

KINSHIP FOSTER CARE: A STUDY FROM THE PERSPECTIVE OF THE CAREGIVERS, THE CHILDREN AND THE CHILD WELFARE WORKERS

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In the last twenty years, in most Western countries, kinship foster care has become an integral part of childcare systems, growing progressively with regard to the numbers of children involved and relative weight as a care resource within the system; indeed, in some countries it is even more common than other placement options, such as non-kinship foster care and residential care. Research on this phenomenon is still recent and scarce, and there are few programmes targeting this population. In this article we present the results of a descriptive study on kinship foster care in the city of Barcelona, including information and data from the different stakeholders involved. From a quality of life research perspective we analyze the perceptions, evaluation and expressed satisfaction of caregivers, children and practitioners from the specialist Child and Adolescent Teams (EAIAs) responsible for the study and follow-up of kinship foster care cases. The research presented results are in line with those of current research in this field, and lays the basis for the future development of kinship foster care programmes.

Key words: Kinship Care, Foster Care, Child Protection, Research on Quality of Life.

Desde hace aproximadamente dos décadas, en la mayoría de los países occidentales, los acogimientos en familia extensa han entrado a formar parte de los sistemas de protección infantil, siguiendo una evolución creciente en cuanto a número y peso específico como recurso de acogimiento. Las investigaciones sobre este fenómeno son aún recientes y escasas como también lo son los programas dirigidos a esta población. En el presente artículo presentamos los resultados de un estudio descriptivo sobre los acogimientos en familia extensa en la ciudad de Barcelona, donde se recogen datos de los principales agentes implicados en este fenómeno. Desde la perspectiva de los estudios de la calidad de vida se analizan las percepciones, evaluaciones, y satisfacción expresada, por parte de los acogedores, los niños/as acogidos y los profesionales de los Equipos de Atención a la Infancia y Adolescencia (EAIA) que se encargan del estudio y seguimiento de estos acogimientos. La investigación presenta unos resultados acordes con los estudios que actualmente se realizan en este ámbito y sienta las bases para el despliegue futuro de programas dirigidos a los acogimientos en familia extensa.

Palabras clave: Acogimiento en familia extensa, Acogimiento familiar, Protección y atención a la infancia, Estudios sobre calidad de vida.

Traditionally, when parents have been unable to look after their children due to death, illness, imprisonment or absence through work, the children's upbringing has been taken on by their relatives, this being a private, rather than public decision in the majority of cultures. What is a relatively recent development, dating back only around 20 years, is for some of such *de facto* practices to form part of childcare systems, sanctioned by authorities as a care resource that is an alternative to the biological family, as are residential care and foster care – which were the two basic options for the system until the late 1980s. Its

incorporation in the system either results from requests by relatives who take the child into their care and seek legal approval and protection, or follows the detection of a risk situation by social services, who propose members of the extended family as foster carers. Several factors have emerged in parallel with this phenomenon. On the one hand, the decreasing number of foster families (non-relatives) available, especially in countries where this resource was well established. Demographic tendencies indicate changes in employment patterns and in family make-up, which have contributed – as in the case of the USA – to a 30% decrease in the number of foster families (Hegar & Scannapieco, 1999). On the other hand, the residential care situation; the number of places, rather than increasing, has in fact fallen: large-scale children's homes, way outside the paradigm of normalization, gradually disappear, and more

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appropriate (and we would add, necessary) homes, given their location and smaller intake, require economic conditions that not all local authorities are equipped or prepared to provide.

At the same time, conviction about the suitability of so-called *kinship care* or *kinship foster care* has grown. The Child Welfare League of America (CWLA, 1994) defines it as “the full-time nurturing and protection of children who must be separated from their parents by relatives, members of their tribes or clans, godparents, stepparents or other adults who have a kinship bond with a child” (CWLA, 1994). This definition makes it possible to respect the diversity of cultural values and the different forms of family-based household. It includes both *de facto* or informal fostering based on a family decision in which there is no administrative or judicial measure and foster care regulated by the authorities; in any case, research has clearly concentrated on the latter type. In Catalonia (Spain), in accordance with the current legislation (*Decret 2/1997*), this type of fostering applies when there is a *family relationship through blood or proximity between the child and the foster caregivers*.

The appropriateness of this fostering resource derives chiefly from the fact that it permits children to live with people known to them and whom they trust, either because they have had some previous contact with them or because they have actually lived with them (with or without their parents) at some time prior to the intervention by the authorities. Sometimes it is the relatives themselves who take the child in and appeal to welfare services for support of a psychosocial, legal, financial and/or educational nature.

This type of foster care also permits, from an ecological perspective, the transmission of the child’s family and cultural identity, and can facilitate relationships with other members of the extended family and among siblings. According to some authors (Broad, 2001; Pitcher, 2002) it provides more stability for the child, and tends to be the option they prefer, which is an important aspect to take into account from the point of view of children’s participation in decisions that directly affect them (Casas, 1994, 1998).

Data from Catalonia and the city of Barcelona reveal the relevance of this phenomenon in Spain. Of the 6152 for whom the General Directorate of Child and Adolescent Care (DGAIA) was responsible in 2004, 39.4% were in foster care with their extended family, just 8% were in non-kinship foster care and 25% were in children’s homes (Table 1).

If we consider the data for the last 5 years in the city of Barcelona (Table 2), we can see the spectacular relative increase in the figures for kinship foster care (inversely proportional to those for children’s homes).

This substantial increase has not been accompanied by greater allocation of resources to this population, nor by research on the phenomenon (which is scarce and quite recent), nor by specific or specially adapted programmes. Indeed, the increase does not appear to derive from any *a priori* intention or approach.

The kinship foster care measure, however, is not without a degree of risk, especially when it is unaccompanied by specific resources and programmes. In some situations caregivers have a responsibility they will have to exercise until the child comes of age, with all the concomitant feelings of pain due to the loss of or concern about a son/daughter or brother/sister (depending on the family relationship), with a relationship with the child’s biological parents that is often complicated and difficult, with financial problems (especially in cases of retired grandparents), with health problems due to age, with feelings of fear of failure (some having already experienced it), with difficulties of

Alternative resource	Catalonia		Barcelona	
	N° children	%	N°	%
Biological family ¹	832	13.6%	13.2%	
Extended family	2423	39.4%	40.4%	
Unrelated family	501	8.1%	9.5%	
Pre-adoptive family	535	8.7%	8.1%	
Children’s Home	1560	25.3%	27.0%	
Children’s Shelter	301	4.9%	1.8%	
TOTAL	6152	100%	1650	100%

Source: <http://www.gencat.net/benestar/dgaia/estai.htm>

¹ This refers to situations in which the children officially in care actually live with their biological parents

Recurso alternativo	1998	1999	2000	2001	2002	2003
Biological family	14.1%	13.5%	14.9%	15.5%	13.7%	13.2%
Extended family	29.8%	31.5%	32.1%	33.9%	40.5%	40.4%
Unrelated family	7.0%	7.2%	7.2%	7.6%	8.6%	9.5%
Pre-adoptive family	6.2%	7.9%	8.5%	8.4%	7.6%	8.1%
Children’s Home	40.6%	36.8%	34.3%	31.9%	27.6%	27.0%
Children’s Shelter	2.3%	3.0%	3.0%	1.9%	1.7%	1.8%

Source: Ajuntament de Barcelona (2004)

relating to or understanding the child's social and academic fears, and so on.

Thus, in a first stage of the research, and given that we knew of no other study of this type in Catalonia, we needed to be able to describe the phenomenon of kinship foster care, so as to be able to make progress in the implementation of programmes adapted to children and their families in this situation. A key point in this research is its basis in the perspective of studies on quality of life. Therefore, we collected data from the main stakeholders involved: the perceptions and evaluations of the foster children, of their caregivers and of the practitioners charged with the study and follow-up of such cases. In this way, progress is made in the analysis of the coincidence and discrepancy between the different perspectives so as to be able to make improvements on the basis of the data obtained and to promote the quality of life of children and caregivers.

Likewise, we consider theoretical perspectives based

on an ecological approach to abuse, together with theories based on the concept of resilience and the social participation of children and adolescents.

METHOD

This study was carried out within the framework of a doctoral programme at the Institute for Quality of Life Research (IRQV) at the University of Girona (Spain), and with the collaboration of the Barcelona city council and practitioners from Child and Adolescent Care Teams (EAIA), the childcare teams in Catalonia responsible, among other functions, for the study and follow-up of kinship care. In this first part of the study carried out in 2004 in the city of Barcelona, the objectives were basically twofold:

1. To describe the situation of kinship care in the city of Barcelona.
2. To carry out a study of perceptions and evaluations on different aspects of kinship foster care and the satisfaction expressed by the 3 main stakeholders involved (children, caregivers and child welfare workers).

The goal was to describe the characteristics of kinship care regulated by the local authority, that is, when responsibility for the welfare of children aged 0-17 years lies with the General Directorate of Child and Adolescent Care (DGAIA) and custody is awarded to the relatives with whom the child is living. The study, proposal and follow-up of this foster care are carried out by Child and Adolescent Care Teams (EAIA) made up of psychologists, pedagogues and social workers.

The research is broad-based and comprises different phases. In this article we shall present the results of the initial phase, pertaining to the descriptive study carried out with a survey design within the non-experimental design category, and using as a data-collection instrument the questionnaire aimed at the three groups:

- Children fostered
- Caregivers
- Professionals from 10 EAIAs working in 9 districts of the city of Barcelona (total is 11 EAIAs, 10 districts)

It was decided not to involve parents as participants due to the frequent difficulty of access to them once the children are in care.

On the basis of the goals set, three brief, simple and specific questionnaires were drawn up. The children's questionnaire had 12 questions, that of the caregivers, 21, and that of the workers, 18. The questionnaire addressed to the team of practitioners (EAIAs) was self-applied, while those for the caregivers and the children

With reference to the first objective we set out to describe:	
About caregivers and kinship fostered children	About the EAIAs practitioners
- Type of family relationship	- Profession
- Age of children and caregivers	- Age
- Sex of children and caregivers	- Sex
- Start and duration of foster care	- Years of experience in the team
- Educational level of children and caregivers	- Number of practitioners in each team
- Employment and financial situation of caregivers	
- Reason why parents do not have custody	
- Visiting regime for parents	
- Supervision of visits	
- Number of people in the household	
- Who proposed the foster care	
With reference to the second objective we set out to analyze:	
Perceptions and evaluations of children, caregivers and practitioners about:	
The relationships between parents, children and foster carers. Development of the fostered child in the areas: family, school, health and social. Possibilities of failure of the fostering in the short/medium term. Information they receive about existing social resources. Degree of satisfaction with the foster care.	
Perceptions and evaluations of caregivers and EAIA about:	
Loneliness feelings in caregivers. Emotional support received by caregivers. Fatigue in caregivers. Possibility of sharing the experience of caregiving with other people. Will to propose change.	
Perceptions and evaluations of fostered children about aspects of:	
The possibility of sharing their experience with others. Satisfaction expressed in six areas: their home upbringing; their friends; their health; their school; their leisure time; their life as a whole. Their agreement with the foster care measure, or their preference for some other option.	

were other-applied. The three models have the same structure: a first block devoted to the objective data of the interviewee and the foster care, and a second block devoted to the perceptions and evaluations of the foster care and the degree of satisfaction. Questions were mainly closed, and enquired about intensity according to a 5-point Likert-type scale. The questions were checked by people working in the area of childcare, and two external judges made amendments that contributed to their validity. A pilot test was carried out, on the basis of which some changes were made.

As it can be seen in Table 3, given that the numbers in each set of participants were small, a populational study was carried out.

The 117 families studied were made up of 183 caregivers and 153 children. Of the 183 caregivers, 154 filled out the questionnaire (84.15%), and of the 153 children, 71 replied (46.4%), mainly those aged 8 years and over.

We studied the reasons why some of the families failed to attend the interview, to see if they formed a sub-sample, but the causes are heterogeneous: recent change of residence, imminent coming-of-age of the child, process of returning to parents, refusal to cooperate, and so on. However, they do not belong to a particular family profile, and this favours the assumption of the hypothesis that the results are representative of the population. In this same regard are the corresponding distributions (Table 4) by age and sex of the 0 to 17-year-old population in the city of Barcelona (2001), of the population of children attended by the EAIAs in Barcelona (2003), and of the study sample (2004).

RESULTS

The results presented below are organized according to the two objectives of the research, that is, first the description of the foster care and then the perceptions, evaluations and degree of satisfaction of the main stakeholders.

1. Description of the foster care:

The kinship foster care (Table 5) is mainly made up of **grandparents** (73.5%), followed at some distance by **uncles and/or aunts** (18%), and always with a majority from the **maternal family** (63%). There are **more women** than men and the **mean age** is 56.72 years ($\sigma=12.745$), caregivers being concentrated in the age range 46 to 65 years. Half the caregivers have **primary education**, and we find 18% with no type of education at all. In 40% of households there is a caregiver who is

employed, and in 76% **financial help** is received from the DGAIA (240 €/month/child).

In the previous section we saw the distribution by **age and sex of the children** in the sample. Mean age is 10.24 years ($\sigma=4.473$) and the figures are matched by sex. In the majority of the households (73.5%) **only one child is fostered, and the total number of persons in the household is between two and four** (Table 6). Almost half (43.6%) the households are **one-parent**, women alone, tending to be advanced in years and with greater representation of foster children in the age range of adolescence. In the majority of households (87.1%) **the parents are not living**. Half of the fostering cases **date back to the birth** of the child or the first few months of its life. The majority of the foster care cases that began at birth involve the maternal grandparents, while the majority of those that began later correspond to aunts and/or uncles. The **initial proposal** for fostering of the child comes from the family (extended and parents) in 70% of the cases and from the EAIAs or other services in 30%.

The **principal reason for the fostering** is the parents' drug-dependence, including alcoholism. In one third of the families one or both of the parents have died, and a fifth of them are in prison, mainly the men. A fifth is also made up of parents with mental illness, mainly women. Another significant figure is that for unknown fathers, at

Table 3
Population and sample of extended families with children in care
Number of questionnaires

	Population of the 9 districts	Sample
N° Families	259	117 (45.17%)
N° Children	332	153 (46.08%)
N° EAIAs teams	10	10 (100%)
N° EAIAs practitioners	46	38 (82.60%)
N° questionnaires		
Children	71	
Caregivers	154	
EAIAs practitioners	38	
Total questionnaires	263	

Table 4
Distribution by age and sex of the children in percentages:
population and sample

Age/Barcelona	Total 0-17 Barcelona	Total children attended 2003	Total sample February 2004
0-3 years	19.1%	10.6%	9.2%
4-12	45.6%	48.2%	51.6%
13-17	35.3%	41.2%	39.2%
Sex/Barcelona	Total 0-17 Barcelona	Total children attended 2003	Total sample February 2004
Boys	50.9%	52.7%	48.4%
Girls	49.1%	47.3%	51.6%

Table 5
Characteristics of caregivers (kinship foster care)

Relationship	n = 117 ²	
Maternal grandparents	47.9%	73.5%
Paternal grandparents	25.6%	
Maternal uncles/aunts	13.7%	18 %
Paternal uncles/aunts	4.3%	
Great uncles/aunts	3.4%	
Siblings	2.5%	
Cousins	1.7%	
Other	0.9%	
Age caregivers	n = 154	
25-45 years	17.5%	
46-65 years	55.2%	
66-86 years	27.3%	
Sex caregivers	n = 183	
Men	36.6%	
Women	63.4%	
Educational level caregivers	n = 154	
None	18.4%	
Primary	53.3%	
Secondary	22.4%	
University	5.9%	

² The number 117 corresponds to number of families; 153 or 183 correspond to number of caregivers.

Table 6
Characteristics of kinship foster care

Nº of children fostered per household	n=117
1 child	73.5%
2 children	23.1%
3 children	2.5%
4 children	0.9%
Number of caregivers per household	
1 caregiver	43.6 %
2 caregivers	56.4 %
Number of persons per household	
2-4 persons	64.1%
5-7 persons	32.5%
More than 8 persons	3.4%
Living with parents	
With father	4.3%
With mother	8.5%
With neither	87.2%
Start of foster care	
From birth/first months of life	55.6%
After age 1 year	44.4%

Table 7
Visits by parents to children

Visits by parents to children	Father	Mother
Dead/Unknown	29.9%	17.9%
Never	26.5%	22.2%
Daily	6.8%	12.8%
Weekly/Fortnightly	20.5%	28.2%
Monthly/three-monthly	9.4%	6.0%
Sporadically	6.8%	12.8%

11%. As regards the children, their commonest situation is that of **negligence**, with cases of abuse accounting for only a tiny minority.

As regards parents' visits to their children (Table 7), **in more than half of the cases the children have no contact of any kind with their parents**, 50% of these because the parents are dead, and the other 50% because they do not visit them. The father visits them in 25% of cases and the mother in more than 33%. Of all the visits made, half are made in the presence of the foster family, especially in the case of father's visits.

As far as the EAIAs are concerned, mean age of the practitioners is 41.92 years ($\sigma = 6.227$), 86.5% of them are women and means years of service with the team is 7.13 ($\sigma = 4.449$).

2. Expressed perceptions, evaluations and satisfaction

We analyzed the evaluations made by the three groups in accordance with different control variables: age, both of caregivers and fostered children; sex, both of caregivers and fostered children; start of fostering, whether from birth or at a later stage; number of caregivers per household; one or two foster parents. On some occasions we also employed type of family relationship, employment situation and duration of the fostering.

As regards the relationships between parents, children and caregivers, **the relationships between caregivers and their foster children is valued highly positively by all three groups, with means of over 4 points**, though this is not the case for relationships with parents (response options ranged from 1: *not at all positive* to 5: *highly positive*). In the situations in which there is a relationship with the parents, it is the children that give it the most negative scores, rating the relationship with their mother a little more highly. The EAIAs show more pessimism in their evaluation of the parents, and caregivers' ratings are situated halfway between those of the children and those of the practitioners (Table 8).

In general we have observed that relations with the father are more subject to variation depending on whether it is the paternal or the maternal family that has custody of the child; in contrast, ratings about the figure of the mother are more stable. Younger caregivers rate relationships with the parents lower, as do adolescents in care. Caregivers perceive relationships between girls and their parents to be better than those of boys, but there is no difference for the sex variable as regards the relationship between caregivers and foster children. In cases where fostering began at birth there is a more positive rating of all intra-family relationships.

With regard to the evaluation by the three groups of the children's behaviour at home, their school progress, their health and their relationship with others, all the means are higher than 3 points, and all coincide in rating their health higher than 4 points on average (Table 9). On the other hand, the lowest mean score is that for school progress (3.4 from the EAIAs). In general, it is caregivers that give the children the highest scores in these four areas, while scores from the practitioners are somewhat more modest. The children rate themselves lower in behaviour and school learning. Scores decrease in all three groups when the foster children are adolescents, with regard to behaviour and school learning.

All three groups coincide in thinking that the foster care will not fail in the short to medium term. This perception is especially low when the caregivers are aged between 45 and 65 years, the household is made up of two caregivers and the foster care began at the child's birth. There are also similar responses from all three groups in relation to the fact that they have little information about the available resources (means of under 3 points).

An unexpected finding concerns the fact that caregivers do not appear to perceive feelings of loneliness ($\bar{x}=1.91$; $\sigma=1.275$) or to feel tired ($\bar{x}=1.86$; $\sigma=1.138$). We also observed a discrepancy with the evaluation by EAIAs, who perceive more feelings of loneliness ($\bar{x}=2.94$; $\sigma=1.007$) and fatigue ($\bar{x}=2.99$;

$\sigma=0.991$) in caregivers than they themselves perceive.

The perception of whether caregivers receive appropriate support is moderate, with considerable agreement in the two groups (means close to 3). In any case, the perception of support is lower in caregivers aged 66-86 years, in those caring for adolescents, in one-parent households and in cases where fostering began when the child was older. Caregivers ($\bar{x}=2.40$; $\sigma=1.374$) and EAIAs ($\bar{x}=2.17$; $\sigma=0.939$) also coincide in thinking that, in general, they cannot share very much the experience of being caregivers. Caregivers that can share it tend to be younger, have a higher level of education and be in work. Caregivers and EAIAs both propose changes, in relation to both financial and legal improvement.

The children claim to be able to share their experience to a moderate degree, and the majority (87.7%) are strongly in agreement with living with their caregivers, the few who are not being mainly girls and those more recently fostered.

Levels of satisfaction with the foster care are high, with agreement between the three groups – caregivers ($\bar{x}=4.75$; $\sigma=0.502$), children ($\bar{x}=4.69$; $\sigma=0.600$), and EAIAs – with regard to how satisfied they think the caregivers ($\bar{x}=4.01$; $\sigma=0.885$) and the children ($\bar{x}=4.21$; $\sigma=0.764$) are. Satisfaction with the foster care may tend to be a little lower in adolescence, and a little higher if there are two caregivers. We also found more satisfaction in cases where the fostering began at birth.

Table 8
Reports on how positive the family relationships is perceived by each of the three groups

Groups/type of relationship	Relationships father – child		Relationships mother - child		Relationships father - caregiver		Relationships mother - caregiver		Relation child – caregiver	
Children	M	3.37	SD	1.43	M	3.73	SD	1.23	M	3.13
	SD	1.58	M	3.33	SD	1.26	M	4.59	SD	0.71
Caregivers	M	2.89	SD	1.54	M	2.95	SD	1.35	M	2.84
	SD	1.49	M	2.80	SD	1.30	M	4.61	SD	0.66
Practitioners	M	2.46	SD	1.14	M	2.70	SD	1.13	M	2.63
	SD	1.34	M	2.59	SD	1.25	M	4.27	SD	0.74

Table 9
Evaluation by each of the three groups of the child's development in four areas

Groups/areas of development	Home behaviour		School learning		State of health		Relationships with others	
Children	M	3.82	SD	0.83	M	3.59	SD	1.05
	M	4.48	SD	0.77	M	4.42	SD	0.93
Caregivers	M	4.16	SD	0.94	M	3.77	SD	1.10
	M	4.54	SD	0.79	M	4.48	SD	0.81
Practitioners	M	3.72	SD	0.99	M	3.41	SD	1.06
	M	4.07	SD	0.98	M	3.86	SD	0.89

Children's expressed satisfaction with different areas of their life is generally very high (Table 10), particularly the upbringing by their caregivers (\bar{x} =4.58; σ =0.705), their health and their friends; the lowest level is for satisfaction with school (\bar{x} =3.89; σ =0.994). Girls are more satisfied with school and boys with their home upbringing by the caregivers. In general, satisfaction levels are lower in adolescence, except in the cases of health and leisure time, whose levels do not fall.

Finally, we should stress that the EAIAs feel they should not reduce the amount of follow-up they apply to kinship foster care cases, but rather the opposite. In our study, the most vulnerable kinship care cases are those in which: caregivers are older, foster children are adolescents, household is one-parent and fostering began when the child was over 1 year old.

DISCUSSION

In the light of the results obtained, which on the one hand provide a description of kinship foster care, and on the other reveal the perceptions and evaluations of the principal actors involved and the discrepancies and coincidences between them, the first important conclusion concerns the **degree of agreement between these results and those of previous research**.

In the study by Fernández del Valle, Alvarez-Baz and Bravo (2002) in Asturias (northern Spain), the **mean age of the principal caregiver** is 58.9 years, and that of the second caregiver, 56.6, with a range of 25 to 90 years (in our study it is 56.72 years). In the study by Pitcher (2002) in the UK the mean age of grandparents was 54 years. And in this same regard, authors such as Berrick, Barth and Needell (1994), Dubowitz, Feigelman and Zuravin (1993), Gebel (1996) or Le Prohn (1994) affirm that kinship caregivers in the USA tend to be older than non-kinship caregivers.

As far as the greater **female representation among caregivers** is concerned, this is an almost universal finding in the studies to date (Benedict, Zuravin & Stallings, 1996; Berrick et al., 1994; Dubowitz et al., 1993; Gebel, 1996; Le Prohn, 1994; Scannapieco, 1999; Thornton, 1991). Moreover, as a result of our research we would tend to support Villalba's (2002) finding in

Andalucía (southern Spain) that it is women who mainly assume the role of caregiver in the kinship care context.

With regard to the different **types of family relationship**, the results of our study contribute data similar to those of Fernández del Valle et al. (2002): maternal grandparents (53.8%), paternal grandparents (26.2%), maternal aunts/uncles (8.1%), paternal aunts/uncles (6.9%), cousins (0.9%), siblings (0.6%), and others (2.6%). The main difference concerns the figure for maternal aunts and uncles, which is higher in our (Barcelona) study. In the USA, kinship foster caregivers are primarily maternal grandmothers, followed by maternal aunts (Dubowitz et al., 1993; Le Prohn, 1994; Scannapieco, 1999; Thornton, 1991). As regards **caregivers' educational level**, we have seen in other studies comparing kinship and non-kinship foster parents how the majority of the latter have higher levels of education (Berrick et al., 1994; Dubowitz et al., 1993; Gebel, 1996; Le Prohn, 1994; Scannapieco, 1999). A similar finding emerges from Amorós et al. (2003), in which just 3% of non-kinship caregivers had no formal education and 38% had a university education.

In terms of gender, the percentages of **boys and girls fostered** are similar to those found in the Asturias study (Fernández del Valle et al. 2002), where the figures were 48.26% and 51.74%, respectively. Distribution by age was also practically the same as in our study: 9.88% aged 0 to 3 years, 52.04% aged 4 to 11 and 38.08% aged 12 to 17, with a mean age of 9.7 years.

In general, the findings of previous studies coincide with our own in that **kinship care tends to last longer but levels of family reunification tend to be lower** (Berrick et al., 1994; Dubowitz et al., 1993; Scannapieco, 1999; Thornton, 1991). Caregivers who are relatives tend to be confident about fostering the children, and express a desire to look after them for as long as is necessary (Berrick et al., 1994; Dubowitz et al., 1993; Gebel, 1996; Thornton, 1991). Consequently, these authors (Berrick et al., 1994; Dubowitz et al., 1993; Iglehart, 1994; Scannapieco, 1999) assert that kinship care is more stable than ordinary foster care. Such fostering is remarkably durable, moreover, if we consider that it is a temporary measure, according to the

Table 10
Child satisfaction with five domains in life

Domains	Upbringing by caregivers		Health		Friends		Leisure time		School	
Children	M	4.58	SD	0.70	M	4.43	SD	0.70	M	4.37
	SD	0.74	M	4.20	SD	0.78	M	3.89	SD	0.99

legislation (care orders are for a maximum of one year, with the possibility of an extension). This finding is extremely pertinent to the **debate** concerning the questions: should these foster care cases be treated in the same way, administratively and technically, if they are more stable?; or **do such measures make a return to the parents more difficult?** On the other hand, according to some authors (Broad, 2001; Pitcher, 2002), this stability is what children prefer, and what contributes to more successful outcomes in the child's personal and social development.

The proportion of **one-parent households** among caregivers is lower in the Asturias study (in Catalonia such households account for almost half the total), at around 30% (Fernández del Valle et al., 2002); in the USA, it is far higher. Other authors confirm the tendency for there to be more one-parent households in kinship foster care than in non-kinship care (Berrick et al., 1994; Dubowitz et al., 1993; Le Prohn, 1994; Scannapieco, 1999).

Number of children fostered and size of families are in accordance with data from the general population; with respect to number of children, in 1997 in Spain this had fallen to just 1.2 children per family. According to the Asturias study (Fernández del Valle et al., 2002), the majority of foster families (80%) had just one foster child in their care. In Catalonia, households with 1, 2 or 3 people accounted for 66.36% of the general population in 1996. On the other hand, we should not overlook the figure for households comprising 5 or more persons, at 32.5 %, a similar figure to that found in Asturias (Fernández del Valle et al., 2002), where it was 37.4%. In this aspect the kinship care situation in Spain differs considerably from that of the USA, where the study by Brown, Cohon and Wheeler (2002) revealed that 50% of households that included foster children also included a number of relatives, who shared among them the upbringing of the child or children.

In another Spanish study, Villalba (2002) highlighted the prevalence of **absent or "peripheral" parents**, a high proportion of dead parents and a tendency for greater presence of mothers than fathers; thus, data comparable to our own.

With regard to how the children enter this system, or who proposes the kinship foster care measure, Brown et al. (2002), on the basis of their San Francisco study, claim that the majority of cases **begin as de facto foster care**, so that entry into the system involves no separation trauma for the children, but only administrative regularization. Moreover, of those who go into care with

relatives as a result of a **child protection service order**, the majority were already familiar with the house where they were going to live. In that study, in 31% of cases it was the caregivers who applied to the **services**; in our own study, almost 70%. This may suggest a capacity for protection by the extended family, at the same time as the existence of a network that serves as a protective factor. When the children were asked whether they took part in the decision (Brown et al. 2002), the majority either did not remember because they were too young, or according to them the decision was already made because they already lived there. In many cases they did not recall the specific facts that led to them going into foster care, but all of them had the sensation that the relatives intervened to avoid their having to continue in a difficult situation. Pitcher's (2002) study reveals that in 40% of cases the relatives were aware of the risk situation for the children, but that the parents did not allow them to help, and nor did the social services understand their request for help. The relatives were of the opinion that the greatest need for help is at the beginning, but that either they do not know how to request it or they are afraid to do so.

The high percentage of **drug-dependence** (53.8%) is similar to that observed in other studies on kinship foster care, and on childcare in general. In Pitcher's (2002) study, two-thirds of cases in the sample involved drug addiction in the parents.

As far as the area of **visits** is concerned, Fernández del Valle et al. (2002) found that in almost half of cases relationships between father and children had broken off, with only 10-13% of children receiving periodical visits. In this sense, the situation was quite similar to that found in Barcelona. Authors such as Pecora, Le Prohn and Nasuti (1999) or Le Prohn (1994) argue that kinship caregivers feel a responsibility to maintain contact with the children's biological parents, while non-kinship caregivers do not feel such responsibility. In our study, caregivers were present at half of the visits.

Moving on to the area of **perceptions**, Berrick, Needell and Barth (1999) raise the question of whether caregivers and children are often afraid of social workers' responses to their circumstances, so that they are sometimes reluctant to reveal all the information. Such situations may make it difficult for the practitioners to remain well-informed about the child's welfare, and this could be a source of bias in some cases. Starr, Dubowitz, Harrington and Feigelman (1999), in a study on adolescents in kinship care, claim that the use of **multiple informants attenuates the biases** present

in each group. In our study the multiple informants can help provide a fuller notion of the kinship care phenomenon. In our view, the results are interesting for three reasons:

- Each person in each sample assesses not a generic or hypothetical situation, but rather specific and known persons and situations.
- The voice of the children and adolescents is represented.
- The coincidences and discrepancies between the three population sets can be observed.

Pitcher (2002) found that caregivers **rated the relationship with the foster child in a highly positive way**. They revealed a devotion for him/her that was matched by the children themselves, as revealed by the children's own responses. Contact with the rest of the family was also highly valued. In another study, Shore, Sim, Le Prohn and Keller (2002) conclude that kinship caregivers' perceptions with regard to **the foster children's behaviour both at home and in school** are positive, compared to those for children in non-kinship care, who obtain higher scores in behaviour problems and lower scores in level of competence. In our study it is the caregivers who give the highest scores in relation to the foster children's development – even higher than the scores given by the children themselves. One question that has been raised concerns the possibility of a bias whereby kinship caregivers, when asked, would tend to minimize any problems with the foster child that may exist, while non-kinship caregivers would tend to exaggerate such problems. Three possible explanations have been proposed for this **difference in perceptions** (Keller et al., 2001; in Shore et al. 2002):

- *kinship effects*: This refers to the actual characteristics of kinship care, which attempt to maintain family relationships, which in turn gives more stability and thus reduces the potential for behaviour problems in the children.
- *selection effects*: The mere fact of there being relatives prepared to foster the child already indicates the existence of a more functional support system in the child's family, which also influences his or her welfare.
- *rater effects*: Non-kinship caregivers are more "professionalized" – having attended training courses – and are therefore more expert at detecting behaviour problems and at requesting services.

Pitcher (2002) also found that 56% of caregivers did not report any problem with the children, 45% reported some behaviour problem and 19% reported more serious

behaviour problems. In our own study, as regards the child's behaviour, 77.1% of the caregivers considered it to be between fairly and totally normal. Other authors have also explored the question of whether foster children are more or less prone to behaviour problems. Berrick et al. (1994) found that children of school age in kinship care have fewer behaviour problems than those in non-kinship care, while Benedict (1996) found that children in kinship care are less prone to developmental and behavioural problems. In a similar line, authors such as Gebel (1996) and Shore et al. (2002) find that kinship caregivers give better scores to their foster children than non-kinship caregivers, while, in accordance with the majority of authors, Villalba (2002) shows that grandparent caregivers tend to have a positive perception of their foster children's habits at home and their school performance, pointing out the need to consider that there may be perceptual bias and overestimation or exaggeration.

With regard to other aspects, we again turn to the findings of Pitcher (2002), in whose study 32% of the caregivers reported **financial need** and 24% reported needing help with the child's upbringing, especially at certain key moments. They **perceive tiredness due to age**, but having a child in their care gives them more strength. They report being worried about the future, in case they should die or become ill. **Almost none of them know other caregivers** in their situation. In 60% of cases they have nobody with whom to speak, and perceive feelings of social isolation. Some studies, including that of Pitcher (2002) and that of Villalba (2002), stress the point about caregivers' feelings of loneliness. This aspect is not reflected in our own study as far as reports of their own perceptions are concerned, but it does emerge in the practitioners' perceptions, indicating a clear perceptual discrepancy.

All the studies find considerable deficiencies with regard to the **support received by caregivers**: 91% of the kinship caregivers have received no initial training (Berrick et al., 1994); they are offered fewer services and less support than non-kinship foster parents; and there is less monitoring of the children (Berrick et al., 1994; Iglehart, 1994; Gebel, 1996).

In our study there are 20.6% of children **that tell nobody or almost nobody that they are fostered**, and 36.5% that tell only a few people. This is a relevant question because when they are asked why they do not tell anyone about it, the majority response is because they would not know how to answer questions such as: *Why don't you live with your parents?*, or *What's wrong*

with your parents? Pitcher (2002) also observed this in his study: children needed help to explain to their friends why they do not live with their parents. In our view it is highly important to be aware of this reality and to respect it so as, on the one hand, to avoid upsetting their routine and infringing on their privacy (e.g., not arranging sessions during school time), and on the other, to be able to help them cope with it.

Finally, Villalba (2002) also concludes that caregivers perceive medium to high life satisfaction, and report that bringing up their grandchildren gives meaning to their life. There is a lack of comparative studies for considering these data in relation to those for children's homes and non-kinship care, especially as regards the opinions of the children themselves.

In the light of these results and their comparison with those of other studies, there are two paths open for future work in this field. On the one hand, deeper analysis of the coincidences and discrepancies between the three main stakeholders, and on the other, in a more practical line, the development of a mutual support group programme for kinship foster parents that we have launched in Barcelona.

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