsic to kinship care – a sense of duty or altruism on the part of the caregiver, who is providing enhanced stability for the child (Koh & Testa, 2008; Hong, Algood, Chiu, & Lee, 2011). This sense of duty and altruism leads to the belief more commonly held by kinship caregivers that they will care for the child until emancipation, as well as contributing to their greater sense of responsibility in helping the child to process their emotions surrounding the separation from or conflict with their birth parent (Falconnier, Tomasello, Doueck, Wells, Luckey, & Agathen, 2010; Hong, Algood, Chiu, & Lee, 2011).

Kinship care also enables and encourages the placement of siblings together, which contributes to improved connections with caregivers and increases a child's sense of belonging, thereby further supporting stability of the placement and improving outcomes for the child in out-of-home care (Gustavsson & MacEachron, 2010; Schwartz, 2010). In fact, older children who were given a say in their placement often chose to stay with relatives in order to remain with their siblings (Messing, 2006).

### *Cultural Connection*

The connections to a child's birth family and ethnic culture are key elements in a child's creation of their identity and positive sense of self (Schwartz, 2007). Kinship care provides these connections for a child to their heritage while also serving as a buffer against negative cultural interactions (Schwartz, 2007). Children in kinship care consequently tend to see their ethnic identity in a more positive light than their peers in non-kin placements despite also being more aware of the negative stereotypes associated with their ethnicity (Schwartz, 2007). Differences in cultural, ethnic and religious backgrounds between foster parents and foster children leads to a number of more negative outcomes. Differences in ethnic identity are correlated with increased mental health symptoms and behavior problems in the children in care, including depression and a decreased sense of belonging (Anderson & Linares, 2012). In a survey of foster parents, it was found that having a shared culture with the child resulted in smoother transitions, less conflict, lower stress and made caregivers better able to function as foster parents (Brown, George, Sintzel, & Arnault, 2009). Therefore, the shared family connections and culture in a kinship placement are a protective factor for the child and contribute to a healthier and more positive sense of identity for the child.

### *The Child's Experience*

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While any transition can be difficult for a child, many youth in care report feeling happy with their placement with a relative (Messing, 2006). As one child explained, "I felt like I was wanted," and another shared "You're happy... she came, she took you in, because you want...[to] see all your family members and stuff. Because if I had gone to foster care, I wouldn't have never saw my cousins or nobody" (Messing, 2006). Children in kinship care do not report significant experiences of stigma associated with being in out-of-home care and said that living with relatives felt natural, some even having difficulty with understanding the difference between living with their biological parents and living with other family members (Messing, 2006). Children transitioning to kinship care are also less likely to perceive these disruptions as losses because they see kinship care as a restoration of relationships and environment (Schwartz, 2010). Children in kinship care have also reported that being connected to family members was critical to having an easy transition at removal (Hong, Algood, Chiu, & Lee, 2011).

Children in kinship care also report feeling closer to their caregivers and more cared for by them than their matched peers in non-kin foster care placements (Chapman, Wall, & Barth, 2004). This additional connection and support directly contributes to greater social and emotional well-being for children and youth in kinship care. The children and youth in kinship care report that their connection to their caregivers has led them to more readily seek out

guidance and support from their caregivers regarding challenges in areas of their personal life, such as dating and school, reducing risk behaviors in these areas (e.g. dating violence or risky sexual behavior), as well as improving school performance (Chapman, Wall, & Barth, 2004).

Clearly the increased emotional and relational permanence these youth feel within kinship placements is an asset of kinship care as it reduces the loss and stigma associated with foster care placements, improves the youth's sense of connection and belonging, and increases the youth's overall social and emotional well-being. Within child welfare, these outcomes are often sought by obtaining legal permanency for the child, yet these goals of improved connection and well-being can be met prior to achieving legal permanency through placement in kinship care. At the same time, due to this pre-established connection with family, children in kinship care are less likely to state adoption as their desired goal since they already perceive a more stable and permanent commitment by their caregivers than those in non-kin foster care, a factor to which we will return (Merritt, 2008).

### Things to Consider when Choosing Kinship Care

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#### *Caregiver Support*

Kinship caregivers tend to be older, single, African American, less educated, of poorer mental and physical health and of lower socioeconomic status, while also having fewer resources and less training and support than non-kin foster parents. However, despite these additional challenges, there is no conclusive evidence that this makes them less fit to care for the children in their care (Cuddeback, 2004; Smithgall, Yang, & Weiner, 2013; Lin, 2014; Hong, Algood, Chiu, & Lee, 2011; Gibbs & Muller, 2000). This does mean that kinship caregivers face additional challenges when agreeing to care for a child, and yet they commonly have less access to resources and supports than non-kin foster parents (Smithgall, Yang, & Weiner, 2013; Winokur, Holtan, & Batchelder, 2014). Therefore, when placing children in kinship care, caseworkers should ensure kinship caregivers are provided with the knowledge and resources needed to both identify the child's as well as their own need for services and to be able to connect with the appropriate services so that those identified needs are met (Smithgall, Yang, & Weiner, 2013).

One of the many critical resources needed for those in kinship care is access to mental health services. Over a quarter of all children in kinship care have mental health symptoms in need of treatment and yet children in kinship care are less likely to receive mental health services than their peers in non-kin foster care (Winokur, Holtan, & Batchelder, 2014; Smithgall, Yang, & Weiner, 2013). This is likely because kinship caregivers tend to be less aware of appropriate resources and services. Therefore, caseworkers should ensure kinship caregivers are being supported and connected to mental health service providers for the child.

As many kinship homes are not licensed foster care homes, it is also critically important to provide them with training to educate them on parenting and behavior management strategies (Barth et al., 2008). The Adoption and Safe Families Act was amended in 2002 to provide financial assistance for kinship caregivers who can meet certain placement standards and requiring states to develop programs and services to support kinship caregivers (Falconnier,

Tomasello, Doueck, Wells, Luckey, & Agathen, 2010; Lin, 2014). Since its passage, some training programs have been developed and have shown positive results upon evaluation (Falconnier, Tomasello, Doueck, Wells, Luckey, & Agathen, 2010). One of the most evaluated and successful programs is the Kinship Navigator Program, which has been shown to improve child well-being and the support of caregivers as well as increase involvement in services and produce higher rates of permanency for children in kinship care (Lin, 2014).

Social support for the caregivers is especially critical for ensuring quality kinship care, as it has a significant effect on parenting practices, child-caregiver relationship and the caregiver's psychological well-being (Hong, Algood, Chiu, & Lee, 2011). A variety of support group services have been evaluated, showing increased well-being and educational outcomes for youth in kinship care as well as caregiver's mental health (Lin, 2014).

Kinship caregivers are also more likely to need financial assistance and caseworkers should do what they can to inform kinship caregivers of financial assistance options available, such as Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI) and Medicaid (Falconnier, Tomasello, Doueck, Wells, Luckey, & Agathen, 2010; Lin, 2014). Many states have also created their own programs for increasing the resources available for relative caregivers and for informing them of the resources available. One of the first and most well reviewed of these programs is Texas' Relative Assistance Program, which is older than but similar to Minnesota's Northstar Care for Children (Brown & Clark, 2013; Skallet, 2013). Research has shown benefits to the Texas program, however evaluations of the overall success of these state-level programs are currently limited (Lin, 2014).

While there is an effort to improve the supports for relative caregivers, much is still needed in this regard, both in the development of programs to increase the availability of support structures and resources for relative caregivers and in increasing the awareness of these resources among relative caregivers.

### *Redefining Success in Kinship Care*

A systematic review of the literature showed that children in non-kin placements were more likely to be adopted, whereas kin caregivers were more likely to obtain guardianship for the children within their care (Winokur, Holtan, & Batchelder, 2014). The reasons for this are currently not well understood, but could be due to a difference in how the cases are handled (Cuddeback, 2004). Others suggest that it is due to the kinship caregivers not wanting to confuse the child or create conflict within the family, or simply not seeing the necessity when a familial bond already exists (Messing, 2006; Gibbs & Muller, 2000). Therefore, it is important to consider the unique nature of kinship care when comparing adoption rates for youth in kin and non-kin foster care placements. Family members who already have an established familial connection to the child may not see adoption in the same way as unrelated caregivers, and therefore what is typically considered an undesirable outcome, i.e. lack of adoption and possibly a longer time in care, may in-fact be a positive outcome for the child in care once other well-being factors are considered (Winokur, Holtan, & Batchelder, 2014). When considering reunification and guardianship as equally desirable outcomes rather than comparing with

adoption, kinship placements have a greater likelihood of leading to children living in permanent homes with biological family (Winokur, Crawford, Longobardi, & Valentine, 2008). For those kin who do adopt, the quality of kinship adoptions is higher, with a strong likelihood of a positive relationship between the caregiver and the child and a decreased likelihood of dissolution (Ryan, Hinterlong, Hegar, & Johnson, 2010). It is for these reasons that some suggest placement disruption or re-entry to be more appropriate measures of placement success or failure in these cases (Winokur, Holtan, & Batchelder, 2014).

A fairly new consideration in the literature is the differing outcomes based on different types of kinship care families. One researcher has begun to examine this question and found that the kinship family's relationship with the child's biological parents and extended family, as well as if they are caring for their own children concurrently (which is also a factor in non-kin placements) are factors that play an important role in the success of the kinship placement. Therefore, investigating these elements of the kinship placement is an important part of assessing the home as a placement option (Zinn, 2012; Zinn, 2010). A lower quality kinship placement, particularly in combination with their reduced resources, can negatively impact child well-being (Hong, Algood, Chiu, & Lee, 2011).

### Implications and Remaining Questions

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There is good reason for the movement towards kinship care across the country – children do better when placed with family who are committed to their success and well-being. Despite some confusion in the literature that is largely due to small sample sizes, unmatched comparison samples or poor research design, kinship placements overwhelmingly result in better, more stable placements with significantly improved outcomes for children in out-of-home care (Winokur, Crawford, Longobardi, & Valentine, 2008; Winokur, Holtan, & Batchelder, 2014). Kinship care placements significantly improve the safety, stability, cultural connections, and well-being of children in out-of-home care. These positive outcomes are despite the additional challenges kinship caregivers face regarding reduced resources and support.

With what we know now from the research, caseworkers can now more confidently support kinship placement as an option that may be in the best interest of the child. However, there are still several factors that must be thoughtfully assessed when considering placing a child in kinship care, as with any placement option, to help ensure its success. Some of the questions to answer may include:

- How do we foster relative support for this child and best achieve emotional and relational permanence to improve this child's safety, stability and overall well-being?
- How can we encourage familial and cultural connections for this youth? How can we further develop and support these connections to foster the child's sense of identity and belonging?
- What does a positive outcome look like for this child? How would a kinship care placement help them achieve it?

- Is there support available for the relative caregivers relationally, educationally and financially? Are they aware of and connected to these supports?

The answers to these questions will vary depending on the child, the child's family structure, the family's culture and heritage, and numerous other individual characteristics of the child and family, all of which must be considered when answering these questions and determining if kinship placement is in the child's best interest. Knowing and understanding the research findings on kinship care outcomes and challenges should aid caseworkers in placing these individual and family factors within the context of what is often achieved through kinship care placements more broadly, i.e. increased child safety and well-being, enhanced placement stability, improved social and emotional health, and greater sense of identity and belonging for the child. It should also help caseworkers and the family to better prepare for the challenges often faced in kinship care, and take proactive steps to ensure the caregiver will have access to the resources and support they need to become a successful placement for the child.

There still remain unanswered questions about how to best capitalize on the power of kinship care and to best enable kinship caregivers to meet the needs of the children within their care. More effort is particularly needed in determining effective programs for caregiver support as this will also allow more children with greater needs to be successfully served in kinship care.

This research also raises the question of appropriate outcome goals for children in kinship care, for while these children tend to have better experiences in out-of-home care, they are less likely to meet the standard metric of permanency, i.e. adoption. Therefore, other metrics for measuring a successful placement should be considered when evaluating kinship care, as kinship care allows children to achieve permanency through a less traditional but perhaps more successful and powerful way by obtaining not just a legal permanency, but emotional and relational permanency as well (Gustavsson & MacEachron, 2010).

Many of the goals we hope to achieve through more traditional permanency options – that of safety, stability and lifelong connection – can be achieved rapidly and effectively through kinship foster care placements. By raising awareness of the multiplicity of improved outcomes realized for children and youth placed in kinship care, better supporting relative caregivers and redefining what success looks like for kinship placements, we can ensure more children receive the stability, comfort and connection provided through kinship care placements and increase the number of children and youth who achieve positive outcomes in out-of-home care.

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