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Berrick, JD
Boyd, R

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Financial well-being in family-based foster care: Exploring variation in income supports for kin and non-kin caregivers in California

Jill Duerr Berrick^{a,*}, Reiko Boyd^b

^a School of Social Welfare U.C. Berkeley, 120 Haviland Hall Berkeley, CA 94720-7400 510-643-7016, United States

^b Graduate College of Social Work University of Houston, United States

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ABSTRACT

Kinship foster parents have the same responsibilities as nonrelative foster parents and are held to the same standards of rehabilitative care. Nonetheless, their rights to financial supports and their access to other services vary across states depending on the federal eligibility of the child, and/or the licensing criteria caregivers may or may not meet. We know little about the financial supports, well-being, or services of kinship caregivers receiving differential payment schemes and whether or not these financial supports and services make any difference. More fundamentally, in states that operate two- or more -tiered funding schemes for kinship foster parents, we currently cannot even estimate what proportion of kin caregivers receive more, less, or nothing from the government, even though all are entitled to something. Kin and non-kin caregivers in two California counties responded to a written survey focused on the financial wellbeing and income supports available to families. Sources of support were associated with the availability and utilization of other child welfare services for caregivers and for children.

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1. Introduction

The large majority of children residing in out-of-home care live in family foster care or with kin. Family foster care has served as the backbone of the child welfare system for almost a century, but for well over three decades, state child welfare agencies have increasingly called upon children's relatives to serve as their substitute caregivers while residing in out-of-home care. Nationally, almost one-third of children (29%) reside in kinship foster care (U.S. Department of Health and Human Services, 2015).

Federal and state policies relating to funding for kinship caregivers has been, at best, ambivalent (Geen & Berrick, 2002). A more critical view offered by Schwartz (2002) would suggest that kinship policy vis-à-vis funding has been values-based and that because U.S. society insufficiently values women, the elderly, and communities of color – the predominant characteristics of kin caregivers – and because personal responsibility is valued over public good, kinship policy has evolved along a separate path from non-kin policy. The notion that kin care is motivated by a sense of filial obligation is also explored by Testa and Slack (2002) with implications for differential payment schemes for caregivers related by law vs. blood. With limited direction offered at the federal level, states have devised different approaches to pay for the care children require (Allen, DeVooght, & Geen, 2008). Federal

funding became available to states following the U.S. Supreme Court's decision in *Youakim v. Miller* (44 U.S. 125, 99 S. Ct. 957 (1979)), which held that states were required to pay foster care board rates to relatives who met foster care licensing requirements and were caring for children who were Title IV-E eligible. The *Youakim v. Miller* decision did not clarify the support that should accrue to kinship foster parents who did not meet foster care licensing requirements, or to those caring for children who were not Title IV-E eligible.

The Adoption and Safe Families Act (ASFA) final rule of 2000 (45 CFR § 1355–1357) clarified that in order to draw down federal funds for Title IV-E eligible kin caregivers, these foster parents were required to submit to the same licensing approval standards as non-kin. As a result, some states changed their foster/kinship policy to only allow kinship foster parents who met the same licensing standards as non-kin foster parents. California, for example, saw a sharp decline in the percentage of children cared for by kin after the implementation of the final rule. In 1999, 42% of California children in out-of-home care were cared for by relatives. Five years later, the percentage had dropped to 33% (Webster et al., 2015). Whether or not the clarification and upgrading of licensing standards made ineligible some former kin caregivers or disallowed potential new caregivers has never been examined. In other states, policy allowed for two types of kinship foster parents: those who could be licensed, and those continuing to serve, but in an unlicensed capacity (and therefore subject to different standards of pay and support) (Beltran & Epstein, 2013).

The *Youakim v. Miller* decision and ASFA final rule have offered some guidance to state policy vis-à-vis kin, but licensing and funding

* Corresponding author.

E-mail addresses: dberrick@berkeley.edu (J.D. Berrick), Reikokimiko@gmail.com, rkboyd@uh.edu (R. Boyd).

for kin caregivers still varies significantly by state (Allen et al., 2008). Prior to 2015, California's license-approved kinship foster caregivers whose children were Title IV-E ineligible were *not* offered a foster care subsidy. Instead, these caregivers were directed to the TANF program for income support, if needed. Caregivers who were income eligible themselves could receive a TANF family grant for themselves and the children in their care. Caregivers who were not income eligible could receive a TANF child-only grant. It should be noted that in California, as in most states, time limits and work requirements typically associated with TANF are waived for child-only cases (Mauldon, Speigman, Sogar, & Stagner, 2012). Caregivers who collect TANF family grants, however, are required to submit to work requirements unless they are over the age of 60 or are caring for a child younger than 24 months (Huber, Cohen, Briggs, & Kassabian, 2015), though time limits do not apply to caregivers of children who are dependents of the court (Minton, Cohen, & Briggs, 2015).

California's approach to a two-tiered payment structure follows many other states that have devised a range of payment strategies for kin caregivers. Many states do not license or formally approve their kin caregivers. As such, these kin are typically only eligible for TANF child-only funding for their relative child (GAO, 2011). The difference in payment amounts in many states is stark. According to the GAO, the national average foster care minimum payment is \$511 per month compared to the national average TANF child-only payment amount of \$249.

In California, the difference between foster care and TANF payments is also substantial. For example, in many California counties, a basic foster care payment for one child ranges from \$657 per month (for children ages 0–4) up to \$820 per month (for youth ages 15–20). A child-only TANF payment is \$351 per month. These differences are made greater by the fact that foster care subsidies are provided on a per-child basis, but TANF payments are adjusted only incrementally by family size. For instance, a caregiver receiving a foster care subsidy for two young children would receive approximately \$1400 per month. A caregiver receiving a TANF child-only payment for the same two children would receive approximately \$577 per month. In addition to these differences in basic foster care and TANF payment amounts, caregivers entitled to a foster care payment would also be eligible for additional financial subsidies and supports such as specialized care increments if the child had special needs, infant supplements, or clothing allowances.

To complicate matters further, some kinship foster parents eligible for TANF child-only payments may refuse them for fear that the child's birth parent will be penalized with a child support obligation (Hatcher, 2008). These caregivers receive nothing from the government to support the foster children in their care. California passed legislation to clarify that child support obligations are waived when caregivers receive foster care payments if the imposition of child support would interfere with reunification goals (Section 17,552 of the Family Code); these waivers are not available with regard to TANF child-only funds, however.

In an effort to make more similar the funding amounts for kin and non-kin foster caregivers in California, Governor Brown established the Approved Relative Care Funding Option (ARC) in 2014, allowing counties that elected to opt-in to offer full foster care subsidies to relative caregivers previously ineligible for such payments. Over three-quarters of counties elected to participate and in 2015 began to develop strategies for outreach to kin caregivers to offer these additional financial supports.

Although the ARC offers an important step toward greater similarity in payment subsidies for kin, variability still prevails, suggesting a potentially confusing array of funding options both to caregivers and the social workers responsible for implementing policy. The result in California is a *four-tiered* subsidy structure for foster parents. (See Table 1) In other states where they may have a mix of license-approved kin and unlicensed kin, the variability in subsidy opportunities may be even greater still.

Table 1The four-tiered subsidy structure for California foster parents.^a

Type of caregiver	Type of subsidy
Non-kin foster parent of Title IV-E eligible or ineligible child	Foster care payment
License-approved kinship foster parent of Title IV-E eligible child	
License-approved kinship foster parent of Title IV-E ineligible child in 77% of counties	TANF family grant if caregiver is income eligible
License-approved kinship foster parent of Title IV-E ineligible child in 22% of counties	TANF child-only grant if caregiver is income ineligible
	No subsidies – if caregiver refuses payment due to concerns about child support obligations imposed on a son or daughter.

^a California does not allow unlicensed kinship providers to care for Title IV-E eligible or ineligible children.

In addition to these differences in financial support, some caregivers receive other financial subsidies from the government, which might include SNAP (food stamps), Medicaid, Medicare (if elderly), housing subsidies, gas & electric subsidies, childcare subsidies, EITC, SSI, or Social Security. These packages of support may be unevenly distributed among caregivers, many of whom may present as having similar need.

In addition to the financial inequalities within the kin caregiver population and between kin and non-kin, research from the U.S. and the U.K. shows substantial differences in access to services for children placed with kinship foster parents. It appears that kinship caregivers are less likely to request services from the local child welfare agency, but they are also less likely to be offered services (Berrick, Barth, & Needell, 1994; Chipungu & Everett, 1994 as cited in Geen, 2003). Two studies, though dated, indicate that kinship foster parents may be less likely to receive the services they request from the child welfare agency (Chipungu, Everett, Verduk, & Jones, 1998; LeProhn & Pecora, 1994). Sakai, Lin, and Flores (2011) have replicated these findings. They found that the service differential between kinship foster parents and non-relative foster parents was approximately 1 to 4 for parent training and 1 to 7 for access to respite care and support groups.

Evidence from the U.K. suggests that the paucity of services available to kinship foster parents may contribute to feelings of stress in caring for children (Farmer, 2009); other studies point to the significant burden grandparents may experience in caring for their relative children (Dolbin-MacNab, 2006; Minkler, Roe, & Price, 1992; Smith-Ruiz, 2009), especially those caring for foster children with access to a child-only subsidy (Blair & Taylor, 2008). Studies have yet to examine the extent to which service receipt is influenced by factors unrelated to the offerings of child welfare workers (e.g., access to services, knowledge about services, culturally responsive offers and outreach, the perceived affordability of services). What also remains unknown is whether the service differentials found in prior research are related not only to the type of caregiver (i.e., kin vs. non-kin), but also to the payment subsidy level caregivers receive.

Available evidence on the characteristics of kinship foster parents suggests that they are a relatively homogenous group. The large majority hail from socially disadvantaged backgrounds with large numbers living in poverty, having secured a high school diploma or less, and living in single-parent households. Although dated, one study from 2002 showed that approximately one-third of kinship households had annual incomes below the poverty line and that two-thirds had incomes below 200% of the poverty line (Ehrle & Geen, 2002). Given their relatively similar circumstances, the differences in subsidy rates to assist kinship

foster parents in their care for children can manifest in substantially inequitable financial circumstances.

1.1. *The potential benefits and challenges of kinship foster care*

The vast majority of research on kinship care is devoid of information pertaining to the payment type or payment amount received by the caregiver. Thus, reviews of the kinship care literature must be understood in the context of this important limitation. If there are differences in the outcomes or effects of kinship care on children depending on the amount or type of funding caregivers receive, these differences are probably masked by the averages.

Given these caveats, the research literature, in general, suggests that there are a number of benefits that likely accrue for children placed in kinship foster care. In particular, compared to placement with a non-relative, kinship care is considered a more stable placement setting in which children are less likely to experience placement moves while in care, and are less likely to experience re-entry to foster care following a reunification (see Berrick, 2000, for a review, and Connell et al., 2009; Farmer & Moyers, 2008; Koh & Testa, 2011; Perry, Daly, & Kotler, 2012). Relatedly, placement in kinship foster care is associated with ongoing family contact, with increased odds of visitation between children and their birth parents, and an increased likelihood that some or all siblings will be placed together (Berrick, 2000). Other benefits may include maintenance of familial, cultural, and linguistic traditions, and reduced trauma in the placement process (Crumbley & Little, 1997).

Although some evidence suggests that children's internalized and externalized behavior problems may be fewer in kinship foster care than in non-relative foster care (Winokur, Holtan, & Valentine, 2009), other evidence suggests that selection effects are at play (Grogan-Kaylor, 2001) and that children who are less behaviorally and emotionally challenged are typically placed with kin providers (Bilaver, Jaudes, Koepke, & Goerge, 1999; McMillen et al., 2004). Examining findings from nine studies from 1994 to 2004, Winokur et al. (2009) concluded that children in non-relative foster care were more likely to receive mental health services than children placed in kinship foster care, though it is unclear whether these differences in mental health utilization were due to underlying differential need between children in kin and non-kin care, or differences in knowledge and/or access to care among kin and non-kin providers. One explanation for differences in receipt of formal mental health treatment draws from evidence that the same child behavior may be interpreted or reported differently, based on the caregiver relationship to the child (Gebel, 1996; Rosenthal & Curiel, 2006; Timmer, Sedlar, & Urquiza, 2004;), and that kin may provide positively skewed assessments of the behavior of children in their care (Barth, 2008; Shore, Sim, Le Prohn, & Keller, 2002), which might result in children receiving less formal treatment for their behavior because caregivers do not perceive it as sufficiently problematic or warranting intervention (Daly & Perry, 2011).

Child welfare permanency outcomes differ somewhat depending upon whether children are placed with kin or non-kin. Rates of reunification are slower for children in kin care (Berrick, 1998), although exit rates to reunification are approximately similar after four years (Berrick & Needell, 1999). The main exit pattern differentiating kin from non-kin are exits to adoption and guardianship. Children placed with kin are less likely to be adopted by their caregivers (Courtney & Needell, 1997), yet with the introduction of kinship guardianship opportunities, many children in kinship foster care are now exiting to legal guardianship arrangements (Testa, 2008). These differences in exit patterns result in longer stays in care for children placed with kin compared to non-kin (Winokur et al., 2009), though these trends may be shifting with greater utilization of subsidized guardianship.

Another stark difference between kin and non-kin foster care settings is the substantial socio-economic risks that children may experience when living in the care of their relatives, and the attendant disadvantages relating to educational attainment, health, and

neighborhood context (Barth et al., 2008; Berrick et al., 1994; Fox, Berrick, & Frasch, 2000; U.S. Census, 2011).

In addition to the available research showing a strong correlation between family income and parenting challenges (see, for example, Hanson, McLanahan, & Thomson, 1999), there is evidence that kinship grandparents may need substantial assistance in improving their caregiving practices with children. In Zinn's study of kinship care, social workers rated grandparents lowest in "fostering competence" compared to other relative caregivers (2012).

The characteristics of kinship foster parents suggest that they are – on average – a much more socioeconomically disadvantaged population than non-relative foster parents. These factors, combined with data suggesting that needed services may not be as available to relatives, even when requested, indicate that kinship foster parents have multiple unmet needs that child welfare agencies may not adequately address. The lower rates of financial support in some jurisdictions for kin caring for federally ineligible children likely exacerbate these differences and could lead to differential outcomes for children.

1.2. *Caregiver income and child well-being outcomes*

The Department of Agriculture provides estimates of the costs of rearing a child in the U.S. (Hicken, 2014; Lino, 2013). According to recent studies, the average cost of raising one child in a U.S. family is approximately \$1116 per month, rising to about \$2000 per month for two children. Low-income families naturally spend less than the average family, but even in two-parent low-income families (defined as an annual income less than \$60,640 – almost three-times the poverty level), monthly expenditures are approximately \$750 per month (for one child), and these expenditures consume a large proportion of the total family budget. On average, low-income families spend about one-quarter of annual income on costs associated with raising children while middle-income families spend about 16% of annual income on children (Lino, 2013). These estimates mask state and regional variation, of course. Although it is most expensive to rear children in the Northeast United States, the West comes in second as the region with the highest cost-per-child estimates.

The average basic foster care subsidy in the U.S. does not meet the typical costs of raising a child. The national average foster care payment of \$511 is about 30% below the required estimated expenditure to raise a child in a low income household in the U.S. Average foster care subsidies in California, though somewhat higher than many other states, still fall below the United States Department of Agriculture (USDA) standards, however, foster care subsidies for older children fall within the standards. In contrast, the average U.S. child-only TANF payment is far below the USDA standard, and substantially below the U.S. poverty threshold (Trisi & Pavetti, 2012). According to the Center on Budget and Policy Priorities (Schott & Finch, 2010), in every state, TANF benefit amounts are less than half the federal poverty threshold. TANF payments in California fall substantially below the standards set by the USDA. These differences in financial subsidies may have important effects on caregivers and thereby on children. In a study conducted at Chapin Hall Center for Children (Smithgall, DeCoursey, & Goerge, 2008), researchers found that kinship foster parents were much more likely than non-relative foster parents to experience both the tangible and intangible effects of financial strain in their daily lives. Another study found that modest increases in funding to kinship caregivers had the potential to increase high school graduation rates for kinship children (Nelson, Gibson, & Bauer, 2010).

Kinship foster parents have the same responsibilities as non-relative foster parents and are held to the same standards of rehabilitative care. The fact that their rights to financial supports and their access to other services may be different based upon the federal eligibility of the children they care for may be problematic. In point of fact, we know almost nothing about the financial supports, well-being, or services of kinship caregivers receiving differential payment schemes and whether or not

these financial supports and services make any difference. More fundamentally, we currently cannot even estimate what proportion of kin caregivers receive more, less, or nothing from the government, even though all are entitled to something. This study was designed to examine the financial well-being of kin and non-kin caregivers in two California counties and to try to discern the source of income supports for families. The study was conducted prior to the introduction of the ARC by Governor Brown.

2. Methods

This descriptive study relies upon data derived from a questionnaire distributed to kin and non-kin caregivers in two California counties in 2014. Both counties include dense urban areas and have larger-than-average foster care caseloads compared to other jurisdictions in the state. The design, sampling, and planned measures were discussed with county partners and the study was reviewed by the Committee for the Protection of Human Subjects (CPHS #2014-02-5982) prior to implementation.

2.1. Sample

Research staff in each of the two counties identified the sample based upon the following parameters: (1) children new to care (first entries) between October 1, 2013 – December 31, 2013; (2) children ages three or older, and ages 17 or younger; (3) children who remained in care for 8 days or longer. A total of 174 (91 in County A and 83 in County B) caregivers were included in the sample – the universe of all eligible caregivers in the county.

We distributed surveys in the summer and Fall of 2014, sending out a cover letter from the county child welfare director, a letter from the Principal Investigator, the survey, and a self-addressed stamped envelope. Caregivers were offered a \$25.00 grocery gift card for all returned and completed surveys. Caregivers were also offered the opportunity to conduct the interview via telephone, if preferred. Over the course of the summer we conducted three mailings and two postcard reminders, removing from the sample any caregivers who had previously returned the survey. We added a lottery to our approach, offering a \$100 bonus to up to five caregivers who could return their survey by a specified date. Thereafter we conducted phone calls to caregivers to encourage them to complete the survey or to conduct the survey by telephone.

In County A, of the 91 caregivers who were sent a survey, 58 responded, 9 declined to participate, 9 could not be reached, and 15 responded by telephone with a promise to complete the survey, but did not do so. The total response rate in this county was 64%. Among the 33 caregivers who did not complete the survey, a higher percentage included kin (58%) than non-kin (39%) and one guardian (3%).

In County B, of the 83 caregivers who were sent a survey, 34 responded, 6 declined, 2 could not be reached, 3 were returned unopened, and 37 were left telephone messages but did not respond. One caregiver indicated that the child had left the home. The total response rate in County B was 41%. Non-responders in County B were evenly distributed between kin and non-kin. No other features distinguished respondents from non-respondents in either county. Across the two counties we had a total of 92 respondents (53% response rate).

Among the total sample who completed the survey, 60% ($N = 55$) were non-kin caregivers and 40% ($N = 37$) were kin (<5% of caregivers identified as a non-relative family member (NRFM), and were included with kinship caregivers) (Table 2). All caregivers but one identified as a U.S. citizen. Mirroring data from other large-scale surveys of kin and non-kin caregivers in the U.S. (Ehrle & Geen, 2002), a majority of non-kin caregivers were married or co-habiting (62%); this was true for about 48% of kin caregivers. Kin and non-kin were racially and ethnically diverse. About two-fifths (38%) of caregivers were African American, nearly one-third (31%) were Caucasian, 15% were Hispanic, 6% were Asian/Pacific Islander, and 8% were from other or multiple racial/ethnic

Table 2
Study Sample Characteristics (percentages).

	Total sample ($N = 92$)	Non-kin ($N = 55$, 60%)	Kin ($N = 37$, 40%)
Race/Ethnicity			
Caucasian	30.7	33.3	26.5
African American	38.6	35.2	44.1
Hispanic/Latinx	14.8	16.7	11.8
Asian/Pacific Islander	5.7	3.7	8.8
American Indian/Alaska Native	2.3	1.9	2.9
Multiple ethnicities/Other	8.0	9.3	5.9
Married or Cohabiting	56.6	63.0	47.2
Some college or higher degree	74.7	80.8	65.7
Employed	64.7	66.7	61.8

backgrounds. Considering kin and non-kin groups, we found that 66% of kin were caregivers of color and 63% of non-kin were caregivers of color (26% and 33% were White in each respective group).

Mirroring the distribution found in other studies (Dubowitz, Feigelman, & Zuravin, 1993; Perry, Daly, & Macfarlan, 2014; Smith, Rudolph, & Swords, 2002), almost half (46%) of kinship caregivers indicated that they were the maternal grandmother; another 23% claimed the role as maternal aunt or uncle. Fewer kinship caregivers (17%) were identified with the paternal side of the family.

On average, caregivers in this sample were caring for 2–3 children in the household and had an average household size (including adults) of 4.2. This sample distinguished itself from other studies involving kin and non-kin caregivers in that non-kin were more likely to be caring for a larger number of children (3.0 vs. 2.4 children) ($t = -2.3$, $p < 0.05$) and had a larger average household size of 4.4 ($t = -2.1$, $p < 0.05$).

The majority of kin and non-kin had attended some college or had higher degrees. Roughly equal percentages of kin and non-kin caregivers worked outside the home (about two-thirds). Both kin and non-kin caregivers described their mental and/or emotional health as very good. On a five-point scale from “poor” (scored as “1”) to “excellent” (scored as “5”), the average score across groups was 4.0. Similarly, caregivers described their physical health as very good. On the same five-point scale, the average score across caregivers was 3.8. There were no differences between groups. Four-fifths of caregivers described themselves as religious or spiritual; there were no differences between kin and non-kin.

2.2. Measures

The survey included questions developed by the researchers in collaboration with county partners, and other questions from previous studies. The questionnaire addressed the following topics: (1) caregivers' financial well-being and sources of financial support (U.S. Census Bureau, 2009, 2011); (2) caregivers' perception of financial strain (Smithgall et al., 2008); (3) receipt of formal services (Berrick et al., 1994); (4) caregiver informal support (Zimet, Dahlem, Zimet, & Farley, 1988); (5) foster parenting attitudes (Harden, Meisch, Vick, & Pandohie-Johnson, 2008); (6) acceptance of a child's unique characteristics (Parenting Acceptance Scale) (Schludermann & Schludermann, 1970); (7) child well-being (using the Strengths and Difficulties questionnaire) (Goodman, 1997) and (8) caregiver views about needed services and supports. Standardized scales that were used in their entirety include the Foster Parent Attitudes Questionnaire (FPAQ), the Multidimensional Scale of Perceived Social Support are described below (MSPPS), the Parenting Acceptance Scale, and the Strengths and Difficulties Questionnaire (SDQ). Each of these scales is described in detail below:

The Foster Parent Attitudes Questionnaire (FPAQ) is a measure that can be utilized by child welfare practitioners and researchers to document parenting attitudes specific to the quality of the foster or kinship

care experience (Harden et al., 2008). The questionnaire measures 7 factors including attachment, developmental expectations, motivations, views of biological parents, self-reliance, perspective taking, and “negative” views.

Caregiver informal support is measured using the Multidimensional Scale of Perceived Social Support, a self-report measure of subjectively assessed social support. The MSPSS was designed to assess perceptions of social support adequacy from three specific sources: family, friends, and significant others (Canty-Mitchell & Zimet, 2000; Zimet, Powell, Farley, Werkman, & Berkoff, 1990; Zimet et al., 1988).

The Parenting Acceptance Scale is adapted from the revised short form of the Child's Report of Parental Behavior Inventory (Schludermann & Schludermann, 1970), which contains 30 self-report items. The Acceptance subscale is measured by 10 statements; each statement is rated as “a lot like me”, “somewhat like me”, or “not like me.” The Acceptance subscale assesses parental acceptance of and closeness to the child.

The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioral screening questionnaire that asks about 25 attributes, some positive and others negative (Goodman, 1997, 2001; Goodman & Scott, 1999). The 25 items in the SDQ comprise 5 scales of 5 items each: Emotional problems scale, Conduct problems scale, Hyperactivity scale, Peer problems scale, and a Prosocial scale.

2.3. Analysis

For the majority of analyses we used cross-tabs and chi-square statistics of kin vs. non-kin findings. We also examined findings comparing caregivers who received a foster care subsidy to caregivers who did not. For each of the scales embedded in the survey we ran Wilcoxon-Mann-Whitney tests comparing average scores of kin to non-kin. The Wilcoxon-Mann-Whitney test is a non-parametric analog to the independent samples *t*-test and can be used when one cannot assume that the dependent variable is a normally distributed interval variable. We also conducted *t*-tests comparing average scores for the caregiver groups, mainly for the purpose of comparison between statistical tests and for reporting purposes, as the *t*-test output displays the average scores for each caregiver group.

2.4. Limitations

Many kin and non-kin caregivers might have been included in our initial sample had we reduced the age limit for the focal child. Almost half of the children entering care during this time period in one of our selected counties were under the age of 3 at entry. This not only reduced the total sample available for the study, but it may also limit the generalizability of the findings if caregivers of young children are systematically different from caregivers of older children. Further still, the response rate was not as strong as hoped. To the extent that we had data available to allow analysis of the non-respondents we did not find significant differences, but there may be unmeasured characteristics of non-respondents that are not captured in the data. The study only includes two counties; though more would have been preferable, outreach to several additional counties did not yield study expansion opportunities.

3. Findings

3.1. Financial supports

Some caregivers received regular foster care subsidies, others relied upon the welfare system for support (i.e., TANF), and still others reported no regular financial support for the care of their child (Table 3).

It is important to note that caregivers were not asked to indicate if they were Title IV-E eligible or ineligible, as we knew they would be unable to do so. County staff were equally unable to provide such

Table 3

Types of subsidies received by non-kin and kinship foster parents.

Type of subsidy	Non-kin foster parent	Kinship foster parent
Foster care subsidy	93.6%	68.0%
TANF family or child-only grant	0.0–2.9%	12.0–23.8%**
No subsidy	6.4–9.8%	4.0–34.3%**
Unsure of type of subsidy	0.0%	8.0%

* $p < 0.05$, ** $p < 0.01$.

information as these data are kept in separate databases and were unavailable for analysis. Also of note, although some kin indicated they were not receiving any regular subsidies for the care of their child, some non-kin also indicated the same.¹ Likewise, a proportion of the kin sample indicated that they were receiving TANF funding, and one non-kin caregiver indicated the same. We can make assumptions that the non-kin caregiver collecting such aid was doing so due to their own financially needy status, though we cannot be sure. Typically, non-kin would not be approved as foster parents if they relied primarily on welfare benefits as their income source, so this response is puzzling.

Respondents were asked about the source of their funds and the amount of their funds in two separate sections of the survey so that we might verify and/or clarify responses. Question A asked, “At any time during the past 6 months, even for one month, did you receive any subsidies or emergency help from county, state or federal programs?” Respondents were provided with a list of sources to select from, which included “TANF (CALWORKS OR WELFARE)” as an option. Question B was a two-part question that asked “Do you currently receive a regular payment to help care for the child?” If a respondent indicated, “Yes” to this question, they were provided with a list allowing them to indicate whether the payment was a “foster care payment,” “a public assistance or welfare payment (CALWORKS or TANF),” or “another type of payment.” Respondents were also able to indicate, “Don't know” or “I did not receive a regular payment to help care for the child.” As reflected in the percentage ranges reported in Table 2, responses regarding the receipt of welfare varied across Question A and Question B. Differences between kin and non-kin in response to both questions were statistically significant (Question A: $X^2 = 6.02$, $p = 0.01$; Question B: $X^2 = 7.84$, $p < 0.01$). Non-kin provided a narrower range of responses. Between 0 and 3% indicated that they were receiving welfare, and between 6 and 10% indicated that they were receiving no subsidy. Among kin, responses varied more significantly. Between 12 and 24% of caregivers indicated that they were receiving a welfare grant, and 4–34% indicated that they were receiving no funding for the child in their care. Although we cannot determine the precise number of caregivers receiving no subsidy, it is clear that a substantial proportion of kin were not receiving any financial support.

Among caregivers who reported receiving a monthly subsidy for the child's care ($N = 64$), the average monthly payment across both types of caregivers was \$773 (SD \$190) per month. Among all kinship caregivers who reported a regular payment amount ($N = 20$), the average monthly payment was \$675 (SD = \$175) compared to \$815 (SD = \$183) for non-kin caregivers ($N = 43$). This difference is statistically significant ($t = -2.9$, $p < 0.01$). About 14% of the sample had access to a clothing allowance and none reported receiving a specialized care increment or services from a regional center.

Kin and non-kin caregivers' reliance on other public aid and assistance from friends and family was roughly similar. Fig. 1 presents caregivers' utilization of various sources of support.

Total annual income among kin and non-kin were roughly similar. Approximately one-quarter of kin and non-kin stated their annual income at or below \$25,000 per year. About one-third of caregivers had

¹ Follow-up interviews, not described here, suggest that these were related to paperwork delays, very short stays in care, or the non-kin requested no payment.

Fig. 1. Percentage of caregivers utilizing subsidies and supports.

annual incomes between \$25,000–\$50,000; and 16% had incomes between \$50,000–\$75,000.

3.2. Financial strain

Kin were more likely to indicate that their financial circumstances were “strained” compared to non-kin ($X^2 = 7.57, p < 0.05$). About half of kinship caregivers described their financial circumstances as “strained” compared to 22% of non-kin caregivers. Non-kin were more likely to describe their financial status as managing (54%) or secure (24%) compared to kinship caregivers (38% managing, 12% secure). The nature of the financial difficulties in both groups centered on “trouble paying bills.” Very few caregivers had difficulties with food insecurity, trouble paying rent, or problems with utility shut-offs.

3.3. Services

Kin and non-kin were almost equally likely to have participated in a child welfare service in the previous six months (about one-third). The majority of non-kin had attended one or more trainings; a few had taken advantage of respite services. At the time of this study, kin were not required to participate in training. As such, it is not surprising that most kin indicated that they did not participate in training opportunities over the previous six months. Kin were more likely to participate in support groups (some of these were identified as kin-specific; others were not). Some kin and non-kin took advantage of legal services. Among those caregivers who did not participate in services, kin and non-kin were equally likely to indicate that they were unaware of the service availability and equally likely to indicate that they had no time available to participate.

Children in kin and non-kin homes were equally likely to participate in services (about 52%). Children in non-kin care were more likely to take advantage of summer camp, summer school, or summer work activities offered by the agency. Children in kin care were more likely to participate in therapy. Both groups were equally likely to have a Court Appointed Special Advocate (CASA) serving on their case.

3.4. Caregiving characteristics

We used three instruments from prior studies to address caregiver social support (Multidimensional Scale of Perceived Social Support), caregiver parenting practices and sense of closeness to the child (Parental Acceptance Scale), and foster parenting attitudes (The Foster Parents' Attitude Questionnaire).

Non-kin in this sample indicated greater informal social support from others ($z = 2.9, p < 0.01$). This held for each of the sub-scales as well, with non-kin reporting a greater sense of support from significant others ($z = 2.6, p < 0.01$), from family ($z = 2.2, p < 0.05$), and from friends ($z = 2.3, p < 0.05$).

We found no differences in total scores between kin and non-kin on the Parental Acceptance Scale, a measure of caregivers' acceptance of, and closeness with their child. We also found no differences in total scores between kin and non-kin on the Foster Parents' Attitude Questionnaire. One of the sub-scales suggested a difference in kin and non-kin perspectives about the child. Non-kin were more likely to indicate that they withheld some of their attachments to foster children, and they were more likely to suggest that foster children usually need professional help for the problems they bring to care ($z = 2.2, p < 0.05$).

3.5. Characteristics of the child

The average age of children in these caregivers' care was 10.5. There were no differences between children in kin and non-kin homes in terms of their overall score on the Strengths and Difficulties Questionnaire (SDQ). Non-kin children had statistically higher scores than children in kin homes on the *internalizing problems* scale ($z = 2.0, p = 0.05$) (a combination of the emotional problems and peer problems scale), though both groups' scores were similar to average scores in normative samples.

3.6. The relationship between subsidies and child or caregiver characteristics

We also examined findings comparing caregivers who received a foster care subsidy to caregivers who received TANF or no funding at all. Findings from this sample suggest that, compared to caregivers receiving a foster care subsidy, caregivers receiving TANF or no funding at all cared for children with more challenging peer relationships ($z = 2.4, p < 0.05$), reported poorer health ($t = -2.6, p < 0.05$) and maintained parenting attitudes that reflected higher levels of attachment to the children in their care ($z = 2.5, p < 0.05$).

In addition, there were some differences detected between caregivers receiving TANF/no funding and caregivers receiving a foster care subsidy in terms of participation in services offered by the child welfare agency. Caregivers receiving foster care payments comprised a higher percentage of caregivers who participated in respite care (75%), support groups (83%), and training (88%).

Furthermore, compared to children placed with caregivers receiving TANF or no payment, children in foster care subsidy supported placements comprised a higher percentage of those who received educational supports (71%), attended therapy (79%), and participated in summer camp, summer school, or summer work activities offered by the agency (90%). Children in foster care supported placements were also more likely to have a CASA serving on their case. Of children with CASAs serving on their case, 80% were in placements supported by foster care subsidies.

4. Discussion

Overall, we find that the sample of kin and non-kin caregivers included in this study are more similar to one another than they are different. On the large majority of measures we did not detect differences in the characteristics of kin and non-kin. This finding is in sharp contrast to dozens of other studies over the past two decades and may be related to the following phenomena: (1) the findings may indicate that the two selected counties for this study draw from a different general population than what is typical in other studies. (2) Adjustments in kin policy over the past two decades, including the narrowing of licensing standards for kin and non-kin, have changed who is included among California's kinship caregivers, shifting upward on the socio-demographic ladder the characteristics of kin. (3) The profile of conventional foster caregivers may be changing to bear greater similarities to kin, suggesting more vulnerabilities than what was found in the past and a decline in socioeconomic characteristics among non-kin.

Both kin and non-kin in this study represent an economically vulnerable group of caregivers. One-quarter of kin and non-kin had annual incomes below \$25,000 – well below the poverty rate for a family of four

(the average household size in this sample). Another one-third lived on household incomes between \$25,000 – \$50,000, well under the self-sufficiency index generally acknowledged for families living in the greater Bay Area (Pearce, 2009). The stark differences in average monthly payment rates between kin and non-kin (approximately \$200) are important as most kin were trying to raise their relative children below the sufficiency standards set by the federal government (Lino, 2013). This average difference in monthly payments is explained, in part, by the relatively higher number of kin receiving no funds or TANF funds compared to non-kin. Findings from this study compare favorably to very recent information emerging from the California Department of Social Services suggesting that nearly one-fifth of kinship caregivers in participating counties may be eligible for ARC-payments. As such, introduction of the ARC is likely to correct some of these inequities, though caregivers in non-ARC counties will likely continue to see significant payment differentials.

Caregivers receiving a foster care subsidy were more likely to benefit from various child welfare services and the children in their care were more likely to take advantage of services, compared to caregivers who did not receive a foster care subsidy. These differences compound the disadvantages that already accrue to families systematically offered fewer financial resources.

5. Conclusion

For well over two decades, federal and state policy makers have struggled to develop funding strategies for kin and non-kin foster parents that are uniform and coherent. Even the ARC, an important step forward in equalizing payments for kin in one state, is available at county option and fully one-fourth of counties have elected not to participate. Variability in subsidy rates continues to be the hallmark of kinship care policy across the U.S. (Allen et al., 2008). This variability leaves some families in especially strained financial conditions, while cushioning others at a time when family size and caregiving responsibilities have expanded.

To the extent that other jurisdictions outside these study counties offer differential payment schemes to kin (compared to non-kin caregivers), policymakers and practitioners should be aware that these payment differentials may also manifest in service differentials that compound disadvantage for kin caregivers and children. Further examination of these potential effects is warranted if the equity goal of policy is pursued.

Children neither have the benefit of choosing their parents, or choosing where they live. State actors make these choices when children are placed in care. When state policies systematically provide differential subsidies to caregivers and children who appear to share the same vulnerabilities and needs, state actions may be viewed as both illogical and unfair. Efforts to make uniform funding for all caregivers of dependent children should be a national priority.

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