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Relative Versus Non-Relative Foster Care: A Comparative Study

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RELATIVE VERSUS NON-RELATIVE FOSTER CARE:
A COMPARATIVE STUDY

A project based upon an independent investigation, submitted in partial
fulfillment of the requirement for the degree of Bachelor of Arts in Social
Work.

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Abstract

This study explored the benefits and limitations of relative foster care versus non-relative foster care. This study hypothesized, that despite the limitations of relative placement, the emotional benefit to the child placed in a relative setting far outweighs the challenges of it. The methodology employed quantitative and qualitative measurements. An in-depth questionnaire survey was mailed to 150 relative and 150 non-relative providers; and a focus group was facilitated. The study revealed that relative foster care, when available, is superior to non-relative foster care because of the emotional and social connection present as a result of the pre-existing relationship between the foster child and relative provider. This study emphasizes current policy in place which states relative care is the preferred placement for children in out-of-home placements. This study also discussed the implications for social work practice, policy and research.

Introduction

A large and growing number of children in the United States spend at least part of their childhoods living in households or institutions that do not include either of their birth parents. These living arrangements may result from parental choice or from involuntary child removal via governmental intervention, primarily due to parental maltreatment or juvenile delinquency. Involuntary child removal may also be associated with a wide variety of issues including family crises, physical and mental health problems, substance abuse problems, criminal justice involvement, and child abuse and neglect. When a child is removed from their family and are in the care of the Rhode Island Department of Children, Youth, and Families (DCYF) while awaiting permanent placement, they are placed in out-of-home care. Out-of-home placements include relative, non-relative and private agency foster homes, placements with step parents, group homes, shelter care, residential treatment, and medical facilities. Removal from the home may be necessary for the child's safety and well being, but it is also disruptive and compromises a child's developmental progress. The Rhode Island KIDS COUNT fact book (2007) indicated long-term stays in out-of-home placement can negatively affect children, causing emotional, behavioral or educational problems that adversely affect their future well-being and self-sufficiency.

According to the Rhode Island KIDS COUNT fact book (2007), as of December 31, 2006, there were 3,311 children under age 21 in the care of DCYF who were in out-of-home placements in Rhode Island. About half of children in out-of-home placement are in foster care, of whom 47% are in relative foster care homes. According to Hegar and Scannapieco (2002), "kinship care did not emerge as a child welfare issue until the

late 1980s, and only recently has it become a part of the formalized system for out-of-home care." Gebel (1996) indicated that the placement of children with relatives, referred to as relative or kinship foster care has increasingly become a preferred placement for children entering out-of-home care in the child protective service system because of the emotional benefits for the child attributed to relative care. The U.S. Department of Health and Human Services (U.S. DHHS) defines relative care as any living arrangement in which a relative or someone emotionally close to the child takes primary responsibility for the child's rearing and basic needs. However, to be eligible for services from the Rhode Island Department of Human Services, a child must be living with a relative of acceptable degree of relationship through marriage, blood, or adoption in a home maintained by such relative. This may include grandparents, siblings, aunts, uncles, nieces, nephews, first adult cousins, step-parents and spouses of any of the above persons.

With relative or kinship care becoming the preferred placement for children in out-of-home care, it is important to understand the benefits and limitations of relative care compared to the benefits and limitations of non-relative foster care. The differences between relative and non-relative foster care are too significant to ignore. While relative foster care has the obvious benefit of keeping the child in a familiar environment, relative caregivers may be unprepared to manage the challenges faced by children, particularly if children have special needs as a result of trauma. Relative caregivers often have difficulty balancing appropriate boundaries with the birth parents and keeping children safe. According to Gebel (1996), relative caregivers are more likely to be between 41 and 60 years of age than foster mothers and kinship caregivers who were more likely to be over

60. Kinship caregivers also have significantly lower levels of education compared to licensed foster parents. As a result of the often last minute notification before a placement, almost all relative caregivers lack the training and licensing that non-relative foster parents are mandated to obtain before a child enters their home. Instead, relative care providers are granted a provisional license, followed by abbreviated training and licensure. There is an ongoing debate about the role of relative care, how it should be regulated or monitored, and whether relative caregivers should receive the same reimbursements as non-relative foster parents.

Even though relative foster care has become the preferred placement for out-of-home care, there have been few changes in social work practice, research, and policy to accommodate the changing trend. A comparative analysis of the costs and benefits of relative versus non-relative care is important to social work practice so that the caseworker would potentially be able to make a completely informed decision of the best placement for the child. With relative foster care being a relatively new placement, there is no research available to judge the long-term effects on children who were placed in relative care. There is also a lack of services and training available that are specifically geared towards relative caregivers.

Relative foster care providers have become a major resource for caring for children in the United States. In order to assure the well being of children in their care, practice and policy must address the support and intervention needs they bring to the situation. Relative caregivers deserve and require both financial and emotional support, which is crucial to the well being of children in care and their families. In order to assure

quality placements that honor family, safety, and well being for families and children, relative and non-relative care providers must be valued and cared for by society.

Literature Review

Foster care is a large, growing, and often understudied social services program. According to the Rhode Island Department of Children, Youth, and Families, foster care is a protective service provided to families experiencing difficulties so severe that children must be removed from their homes for a period of time. In essence, the state assumes parental responsibility for children whose parents are deemed unfit to provide a safe and otherwise satisfactory level of care. Children are removed to insure their physical and emotional safety. Foster parents are DCYF's major resource for children who need to be placed outside the home. It is the role of foster parents to offer a safe and stable home to these children while working with DCYF to prepare them for reunification with their parents. Foster parents must be licensed by DCYF prior to housing a foster child in their home. However, if a child is placed with a relative, the adult fostering the child does not need to have licensure beforehand.

In the book, *Kinship Care: Making the most of a valuable resource*, Rob Geen (2003) defines kinship or relative care as "any living arrangement in which children live with neither of their parents but instead are cared for by a relative or someone with whom they have a prior relationship." Relative caregivers often assume responsibility for children because of death, parental unemployment, substance abuse, mental health issues, physical disabilities, child abuse and neglect, divorce, incarceration, teenage pregnancy or poverty. The term *kin* is often used interchangeably with *relative* when discussing relative foster care. The definition of what constitutes kin varies across jurisdictions, from

those who are related by blood, marriage, or adoption, to any persons with close family. The United States Department of Health and Human Services defines relative care as any living arrangement in which a relative or someone emotionally close to the child takes primary responsibility for the child's rearing and basic needs. Relative caregivers are eligible for services from the Rhode Island Department of Children, Youth, and Families if they are related by blood, marriage, or are part of the family support system such as an adult who has a close and caring relationship with the child.

Relative foster care, the placement of children with their relatives, has become an integral part of the child welfare system in the United States. Grogan-Kaylor (2000) stated that kinship care is a way for the child welfare system to deal with the growing number of children in need of out-of-home placements. The states' use of kin as foster parents has grown rapidly since the early 1980s for a variety of reasons. Grogan-Kaylor (2000) states the first reason being that while the number of children in need of foster homes has grown during the past decade, the number of available licensed foster homes has steadily declined nationwide during the same decade. Therefore, placement with kin may represent a way of finding new foster homes at a time when the child welfare system is confronted with increasing demands for its services in the face of declining resources.

Another factor for the increase in the use of kin as foster parents is the legislation regarding permanency in foster care that has passed in the last couple of decades. According to Geen (2003), when the Adoption Assistance and Child Welfare Act of 1980 was passed, forming the basis of federal foster care policy, it was very rare for a child's relative to act as a foster parent. The Adoption Assistance and Child Welfare Act of 1980 required that when placing children in foster care, the state should use the least

restrictive, most family-like setting available in close proximity to the parent's home, consistent with the best interests and special needs of the child. However, according to Hegar and Scannapieco (1999), the number of children in state custody and living with relatives who receive foster care payments has increased dramatically since 1985. Two important pieces of legislation in the mid-1990s made relative foster care a priority when placing children in out of home placements. Hegar and Scannapieco (2002) state the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 amended federal law to require that states give priority to relatives when deciding with whom to place children in the foster care system. Further, the Adoption and Safe Families Act of 1997 formally validated permanent placement with fit and willing relatives when children could not live with their parents. It recognizes that the broad goals of child protection systems are child safety, permanency, and well-being. The law, which requires states to initiate termination of parental rights when a child has been in foster care for 15 of the last 22 months or in cases of serious criminal abuse, allows an exception when the child is placed with a relative. More recent federal policies have encouraged states to give preference to relatives when placing a child in foster care.

Kinship foster parents differ from non-kin foster parents in several important ways. According to Hegar and Scannapieco (2002), "women have been found to be the most frequent kinship caregivers." The relatives who most frequently provide kinship care are maternal grandmothers, followed by aunts. In their report, "Grandparents and other relative caregivers in Rhode Island," Rhode Island KIDS COUNT (2007) stated that grandparent caregivers make up the largest percentage of relative caregivers.

Nationally, more than half of children in relative care are cared for by both maternal and paternal grandparents.

Hegar and Scannapieco (2002) indicate that relative caregivers tend to be older than non-relative caregivers and non-relative caregivers have completed higher levels of education. According to Geen (2003), approximately 32 percent of children in kinship foster care live with a caregiver who has less than a high school education, compared with only 9 percent of children in non-kin care. Also, between 15 and 21 percent of kinship foster parents are over age 60, compared with less than 9 percent of non-kin foster parents. Relative caregivers are also more likely to be single parents than are non-relative caregivers. Geen (2003) established that between 48 and 62 percent of kinship foster parents are single, compared with 21 to 37 percent of non-kinship parents. The tendency of relative caregivers to be less educated, single, and older is directly related to relative foster parents being more impoverished than non-relative caregivers. Geen (2003) found that 39 percent of children in kinship foster care live in households with income below the federal poverty level, compared with 13 percent of children in non-kin foster care. Cuddeback and Orme (2002) state kinship foster parents are more often African American, older, the heads of single parent households, less educated, more transient, in poor health, and of lower socioeconomic status.

There is research available that addresses the advantages and disadvantages of relative foster care. The loss of a parent or parents, whether or not they provide a level of care that meets the state's minimum standard, is likely to cause significant trauma to a child. Since children are more likely to be familiar with a relative caregiver, many experts suggest that these placements are less traumatic and disruptive for children than

placements with non-relatives. According to Berrick and Shlonsky (2001), placing a child with kin may help offset some of this psychic trauma, providing the child with a familiar environment with known caregivers and maintaining the perceived warmth and safety of a family during the placement process. Cuddeback and Orme (2002) suggested that advantages of placing children with kin include:

> continuity of family identity; access to relatives other than the kinship foster parents, including birthparents and siblings; an ongoing life within the ethnic, religious, and racial community of origin; and familiarity for the child based on preexisting relationships between the child and caregiver. Also, when placed with extended family, children are more likely to have their emotional, spiritual, and nurturance needs met.

Evidence also suggests that children in kinship care are less likely to experience multiple placements and more likely to be placed with siblings than children in non kinship care. According to Grogan-Kaylor (2000), children placed in kinship foster care are less likely to enter group homes subsequently than children who are placed in foster care with non-relatives. This addresses the huge problem of drift and instability in foster care. James (2004) stated that children with a higher number of placement changes are known to experience a decreased likelihood of reunification, greater severity of behavior problems, and more time in residential care. An additional advantage of relative foster care is that relative caregivers may be better at maintaining contact between foster children and their birth families, and this may shorten the length of stay in foster care. Although placement stability is much greater for children placed with kin than with non-kin, it is hardly guaranteed. However, Grogan-Kaylor (2000) state that research has indicated that once discharged from foster care, children who were placed in kinship foster care were less likely to re-enter foster care than children who were placed in other kinds of child welfare settings.

In spite of explicit federal and state preference for relative care and states'
continued heavy reliance on kin as foster parents, kinship care remains a field of policy
and practice that is mired in controversy and complexity. As research suggests, there are
many disadvantages to the placement of a child to relatives versus non-relatives.

Unfortunately, according to Berrick and Shlonsky (2001), because relative foster
care providers are not always obligated to meet licensing requirements, kin may not share
non-related caregivers' professional training in parenting skills and protective services
requirements and nor may they meet health and safety standards. Cuddeback and Orme
(2002) found that kinship caregivers have less experience fostering and reported worse
health than nonkinship caregivers. Rhode Island KIDS COUNT states that relative
caregivers are usually less emotionally prepared than other foster parents to become
caregivers or accommodate a child into their home. Also, relative caregivers may be
unprepared to manage the challenges faced by children, particularly if children have
special needs as a result of trauma. Children in out of home placement exhibit a greater
degree of physical, behavioral and emotional problems than other children. According to
Rhode Island KIDS COUNT Factbook (2007), more than half of young children in foster
care experience serious physical problems and over half experience developmental
delays.

Another limitation of relative versus non-relative cares is that relative caregivers
often have difficulty balancing appropriate boundaries with the birth parents and keeping
children safe. They often need help maintaining boundaries, setting up and supervising
visits and considering their legal and permanency options when children cannot safely
return home. Kinship homes tended to be more crowded compared to non-relative

caregivers. According to Cuddeback & Orme (2002), kinship caregivers were also more likely to have been threatened or attacked in their home, have been concerned about drug or alcohol use by another adult in their home, and have drug use or drug dealing in their family or neighborhood. Berrick and Shlonsky (2001) state that an additional disadvantage of relative care is that as most kinship caregivers are grandparents, many children are placed with the very people who raised the abusive parent(s).

Despite these limitations, kinship caregivers are one of the most important resources of the child welfare system in caring for children. Hegar and Scannapieco (2002) state individuals and families who provide foster and kinship care are essentially contributing the same services to child welfare agencies, but child welfare agencies rarely provide the same resources to kinship families. Considerable evidence suggests that foster parents receive less than adequate training or services and kinship caregivers receive even less training and fewer services than non-kinship caregivers. Cuddeback and Orme (2002) state the problems of children placed in kinship care, however, may be at least as great as those of children placed in nonkinship care while kinship caregivers may have fewer available resources than nonkinship families. Kinship care families often have needs that differ from those of traditional foster families. According to Geen (2003), "their different needs stem from the fact that compared with non-kin foster parents, kin are more likely to be poor, working outside the home, older, less educated, unprepared for their new care giving role, and isolated from others in the community." The needs of kinship providers may be different, but the needs of the children in care are similar. Kinship caregivers deserve and require both financial and emotional support, which is crucial to the well being of children in care and their families.

This research will aim to prove that when available, relative foster care is the preferential placement for children in out-of-home care. While there are certain advantages to non-relative foster care versus relative care, such as higher levels of income, and a greater likelihood of two-parent families, the greatest advantage of relative foster care, a family connection, overshadows the disadvantages. Despite relative caregivers limitations compared to non-relative caregivers, Cuddeback and Orme (2002) state the psychological benefits of that family connection outweigh the disadvantages of non-relative foster care placement.

Methodology

Despite the fact that relative care has become the preferential placement for foster youth, there have been few studies which prove that relative care is a consistently better placement for the youth than non-relative care. Much debate still exists among social researchers about which type of foster care is superior. The purpose of this study is to explore the benefits and limitations of relative and non-relative care using qualitative and quantitative measurements. The reason the first part of the research is qualitative is twofold; qualitative descriptions are more likely to garner a richer examination of phenomena and their deeper meanings and secondly, qualitative descriptions tend to be more concerned with conveying a sense of what its like to walk in the shoes of the people being described – providing rich details about their environments, interactions, meanings, and everyday lives- than with generalizing precision to a larger population.

The first component of the research was an in-depth quantitative survey. A survey was sent out to 300 foster parents; 150 relative providers and 150 non-relative providers (See Appendix I). The 300 foster parents were randomly selected using the Rhode Island

Foster Parents database. The survey asks for the following demographical information; age, type of care they provide, relation to child if a relative provider, the number of foster and other children in the home, the highest level of education achieved, marital status, ethnicity, and estimated family income. Following that demographical information, the questionnaire then asks a series of ten questions using a Likert scale that ranges from strongly disagree to strongly agree. The questions will use indicators to measure the components of good foster care, to include sufficient financial resources, life experience, emotional preparedness, awareness of medical and physical needs, training, and resources. The overall scores are not the final product; rather, they will be used in an item analysis to select the best items. The second part of the study will develop a deeper theoretical understanding of the meanings of the statistical findings emerging from the quantitative measurement.

In addition to the survey questionnaire, this study will utilize the tool of focus groups. The purpose of the focus groups is to immerse in a more subjective fashion, open-ended, flexible observations of phenomena as they occur naturally; then to try to discern patterns and themes from an immense and semi-structured set of observations. In a focus group, a small group of people, usually about eight, are brought together to engage in a guided discussion of a specified topic. Participants in a focus group selected using a purposive sampling based on their relevancy to the topic being explored. Focus groups are beneficial because they are inexpensive, generate speedy results and offer flexibility for probing.

For the purpose of this study, there will be a total of two focus groups: one with relative caregivers and one with non-relative caregivers. The focus groups will explore

the many components of relative and non-relative foster care. The focus groups will take

place in the Rhode Island Foster Parents Association building. As means of recruitment,

an article in their monthly newsletter will appear in January, 2007 describing the study

and providing the times and dates of the focus groups. As a means for incentive to

participate, the Rhode Island Foster Parents Association will provide a stipend to all

participants and dinner will be served. The focus groups will be conducted using a semi

structured interview format. Please see Appendix III for questions posed to the Non-

relative focus group. Semi structured interviews use interview guides that list in outline

form the topics and issues the interviewer will ask while also allowing the interviewer to

be flexible, informal, and conversational. In addition, group dynamics that occur in focus

groups can bring out aspects of the topic that researchers may not have anticipated and

that may not have emerged in individual interviews. As the members of the focus group

interact about these issues, new ideas might be stimulated that would not have occurred

in an individual interview or in completing a survey questionnaire. The data gathered

from the focus groups will provide an in-depth look into relative and non-relative foster

care. The major themes that emerge from the focus groups will then be reported and

analyzed. This study hopes to prove that despite its many limitations, relative foster care

is preferential to non-relative care because of the emotional support it gives to the youth.

Data Analysis

The data collected from the questionnaire survey will be analyzed with means and

frequency table. The means table and the frequency table will evaluate the demographical

information and indicator measures from the surveys. The information garnered from the

focus groups will be analyzed through extrapolating the major themes which emerged

from the discussion. The themes that emerged from the focus group will be analyzed as they relate to the responses from the questionnaire surveys.

Findings/Results

Out of the 300 surveys mailed out, a total of 56 were completed and returned, which provided an 18.7% return rate. In terms of this study, the term "relative respondent" will refer to those individuals who listed themselves as a relative foster care provider on the survey and "non-relative respondent" will refer to those who listed themselves as non-relative foster care provider on the survey.

Part one of the survey was a series of nine questions focused on the demographical information of the respondents. The demographical information present in the survey includes; age, gender, type of foster care provided, relation to child if relative provider, the number of foster and other children present in the home, highest level of education achieved, marital status, ethnicity/race, and estimated family income per year. Table 1 illustrates the division between relative and non-relative providers in the response; 33 of the completed surveys were listed as non-relative providers and 22 were relative providers, with one listed as both.

Table 1

Type of foster care

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	relative	22	39.3	39.3	39.3
	non-relative	33	58.9	58.9	98.2
	both	1	1.8	1.8	100.0
	Total	56	100.0	100.0	

Table 2 provides the mean age of the respondents according to the type of care they provide. It shows that the mean age of the relative providers who responded was higher;

with relative providers having a mean age of 53.53 and non-relative having a mean age of

46.69.

Table 2

Age

Type of foster care	Mean	N
relative	53.53	17
non-relative	46.69	29
both	61.00	1
Total	49.47	47

Table 3 represents the difference in gender between the types of foster care providers. For

relative providers, 90.0% were female and 4.5% were male. Of the non-relative

respondents, 78.8% were female and 12.1% were male.

Table 3

Gender

Type of foster care			Frequency	Percent	Valid Percent	Cumulative Percent
relative	Valid	female	20	90.9	90.9	90.9
		male	1	8.9	8.9	100.0
		Total	22	100.0	100.0	
non-relative	Valid	female	26	78.8	86.7	86.7
		male	4	12.1	13.3	100.0
		Total	30	90.9	100.0	
	Missing	System	3	9.1		
	Total		33	100.0		
both	Valid	female	1	100.0	100.0	100.0

Of the 22 respondents who listed themselves as relative providers, Table 4 shows their

familial connection to the foster child. The highest percent of relative respondents were

listed as "aunt" or "paternal grandmother", with a 28.6% response each.

Table 4

Type of relation if relative provider

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	aunt	6	10.7	28.6	28.6
	uncle	1	1.8	4.8	33.3
	cousin	1	1.8	4.8	38.1
	sister	2	3.6	9.5	47.6
	maternal grandmother	3	5.4	14.3	61.9
	paternal grandmother	6	10.7	28.6	90.5
	other	2	3.6	9.5	100.0
	Total	21	37.5	100.0	
Missing	System	35	62.5		
Total		56	100.0		

Table 5 illustrates to number of foster children in relative and no-relative foster homes and the number of other children, including biological or adopted children, present in the home. In terms of the respondents of the survey, this table shows that relative providers are more likely to have fewer children, foster and other, present in the home than their non-relative provider counterparts.

Table 5

The number of foster children present in the home

Type of foster care			Frequency	Percent	Valid Percent	Cumulative Percent
relative	Valid	1	16	72.7	72.7	72.7
		2	6	27.3	27.3	100.0
		Total	22	100.0	100.0	
non-relative	Valid	0	2	6.1	6.1	6.1
		1	18	54.5	54.5	60.6
		2	11	33.3	33.3	93.9
		3	1	3.0	3.0	97.0
		4	1	3.0	3.0	100.0
		Total	33	100.0	100.0	
both	Valid	3	1	100.0	100.0	100.0

The number of other children present in the home

Type of foster care			Frequency	Percent	Valid Percent	Cumulative Percent
relative	Valid	0	14	63.6	63.6	63.6
		1	6	27.3	27.3	90.9
		2	2	9.1	9.1	100.0
		Total	22	100.0	100.0	
non-relative	Valid	0	9	27.3	27.3	27.3
		1	7	21.2	21.2	48.5
		2	5	15.2	15.2	63.6
		3	5	15.2	15.2	78.8
		4	4	12.1	12.1	90.9
		5	3	9.1	9.1	100.0
		Total	33	100.0	100.0	
both	Valid	0	1	100.0	100.0	100.0

Table 6 describes the difference in educational achievement between relative and non-relative providers. In terms of the respondents from the survey, non-relative providers were more likely to have a college degree and above than the relative providers.

Table 6

Highest level of education achieved

Type of foster care			Frequency	Percent	Valid Percent	Cumulative Percent
relative	Valid	junior high	1	4.5	4.8	4.8
		some high school	2	9.1	9.5	14.3
		high school	4	18.2	19.0	33.3
		some college	8	36.4	38.1	71.4
		associate's degree	3	13.6	14.3	85.7
		bachelor's degree	3	13.6	14.3	100.0
		Total	21	95.5	100.0	
	Missing	System	1	4.5		
	Total		22	100.0		
non-relative	Valid	some high school	1	3.0	3.0	3.0
		high school	8	24.2	24.2	27.3
		some college	5	15.2	15.2	42.4
		associate's degree	6	18.2	18.2	60.6
		bachelor's degree	5	15.2	15.2	75.8
		some graduate work	1	3.0	3.0	78.8
		masters degree	4	12.1	12.1	90.9
		post graduate work and above	3	9.1	9.1	100.0
		Total	33	100.0	100.0	
both	Valid	some college	1	100.0	100.0	100.0

Table 7 demonstrates the marital status breakdown of the respondents as divided by the

type of care they provide. Whereas 27.3% of relative providers listed themselves as

single, only 12.1% of non-relative respondents replied the same. Also, 69.7% of non-

relative respondents were married compared to 31.8% of relative respondents.

Table 7

Marital status

Type of foster care			Frequency	Percent	Valid Percent	Cumulative Percent
relative	Valid	single	6	27.3	27.3	27.3
		living with partner in a committed relationship	1	4.5	4.5	31.8
		married	7	31.8	31.8	63.6
		separated	1	4.5	4.5	68.2
		divorced	4	18.2	18.2	86.4
		widow	3	13.6	13.6	100.0
		Total	22	100.0	100.0	
non-relative	Valid	single	4	12.1	12.1	12.1
		living with partner in a committed relationship	1	3.0	3.0	15.2
		married	23	69.7	69.7	84.8
		separated	1	3.0	3.0	87.9
		divorced	4	12.1	12.1	100.0
		Total	33	100.0	100.0	
both	Valid	divorced	1	100.0	100.0	100.0

Table 8 details the Ethnic and Racial breakdown of the respondents, in terms of the type

of care they provide. While both groups of respondents were predominantly

White/Caucasian, a higher percentage of relative respondents listed under minority

race/ethnicity. The cumulative percent of relative respondents in the minority category

was 22.6%; whereas the cumulative percent of non-relative respondents listed under the

minority category was 6%.

Table 8

Race/Ethnicity

Type of foster care			Frequency	Percent	Valid Percent	Cumulative Percent
relative	Valid	African American	1	4.5	4.5	4.5
		Hispanic/Latino	1	4.5	4.5	9.1
		White/Caucasian	17	77.3	77.3	86.4
		Asian/Pacific Islands	1	4.5	4.5	90.9
		Other	2	9.1	9.1	100.0
		Total	22	100.0	100.0	
non-relative	Valid	African American	1	3.0	3.1	3.1
		Hispanic/Latino	1	3.0	3.1	6.3
		White/Caucasian	30	90.9	93.8	100.0
		Total	32	97.0	100.0	
	Missing	System	1	3.0		
	Total		33	100.0		
both	Valid	White/Caucasian	1	100.0	100.0	100.0

Finally, in terms of the demographical information of the respondents, Table 9 illustrates

the estimated family income per year as related to the type of foster care they provide.

The highest percentage of relative providers was in the $30,000 to 60,000 brackets, with

40.9%. For non-relative providers, 40.6% of the respondents were listed in the $30,000 to

60,000 brackets, but an additional 40.6% were listed in the $60,000 to 90,000 brackets.

Table 9

Estimated family income per year

Type of foster care			Frequency	Percent	Valid Percent	Cumulative Percent
relative	Valid	Less than $15,000	6	27.3	27.3	27.3
		$15,000-30,000	4	18.2	18.2	45.5
		$30,000-60,000	9	40.9	40.9	86.4
		$60,000-90,000	1	4.5	4.5	90.9
		more than $90,000	2	9.1	9.1	100.0
		Total	22	100.0	100.0	
non-relative	Valid	Less than $15,000	1	3.0	3.1	3.1
		$15,000-30,000	1	3.0	3.1	6.3
		$30,000-60,000	13	39.4	40.6	46.9
		$60,000-90,000	13	39.4	40.6	87.5
		more than $90,000	4	12.1	12.5	100.0
		Total	32	97.0	100.0	
	Missing	System	1	3.0		
	Total		33	100.0		
both	Valid	$15,000-30,000	1	100.0	100.0	100.0

Part two of the survey focused on ten indicators of superior foster parenting. The respondents were asked to reply to the statement on a Likert scale that ranged from "strongly disagree" to "strongly agree". The items being measured on the survey of the foster parent included financial resources, emotional preparedness, life experience, home environment, awareness of medical needs, reunification, and boundaries with biological family, connection to origin of child, and training and support. Appendix II summarizes the responses from Part two. Each indicator is divided by the type of care the foster parent provides: relative or non-relative.

The first indicator involved the foster parent having the sufficient financial resources in order to care for the foster child. The percentage of relative respondents who replied "agree" or "strongly agree" was 50%; whereas 66.7% of non-relative respondents responded the same. However, when asked if the foster child placed in their home felt like a member of their family, 81.8% of relative respondents replied "strongly agree"

compared to only 48.5% of the non-relative respondents. Both groups felt they had sufficient life experience in order to care for the child placed in their home; with 95.4% of relative respondents and 100% of non-relative respondents. The percentage of all respondents was also high on the "agree" and "strongly agree" scale for their emotional preparedness to be a foster care provider; with 86.4% of relative respondents and 100% of non-relative respondents. On the other hand, a greater percentage of relative respondents felt they were aware of all the medical and physical needs of the child in their care, with 86.4% responding "agree" or "strongly agree" compared to 72.7% of non-relative respondents. About the same amount of relative and non-relative respondents felt they play a supportive role in the reunification of their foster child and their biological family; with 54.5% of relative respondents and 58.6% of non-relative respondents.

The next indicator measured the foster parents' ability to maintain appropriate boundaries with the biological parents of the foster child. Significantly, only 60% of relative respondents replied "agree" or "strongly agree" compared to 90.9% of non-relative providers. Contrarily, 86.4% of relative respondents replied "agree" or "strongly agree" when asked if they maintained a meaningful connection to the foster child's racial, ethnic, and religious community of origin as compared to 63.7% of non-relative respondents. When asked if they received adequate training and supportive services in order to foster, the responses from both groups were similar in value. 81.8% of relative respondents and 87.8% of non-relative respondents answered "agree" or "strongly agree" to having received adequate training in preparation for fostering. Fifty nine point one percent of relative respondents and 50.1% of non-relative respondents answered "agree" or "strongly agree" to having received adequate supportive services for fostering.

Five foster parents responded to the advertisement for the relative and non-relative focus groups that was placed in *Fostering Futures,* the newsletter for The Rhode Island Foster Parents Association. All of the respondents were non-relative providers. Therefore, the focus group planned for relative providers was unfortunately canceled. The attendees of the focus group for non-relative providers were all female, and between the ages of 30 and 60. Four of the attendees were White/Caucasian and one was African American. The number of children, both foster and other children, present in the home ranged from two to five.

A total of 11 questions were posed to the group (See Appendix III). The first question sought to understand the participants' motivations for becoming foster parents. This question is significant because, unlike relative providers who only became foster parents after a situation they had no control over put them into that role, all of the participants in this group consciously chose that role. For two of the participants, becoming a foster parent seemed like the natural extension of their career as workers at a shelter for abused or neglected children. For the other participants, their decision to become licensed as foster parents came about through word of mouth; they had either family and friends who fostered and decided they wanted to help in the same way. The participants were then asked to assess if the foster child in their care felt like a member of their family. The general consensus from the group was that the children placed in their care did feel like a member of their family. Many of the participants spoke of foster children, who came to them for an emergency overnight drop, but stayed for years; or of foster children they became so attached to that they adopted them.

The next series of questions focused on the available resources of the participants in order to foster a child. The discussion centered around emotional, financial and life experiences as the resources that were beneficial for foster parenting. All of the participants felt that sufficient life experience as a parent was vital to their success as foster parents. They all saw sufficient life experience as a parent directly tied to their emotional preparedness to take on the added responsibility of fostering. Again, this response is significant because many relative providers do not get the benefit of waiting until they are emotionally prepared to take on a foster child and some may not even have parental experience. In terms of financial resources, all of the participants felt that while they had adequate financial resources to care for their foster children, the financial resources provided by the state for fostering were not substantial. One of the participants stated it was impossible to foster children on what the State compensates alone. She uses her supplemental income often to cover expenses for her foster children. Another participant stated that her foster children receive the same amount of presents on birthdays and Christmas as her other children; in order to do so, she uses her own income because the compensation for birthdays and Christmas provided to foster parents for children in state care, is not enough. An additional participant stated that getting started as a foster parent is a big expense, and any items she buys for her foster children are kept with the foster children even if they go to a different placement.

The next question focused on the connection of the foster child to their racial, ethnic, religious community of origin. It should be noted that four out of the five participants in the group were white, middle class and living in predominantly white, middle class neighborhoods. All of the respondents were honest in admitting that

maintaining a meaningful connection to the racial, ethnic, and religious community of origin of the foster child if different from their own is challenging at best, and impossible at worst. The sheltered environment the foster parents provide the foster child, while it does ensure a certain level of safety and security for the foster child, it also severely restricts the contact of that child to their racial, ethnic, and religious community of origin. However, one of the respondents had adopted an African American foster child. She remains close with her adopted child's biological family, thus ensuring a continuation of the community of origin.

When asked what more could be done for foster parents, the suggestions put forth by the respondents varied from receiving a bigger stipend to having ongoing trainings instead of just one. By far, the suggestion which garnered the most input was to have social workers return phone calls the foster parents make to them. In most cases, the social worker is the only person the foster parent can contact regarding their foster child. Most times, the foster parents have a simple question; however, postponement of that question could lead to bigger problems. Another suggestion put forth by the group was to have the contact information for foster parents in their neighborhood so that they could have some kind of support system.

<div align="center">Discussion</div>

The findings of this research study are consistent with many of the past studies on relative foster care. The traditional characteristics of relative foster care were confirmed by the 22 respondents of the questionnaire survey. Of the 22 relative respondents, the most prevalent type of relation to the child was grandmother followed by aunt, which supports the finding of Rhode Island KIDS COUNT. The first difference between relative

and non-relative caregivers is that relative caregivers are traditionally older than non-relative providers. This study found that the mean age of relative respondents was greater than the mean age of non-relative respondents by 6.84 years. In terms of gender, both groups were predominantly female; with relative respondents having a frequency of 90.0% female and non-relative respondents with a frequency rate of 86.7% for female respondents. However, the findings of this study found that the relative respondents were more likely to have fewer children, foster and other, present in their home which is contrary to greater research available that states the opposite. The highest level of education achieved by the relative respondents was consistent in previous research findings, in that the relative respondents were a lot less likely to have an education beyond a few years in college; whereas the majority of non-relative respondents had a college degree or above. Another difference between relative and non-relative providers was confirmed by this research. Characteristically, relative providers are more likely to be single compared to non-relative providers. The percentage of relative providers who were single was higher by 15.2% compared to non-relative respondents. The race and ethnicity of the relative and non-relative providers was similar in nature in this study; whereas prevalent research suggests that relative providers have a higher likelihood of being African American compared to their non-relative counterparts. The estimated family income per year of the relative versus non-relative respondents found that a higher percentage of non-relative respondents had an income greater than $60,000 than their relative counterparts.

The purpose of this study was to illustrate that despite the many challenges and limitations of relative foster care; including the fact that relative providers tend to be

older, less prepared, and less financially able to care for a foster child is far outweighed

by the emotional benefit of the child being in a relative placement. This study confirmed

the hypothesis in the following ways. When asked if the foster child placed in their home

felt like a member of their family, relative respondents were two times more likely to

reply "strongly agree." This study also found that relative respondents were more aware

of their foster child's medical and physical needs. This result can be contributed to the

following factors; the first being that the relative provider has a pre-existing relationship

with the child, and the second reason being that non-relative providers have an extremely

difficult time obtaining medical records of their foster children. Several attendees of the

non-relative focus group admitted that obtainment of their foster child's complete

medical and physical history is extremely challenging. In most cases, the child will

remain in their custody for an extended period of time without the foster parents ever

truly knowing that information. The final component of the emotional benefit of relative

foster care to the foster child is that when placed in a relative foster home, this study

found the relative provider had a higher rate of maintaining a meaningful connection to

the child's racial, ethnic, and religious community of origin. The non-relative providers

present at the focus group admitted that a consequence of the sheltered environment they

provide their foster children is that maintaining a connection to the racial, ethnic and

religious community of origin of the foster child, if different from their own, is nearly

impossible.

Limitations

The research garnered from this study is limited in several ways. The first is that

the total number of completed and returned questionnaires represents less than 3% of the

total foster parent population in the state of Rhode Island; therefore, the results from this study cannot be generalized to reflect the greater population. In addition, since a relative focus group was not able to take place, the information gathered at the non-relative focus group could not be fully compared to relative providers.

Implications

As stated previously, relative foster care has become the preferred placement for children entering out-of-home placement. That being the case, it is vital that the field of social work be aware of the benefits and limitations of relative placement. This research confirmed much of the data already available. It found that relative providers tend to be less educated, older, more impoverished, and have less overall resources available than their non-relative counterparts. However, it also found that the emotional benefits to the child in relative placement are significant. Those advantages include the preservation of family attachments, sense of personal and historic identity and culture for children, and even reduce the trauma children may experience when they are placed with persons who initially are unknown to them. Therefore, it is important for social work practice to remember these differences of relative versus non-relative care. To begin with, frontline case workers need to be equipped with the proper resources to seek out viable relative placement options. Often, the only source of information for relatives available to the case worker is the biological parent or parents who may be hesitant to assist the system which took away their child or children. The case worker should employ such tactics as eco-mapping and utilizing search engines to identify possible relative placements for the foster child.

In terms of policy, the current child welfare system in America is built to cater more for the non-relative caregiver. Under federal law, Title 4e, in order for a foster parent to collect their stipend, they must be licensed. A non-relative provider is licensed prior to a child being placed in the home. This is not the case for a relative provider who goes through the licensure process after the child is in the home. The licensure process can take months to complete. Consequently, a huge priority for social work practice should be a re-evaluation of the licensure process to make it more accessible for relative providers. At the very least, once a relative provider is licensed, their reimbursements should be retroactive beginning with the day they took in the relative child or children.

If relative care is a benefit to both the child and the child welfare system, the system needs to be prepared to assist relative providers with resources that cater to their unique need. One such need of relative caregiver is that of material resources. Social workers should understand this need and help relative providers with things that may seem like common sense to non-relative providers; for instance bringing their house up to fire code or buying a car seat for a small child. It is also imperative for the state to continue their support of relative caregivers by expanding social programs already present whose goal is to help vulnerable families, such as WIC and TANF. Finally, the foster care stipend should be increased to reflect the changing economic situation in the country so that all foster parents can continue the phenomenal work of caring for the country's most needy population.

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Appendix I

Hello. My name is Victoria and I am an intern at the Rhode Island Foster Parents Association. I am conducting a study of foster parents and would greatly appreciate your help. Please take a few minutes to fill out this anonymous survey (Part 1 and Part 2) and mail it back **as soon as possible** to:

The Rhode Island Foster Parents Association
c/o Victoria Picinich
55 South Brow Street
East Providence, RI 02914

Foster Parent Survey

Part 1
1. Age: _____
2. Gender: *male* or *female*
3. Please circle the type of care you provide:
   a. Relative
   b. Non-relative
   c. Both
   (If you circled "non-relative" please proceed to question #5)
4. If you circled "relative" or "both" for question #3, please circle your relation to the child or children placed in your home:
   (a) aunt (b) uncle(c) cousin   (d) brother
   (e) sister(f) maternal grandmother (g) maternal grandfather
   (h) paternal grandmother   (i) paternal grandfather
   (j) Other – please specify _____

5. Please indicate the # of foster children in the home: _____
   Please indicate the # of other children (biological, adoptive, etc) in home _____
6. Please circle the highest level of education you have achieved:
   a. Junior high   b. some high school
   c. high school   d. vocational school
   e. some college f. associate's degree
   g. bachelor's degree   h. some graduate work
   i. masters degree   j. Post graduate work and above
7. Marital Status (circle):
   a. single   b. living with partner in a committed relationship
   c. married   d. separated
   e. divorced   f. widow
8. Ethnicity/Race (circle):
   a. African American   b. Hispanic/Latino
   c. White/Caucasian   d. Asian/Pacific Islands
   e. Other; please specify _____

9. Estimated family income per year: (look up how this is formatted in other surveys)

Part 2: Please rate the following questions based on the scale provided below each question.

1. I feel I have the sufficient financial resources to care for the child/children placed in my home:

Strongly Disagree ------- Disagree ------- Undecided ------- Agree ------- Strongly Agree

2. The child/children placed in my home feel(s) like a member of my family:

Strongly Disagree ------- Disagree ------- Undecided -------Agree ------- Strongly Agree

3. I feel, that as a caregiver, I have sufficient life experience to appropriately care for the child/children placed in my home:

Strongly Disagree ------- Disagree ------- Undecided -------Agree ------- Strongly Agree

4. I feel I am emotionally prepared to care for the child/children placed in my home:

Strongly Disagree ------- Disagree ------- Undecided -------Agree ------- Strongly Agree

5. I feel I am aware of all the medical and/or physical needs of the child/children placed in my home:

Strongly Disagree ------- Disagree ------- Undecided -------Agree ------- Strongly Agree

6. I play a supportive role in the reunification of the child/children placed in my home with their birth parents.

Strongly Disagree ------- Disagree ------- Undecided -------Agree ------- Strongly Agree

(If you responded "Strongly Disagree" or "Disagree", proceed to question #8)

7. It is easy for me to maintain appropriate boundaries with the birth parent(s):

Strongly Disagree ------- Disagree ------- Undecided -------Agree ------- Strongly Agree

8. The child/children placed in my home have maintained a meaningful connection to their racial, ethnic, and religious community of origin:

Strongly Disagree ------- Disagree ------- Undecided -------Agree ------- Strongly Agree

9. I feel I received adequate training in preparation for fostering the child/children placed in my home:

Strongly Disagree ------- Disagree ------- Undecided -------Agree ------- Strongly Agree

10. I feel I receive adequate supportive service from the state in caring for the child/children placed in my home:

Strongly Disagree ------- Disagree ------- Undecided -------Agree ------- Strongly Agree

- If you answered "Strongly Disagree" or "Disagree" with question # 8 or 9, what could be offered to assist you?

_____

_____

_____

- Additional comments:

_____

_____

_____

Appendix II

Summary of responses to the 10 indicators of the survey:

Sufficient financial resources

Type of foster care			Frequency	Percent	Valid Percent	Cumulative Percent
relative	Valid	strongly disagree	3	13.6	13.6	13.6
		disagree	6	27.3	27.3	40.9
		undecided	2	9.1	9.1	50.0
		agree	6	27.3	27.3	77.3
		strongly agree	5	22.7	22.7	100.0
		Total	22	100.0	100.0	
non-relative	Valid	disagree	8	24.2	24.2	24.2
		undecided	3	9.1	9.1	33.3
		agree	17	51.5	51.5	84.8
		strongly agree	5	15.2	15.2	100.0
		Total	33	100.0	100.0	
both	Valid	undecided	1	100.0	100.0	100.0

Child feels like member of family

Type of foster care			Frequency	Percent	Valid Percent	Cumulative Percent
relative	Valid	strongly disagree	1	4.5	4.5	4.5
		undecided	1	4.5	4.5	9.1
		agree	2	9.1	9.1	18.2
		strongly agree	18	81.8	81.8	100.0
		Total	22	100.0	100.0	
non-relative	Valid	undecided	1	3.0	3.0	3.0
		agree	16	48.5	48.5	51.5
		strongly agree	16	48.5	48.5	100.0
		Total	33	100.0	100.0	
both	Valid	strongly agree	1	100.0	100.0	100.0

Sufficient life experience

Type of foster care			Frequency	Percent	Valid Percent	Cumulative Percent
relative	Valid	strongly disagree	1	4.5	4.5	4.5
		agree	5	22.7	22.7	27.3
		strongly agree	16	72.7	72.7	100.0
		Total	22	100.0	100.0	
non-relative	Valid	agree	13	39.4	39.4	39.4
		strongly agree	20	60.6	60.6	100.0
		Total	33	100.0	100.0	
both	Valid	strongly agree	1	100.0	100.0	100.0

Emotionally prepared to be provider

Type of foster care			Frequency	Percent	Valid Percent	Cumulative Percent
relative	Valid	disagree	1	4.5	4.5	4.5
		undecided	2	9.1	9.1	13.6
		agree	8	36.4	36.4	50.0
		strongly agree	11	50.0	50.0	100.0
		Total	22	100.0	100.0	
non-relative	Valid	agree	13	39.4	39.4	39.4
		strongly agree	20	60.6	60.6	100.0
		Total	33	100.0	100.0	
both	Valid	strongly agree	1	100.0	100.0	100.0

Aware of medical and physical needs

Type of foster care			Frequency	Percent	Valid Percent	Cumulative Percent
relative	Valid	strongly disagree	1	4.5	4.5	4.5
		disagree	1	4.5	4.5	9.1
		undecided	1	4.5	4.5	13.6
		agree	8	36.4	36.4	50.0
		strongly agree	11	50.0	50.0	100.0
		Total	22	100.0	100.0	
non-relative	Valid	disagree	6	18.2	18.2	18.2
		undecided	3	9.1	9.1	27.3
		agree	13	39.4	39.4	66.7
		strongly agree	11	33.3	33.3	100.0
		Total	33	100.0	100.0	
both	Valid	strongly agree	1	100.0	100.0	100.0

Play a supportive role in reunification

Type of foster care			Frequency	Percent	Valid Percent	Cumulative Percent
relative	Valid	strongly disagree	3	13.6	13.6	13.6
		disagree	3	13.6	13.6	27.3
		undecided	4	18.2	18.2	45.5
		agree	9	40.9	40.9	86.4
		strongly agree	3	13.6	13.6	100.0
		Total	22	100.0	100.0	
non-relative	Valid	strongly disagree	3	9.1	10.3	10.3
		disagree	5	15.2	17.2	27.6
		undecided	4	12.1	13.8	41.4
		agree	11	33.3	37.9	79.3
		strongly agree	6	18.2	20.7	100.0
		Total	29	87.9	100.0	
	Missing	System	4	12.1		
	Total		33	100.0		
both	Valid	undecided	1	100.0	100.0	100.0

Maintain appropriate boundaries with birth parents

Type of foster care			Frequency	Percent	Valid Percent	Cumulative Percent
relative	Valid	strongly disagree	1	4.5	6.7	6.7
		disagree	1	4.5	6.7	13.3
		undecided	4	18.2	26.7	40.0
		agree	3	13.6	20.0	60.0
		strongly agree	6	27.3	40.0	100.0
		Total	15	68.2	100.0	
	Missing	System	7	31.8		
	Total		22	100.0		
non-relative	Valid	undecided	2	6.1	9.1	9.1
		agree	15	45.5	68.2	77.3
		strongly agree	5	15.2	22.7	100.0
		Total	22	66.7	100.0	
	Missing	System	11	33.3		
	Total		33	100.0		
both	Missing	System	1	100.0		

Maintained meaningful connection to child's origin

Type of foster care			Frequency	Percent	Valid Percent	Cumulative Percent
relative	Valid	disagree	2	9.1	9.1	9.1
		undecided	1	4.5	4.5	13.6
		agree	9	40.9	40.9	54.5
		strongly agree	10	45.5	45.5	100.0
		Total	22	100.0	100.0	
non-relative	Valid	disagree	5	15.2	15.2	15.2
		undecided	7	21.2	21.2	36.4
		agree	16	48.5	48.5	84.8
		strongly agree	5	15.2	15.2	100.0
		Total	33	100.0	100.0	
both	Valid	strongly agree	1	100.0	100.0	100.0

Received adequate training

Type of foster care			Frequency	Percent	Valid Percent	Cumulative Percent
relative	Valid	strongly disagree	1	4.5	4.5	4.5
		disagree	2	9.1	9.1	13.6
		undecided	1	4.5	4.5	18.2
		agree	11	50.0	50.0	68.2
		strongly agree	7	31.8	31.8	100.0
		Total	22	100.0	100.0	
non-relative	Valid	disagree	4	12.1	12.1	12.1
		agree	21	63.6	63.6	75.8
		strongly agree	8	24.2	24.2	100.0
		Total	33	100.0	100.0	
both	Valid	strongly agree	1	100.0	100.0	100.0

Received adequate supportive services

Type of foster care			Frequency	Percent	Valid Percent	Cumulative Percent
relative	Valid	strongly disagree	1	4.5	4.5	4.5
		disagree	5	22.7	22.7	27.3
		undecided	3	13.6	13.6	40.9
		agree	8	36.4	36.4	77.3
		strongly agree	5	22.7	22.7	100.0
		Total	22	100.0	100.0	
non-relative	Valid	strongly disagree	2	6.1	6.3	6.3
		disagree	9	27.3	28.1	34.4
		undecided	5	15.2	15.6	50.0
		agree	14	42.4	43.8	93.8
		strongly agree	2	6.1	6.3	100.0
		Total	32	97.0	100.0	
	Missing	System	1	3.0		
	Total		33	100.0		
both	Valid	agree	1	100.0	100.0	100.0

Appendix III

Non-relative Foster Care Provider Focus Group: Questions

1. How many children are currently placed in your home?
2. Why did you decide to become foster parents?
3. Do you think the child in your care feels like a member of your family?
4. Were you emotionally prepared to take on this added responsibility?
5. Do you feel you have sufficient financial resources to care for this child?
6. As a caregiver, do you feel you have sufficient like experience to appropriately care for the child/children placed in your home?
7. As the child/children placed in your care maintained a meaningful connection to their racial, ethnic, and religious community of origin?
8. Do you feel you received adequate training in preparation for fostering?
9. Does the state provide enough support for you as a foster parent?
10. What more could be done?
11. Any other comments?