Kin vs. Non-Kin Care:
Literature Review

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The following is a brief summary of the findings from the literature review on the differences between kin care and non-kin (foster) care.

**Caregiver Characteristics:**
- Kin caregivers are typically single, female, older, less educated, and have less financial stability than foster parents (Berrick 1998; Ehrle & Green 2002; Scannapieco, Heger, & Alpine 1997).
- Caseworkers have less information about a kin caregiver at the time of placement than they do with a foster parent (Chipman, Wells, & Johnson 2002).
- Kin caregivers are more likely to care for large sibling groups (Ehrle & Green 2002).

**Training Provided:**
- Foster care qualifications and training mandates are consistent, while kinship care qualifications change from state to state (Berrick 1998).
- California does not require training nor licensure from those providing kinship care, with counties setting their own standards for kin caregivers which are lower than the standards for foster parents (Berrick 1998).

**Support Provided (financial and other):**
- Kinship foster parents receive less support, fewer services, and have less contact with child welfare workers than foster parents (Berrick 1998; Chipman, Wells, & Johnson 2002; Ehrle & Green 2002; Kang 2003).
- Financial reimbursements policies differ from state to state with those providing kinship care receiving less financial support than foster parents (Berrick 1998; Ehrle & Green 2002; Kang 2003; Lorkovich, Piccola, Groza, Brindo, & Marks 2004).

**Child Well-Being:**
- Children placed with kin were more likely to indicate that they were satisfied with their placements versus children placed with non-kin (Berrick 1998; Lorkovich, Piccola, Groza, Brindo, & Marks 2004).
- Kinship caregivers are more likely to continue the ties with the child’s birth family (Berrick 1998; Ehrle & Green 2002; Kang 2003; Lorkovich, Piccola, Groza, Brindo, & Marks 2004; Scannapieco, Heger, & Alpine 1997).

**Safety:**
- Non-kin foster parents were twice as likely than kin foster parents to have a confirmed report of maltreatment (Berrick 1998; Shalonsky & Berrick 2001).
Permanency:

- Children who were placed with kin and remained in care for over 4 years were more stable than children who were placed with non-kin. Those initially placed with foster parents averaged 2.98 placements while those initially placed with kin averaged 1.85 placements (Berrick 1998).

- Reunification occurs more slowly and later on in placement when a child is placed with kin, with many kinship caregivers reluctant to consider adoption (Berrick 1998; Kang 2003; Lorkovich, Piccola, Groza, Brindo, & Marks 2004; Scannapieco, Heger, & Alpine 1997).
As of 1998, there were approximately 1.8 million children living in informal kinship care – live-in, daily care provided by relatives outside of the child welfare services system – in the U.S., or 2.2% of the child population. From 1985-1995, the population of children requiring substitute care increased from 276,000 children to 494,000. Reliance on kin as caregivers shows no sign of decline in most large states, therefore it is in the best interest of public policy and child welfare agencies to be responsive to the trends and changes taking place in the structure of out of home placements by seeking and implementing strategies and opportunities to promote children’s safety, support their families, and foster their legal permanence while they are placed with kin.

- These numbers continue to rise along with the demand for substitute care placements, in part due to the entrance of infants and other very young children entering into child protective services – who tend to be those who remain in out of home care for longer periods of time. Another reason is the introduction of crack cocaine into low income neighborhoods that brought a new onslaught of children into care.
- The numbers of available foster care homes has decreased, in part due to the growth of single parent households, the increased proportion of women joining the workforce, increase in divorce rates, and cost of child rearing increasing.

**Differences in kinship care and foster care:**

- Foster care qualifications and training mandates are consistent while kinship care qualifications change from state to state.
- Some states mandate participation in training and becoming licensed, the same qualifications of any foster care giver, while others do not.
- CA does not require training nor licensure from those providing kinship care – Counties in CA set their own standards for kin caregivers who vary widely; all have lower standards for kin than for foster parents.
- As of recently, increasing numbers of child welfare workers have embraced the “philosophical shift that values placement within the family, and that focuses on the strengths, rather than the deficits, of family members”. (p.74)
- “Enthusiasm for kinship foster care has paralleled an overall trend in child welfare services toward a more family-centered, community based services to families”.(p.74)
- Because of the differences in interpretation of a 1979 U.S Supreme Court ruling regarding providing federally funded payments to help offset childcare costs to
substitute caregivers, financial reimbursement policies differ from state to state for foster care givers and kinship care givers. Some states will only provide payments to kinship caregivers if they have received training and licensure, others are more lenient. There is a clear need for research into the lack of consistent policy regarding mandatory training and licensure among substitute caregivers as well as the unequal treatment from child welfare workers and current policy regarding kinship versus non kinship foster caregivers.

- CA policy allows for foster care subsidies to be paid to kinship caregivers whose foster children are AFDC eligible – approximately 60% of the kinship care caseload, while the remaining 40% typically receive welfare payments instead. (p.75)
- “Evidence from a number of sources suggest that kinship foster parents receive less support, fewer services, and less contact with child welfare workers than foster family parents receive. These differences are problematic because kin foster caregivers are less advantaged than non kin caregivers to start with”. (p.77) One study found that kin caregivers were visited and called less frequently by caseworkers than other foster parents, and another discovered that more than one-quarter of kin caregivers had not had any contact with a caseworker in the previous year.
- Types of assistance most frequently requested by kin caregivers include legal assistance (primarily to establish a legal relationship with the child through guardianship), assistance obtaining financial support, respite care, training, and support groups.
- Since kin caregivers are typically older, less educated, and have less financial stability than specially trained and screened non kin caregivers, there is even greater need for these supportive services to be provided to this population, but there exists a stigma that kin caregivers do not want to be bothered by social workers in their home.
- Researchers of one study “discovered that non kin foster parents were twice as likely as licensed kinship foster parents to have a confirmed report of maltreatment” (p.79). Better screening, training, and education for caregivers is needed prior to placement, regardless of whether the children are going to live with family or non kin caregivers. Consistent support and training During placement continues to be an unmet need for kin caregivers.

**Research on positives of kinship level of care:**
- Children placed with kin were more likely than children in other settings to indicate that they were “happy” to “very happy” when rating themselves in 15 domains of life.
• Research finds kin caregivers “typically offer children a safe and nurturing environment. Their close ties to the child and to the child’s birth family inherently support family bonds, although these ties also make many kin caregivers reluctant to consider adoption”. (p.73)
• Utilizing kin caregivers can “provide continuity, lessen the trauma of separation, preserve family ties, and offer growth and development within the context of the child’s culture and community – And when the kinship caregiver selected for the child is a known and trusted relative, the child’s extended family ties have indeed been maintained” (p.80)
• A study using a CA data set comparing kin vs. non kin care examining placement stability over 4 years reflected that children who remained in care after 4 years and had been placed with kin had more stable placement histories (those initially placed with foster parents averaged 2.98 placements while those placed with kin averaged 1.85 placements). It was also noted that when children placed with kin were moved, they usually moved from one relative caregiver to another, not to the home of a stranger. Evidence suggests that multiple placements are associated with disruptive behavior in children and with poor outcomes.

Facts of Reunification:
• Research shows that reunification with family typically occurs more slowly and later on in the placement experience when a child is placed with kin, meaning that reunification occurs outside of the 18 or 24 month period stipulated by federal law as the time line during which a permanent plan must be developed for each child placed out of their home. “Strict attention to these legal time lines could lead child welfare workers to secure permanent homes with strangers for children who, if left alone in kinship care, might later reunify with their parents”. (p.82)
• Many kinship caregivers are reluctant to consider adoption, since they reject the notion of terminating the parental rights of their relatives, and argue that they are already “family” to the child, supporting research that reflects children placed in foster care are higher than those placed in kinship care. While reluctant toward adoption, kinship caregivers claim to have made a lifetime commitment to the child in their care.

Facts of Legal Guardianship:
• Provides special opportunities for children to attain legal permanence with an adult caregiver if they cannot return home.
• Parental rights are not terminated and the caregiver is provided with the authority to make medical and educational decisions and affords a greater degree of control over family decisions.
• In some states, nonkin foster parents are eligible for a state-funded subsidy upon assuming legal guardianship, but in all states, the child’s kin are excluded from such payments.
• “State efforts to make legal guardianship more attractive to kinship caregivers through special subsidies, supports, or services may encourage guardianships, helping more children to leave the child welfare system through this avenue” (p.83).

**Recommendations:**
• Public policy should encourage kin placements for children whenever possible and deemed appropriate.
• Government policy and state mandates should include more universal screening policies, training, supports and services, qualification requirements, and benefits to both kin and non kin caregivers, with special consideration to the unique circumstances of kinship caregivers.

Authors Chipman, Wells, and Johnson present a literature review as well as findings from a qualitative study that consisted of twenty four focus group interviews that were conducted with 33 kinship caregivers, 7 children living with their relatives, and 30 caseworkers of children in kinship placements in order to provide insight into quality foster care. Participants were asked their views on quality of care in kinship homes, factors to consider regarding selection and evaluation of kinship placements, and opinions of how kinship and non-kinship foster care differ.

**Selection and Evaluation Criteria:**

- Participants from the three categories all focused first and foremost on the provision of basic care, including the safety of the child, physical and emotional care, and support for the child’s growth and development. All agreed widely about the importance of the caregiver’s interactions with the child, expressing particular concern about the caregiver’s representation of the biological parent to the child.

- Several participants representing each category were concerned with a caregiver’s capacity to provide stable, physical care by expressing preferences for employed, financially stable caregivers and protecting the child from the consequences of negative behaviors by members of the caregivers household.

- Caseworkers were more concerned with issues of permanency and child safety (including background safety checks, a foster caregiver’s childrearing history, the level of commitment by the caregiver to provide care as long as necessary, and ability to protect the child from the hazards of the physical environment in and around the home.

- The caregivers group focused more on the foster caregiver’s emotional capacities and characteristics, emphasizing the provision of love and moral/spiritual guidance.

**Placement in Kinship Care:**

- In many cases, caseworkers had little information about the kin caregiver at the time of placement, particularly in emergency situations. Many caregivers reported having children placed in their homes without any assessment, while
some reported to not having a choice about accepting the child for placement, and others reporting to some screening occurring before placement.

- Participants reported that the unplanned placements created problems for members of the household and the child being placed, with all caregivers and children suggesting that a pre-placement meeting be conducted by placement agencies to include children, kinship families, and biological parents to discuss the child’s needs and each party’s expectations.

Screening and Licensing Standards:
- Case workers in this study generally believed that placement agencies should not hold kin to the same standards as non-kinship homes (income size, size of home, training requirements..) but recognized a need for minimum standards to ensure quality care is provided.

- Some caseworkers voiced their feelings on the fact that relatives should not necessarily be automatically disqualified as kin caregivers because of a prior felony or substantiated maltreatment report, but that the agency should consider factors such as when the incident occurred, the severity of the incident, steps taken to change their behavior and history of recent behavior.

Protection from Continued Maltreatment –
- Some workers expressed difficulty in ensuring the child’s protection, stressing the importance of exploring a caregiver’s commitment and ability to comply with parental visitation rules as outlined in the case plan. Suggestions included the need for better monitoring and regulated parental visits including discussions about setting rules and boundaries.

Caregivers Age and Health:
- Many generally believed the caregiver’s physical and mental health should not hinder him or her to provide the appropriate level of care needed by the child, and should not pose a threat to the caregiver’s health.

- Participants discussed several possible health threats that should potentially disqualify caregiver’s: an HIV infection, a “nervous” personality, a mental condition, a chronic condition that could potentially worsen due to intensive child care, limited mobility, a contagious disease, a heart condition, or terminal illness.
Kinship Care Outcomes:
- The focus of caregivers when asked about outcomes of importance surrounded the child’s school performance, behavior, and general happiness.

- Consistent with legal interpretations, social workers often describe a successful outcome as family reunification or adoption while many participants felt that this limited definition of success has the potential to set up many kinship placements to fail since many kin caregivers feel it is unnecessary to legally adopt a relative and feel strongly about not wanting to cut ties with their relative birthparent.

- While several caregivers expressed interest in adopting the child in their care, others were openly hostile to the idea as they did not see a need for adopting someone who is already a relative. Some voiced that a “definition of permanency” that limits acceptable outcomes to reunification and adoption may doom kinship placements to fail.

Intervening Factors in the Quality of Care:
- Many caregivers and caseworkers reported feeling resentment and frustration regarding the treatment of kinship caregivers and the power imbalances between relative caregivers and all that makes up the child welfare system, including the courts.

- Both caregivers and caseworkers expressed that agencies should work to correct these power imbalances by involving caregivers and the children more fully in the process of case planning.

- Most of the caseworkers felt kinship caregivers should be entitled to the assistance provided to traditional foster families, while others were worried about straining agency resources and having an expectation that a family member should be able to care for their own relative.

- It was discovered that many kin caregivers were unaware that they could become licensed and receive the same benefits as traditional foster parents.

- The most common service needs that were expressed by kin caregivers were daycare, support for any special needs of the child, support groups and counseling for caregivers and children, training for caregivers, tutoring services, medical insurance and clothing for the children.
• **Children** also reported a need for support groups for themselves and voiced other concerns regarding their kin caregivers receiving support in a timely manner. Caregivers also discussed the need for caseworker support in dealing with generational differences and the special needs of the children in their care.

• Caregivers expressed their hesitancy to request services for fear that the children in their care would be removed from their homes.

**Recommendations for Policy, Practice, and Future Research:**

• In order to provide families with a more broad range of permanency options and to support state innovations, a greater latitude in the use of federal funds is needed as well as substantial modification to the current title IV-E waiver process to ensure greater flexibility and encourage state participation in demonstrations.

• Stakeholders must be included in the case planning process so a consensus can be reached on the goals of placement and envisioned outcomes can be achieved within agreed upon time frames.

• The priority must be made, whenever possible, to ensure that agencies are preparing families by involving kinship families, biological parents, and the children in the case planning process to discuss the specific needs of the child as well as each parties expectations of the placement.

• An area for needed research is in the uneven provision of resources and support to kinship foster caregivers.

• Another practice concern and area of needed future research stems from contact between children and biological parents in kinship foster care settings.

When working with Indian Children, agencies need to follow the provisions of the Indian Child Welfare Act (ICWA) which concerns what agencies must do prior to a child’s entry into care, and when considering foster or adoptive placement for the child. According to the Act, agencies must do the following:

- Provide remedial, culturally appropriate services for Indian families before a placement occurs;
- Notify the child’s tribe by registered mail of the child’s welfare proceeding;
- Recognize the tribe’s right to intervene in the case or assume jurisdiction over the case;
- Use expert witnesses to assess the need for placement; and
- Follow the stated placement preferences for foster care versus an adoptive home, which are listed in order below.

**For a Foster Care Placement:**
1. An extended family member
2. A tribally licensed, approved, or specified foster home
3. A tribally operated or approved institution that can meet the child’s needs

**For an Adoptive Home:**
1. An extended family member
2. A member of the child’s tribe
3. A member of a different tribe

The other important component of ICWA is provided for Indian tribes to reassume jurisdiction over child welfare matters (such as developing and implementing juvenile codes, setting up juvenile courts, and developing tribal-state agreements regarding child welfare agencies.

Agencies should be aware that their recruitment and retention practices are consistent with the Multiethnic Placement Act of 1994 (P.L. 103-382), the Interethnic Adoption Provisions of the Small Business Job Protection Act of 1996 (P.L. 104-188), and the Indian Child Welfare Act (P.L. 95-608). The NASW recommends that social workers do
all they can to include tribes in decision-making and for their assistance in locating appropriate placements for a Native American child requiring out-of-home care, and if impossible, that prospective resource families receive diversity training.

Kin and Non-Kin Foster Care: Findings from a National Survey

Pros of Kinship care:
- Provide children with a sense of family support
- Frequent contact with both birth and siblings than children in non-kin foster care

Cons of Kinship care:
- Relative caregivers are more likely to be single, poorer, older and have less formal education than non-kin foster parents.
- Kinship givers receive fewer services for themselves as well as for the children in their care.
- Kinship givers have less contact with social workers and receive fewer services such as respite care, support groups and training.
- Kinship caregivers are more likely to care for large siblings groups.
- Kinship givers tend to be older than non-kin foster parents and have poorer health.
- Kinship givers are more likely to be employed than non-kin foster parents.
- In several states some kin caring for children in state custody are not eligible to receive a foster care payment.
- Studies show that kinship foster caregivers are more likely than non-kin foster parents to receive TANF, SSI, Food Stamps, free and reduced lunch.

This review of recent research on the quality of kinship care pays special attention to the comparisons between kinship versus non-kinship care in terms of caregiver characteristics, receipt of services, placement stability, and achievement of permanency. Studies analyzed in this review also produced some mixed results. An example can be found in that many studies done on kinship caregivers (Berrick, 1998; Barth & Needle, 1994; Courtney & Needle, 1997; Dubowitz, Feigman, & Zuravin, 1993; Ehrle & Green, 2002; Gebel, 1996; Le Prohn, 1994) have found that kinship caregivers are more likely to be older, Africa American, single, financially unstable, unemployed, and undereducated when compared to the general population of foster caregivers. Yet, Scannapieco, Hagar, and McAlpine, (1997) report that the financial and unemployment status, and educational level did not differ between kinship vs. non kinship caregivers. Despite these findings, there is much research to support the fact that the majority of kin caregivers are grandparents.

- A focus on the physical and mental health problems of grandparent caregivers in addition to the disadvantages that older people tend to face, such as financial pressure and social isolation, reflected in a study by Burton (1992) suggested that grandparent caregivers suffered from substantial physical and psychological costs, in addition to the social and financial costs of childrearing.

- Minkler and Roe (1993) reported on African American care giving grandmothers who suffered from burdens on their health and well being, while according to Grant (2000), many grandparent caregivers are suffering from chronic health conditions but are not receiving health care because of their own financial limitations.

Plenty of positive attributes and influences of grandparent caregivers have also been studied, such as continuing cultural and familial heritage.

- A study by Strom, Collingsworth, Strom, and Griswald (1993) reported that African-American grandparents seemed to be more influential than Caucasian grandparent caregivers in the areas of giving children life direction and advice, teaching respect toward others feelings, the worth of religion, and right and wrong.
Studies on services needed by caregivers tended to show more consistent results and the revealing of many kinship caregivers expressing anger and frustration with the child welfare system for failing to respond to the needs of their relative foster child and lack of supports for the caregivers and lower foster care payments as well.

- According to Berrick (1998), Brooks and Barth, (1998), and Gebel (1996), kinship caregivers receive less case management, public support services, and supervision from the child welfare system than do non-kinship foster placements.

- It was reported by Kolomer (2000) that grandmothers providing care to disabled grandchildren reported that disabled supportive services needed were not provided to them as they were unavailable to kinship caregivers.

- Studies by O’Brian, Massat, & Gleeson (2001) and Davidson (1997) support other research findings that kinship caregivers want services and support, including but not limited to: financial support; counseling; training/support regarding federal foster care home requirements; respite services; support groups; day care; information about agency policies and court procedures, and time to prepare for the arrival of the relative child coming into their home care.

Mixed results have also been found among studies focusing on placement stability in kin versus non-kin placements.

- Gebel (1996) found kin caregivers to have more positive perceptions of the children in their care and were also more favorable to physical discipline when tested by the children in their care.

- A study by Le Prohn (1994) found that kinship caregivers showed more sense of responsibility for their children and indicated significantly stronger feelings of responsibility to maintain the child’s contact with their family of origin than non-kin caregivers.

- While several studies (Berrick, 1998; Courtney & Needle, 1997) found and reported that kinship care provides more stability than non-kin care, a study by Terling-Watts (2001) revealed substantial disruption rates in kinship care rising as high as 50% by the third year of placement and Testa (2001) found there to be greater stability during the initial phase of placement which faded as time passed.
• Berrick, 1998; Courtney & Needle, (1997) also found that children living with kin were reunified at a much lower rate than the children in non-kin care, indicating that kin caregivers are less interested in adoption because they already consider the child to be family. In support a comparison study by Gebel (1996) did not show a decreased willingness among kin caregivers in their willingness to adopt. In addition, Dubowitz et al. (1993) found in a study profiling kinship care that kin caregivers were more willing and committed to care for their children despite the lower financial resources that they would receive in comparison to the non-kin caregivers.

This article summarizes several empirical studies conducted on the well being of children in kinship care to determine if the literature reveals how these children are faring in areas including school performance, school behavior, behavioral problems, and/or physical health, and whether or not children in kin-care are faring better than children in non-kin care.

The results included the following:

- Children in kin-ship care showed that while they tend to receive inadequate healthcare services, they also display a substantially greater amount of healthcare needs.

- Common school behavior problems included poor study habits and low attention skills, and overall children in kinship care had below average academic performance and cognitive skills.

- In one particular study, Grant (2000) found that many of the children studied (52%) coming into kinship care presented developmental and school behavioral problems due to prenatal drug exposure. Of the cases studied, many children in his sample also suffered from social and environmental stressors such as parental substance abuse (74%), neglect or abandonment (41%), exposure to violence (30%), and parent incarceration (30%).

- Brooks and Barth (1998) completed a comparative study of four groups: non-drug exposed children placed with kin; drug-exposed children placed with kin; non-drug exposed children placed with non-relatives; and drug-exposed children placed with non-relatives. While the results did not display a significant difference in educational performance, it was clear that non-drug exposed children placed with kin were Least likely to display behavior problems, while drug-exposed children placed with kin were Most likely to display behavioral problems. The authors interpreted the results as supporting the theory that “kinship care environments have different implications for drug-exposed and non-drug exposed children”, raising the concern that while it appears unanimous that kinship environments may be the most beneficial for most
children, they may not be able to meet the specialize needs of drug-exposed children.

- Beeman, Kim, and Bullerdick (2000) found that older children, children without disabilities, children of color, children court-ordered into placement, and children whose reason for placement was parental substance abuse were more likely to be placed in kinship foster care.

- A study by Iglehart (1994) found that adolescents coming from kinship care had more stable and less disruption among placements and fewer mental health functioning problems than adolescents in non-kinship care. In addition, Iglehart (1994) also found that children in kinship care had fewer prior placements than children in non-kinship placements.

- Findings by Benedict, Zuravin, and Stalling (1996) showed that past social service records did not include significant differences between adults who had been raised in kinship care compared to non-kinship care in the areas of current adult functioning in education, employment, physical and mental health, stresses and support, and risk-taking behaviors.

The author states that despite the numerous empirical studies focusing on the well being of children in kinship care, which yield mixed results, there have been a small number of comparative studies as well as methodological limitations to these studies and the importance of longitudinal studies was stressed by the authors before concluding that kinship care is the best type of placement for children.

## Kinship Care and Permanence: Guiding Principles for Policy and Practice

Between the implementation of the Adoption and Safe Families Act of 1997 (ASFA), which enforced a permanency plan within a strict timeframe designed to reduce the length of stay for a child in foster care, and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), which decreased the number of families receiving assistance, children are entering the child welfare system in ever increasing numbers. This article examines the alarming rate at which children are entering the custody of child welfare agencies over the past several years and reviews why kinship care is favored, using lessons from the Kinship Adoption Project (KAP) in Cuyahoga County, Ohio. KAP was a 3 yr. joint private-public partnership a County Children and Family Services Dept., a public child welfare agency, a Jewish Children’s Bureau, and a private social service agency with two components: (a) an exploratory study of the barriers and facilitators in kinship adoption and (b) a social service program designed to alleviate the barriers of kinship adoption.

### Favoring Kinship:

- It has been indicated by the Child Welfare League of America (1994) that kin includes both biological relatives as well as those considered to be a part of the family but not biologically related. Several laws, including the Indian Child Welfare Act of 1978, the Adoption Assistance and Child Welfare Act of 1980, the PRWORA (1996), and AFSA (1997), support kin as the preferred placement resource for children.

- Kinship offers several benefits, including a familiar caregiver to help reduce the trauma of separation, reinforcing a child’s sense of identity and self esteem, offers greater stability in placement, reduces the stigma of foster care, and promotes sibling relationships (Beeman & Boisen, 1999; Berrick, Needle, Earth, & Jonson-Reid, 1998; Wilson & Chipunga, 1996).

- According to Needell and Gilbert (1997), about 1/3 of all children in legal custody are placed with kin, a percentage expected to grow as more children need placement.

- Ainsworth and Maluccio (1998) noted, the “trend toward a greater use of kinship care...may indicate that child care and protection agencies are becoming more sensitive to family, racial, ethnic, and cultural factors and the importance of family continuity in child development” (p.4).
Barriers to Kinship Care:

- Authors felt that at the heart of the barriers lay an ill defined philosophy about exactly who is allowed in the circle of kin, how to (fairly, yet without bias) assess potential kinship caregivers. During KAP it was noted that often the abusive or neglectful birthparent was the exception within the family.

- Participants surveyed by KAP felt barriers included the provision of accurate information about adoption at several points in the process.

- The KAP survey identified that 38% of kin caregivers had housing issues (including inadequate space), had difficulty finding affordable housing – which would delay adoption.

- According to de Acosta (et al.,1998), caregivers among his focus groups felt that although they have been parents in the past, they were inept to handle the “new problems” children exhibit, such as ADHD, and ongoing assistance was much needed.

- Hawkins and Bland (2002) confirmed that while many states require relatives to be the first placement option considered, very few provide the same level of assistance to kinship families that they do foster families.

Philosophical Shifts and Policy Changes: Lessons from KAP

- There is an essential need for child welfare policy makers, administrators, and practitioners to take an objective approach in the evaluation of kinship families – and maintaining professional awareness of their own negative feelings toward the children’s biological parents.

- Throughout KAP, it became clear that defining kin continues to be an issue and that a more inclusive definition “is most beneficial to achieving good outcomes for children”.

- Child welfare policies need to allow placement agencies to pursue caregivers who can help children sustain ties to their family, school, church, and community, regardless of any existence of a biological relationship.

- More work needs to be done regarding the policies that dictate how resources will be allocated.
• As many kin families simply will not meet the criteria for adoption, two options are: 1) develop a specialized (less strict) process for approval of kinship adoption, or 2) provide a high level of financial and social support services to children and their kinship families who are forced to consider other permanency alternatives.

Practice Strategies
• With three primary options to consider when formalizing permanence (legal custody, legal guardianship, and adoption) there are advantages and disadvantages and it is imperative that kin caregivers have all of the accurate information as early on in the process as possible to ensure that better informed choices are made to link children with a permanency option as quickly as possible.

This article focuses more in depth on the characteristics found among foster care and kinship caregivers, the children that are placed within respective systems, and the parents of these children. Also examined are the differences in the provisions of child welfare services and the goals and outcomes of placement with each respective system.

**Characteristics of Caregivers, Children, and Parents**
(Of the eight research studies identified in the literature review for the focus of this article, many of the findings have been discussed above in previous article reviews and will be touched upon briefly). Findings from the research study conducted by authors Scannapieco, Heger, and Alpine on 106 case studies of children in kin and traditional foster care will be included. Limitations of their study included a small sample size of 89 homes and 106 children, reducing the statistical power of the findings.

**CAREGIVERS**
- Women are the most common kinship caregivers (Berrick et al., 1994; Dubowitz et al., 1990; Gabel, 1992; Task Force, 1990; Thorton, 1991; Wulczyn & Goerge, 1990)

- Relatives who most frequently provide kinship care are maternal grandmothers more than 50% off the time, followed by aunts up to 33% of the time (Dubowitz et al., 1990; Gabel, 1992; Task Force, 1990; Thorton, 1991).

- The age of kinship caregivers is approximately 50 years old, which is typically older than traditional foster mothers (Berrick et al., 1994; Dubowitz et al., 1990; Gabel, 1992; Task Force, 1990).

- The majority of kinship caregivers had finished high school (Berrick et al., 1994; Dubowitz et al., 1990; Gabel, 1992), in comparison, more traditional foster mothers had completed high school (Berrick et al., 1994).

- The marital status of most kinship caregivers is single (Berrick et al., 1994; Dubowitz et al., 1990; Gabel, 1992), which findings show is not the case for traditional foster mothers (Berrick et al., 1994).

- Approximately 48% of kinship caregivers are employed out of the home although many are living in poverty (Berrick et al., 1994; Dubowitz et al., 1990).
• In some of the study populations, a majority (53%) owned their own home (Berrick et al., 1994) while other findings show that the majority (81%) are renters (Gabel, 1992). In comparison, foster parents are more likely to have higher incomes and be homeowners (Berrick et al., 1994).

• Findings show that traditional foster parents rate themselves as having significantly better health than kinship caregivers (Berrick et al., 1994).

• Findings from authors Scannapieco, Heger, and Alpine (1997) found that the majority of both kinship (64%) and foster (73%) caregivers were 36 to 55 years old, and 49% of kinship caregivers versus 25% of foster caregivers were African American.

CHILDREN
• The majority of the studies show that children in kinship care average age 7-8 years old (Berrick et al., 1994; Dubowitz et al., 1990; Gabel, 1992; Task Force, 1990; Thorton, 1991; Wulczyn & Goerge, 1990) and are predominantly African American (Berrick et al., 1994; Dubowitz et al., 1990; Iglehart, 1994; Task Force, 1990), who make up a significantly larger proportion of children in kinship care than traditional foster care (Berrick et al., 1994; Iglehart, 1994). Gender of the children in kinship care is split relatively even between boys and girls (Berrick et al., 1994; Dubowitz et al., 1990).

• The reason most often cited for children’s placement in care is most often either child neglect or substance abuse, which often includes prenatal drug exposure (Berrick et al., 1994; Gabel, 1992; Task Force, 1990; Thorton, 1991).

• Findings on sibling groups in kinship placements vary, with Dubowitz (1990) concluding that 68% of children had at least one sibling placed with them, the Task Force (1990) finding 44% of children in kinship care are placed together in sibling groups, and Berrick and colleagues (1994) reporting that for kinship homes with more than one child in placement, at least 2 of the children were siblings in 95% of the homes.

• Any reports on physical health status of children in kinship care also varied. Taking information from medical evaluations, Dubowitz and associates (1992) found that only 10% of children in kinship care are free from medical problems. Berrick and colleagues (1994), despite the fact that 40% of the children they studied had been prenatally exposed to drugs, were assessed by their care provider to be in good health.
• In approximately 60% of the cases, children in kinship care were judged to behave satisfactorily in school (Berrick et al., 1994; Dubowitz et al., 1990; Iglehart, 1994), however with regard to scholastic performance, 36% (Iglehart, 1994) to 50% (Dubowitz et al., 1990) of the children in kinship care performed below grade level.

• According to Berrick and colleagues (1994), children of all ages in kinship care scored at least one standard deviation above the norm on the Behavior Problem Index, while Dubowitz and colleagues (1990) found that 35% of the children in their study had an overall Child Behavior Checklist score in the clinical range. In contrast, Berrick et al. (1994) found that kinship-care children between 4-15 years of age had fewer behavioral problems than did children in the same age range in traditional foster care. Findings by Iglehart (1994) supported this in finding that children in traditional foster care were even more likely to have adjustment problems, although 33% of the children in kinship care in his study had behavior problems serious enough to have them noted in their case records.

• Findings from authors Scannapieco, Heger, and Alpine (1997) concluded the children studied in the 89 homes did not differ in gender or reason for placement, however age distribution and number of previous placements was evident as their was a much higher proportion of younger children in traditional foster care and those children were also more likely to have had previous placements. Children in traditional foster care received significantly more mental health and transportation services, whereas kinship care received more substance-abuse treatment.

PARENTS
Of the 8 studies reviewed throughout this article, only Gabel (1992) and Task Force (1990) reported data on the parents of the foster children in their respective studies.

• Mothers with children in kinship care were predominantly African American with their median age of 27 at the time of placement (Gabel, 1992; Task Force, 1990).

• In the majority of the cases (66%), the primary source of income was some type of maintenance program (Gabel, 1992).

• In the majority of the cases, the location of the mothers was unknown to the child welfare agencies (Gabel, 1992).
PROVISION OF CHILD WELFARE SERVICES
Studies examined in this article identified deficiencies in service provision to children in out of home care.

- Participants in foster care are more likely to be offered services than those in kinship care and levels of agency monitoring of children in kinship care are below that of traditional foster care (Berrick et al., 1994; Iglehart, 1994)

- This was supported by Berrick (et al., 1994) who found that 91% of the kinship caregivers in his study had not received any formal training during the previous year.

- Findings from authors Scannapieco, Heger, and Alpine (1997) concluded that when there was a permanency planning goal for reunification in place, foster caregivers were more likely than kin caregivers to receive crisis intervention, parent education, and assistance with transportation. Parents of children in kinship care were more likely to report receiving substance-abuse treatment (21% vs. 15%).

GOALS AND OUTCOME OF KINSHIP-CARE PLACEMENT
- Although reports from multiple studies found placements with relatives to be “very stable” (Berrick et al., 1994; Dubowitz et al., 1990; Iglehart, 1994), findings also included that kinship care placements lasted longer and reunification rates were lower than traditional foster care placements (Berrick et al., 1994; Dubowitz et al., 1990; Gabel, 1992; Task Force, 1990; Thorton, 1991; Wulczyn & Goerge, 1990).

- Kinship caregivers tended to express stronger commitment to their children and indicated their willingness to care for them as long as needed (Berrick et al., 1994; Dubowitz et al., 1990; Thorton, 1991).

- The majority of kinship caregivers were not willing to adopt children who were already related to them (Berrick et al., 1994; Thorton, 1991), nor were they likely to assume legal guardianship (Iglehart, 1994).

- The proportion of cases with the goal for independent living upon discharge ranged from 5% (Task Force, 1990) to 88% (Thorton, 1991). Return to parental custody was the goal in 33% (Dubowitz et al., 1990) to 61% (Task Force, 1990).
Authors Scannapieco, Heger, and Alpine (1997) did not find differences in agency permanency planning goals, however length of time in care varied significantly (mean days in kinship care = 1,008, mean days in foster care = 534).

ASSESSING AND PROMOTING QUALITY IN KIN AND NON-KIN FOSTER CARE

This article focuses on indicators of quality in regards to kinship care and foster care, for which there is very little research and information, and identifying a series of domains of quality. The purpose of the article is to understand some of the issues that inevitably cause variation in quality between kin and nonkin placements and suggest that child welfare workers obtain a working knowledge of the varying indicators of quality, that they conduct on-going assessments of quality, and utilize these assessments to provide optimal care.

As the need for foster care continues to increase at the same time non related foster care homes decrease, the public as well as the social welfare system have come to view kinship care foster placements as a very important resource for children (Child Welfare League of America 1994). Between the rise in the substitute care population and scarcity of non related foster homes, both types of care continue to be in great demand and there appears to be a gap, or need for a greater focus on quality of care assurance. The philosophy behind kinship care includes the offset of some of the psychological trauma a child experiences upon removal from a parent, enhancing the cultural continuity for a child, and continuing with familial continuity as kinship placements are much more likely to accept sibling groups of all sizes into their home.

Some factors have been identified as constituting quality and a baseline standard of care in foster homes, but this varies and depends upon the individualized needs of the child. There must be consideration for both concrete measures, (such as protection from further abuse and neglect, appropriate physical care meeting medical, dental, educational, and developmental needs, and cooperation with child welfare agencies), with less tangible indicators (such as safety, love and warmth in the home). A literature review was conducted in this study using the Research Triangle Institute’s Encyclopedia of Kinship Care as the initial guide, followed by a sorting of the information into broad fields resulting in a series of domains that can serve as a rudimentary guide for understanding and assessing the care that children receive in kin and non kin homes.

DOMAINS

- Child Safety - The most obvious baseline standard for quality care is the assurance that no further abuse will occur in any out-of-home care placement. A case-control study by Zuravin, Benedict, and Somerfield (1993) found that non related foster parents were twice as likely as kin to have a confirmed case of child
abuse filed against them with an estimated half involving a form of child sexual
abuse. A possibility of maltreatment reporting bias has to be considered as
children may be less likely to make reports against relatives as well as the fact
that kin placements receive substantially less supervision from child protective
services (Meyer and Link 1990; National Commission on Foster Family Care
variable contributing to this statistic may involve caseworkers employing a more
lenient standard with kin, as well as the possibility that children in nonrelated
foster homes may have more behavior problems than in kinship home
placements (Benedict, Zuravin, and Stallings 1996). An examination of former
foster youth in Wisconsin reflected that one-third had reported one or more
forms of maltreatment at the hands of their caregivers (Courtney et al., in press),
which was most frequently due to neglect. Another area of concern stems from
the potential for unsupervised access to a child in kinship care by an abusive
parent as kin caregivers may be more inclined to allow unmonitored birth parent
contact. Lastly, there is concern over whether or not child welfare agencies
perform background checks on other adults living in or frequenting either the
kin or non kin home as violent or criminal histories of other kin who live with or
frequently visit the caregivers home merits attention.

- **Physical Safety in the Home** - Another baseline standard of care includes basic
home safety precautions such as securing the accessibility of any and all articles
or structures that have the potential to injure or kill including the presence of
functional and correctly placed fire alarms. Literature on physical safety is
lacking, but foster homes are required to meet these basic criteria in order to
receive licensing. A survey done by Berrick, Needle, and Barth (1999) on over
500 child protective services workers in California reflected that a majority (71%)
of kinship homes on their caseloads met the standards of average foster homes.

- **Neighborhood** - Haveman and Wolfe’s (1995) analysis of longitudinal data
following children from early childhood through early adulthood found that
children growing up in neighborhoods with “bad characteristics” (increased
crime, poor schools and housing, widespread unemployment, decreased social
mobility) were more likely to produce kids with a decreased rate of high school
graduation and a higher usage of income assistance programs. Research on kin
and non kin foster parent’s supports that many have low or limited income and
are located in neighborhoods that may not be optimal for raising children who
tend to be more vulnerable and at-risk. This adds to the argument of the need
for adequate and equal support to all foster care placements, whether kin or
nonkin, to enhance safety and take advantage of community resources.
• **Medical and Dental Care** - A comprehensive pediatric and mental health assessment was completed on nearly 80 percent of children who were residing with kin under the supervision of the Baltimore City Department of Social Services by examining medical records and administering questionnaires to their caregivers (Dubowitz, 1992). The authors found that several significant health problems, including impaired visual acuity, hearing, poor growth, obesity, dental tooth decay, and asthma, were present and frequently not being addressed. When looking into similar studies on children in non kin care and on children outside of foster care but from impoverished areas, the findings regarding these health problems among the groups were similar. Authors Simms (1989) and Dubowitz (1994) cite this as a major weakness of the child welfare system among children placed in both kin or non kin care as the issues are not being regularly detected when children first enter into care.

• **Educational Support** – Foster children are especially vulnerable to underachievement (Cook 1994) making it imperative that kin and nonkin foster parents support the educational needs of the children in their care. According to Berrick and Dubowitz (1994) children in foster care generally have more educational difficulties than children in the general population, making quality of care in education an essential priority. While data on the effects of nonparental educational attainment is limited, research does indicate that nonkin caregivers tend to be more educated than kin caregivers (Berrick, 1994), possibly offering an advantage of being adept to meeting the educational needs of their foster children. An alternate finding was offered by Benedict (1996), who did not find any differences in educational outcomes among children in kin versus nonkin homes during interviews with over 200 former foster youth. Authors offer varying explanations, including kinship caregivers ability to mitigate the effects of their typically lower educational attainment by providing more stable out of home placements than provided in non-kin care (Berrick, 1994) as children were able to maintain friendships, consistent school placement, and ties with their community. Decreased family mobility has also been associated with better academic performance among maltreated children (Eckenrode et al., 1995). Regardless of the variations in findings, if caregiver educational attainment is indicative to the achievement of the children in their care, many caregivers will require more educational assistance such as testing to identify individualized educational needs and actively pursuing resources in their local district, community, and state.
• **Mental Health and Behavioral Support** - Several studies have confirmed the findings of increased behavioral problems among abused and neglected children regardless of placemen setting. Two studies that were conducted by Berrick (1994) and Benedict (1996) comparing children placed with kin versus non kin placements found fewer behavioral problems among those placed with kin. An argument against these findings pointed out that only caregiver’s perceptions of the children were included in the analysis and kin caregivers may interpret behavior more positively, while non kin caregivers may be more inclined to label undesirable behaviors as pathological (Gebel, 1996). The study conducted by Brooks and Barth (1998) was again analyzed here, as it compared the behavioral differences between drug-exposed and non drug-exposed children. Findings concluded that non drug-exposed children living with kin exhibited the least amount of behavior problems compared to non drug-exposed children in non-kin foster care or drug exposed children in either type of placement. This lends as evidence that drug-exposed children may require special types of support to both the kin and non kin placement that without may set a child up for another failed placement attempt.

• **Developmental Factors** – Recent studies have reflected poverty as having a great impact on cognitive development as well as being a strong indicator of developmental outcomes (Haveman and Wolfe, 1995; Duncan and Brooks-Gunn, 1997). Foster children may display more pronounced developmental problems in light of their exposure to maltreatment frequently combined with poverty. Studies focusing on these areas have found that children in foster care have a greater propensity for growth retardation (Wyatt, Simms, and Horwitz, 1997) as well as a greater risk of psychopathology due to the presence of maltreatment (Cicchetti, 1989). Findings by Simms (1989) concluded that about half of his sample (113 children) visiting a medical clinic in Connecticut were experiencing a developmental delay, yet about 60% of these children were not receiving treatment for their condition. While further study is needed in this area given the increased risk of developmental delay faced by foster children, there is a clear need for incorporating the recognition of developmental problems children face prior to placement decisions as well as a consideration of the level of cognitive stimulation that children will likely require from their assigned foster care provider.

• **Characteristics of Quality Caregivers** - Dando and Minty (1987) analyzed characteristics of quality caregivers in a study interviewing social workers and identified three baseline criteria for high quality foster parents: (1) the understanding and acceptance of social service agency workers and procedures,
(2) basic child care skills (discipline and control, warmth, interaction, stable home environment, and (3) special ability to handle the child’s unique needs and difficulties as well as capacity to work with the child’s natural parents. While there is little updated research in this area, past research has had mixed results on identifying certain personal or demographic characteristics of quality care giving as more effective than others, and understandably each caregiver may have unique traits that lead to a better fit for the unique needs of a child. Where Jordan and Roadway (1984) found the most effective foster parents to be between the ages of 35 and 44 yrs., Dando and Minty (1987) found that foster mothers under the age of 40 were more likely to be rated as excellent by caseworkers, while Kraus (1971) concluded that women over the age of 46 manage more successful placements than older women. A number of studies supported the findings that the greatest levels of impairment upon taking on a foster child occur with older relative caregivers, whom make up the majority of the population of kin care givers and will require the most amount of psychological, social, economic, and physical support yet currently receive the least amount of support. A recent review found that enhanced support services are related to higher quality caregivers and environments and may be linked to more positive child outcomes (Soliday, 1998).

- **Quality of Life** – Well designed studies to better understand the personal impact of removal from family on the child continues to be hindered by an array of methodological and bureaucratic barriers (Berrick, Frasch, and Fox, 2000), however two studies indicate the loss of control experienced by the child as having the greatest impact (Gil and Bogart, 1982; Johnson et al. 1995) on children already experiencing the debilitating effects of maltreatment and found that most children surveyed in these qualitative studies identify parental and familial contact as very important, which also corresponds to the findings of some outcome studies (Fanshel and Shinn, 1978; Milner, 1984; Hess, 1987). Frequently, when provided with an opportunity to voice their opinions through qualitative interviews, foster children have expressed wanting more information regarding the circumstances of their placement and more control over their service plans (Johnson et al. 1995; Colton 1989; Gil and Bogart 1982). Altshuler (1998) concluded that more control or decision-making power may be less important for children who are placed with kin as the impact of loss of control would naturally be reduced compared to those placed with strangers. In addition, Colton (1989) found that a child’s level of satisfaction may also increase their commitment to the placement, which may be of particular importance for older children with behavior problems who are predisposed to placement instability. Findings by Wulczyn and Goerge (1992) and Courtney and Needle (1997)
concluded that kinship homes appear to foster a greater commitment to the placement and promote greater satisfaction of the placement, possibly contributing to increased placement stability.