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**ASSESSING QUALITY OF
CARE IN KINSHIP AND
FOSTER FAMILY CARE**

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STAFFING

The following individuals participated in this research project: Jill Duerr Berrick, Ph.D., Principal Investigator, Sheryl Goldberg, Ph.D., Project Director, and Michael J. Austin, Ph.D., Consultant. The following graduate students provided research assistance: Stephanie Birdwell, Emily Bruce, Carmen Canto, Carol Davies, Melissa Lim, Bettina Murphy, and Tyan Parker. Cassandra Simmel conducted analyses of the data.

ASSESSING QUALITY OF CARE IN KINSHIP AND FOSTER FAMILY CARE

□ Executive Summary □

As a growing population of children require out-of-home care, the number of foster family care providers has dwindled significantly. At the same time, child welfare practitioners have come to appreciate the importance of extended family in the lives of children and have turned to relatives as caregivers of choice in the foster care system. This significant shift in child welfare practice has occurred with little preparation for child welfare workers, for the courts, or most significantly, for kinship foster parents. Many kinship foster parents come to their new role with little preparation, yet tales of great personal courage have emerged (Minkler & Roe, 1993) that tell something of the challenges and strengths many kin face in raising a new generation of children.

In spite of the close scrutiny foster care often receives from the general public, little empirical research has been conducted to examine the nature and quality of out-of-home care settings. The advent of kinship foster care has brought a certain urgency to the issue, as relatively little is known about this group of providers. This study examines various dimensions of quality of care in kinship foster care and foster family care.

A sample of 29 kin and 33 non-kin foster parents participated in an in-home interview administered by trained graduate student researchers from the University of California, Berkeley. The instrument utilized during the interview was designed with significant input from county staff and measured multiple domains of caregiving including the basic safety of the home environment,

the characteristics of the caregiver, the characteristics of other household members, the caregiver's support for the child's health, educational, and cultural enrichment, the relationship between the caregiver and the child, the relationship, proximity, and visitation between the child and his or her birth parent(s), and the characteristics of the neighborhood.

Summing up the findings, kin and non-kin children in this study were similar in many respects. It appears that kin caregivers in this sample believed the children in their homes were less emotionally traumatized by their past experiences than children in non-kin homes.

Kin and non-kin caregivers were relatively young. The age of kin caregivers is especially notable as the majority of these caregivers were grandmothers to the children in their care; they and their daughters probably gave birth at relatively young ages. This sample did not include especially elderly men or women. As a result, the overall health status of these caregivers was very good.

Kin and non-kin homes in this study were relatively similar in size with a similar number of children and adults living in these quarters. Corroborating other evidence which has indicated that kinship caregivers are, on average, a poorer group of families than non-kin caregivers (Mayor's Commission for the Foster Care of Children, 1993; Thornton, 1987), this study identified a number of factors that point to the challenges of living in poverty. Kinship homes were more often located in somewhat compromised neighborhoods. Problems with drugs or alcohol, when evident, were more likely to occur in or around kinship homes. The same was true for incidents of violence or threatened violence. Although homes were generally well kept, when hazards were evident, these were only found in kinship homes.

Non-kin were better prepared than kin to handle emergency situations as measured by the presence of specific health-related safety devices and procedures. It should be noted, however, that the questions asked were specific to standard items generally considered for foster parent licensure. Other equipment and materials might be available in kin homes that could be used in emergency situations. For example, although fewer kin caregivers possessed a first aid kit, some may have owned other items and routinely kept them in their medicine chests (e.g., Band-Aids, gauze, tape, anti-bacterial lotion, etc.)

Kin and non-kin were equally likely to work outside of the home and to have arranged child care, but children in kin homes were more likely to know who to call or go to in an emergency. This finding again highlights the close bonds of family that are evident in kinship foster homes. When placed with kin, children are not only cared for by the primary kinship foster parent, but may be surrounded by a group of caring individuals who can be relied upon in pressing situations.

Given that kin providers came to their role with less planning and preparation (non-kin providers must become licensed and trained before taking children into their care, thus giving them more time for reflection and personal preparation before taking on the new role of foster parent), it is interesting to note that kinship caregivers felt equally prepared to care for the child and experienced the child's inclusion into their family equally positively.

Both kin and non-kin said that they played a significant role in the educational, social, and cultural enrichment of the children in their care. Kin caregivers were somewhat more likely to spank and somewhat less likely to give a time-out when disciplining the child in their care. Other

than these minor differences, disciplinary practices between kin and non-kin were relatively similar.

One of the significant strengths of kinship foster care, found elsewhere (Berrick, Barth, & Needell, 1994; LeProhn, 1993) and confirmed here, is the role kinship care plays in promoting and maintaining close relationships between foster children and their birth parents. Approximately three-quarters of the children in kinship foster homes had “warm and positive” relationships with their birth mothers compared to about one-third of children in non-kin homes. In contrast to other research, however, this study did not find a higher degree of visitation between children and their parents. Not surprisingly, kinship caregivers had a closer relationship to the birth parent than non-kin caregivers. This does not necessarily mean that kinship foster care promotes close relationships between caregivers and birth parents, but that those mothers who did not have a close relationship with their own mother or other relatives were probably less likely to have their child placed in kinship foster care.

□ *Recommendations* □

The study reported here is exploratory in nature; the sample drawn for this study was relatively small and was self-selected. Further research that includes a larger sample of families (kin and non-kin) will be necessary to draw firm conclusions from the data. Nevertheless, certain trends in the data point to changes in policy and practice that may be considered in order to strengthen the kin and non-kin resources currently available to dependent children.

- The differences between kin and non-kin caregivers are not striking in many areas, suggesting that child welfare workers may be doing an adequate job of assessing kin for caregiving roles. Without written guidelines, training for child welfare workers, and screening tools, however, individual discretion may become a faulty mechanism for assessing all kin caregivers. Because kinship foster care is developing so rapidly in this county, it may be advisable for the county administration to take a proactive approach to kinship care policy. General guidelines concerning the caregiver, the home, and the neighborhood should be developed in order to provide more uniform standards for child welfare workers in their selection of kin. We suggest that the following domains of care be considered in any such assessment:
 - The child's feelings toward the kinship caregiver (if age appropriate).
 - The birth mother's feelings toward the kinship caregiver.
 - The prospective kinship caregivers' feelings toward the child and the birth parent.
 - The prospective kinship caregivers' maturity, health, mental health, drug or alcohol involvement, criminal history, and child rearing history.
 - The adequacy of the home environment for providing safety to the child and the adequacy of space and income to ensure that the child's basic needs for safety and protection will be met. Adequacy of supervision for the child and appropriateness of disciplinary practices should also be included.
 - Safety of the general neighborhood -- the neighborhood should be at least as safe as the neighborhood from which the child was removed.

- Social services agencies should develop small discretionary funding sources for social workers to draw upon in instances where kinship caregivers are ready and able to care for children but they do not have the financial resources to purchase emergency aids such as fire extinguishers, smoke detectors, fireplace screens, and first aid and earthquake kits.

- Social service agencies may need to work with their local service clubs in order to locate additional funds for larger purchases that will increase the safety of kin and non-kin homes (e.g., fences surrounding swimming pools, etc.) .

- Social service agencies have shown a traditional reluctance to engage kinship foster parents in foster parent training sessions. While unique training programs may be required for kinship caregivers, these adults should *at least* be required to know or learn how to administer CPR, should a child in their care need emergency assistance. About half of the kinship foster parents in this study indicated a willingness to receive additional training from their social services agency. Basic health and safety training should be required for all caregivers of dependent children.

- Training for kin *and* non-kin should include information about appropriate disciplinary techniques for dependent children. About 32 percent and 16 percent of kin and non-kin caregivers, respectively, utilized spanking as a disciplinary measure with the children in their care. Significant efforts should be made to encourage alternative disciplinary

strategies when working with abused and neglected children.

- Children in kin care may have a wider network of known relatives and friends to draw on for support than children who are placed with strangers outside of their familiar environment. Social workers should remind non-kin foster parents of the importance of acquainting the children in their care with their neighbors and relatives so that children know of other “safe houses” in case of emergency.

As ever increasing numbers of children are placed in kinship foster care settings, child welfare agencies are finding unique strengths and special challenges associated with these placements. Kinship foster care offers children greater opportunities to maintain family bonds, including relationships with siblings and other relatives. In many respects, however, data from this study indicate a rough equivalence between kinship and foster care; kinship care was identified as somewhat weaker along dimensions of basic safety (in areas that might be easily ameliorated by the social services agency), it was also identified as somewhat stronger in the affective domains of love and affection.

Kinship care is a developing phenomenon, falling somewhere between family preservation and foster care. As a form of government-sponsored care for dependent children, however, social service agencies must not lose sight of the basic requirements of safety and protection that must be guaranteed to these children. Distinctive efforts to enhance and support kinship foster care through initial and on-going assessments will strengthen the care these children are already receiving from their grandmothers, aunts and other caring relatives.