

# RAP Sheet

RESEARCH ADVANCING PRACTICE

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## GRANDMOTHER KINSHIP PROVIDERS NEED SUPPORT, TOO

Not surprisingly, when a child's parents are incapable of caring for him/her, the child's grandparents are often the first option considered. Due to their relation to (and thereby implied relationship with) the child, this transition is thought to be less traumatic to the child than a non-kin placement. Further, grandparents' age, stability, and wisdom supposedly contribute to caregiving skills and abilities the child's parents may not possess. However, it is a disservice to assume that grandparents have little or no difficulty when they become primary caregivers to their grandchildren. A study of 102 African American grandmothers (including 5 great-grandmothers) caring for a total of 223 grandchildren in Atlanta, Georgia, revealed some interesting findings. Parental substance abuse was the primary reason for grandmother care for 38% of the sample, followed by parental incarceration (18% of the sample). Only 11% were cases in which the children had been formally removed from the parent's home by child protective services. Grandmothers in the study were likely to be single (only 18% were living with a spouse or partner), and not very highly educated (46% had never completed high school). The vast majority were receiving some form of governmental aid (TANF or SSI for either the grandparent or grandchildren). Results regarding grandmothers' well-being indicated that levels of psychological distress were related to family resources, social support, and grandmother's physical health. Also, a sizeable minority (30%) scored above the clinical cutoff for psychological distress, indicating a need for intervention. The authors concluded that strengthening social support and family resources is essential to the success of these families.

Kelley, S. J., Whitley, D., Sipe, T. A., & Yorker, B. C. (2000). Psychological distress in grandmother kinship care providers: The role of resources, social support, and physical health. *Child Abuse and Neglect*, 24, 311-321.

## HOUSING IMPROVEMENTS MAY IMPROVE MENTAL HEALTH

Previous research on the impact of type of housing on mental health has focused on differences between high-occupancy buildings and single-family dwellings, with little attention paid to how the quality of a family's housing contributed to or detracted from their psychological well-being. In two separate studies, various dimensions of housing quality (structural quality, privacy, indoor climatic conditions, hazards, and cleanliness/clutter) were shown to be related to mothers' mental health. The first sample consisted of 207 low- to middle-income mothers from rural upstate New York, and was predominantly (97%) white. Even after controlling statistically for income, greater housing quality was associated with lower levels of psychological distress. The second sample included 31 low-income mothers (61% were African American) from urban

areas in Michigan. For this group, housing quality and mothers' mental health were assessed before and after their families were relocated to improved housing (through Habitat for Humanity). Changes in housing quality were related to psychological distress scores, even after controlling statistically for pre-relocation levels of distress. While it is likely that mothers in poorer mental health are less likely to attain and/or maintain higher quality housing (which could explain the findings from the first sample) the second study suggested that improvements in housing quality may help to improve mothers' psychological well-being.

Evans, G. W., Wells, N. M., Chan, H. Y. E., & Saltzman, H. (2000). Housing quality and mental health. *Journal of Consulting and Clinical Psychology*, 68, 526-530.

## ACCESS TO PRIMARY CARE PROVIDERS MAY REDUCE MEDICAID RECIPIENTS' DEPENDENCE ON HOSPITAL EMERGENCY ROOMS

In the mid-1990's, North Carolina began to implement Carolina Access, the managed care program for Medicaid. One aspect of the program involves assigning primary care providers to Medicaid recipients. Often, parents of children enrolled in Medicaid rely on hospital emergency departments as their primary source of health care. Providing them with other alternatives was expected to lessen their dependence on more expensive emergency room visits. Medicaid recipients were assigned to a primary care provider, and given access to 24-hour "call-a-nurse" telephone systems. Following the introduction of this program, emergency room visits of children enrolled in Medicaid decreased 24% over two years, while visits of non-Medicaid children increased 8%. Non-urgent visits decreased 37% for Medicaid-enrolled children, but was stable over the two-year period for non-Medicaid children. The total number of children covered by Medicaid in this North Carolina county remained relatively stable for the duration of the study, which suggests that the program may have contributed to the documented decline in emergency room visits by children enrolled in Medicaid.

Piehl, M. D., Clemens, C. J., & Joines, J. D. (2000). "Narrowing the gap": Decreasing emergency department visit use by children enrolled in the Medicaid program by improving access to primary care. *Archives of Pediatrics and Adolescent Medicine*, 154, 791-795.

## BOOK WORTH NOTING

Mallon, G. P. (1998). *We don't exactly get the welcome wagon: The experiences of gay and lesbian adolescents in child welfare systems*. New York: Columbia University Press. [ISBN 0-231-10455-3] Interviews with professionals and with gay and lesbian teens provide the basis for this book intended to educate professionals about these adolescents' experiences within the child welfare system.

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MISSION STATEMENT: The *RAP Sheet* is intended to inform professionals across the state of Nebraska of current findings from social science research that could impact the delivery of services to children and families. Summaries of recent articles from academic journals (and occasionally book chapters) on the areas of child protection and juvenile justice are the focus, with smaller sections reserved for announcements and websites of interest. Other topics will be included in special issues as needed. Citations are provided in the format used by the American Psychological Association (APA), and are available through many university libraries. The *RAP Sheet* is funded in part by the State of Nebraska Department of Health and Human Services System. Comments and suggestions are always welcome and can be sent to the editors or faculty advisor.

## REPORT ON DOMESTIC VIOLENCE AND CHILD MALTREATMENT

A recent report provides descriptive and demographic information regarding the co-occurrence of child maltreatment and domestic violence in Hennepin County, Minnesota in 1999. Recommendations for improving services to those affected by family violence focus on training, communication, collaboration, early intervention, assessment, and case management. The full report is available at [www.mincava.umn.edu](http://www.mincava.umn.edu) (go to the Child Abuse heading and look for the title: "Responding to the Co-occurrence of Child Maltreatment and Adult Domestic Violence in Hennepin County") The website also provides access to research and policy reports on a wide variety of child welfare issues.

## POLICY REPORT ON SCHOOL VIOLENCE

Although school violence in America has decreased recently, most Americans perceive schools as becoming more violent. In actuality, school-associated violent deaths declined 40% between the 1997-98 and 1998-99 school years. Possession of guns in schools have decreased, as evidenced by student reports of carrying a weapon in the previous 30 days, which decreased by 30% between 1993 and 1997. In addition, the total number of school crimes in general has declined from 1993 to 1997. Yet, while this is the reality in America's schools, 49% of respondents in a recent poll were more likely to be fearful of their schools than the previous year. In addition, even though only 4% of juvenile homicides occur in rural areas, rural parents were more likely than urban or suburban parents to say that they were afraid for their children at school.

The authors of this Policy Report believe that this misperception of schools by parents and policymakers as unsafe has led to a tightening of security in schools, such as the development of "secure buildings" with metal detectors, locked doors, and personal searches. The new stricter policies have also led to more severe action for misbehavior in schools. In 1997, 3.1 million students were suspended from school; most of them were for non-violent, non-criminal acts. Many schools now are giving matters that were traditionally handled in the principal's office to the justice system, which can undermine the educator's authority and negatively impact the student-educator relationship. As policy directives, the authors suggest that media coverage present a more balanced view of school violence in America. In addition, they suggest spending less time turning schools into restrictive environments, and more time trying to create an atmosphere of nonviolence and individual responsibility in the schools. Lastly, instead of focusing on students bringing guns to school, the authors suggest focusing on the more basic question of how they get the guns in the first place.

Brooks, K., Schiraldi, V., & Ziedenberg, J. (2000). School house hype: Two years later. Policy report prepared by the Justice Policy Institute and Children's Law Center, Inc. Report available online at [www.cjcj.org/schoolhousehype/shh2.html](http://www.cjcj.org/schoolhousehype/shh2.html).

## META-EVALUATION OF WILDERNESS CHALLENGE PROGRAMS SUGGEST LOWERED RECIDIVISM RATES

Wilderness challenge programs are intended to lower juvenile delinquency rates. In this type of program, youth participate in a variety of physically challenging activities, usually outdoors, such as backpacking or rock climbing. The programs are based on the "learning by doing" idea, with participants performing activities that directly challenge their skills and self-concepts. Participants supposedly build self-esteem from the challenges, and also learn prosocial skills through the group nature of most of the activities. Twenty-eight evaluations of wilderness challenge programs for delinquent youth were examined to see the overall effectiveness of this type of program. The researchers found that, on average, about 29% of wilderness program participants recidivated, as compared to 37% of control participants. High intensity programs with strenuous solo or group expeditions and other physically difficult activities reduced delinquency more than did less strenuous programs. In addition, programs with a distinct therapy component reduced delinquency more than those without, perhaps because therapy enabled participants to process their challenging experiences and to make references to their own behavior with more success. The most effective programs were relatively short-term programs with therapeutic enhancements. However, as most of these studies included only white males who were already "in the system," caution should be taken before generalizing the results to females, minority groups, and pre-delinquent youth.

Wilson, S. J., & Lipsey, M. W. (2000). Wilderness challenge programs for delinquent youth: A meta-analysis of outcome evaluations. *Evaluation and Program Planning*, 23, 1-12.

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