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A Comparison of Kinship Foster Homes and Foster Family Homes: Implications for Kinship Foster Care as Family Preservation

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In recent years, child welfare caseloads have expanded rapidly, and increasing numbers of children have been placed with kin. Much of the current discussion surrounding kinship foster care stems from its rapid growth and the paucity of information about the placement type compared to our knowledge of other forms of foster care. The study reported here provides information about kinship foster care and foster family care focusing on the demographic characteristics of providers; the services providers receive; the children served in care; and issues of visitation with birth parents. The study highlights marked differences in providers and in the services they receive. Policy and practice considerations in the development of this field are also offered.

Extended family have cared for children on a full time, live-in basis for thousands of years and the important role of kin in raising children has been recognized by anthropologists in cultures and communities around the world (Goody, 1978; Korbin, 1991; Young, 1980). The common practice of parenting by kin within the African American community has often been recognized (Carson, 1981; Hall & King, 1982; Hayes & Mindel, 1973; Hill, 1977; Martin & Martin, 1978; Stack, 1974; Sudarkasa, 1988), and the involvement of compadres and comadres in Hispanic family systems readily results in family-like care for related and unrelated children in times of family crisis (Delgado & Humm-Delgado, 1982). As the family preservation movement has spread across the United States the primary role of birth and extended family in raising children has been reaffirmed.

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When family based services provided within the birth home can not protect children from harm, placement with kin is becoming widely used as an alternative to traditional foster family care.

Until the last decade, kin were not commonly given the full responsibilities and reimbursements of foster parents. In 1979, the U.S. Supreme Court ruled in *Miller v. Youakim* that relatives could not be excluded from the definition of foster parents eligible for federal foster care benefits. Child welfare nomenclature has not caught up with changing practices. We will use three terms: (a) *kinship caregivers* who provide informal care for kin outside of the foster care system; (b) *kinship foster parents* who provide care for children and are formally recognized by the child welfare system as foster parents; and (c) *foster care* which is provided by non-kin. We believe that this tripartite nomenclature is preferable to distinguishing between kinship care and foster care (Takas, 1992) because the differences between parents inside and outside the formal structure of the child welfare system may be as great as those between kinship and non kinship foster parents. At least the differences and similarities deserve discussion and that discussion will be facilitated by more precise terms. With all this said, this paper will only contrast kinship foster care and foster care.

The Child Welfare League of America recently reported that "over 31 percent of all children in legal custody had been placed with extended family members" (1992, p. 6). In some states and cities, the use of kinship foster parents over-shadows the use of foster care. In 1990, kinship foster care accounted for 48 percent of all placements in New York (Meyer & Link, 1990), and in California (see Figure 1), two-thirds of the growth in foster care from 1984 to 1992 could be accounted for by the dramatic rise in kinship foster care (Barth, Courtney, Berrick & Albert, 1994).

Increased numbers of children in foster care have brought escalating costs to child welfare departments and a re-consideration of the prudence of kinship placements. In 1989, the New York Times suggested that kinship foster care was largely related to the crisis in foster care costs, noting that kinship placements accounted for 19,000 of the city's placements--a number exceeding the total placement rate two years previously (Daley, 1989). Part of the growth in kinship arrangements is reflected in society's commitment to the extended family as a profound source of strength and stability for children. In recent years, social workers in many states have been encouraged to actively search for kin before considering other care arrangements. When kin are unavailable or unwilling to care for a child, other placement options are explored.

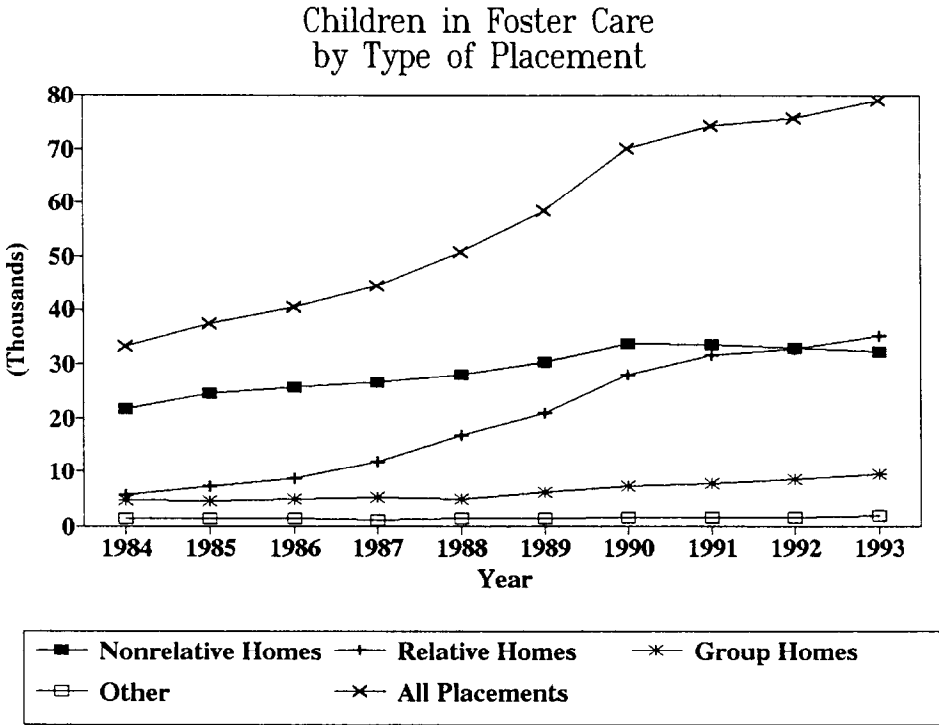


Figure 1. Children in Foster Care by Type of Placement

With the growth of kinship foster care placements a number of issues arise which merit examination. Advocates of kinship foster care placements note the potential for increased visitation with birth parents, and the maintenance of family bonds that may not be achieved with strangers. Others are more skeptical of kin, questioning the ability of kin to fully protect children, and doubting the quality of care. Some authors report a tendency for child welfare workers to remove children from an entire kin network assuming that parental failure must be a function of the network's failure as well (Gray & Nybell, 1990). Meyer and Link (1990) explored this issue and were satisfied that a strong majority of kin placements in their study provided a safer environment for children than continued living arrangements in the birth home. The authors also noted that in many cases, the abusive or neglectful parent was the only dysfunctional family member in the kin network.

Quality of kinship foster care is extraordinarily difficult to assess. Some studies point to the lack of supervision many kinship foster homes receive from county social workers. A review of the kinship foster care system in Maryland indicated that fully one-third of kinship foster parents in their sample had not had any contact with their county caseworker in the previous year (Dubowitz, 1990). Another study of kinship foster care in New York City revealed certain inadequacies in the services kin providers received from their caseworkers. For example, little evidence was found for caseworker compliance with supervision requirements of kinship foster homes; when supervision was provided, it generally was documented poorly (Farber, 1990). Similarly, although visitation between the child and the birth parent occurred somewhat more regularly than visitation between parents and children placed in foster care, few steps were taken to monitor visitation or to provide supervised visitation when court-ordered (Meyer & Link, 1990). The associated services designed to support foster parents may be irregularly provided to kinship foster parents. Conclusions about diminished or different quality of care by kinship providers are speculative. Because the phenomenon of formalized kinship foster care is relatively new, few studies test the issue.

Much of the increased attention to kinship foster care may be generated, in part, by the fact that these providers represent a different group of caregivers than those regularly found in foster care. Thornton (1987; 1991) describes an older population and one heavily represented by single women of color who are struggling, themselves, with limited incomes. Their age may also contribute to a number of problems that may be less prevalent among foster family providers. For example, one study found maternal foster grandmothers reporting high levels of depression and poor health (Kelley, 1992). These grandmothers also expressed some concerns about their abilities to continue parenting young children. Some studies

also point to the challenge these providers face as they voluntarily take on a new set of roles with little preparation or planning (Kennedy & Keeney, 1987; Thornton, 1987). Indeed, kinship foster parents have traditionally been differentiated from foster family providers by their route to foster care. That is, while foster family providers generally prepare for their new role as parents, kinship foster parents more often drift into older parenthood as a response to a set of pressing circumstances.

The difficulty in caring for these children is probably exacerbated by the fact that many of the youngsters have a variety of health and mental health problems that exceed rates in the general population. Dubowitz (1990) found children placed in kinship foster homes to have much higher rates of asthma, anemia, vision and dental problems, and developmental delays than American children in general. Older children also exhibited elevated levels of behavioral problems, and difficulties with high blood pressure. Other studies (Fein, Maluccio, & Kluger, 1990; Halfon & Klee, 1991) of children removed from their homes for abuse or neglect also suggest that these children suffer from numerous health and mental health problems.

In addition to the toll young children may take on a grandparent's health, there is a financial cost. One study found over one-third of grandparents were financially pressed after taking kin into their homes. Well over half of the sample suggested that their income was not sufficient to meet the needs of their expanding families (Minkler & Row, 1993).

Financial troubles may be exacerbated by the lack of uniformity in payments to kinship foster parents. If kin are located to care for a child, kin providers may qualify to receive AFDC-FC (Foster Care funds). With the *Miller v. Youakim* (1979) decision, kin were recognized as eligible for federal foster care funds under certain conditions. If a child is removed from the custody of his/her parents through a decision by the courts and if the child comes from a birth parent's home which is AFDC eligible, the family may receive foster care funds. In California (the site of this study), the rate of payment for AFDC-FC is graduated with the age of the child. Foster care providers and kin providers of children up to age four receive a payment of \$345 per month, per child. When children are ages five to eight, providers receive a payment of \$375. Payment rates increase to a maximum base rate of \$484 per month for youth ages 15 and older.

If kin do not qualify for foster care payments, they may receive AFDC-FG (Aid to Families with Dependent Children-Family Group) payments. AFDC-FG payments are lower, per child, than foster care payments. For example, the AFDC rate for one child is \$317 per month. The AFDC rate for two children is \$522, an increase of \$205 per child. Rates are not graduated by the age of the child and only increase marginally with multiple

children in the home--a situation that is particularly problematic as foster children often arrive in sibling groups.

The difference between AFDC and foster care funds appears to be a significant matter. One recent study of grandmothers providing foster care suggested that many resent the stigma attached to welfare and would prefer regular foster care payments. The authors noted many grandmothers' anger as they pointed to the inequity of paying "strangers" (i.e., foster parents) more than kin (Minkler & Roe, 1993). The contradictory message that results from agency preference for kinship foster care placements but lower pay for them has caused a certain degree of discussion in the professional literature (Johnson, 1990; Takas, 1992) which is as yet unresolved.

For children who reside with relatives, their experience of foster care is different not only qualitatively, but it is also a unique experience on an aggregate basis. Among kin placements, reunification with birth parents is much slower (Goerge & Wulczyn, 1992). A study in California found that after one year, fewer than 25 percent of children formally placed with kin were returned home, yet about 40 percent of all other children had been reunified with their families by that time (Barth et al., 1994).

The effects of kinship placement on adoption have also been examined. Although adoption is considered a positive goal for children who otherwise can not be reunified with the birth family, adoption appears more problematic among kin. Children initially placed with kin and not reunified are far less likely to be adopted than children placed in other settings (Barth et al., in press). Some suggest that kin are reluctant to adopt as the procedures for terminating parental rights may be too painful and because kinship caregivers already experience the child as a family member (Carson, 1981; Rowe, Cain, Hundleby, & Keane, 1984; Thornton, 1991). Others, however, believe that kin might adopt if they were fully informed of their rights to adoption subsidies (Meyer & Link, 1990). Yet Thornton's sample of families (1991) largely knew about adoption subsidies and continued to reject the notion of adoption. Instead, they planned to keep the child in the home until the child was "able to take care of himself;" that is, essentially on a permanent basis.

Much of the controversy surrounding kinship foster care stems from its rapid growth and the paucity of information about the placement type compared to our knowledge of other forms of foster care. Although a few small scale studies have begun to answer some of the questions regarding kinship placements, much of the field continues to operate on the level of anecdote and assumption. The present study was conducted to assist the policy discussion with much needed information about kinship foster care as it compares to foster care.

Methods

Sample

The initial sample for this study was drawn from the University of California at Berkeley-Foster Care Database (UCB-FCDB) which contains information on all children in foster care in California from January, 1988 through the present time. In 1991, the database included approximately 88,000 children, the address of their placement, and the placement type (i.e., group home, foster home, kinship foster home, shelter, etc.). In order to manage the data with a more suitable sample size, a random sample of 8,748 children (10%) was drawn from the larger group for related analyses (see Barth, 1994, in press). For purposes of the present study, a 50 percent random sample ($n = 4,234$) was selected. Half of the selected children were purposively drawn from foster homes and the other half resided with kin. A two-page mailed survey was distributed to the sample with a selection of demographic questions. Respondents were also asked to participate in a second, larger survey either by telephone or mail, at their preference. Respondents were informed that they would receive a small stipend for their time if they participated in the second survey. The reasons behind the two-tiered approach to the survey were several. The approach was designed to obtain as much basic demographic information about these different foster care providers as possible at the lowest cost. Due to the limited free time and literacy skills anticipated among providers, we also wanted to give parents the option to complete the study by telephone.

The response rate to the "mini-survey" was 28 percent ($n = 1,178$). Sixty percent of respondents were foster care providers and the remaining 40 percent were kin foster parents. Table 1 provides detail regarding the response rate among foster parents and kin. The final sample size of respondents completing both surveys included 246 kin providers (113 completed a telephone interview and 133 completed the survey by mail) and 354 foster care providers (186 by telephone and 168 by mail).

While the total sample size ($n = 600$) was much smaller than the original sample drawn from the larger data set, the information gleaned from these caregivers provided a depth of information that is not otherwise available. Data from the mini-survey was essentially the same for the larger sample ($n = 1,178$) as the smaller sample ($n = 600$) therefore all of the data reported in the paper will be confined to the smaller sample. Comparison of our respondents to children in care across the state with the limited information we have from the UCB-FC Database indicates that the group of children served in these homes was not appreciably different with regard to gender. Our sample of children was somewhat older with a mean age of 7.9 for kin and 7.7 for foster children. The average age of

Table 1
Sample Construction

Original Sample Size for "mini-survey"	4,234	
% Kin	2,157	(51%)
Returned Mini-surveys	1,178	(28%)
Mailed Full Surveys	579	(64%) ¹
Attempted Phone Surveys	321	(36%)
Final Sample Size		
Kin	246	
Foster Care Providers	354	
Total	600	(14%)

¹A number of parents ($n = 92$) asked not to be re-contacted and were therefore excluded from further surveys. Another 186 parents noted that they no longer provided foster care. They too were excluded from further surveys.

children in placement at the time of this study was 5.3 for kin and 5.9 for foster children. There were also minor variations by children's ethnicity. We had somewhat fewer Caucasian children in our foster care sample compared to state data while our sample also contained somewhat more African American and fewer Hispanic kin than the state population of kin children. Because the UCB-FC Database does not include information about the providers of care, we have no way to determine the representativeness of our sample of providers to all providers in the state. One may speculate that those who took the time to complete the survey were more satisfied with their experience as foster parents and perhaps had more time available to participate in the study.

Instruments

Surveys were designed based upon previous studies by the author with group care providers and specialized foster care providers (see Barth, et al., 1994). Other studies of foster parents were also consulted (see Cohen, 1986; Fanshel, Finch, & Grundy, 1989; Fitzharris, 1985; Hulsey & White, 1989; Lawder, Poulin & Andrews, 1986), as were the few studies available for kinship foster parents (Bell, 1992; Thornton, 1987). The survey included a series of demographic questions, questions regarding providers' perceptions of the field of foster care, and inquiries about the types of services they received from their local child welfare agency. Respondents

were also asked to rate their social workers on a "Worker Quality Scale" and an adapted version of the "Child Protection Worker Scale" developed by Fryer, Bross, Krugman, Denson and Baird (1990). The scales include several questions with Likert-scale response categories. Scoring for the questions resulted in a scale ranging from 20 to 140 with higher scores indicating greater satisfaction with the worker. (The internal consistency reliability coefficient for this scale was high ($\alpha = .97$).

Respondents were also asked a number of questions about the health and mental health needs of the children in their care. In addition to general information about children, providers were asked to choose one child over the age of two who had resided in their home as a foster child for at least six months. If more than one child fit these criteria, telephone interview respondents were asked to select the child whose first name started with a letter closest to the beginning of the alphabet. To reduce the complexity of instructions for mailed survey respondents, they were asked to select any foster child who fit these criteria. Respondents were asked to answer several questions about the educational and health needs of these children. Questions about the dynamics between the foster parents, child, and birth parent, along with questions about plans and expectations for the child's future were also included. Additionally, respondents were asked to complete the Behavior Problems Index (BPI), a standard measure, on the selected child.

The Behavior Problems Index (BPI), developed by Zill and Peterson (1989) is designed to measure the frequency and range of several childhood behaviors. Many items included in the BPI were derived from the Achenbach Child Behavior Checklist (Achenbach & Edelbrock, 1981) and other child behavior scales (Graham & Rutter, 1968; Kellam, Branch, Agrawal, & Ensminger, 1975; Peterson, & Zill, 1986; Rutter, Tizard, & Whitmore, 1970). The behavioral problems summary score is based on responses to a series of twenty-eight questions dealing with specific problem behaviors that a child may or may not have exhibited in the previous three months. Scores range from zero to 28; higher scores represent a greater level of behavior problems. Three response categories ("often true," "sometimes true," and "not true") are used in the questionnaire, but responses to the individual items are dichotomized and summed to produce an index score for each child. Six behavioral subscales can also be used: antisocial, anxious/depressed, headstrong, hyperactive, immature/-dependent, and peer conflict/social withdrawal.

The instrument was used in the National Longitudinal Survey of Youth (NLSY) and was developed for English-speaking and Spanish-speaking mothers. In that survey, the instrument was normed on a sample of over 3,500 children, over-sampling somewhat for poor and minority children. Norms are available for comparison with boys and girls ages four through

fifteen (for this reason our results will only reflect results for children ages four and older). NLSY data show internal consistency reliability of the instrument as fairly high with an overall alpha coefficient of .90; test-retest reliability on this scale is somewhat lower at .63. The alpha coefficient for the BPI in our sample was .93.

Results

Demographic Characteristics of Caregivers

Kinship foster parents and foster care providers were different in many respects. Although a female parent was present in all but six of the families in our final study sample, 52 percent of the kinship caregivers were single parents, as compared to 24 percent of the foster parents ($X^2 = 46.70$, $df = 1$, $p < .001$). Female kinship foster parents were more likely to be employed outside of the home than foster parents (48% vs 37%; $X^2 = 7.10$, $df = 1$, $p < .01$), and those who were employed worked more hours per week, averaging 31 hours as compared to 27 hours for foster parents ($t = 2.01$, $df = 228.45$, $p < .05$). Of those homes with male providers present ($n = 106$ kinship foster parents, $n = 259$ foster parents), 67 percent in kinship homes were employed as were 87 percent in foster homes ($X^2 = 19.41$, $df = 1$, $p < .001$). All males who were working averaged a forty hour work week.

Kinship foster parents were somewhat older than foster parents. The average female kinship foster parent was 48 years old, while the average female foster parent's age was 46 years ($t = 2.15$, $df = 579$, $p < .05$). More telling about the difference in their ages, 29 percent of the female kinship foster parents were 55 or older, while this was true of only 19 percent of female foster parents ($X^2 = 7.3$, $df = 1$, $p < .01$). For males the average kinship foster parent age was 50 years and the average foster parent age was 47 years ($t = 2.32$, $df = 376$, $p = .05$).

Most respondents had some college or trade school education, but more kinship than foster parents did not have a high school diploma (26% vs 10% for female; $X^2 = 25.30$, $df = 1$, $p < .001$ and 20% vs 9% for males; $X^2 = 9.36$, $df = 1$, $p < .01$). Kinship foster parents were less likely to own their own home than foster parents (53% vs 85%; $X^2 = 70.50$, $df = 1$, $p < .001$) and were more likely to have moved at least once in the past three years (23% vs 17%; $X^2 = 4.04$, $df = 1$, $p < .05$).

Kinship foster parents reported more often than foster parents that they were not in good health. Twenty percent of female and 25 percent of male kinship foster parents were in fair or poor health, while this was true of only seven percent of female and six percent of male foster parents

(female: $X^2 = 20.39$, $df = 1$, $p < .001$; male: $X^2 = 26.64$, $df = 1$, $p < .001$). (See Tables 2 and 3 for a detailed description of providers' demographic characteristics.)

Table 2
Similarities and Differences in Kinship Foster Parent and Foster Parent Characteristics

Variable	Kinship		Foster	
	<i>N</i>	(%)	(%)	<i>N</i>
Number of adults in the home				
1	123	(51.7)	(24.1)	83
2	115	(48.3)	(75.9)	261
Ethnicity-Female[‡]				
African-American	101	(43.0)	(21.8)	74
Caucasian	80	(34.0)	(62.8)	213
Hispanic	40	(17.0)	(9.1)	31
Other	14	(6.0)	(3.7)	21
Ethnicity-Male[‡]				
African-American	28	(26.7)	(14.0)	36
Caucasian	57	(54.3)	(69.3)	178
Hispanic	17	(16.2)	(12.1)	31
Other	3	(2.9)	(4.7)	21
Formal Education-Female[‡]				
less than high school graduate	62	(26.2)	(10.2)	35
high school graduate	49	(20.7)	(23.2)	79
some college or trade school	116	(48.9)	(45.7)	156
college graduate or more	10	(4.2)	(20.8)	71
Formal Education-Male[‡]				
less than high school graduate	21	(19.8)	(8.5)	22
high school graduate	29	(27.4)	(24.6)	64
some college or trade school	43	(40.6)	(40.0)	104
college graduate or more	13	(12.3)	(26.9)	70
Female provider employed outside the home[‡]				
	110	(48.0)	(36.8)	124
Male provider employed outside the home[‡]				
	71	(67.0)	(86.9)	225
Housing status[‡]				
Own	129	(53.1)	(84.7)	294
Rent	94	(38.7)	(13.5)	47
Subsidized	20	(8.2)	(1.7)	6
Number of housing moves in the last three years*				
0	184	(76.7)	(83.4)	281
1 or more	56	(23.4)	(16.4)	55

Table 2 continued

Variable	Kinship		Foster	
	N	(%)	(%)	N
Use own money for foster children [†]	240	(87.1)	(83.4)	286
Health-Female [‡]				
Excellent	75	(31.3)	(45.7)	156
Good	118	(49.0)	(46.9)	160
Fair	43	(17.8)	(7.0)	24
Poor	5	(2.1)	(.3)	1
Health-Male [‡]				
Excellent	37	(33.9)	(52.5)	139
Good	45	(41.3)	(41.5)	110
Fair	22	(20.2)	(4.9)	13
Poor	5	(4.6)	(1.1)	3

* < .05. [†]p < .01. [‡]p < .001

Table 3
Similarities and Differences in Kinship Foster Parent
and Foster Parent Characteristics

Variable	Kinship			Foster		
	N	mean	(SD)	N	mean	(SD)
Number of foster children	238	2.538	(1.6)	330	2.773	(1.63)
Months providing foster care**	242	49.09	(42.0)	348	99.72	(97.54)
Amount of own money spent on child	160	\$134	(111.6)	214	\$118	(98.36)
Age of female provider*	241	47.98	(11.7)	340	46.02	(10.15)
Age of male provider*	113	50.13	(13.7)	265	47.13	(10.48)
Female*, If working, number of hours per week	110	31.25	(15.2)	124	27.24	(15.17)
Male, If working, number of hours per week	71	40.96	(12.4)	225	40.40	(11.41)
Total household income (includes foster care payments)	199	\$32,424	(21,091)	294	\$51,320	(25,562)

*p < .05. **p < .001

There were ethnic differences between kinship and foster parent groups. (Because women are generally the primary caregivers for children, most data will be reported for female kin and foster parents.) African Americans were the largest group of kinship foster parents (43%), while the majority of foster parents were Caucasian (63%) (see Figure 2). One third (34%) of kinship providers were Caucasian, 17 percent were Hispanic and six percent other. Twenty two percent of foster parents were African American, nine percent Hispanic, and four percent other ($X^2 = 49.9$, $df = 3$, $p < .001$).

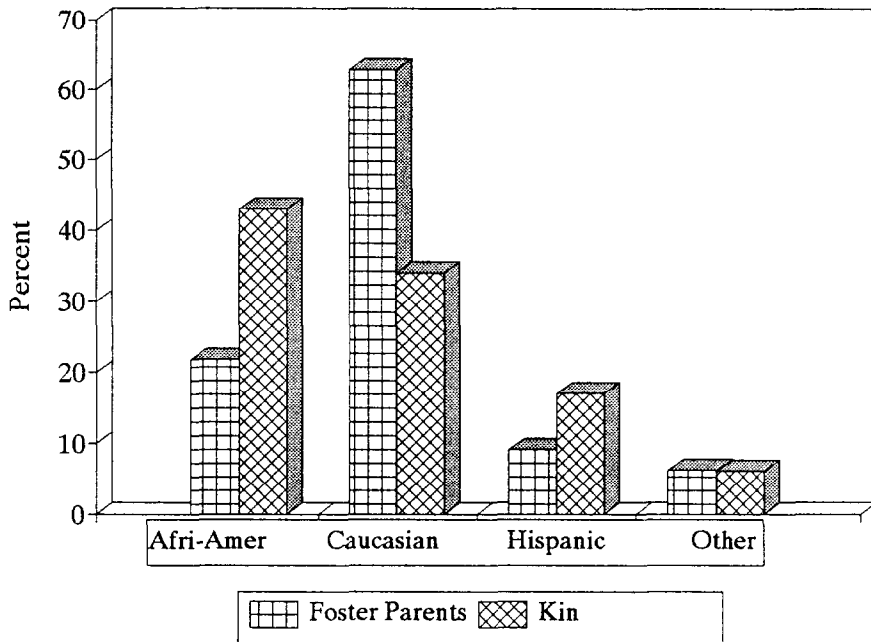
The two groups differed sharply in income. The average annual gross income, including foster care payments, for kinship foster parents was \$32,424, and was \$51,320 for foster parents ($t = 8.63$, $df = 491$, $p < .001$). (These data were missing from 20 percent of kinship providers and 12 percent of foster parents.) Disregarding money received specifically for foster children (either AFDC-FG or AFDC-FC) kinship foster parents' annual income was \$21,854, while foster parents' income was \$36,402.

Where their income came from also helps clarify the differences between providers. Sixty-three percent of kinship homes reported some income from wages or salary, while 80 percent of foster parents did ($X^2 = 19.52$, $df = 1$, $p < .001$). Twenty-five percent of kinship providers were receiving some Social Security benefits, while only 17 percent of foster parents were ($X^2 = 4.84$, $df = 1$, $p < .05$), and more kinship providers than foster parents had some income from SSI or disability funds (17% vs 9%; $X^2 = 8.81$, $df = 1$, $p < .01$). Twenty-two percent of kinship foster parents and 38 percent of foster parents had investment income ($X^2 = 15.77$, $df = 1$, $p < .001$). Many parents had a very difficult time describing where their foster care income came from. That is, some were receiving foster care funds and others AFDC-FG, but they could not articulate the difference. From the data we discerned that some caregivers were not getting paid to care for the children in their homes. As a low estimate, we found that ten percent of kinship foster parents were not receiving any funds from AFDC-FC or AFDC-FG, while only one foster parent reported not receiving any foster care funds--this parent was in a foster/adopt program but the adoption had not yet been finalized ($X^2 = 30.05$, $df = 1$, $p < .001$).

Kinship foster parents were newcomers to the field of foster care compared to foster parents. They had been providing care for half as long as foster parents on average (4.2 years vs 8.3 years); ($t = 8.60$, $df = 505.25$, $p < .001$). Foster parents' length of stay in the field may partly explain their preparation to leave foster care altogether. Almost half (49%) of the foster parents expected to stop accepting foster children within the next five years.

There was no difference in the average number (approximately 3) of foster children currently in the home. Twenty-nine percent of kinship

Ethnicity of Female Providers



$\chi^2=49.87, df=3, p < .001$

Figure 2. Ethnicity of Female Providers.

providers and 38 percent of foster parents also had at least one birth or step-child living at home ($X^2 = 4.87$, $df = 1$, $p < .05$). Only two percent of kinship parents and 21 percent of foster parents had at least one adopted child in the home ($X^2 = 43.88$, $df = 1$, $p < .001$) and seven percent of kinship foster parents and four percent of foster parents had at least one non-foster relative child living with them.

As was noted above, families in this study were caring for an average of three kin or foster children. The range was from one to seven, and of those families with more than one kin or foster child (168 kinship homes and 239 foster homes) at least two of the children were siblings in 95 percent of the kinship homes and 52 percent of the foster homes ($X^2 = 87.93$, $df = 1$, $p < .001$). Kin often care for large sibling groups. In 19 percent of the kinship homes with more than one child, four or more siblings were placed together. This was true of only seven percent of the foster homes ($X^2 = 7.66$, $df = 2$, $p < .05$).

Ethnicity played a role in some of the differences found within both kinship and foster parent groups. Sixty-eight percent of African American kinship providers were single parents, compared with 33 percent of Caucasian kinship foster parents ($X^2 = 21.68$, $df = 2$, $p < .001$). For foster parents, 49 percent of African Americans and 17 percent of Caucasians were single parents ($X^2 = 29.82$, $df = 2$, $p < .001$). African American female foster parents were older than other parents, averaging 51 years as compared to 44 years for Caucasians and 46 years for Hispanic or other foster parents ($F = 10.42$, $p < .001$). (There were no significant differences by race with regard to the age of the female provider in the kinship group). In both kinship and foster parent groups fewer Hispanic caregivers had completed high school. Fifty six percent of Hispanic kinship providers compared with 77 percent African American, 80 percent Caucasian, and 71 percent other had a high school diploma ($X^2 = 8.3$, $df = 3$, $p < .05$). In the foster parent group, 77 percent of Hispanics had completed high school compared with 87 percent African American, 93 percent Caucasian, and 91 percent other ($X^2 = 9.3$, $df = 3$, $p < .05$). The rate of high school completion did not differ by ethnicity among male providers.

Caucasian foster parents had higher overall incomes than any other group. African American and other kinship providers were not as well off. Caucasian kinship foster parents reported an average gross annual income (including foster care funds) of \$40,156, while this amount was \$29,386 for African American, \$25,467 for Hispanic, and \$35,464 for other kinship providers ($F = 5.05$, $p < .01$). Caucasian foster parents had an annual income of \$56,052, compared with \$42,960 for African American, \$38,105 for Hispanic, and \$48,938 for other foster parents ($F = 6.39$, $p < .001$). In addition, sources of income differed by ethnicity within both kinship and foster parent groups (Table 4).

Table 4
Sources of Household Income by Ethnicity of Female Provider²

Source of Income	Ethnicity	%Kinship Caregivers	%Foster Parents
Wages or Salary	African American	55	65
	Caucasian	75	84
	other ³	65	78
		$X^2 = 7.73$	$X^2 = 11.31^*$
AFDC	African American	41	7
	Caucasian	19	5
	other ³	36	8
		$X^2 = 10.78^{**}$	$X^2 = .64$
Social Security	African American	21	30
	Caucasian	28	13
	other ³	17	22
		$X^2 = 2.38$	$X^2 = 11.70^{**}$
SSI/Disability	African American	23	16
	Caucasian	11	6
	other ³	18	14
		$X^2 = 3.82$	$X^2 = 8.14^*$
Foster Care Funds	African American	88	100
	Caucasian	90	99
	other ³	92	100
		$X^2 = .44$	$X^2 = .53$
Investments	African American	13	33
	Caucasian	37	41
	other ³	16	36
		$X^2 = 15.63^{***}$	$X^2 = 1.38$

² Source was counted if respondent indicated that it accounted for any amount of household income. ³ Hispanic, Asian, mixed and other groups have been combined into "other" category.

* $p < .05$. ** $p < .01$. *** $p < .001$

The Children in Care

For this study, one foster child from each family was selected for further analysis. The samples were approximately equal in each group with regard to gender. Fifty-four percent of the selected children in kinship

care and 52 percent of those in foster care were male. In kinship homes, 63 percent of the selected children were grandchildren (including grandnieces and grandnephews), 33 percent were nieces or nephews, and three percent were otherwise related. The average age of selected children in both kinship and foster homes was between seven and eight years. Selected children had been living in kinship homes longer, on average, than those in foster homes (3.3 years vs 2.3 years; $t = 5.00, df = 583, p < .001$). (See Tables 5 & 6.)

Table 5
Similarities and Differences in Children
Placed in Kinship and Foster Homes

Variable	Kinship		Foster	
	<i>N</i>	(%)	(%)	<i>N</i>
Sex of selected child				
Female	126	(52.1)	(54.2)	189
Male	116	(47.9)	(45.8)	160
Race of selected child***				
African-American	108	(45.6)	(28.4)	99
Caucasian	75	(31.6)	(35.9)	125
Hispanic	32	(13.5)	(21.6)	75
Other	22	(9.3)	(14.1)	49
Child's formal relationship				
Foster	246	(100.0)	(88.4)	311
Foster Adopt			(11.6)	41
Selected child's physical health				
Excellent	117	(47.8)	(45.0)	157
Good	101	(41.2)	(39.5)	138
Fair	22	(9.00)	(10.9)	38
Poor or very poor	5	(2.0)	(4.6)	16

*** $p < .001$

The ethnicity of children differed by placement type, as suggested in Figure 3. More selected children in kinship homes were African American (46%) compared with 32 percent Caucasian, 14 percent Hispanic and nine percent other. In foster homes, 30 percent of selected children placed were Caucasian, 28 percent were African American, 22 percent Hispanic and 14 percent other ($X^2 = 19.56, df = 3, p < .001$).

Same race placement was achieved with most Caucasian children in foster homes and was achieved with greater regularity among African

Table 6
Similarities and Differences in Children Placed
in Kinship and Foster Homes

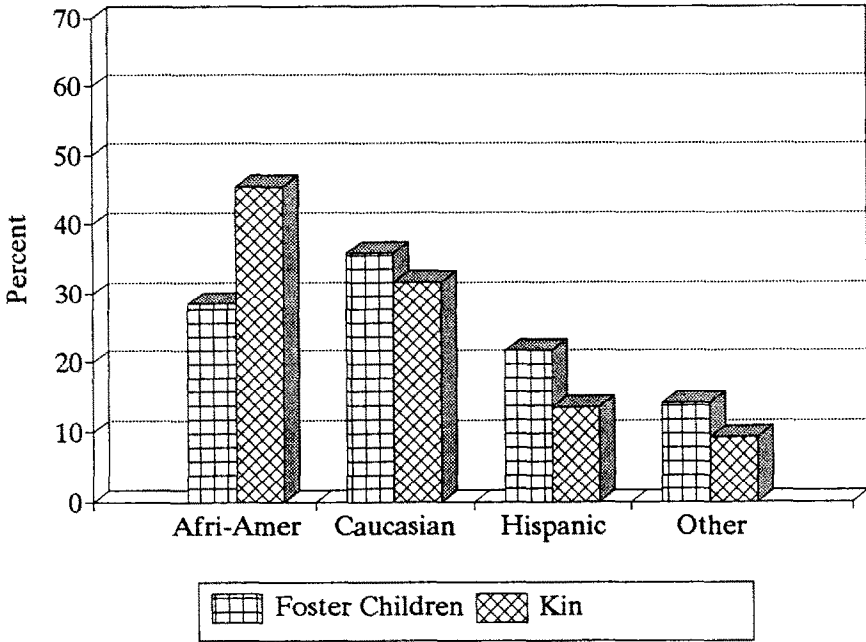
Variable	Kinship			Foster		
	N	mean	(SD)	N	mean	(SD)
Age of selected child	241	94.96	(49.93)	351	91.9	(59.6)
Length of time selected child has been in this placement***	234	39.09	(29.23)	351	27.88	(24.67)
Monthly rate received for foster child***	228	\$367	(124.43)	317	\$480	(174.42)

*** $p < .001$

American children than Hispanic children. Where 92 percent of selected Caucasian children in foster homes were placed with Caucasian families, two thirds of African American children were placed in African American homes and only 31 percent of Hispanic children with Hispanic caregivers ($\chi^2 = 211.5, df = 9, p < .001$). When children were not placed with ethnically similar foster parents, they were almost always placed with Caucasians. Nearly half (48%) of Caucasian foster parents were caring for children of color.

Kin children and foster children were similar in a number of ways. Most children in this study were judged to be in good or excellent health by their providers, with only about ten percent of children in both groups in fair health and less than five percent in poor health. However, over two-fifths of children in both groups were born prenatally exposed to drugs; about one in ten were reported to have Fetal Alcohol Syndrome. Fifteen percent of children in kinship foster care and one-fourth of children in foster care had other medical needs (e.g., had required surgery, had asthma) and about 15 percent of children in both groups required other medical regimes (e.g., medications). Over half (51%) of African American children placed with kinship foster parents were born prenatally exposed to drugs. Kin and foster children were similar regarding behavior and school activities, but appeared to be having more problems than children not in placement. Children in kinship foster care between the ages of four and fifteen were reported to have somewhat fewer problems than children in foster care. Children in kinship care had a mean total score on the Behavior Problems Index (BPI) of 13.9, and foster children's mean score was 15.6 ($t = -2.25, df = 368, p < .05$). At almost every age, both kin

Ethnicity of Children in Care



$\chi^2=19.56, df=3, p<.001$

Figure 3. Ethnicity of Children in Care.

and foster children's total scores were more than one standard deviation above the mean compared to a national sample of children.

Almost seven in ten kin children described by the respondents and 61 percent of foster children were enrolled in school. Of these, more foster children than kin had either repeated at least one grade (31% vs 23%) or were enrolled in special education classes (32% vs 26%) ($X^2 = 5.24$, $df = 1$, $p < .05$). Of the children in special education classes, over half of both groups were in classes for learning disabilities, with over one-fourth enrolled in speech and language classes, and over one-fourth in classes for seriously emotionally disturbed children (some children were enrolled in more than one type of special education class). Over two-fifths of both kinship providers and foster parents were satisfied or very satisfied with how their child was doing in school, and another fifth were somewhat satisfied.

The Path Towards Placement

Fifty-seven percent of kin children and 31 percent of foster children had been living with their birth parents immediately prior to placement, and 22 percent of kin and 34 percent of foster children had been in another foster home. A small percentage of children had resided in emergency shelter homes, residential treatment, or with other family members. Fewer kinship children than foster children had previously lived in these kinds of arrangements ($X^2 = 43.30$, $df = 5$, $p < .001$). Of those children who were in school, at least half of the children in both kinship and foster homes had changed schools with this placement.

Kinship foster parents became involved with the social services agencies and courts regarding their selected child in a number of ways. Almost half (47%) said that the agency contacted them and asked if they would take the child. However, nearly one-third (31%) called child protective services themselves to report abuse or neglect and offered to take the child. Another 17 percent already had the child living with them when formal placement was made. In telephone interviews, kinship foster parents repeatedly affirmed that they loved these children and that they were determined to keep them from entering foster care.

We asked all respondents whether or not they thought the child had been in danger when he or she was living with birth parents. Fully one-fourth of the foster parents did not know enough about their foster child's history to comment on this. Of those who did respond, they were more likely than kinship foster parents to think that the child had been in grave danger (62% vs 52%) and less likely to think the child had been in no danger (8% vs 14%). (About one-third of all providers thought that the

child had been in a little or some danger in the birth home) ($X^2 = 7.23$, $df = 2$, $p < .05$).

There were some ethnic variations in the data about the child's entry into placement. In African American kinship homes, one-third (35%) of the children had changed schools with this placement, compared to two-thirds (65%) of the children in Caucasian kinship homes and 47% of Hispanic and other kinship homes. African American foster parents were less likely than all other ethnic groups to know if the child placed with them had been in danger in the birth home and more African American foster parents felt that the birth parents viewed the placement positively. Visitation with birth parents, when it did occur, was more likely to be arranged directly by African American kinship foster parents and foster parents than Caucasians, Hispanics, or others.

Visitation with Birth Parents

Regular contact with birth parents was maintained to a much greater degree with kin. Eighty-one percent of kinship foster parents compared to 58 percent of foster parents had some contact with the birth parents ($X^2 = 34.21$, $df = 1$, $p < .001$). Regarding visitation between children and their birth parents, more than half (56%) of children in kinship foster homes saw their birth parents at least once a month, while this was true for less than a third (32%) of foster children. Beyond these somewhat limited visits, some children saw their birth parents quite regularly. Nearly one-fifth (19%) of kin children saw their birth parents more than four times a month; virtually no (3%) foster children did ($X^2 = 55.99$, $df = 5$, $p < .001$).

When visitation did occur between birth parents and children, it was informal and family-like for kin. More than three-fourths (79%) of kinship foster parents arranged visits directly with the birth parent. In contrast, more than half (54%) of foster parents had visits arranged by the courts or social service agency ($X^2 = 40.26$, $df = 1$, $p < .001$). Only 11 percent of kinship providers indicated that they had little or no control over visitation, yet over one-third (38%) of foster parents felt this way ($X^2 = 60.38$, $df = 2$, $p < .001$). Although many providers saw a warm relationship between the child and the birth parent, more kinship than foster parents felt that the child had a "close" relationship with their birth parent (61% vs 40%; $X^2 = 17.37$, $df = 1$, $p < .001$). Many providers also asserted that birth parents viewed the placement positively. Slightly more kinship providers than foster parents reported that the birth parents were at least somewhat pleased with the placement (84% vs 78%), however this difference was not statistically significant.

Services

Services provided by placement agencies were much more likely to be offered to foster parents than kinship foster parents. More foster parents received respite care (23% vs 6%; $X^2 = 31.26$, $df = 1$, $p < .001$), support groups (62% vs 15%, $X^2 = 129.03$, $df = 1$, $p < .001$), training (76% vs 13%; $X^2 = 224.17$, $df = 1$, $p < .001$), and specialized training (for example, training to care for drug-exposed infants) (59% vs 5%; $X^2 = 179.32$, $df = 1$, $p < .001$). Fewer than 10 percent of either kinship foster parents or foster parents received child care services or other services from their placement agencies. With a range of zero to six possible types of services, the mean number provided for kinship foster parents was .53 and for foster parents was 2.30 ($t = -18.04$, $df = 583$, $p < .001$). The average number of services varied by ethnicity for foster parents, with Caucasian foster parents receiving more (2.43) services than African American, Hispanic, or other foster parents (2.08) ($F = 3.28$, $p < .05$). Among kin, there were no significant differences in services received by race. Although most providers had received no formal training in the past year, this was especially true for kinship foster parents. Almost the entire sample (91%) of kinship providers had not received any training. In contrast, about one-third of foster parents had received training of some kind in the past year ($X^2 = 197.9$, $df = 1$, $p < .001$). Many providers, both kinship and foster, felt that additional services would be helpful. Both groups of parents suggested a need for more training, respite care and child care (see Table 7).

Many providers experienced a scarcity of services; they also appeared to have rather minimal contact with social workers. Kinship foster parents had less contact with agency social workers than did foster parents, and children in kinship care were seen by social workers less often than children in foster care. Twenty-seven percent of kinship providers and 19 percent of foster parents had no contact with a social worker in the month before the study. The average number of contacts that month was 1.4 for kinship foster parents and 2.0 for foster parents ($t = -4.37$, $df = 554$, $p < .001$). Among the children, forty-six percent of kin and 35 percent of foster children had not been seen by their social worker in the past month; the average number of hours per month a child in kinship care spent with a social worker was .65, and for foster children it was .88 ($t = -2.76$, $df = 537$, $p < .01$). African American kinship foster parents were less likely to have had contact with a social worker in the month prior to the study than other ethnic groups ($X^2 = 7.59$, $df = 2$, $p < .05$). African American foster parents reported fewer hours of contact between social workers and the children in their care ($F = 5.41$, $p < .01$).

In spite of the paucity of services offered to all caregivers in the sample and the minimal level of contact with social workers, most providers in

Table 7
Additional Services Requested by Providers

Type of Service	% Kinship (<i>n</i> = 246)	% Foster Parents (<i>n</i> = 354)	Chi square, <i>df</i> , <i>p</i> value
Training	46	50	2.94, 2, ***
Specialized Training ⁴	42	54	20.77, 2, ***
Respite Care	48	71	31.22, 2, ***
Child Care	47	64	17.48, 2, ***

⁴For example, training for caring for drug exposed infants

****p* < .001

this study were quite satisfied with their social workers. Although kinship foster parents received fewer services and less time with social workers, they had a more positive view of their social workers than did foster parents. To measure providers' attitudes, we constructed a scale consisting of 14 items. With a possible range from 20 to 140, kinship caregivers gave their workers a mean score of 115, compared to a mean score of 108 for foster parents' workers ($t = 2.78$, $df = 483.61$, $p < .01$). Still, many providers felt that their relationships with their social workers could be improved. Thirty-eight percent of kinship providers and 51 percent of foster parents wanted more contact with their social worker, 45 percent of kinship foster parents and 63 percent of foster parents thought that better communication would be helpful, and 44 percent of kinship parents and 63 percent of foster providers wanted more respect from their social workers.

Significantly, more foster children than kin children were receiving mental health services at the time of the study (48% vs 29%; $X^2 = 22.53$, $df = 1$, $p < .001$), yet kinship providers were more likely than foster parents to be satisfied with the availability of health and mental health services for their children. Sixty-three percent of kinship foster parents vs 45 percent of foster parents thought the availability of health care services was good or very good; seventeen percent vs 35 percent thought it was poor or very poor ($X^2 = 26.39$, $df = 2$, $p < .001$). Regarding the availability of mental health services, 60 percent of kinship foster parents vs 43 percent of foster parents thought availability was good or very good; 26 percent vs 34 percent thought it was poor or very poor ($X^2 = 12.92$, $df = 2$, $p < .01$). When the question was worded differently, respondents did not have such a positive view of mental health services. Over half of all providers suggested that more family counseling, children's counseling, or counseling with the birth family would be helpful.

Kin not only received fewer services but they also received less money to care for children. California allows for federally eligible kin to be paid at the same rate as foster parents. Nevertheless, there were differences in the payments that providers received for children placed in their care. Although the modal monthly payment for both kinship providers and foster parents was \$345, the average was \$367 for kin children and \$480 for foster children ($t = -8.34$, $df = 543$, $p < .001$) in spite of the fact that the mean age of children in both groups was very similar. Part of the difference in monthly payments can be explained by the fact that many more foster parents than kinship foster parents received a Specialized Care Increment for special needs children (28% vs 10%, $X^2 = 30.86$, $df = 1$, $p < .001$).

For all selected children, payments were only slightly correlated with the total number of medical problems reported for the child ($r = .26$, $p < .001$), the BPI score ($r = .20$, $p < .001$), and the probability that the child was enrolled in special education classes ($r = .21$, $p < .001$). No matter what payment rate they received, the majority of providers reported that they could not care for their children with this money alone. Over four-fifths of both kinship foster parents and foster parents used their own money, above and beyond payments, for the children in their care (\$134 per month per child for kin children and \$118 per month per child for foster children).

When we asked respondents what would be most helpful to them in providing care for children, higher foster care payments was chosen most often (35% kinship and 28% foster parents). Thirteen percent of foster parents chose respite care, while 13 percent of kinship providers chose counseling for their children. Eight percent of kinship foster parents and 11 percent of foster parents wanted other services or special funding, such as clothing allowances, transportation funds, and better medical assistance.

Expectations of the Children's Futures

Kinship foster parents were more likely than foster parents to think that the selected child would remain in foster care until emancipation (58% vs 38%, $X^2 = 21.66$, $df = 1$, $p < .001$). Of those children that would probably stay in placement, kinship foster parents expected to keep almost all of them (93%) in their homes until the child became of age; eighty percent of foster parents expected to keep those children who would remain in foster care ($X^2 = 10.80$, $df = 2$, $p < .01$). Considering children who providers thought would be exiting foster care, 52 percent of kinship foster parents and 28 percent of foster parents expected that the children would be reunified with their birth parents; kinship providers were less likely than

foster parents to expect that the child would be adopted (37% vs 58%; $X^2 = 16.87$, $df = 2$, $p < .001$).

Over half of the respondents told us they were not likely to adopt the selected child. When asked about the reasons they were not planning to adopt, the reason most kinship foster parents chose for not considering adoption was: "We are already family" (65%). Thirty percent of kinship providers also indicated that they "could not afford it". For foster parents, 29 percent chose "I am too old," 20 percent suggested "I do not wish to become a permanent parent to this child," and 11 percent could not afford the cost of changing from foster care to adoption. Yet some of these families were planning on keeping children beyond foster placement. Fourteen percent of kinship foster parents and 22 percent of foster parents who would not consider adoption were planning to assume legal guardianship.

We asked providers to think about what the selected child would be like when he or she became an adult. Kinship foster parents appeared to have higher expectations for the children in their care, and gave kin children a higher average rating than foster parents did for children who as adults: (a) would form close personal relationships, (b) be able to care for themselves, and (c) be able to provide for themselves economically. Combining these three items into a scale with a range from 3 to 15 (alpha coefficient = .82), the average score for kin was 12.8 and for foster children was 11.7 ($t = 4.41$, $df = 523.77$, $p < .001$).

Discussion

This study confirms other research in the field regarding the characteristics of kinship foster parents and clarifies differences between them and other foster parents. On demographic variables, kinship foster parents are older, less well off financially, and have more health problems than foster parents. Kinship foster parents are also largely represented by women of color, many of whom are single parents. In spite of these differences in provider characteristics, the children served by kinship foster parents are quite similar to children served in foster homes. Children in both groups have a number of health, mental health, and behavioral problems. Their behavior problems, in particular, are elevated above levels found among children in the general population and challenge providers' abilities to care for them with warm, consistent parenting. Although some differences were found in foster parents' and kinship foster parents' rating of their children's behavior, these differences may be related to several factors. Because of their view of fostering as a professional role, foster parents may be inclined to pathologize the children in their care, or they may be more skilled at identifying children's needs. Kin may view children's behavior more positively and may be more inclined to deny or turn

a blind eye to behavior problems in the children they serve. A more reliable examination of the behavior differences between foster children and kin would require an assessment by an independent observer--an important step for future research.

Nevertheless, because children in both groups present a number of difficulties for their providers, one might expect an array of similar services to be offered to their caregivers. Kinship providers consistently receive fewer services from their local child welfare agency, including regular services such as visitation, and external services such as respite care, baby-sitting, and counseling. In addition to fewer services, kinship foster parents typically receive lower payments for the children in their care. Although many of the kin children were described as having more special medical needs than foster children, additional funding (in the form of the Specialized Care Increment) was generally more available to foster care providers than to kin.

Several recent state reports have underscored the need for the development of policies which facilitate out-of-home placement with relatives, including expanded financial and agency support (County Welfare Director's Association, 1990; California Child Welfare Strategic Planning Commission, 1991). Nationally, the National Association of Black Social Workers (1991) has called for the reduction or elimination of barriers to kinship placements, along with training for child welfare professionals on the use of kinship foster care. Support is growing for the notion that the use of kinship foster parents can allow children to remain with people who know them and their family background, traditions, and culture. Placement with kin may also cause less trauma than placing children with strangers (Chipungu, 1991).

Although reunification rates are slower for kin and adoption is less likely for these children it is hard to judge these outcomes harshly at this point in time. In principle, long-term foster care does not meet the best interests of children as well as adoption and runs counter to the original goals of the permanency planning movement. Further examination of the issue points to the importance of kin in raising children to adulthood in stable, family-like settings. Our sample of kin providers were less likely than foster parents to suggest that they would adopt the child in their care, but they were more likely to indicate that they would continue caring for the child until the child came of age. They also reported that they were "already family" to the child, suggesting that kinship foster care has many of the same characteristics of adoption. These findings, however, do not guarantee the functional equivalence of kinship foster care and adoption; research is particularly lacking on children's attitudes regarding these differences.

Kinship foster care is a very stable placement for children. We have previously indicated the evidence that children placed in kinship foster care are less likely to be reunified. They are also less likely to experience any other placements during their tenure in foster care (Barth, et al., 1994). In our large probability sample of children who entered foster care in 1988 in California, over half of the 58 percent of children placed in foster family homes experienced at least one subsequent placement during the following 3.5 years. In contrast, only 23 percent of children placed initially with kin experienced another placement. This difference is particularly significant in that children placed with kin had a longer average time in foster care than children placed in foster care.

Further research should seek to explain the slower reunification rates in kinship care as compared to foster care. When a child is placed with a kinship foster parent, do social workers and courts use the same criteria as a basis for reunification as they do when a child is in foster care? As replacement rates differ for children returned home after kinship placement and foster placement (replacement rates are much lower for kin children [Barth et al., in press]), length of placement cannot stand alone as a measure of success.

Recent family preservation initiatives point to the importance of providing services to families in trouble. Kinship foster care can be viewed as a form of extended family preservation; original ties to the family are maintained, but under the close supervision and support of the social services agency. If we assume that kinship foster parents, who themselves are older, in more fragile health, and less financially stable, will be able to care for these very difficult children with fewer financial and concrete supports than foster parents, then our expectations are unrealistic. Until kinship providers are offered the same services, training, and reimbursement as foster parents, a fair assessment of quality can not be conducted. Indeed, it is incumbent upon social services agencies (not the kinship foster parents alone) to assure quality of care for children.

In addition to this study, a recent review of state policies on kinship care (Kusserow, 1992) points to the lack of knowledge regarding this form of foster care. Quality of care needs assessment through more research on the topic, but quality can only be insured if social service agencies play an active role in working with kinship foster parents. Over a third of the kinship providers represented in this study would have welcomed more contact with their social worker.

As a variety of social service agencies work toward maintaining family ties and safeguarding against placement, kinship care is a unique response to the growing need for out-of-home placement. Indeed, some children cannot and should not remain with their birth parents in spite of the provision of family-based services. Kinship care may provide the

protection children require while allowing them to remain with family. We have presented some evidence that parental contact is facilitated by kinship foster care, although future research needs to clarify how the birth parent/kinship foster parent relationship impacts reunification.

In light of the potential that kinship placements offer to the child welfare community new initiatives should be explored to fully support the kinship home and to develop a range of alternative approaches which create an appropriate balance between under-serving and overly intruding in kinship arrangements. These would allow children to live in extended, permanent families. For children who will never go home, long-term kinship foster care or subsidized guardianship may be acceptable alternatives to adoption. This too awaits research to confirm that the permanence and stability of these practices are roughly equivalent to adoption.

Although this paper focuses on kinship foster parents, data from our study suggest striking inequalities in social worker support and service provision related to the ethnicity of foster parents. African American foster parents reported fewer hours of social worker contact with their children than did other ethnic groups, and Caucasian foster parents were provided with more services by their agencies than were other ethnic groups. Our study also suggests that children of color, especially Hispanic children, are less likely to be placed in ethnically similar homes than are Caucasian children. For children who must be placed outside of their families, these differences require critical examination and explanation.

Much of the increase in the foster care caseload is associated with substance abuse, particularly the crack-cocaine epidemic. Some policy makers and practitioners continue to consider family, especially the parents of crack-cocaine addicts, to be somehow responsible for their offsprings' neglectful or abusive behavior. They reason that these grandparents failed in their first attempt at parenting and are therefore unfit to raise another generation of children. Blaming the victim (or her mother) is a tired and futile way to avoid facing the real issues of institutionalized poverty, racism, and unequal opportunity as they relate to the hopelessness and despair bound up with crack addiction. Researchers who have taken the time to look closely at kinship foster parents provide us with glimpses of great courage and strength (see Minkler & Roe, 1993). Some families are strong allies in the effort to protect children, and they deserve far more respect and support than they are currently receiving.

A careful comparative assessment of the well-being of children placed in kinship care as compared to other alternatives would be informative, but is impossible as long as kinship foster parents receive fewer services and less financial support than other providers. Kinship foster parents in this sample suggested that their relationship to the child was warm and close; their expectations that the child would experience a bright and promising

future also attest to the potential strength of the family in raising children. Kinship foster parents maintain close ties to birth parents and indicate that they consider the child to be family. They love the children they take into their homes. A family's love is certainly not enough, but is there a better place to start?

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