

AN ABSTRACT OF THE DISSERTATION OF

Jennifer L. De Costa for the degree of Doctor of Philosophy in Human Development and Family Studies presented on November 1, 2006.

Title: An Examination of Kin and Nonkin Foster Parents' Experiences

Abstract approved:

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The growth of foster care, particularly kin foster care has greatly outpaced our knowledge. The purpose of this exploratory qualitative study was to develop a more informed understanding of foster family functioning from the perspective of foster parents. This study examined the experiences of 9 kin and 12 nonkin foster parents in the State of Oregon. Specifically, the similarities and differences of kin and nonkin foster parents' perceptions of roles, responsibilities, challenges, and rewards were explicated. Symbolic interactionism and intergenerational ambivalence provided the theoretical frameworks for the analysis.

The kin and nonkin foster parents created meaning out of their roles by emphasizing their responsibilities. Foster parental roles were broader than expected and their actual responsibilities encompassed a wide range of duties. The social factors that influenced the foster parents' experiences were social service personnel, the community, and especially their foster child(ren).

Although the frequency of specific challenges and rewards varied across kin and nonkin caregivers, the general themes were remarkably similar between these groups. The challenges faced by foster families were identifying and learning to effectively address the foster child's behavioral issues, insufficient financial support, and post-placement adjustments such as assisting the foster child in adjusting to their family structure and routines, as well as assisting their birth child(ren) with the new addition(s) to their family. Foster parents also grappled with additional concerns such as the lack of regular contact by caseworkers, burgeoning kin resentments, and serious apprehension regarding the birthparents' ability to care for their children after reunification. A lack of comprehensive assessment and treatment of their foster child's medical, emotional, and educational needs were also a major concern. A key difference between both kin and nonkin foster parents was that kin caregivers described a sense of familial responsibility or obligation in regards to caring for their foster child(ren) and strained family relationships. Foster parents, particularly nonkin caregivers, experienced anticipatory grief and expressed ambivalence about attachment. The salient foster parenting rewards included making a difference, the foster child improving in their care, community recognition of their efforts, and feeling that foster parenting had a positive impact on their family.

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An Examination of Kin and Nonkin Foster Parents' Experiences

by  
Jennifer L. De Costa

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Dean of the Graduate School

I understand that my dissertation will become part of the permanent collection of Oregon State University libraries. My signature below authorizes release of my dissertation to any reader upon request.

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Jennifer L. De Costa, Author

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## DEDICATION

I dedicate this work to my parents, Gilbert and Alice De Costa who worked hard and supported me over the years; my nieces and nephew, Annber, Kaesha, Kaylee, and Reyze who are my inspiration; and my mentors, Clara Pratt and Karen Hooker who never gave up on me.

# AN EXAMINATION OF KIN AND NONKIN FOSTER PARENTS' EXPERIENCES

## Chapter 1: INTRODUCTION

Nurturing and stable family environments benefit children. When parents are unable to provide such an environment, children may be legally removed from parental care. When this occurs, most often children are placed in foster family care. Out of home placements may include kin and nonkin foster families, institutional settings, and group homes; together these placements provided foster care for over 547,000 children in 1999, representing a 35% increase since 1990 (USDHHS, 2000).

In the past decade, there has been a dramatic increase in kin foster care (Barth, Courtney, Berrick, & Albert, 1994; Grogan-Kaylor, 2000; Testa, 1992). Kin foster care describes situations in which a child is placed in the care of a caregiver to whom the child is related (e.g., aunt, uncle, grandparent). According to the Harvard Law Review (1999),

“Formal kinship” care refers to situations in which a child has been removed from [his or] her parents’ home by a state child protection agency and officially placed with a relative who is receiving foster care payments for the child’s care and maintenance. Conversely, “informal kinship care” denotes situations in which a child who may or may not have been removed from [his or] her parents by a state agency [and] is being cared for by a relative who is not [his or] her biological parent and is not receiving foster care payments (p. 1).

By the above definition, kin foster care includes formal kinship care. In contrast, placement in the care of a nonrelated caregiver is nonkin foster care.

Of the 405,000 children in foster care, 145,000 (36%) of these children were in kinship’s care (USDHHS, 2000). The United States reported a 40% increase of children

in kin care between 1980 and 1990 (U.S. Census Bureau, 1991). The state of Oregon has experienced similar increases. Between 1990 and 1996 the number of children in foster care in Oregon grew by 47.9% (CWLA, 2000). Today, a total of 16,027 children in Oregon are in foster care. Approximately 30% of these children in foster care were placed with relatives (Department of Human Services, 2006). The growth of foster care, particularly kin foster care, has greatly outpaced our knowledge of such care or the impact of these trends on children and families (Barth et al., 1994; Berrick & Barth, 1994; Dubowitz, Feigelman, & Zuravin, 1994).

#### Purpose of the Study

The primary purpose of this exploratory study was to develop a more informed understanding of foster family functioning from the perspective of the foster parents. Specifically, kin and nonkin foster parents' perceptions of their roles, responsibilities, challenges, and rewards related to foster caregiving were examined. The interactions and circumstances that appear to influence foster parents' perceptions were also explored. Typically in past studies of kin and nonkin foster care, the perceptions of foster parents have been omitted. Thus, this study provided a unique opportunity to give foster parents a much needed voice, breaking the empirical silence.

The complexity in kin and nonkin foster families created unique social exchanges and negotiations among its family members. These interactions and negotiations contributed to a simultaneous occurrence of mixed emotions and feelings of ambivalence. Because a symbolic interaction theoretical orientation incorporates the complex foster family social exchanges and the simultaneous occurrence of emotions, it served as a complementary approach with intergenerational ambivalence. Thus, symbolic

interactionism and intergenerational ambivalence were utilized as the theoretical frameworks to formulate research questions and later guided qualitative analyses and interpretation of the data.

In this qualitative study, the experiences of kin as well as nonkin foster parents were examined. The study focused on two research questions with both examining the similarities and differences in kin and nonkin foster parents' perceptions.

1. How do kin and nonkin foster parents perceive their roles and responsibilities?

What factors appear to influence kin and nonkin foster parents' perceptions of roles and responsibilities?

2. What do kin and nonkin foster parents perceive as the challenges and rewards of foster caregiving? What factors appear to influence kin and nonkin foster parents' perceptions of challenges and rewards?

## Chapter 2: LITERATURE REVIEW

In this chapter, key theoretical perspectives and how they inform this study are outlined. I describe symbolic interactionism and intergenerational ambivalence as the theoretical frameworks that will provide structure for this study. A review of the previous literature follows, beginning with an overview of the research studies about kin and nonkin foster families. The challenges faced by foster families are also examined. The limited nature of these studies is explained and the importance of this study is explicated.

### Theoretical Framework

*Symbolic Interactionism and Foster Caregiving.* Symbolic interactionism provides a framework for understanding the development of foster caregiving roles and identities. La Rossa and Reitzes (1993) described symbolic interactionism as “a frame of reference for understanding how humans, in concert with one another, create symbolic worlds and how these worlds, in turn, shape human behavior” (p. 136). Three central themes and several corollary premises within each respective theme underlie symbolic interactionism. The first theme is that *behaviors are motivated by meanings* that are created through the process of social interaction. The second theme is that *self-concept relates to meanings*. Like all meanings, development of self-concepts occurs within an interactive social context and, once developed, the self-concept motivates behavior (La Rossa & Reitzes, 1993). The third theme is that *social roles are defined by sociocultural expectations of responsibilities appropriate for and expected from individuals* (La Rossa & Reitzes, 1993; Stryker & Statham, 1985).

Role expectations of foster parents, however, are not clearly defined. Foster families, therefore, must construct definitions of foster caregiving roles, determining what

constitutes appropriate responsibilities and expectations. Role construction is a dialectical process with social interactions among family members contributing to the formation of shared meanings and the interpretations of roles (La Rossa & Reitzes, 1993). That is, there are few specific norms to guide foster parents on how to view their roles as foster parents (Ambinder, Fireman, Sargent, & Wineman, 1962; Berrick & Barth, 1994; Le Prohn, 1994).

Symbolic interactionism is the guiding framework for illuminating the complex social exchanges related to foster caregiving. Symbolic interactionism suggests that individuals who find themselves in undefined roles will need to explicate their roles and responsibilities through interaction and negotiation with others. Given the lack of prescribed role definitions and the wide range of expected responsibilities, foster parents must develop their own foster parental scripts based on their understanding of the Child Protective Services (CPS) and/or child welfare rules and regulations as well as their perceptions of interactions with their foster child(ren).

Similarly, complex reciprocal interactions influence both the individual and family (Bronfenbrenner, 1979). Meyers, Varkey, and Aguirre (2002) asserted that relationships are “bi-directional . . . reflect[ing] psychosocial characteristics of family members” (p. 268). The reciprocal dimension of foster parental relationships, however, is largely ignored. For example, most of the research on foster care focuses on the foster child’s behaviors in foster care, ignoring the reciprocal interactions between the foster parents and the children in their care. Symbolic interactionism acknowledges this reciprocal dimension, providing a framework for an exploration of foster caregiving as a

dialectical process with shared meanings and interpretations influenced by the foster parent and foster child relationship.

*Intergenerational Ambivalence and Foster Caregiving.* In addition to symbolic interactionism, intergenerational ambivalence provided a framework for understanding the foster caregiving roles, relationships, challenges, and rewards. Intergenerational ambivalence has two dimensions: “(a) contradictions at the level of social structure, evidenced in institutional resources and requirements, such as statuses, roles, and norms and (b) contradictions at the subjective level, in terms of cognitions, emotions, and motivations” (Luescher & Pillemer, 1998, p. 416). Luescher and Pillemer (1998) asserted that “Societies and individuals within . . . them are ambivalent about relationships between parents and children . . . . Intergenerational relations generate ambivalences. That is, the observable forms of intergenerational relations among adults can be social-scientifically interpreted as the expression of ambivalences and as efforts to manage and negotiate these fundamental ambivalences” (p. 414). In these studies, the expression of ambivalences will be explored and how foster parent negotiate these ambivalences will be elucidated.

Although, intergenerational ambivalence has been an approach used to study parent-child relations in later life, it might also be useful when applied to the study of foster parent-child relations. Foster parents are faced with conflicting commitments that create a sense of ambivalence. For example, foster parents are expected to be nurturing parents as well as “appropriately” detached in their semiprofessional foster parental role. Does the ambivalent nature of these roles challenge foster parents?

Kin caregivers face the additional challenge of having had a more distal role that was replaced with a more proximal role. Kin foster parents, for instance, may identify themselves as an aunt or an uncle, yet they also have primary caregiving responsibilities. It is unclear how this shift in responsibilities influences their perception of their current role: Does their role shift from aunt or uncle to mother or father? How is the kin role of aunt or uncle expanded to include additional caregiving responsibilities? Is the lack of prescribed norms to guide role-related behaviors and identities problematic for kin foster parents and the children in their care?

Because foster care relationships inherently have a dynamic organization of norms coupled with counternorms, particularly for kin foster parents, an intergenerational ambivalence framework is useful for exploring the challenges of foster caregiving. The use of the intergenerational ambivalence framework in the context of foster caregiving may also further the understanding of the causes and consequences of intergenerational ambivalence. Thus, symbolic interactionism and intergenerational ambivalence collectively provided a framework for understanding the dynamics of the roles and responsibilities as well as the rewards and challenges of foster caregiving.

### Literature Review

Foster parents are faced with a kaleidoscope of rewards and challenges. Although foster parents are rewarded with the knowledge that they are making a difference in the life of their foster child, foster parents are also simultaneously confronted with the daunting task of aiding their foster child in the process of “picking up the pieces” after an often tumultuous childhood and removal from parental care. The strain on foster parents is evident by the decrease in availability of foster family placements. The United States

General Accounting Office's (1989) report on out-of-home foster placements acknowledged that the foster care system is in a state of crisis. Many certified foster families quit providing foster care within the first year of service (Chamberlin, Moreland, & Reid, 1992; Ryan, 1985). "Because of a chronic shortage of foster families, finding ways to recruit and retain qualified foster parents is critically important to foster care agencies" (Cox, Buehler, & Orme, J. G, 2002, p. 174). Studies that shed some light on key factors that contribute to the loss of foster care providers were reviewed. As traditional nonkin caregiver's have become more difficult to recruit and retain, there has been an increased reliance on kin foster care placements to remedy this shortfall in the foster care system.

#### *Kin and Nonkin Foster Care Overview*

A key remedy to the foster care placement shortfall is the utilization of kin care placements. Kin foster care is currently the fastest growing child welfare service (Gleeson, 1996). The increased interest in kin foster care results from the high dropout rate of nonkin foster parents (Rhodes, Orme, & Buehler, 2001). Some foster care agencies have observed a 30 to 50% drop-out rate among nonkin foster parents (Chamberlain et al., 1992; Pasztor & Wynne, 1995), severely limiting foster care placement options. Although most foster children are placed in nonkin foster care (USDHHS, 2000), a decrease in nonkin foster care placements seems to have stimulated an increase in kin foster care placements (Gleeson, 1996; Ingram, 1996).

Although formal kin foster care is a recent phenomenon, other forms of kin care have been utilized for many years. Historically, it was not unusual for kin to elicit the assistance of their relatives during times of need (Hegar, 1999). Depending on the

circumstances, the levels of assistance could range from a short-term tangential role (babysitting) to a long-term, more involved role (e.g., caregiver). In either case, kin caregiving was an informal arrangement between birth parents and relatives.

Kin and nonkin foster caregiving is a formal arrangement that involves the child welfare system (Gleeson & Craig, 1994). Kin-foster care has historically been an underutilized resource in the child welfare system because of competing biases. The prevailing assumption was that if parents abused their children, then they were probably abused as children by their parents (Crosson-Tower, 2002). The underlying assumption being, if one member of the family was abusive or neglectful, then other family members would exhibit similar patterns of behavior (Gray & Nybell, 1990). Placing a child in the care of relatives would invariably mean that one abusive home would be replaced with an abusive home similar to the one from which the child was removed (Gray & Nybell, 1990). As a result, the placement of displaced children with relatives was a less desirable alternative given the prevailing understanding of the cycle of abuse. This linear generalization strongly influenced placement options, limiting most placements to nonkin families or institutional settings.

The rapid increase in kin foster care is commonly attributed to the *Miller v. Youakim*'s Supreme Court (1979) decision, a decrease in nonkin foster care homes, and an overall growth in foster care (Testa, 1992). The Supreme Court case *Miller versus Youakim* (1979), challenged the federal reimbursements available to nonkin foster parents but not to kin foster parents. The outcome of the case stipulated that kin could not legally be excluded from the definition of foster parents, a common practice before the ruling. The Supreme Court further specified that if kin foster parents met the eligibility

requirements, they could receive federal foster care benefits that were exclusively reserved for nonkin foster parents. This Supreme Court decision generated an interest in kin foster caregiving (Inglehart, 1994), but also created a paradigm shift by broadening the foster parent definition to include both kin and nonkin.

Berrick, Barth, and Needell (1994) offered an alternative explanation for the increase in kin foster care: “Part of the growth in kinship arrangements is reflected in society’s commitment to the extended family as a profound source of strength and stability for children” (p. 34). This dramatic increase of children in the child welfare system has concomitantly increased the utilization of kin foster care (Barth et al., 1994). Although the explanations regarding the increase in kin foster care may vary, kin care is clearly becoming a predominant foster care placement option. Researchers, however, are unclear about how this trend will impact foster care families (Berrick & Barth, 1994; Berrick et al., 1994; Inglehart, 1994).

Although the explanations offered by researchers for the disparities between the use of alternative placements other than kin foster care are often linked to the decision processes of caseworkers (see Grogan-Kaylor, 2000), this assertion overlooks the possibility that kin caregivers may perhaps be less willing to become foster parents of children with high levels of needs. The reason for their decision not to provide kin foster care may vary (e.g., inadequate financial resources; first-hand knowledge of the child’s issues). Kin and nonkin foster parents’ decision to provide kin foster care may also vary. Little is known about kin and nonkin foster parents’ perception of foster care and their motivation for providing foster care.

Studies that have compared nonkin and kin caregivers are further confounded by several key findings. First, kin foster parents are less likely to be thoroughly evaluated for foster placement suitability when compared to nonkin foster parents. Placement criteria for kin caregivers vary considerably across states. Moreover, kin caregivers are less likely to be actively and consistently monitored by social services compared to nonkin caregivers (Beeman & Boisen, 1999), raising concerns about child safety. This uncertainty has created an impetus to increase empirical efforts to further understand the underlying processes related to foster parents' perceptions of foster care, an area of research very limited in scope.

Little is known about the attitudes and actual first-hand experiences of kin and nonkin foster parents. To date, there is limited information regarding foster parent's motivations, rewards, and challenges (strain, demand, pressures) and their influence on foster families. Empirical findings related to nonkin and kin foster family caregiving are also limited. The impression of caseworkers and social workers remains the key method of inquiry into the lives of foster families.

#### *Factors That Contribute to Placement Disruption*

Many foster parents decide to stop providing foster care within the first year of foster parenting. A few studies have shed light on the reasons foster parents think about and ultimately decide to quit. Rhodes, Orme, and Buehler (2001) investigated the reasons foster parents continue, discontinue, or contemplate discontinuing foster care services. A multistage stratified sampling design with probability sampling was used to identify foster parents living in 27 counties in nine states. The analyses were conducted with 86 nonkin foster family homes. The primary reason for quitting was a lack of communication

with and inadequate support from the child welfare agency. Approximately one third of foster parents quit because of behaviors exhibited by their foster child. A lack of essential services such as a lack of day care, respite, and inadequate financial reimbursements also contributed to caregiver dissatisfaction. Conflict between their birth child and foster child was also cited as a reason for quitting by fewer than 30% of caregivers in the study.

When compared to foster parents who had already quit, foster parents who planned to quit were more likely to state the following reasons for their decision: personal health issues, transitioning to full-time employment, insufficient financial reimbursements, lack of day care, issues associated with the foster child's birth parents, grief around the child leaving, and not being included in the decisions of the foster child's future. The researchers cautioned that perhaps foster parent's final decision to quit is based on an accumulation of concerns that have not been adequately addressed over time. The foster parent may have subsequently decided to leave after unrequited requests for support. Rhodes and her colleagues (2001) advocated for a comprehensive assessment of available foster parent resources.

The comprehensive evaluation of foster parent resources available to nonkin foster caregivers was recently completed by Rhodes, Orme, Cox, and Buehler (2003). In a longitudinal study, they explored foster family resources and their relationship to psychosocial functioning and foster parent retention. A subsample of 131 foster families from three large counties in a southeastern state agreed to participate in this study. The researchers' findings revealed that families with more fiscal resources were more likely to continue, whereas families with more psychosocial issues and few resources were more likely to express uncertainty about their ability to continue. A limitation of this study was

that it did not include kinship family foster care. The researchers emphasized the importance of comprehensive assessment of the resources available to kin foster families and its impact on foster parent continuation (Rhodes et al., 2003). The current study compares and contrasts the social, fiscal, and economic resources available to kin and nonkin foster parents as well as the impact of foster parenting on these foster families.

Similarly, Denby and her research colleagues examined foster parent satisfaction and the factors that contributed to their satisfaction or dissatisfaction (Denby, Rindfleisch, & Bean, 1999). Foster parent satisfaction was associated with feeling competent in their ability to handle a foster child's behavioral issues, a desire to provide a family for a child, and being recognized for a job well done. Foster parents were also satisfied when agency personnel shared information, respected foster parent motivations, clarified roles, and seemed dedicated to their foster child's well-being. In contrast, a primary reason for the foster parent's dissatisfaction was confusion about the role foster parents play in concert with the social service agency. Specifically, the foster parents were confused about their roles and responsibilities.

#### *Confusion Regarding Roles and Responsibilities*

Foster parent role conceptions are the foundation of the foster caregiving experience. According to the *Oxford American College Dictionary* (2002) a role is defined as "The function assumed or part played by a person or thing in a particular situation" (p. 1174) and responsibility is defined as "A thing that one is required to do as part of a job, role, or legal obligation" (p. 1156). Lopata (2003) defined a social role as "A set of negotiated, interdependent social relations between a social person and a social circle, involving rights and privileges, duties and obligations by all participants" (p. 157).

Foster care role construction therefore requires an understanding of the role, responsibilities, as well as the negotiated exchanges between participants such as the foster parent, social work personnel, as well as the foster children in their care. Thus, kin and nonkin foster parents' role conceptualizations are influenced by a variety of factors. To date, there has been a limited exploration into how foster parents, particularly kin caregivers perceive, their roles and the factors that influence these perceptions.

Early research by Ambinder, Fireman, Sargent, and Wineman (1962) explored the role foster parents ascribed to themselves. The researchers observed that the foster parents were "vague about the respective roles they, the caseworker, and the agency were to play in the lives of the children under their care" (p. 33). The researcher's findings also revealed that of the 50 parents in the study about one fourth of the foster parents viewed their role as a *natural parent surrogate*. Approximately one third of the sample identified specific parental responsibilities such as "educator, champion against hostile outsiders, and provider of tender loving care" to exemplify their role (Ambinder et al. 1962, pp. 34-35).

McCoy (1962) examined the similarities and differences between the roles of parent and foster parent. A key similarity was "Foster parenthood, like fatherhood or motherhood, can be viewed as a social role with specific attributes" (p. 252). Both parents and foster parents are expected to attend to the daily needs of their child as well as provide a safe and secure environment. Unlike "natural" parents, however, the role of the foster parent has an added level of complexity. McCoy (1962) alluded to this saying, "The foster parent has a status and role in relation to the agency, society, to the foster

child, and to the natural parents” (p. 256). McCoy concludes that the foster parent role is unique and sufficiently complex to merit further examination.

Recently, researchers have explored further the foster parent role. Eastman (1982) discussed the ambiguous nature of the foster parent role, describing foster parenting as “a non-normative parenting arrangement” (p. 101). Eastman (1982) attributed foster parent role ambiguity to a lack of consensus about the role and the lack of clear norms. Absent of norms to guide them, foster parents are expected to figure out their roles without a clear sense of what is expected of them as foster parents. Their resulting confusion is further confounded by the lack of clarity within foster care agencies regarding the foster parent’s roles and responsibilities (Eastman, 1982).

Role confusion may also be exacerbated for kin foster parents. These caregivers already occupy a role in the life of the child. Consequently, “While non-relative foster parents may experience role conflict due to their own conflicting role conceptions, it is possible that kinship caregivers experience role conflicts in certain areas to a greater degree. Relative foster parents must balance their conceptions of their role as foster parents with their role as relative.” (Le Prohn 1994, p. 68). The added role of *kin* may not only conflict with other foster parent roles but may result in increased ambiguity in certain areas. Schwartz (1994) noted, “A key element to be kept in mind is that each of these [foster] families has come into being as a matter of choice, usually with the lives of the adults enriched as they seek to enrich the lives of the children. Even in cases where the child’s parents are dead or dysfunctional, family members who assume the responsibility of raising the child do so by choice, perhaps precipitated by a sense of

moral obligation” (p. 196). Given the limited research in this area, however, the degree of role confusion among kin caregivers and how they deal with this disparity are speculative.

Researchers have attempted to address this void in the literature (Beeman & Boisen, 1999; Pecora, LeProhn, & Nasuti, 1999). Beeman and Boisen (1999) observed child welfare personnel’s understanding of kin and nonkin roles. Their findings revealed that child welfare professionals perceived the role of kin foster parents differently from the role of nonkin foster parents. The kin foster parents’ role was viewed as “birth family facilitators” because of biological ties to the foster child’s birth family. This finding is consistent with those of other researchers who view kin foster caregiving as a “natural bridge” (CWLA, 1994) or a form of family preservation for children in foster care (Hawkins & Bland, 2002). The complex range of expectations perceived by kin foster parents (biological tie/family member and gate-keeper), however, was identified by caseworkers as one of the biggest obstacles in their work with kin foster caregiving families (Beeman & Boisen, 1999).

Le Prohn (1994) also examined the role conceptions of kin and nonkin foster parents. A disproportionate stratified random sampling without placement was used. The entire sample of kin foster parents ( $n = 129$ ) was included, although 175 of 462 nonkin foster parents were included in the final sample. The participants were interviewed via telephone (for an average of 30 minutes) after they completed a mail survey, which included the Role Perception Scale. There were 5 subscales that comprised the Role Perception Scale: Birth Family Facilitator, Assist With Social/Emotional Development, Agency Partner, Parenting, and Spirituality. Mean comparisons indicated that kin and nonkin foster parents collectively reported the highest level of responsibility on the

Spirituality and Social/Emotional Development subscales, however, the Agency Partner scale received the lowest rating. Between-group comparisons show that kin foster parents' mean ratings were significantly higher on all the subscales except the Spirituality subscale. Le Prohn's (1994) multiple regression analyses revealed that kin status accounted for 28% of the variance for Birth Facilitator and 3% of the variance for Assistance With Social/Emotional Development subscales. Thus, for two of the five subscales, status as a relative predicted how kin foster parents view their role. Relatives identified more strongly with their foster parent roles than expected (Le Prohn, 1994). On all subscales, however, the variances between kin and nonkin caregivers were low; limiting the researcher's ability to account for the difference in subscale scores.

Based on her findings, Le Prohn (1994) concluded there were significant differences between role conceptions of kin and nonkin foster parents. Relative foster parents perceived a greater responsibility for facilitating contact with birth families. She also asserted that kin foster parents perceive higher levels of responsibility for all roles when compared to nonkin foster parents. Sampling bias may have influenced the results as all relative foster families were in the sample, whereas a random sample of nonkin foster families was in the sample. For instance, the differences between kin and nonkin foster parents might be related to the sampling of kin foster parents who prefer higher levels of involvement when compared to their less involved kin counterparts. This sampling may have artificially inflated kin mean scores. Furthermore, the random selection of nonkin foster parents may have revealed a greater range of scores and therefore directly influence the variance and consequently the mean scores on each subscale. Given the complexity of foster caregiving, the quantitative scale restricted the

foster parents' response sets and may not have allowed participants to share the range of their experiences.

Because Le Prohn (1994) did not find a strong relationship between relative status and foster parent's role conceptions, she recommended that future studies consider race as a variable of interest. In response to this recommendation Natsuti, York, and Sandell (2004) compared the role perceptions of White ( $n = 65$ ) and African American ( $n = 128$ ) foster parents. These foster parent participants were recruited while attending a social service foster parent training required for foster parent licensure in Louisiana. In this sample, 9 White and 19 African American foster parents provided kin foster care. The Foster Parent's Role Perception Scale (see Le Prohn, 1994), which measures role perceptions, was utilized.

Mean role scores were compared and multiple regression analyses were conducted. The researchers found that mean scores were similar for both White and African American foster parents across the variables. When mean scores were compared, both groups emphasized roles in the following order of importance: parental role, social and emotional developer, birth family facilitator, agency partner, and spiritual developer. For both groups, the parental role was considered paramount when compared to the other roles.

The researchers' regression analyses revealed a statistically significant difference between the comparison groups. African American foster parents, for example, considered themselves as having a strong role as birth family facilitators when compared to White foster parent counterparts. That is, African American foster parents believed that they should play an active role in arranging and supervising birthparent visitation,

updating the birthparent about the foster child's behavior, and providing the necessary transportation to and from these birth family visits.

Because most of the differences in mean scale scores were marginal, the researchers were forced to conclude that more similarities than differences existed between White and African American foster parents. Given the one exception of African Americans viewing their role as birth family facilitators, the researchers asserted that differences do exist. The researchers, therefore, suggested that future studies focus on the differences between the various foster parents and to use these differences to promote goodness-of-fit. This study responds to this suggestion by comparing kin and nonkin foster parents. A qualitative approach may be more likely to reveal latent kin and nonkin foster parent perspectives regarding their roles and responsibilities.

Although children's attachment, grief, and loss have been extensively examined (Ainsworth, Blehar, Wafers, & Wall, 1978; Bowlby (1969, 1973, 1982); Fraley & Shaver, 1999; George & Solomon, 1999; Grossman, Grossman, & Zimmerman, 1999; & Howe, 1999); the experience of attachment, grief, and loss of foster parents has received little attention. Specifically, the aspect of the foster parent experience that has not received much attention in the foster care literature is grief and loss. In general, foster parents provide a temporary home for a foster child and they must be prepared for the separation of the child. Most kin and nonkin foster parents can reasonably expect the foster child to return to their birthparents or another adoptive home and there is grief associated with this loss (Anderson, Gurdin, & Thomas, 1989; Edelstein, Burge, & Waterman, 2001). Thus, most kin and nonkin foster parents can expect their foster child to leave at some

point in time. Because the role of kin and nonkin “foster parent” is typically provisional, it is unclear how this impacts the foster parent experience.

Unlike kin foster parents whom, by kin affiliation, have an increased chance of continued involvement in the life of their foster child; nonkin foster parents typically do not have this opportunity. Nonkin foster parent’s ability to remain in the life of their foster child is precarious at best. Consequently, nonkin foster parents are vulnerable to disenfranchised grief, the experience of loss that is not acknowledged or socially recognized (Anderson et al., 1989).

Anderson, Gurdin, and Thomas, (1989) discussed the various factors that contribute to a nonkin foster parent’s sense of loss as well as the circumstances that intensify a foster parent’s experience of grief and loss (see Anderson et al., 1989). In the past, foster parents were discouraged from getting “too attached” to the children in their care. More recently, foster parents are encouraged to form and nurture an attachment to the foster child to provide the foundation to promote healthy future attachments for the foster child (Anderson et al., 1989). Foster parents must therefore balance their commitment to care for the foster child, with the knowledge that the foster parent-foster child relationship may not last and may end abruptly. Inevitably, there is grief and loss experienced with the dissolution of the foster parent-foster child relationship. Given the dearth of research in this area, it is difficult to discern the degree or intensity of grief and loss among kin and nonkin foster parents. The impact of grief and loss issues for both kin and nonkin foster parents are explored. Family risk factors and the foster child behaviors are examined to provide a knowledge base of how they might contribute to placement disruption.

*Birth Family Risk Factors and Child Behaviors*

Within birth families, family functioning affects physical, psychological, and social well-being of its members (Farrell & Barnes, 1993; Franks, Campbell, & Shields, 1992). In a study of the relationships among parents' psychological functioning, social relationships, demographic characteristics, and family functioning Meyers, Varkey, and Aguirre (2002) found that "[Relationships] are in fact bi-directional, and conversely . . . family dynamics reflect psychosocial characteristics of family members" (p. 268). Although family functioning in the context of birth families has been extensively explored, functioning within foster families remains unexplored despite the increasing number of children in foster care.

Foster parents often care for children who have behavioral issues and therefore may need high levels of support (Ambinder et al., 1962; Denby et al., 1999). Foster parents provide care for children who have experienced a great deal of environmental and psychological stressors. According to researchers, "seventy percent of children are placed in foster care because of physical abuse and neglect, and about half of these children are victims of sexually abusive experiences" (Henry, Cosett, Auletta, & Egan 1991, 127-128). Most children in foster care face significant behavioral, physical, and socioemotional obstacles (Helfinger, Simpkins, Combs-Orme, 2000; Pilowsky, 1995; Rosenfeld, Pilowsky, Fine, Thorpe, Fein, & Simms, 1997). These foster child obstacles are explained, in part, by their previous experiences of abuse/neglect, family poverty, or parental mental health issues within their birth families (Rosenfeld et al., 1997; Rutter, 2000; USDHHS, 1997).

Children who experience maltreatment are at-risk for compromised cognitive and academic functioning. The children exposed to a greater number of risk factors also experience an increased likelihood of poor educational outcomes (Crozier & Barth, 2005). In light of the fact that foster children generally have experienced higher degrees of maltreatment when compared to the general population, they are described as an educationally vulnerable, academically at-risk population (Zeitlin, Weinberg, & Kimm, 2004). Investigators have observed a disproportionately high proportion of foster children in special education programs (Goerge, VanVoorhis, Grant, Casey, & Robinson, 1992; Zeitlin et al., 2004). Foster children are also vulnerable in other ways.

Hussey and Guo (2005) conducted an exploratory study of 119 foster care children (ages 4 to 18) participating in intensive therapeutic services addressing emotional, behavioral, medical, and developmental issues. The researchers profiled the influence of child and family characteristics on the foster child's behavior. The data were analyzed with cross-sectional and hierarchical linear modeling. The researchers reported a statistically significant relationship between the number of placements with the child's behavioral functioning. Specifically, as the number of placements increased, so did the psychological symptoms or behavioral disturbances exhibited by the child. This relationship was particularly strong for young children. Younger children were more likely to exhibit behavioral issues compared to the older children.

The researchers also noted disparities between the teachers and caregivers observing the child's behaviors. Teachers rated the children more positively than did caregivers. The authors attributed this difference to children demonstrating more acting out behaviors in the home environment compared to the school environment. A possible

explanation is that peer or social constraints might also inhibit children's expression of disruptive behaviors in classrooms. Another possible explanation is that the children in the sample spent significantly more time at home than at school and thus had more opportunities to "act out."

The researchers also found that when the family of origin had a history of chemical dependency, incarceration, mental illness, homelessness, or prostitution, reunification was less likely. Substance abuse was identified as the main barrier to reunification. This finding is consistent with previous research. For example, in 1965, Fanshel assessed the developmental progress of foster children with birthmothers who had abused drugs. He found that these children not only had trouble adjusting to school, these children were also more likely to experience disrupted placements and remained in foster care for longer periods when compared to foster children of nonsubstance abusing birthparents. The Children's Defense Fund (1995) also reported consistent findings that parental substance abuse was attributed to a child's longer stay in treatment foster care.

Although quite different from foster care, there might be something to learn about disrupted foster care placements from disrupted adoptive placements. Berry and Barth (1990) examined foster child and foster family characteristics that contribute to adoption stability and disruption. They did not find age or gender differences in terms of rates of disruption. They did find elevated rates of disruption among adolescents who had medical conditions, developmental disabilities, and emotional-behavioral issues. The researchers also found that adoptive disruptions were more prevalent with younger adoptive parents and more stable with older adoptive parents. An adoption tended to be more stable if the foster parents adopted the child versus adoptive parents who were unfamiliar to the youth.

Similarly, more stable foster family situations included other adopted or foster children in the home. Berry and Barth (1990) also found that when adoption subsidies were sufficient to cover the child's needs, the placement was more stable. On the contrary, lower subsidies were associated with elevated levels of placement disruption.

### *Foster Parent Challenges*

Kin and nonkin parents collectively experience a myriad of challenges related to foster care. Typically kin foster parents struggle with a lack of resources such as fewer financial resources (Schwartz, 2002) and lower levels of education when compared to nonkin caregivers (CWLA, 1994). In addition, kin foster parents receive less training and specialized services related to foster caregiving than their nonkin counterparts (Berrick, Barth, & Needell, 1994; Gebel, 1996; Hawkins & Bland, 2002; Scannapieco, Hegar, & McAlpine, 1997). Consequently, kin foster parents are often less prepared for foster caregiving demands, especially if their foster children have physical, psychological, and behavioral challenges (Berrick, Barth, & Needell, 1994; Dubowitz, Zuvarin, Starr, Feigelman, & Harrington, 1993; Hawkins & Bland, 2002; Iglehart, 1994).

Gebel (1996) investigated the characteristics and attributes of kin and nonkin foster parents. His findings revealed that kin caregivers were more likely to be older, had fewer economic resources, and lower levels of education, when compared to nonkin counterparts. Kin foster parents were also less likely to be married and more likely to be unemployed when compared to nonkin foster parents.

Examining the birth families of children who go into kin foster care provides important information regarding the responsibilities faced by kin foster parents. Grogan-Kaylor (2000), for example, examined how the characteristics of the child and family

influenced foster care placement. Using California child welfare records (a 10% random sample or  $n = 21,560$ ), Grogan-Kaylor compared the data on children in kin foster care and those children in other foster placement alternatives (e.g., nonkin foster parents, residential treatment center, or group home). Logistic regression was used. The results revealed that demographic variables such as the child's age and ethnicity were significantly related to the probability of placement in kin foster care. For example, African American and Latino children were more likely to enter kin foster care when compared to White foster children and those from other races. Grogan-Kaylor also reported a statistical trend that infants and children over the age of 12 were less likely to be placed in kin foster care. The increasing number of infants placed in group homes and residential treatment centers was also observed in earlier research (see Courtney, 1994).

Moreover, the type of child maltreatment that led to the placement of the child, the child's health status, and the Aid to Families with Dependent Children (AFDC) eligibility also increased the likelihood of being placed with kin (Grogan-Kaylor, 2000). Children who were removed for neglect were more likely whereas children who were removed for physical or sexual abuse were less likely to be placed in kin foster care. Moreover, children with health issues and whose birthparents received AFDC benefits, were less likely to be placed in kin foster care. The researcher speculated that this might be because of the financial hardship facing family members to fiscally provide for an additional family member (Grogan-Kaylor, 2000).

In addition, Gebel (1996) had a randomly selected group of nonkin and kin foster parents from an urban county in a southeastern state complete a mailed questionnaire. He assessed 193 (82 kin, 111 nonkin) foster parents' perceptions of their foster child's

behavior using two survey items. First, respondents rated their perceptions of the foster child's behavior as *very good-natured*, *average*, or *not very good natured*. Second, caregivers rated their children as *difficult to handle*, *average*, or *not very difficult to handle*. One-way analyses revealed that compared to nonkin foster parents, kin foster parents were more likely to perceive their foster child as *very good-natured*. Similarly, kin foster parents were more likely to report that their foster child was *not very difficult to handle*. In contrast nonkin foster parents were more likely to perceive their foster child as *difficult to handle*.

Gebel (1996) also reported that kin parents were more likely to favor physical discipline and reported lower levels of empathy when compared to nonkin caregivers. In contrast, nonkin caregivers preferred alternative forms of discipline and expressed high levels of empathy for the foster children in their care. Consistent with previous findings (Beeman & Boisen, 1999), nonkin foster parents were also more likely to maintain regular contact with caseworkers when compared to kin foster parents. No differences between kin and nonkin were found in the length of foster care placement and the foster parents' willingness to consider a more permanent placement option such as adoption.

In addition, Inglehart (1994) compared data from a Los Angeles County study of 352 adolescents in kin foster care to 638 adolescents in nonkin foster care. Statistically significant differences were found between the total number of placements and kin/nonkin foster care. Adolescents placed with kin had significantly fewer placements when compared to adolescents placed with nonkin. This finding suggests that kin foster care offers a greater degree of placement stability (Inglehart, 1994).

Another finding was that while approximately one third of the adolescents in each group had behavioral problems, a statistically significant difference between kin and nonkin adolescents in mental health functioning was detected. Nonkin foster parents were more likely to have children with more serious mental health issues placed in their care when compared to kin counterparts. These findings do suggest a disproportionate number of children with high pre-existing behavioral and emotional needs may be more likely to be placed in institutional or nonkin placements. This finding also suggests an unspoken selection process available to kin caregivers. Because of kin affiliations, kin caregivers' have intimate knowledge of birth families and this knowledge may contribute to the decision to not accept a child with mental health issues. In other words, potential kin foster parents may decide against foster caregiving, particularly if the child expresses a high level of emotional and behavioral challenges. This selection effect further compromises the validity of studies that examine only kin or nonkin foster parents, ignoring the biased nature of the samples they are observing.

Foster family type (kin vs. nonkin) has also been used to explain child behavioral outcomes. Although, these studies produce research findings that are disparate, mixed, and therefore inconclusive (Brooks & Barth, 1998; Inglehart, 1994), kin care remains a preferred option in many states (Gleeson & Craig, 1994; Hawkins & Hawkins, 2002). Besides the obvious incentive of family ties, the basis for this overt kin foster parent preference remains unclear. Thus, there is a need for a more in-depth understanding of kin foster care (Beeman & Boisen, 1999; Hawkins & Bland, 2002).

These findings collectively indicate a potential difference in the characteristics of children placed in kin foster care versus nonkin foster care. These differences may

influence the foster parents' caregiving experiences as well as their perceptions of rewards and challenges. The kin foster parent's social and economic challenges (e.g., lower levels of income and education) coupled with heavy caregiving responsibilities might create an additional strain in an already tenuous situation. As a result, kin foster parents may become more vulnerable and unstable than are nonkin foster parents.

Grandparents raising their grandchildren face similar challenges. Grandparents are among a growing group of kin providing care for their grandchildren. In 2004, Oregon had approximately 22,955 *grandparent caregivers* (CWLA, 2006). The U.S. Census 2000 identified approximately 2.4 million *grandparent caregivers* defined as "people who had primary responsibility for their coresident grandchildren younger than 18" years of age (Simmons & Dye 2003, p.1). Hegar and Scannapieco (2000) examined the plethora of issues faced by grandparents raising their grandchildren (see Hegar, 2000). They stated, "The needs of children being raised by grandparents and other relatives continue to challenge the public and child welfare systems to find appropriate responses" (Hegar & Scannapieco 2000, p. 157).

Although grandparent caregiving has positive benefits for grandchildren and grandparents, this cultural phenomena also has some negative implications for grandparent caregivers. For example, Thomas, Sperry, and Yarbrough (2000) reviewed the literature on grandparenthood and found that grandparents raising grandchildren may experience financial, physical, and emotional stressors (see Thomas et al., 2000).

The foster care system has attempted to remedy the lack of potential foster parent placements by increasing kin care placements. Will the same challenges that contribute to nonkin placement instability also contribute to kin placement instability? The answer to

this question is not trivial in terms of foster child outcomes. A lack of placement stability contributes to displaced children being more vulnerable to mental health as well as behavioral issues, substance abuse, and academic failure (Schwartz, 1999). An exploration of the challenges experienced by both nonkin and kin foster care parents may provide insights into foster parents' needs. Policies and programs could then translate this information into strategies to support kin and nonkin foster parents.

To date, most research has examined the challenges or the negative aspects of foster caregiving. Although it is critical to understand the challenges of foster caregiving, it is equally important to understand the rewards of foster caregiving in order to ameliorate and reduce the risk of foster care placement disruptions. The paucity of research on rewards makes it difficult to promote the positive attributes of foster parenting and a balanced perspective therefore might be more pragmatic. This information can be useful in both recruiting and retention efforts. An innovative approach to foster care would include increasing the rewards or providing opportunities to maximize a foster parent's ability to experience these rewards. Greater rewards or positive reinforcement may mitigate the challenges experienced by kin and nonkin foster parents.

Foster care is diverse, multifaceted, and not well understood (Gleeson & O'Donnell, 1997). Although large administrative samples have been used to examine foster parents, Grogan-Kaylor (2000) reported that it is often difficult to interpret the results without having more detailed information about placement circumstances, social support networks, and related information. Grogan-Kaylor (2000) recommended the use of smaller sample sizes to collect detailed information in order to understand the complex relationship of child and foster family characteristics. This view is consistent with those

of previous researchers advocating the use of qualitative research in studying the factors that influence foster families (Dubowitz, Feigelman, & Zuravin, 1993). The current study responds to this call for a more in-depth analysis of factors that influence foster families. In this qualitative study, kin and nonkin foster parents' perceptions of their roles, responsibilities, challenges, and rewards is examined. The similarities and differences in kin and nonkin foster parents' perceptions are juxtaposed.

### Chapter 3: METHODOLOGY

This chapter outlines the research methods used in this exploratory study. The research participants and how they were recruited for this study are described. I also outline how the data were analyzed. Data for this study were collected between October 1995 and June 1998 under a federal grant from the U.S. Department of Health and Human Sciences, Agency for Children and Families, Grant Number 90-CW-1090. Entitled REFRESH (Research and Evaluation of Foster Children's Reception into Environmentally Supportive Homes) this research project sought to understand the daily experience of kin and nonkin foster family life through in-depth qualitative interviews with kin and nonkin foster parents, foster children and birth children.

#### Participants

##### *Recruitment of Foster Families*

Three eligibility criteria were established to participate in the study. First, eligible families had to be *currently* caring for at least one *foster child who was age 10 or older*. The currency requirement ensured that families would be able to respond based on current, not retrospective, experiences. The minimum age requirement was set to ensure that the foster children would be mature enough to participate in in-depth interviews about life in their foster family. Further establishing an age window of 10 to 17 reduced the developmental diversity among foster children. Finally, only foster placements lasting *three months or more* were eligible. The rationale was that after three months of foster family life, any transition or "honeymoon" period would have ended and family routines and relationships would be more established.

Caseworkers and administrators from the state's children's protective services agency (Oregon Services to Children and Families, SCF) were informed of the study by letter and through presentations by the lead researchers at staff meetings. At these meetings, the study was described and questions were answered. Following these presentations, the state and local SCF offices agreed to support recruitment efforts. SCF personnel agreed to maintain the confidentiality of participating foster household members and caseworkers by not seeking information about their participation in the project or inquiring about their responses. In the event that salient situations or direct quotes led SCF personnel to suspect the identification of participants, then involved SCF agency personnel agreed to maintain confidentiality and to inform the researchers of the situation so that adjustments could be made accordingly.

Recruitment began in two Oregon counties (Linn and Benton) and was expanded to three other counties (Lincoln, Marion, and Lane) to reach a sufficient number of eligible families. To inform families about the study and to encourage participation, SCF placed an announcement about the study in an issue of the monthly Foster Parent Association Newsletter, which went to all current foster families. The announcement described the study as an effort to better understand the challenges and rewards of everyday life in foster homes.

Simultaneous with this published announcement, SCF caseworkers provided the researchers with the names and home addresses of all the 53 foster families in their caseloads who met the study criteria. SCF reported that two eligibility requirements reduced the number of eligible foster families. First, the age requirement for the foster child limited the number of eligible families; at the time, most children in foster care in

the five counties were under age 10. Second, the foster child had to have lived in the foster family for at least 3 months. This requirement eliminated shorter placements and further limited the number of eligible families. Ultimately, SCF caseworkers provided the researchers with the names and addresses of 53 foster families who met the study criteria.

The researchers mailed a letter addressed to the certified foster parent in the 53 foster families. This letter briefly described the study's purpose and procedures. Included with the letter was a postage-paid postcard addressed to the researchers. Foster parents were asked to return the postcard after indicating their interest by marking one of three response choices: a) Yes, I am interested in this study, contact me soon with more information; b) No, I am not interested in the study please do not contact me again; and c) Yes, I am interested but not now, please contact me in several months.

Fifteen foster parents did not return the postcard following the first mailing and were sent a second duplicate letter and postcard. Five did not respond and 10 returned a *not interested* response. No further contact was made with these families.

Fifteen foster parents who returned the postcard and who marked choice 2 (*not interested*) were dropped from the recruitment list. Four foster parents who marked choice 3 (*contact me later*) were recontacted in three months, using the same letter-postcard procedure. Eventually all four of these families participated. Seventeen foster parents responded affirmatively and were called by the lead researcher within one week of receipt of the postcard. During this call, the researcher again described the study purpose and procedures, offering to answer any questions, and setting a time to meet in the foster family home to obtain informed consent from all family members who were

willing to participate. During this home visit, future dates and times for interviews were scheduled with all participating family members.

All 19 foster parents who initially indicated an interest in the study agreed to the initial in-home meeting. Two of these families later withdrew from the study citing time conflicts. Eventually foster parents from 21 families of the originally contacted 53 foster families completed the interviews for a response rate of 40%.

### *Informed Consent*

Research procedures, including informed consent procedures were reviewed and approved by the OSU institutional Review Board for the Protection of Human Subjects before recruitment began. During the first visit in the home, potential participants again were provided with an explanation of the research purpose and procedures, including confidentiality procedures. The risks (potential embarrassment with self-disclosure, the inconvenience and time demands of participation), were described verbally and in writing as were the potential benefits (personal satisfaction in contributing to better understanding of foster care, opportunity to discuss issues that were important to them). They were given an opportunity to ask questions. Foster parents and other family members were told that they could withdraw consent and discontinue participation in the study at any time without penalty. Participants also received a written and verbal description of the how the data collected would be handled including how confidentiality would be maintained. Participants were informed of the limits to confidentiality as well. Specifically, under Oregon's mandatory reporting laws, the researchers would be required to report any suspected child maltreatment that they observed in the course of the study.

Following discussion of procedures and the informed consent document, foster parents were asked to sign informed consent for themselves as well as for any birth or foster children who would participate. For foster children, researchers also gained informed consent from the foster child's birth parents whose parental rights had not been terminated. In several cases, birth parents were contacted in the state penitentiary and residential drug treatment programs. When a birth parent was unavailable or no longer had parental rights, the child's caseworker provided consent for the child's participation. Birth and foster children were asked to assent to participation; only children who agreed to participate were interviewed.

### *Interviews*

All interviews were scheduled ahead of time with each participant and were conducted in the participant's home by one of two doctoral level researchers using a semistructured interview protocol. The protocol allowed the researcher to ask follow-up questions and to pursue potentially valuable or unique perspectives not anticipated in the protocol. At the end of each section of questions, interviewers asked, "Is there anything else you want to tell me about?" This ensured that the participants had several opportunities to express their opinions and emotions.

Interviews lasted from 30 to 90 minutes; longer interviews were most common among primary foster parents (foster mothers). Many of the foster mothers reported that they enjoyed the opportunity to discuss their foster caregiving experience. All interviews were audiotaped. Field notes were completed by the researchers immediately following each interview, specifically noting any events or circumstances that may have influenced the interviews.

Audiotapes were transcribed by a professional transcriptionist who was paid for her services. To assure accuracy, random sections of the audiotapes were compared to the transcriptions. No discrepancies were identified and the transcriptions were judged to be accurate.

During transcription, code numbers were given to each participant. These code numbers indicated the kin (K) or nonkin (NK) family status as well as each participant's family role (CG1= primary caregiver; CG2 = secondary caregiver; BC = Birth Child; FC = Foster Child). Code numbers were retained throughout the analysis. Pseudonyms replaced code numbers in the final version of this study, to ease reading and interpretation. The use of code numbers disguised the identity of the speakers and facilitated analysis by providing a uniform way in which to identify trends in kin (K) and nonkin (NK) foster families. The interview audiotapes and transcribed coded transcriptions were stored in locked files and offices, and were accessible only to authorized persons affiliated with the research. Upon completion of the federally funded study period, most of the project raw data were destroyed. Only transcriptions and other data required for future analysis were retained.

A significant event occurred during the study period that may have influenced the collected data. A well-known foster parent in the community was murdered during the early stages of data collection. The assailant was a former foster child in the victim's home. The publicity surrounding this sad event may have impacted how foster caregiving was perceived by the foster parents who participated in the study. During the first home visit, the researchers provided foster parents with an opportunity to discuss their feelings

about the aforementioned murder. According to the researchers, there was no evidence that this event had affected participation or findings.

### *Sample*

Foster mothers and fathers in 21 foster families (9 kin and 12 nonkin) completed interviews. All 21 foster mothers identified themselves as the primary caregivers in each foster family. Foster fathers concurred and in no case did a foster father identify himself as primary caregiver to the foster or birth children in the home. The four tables in the Appendix present the demographic characteristics of the foster parents, birth children, and foster children in the 21 foster families. *Table 1* presents the demographic characteristics of the kin foster parents, birth children, and foster children of the 9 kin foster families. *Table 1* also notes the foster child's relationship to the kin foster parent. Next, *Table 2* presents the demographic characteristics of the nonkin foster parents, birth children, and foster children of the 12 nonkin foster families. Both, *Table 1* and *Table 2* present the length of the foster child's placement with kin and nonkin foster parents. Finally, *Table 3* presents a profile of the foster home/caregivers' demographic information and *Table 4* presents the foster and birth children's demographic information.

### Data Analysis

Because the research questions focused on the experiences of kin and nonkin foster parents, only foster parent interviews were analyzed in the current study. Berg (2001) presented an overview of the sequence of qualitative research that was used as a guide throughout this analysis:

- (1) "Data are collected and made into text (e.g., field notes, transcripts, etc.);
- (2) Codes are analytically developed or inductively identified in the data and affixed to sets of notes or transcript pages;
- (3) Codes are transformed into categorical

labels or themes; (4) Materials are sorted by these categories, identifying similar phrases, patterns, relationships, and commonalities or disparities; (5) Sorted materials are examined to isolate meaningful patterns or processes; (6) Identified patterns are considered in light of previous research and theories, and a small set of generalizations are established” (p. 240).

This study employed a qualitative methodology. Data included the kin and nonkin foster care family placement profiles, interview transcriptions, and relevant field notes. The data were analyzed using processes of induction and deduction (Strauss, 1987). According to Berg (2001), “In order to present the perceptions of others (the producers of the messages) in the most forthright manner, a greater reliance upon induction is necessary. Induction should not be undertaken to the exclusion of deduction” (p. 246). Because a mutually exclusive approach may be discordant, analysis of the interviews should utilize both inductive and deductive analytic strategies (Berg, 2001; Strauss, 1987). This combined approach was especially useful given the exploratory nature of this study.

During the initial stages of data analysis, the research questions were used as a guide to the general category creation. The data were sorted by four general categories that were specific to each research question: Roles, responsibilities, challenges, and rewards. Once the data was sorted into these broad categories, the process of coding the information began. The factors that appeared to influence foster parents’ perceptions of their roles, responsibilities, challenges, and rewards were later identified. Throughout the data analysis process, the research questions, literature, and theoretical frameworks provided a lens to examine the data.

To facilitate a systematic and thorough coding process, the transcripts were read at least three times. The process of coding began with reading each group of transcribed

interviews separately to become familiar with the kin and nonkin foster parents' experiences and to allow general coding schemes to emerge. Abrahamson (1983) described this initial process of an inductive approach as "immersing" oneself in the data (p. 286). Thus, each interview was read repeatedly to elucidate shared patterns and themes across interviews.

Thematic content analysis relies on a deductive approach to systematically label, separate, and organize the data (Berg 2001). Berg (2001) elaborated, "Content analysis . . . is a passport to listening to the words of the text, and understanding better the perspective(s) of the producer of these words" (p. 242). Therefore during the initial reading of the data, hardcopies of the transcripts were read and notes were written in the margins. Lofland and Lofland (1995) describes this strategy as "memoing." Memos are essentially the building blocks that form a coherent analysis.

Color-coding was also used to highlight themes and patterns with relevant notations written in the transcript's margins. The second and third reading of the data differed in that electronic versions of the transcripts were read and notations were typed at the beginning of each passage and highlighted to clearly delineate my notations from the transcribed passage. These notations were read and reviewed to ensure that the brief summary was an accurate representation of the passage. The notations briefly summarized the main points of the passage and later served as an aid to develop themes and subthemes. Within this step, I focused on emergent dimensions or themes that seemed meaningful within kin and nonkin families.

After the themes and subthemes for kin and nonkin were identified, the data were then sorted by these emergent patterns and themes for each respective group of foster

parents. Once the patterns and themes were established for each respective group of kin and nonkin foster parents, these patterns and themes were compared between kin and nonkin caregivers. Next, the themes that emerged from the data were compared to the themes supported by the empirical literature. Careful attention was paid to themes that fit and/or challenged our current understanding of foster care family dynamics.

When general categories or themes were identified, the passages were sorted and electronically cut and pasted under the appropriate theme heading. Transcript codes and page numbers were included with each passage so that each passage could be linked back to the original transcript. Passages that seemed to fit in more than one category were temporarily placed under both themes until it was clear that it belonged under a single theme. If a passage, however, did not seem to fit into any major theme, it was placed under a miscellaneous category to be reviewed once all passages were sorted. Relevant passages in this category were later reviewed and placed under appropriate theme headings. Once the passages were sorted into broad categories or themes, these themes were collapsed into refined categories or subthemes.

Once the themes and subthemes were identified, it was placed in a table with a single column. The themes/subthemes were then counted to determine the frequency of occurrence for each respective theme/subtheme. This process of tallying was completed for each respective group of foster parents. Once the tabulations were completed, the two single column tables were combined. As a result, two columns comprised the final table; juxtaposing the parallel theme/subtheme. Themes and subthemes that appeared in both columns (kin and nonkin) were considered similarities. Themes or subthemes that appeared in one (kin or nonkin), but not both columns, were considered differences. That

is, themes/subthemes that were exclusive to kin or nonkin foster parents were considered differences.

The complete set of the aforementioned steps were performed separately for each foster parent group. The reading of the kin and nonkin transcripts and identification of themes and subthemes were mutually exclusive processes. That is, the kin transcripts were read first and themes were identified for the kin foster parents and once that process was completed for kin foster parents, the same process was used to identify relevant themes for the nonkin foster parents. Reading the transcripts in mutually exclusive groups allowed for a comprehensive analysis of the content for each respective group. A mutually exclusive reading and analyzing of the transcripts in two distinct groups helped to eliminate confusion regarding the details and nuances of each group of foster parents.

In addition, following the final reading of the foster parent transcripts; noteworthy quotes were electronically highlighted, cut, and then pasted under the appropriate emergent patterns and broad themes that were outlined for each foster parent group. This process was repeated until all of the relevant quotes were categorized under their corresponding theme heading. The grouped quotes in each section were read several times to determine the quote or set of quotes that seemed to capture the experience of foster parents for that particular theme. Thus, quotes that seemed representative and encompassed the diversity of the foster parents' experiences were selected.

To ensure that kin and nonkin quotes were not inadvertently mixed together, the family status and code numbers (e.g., K3-CG1, NK3-CG1) were retained throughout the analysis. Pseudonyms replaced code numbers in the final version of the study. As a result

of this careful selection process, a minimum of at least one quote per kin and nonkin foster family is represented in this study.

#### Chapter 4: ROLES, RESPONSIBILITIES, CHALLENGES, AND REWARDS

This exploratory study provided an unprecedented window into the lives of foster families. The first-hand accounts of kin and nonkin foster care experiences were examined. The research questions addressed in this chapter are: (a) How do kin and nonkin foster parents perceive their roles and responsibilities? What factors appear to influence kin and nonkin foster parents' perceptions of roles and responsibilities? and (b) What do kin and nonkin foster parents perceive as the challenges and rewards of foster caregiving? What factors appear to influence kin and nonkin foster parents' perceptions of challenges and rewards? The similarities and differences in kin and nonkin foster parents' perceptions were elucidated.

The kin and nonkin foster parents created meaning from these roles in similar ways. That is, both groups of kin and nonkin foster parents described their roles by emphasizing primary caregiving and its associated responsibilities. Although both kin and nonkin caregivers were assigned the role of foster *parent* or *caregiver*, their roles were broader than expected and their actual responsibilities encompassed a wide range of duties.

Their accounts also illuminated their collective challenges and rewards, thus revealing areas of need as well as their motivation to foster parent. Although the frequency of specific challenges and rewards varied across kin and nonkin caregiver groups, the general themes were remarkably similar between the groups.

The key challenges faced by kin and nonkin foster families were identifying and learning to effectively address the foster child's behavioral issues, insufficient financial support, and postplacement adjustments such as assisting foster children in adjusting to

their family structure and routines, as well as assisting their birthchild(ren) with the new addition(s) to their family. Both kin and nonkin foster parents also grappled with concerns such as the lack of regular contact by caseworkers, burgeoning kin resentments, and serious apprehension regarding the birthparent(s)' ability to care for their children after unification (if unification was considered an option). Foster parents, particularly nonkin caregivers, expressed ambivalence with attachment, grief, and loss issues. A key difference between kin and nonkin foster parents, however, was that kin caregivers described a sense of familial responsibility or obligation in regard to caring for their foster child(ren).

### Composites

The kin and nonkin participants shared their experience as foster caregivers. Their collective foster parent experiences were directly influenced by their birth children, caseworkers, and especially their foster child(ren). The following composites represent the array of experiences of foster parents in this study.

#### *Kin foster parents*

Since Kaylee's niece Joy and nephew Jay have been living with Kaylee's family, life has changed considerably. Kaylee's sister Jean struggles with chemical dependency and was not able to properly care for her children. Jean's alcoholism and abuse of illegal drugs culminated in the removal of Joy and Jay from Jean's home. Joy and Jay were temporarily placed in nonkin foster care until a suitable kin placement was located. Kaylee was not surprised to hear that Jean's children were removed from Jean given her history of drug and alcohol abuse. Although Kaylee had sporadic contact with Jean and her children, Kaylee immediately came forward and offered to have the children placed in

her care. Kaylee was motivated by the desire to keep the children with family members and more importantly out of the foster care system. The thought of the children being in nonkin foster care was inconceivable. Thus, Kaylee and her husband Kevin agreed to provide kin foster care until Jean was rehabilitated.

Because Kaylee and Kevin had three rooms in their household, two of which were already occupied by their children, they decided that Joy would share a room with their daughter and Jay would share a room with their son. Both Kaylee and Kevin found that caring for their niece and nephew was different from their occasional overnights in the past. They felt a burgeoning level of responsibility, especially because Jean did not seem to be abstaining from drugs or alcohol. Kaylee and Kevin were determined to help Joy and Jay and were now in it for the long haul.

#### *Nonkin foster parents*

Noah and Naomi were preparing for an “empty nest.” Their son was preparing to go off to college soon and the thought of a home without children seemed surreal. Both Noah and Naomi had previously spoken about giving back to the community in the form of foster care. They had the extra rooms, finances, and time to provide foster care for a child in need. They learned more about foster care and signed up for foster care trainings. Noah and Kaylee learned about the many challenges inherent in providing foster care but after raising three happy and healthy children they felt they had the experience to help a foster child. They felt adequately prepared for the challenges that lie ahead. Both were equally invested in the prospect of sharing their home with a foster child.

Upon Peter’s arrival, Noah and Naomis’ lives changed. They were not able to participate as often in activities they enjoyed such as golf and spending time with friends.

This seemed like a small sacrifice given the hardships that Peter faced. Peter had many behavioral issues and struggled in school. Noah and Naomi believed that it was part of their job to provide the best possible home environment for Peter. This was Peter's third foster care placement and they were determined to make this a stable home for Peter. Noah and Naomi were pleasantly surprised that Peter was thriving in their care. They were also pleased with the mutual attachment they were developing with Peter.

## Results

The results section is grouped by kin and nonkin similarities and differences. The section begins with kin and nonkin role similarities, followed by kin and nonkin role differences. The next section focuses on kin and nonkin similarities in challenges, proceeded by kin and nonkin differences in challenges. The results section ends with kin and nonkin similarities in rewards. Given the large number of quotes in this section, kin foster parents all have names that begin with the letter K (Kaylee, Karen, Kevin, etc.) and nonkin foster families have names that begin with the letter N (Naomi, Nancy, Noah, etc). This strategy was used to eliminate some of the confusion around which quote refers to which foster family type.

### *Kin and Nonkin Role Similarities*

#### *Perceived Role Responsibilities*

Both kin and nonkin foster parents viewed themselves as occupying a variety of roles such as parent, disciplinarian, friend, and advocate. Karen, a kin caregiver, listed her responsibilities as a: "Cook. Referee. Counsel. Delegate chores. Confidant. Buffer."

Similarly, Noah, (a nonkin caregiver) added, "On one hand I feel totally responsible, and on the other I feel like I'm sort of a facilitator in order to help them make

good choices for themselves.” Another nonkin foster parent, Nora, elaborated on her role and its inherent limitations:

The foster parent is in that role, even though we’re called parents. It’s only in a caregiving basic. You feed them, you help clothe them, you do the shopping, the errand-running that you need to for them, you take them to the doctor, to school appointments, whatever. You’re responsible for those basic caregiving things. Obviously, the stuff that comes along with it, the consoling and counseling and disciplining, the day-to-day stuff, but as far as [the foster child’s] life goal plans, we really don’t have any say in it, any rights.

This is an example of structural ambivalence.

Kin and nonkin foster parents’ primary responsibilities were focused on taking care of the physical (e.g., food, shelter) and emotional needs of their foster child, providing a family, as well as structure and consistency for their foster child. Kelly, a kin caregiver, shared that she provides her foster child with “Food and clothing, [a] place to live, the roof over his head. His safety. Quite a bit, actually. I have to worry about them all, everything.”

In addition to providing for the basic needs of their foster children, foster parents found that part of their responsibility included advocating for the medical and dental needs of their foster child. For example, Kara, a kin foster parent, took the initiative to get her grandchildren a dental evaluation:

The dentist told us it was the worst case he'd ever seen of an abscess. I asked her, "How long has this been bothering you?" I know she would always be really quiet. She has migraines . . . She said, "Well, it always hurts me, but mom always said we didn't have the money to fix it." They had medical cards. So I took her into Junction City. Neither had ever been to a dentist. She fell asleep while they were pulling her tooth. She loves going to the dentist. But that was her main thing. [My second foster child] has never really had anything. He had swimmer's ear from swimming lessons. She's had migraines that I've had her [go] to the doctor for. She hasn't had any migraines for quite some time.

Noah, a nonkin foster parent, also shared the importance of advocacy in terms of getting the appropriate level of care for medical needs for his foster child:

A parent who is a strong advocate gets quite a bit more done, we discovered, than one who isn't. So when we are willing to fight them just a little bit to get, oh, for example, a new molar sealed, they [dentists] tell us they don't do that; they only take care of problems when they develop; and we go in and rattle their cages a little, then it gets done.

The most common areas that foster children needed assistance in were schooling, basic life skills (e.g., personal hygiene, cooking, money management), and adherence to foster family rules. Although all kin and nonkin foster parents expressed a tangential understanding of their foster children's experiences prior to placement with them, a few were surprised at how the foster children's experiences or lack thereof had far reaching effects.

The foster child's low level of functioning, for example, shocked many foster parents. One kin foster parent, Kara, expressed her astonishment at her foster children's lack of basic self-care skills:

These kids had never brushed their teeth. So there was a lot of this kind of training. They didn't know how to take a shower and use a washcloth; how to wash their hair; things you take for granted. There's a lot of kids who come from drug families where they don't teach them this.

Similarly, Nora (a nonkin foster parent) of an 11-year-old foster child shared this experience:

Maybe they've learned some survival skills. And survival isn't necessarily good life skills, such as boiling water for spaghetti. She said, Oh, I know how to cook spaghetti. I'll take care of that. I had something to do and I left her in charge of finishing. I'd put the water on and it was still pretty cold and left the noodles. I put a little salt and a little oil in the water and I had to run an errand. My husband came in the room 5 minutes later. For a big family we had a big pot of water for boiling noodles. And he came in the room 5 minutes later and she had set those noodles in the cold water and said that's the way her Mom always did it. He

probably handled it better than I would have, but he just said, 'Well, I'll go ahead and take over now. You go ahead and go off. I'll take care of it now.'

Another basic life skill that many foster families focused on was money management. A kin caregiver, Kerry, shared her concern about her 16-year-old niece's lack of fiscal responsibility:

I think she needs to have a financial class or something on teaching her the responsibilities on finances to be able to budget her things a lot better than she's doing. I know she's broke now for the month and I think all of her food stamps are gone. What they do with them [food stamps], I don't know. They've just blown them, I think.

Kerry noted "I am trying to teach them that they've got to learn responsibilities for themselves and their babies. I can't wait on them every minute."

In like manner, Nicollette, a nonkin foster parent, shared her concern regarding her 14-year-old foster child's inability to effectively manage money:

This is the first year [our foster child is] making money, so we sat down with him because he's real bad with money. That's for important things. And we decide what's important. Then he has a savings account he just opened that just has his name on it . . . He puts money in it and then he takes money out. And he has a little passbook which he isn't keeping up, and I had to talk to him yesterday about today he has to sit down and get that all up to date, because if you don't know how much money you have in there, when you grow up you'll bounce checks and wind up like his Mom, who can't get a checking account.

Thus, assisting their foster children in learning how to keep a budget seemed to be an important responsibility that many foster parents assumed.

In addition, the creation of and adherence to foster family guidelines was emphasized by kin and nonkin foster parents. Kate, a kin foster parent, explained her approach to family guidelines that included natural consequences:

I generally make sure they don't go anywhere until their homework is done. They have to be home before dark if they're over at a friend's house. I'm like Kyle [Kate's partner]; I like to know where they are, who they're with, who's taking

them where they're going, and who's bringing them back. I like an itinerary. If they don't do what they're supposed to do, then they get in trouble for that or they don't get to go the next time they want to go somewhere. I say, "Well, last time I let you go there you did this and this and you weren't supposed to, so you can't go this time." Pretty much they need to stick to what they're supposed to do or call home and tell us they're not doing that.

Most foster families had rules already in place before the arrival of their foster child with many adding rules as needed. Norma, a nonkin foster parent, explained:

Each individual case is different. You don't know what kind of background they've come from. What was okay in their house may not be okay in my house. I don't know what manners they haven't learned. I assumed that they learned most manners. You don't belch at the table and stuff like that. You just don't know what manners or idiosyncrasies they've come with that you need to curb. So you don't make the rule until the situation arises.

Foster parents were expected to attend to an array of unmet needs. One nonkin foster parent highlighted the importance of tending to the *other needs* of their foster child. Noah explained:

The other needs are the more critical ones. These are the needs of self-esteem; learning various kinds of skills like reading or math facts; the skills along the lines of learning to differentiate the differences between an adult and a child; basic manners; self-discipline; learning to tell the truth; separating fact from fantasy; all of those kinds of things that when [our foster child] came to us he had no clue on, absolutely none.

Karen, a kin caregiver, provided an example of how she addressed these *other needs* such as a lack of guidance:

A lot of foster children have not had an ounce of discipline, and I do not mean corporal punishment. I mean guidance. "No, you may not do that," and "Yes, you will do this because that's the way it is." They have to learn because they're not going to be able to fit into society. They're going to mess up. "No, it's not okay to spray paint the walls, I'm sorry." "Yes, you do need to eat this. This is good for you." "No, you may not have 25 cookies and ice cream. You will eat your meat and potatoes."

*Motivation to be Foster Parents*

For most kin foster parents, familial responsibility was accompanied by other feelings such as guilt. For example, one kin family shared “There’s still a guilt factor of nobody else will do this, so we better.” Kaylee’s partner Kevin added, “We’ve already done longer than we planned. [There is] no one else to turn to. We are the last resort.”

This sentiment of being a “last resort”, however, was not limited to kin caregivers. Several nonkin foster parents felt a strong obligation to provide care for foster children who were difficult to place. Neil, a nonkin foster parent shared:

Generally the fact that the kids I take really don’t have very many options left to them. They’ve gone through their options and are basically, you know, the next place after my place would be a lot more restrictive, either a mental institution or whatever. And a lot less therapeutic in the long run.

This sense of obligation seemed to add to both kin and nonkin foster parents’ level of commitment to provide long-term care for their foster children.

Although nonkin foster parents did not have biological ties to their foster child, it did not seem to deter their level of commitment and desire to provide a family for the foster child in their care. Neve, a nonkin caregiver shared, “You do it just like you would with your own kids.” Another nonkin caregiver, Noah, elaborated:

What we find is that we’re the sort of parents that cannot just provide warehousing. So we have to give this kid what we consider to be the very best shot we can, and we’re finding that it is a 24-hour-a-day job for both of us because he is so needy as I’ve indicated before. There is so many things he doesn’t know. We would not do it on the basis of, ‘Here’s your cookies. Here’s a bed. Now, get out of our hair.’ He has to be treated like our children have been treated, which means that we will do our very best to develop his potential.

Neve (a nonkin caregiver) shared her congruent perspective, “We’re surrogates for her and him. That’s my job. I feel they’re my responsibility. I wouldn’t treat them or do any

less for them than I would my own.” Thus, although nonkin foster parents did not have the same *familial* responsibility or obligation as kin foster parents, nonkin foster parents were also committed to providing a family-like atmosphere for their foster child that included treating their foster child as they would their own children.

### *Social Construction of Foster Parent Roles*

Social factors influenced the construction of both kin and nonkin foster parent roles. In this study, foster parents’ perceived roles were influenced by their caseworkers and in particular their foster child(ren). How a foster parent conceptualized their role was influenced, in part, by the expectations of society. When asked “What role does society expect foster parents to play?” most kin and nonkin caregivers collectively replied that they felt misunderstood by society and viewed the expectations of society as myopic and negative. Ned (a nonkin foster parent) noted, “I don’t think society as a whole has a clue about fostering whatsoever. I know I didn’t.” His partner, Neve, elaborated, “The only time you see it or hear about it is on the news. And then usually you get the negative side of what has happened in a foster home.”

Nicholas (a nonkin foster parent) shared his perspective, “I think all they expect of foster care is to feed them, give them a place to sleep, and dress them. That’s about it.”

Nicole, his partner added:

I don’t think society as a whole knows what foster parenting is about. They listen to the talk shows and things like that and when they say foster care, they always put this big emphasis on that that was the bad place for them to have to go. Well, as opposed to them being in their natural home, I mean, kids being away from parents is bad in any case. But I don’t think foster care is bad. A lot of it, I don’t think, I mean, I feel bad for the kids who have to come into foster care too. But I don’t think it’s foster care that’s the bad part.

One common misperception of society foster parents expressed was summed up by

Nathan (a nonkin foster parent):

I think they expect you to take the child to your house and treat it as your own. That's what they expect. How they view it is a different story. I think they view it as something like a money-making business, that we could care less about the children. We use them.

Similarly, kin caregivers expressed their view of society's expectations of foster parents. Kaylee shared her perception that society expects, "Perfection. I'm sure they just expect a stable home where the kids aren't getting abused or hurt, where they're getting fed 3 squares a day." She added, "A stable family for them to stay with until they can get permanency somewhere." Kristen shared her uncertainty about society's expectations along with her obvious foster care commitment:

I don't know what they expect of us; I really don't. You could say I lived and breathed for that child. I'd get up in the morning at 5 o'clock to make sure she was up, 15, 20 miles up river in this private school, because she didn't like the school she was in. I busted my butt; I'd drive them up there; I picked up other kids; I took them because their parents didn't have an extra car or worked or whatever. She had a clean house, she had food every day, she never did without anything.

Naomi, a nonkin foster parent summarized what kin and nonkin foster parents seemed to be saying in different ways: "Foster parents are just supposed to put up with everything and make this miraculous change in these children." Naomi added, "So I think society in general has a very unrealistic and uninformed attitude both about the children in foster care and what constitutes being a foster parent."

*The Influence of Foster Child's Views.* Both kin and nonkin foster parents were particularly influenced by their foster child's expressed approval and/or disapproval of assuming the parental role. Some kin caregivers were ambivalent about assuming the role

of *the* parent although their responsibilities reflected this adopted role. Kyle, a kin caregiver shared:

Some of the children really feel resentful if they thought the foster parent was trying to take over their parent's role, like [my foster child]. If she thought that Kate [Kyle's partner] was trying to replace her mother, she'd get real resentful of that fact.

Nonkin foster parents, Nicole and Nicholas assumed the role of parent but shared that their foster children seemed receptive to their occupation of this coveted role. Nicholas shared:

We're the family. When these kids come back, they call us Mom and Dad. It's like [our former foster child] bringing his little girl over here and calling us Grandpa. That's not just a put on thing. That's the way it's going to be for him probably for all his life, I hope, and that's the way it is for most of the kids who've left here. We've had what, 28?

Another nonkin foster father, Norman shared:

We've grown to love [our foster child] a lot. That's primarily the reason for trying to adopt her. I consider her my daughter now. We've had her since she was very little. At first I attempted to not get too attached, and it's easy to do when they're that little. But then I thought, "Well, I'm just going to have to risk that, and whatever happens, happens." I consider her one of my children now.

### *Kin and Nonkin Role Differences*

#### *Family Identity*

Kin foster parents most often included family roles such as uncle, aunt, and grandmother. A nonkin foster family, a couple who had a previous relationship with the foster child's grandmother, described themselves in family role terms as *aunt* and *uncle*.

#### *Multiple Roles*

Kin foster parents had the unique challenge of balancing previously occupied roles with the additional responsibilities of being a foster parent to a niece, nephew, or

grandchild. One kin caregiver, Karen, expressed with confidence her foster children's receptivity to her occupying the parental role: "They're very accepting of my authority or the fact that I'm Mom." Other kin caregivers found it to be more complicated. The following dialogue was between an interviewer and two kin foster parents, a married couple. The kin caregivers attempted to explicate the delicate matter of occupying more than one role in the life of their niece. They explained:

Interviewer: Do you think of her as your daughter or as your niece?

Kate: I view her as more than a niece, but slightly less than a daughter.

Interviewer: How about you? Do you see yourself as an uncle or father?

Kyle: Basically her uncle, but a close uncle. I've been encouraging her, through her own protest, because she didn't want to have any contact with her Dad at all. I keep pointing out that no matter what she does, no matter how long she lives, she cannot change the fact that her Dad is her Dad.

Interviewer: Would you ever adopt these two children?

Kyle: I don't think either one of them would really want that.

Kate: I think that would hurt the relationship because she would view that as trying to replace her mother and kick her mother out of her life, and I don't think that would be acceptable to her.

This is an example of structural and emotional ambivalence. It is a dialogue demonstrating how one set of kin foster parents were clear about their responsibilities but ambivalent about the role(s) they should maintain given the potential impact on their niece. Their experience was consistent with the experiences of other kin caregivers. Most kin foster parents strived to be sensitive to their foster children's desire to preserve their birthparents' identified "role" as mom and dad despite the birthparents' inability to fulfill the basic responsibilities inherent in those roles.

### *Familial Responsibility*

A concern that seemed specific to kin foster parents given the nature of their relationship was a sense of *familial responsibility*. All of the kin caregivers expressed a degree of familial responsibility that motivated them to provide foster care. Kevin shared the reason for becoming a foster parent to relatives: “We're in this to help out my nephew and niece and provide them with an atmosphere with family members, not with strangers. That's basically why we did this.” He added, “I would much rather them be with their mother, but if they were taken away from their mother, then I had to go to their rescue.”

Another kin caregiver, Kerry, reported a similar sense of familial obligation despite its hardship: “Having the girls with me has really made it difficult. I want them because I love them . . . they're family. I just can't turn my back on them.” Kerry also emphasized that the birthparents had “deserted” their children and that she could not abandon the children.

Two kin grandmothers were adamant about providing a home for their grandchildren. Kristen said, “My whole family went up there and said we did not want them in a foster home with strangers any more . . . These are my grandkids and I want them in my home.” Another kin grandmother, Kathleen, explained her hopes for the children's mother:

I was hoping all the time she'd get herself together and get her own children. A lot of people become foster parents for an income, for lots of reasons. It was not a goal of mine to be a foster parent. I wanted to provide a home for my grandchildren. That's all I was doing.

Although a sense of familial responsibility or obligation motivated most of the kin caregivers to care for their displaced family members; familial obligation contributed to a

sense of frustration and burden for some kin caregivers. Kelly, a kin caregiver explained:

I think if he weren't related, I'd say I want to give him back. I don't know how anybody could take a child like [my nephew] into their house and not have him be related and go through everything that we've had to go through with this kid.

### *Kin and Nonkin Similarities in Challenges*

#### *Birth Family Loyalties*

Most kin and nonkin foster parents were surprised by the enduring strength of birth family loyalties. Both kin and nonkin foster parents collectively expressed shock and confusion about this unexpected phenomenon. A kin foster parent shared her experiences with strong birth family loyalties, expressing her mixed emotions. Karen shared:

I guess I thought that I was going to be able to straighten up the situation and have everything be wonderful and be appreciated for what I was doing . . . I did not understand about, and I should have. I should have understood about the attachments, the family attachments. And loyalties to that. I wasn't really prepared to deal with that because in my opinion, she's an absolute horrible individual to have done this. But now I can see, and I understand, and even with [my foster child] I understand. Even though he knows her and he knows the addiction and abuses and stuff, that's still Mom, and I can understand that. I made the statement when we got custody of him and his Mom was sitting right in the courtroom, I made the statement, "And I will even be his Mom if that's the way he wants me to be." I didn't even stop to think how that would hurt her or that that would even be an advisable thing. Now I know I don't want to take the place of Mom. Nobody better take my kids. I understand the degree of parent and Mom. They're more siblings with their mother. But I didn't understand a lot of that, and I do now.

Similarly, Norris, a nonkin foster parent, observed his foster children's birth family loyalties and was given a clear message by the foster children that his wife, Natasha, would not be assuming the role of "mom" in any capacity:

Ninety-nine percent of the kids walk through that door and [Natasha's] the bad guy. Mom was supportive, and they're bound to Mom. Mom's the good guy. They immediately look at [Natasha] with a glare in their eye, You're not going to take the place of my Mom. Or, Mom was abusive or not protective. She's the bad guy,

and they make the transference. They walk in and they immediately transfer. She's the bad guy. She can't win. On top of that, you can only have one Mom figure in our society. So Natasha loses all the way around. We haven't asked the kids to be a member of a different family. We have made the statement to the kids that you're a member of this family now.

### *Foster Parent-Foster Child Attachment*

Although most kin and nonkin foster parents seemed to be clear about what was expected in terms of their responsibilities, nonkin caregivers were more ambivalent about whether they should have emotional ties or an emotional attachment with their foster child. For instance, Norma (a nonkin caregiver) had a divergent view of her responsibilities as a foster parent and seemed to struggle with her stated perspective:

Part of the survival tactic with foster parenting is knowing that your job is not to so much, you don't have to love these children like your own. That's not expected. What's expected is that you provide a home where they can live safely and have the essentials they need and be responsible. I don't think they expect you to fall in love with these kids who are difficult, that have a ton of problems. I know it's not in my job description, which makes me okay with that. And yet morally, I feel like I should work harder on that.

Despite their understanding of foster care officials' expectations, most nonkin foster parents decided to "love" and become attached to their foster child as they would their own child. Nicholas (a nonkin foster parent) explained his understanding of what is expected as well as his rationale for challenging what he considered the status quo:

You were not supposed to get attached to these kids because the ultimate goal is to send these kids home. They [SCF] don't want you attached because they figure you're going to work on the kid to get him to stay in foster care instead of going home. But I don't understand how anybody could take a kid into their home any amount of time and not get attached to the kid. You'd have to be pretty heartless. If you get into this business for the money, and if you can stay in it for the money, I would really be surprised because these kids are going to grab your heart and twist you around eventually. I mean, not all of them, but you're going to get a few who are just super good kids and you just love the heck out of them. You couldn't love them any more if they were your own kids. And for you not to get emotionally involved with the kids I think is almost impossible.

In contrast, it seemed to be assumed that kin foster parents have an innate sense of affection for their kin foster child. It seemed as though this presumptive innate affection did not need to be encouraged because a kin affiliation was assumed to be synonymous with feelings of love and attachment. This view of positive feelings based solely on kin affiliation seemed to be strongly supported by the empirical literature; but it was not the case for all kin foster parents. One kin foster parent believed in her familial responsibility to care for her nephew but expressed emotional ambivalence regarding her emotional ties to him. When asked if she loved her nephew, Kelly explained:

I don't know. I don't know if I actually love this kid or not. He's a family member and I don't want to see him with a stranger. That isn't necessary when there's family who will take care of him. As for actually loving this kid, that's going to be a little difficult. I like him enough that I would keep him in my house and do what I'd have to do.

The statement is contrary to the empirical literature that purports a “natural bridge” that positively connotes the connection kin foster parents have with their related foster child. In essence, it implies that the process of attachment can be substituted with mere kin affiliations.

One nonkin foster parent, Nancy, explained how she felt more attached to some foster children than others:

You hear people say, "I could never be a foster parent because I couldn't stand to have them leave" like I'm some kind of uncaring person that it doesn't bother [me] when they leave. Yet there are kids, and I never thought I'd feel this way, I thought, "Oh, I'll just love all of them to death." But there are some kids that I really, really love, and some kids that I take care of.

This statement is also an example of emotional ambivalence.

*Kin and Nonkin Similarities in Other Challenges**Lack of social service support for Foster Parents*

Compared to kin caregivers ( $n = 5$ ), nonkin caregivers ( $n = 10$ ) were more likely to articulate concerns regarding child welfare service's limited level of involvement. There were a variety of concerns such as caseworkers not having regular contact with their foster child or foster parent, the agency being unresponsive to crises (or creating crises), and making decisions on behalf of the foster child without eliciting the foster parents' informed opinions.

The kin and nonkin foster parents who expressed concerns regarding limited agency involvement also shared that they preferred to be contacted by the caseworker regularly, not just during a crisis. When a crisis did arise, a number of foster parents were unable to make contact with their caseworker. By the time the foster parent was able to make contact with the caseworker, the crisis had already passed. Some foster parents were discouraged when no one contacted them after they had left a phone message with the agency. Kristen, a kin caregiver, shared: "You could call them, and you were lucky if you ever got an answer back." This caregiver highlighted the agency's lack of consistent communication:

The only time they ever stuck their nose in this was when something happened. Other than that, they did not call. It was months. They switched workers and I didn't even know it. And this one worker . . . or whatever, was her worker for months and I didn't even know it. Now that's how fast he got a hold of me.

Kristen expressed that she wanted the situation to be remedied by their caseworker being accessible and more readily available. Nora, a nonkin caregiver, shared a similar desire for regular contact:

We'd like to have regular contact. I think of a child in my care and it's been 3 months since I talked to the caseworker. They fill out a report every 6 months. There was one I received just a couple weeks ago and it said, I've had regular contact with the foster parent and child. I think, I talked to you 3 months ago, lady, and you haven't seen the child for even longer than that. How can you say that's regular contact?

Another kin caregiver, Kaylee, shared her analogous experience:

We don't have a real good working relationship with the [SCF] office. I feel the kids have kind of gotten lost in the shuffle. That's really upsetting. Like I told [Kevin; her partner], I said, "They took these kids out of their home, supposedly because they're supposed to care about them and for their own good, and then they shove them in somebody else's home and just forget about them."

Kaylee added, "I just hate having the kids being treated like a number and not a person. I know they have a lot of kids to take care of. This should have been taken care of within a year." Many foster parents felt that their caseworkers knew very little about their foster child; they wanted the caseworker to have a more expressed interest or involvement in their foster child's lives.

Foster parents also shared that, although the daily care of their foster child was solely entrusted to them, they were often not consulted or their input was excluded from "team" decisions. For example, although foster parents had current first-hand knowledge about their foster child's educational, psychological, and overall well-being, they were not consulted before child welfare services made important decisions that not only affected their foster child's life but the foster parent's, life too. This lack of collaboration of child welfare services with foster parents strained and sometimes damaged the relationship several foster parents had with the agency.

Foster parents also believed that the system seemed to be more willing to support the interests of birthparents than that of the children in their care; that child welfare

service personnel were not willing to work toward finding solutions that were in the best interest of the child. A kin caregiver, Kevin, shared that dealing with his sister was difficult: “[Kaylee; Kevin’s partner] and I are concerned that the opportunities my sister has of failing, she’s had so many opportunities, and really the rights are pushed more towards her than toward the kids. I absolutely disagree with that.” Another kin caregiver, Kara, had a congruent sentiment: “I think they give the parents way too long to get it together. Way, way too long. The longer you give them, the longer they’re going to take.” Kara added,

If a parent really [is] interested in their kids, they will do something right away. To me, the bottom line ought to be what’s best for the kids, not what’s best for the parents. If they aren’t going to do anything, get on with the program and let the kids have a chance at life.

In like manner, Naomi (a nonkin foster parent) echoed the sentiment that birthparents were given more rights than foster children:

I think the children themselves need to have more rights. It seems like the court system is set up more with the parents’ rights in mind. When I say the children’s rights, I think the kids should have a legal right to consistency and reliability and accountability and honesty in the adults they have in their life.

Naomi (a nonkin foster parent) also emphasized the importance of being honest and realistic with foster children about their birthparents’ potential to improve their situation and to meet the terms and conditions of reunification. When Naomi (a nonkin foster parent) was asked, “What would make foster care better for your foster child?” Naomi replied:

Again, all I have to go on is [my foster child], but I expect he’s not very different from other foster children because of the traumas in their lives. They need some security. They need to know what’s going to happen. I think foster children need to be given a deadline. You know, “Your Mom needs to do this, this, this, and this, and she needs to do it by this date. If she has not done it by this date, then we

are going to see about finding a permanent family for you to live with." I think they don't want to do that because they think it's devastating to the child. I think it's more devastating to watch this little boy go along, week in, week out, always hoping. But most of the time he'll come home, shake his head and go, "I don't think my Mom's ever going to change." So I just give him a hug and say, "Your Mom has been using drugs since she was your age. In the 6th grade is when I hear she started. She's 37-years-old now. That's a very, very long time. She may not change. That's asking a lot of her." He seems to accept that. But I think somebody from Children's Services needs to tell these kids, not the little tiny kids who have no sense of time, but kids his age.

*Lack of Child-Focused Services (Assessment and Treatment)*

Both kin and nonkin caregivers shared that it required a persistent effort on their part to obtain comprehensive professional assessments and evaluations to uncover the genesis of issues that seemed to impede their foster child's ability to progress. The foster child's diagnosis was typically identified or confirmed and remedied postplacement. Nonkin caregivers ( $n = 10$ ) reported more previously undiagnosed and untreated learning, mental, and physical health issues when compared to kin caregivers ( $n = 4$ ). Eight out of the 10 nonkin caregivers reported that their foster child was behind academically and needed a great deal of assistance with their homework. Half of the nonkin caregivers who had a child with a learning disability also reported that their foster child was diagnosed with Attention-Deficit/Hyperactivity Disorder (ADHD). Both groups described a variety of disruptive behavioral disorders (e.g., conduct, oppositional defiant, separation anxiety, reactive attachment) (DSM-IV-TR, 2000) postplacement. Natalie, a nonkin foster parent, expressed a great deal of pride in being a persistent advocate for her foster child:

When [our foster child] came to us, he wasn't diagnosed and everybody wanted to say that he was slow. That wasn't the case. I really saw a lot of things in [our foster child] that let me know that he wasn't slow. I spent probably well over a year trying to get him diagnosed. We had to go to outside testing to get the schools to come along and finally agree to test him. It's the services that we've been able to get him.

Similarly, kin and nonkin caregivers cared for foster children who had a variety of mental health and physical ailments. The foster children's mental health issues included conduct, bipolar, and depressive disorders. Some of the physical issues were severe malnourishment and being underweight. One foster child experienced chronic migraines and another child had an ulcer that the foster parents believed to be stress-induced. There were dental issues such as tooth decay as well as several incidents of severely abscessed teeth. Most foster children had co-occurring issues. Kaylee, a kin foster parent described the health issues of her foster child, "[My niece] was in really poor health. She had rotting teeth and bad ears and bad tonsils and bad sinuses. Her little head needed to be replaced." Noah, a nonkin caregiver shared, "We were not prepared for his emotional state, his academic state, his medical state."

All of the nonkin caregivers and most of the kin caregivers were confronted with a range of externalized behaviors by their foster child that included, but were not limited to, projected and displaced anger, defiance, and destruction of property. Although both groups expressed an understanding of these behaviors given the foster child's abuse-laden life, dealing with these often unrelenting behaviors posed a considerable challenge. One kin caregiver, Kaylee, shared, "I guess we just didn't realize the complexities of the problems they could have. Kaylee went on to say, "I realize that the life-coping skills of these kids have existed without parents caring [for them] properly. So they've gotten real good at just what they've had to do to survive, either physically, emotionally, or both." Nancy, a nonkin caregiver, also described the factors that contributed to the challenge of caring for her foster child:

Because he didn't want to be taken care of. Part of him did, but he had survived by making sure he was able to take care of himself even though he wasn't able to; but he thought he could. He would make his decisions himself. He really needed to be in charge of what was going on with him.

For some kin caregivers learning to effectively address the foster child's behavioral issues *nonpunitively* was difficult. One kin caregiver, Kaylee, understood why the "no physical or corporal punishment" rule is imposed by SCF, but felt it gave their foster child power to challenge their parental authority. This kin foster parent explained:

Sometimes I'm at a loss as to what to do because sometimes things just don't work. I've just always been a "spare the rod, spoil the child" kind of person. It really frustrates me that even though they're our niece and nephew and they're living in our household, they can have that kind of power. I feel a little bit unempowered. It's kind of like [being] helpless.

Nonkin ( $n = 7$ ) and kin ( $n = 5$ ) reported a variety of safety concerns. Nonkin foster parents, however, were more likely to articulate higher levels of safety risks than their kin counterparts. This may be because, in this sample, the nonkin foster parents were more likely to report having foster children with histories of fire-setting, sexualized behaviors, and violence. A nonkin foster parent, Neil shared:

With a lot of kids we've taken in the past, the most important things we do is try to stabilize them and keep them from being sexual predators because we work with a lot of sex offenders. So that's my main goal is to make sure that they're not hurting any other children.

Given the threat of danger their foster child might pose to themselves or others, these foster parents made concerted efforts to have rules that protect the foster child as well as potential victims. Norris, for example shared, "We don't turn around and discuss individual cases with kids, but we give them enough background so they can protect themselves."

Kin and nonkin caregivers were also concerned that they would be putting themselves at risk for alleged child abuse and/or neglect. Specifically, they were concerned about false accusations by their foster child. Neil, a nonkin foster parent, took what he considered extreme measures to protect himself against potential allegations:

Basically, you have to initially build up a trust with the child. Because they have been abused in the past, it involves making them feel safe and secure. By doing that, you can generally alleviate any problems of them trying to retaliate. I also make sure that I'm never in what I would consider a compromised situation with the child. I wouldn't help the child in the shower, with her toiletry. This is for older females, of course, not if they were young children. It wouldn't be as much of an issue. But for older ones, especially those who've been sexualized, I just make sure I keep a safe distance. I don't use any physical contact. I don't hug them at all, and that sounds terrible, but I can't take the risk to hug them even as a reward, as a positive reinforcer.

#### *Insufficient Financial Support*

Both kin and nonkin foster parents reported that they received insufficient financial compensation for caring for their foster children. At the time of the study, both kin and nonkin foster parents in Oregon were entitled to receive monthly foster care payments based on the age of their foster child. The "basic" monthly foster care payments for children ages 2, 9, and 16 in 1994 were \$315, \$327, and \$404, respectively (USDHHS, 2006). When compared to the mean monthly foster care payment across states in the United States, payments to Oregon foster parents were slightly below the national average: (a) 2-year-olds (\$14 below the average), (b) 9-year-olds (\$23 below the average), and (c) 16-year-olds (\$3 below the average). In general, foster parents caring for a foster child with special needs received an additional financial supplement to the basic rate. The actual amount the foster parent's received for a foster child with special needs, however, was determined on a case-by-case basis.

Foster parents stated a variety of modifications to their family expenditures postplacement. Most families shared that they were no longer able to eat out or engage in previous extracurricular activities (e.g., vacations, sports events) because the costs were prohibitive with additional children. Kara, a kin foster parent, shared: “We don't go out as much; it's more expensive when you're taking four out.” All of the kin caregivers and over half of the nonkin caregivers reported a lack of adequate financial resources to cover the variety of expenses incurred while caring for their foster child. When asked, “How adequate is the income in relation to your needs?” Karen, a kin-caregiver replied, “Well, you never have enough money . . . we have income coming in and we live within our means. We struggle to do that most of the time.” Another kin foster parent, Keith, reported a similar financial struggle:

There's no way you can take care of foster kids . . . we felt we weren't doing it for the profit, but there's no way you can bring kids into this house with the money they're paying and break even. So the only one's who's going to do it is the one's [who] are going to skim.

Nonkin foster parents also had concerns about inadequate funding and its implications for the foster child. Nancy shared her perspective:

If I was doing it for the money, with [my foster child's] special rate in respite, it came to over \$900 a month, so I could just go ahead and keep him for \$900 a month if I was just doing it for the money. But when it came down to whether I was doing him any good or whether he needed further help, then that's the time he needs to go no matter how much money there is. There's been many times when it wasn't near enough money.

Although it was difficult, this lack of funding did not keep foster parents from providing for the essential needs of their foster child(ren). Some caregiver's rallied community support (church donations) and Temporary Assistance to Needy Families (TANF) to bridge the financial gap.

Many caregivers supplemented the foster child's stipend with their own personal fiscal resources. Some caregivers were concerned that the financial resources that would have otherwise gone to their birth children were redirected to assist their foster children instead. The main concern was that they may be "short-changing" or financially depriving their birth child(ren). A kin foster parent, Kevin shared his fiscal concerns:

It takes away from my family. I have my nephew and niece here and we try to be fair. In being fair, we are taking away from things we could provide our natural children because we want to provide the same things for the foster child, just to make my nephew and niece part of the family. Like going out to eat. We do that a lot less than we used to. The holidays in general. This year we didn't get as many new school clothes as we normally would because we have 4 to clothe instead. [Kaylee, Kevin's partner] will stretch dinners whereas before she would be cooking every other day and we'd have leftovers every other day. We don't have very many leftovers any more. So it's expensive. We had to cut back on some of our spending.

Kevin added, "I know [my foster children] are in a position that they did not create, and it's not their fault. . . . We are willing to sacrifice until their parents get their act together."

In like manner, a nonkin foster parent, Nolan, expressed his view:

Because we provide more money and more clothing than what they do [birthparents and Social Services]. I think there should be a better break on that where the foster parents don't have to dig as deep to help the child. . . . Now, I don't know whether that money comes from the state or it comes from the parents. I think the parents should help.

In addition, foster parents with children who were classified as having *special needs* by the state and therefore received higher stipends also reported not being adequately compensated. These foster parents expressed that they did not receive appropriate levels of compensation given the high level of physical, emotional, and social assistance these children often required of their caregiver(s). The families who were able to rehabilitate or markedly reduce the level of assistance of foster children with special

needs were discouraged when their stipends were reduced. They felt that this reduction negated their hard work instead of rewarding their efforts, they noted feeling penalized for their often considerable efforts. They reported feeling that their hard work was neither recognized nor rewarded, especially given the continued effort that was required to maintain the gains experienced by the foster child. A nonkin caregiver, Nora, offered a suggestion to remedy the gap between the foster care payment and appropriate compensation for the actual work:

You've got a child that's got extra needs, I think there could be some standards. If a child's on medication, if they've got to be monitored 24 hours a day, or, you know, just some standard steps. If this, then we'll do that. My husband's just finished working out an agreement with his place of employment with the union, and they had to agree on certain things. There's this wage for this level starting out, and if you learn this skill, you get an extra so much per hour. And this skill, again, each skill that you add, you get a little more for. I think foster care could be the same way. If you're trained to handle this type of child, you ought to be compensated automatically. The way it is now, you have to ask for a personal care nurse; they come out; it's about a minimum of 2 months before the whole process is done and you get a check if they accept it, and you're at their mercy completely.

### *Postplacement Adjustment*

*Family Routines.* The family routines changed for all of the foster families postplacement. The changes in the family routine included eating meals at the dinner table, having a set schedule (e.g., waking up, going to bed), as well as a consistent time to work on homework assignments. Some of the changes were welcomed by families whereas others were anxious for their lives to return to a sense of normalcy.

Some families reported that their foster children were sensitive to changes in their schedule. These changes were an issue, particularly if they prevented the foster parent from getting a much needed break or respite. The development of routines for some and the dramatic change in routine for others were initially viewed as a challenge; once the

family adapted to the changes, however, it seemed to help the foster families, particularly the foster children, adjust.

*Increased Demands on Time.* Both kin ( $n = 6$ ) and nonkin ( $n = 6$ ) caregivers reported being more pressed for time and being notably busier than usual. One kin caregiver, Kathleen shared, “That was hard . . . Bottles and staying up with babies. It was rough for two or three years. I had to do all the work. I was tired. No help. I didn't have anybody.” Another kin caregiver, Kara, shared similar constraints:

[Keith] and I went out a lot before. We'd go to dinner with friends. We could pick up and go any time. We didn't have to be home any certain time. So all of a sudden you're getting up early to get them to school, and dinner has to be at a better time. Your whole routine changes from being footloose and fancy-free.

A nonkin caregiver, Noah, shared, “What this means is we become caregivers; we become more involved with somebody else's life than with our own,” and that the attention his foster child needed was, “A well that you cannot fill.” Noah also expressed the demands their foster child had on their time and the reasons for his high level of need:

It is full-time, even in the middle of the night, kind of job. This boy came to us with night terrors, so even after he goes to bed he has problems. And I don't mean bad dreams. I mean climbing the wall, beating himself against the headboard, shrieking because somebody's going to put a bullet in his mother's head because she doesn't pay her drug bills, imagining he has to defend his mother against his stepfather with a knife; all kinds of horrid, horrid stuff.

Foster parents (kin;  $n = 5$ ; nonkin  $n = 5$ ) who had birth children residing at home expressed concerns regarding the extensive amount of time they spent with their foster children when compared to their birth children. They shared that they felt torn between providing for the emotional needs of their birth child while trying to balance the often high levels of need and attention of their foster child(ren) (This is an example of structural ambivalence). A kin caregiver, Kandice shared “I feel bad. It's irritating

actually. I want to spend time with my kids, and no matter how much I try and get things done around here, I just don't have enough time.”

*Birth Children.* Nonkin foster parents also experienced pressure from their birth children. Birthchildren might verbally express their discontent for the amount of time spent with the foster child and/or exhibit “attention getting” behaviors. Some foster parents, for example, noticed that their birth child would compete for their attention, seemed clingier, and showed regressed behaviors. A nonkin caregiver, Nikita, shared a struggle of balancing her energies between her birth children and foster children. Nikita noted,

They [my birth children] get very jealous of the time I spend with the others. I have to be very careful to divide my time. If I sit down, they're all on me. There has to be one on me and one on each side and I have to make sure they get equal time in that area.

Many of these behaviors seemed less apparent to the caregiver prior to the arrival of the foster child. One kin caregiver, Kaylee, shared that she is unsure if she should have agreed to care for her husband’s nephew. Given the impact it has had on their birth child diagnosed with Attention Deficit Disorder (ADD), Kaylee added, “I just don't think it's been good for him. . . . I feel like I've kind of failed [my birth child] by taking these kids in. He really can't handle it.”

*Space Different Intensity.* Another critical adjustment for nonkin and especially kin foster parents, was making room for their foster child. Insufficient housing was a significantly larger issue for kin versus nonkin caregivers. For instance, 7 out of the 11 kin caregivers reported that they did not have enough room to accommodate another child compared to 1 nonkin caregiver. Because the child was placed in their care, they made

some space for the foster child, usually at the expense of their children or themselves (their child having to share a room or the caregiver giving up personal space to accommodate the foster child). Kin caregivers collectively desired more space (e.g., an extra room).

The strain of these adjustments was summed up by one kin caregiver whose family life changed considerably. Kevin shared that his wife had to quit her job to accommodate the demands of foster caregiving and his feelings regarding the many changes:

The changes that have occurred are disruptive. You can pick out the positives, you can pick out the negatives, but in general our family life has been disrupted. We had pictured a way of living and that has changed in a big fashion. . . . If we had to do it all over again knowing then what we know today, we would probably have gone a different route. Maybe let somebody else take care of the kids and then do the fostering where we could visit them or take them for weekends.

*Impact of Birth Parents.* Many foster parents harbored reservations that if their foster child was reunified with the birthparent, their foster child would experience a significant decline in functioning because of a return to a bleak situation. Kin were more likely to have first-hand information about birthparents. Several kin caregivers, for example, were aware that birthparents were not in compliance with the terms and conditions of reunification. Birthparents continued to abuse substances such as alcohol and/or drugs. Nonkin foster parents also had their suspicions about birthparents' ability to care for their birth children once reunified. Nicole (a nonkin foster parent) shared:

Well, you really feel helpless when they tell you kids are going home because their parents met all the requirements for them to go home, and we had 2 kids leave here once, a brother and sister, and they were going home to their Mom who was supposed to be going to school, or going to the consortium and learning different things. She'd done everything she was supposed to do. It was only a half mile from here and we knew what the real story was. But nobody could catch her.

Nobody from CSD could catch her doing what she wasn't supposed to do, so they had to go home.

Nicole and Nicholas (nonkin foster parents) had a foster child who was later returned to their home because of the birth parent's failure to provide a safe environment. Thus, foster parents' skepticism about the birth parents' ability to maintain treatment gains might be anecdotal in some cases but confirmed in other cases.

Kin and nonkin foster parents expressed the challenges they experienced after children had returned from a visit with their birthparent(s). Kate, a kin caregiver, noticed that her foster child regressed after parental visits: "Every time he has contact with his Mom he kind of reverts back to what he used to do when she was here." Nonkin foster parents shared similar experiences and their frustration in dealing with the aftermath of parental visitations. Norris (a nonkin foster parent), for example shared, "It's taken us 2 weeks to get them back livable so they can go home again for another visit so we can go through another 2 weeks of hell getting them livable." This was a fairly common experience for most kin and nonkin foster parents.

The birth parents' perceived inability or unwillingness to meet the terms and conditions of reunification fueled the anger and resentments of both kin ( $n = 6$ ) and nonkin ( $n = 4$ ) foster parents. A kin caregiver, Kandice expressed her frustration after having the foster children in her care for over two years: "I think she thinks she's on vacation . . . I told her, "I'm not a lifetime babysitter. You need to get your kids back."

Kandice explained,

They're not sure if she's stalling and doesn't want her kids back because she comes for her visits, but she makes up excuses for everything. . . . I told her, "You could take that a little too far. You're better now. You're not on drugs and you're clean and you need to think about your kids because they're yours."

This is an example of structural and emotional ambivalence.

Many nonkin caregivers echoed the sentiment of their kin counterparts. Naomi, for example, shared her frustration with the birthmother of her foster child: “I feel angry at his mother, just horribly angry at her. Because no matter where you look inside [my foster child], all emotional plains, social development, cultural development, academic development, no matter where you look, there’s a giant void.” This nonkin caregiver further expressed her concern regarding how their foster child may fare in his birth mother’s care given the severity of birth mother’s clinical issues:

Her psychological evaluation is very, very negative. It says specifically in there that she’s incapable of parenting children. . . . She says her alcohol and drug problems don’t interfere with her ability to be marvelous parent. And the fact that she’s homeless and doesn’t have a job, and never has had a job, and isn’t going to have one, and is verbally abusive to everybody she encounters, but those problems don’t interfere with her parenting at all. . . . She doesn’t have a problem. She’s just being hassled. So the person who winds up having the problem is [my foster child].

Naomi summed up the predicament faced by her 11-year-old foster child: “This child does not have enough childhood for her to improve.”

### *Kin and Nonkin Differences in Challenges*

#### *Strained Kin Relationships*

A challenge that was unique to kin foster parents was strained kin relationships. Several kin caregivers reported strained kin relationships. Kristen, a grandmother shared: “Her mother and I didn’t get along too good. I was p.o.ed at her for what she did to the kids. She should have been the one taking care of her own kids.” She also stated that she did not think the relationship with her daughter would heal until her daughter abstained from drugs. Another kin caregiver shared the birthmother’s understanding of her

children's placement, "She kind of resented us for taking her children away, basically, thought we had done it." Kyle elaborated:

She wasn't willing to accept the fact that what happened to her was her own fault. She was trying to blame everybody else for her problem and we just happened to be handy. I think that's why foster parents are afraid of taking kinship [foster care] into family because they don't want to disrupt the kinship relationships. I thought I was helping the kids. That was my primary goal and reason for it. The kids needed a place to be and I figured it would be better to be with family than with strangers.

This is an example of emotional and structural ambivalence.

The study provided one kin caregiver, Kaylee, with an opportunity to acknowledge the anger and hostility she felt toward the birthmother and at times her foster children:

I kind of have a bad attitude about the whole scenario. I feel a little bit bitter. I hate their mother. This is her fault and I can't stand her. Sometimes I even feel bitter towards [my foster children], and I know it's not their fault. But it just happens. So I guess I've seen how selfish I can be. Probably the most negative thing is the time it's taken away from my kids.

This is also an example of emotional and structural ambivalence.

### *Anticipatory Grief and Loss*

A key difference between kin and nonkin foster parents was that the nonkin foster parents struggled with a variety of grief and loss issues. Anticipatory grief, for example, was evident and troublesome especially for nonkin foster parents. The term grief refers to the experience of sadness following a loss, whereas anticipatory grief refers to the experience of sadness before the actual loss has occurred (Worden, 2002). That is, in anticipation of a loss, a person experiences grief. In the foster parenting situation, the mourning process may begin before the child leaves the foster home (Anderson, Gurdin, & Thomas, 1989).

In this study, nonkin foster parents were besieged with anticipatory grief. Nonkin foster parents articulated mixed feelings or ambivalence around the consequences of their attachment with some preferring an emotional distance. Several nonkin caregivers expressed anticipatory grief. Norma, for example, explained why she had decided that she would maintain an emotional distance from future foster children:

Part of it's a survival tactic. If you want to stay in this business for very long of providing that without hurting yourself down the road, it's probably not a good idea to open yourself up to falling in love with these kids because they may not be with you long enough, and if that's going to tear your heart up like having one of your own children taken, you're not going to be able to make it for the next kid. That's not what they want. I guess that's not what you're providing. And if you set yourself up for that and you can't handle it on the next kid, CSD has one less resource. I don't feel responsible to love the kids, but morally there's that feeling that you should. And I think in the long run, both the child and myself would probably be happier if I did.

This is an example of emotional ambivalence.

One nonkin caregiver, Nikita, shared that she was hesitant about loving her foster child given her desire to not get hurt. Another nonkin foster parent, Nicholas, said, "You're not supposed to get attached." His partner Nicole explained her personal struggle and pain after trying to adopt her foster children but not being able to adopt them. This foster parent was so distraught and inconsolable while discussing the loss of her foster children during the interview that she needed a break to regain her composure.

#### *Kin and Nonkin Similarities in Rewards*

The qualitative analysis revealed several broad categories of rewards. The most significant reward and perhaps the reward that ameliorates the challenges and maintained foster parental motivation was the conviction that as foster parents they made a difference in the lives of their foster children. Foster parents shared marked educational and social

improvements of their foster child. Moreover, foster parents expressed that their foster parenting experience had a positive impact on themselves as well as their immediate family members. The knowledge that the foster parents were meeting a need that existed was a key motivating factor for both kin and nonkin foster parents.

### *Making a Difference*

The most frequently mentioned reward that encouraged both kin and nonkin foster parents to continue was simply stated as “making a difference” in the lives of the foster children. Kandice, a kin foster parent, shared: “Just knowing that I’m making a difference, even though you can only see small little things. It’s not something they let you see; it’s just something you have to see on your own.”

In like manner, a nonkin caregiver Nick said, “Just knowing that we were filling a need, that we were doing a reasonably good job, that we were making a difference in kids’ lives.” Nick elaborated that being a foster parent gave him a sense of accomplishment:

Just seeing kids that you’ve made some kind of difference. Even with [our foster child]. I know we made a lot of difference with him. I can see a lot of changes and things that have happened to him that I know happened because we held together and we kept him for those 3 years, that we didn’t give up. When he does certain things like say, “Hey, Dad!” Even the fact that he can read on the level of a 21-year-old. Gee, if I hadn’t put him in time out and made him do reports all these years, he couldn’t do it.

When foster parents were discouraged, the rewards seemed to help them to continue. A kin caregiver, Kathleen, shared her experience, “I was angry at their mother. I was disappointed. My plans were just out the window. Everything had changed.” When the interviewer asked, “How long did that anger last?” Kathleen replied,

Not long. As soon as one of them said, "I love you, grandma." It didn't last long. When I see them growing and becoming secure and smiling again. All of that. I forgot about me.

### *Foster Child Improvement*

Foster parents noticed that their foster child's challenging behaviors had abated over time and was replaced with more appropriate and socially acceptable behaviors (e.g., etiquette). Their foster children seemed to have blossomed in school and at home. Most of the foster parents shared remarkable improvements. Kelly, a kin foster parent shared, the dramatic improvement in school attendance since the child was in her care:

We have a lot of contact with schools now. I don't mind. The school's working very hard with me to make sure [my foster child is] taken care of. They follow through with everything I ask. Frankly, the school knows [my foster child is] in a good place. [My foster child] was brought to us in October, and in the first 45 days of school, [he] had been in school for 7 of those. The rest of the time he was out of school because he just never showed up. From the time that I got him, the kid's missed one day of school. I think the school's going to help me a little bit more than they're going to help [my foster child's birth] mother. I obviously care enough to do something about him.

A nonkin caregiver, Naomi, proudly shared the achievements of her foster child:

His teacher calls [my foster child] her miracle child. When he arrived he was disruptive, he was a problem at school, he had attention problems, and at the end of the year he was the teacher's helper. He's still way behind academically, but he tried hard and he did his best to try to pay attention and he was polite to the other kids. He's developed good manners and he's sensitive to other people's feelings and he's just come so far. We want to see this child succeed.

Not only did both kin and nonkin foster parents' notice that their foster child's grades improved but participation in sports or extracurricular activities seemed to also pay off for many foster children. On average, after a period of time (usually about a year), the foster children seemed amenable to foster family changes and seemed adjusted to their new family situations.

In addition to improved emotional and behavioral conditions, kin and nonkin foster parents were delighted to observe that their foster child's medical outlook also improved. Nicholas, a nonkin caregiver shared, "He didn't want to eat their food at Juvenile Detention Hall. He was 140 lbs when he came and 240 lbs when he left."

Kaylee, a kin foster caregiver, observed a similar health-related improvement:

She had a lot of health problems. She had bad ears and bad tonsils and bad teeth when she moved in here, and as soon as all the problems were fixed, she just, she eats like a horse, it's amazing. She eats more than I do. It's crazy. Considering that she was almost deaf and had an infected head all the time, she has come back physically very, very well. She eats well, she's healthy.

### *Community Recognition*

Family and friends also recognized and commended the foster parents for the foster child's phenomenal improvements. Naomi, a nonkin caregiver, beamed, "[Noah; Naomi' partner] talked to the principal and a number of people at school and they all say that [our foster child is] doing just beautifully." Kandice, a kin caregiver, expressed similar excitement, "When they go to someone else's house and someone says, 'God, I can't believe those are the same kids!'" Norman, a nonkin caregiver read a card he and his partner received praising their accomplishments:

"I wonder if you realize what a good example [your both are] for others [Norman] and [Nora]. You are so sincere in your beliefs, so determined to be the sort of person God wants us to be, that people are inspired by you. It's all such a wonderful tribute to you and your way of life that I just had to tell you". . . . That was a real encouragement to get a card like that.

Another nonkin foster parent relied on others to help her gauge the progress of her foster child. The close proximity to the foster child and the ostensible lack of progress seemed to create uncertainty in this foster parent. Norma, therefore, needed confirmation or an objective opinion: "It's harder to deal with a child you don't see any progress with.

It's helpful to have other people kind of gauge her progress because they're not so close."

Norma wanted someone to assist her in seeing the indicators of her foster child's progress. A resource in Norma's community was able to provide the insight Norma needed. Norma said, "To hear them say that she was a totally different child was remarkable, because to me, I was seeing her way too close. But from somebody else's vantage point, they could see the change." Kin foster parents also benefited from this type of recognition. A kin foster parent, Kaylee, commented on her foster child's strengths: "[She is] very bright in school. [The] teacher writes good notes about her, the bus driver writes good notes about her, the librarian writes good notes about her. I mean, she just is a star student." The social and community recognition was very important to foster parents; reaffirming their decision to persist in the face of challenges.

#### *Positive Impact on Foster Families*

Foster parents shared that whereas there were a series of adjustments for their birth children, the experience by and large had a positive impact on their immediate family. Kin foster parents, for example, felt having an addition to their family provided a role model for their birth children. Kate shared that her foster child was a positive influence on her children:

I think she's a pretty good influence on the younger children too because she is more active. She cleans up more than they ever did. So they see her doing that and it helps them realize it's not a bad thing to clean up. She does try to help them with their homework.

Other kin caregivers shared a similar view. Kaylee, for example, shared, "If I had to do it again, I'd do it again. It's been hard on the kids, but then it's been good and they've learned

a lot of good things by having [my foster children] here.” Natalie, a nonkin caregiver shared the following:

Well, in the beginning when we first did it, my son was jealous. He experienced jealousy. He wasn't at that stage where he could view it as helping somebody. He just felt somebody was infringing on his territory. My daughter was older and she was very accepting of it. I think there was times when she was concerned about our welfare, our well-being, because it could be very taxing on us. . . . And [my birth child] has come to the point where he sees it as a benefit. He's very attached to [my former foster child]. He and [my former foster child] are just like brother and sister. So as he's matured, he's viewed it as advantageous because his family ties have grown and increased and the friendships that have developed out of it.

Some foster parents felt that it not only brought their family closer, it improved their relationships with their partners. Even though foster caregiving has its challenges, the demands seemed to bring foster parents closer together with one byproduct being a strengthened intimate partnership. A nonkin foster parent, Neil, shared:

It's had both positive and negative effect[s]. It's allowed us to do more things together, while at the same time, it is prohibited us from doing a lot of things together that we'd like to do. It's a burden on our freedom, definitely, but it makes the time that we do get together more important to us. So it's improved the quality, if not the quantity.

This is an example of emotional ambivalence.

A kin caregiver shared how the foster care experience also changed their views.

Kate said,

I mean, it's kind of like closing your eyes, the way we were before. . . . We didn't have to worry about or even consider other people in our family. We never considered having more children. We medically took care of that. . . . Now that we have more children, it's like your eyes are open now. You see there are other ways to be.

Natalie, a nonkin foster parent, shared a similar sentiment: “It's made me look at the world differently.” Collectively these experiences seemed to reify their sense of family.

Natalie's partner Nolan added, “It's brought us more together as a family. We realize how

really important the family is.” Kate, a kin caregiver, shared that their family became “less self-centered and more inclusive.”

Foster children left a lasting impression on the lives of the foster parents they have touched. Nicholas, a nonkin caregiver, shared: “They’re part of our lives. All the kids who’ve been here have touched us in one way or another, and they’re going to be with us in one way or another for all of our lives, and probably theirs.” Nicholas emphasized the importance of these enduring ties:

We’re the family. When these kids come back, they call us Mom and Dad. It’s like [our adult foster child] bringing his little girl over here and calling us Grandpa. That’s not just a put on thing. That’s the way it’s going to be for him probably for all his life, I hope, and that’s the way it is for most of the kids who’ve left here.

This experience strengthened their resolve as foster parents and deeply touched their lives. His partner Nicole added, “I guess that makes us realize that they still think of us as good people in their lives. We had a good influence.”

Other nonkin foster parents such as Nicollette shared that their life was more fulfilled. Nicole and Nicholas expressed that their foster children helped to bring out their positive qualities. Kin foster parents also noticed a positive change given their experience as a foster parent. For example, Kandice, a kin foster parent, reflected on how she felt about the changes in herself:

They're good changes. I dig deeper into things now than I used to. Before if I saw a bad kid, I thought, "Boy, their parent needs to do something with that brat." Now I dig a little deeper. There's a reason for everything. There's a reason why a kid does everything. I probably spend more time trying to figure out what it is. It's more important to me rather than just sending them to their room and not trying to find out what's wrong. That's where my big talks come in.

Nicollette and Trish, nonkin foster parents expressed a sense of pride in “giving the child a family.” For Neil, a nonkin foster parent, assisting his foster child in becoming a “productive citizen” was also rewarding. Another nonkin caregiver, Neve, delighted in watching her foster child blossom. Nina, a nonkin caregiver, shared that she felt rewarded by “The look in their eye. The happiness I see in them.”

### Summary

Despite the plethora of challenges, foster parents were committed to providing the best possible care for the foster child(ren) in their care. Although the challenges were many, the rewards motivated many foster parents to persevere. Karen, a kin caregiver, eloquently explicated the reality of the foster care conundrum:

I'm not a hero. It's been a long, tough haul. And I'm doing this because even though it's hurt me physically, mentally and emotionally in a lot of different ways . . . I know where she would end up, and I cannot deal with that. . . . We had an opportunity recently to let her go. I knew where she was going and I knew that she would then get into all the negative stuff. And what on earth have I done for 5 years? Maybe that's a little bit selfish. But I don't want her to go out and slide between the cracks.

Thus, despite the remarkable trials and tribulations many foster parents have endured, they provide these victims of often profoundly restricted childhoods the prospect of a future. Foster parents' unwavering commitment and desire to open up their hearts as well as their homes constitute a labor of love.

## Chapter 6: CONCLUSION

In this chapter, symbolic interactionism and intergenerational ambivalence are utilized to explicate the key findings in this study. These findings are juxtaposed, and then integrated with the current understanding of kin and nonkin foster parenting. The findings are followed by policy implications and directions for future research.

Symbolic interactionism and intergenerational ambivalence provided a framework for understanding how foster parents develop their roles. Symbolic interactionism suggests that foster parent roles are negotiated through proximal social interactions. This complicated set of actions and reactions can be referred to as a relational “dance.” The process of social role negotiation was evident in this study. Most kin and nonkin foster parents, for example, were careful about assuming the role of “parent” and being considered “Mom” or “Dad” unless the child was accepting of their occupation of this role. Foster parents felt that assuming the role without “permission” or an “invitation” from the foster child might unintentionally damage the foster parent-foster child relationship. Although the foster parents’ responsibilities reflected their occupation of the parental role, the foster parents felt that their foster child might view their occupation of the role as “parent” negatively.

Consistent with symbolic interactionism and the reciprocal nature of social interactions, the foster caregiving experience left a lasting impression on kin and nonkin foster parents. Although foster parenting is not for the faint of heart, foster parenting does have its benefits. All of the kin and nonkin foster parents expressed that they experienced some kind of reward for their efforts. Some foster parents were rewarded by seeing the

improvement in their foster child and others were rewarded by the personal growth they experienced from foster parenting.

Because the role of foster parents is not clearly defined, kin and nonkin foster parents developed their own role definitions. In this study, foster parents relied on their personal experiences, foster parent-foster child interactions, and their understanding of social service rules and regulations as a guide to the development of foster parent roles. More distal social perspectives of foster parents, however, did not appear to influence foster parent role conceptions. Most foster parents in this study viewed society as having an unclear and unrealistic view of foster care, thus foster parents did not seem to be influenced greatly by general societal expectations for the foster parent role.

Intergenerational ambivalence provided a second framework for understanding the complexities of the foster parent role. Both kin and nonkin foster parents experienced emotional ambivalence but for different reasons. Nonkin foster parents, for instance, experienced confusion about how attached they should be to their foster child, whereas it was assumed that kin foster parents would automatically have an emotional connection to the child. In general, nonkin foster parents were operating under the belief that they were expected by social services not to get attached to their foster child because the foster child would eventually be reunified with birth parents or adopted. This expectation by social services to be emotionally detached created ambiguity for nonkin foster parents. Most of the nonkin foster parents decided that they could not remain detached from their foster child given the intimate nature of the foster parent-foster child relationship. Unlike nonkin foster parents, an attachment or strong connection to the foster child by kin foster parents was assumed to exist given the biological tie. One kin foster parent, however, was

willing to provide the necessary care for her foster child but was unsure about whether she loved this child who had severe behavioral issues, including repeated “soiling” of the home. The lack of clarity concerning foster parent expectations appeared to contribute to the ambivalence experienced by foster caregivers.

Another source of emotional ambiguity for kin and nonkin foster parents was their foster child’s birth family loyalties. Both kin and nonkin foster parents thought that their provision of a safe and loving home would be a welcomed reprieve for their foster child. Instead foster parents found that their foster child remained very attached to their birth parents in spite of the history of parental injustices. When their foster child seemed eager to maintain birth family ties, most kin and nonkin foster parents were initially confused. The foster parents’ confusion stemmed from their lack of understanding of the strength of birth family loyalties despite the child abuse and/or neglect experienced by foster children.

In addition, kin foster parents tried to balance their desire to help their foster child with the desire to help the foster child’s birth parent(s). Given the birth parents’ inability to provide adequate and appropriate care for their birth child, most kin foster parents expressed a sense of familial obligation to care for their family member’s child. Yet, when kin foster parents felt that the birth parents seemed to be taking advantage of the kin foster care arrangement, a few kin foster parents expressed anger and animosity toward the birthparent(s). A kin foster parent, for example, felt that the birth mother was rehabilitated and should therefore be reunified with her birth child. When the child remained in the kin foster parent’s care, the kin foster parent was disgruntled. Thus, the

kin foster parent's desire to assist birthparents coupled with the increasingly strained family relationships was a source of ambiguity for kin foster parents.

Nonkin foster parents were more likely to experience emotional ambivalence when trying to balance their desire to become attached to the foster child with the knowledge that the foster child would eventually leave. For example, after experiencing the loss of a foster child to another placement, one nonkin foster parent decided that she would be more cautious about how attached she would allow herself to become to a future foster child. This nonkin foster parent's expressed desire to provide a loving home for future foster children was complicated by the grief and loss of a previous foster child. The nonkin foster parent's perceived risk of emotional involvement contributed to her emotional ambivalence.

### Study Findings

A major finding of this exploratory study is kin and nonkin caregivers hold similar views of foster parenting roles and responsibilities. The finding of more similarities than differences between kin and nonkin perceptions of roles and responsibilities, for example, is consistent with earlier studies that report major similarities between kin and nonkin foster caregivers' perceptions of their roles (Le Prohn, 1994; Natsuti et al., 2004). Although many of these earlier studies have highlighted differences between kin and nonkin foster parent role conceptions, in fact, more similarities than differences have been reported.

Kin and nonkin foster parents also experienced similar challenges and rewards. Although I had expected more disparity between the two groups of foster parents, the qualitative analyses revealed remarkably similar role conceptions, challenges, and

rewards across these groups. There were situations and circumstances that were unique to a particular family but these did not translate into noteworthy group differences. Given the similarity of their collective experiences, if the kin and nonkin labels were removed from the transcripts of this sample, it would be difficult to discern whether a foster child was placed with a kin or a nonkin foster parent.

There are several possible explanations that may have contributed to kin and nonkin caregivers reporting more similar than divergent experiences. In this study, although the frequency of specific challenges and rewards varied across kin and nonkin caregiver groups, the general themes were remarkably similar between the groups. It would seem that regardless of the kin or nonkin caregivers' status, there are inherently similar social processes experienced by both groups of foster parents. Postplacement transitions and related adjustments, for example, inevitably come up for all who have a new addition to their family. Foster parents and the children in their care are entering uncharted territories. That is, a foster child is placed with a family and there seems to be an unavoidable adjustment process. This adjustment process might be enhanced by a kin affiliation; however, the kin affiliation is not sufficient to circumvent the adjustment process. Foster children and their foster family still have to deal with the adjustment process.

Another explanation is that even if children had stayed with their kin family members at one time or another or even for extended periods, it was typically a temporary arrangement and they were able to return "home" after their visit. When the roles shift, however, and aunts, uncles, or grandparents emerge as "foster parents" and the niece, nephew, or grandchild becomes known as the "foster child," there are bound to be

relational shifts. Thus, regardless of kin or nonkin affiliation adjustments are inevitable for foster children and foster parents alike.

A possible, yet unexplored explanation of the convergence of kin and nonkin experiences might be that other than a biological tie linking the foster child to the foster parent, kin foster children may not have had much contact with their kin caregiver prior to the kin foster care placement. Although only three kin foster caregivers in this study were grandparents, nevertheless, it may be instructive to consider research on grandparent styles to understand kin differences. Cherlin and Furstenberg (1986) identified three prevalent grandparental styles: remote, companionate, and involved. Remote grandparents are physically separated and emotionally detached from grandchildren, companionate grandparents are involved but enjoy a warm and congenial relationship with their grandchildren, and involved grandparents play a major role in their grandchild's life, assuming much of the child caregiving responsibilities. Although unexplored, the diversity of grandparental styles could be adapted to explain the heterogeneous nature of other kin relationships. Viewing kin relationships as remote, companionate, or involved might be useful when examining the experience of foster children in kin care placements. In essence, depending on the frequency of contact with kin, a child might be transitioning into a family with whom they have no experience or connection prior to placement. As a result, kin and nonkin caregiving experiences might be more similar than different.

This study is not without limitations. One limitation is that the demographic profile of the sample was relatively homogeneous. Kin and nonkin caregivers with birth children, for example, reported the same average income including foster care payments.

Similarly, kin and nonkin caregivers without birth children also reported a similar level of income. Most of the participants in the study were White, with the exception of three kin foster families who reported other ethnicities. The homogeneity of this sample may have contributed to the common issues experienced by foster parents. Another limitation of the study is that the foster families who participated in the study may have been different than their nonparticipating counterparts. An additional limitation of the study is that the data are 10 years old. Because the qualitative experience of caregiving has not changed in 10 years, however, the data can be considered reflective of the foster parent experience.

#### *Unit of Analysis*

The intent of Project REFRESH was to use multiple informants to capture the experiences of kin and nonkin foster families. The researchers collected data from foster parents, foster and birth children, as well as caseworkers. For the purpose of this study, examination of the data was limited to kin and nonkin foster parents only. The primary unit of analysis therefore is kin and nonkin foster parents. Because it may be valuable to understand family relationships as experienced by more than one family member (Bernard, 1972), the experience of foster children and birth children in the project should be examined. The perspectives of the caseworkers may also be informative.

#### Policy Implications and Directions for Future Research

Pragmatic research is needed to identify the needs of foster families as well as practical, yet effective intervention strategies. That is, intervention research that looks at better ways to support foster parents. What are the outcomes if we provide better access to caseworkers, more training, more comprehensive services for their foster children, more information on the foster child?

The information gathered in this study may assist foster care placement personnel in determining areas of need and methods to assist foster parents in their foster caregiving endeavors. This information may increase the likelihood of recruiting and retaining kin and nonkin foster parents. A variety of factors may contribute to a foster parent no longer wanting to provide foster care services. This study provides first-hand accounts of kin and nonkin foster care experiences. The knowledge gained from this exploratory study of their views on roles, responsibilities, challenges, and rewards may help agencies to address some of these issues to ease the burden of foster families.

There is a plethora of research substantiating that foster children have diverse health, educational, and psychological needs. According to the November (2006) report by the National Center for Children in Poverty (NCCP), “50% of children and youth in the child welfare system have mental health problems.” This finding echoes the findings of McIntyre and Keesler (1986) who observed similar rates of psychological disorders among foster children nearly two decades ago. Although many foster children are psychologically vulnerable, the NCCP (2006) reported that “75% to 80% of children and youth in need of mental health services do not receive them.” Foster parents in this study were not prepared to deal with the complex medical and psychological issues of their foster child.

The NCCP (2006) suggested ways to enhance mental health services for children such as coordinating care for children with a mechanism to promote accountability among service providers, provide services that are accessible, consistent, and culturally sensitive for the youth and their families, as well as employing empirically based prevention and

intervention strategies. Perhaps these strategies could also be applied to the identified physical, health, and educational needs of foster children.

In the last three years, parental substance abuse (drug and alcohol abuse, respectively) was the primary reason children in Oregon were placed in foster care (Department of Human Services, 2006). Reunification with birthparents is based, in part, on a birthparent's completion of substance abuse treatment. Completion of treatment, however, does not equate to "staying clean and sober." National studies established that recidivism rates within the first year after treatment exceed 70% (Pagliaro & Pagliaro, 2000). In fact, Prochaska, DiClemente, and Norcross (1992) described relapse as part of the process of behavioral change. Karoll and Poertner (2002) recommended that judges and child welfare workers be educated about the complexities of substance abuse, treatment, and recovery. Given that foster children and foster parents are directly affected by the birthparent's chemical abuse/dependency and reunification is often contingent upon birth parental recovery maintenance, foster children and their foster parents would benefit from education about substance abuse, treatment, and recovery too.

The diagnosis of physical and mental health issues postplacement is significant because of the high levels of strain experienced by foster parents. They were unsure for a period of time about what might be contributing to their foster child's erratic behavior as well as the child's inability to follow basic guidelines and thrive in their care. Both kin and nonkin caregivers shared that it required a persistent effort on their part to uncover the possible genesis of these issues. This finding suggests the necessity of comprehensively evaluating physical (Hansen, Mawjee, Barton, Metcalf, & Joye, 2004; Jaudes, Bilaver, Goerge, Masterson, & Catania, 2004), dental, and psychological health.

The evaluation should also include educational strengths and needs (Evans, Scott, & Schulz, 2004; Zetlin, Weinberg, & Kimm, 2004). This comprehensive evaluation of foster children would ideally take place prior to placement or shortly thereafter to minimize the impact these issues may have on a foster child and the foster family. Foster parents may be ill prepared to deal with these health, dental, emotional, and/or educational issues. Once the areas of the foster child's needs are identified, foster parents must be provided with a list of resources in their community that can effectively address these emotional, behavioral, and health issues.

A lack of adequate compensation has been reported to be a prelude to placement disruptions (Berry & Barth, 1990) or may contribute to a foster parent's quitting foster care altogether (Rhodes et al., 2001). Foster parents in this sample experienced a lack of adequate compensation but remedied this shortfall of cash by using their own money to provide at least the expected level of care. Many caregivers supplemented the foster child's stipend if and when they had the available fiscal resources. Some caregivers used the financial resources that would have otherwise gone to their birth children to assist their foster children. Foster parents with children who were classified as having "special needs" by the state and received higher stipends for basic expenses did not receive sufficient compensation for the high level of physical, emotional, and social assistance these foster children required.

This finding runs counter to the belief or assumption that was mentioned by a few foster parents that the social perception was foster parents were "in it for the money." The foster parents interviewed in this sample not only reported not having enough money to cover basic expenses, they were willing to spend their own money to provide for the

needs of their foster child(ren). Although foster care may be erroneously viewed as a money making venture, it was not plausible for the sample in this study given that the expenses related to caring for the foster child exceeded the stipend provided. Thus, recalculation of the stipend to match the actual needs of the child will be important to consider.

In this study, most foster families wanted more support from and regular contact initiated by caseworkers. Most foster families seemed sensitive to the work demands of their caseworker but felt a consistent level of contact would be beneficial. Child welfare agencies need to develop strategies to check-in with foster families on a regular basis, therefore becoming a reliable source of support. Written or phone correspondence to check in on the child and inform the foster families of any changes in the foster child's case could help prepare the foster child and parents for upcoming changes in the foster care arrangement. In addition, caseworkers could provide a comprehensive list of community referrals so foster parents could explore a variety of alternatives depending on their family's needs as well as the needs of the foster child. Asking foster parents if they are in need of more assistance or letting them know that they can call when needed and that they can count on an expeditious response would be helpful. The provision of support that corresponds to the expressed level of a foster family's need is critical.

Nonkin caregivers were more likely to articulate and address potential safety risks their foster child might pose to children, making concerted efforts to have rules that protect potential victims. This discrepancy from kin caregivers might be related to the more extreme behavioral issues of children in nonkin care but may also reflect a naïve kin caregiver. Kin caregivers may not have the experience to detect predatory behaviors

exhibited by children and may not entertain the possibility because they consider their foster child as “family.” It is important to educate foster families that regardless of the information provided by the agency or what we think we know about what has happened to the foster child, we may never know the depth of their experience and the maladaptive behaviors used by the foster child to cope with these experiences of child abuse and neglect. Thus, it is important for foster parents to adopt universal precautions to ensure the safety of the foster child, foster parent, as well as children (including birth children).

The current research seems to tout kin placements in a positive light that does not consider how assuming this role impacts family systems. Previous researchers viewed kin caregivers as birth family facilitators (Beeman & Boisen, 1999). This view presupposes a positive relationship with birthparents and that family members who are not otherwise able to care for their child would be pleased with the prospect that a relative will be caring for their child. Although this might be true in some cases, that was not the case for a few families in this study; contributing to a great deal of strain and expressed animosity between kin foster parents and birthparents. The family tension and related conflicts experienced by kin foster parents and birthparents merit further investigation.

There is a tremendous amount of empirical support emphasizing the deleterious effects of multiple placements on a foster child. Previous researchers stressed “Placement instability places the well-being of children at heightened risk, therefore, accurate assessment of child need and risk in relation to caregiver capacities is critical” (Hussey & Guo, 2005, p. 485). Matching the foster child with a foster family on a variety of factors such as need and the foster parent’s ability to address behavioral issues are avenues in the child welfare system worth developing. Instead of a drive to haphazardly place children in

a foster home based on availability, a more pragmatic approach would be to reflect on goodness-of-fit of the child and parent. A matching process of foster parent and foster child would potentially help ease the transition for families and foster children. For example, if you know that a particular caregiver is experienced with children who struggle with hyperactivity, then that might be a good starting point in terms of matching the child's needs to the foster family's strengths. The system may not have the luxury of time or placements to conduct this matching process but an effort should be made to take these critical steps.

If foster parents are not able to adequately address the behaviors of the foster child, then they may become vulnerable under the stress, putting both the foster child and foster family at risk. It is a tragedy to prematurely place a child with a family that may not be prepared to handle their particular issues and that may lead to placement disruption and/or contribute to a premature expulsion from placement. Children are not only traumatized but well meaning foster families may become discouraged. This may be a plausible explanation for why many foster families quit within the first year of providing foster care services. The loss of a placement has an exorbitant cost for the foster child, foster parent, and child welfare system. Thus, comprehensive mental health and physical examinations, the provision of adequate financial compensation, and matching the child's needs to the families' strengths may help to preserve placements and prevent disruptions.

### Conclusion

This study demonstrates that despite the many demands foster parents' experienced, most foster families persevered. It provides a realistic portrayal of foster caregiving, balancing the potential challenges and rewards. Although there are many

challenges, there are also many rewards. The rewards appear to outweigh the challenges given the fact that foster parents continued to provide foster care. This qualitative study also provided a window into how foster parents roles, responsibilities, challenges, and rewards are viewed.

The foster parents in this study illustrate the epitome of altruism, they provide a labor of love. Kin and nonkin foster parents alike share a genuine desire to help foster children. For many their foster caregiving experiences were not without incident, yet they continued to provide foster care. We should not be over zealous because the challenges reported by foster parents in this study were also noted by previous researchers as factors that contributed to the eventual withdrawal of foster care services by caregivers. Thus, it is important that we listen to foster parents and provide assistance with their challenges. We must also increase the opportunity for them to experience the rewards of foster caregiving. A goodness-of-fit approach could also be a remedy for placement disruption. These strategies might improve recruitment and retention efforts.

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APPENDICES

## Appendix A

Table 1

Kin Foster Parent Demographics and Family Characteristics ( $n = 9$ )

FP Gender/ Age	BC Gender/Age	FC Gender/Age	Length of This Placement	Relationship to FP
f/*; m/*	f/13; m/10	f/14; m/12	*	Maternal aunt
f/67; m/84	None	f/15/; f/16	*	Maternal Grandmother
f/25; m/31	f/3/1	f/16	1 year	Paternal aunt
f/30; m/37	m/8; f/5	m/10; f/7	1.5 years	Maternal uncle
f/25; m/26	f/8/6/3	f/12; m/9; m/7	*	Maternal aunt
f/56; m/*	None	m/15; m11; f/10; f/9; f/8	*	Maternal Grandmother
f/56; m/55	**[39/37/35/23]	f/13	*	Maternal Grandmother
f/*; m/59	None	f/10; m/9	*	Paternal Grandfather
f/41; m/55	m/14/17; f/20	m/11	2 years	Great uncle

Note. FP (Foster Parent), BC (Birth Child), FC (Foster Child); \* Indicates missing information (not recorded in the transcript); See Table 3 for Mean Ages; \*\*[BC] no longer residing at home.

Table 2

Nonkin Foster Parent Demographics and Family Characteristics ( $n = 12$ )

FP Gender/Age	BC Gender/Age	FC Gender/Age	Length of This Placement
f/51; m/53	f/13/10/7;m/8	m/12/4*	3 years
f/* ; m/40	f/18/17/10	f/13	8 months
f/38; m/50	m/17	m/11/*;f/4/10/*	3 years
f/*; m/51	f/18; m/16	m/14/9	3 years m/14 1 year m/9
f/39; m/42	f/19/17/14;m/11	f/11/4/2	1 year
f/*; m/*	None	f/12; m/6	3 years f/12 8 months m/6
f/*; m/46	None	m/15/15	7 months m/15 1 month m/15
f/*; m/*	m/30; */*	m/11	*
f/*; m/*	None	f/13/11	7 months
f/*; m/*	None	f/17/13/*	5 years f/17; 1.5 yrs f/13; 3 weeks f/*
f/53; m/54	**m/28; f/33	m/17	8 years
f/49; m/52	**f/25/18;m/23/23	m/12	1 year

Note. FP (Foster Parent), BC (Birth Child), FC (Foster Child); \* Indicates missing information (not recorded in the transcript); See Table 3 for Mean Ages; \*\*[BC] no longer residing at home.

Table 3

## Foster Home/Caregiver Demographics Profile

Variable	Nonkin with BC <i>n</i> = 6	Nonkin w/o BC <i>n</i> = 6	Kin with BC <i>n</i> = 4	Kin w/o BC <i>n</i> = 5
Mean Age of Caregivers	48	43	45	48
Marital Status	married	married	married	married
Mean Years Married	19.3	23	16.3	16
Married Previously	N	N	N	Y
Caregiver Education Level	11.8	14.3	13.3	13.0
Mean Annual Family Income including Foster Care Payments	30,000	52,000	30,000	58,000
Mean Foster Care Income	\$800	\$767	\$767	\$433
Received Foster Caregiver Training	Y	Y	Y	Y
Years as a Foster Caregiver	10	6	3	2
Plan to Continue with Caregiving	Less than 5 years	Unsure	Until child(ren) leaves or are adopted	Until child(ren) leaves or are adopted

Note. FP (Foster Parent), BC (Birth Child), FC (Foster Child). The information on this table is adapted from the *Final Report-Project REFRESH* by Clara Pratt and Claudia Hatmaker. Variable labels were changed to adhere to APA guidelines.

Table 4

## Foster and Birth Children Demographics Profile

Variable	Nonkin with BC <i>n</i> = 6	Nonkin w/o BC <i>n</i> = 6	Kin with BC <i>n</i> = 4	Kin w/o BC <i>n</i> = 5
Mean Number of Birth Children in Home	3	0	3	0
Mean Number of Foster Children	1.7	1.3	1.3	1.3
Mean Age of Birth Children	17.3	-	14.1	-
Mean Age of Foster Children	12.0	12.7	13.0	9.5
Mean Number of Foster Children Served	85	20	2	2

Note. FP (Foster Parent), BC (Birth Child), FC (Foster Child). The information on this table is adapted from the *Final Report-Project REFRESH* by Clara Pratt and Claudia Hatmaker. Variable labels were changed to adhere to APA guidelines.

## Appendix B

## Foster Caregiver Questionnaire\*

Section One: Family Membership

## Foster Caregivers

1. Please tell me the first name of all the members of your family who live with you.
2. What's your relationship to the foster child? CG2 relationship to the foster child?
3. Anybody live in your house who's not a member of your family?
4. What is your age? CG2's age?
5. What is your occupation? His occupation?
6. Do you work outside of the home? Does CG2 also work outside the home?
7. How adequate is your income in relation to your needs?
8. What other types of jobs have you or your partner had in the past 5 years?
9. What level of education do you have? Your partner?
10. What do you enjoy doing? What does your partner enjoy doing?
11. What kind of personality do you have? What kind of personality does your partner have?
12. Is there anything else you want to tell me about?

## Foster children

1. Can you tell me about your foster child(ren): Age(s), personality, and the things s/he enjoys doing?
2. The reason your foster child(ren) is/are here? How long has s/he been here? How long will s/he be here?
3. Describe your foster child's personality?
4. Describe your foster child's hobbies?
5. Other activities?
6. Anything else about your foster child(ren) that you would like to add?
7. Is there anything else you want to tell me about?

## Birth children

1. Can you tell me about your foster child(ren): Age(s), personality, and the things s/he enjoys doing?
2. Describe your birth child's personality?
3. Describe your birth child's hobbies?
4. Other activities?
5. Anything else about your birth child(ren) that you would like to add?
6. Is there anything else you want to tell me about?

### Other members of the household

1. Do you want to talk about any of the other people in the house?
2. Any pets? Who takes care of them?
3. How do you and others feel about the pets?
4. Is there anything else you want to tell me about?

### Section Two: Family Integration

We're trying to understand how foster families define family and we're trying to figure out if they define that differently than people who are not family. Can you explain a little bit about how that is?

1. If you adopted a child would you see a difference between the attachment level?
2. Would there be a difference between them and biological children?
3. Could you love a foster child at that level?
4. Has it happened yet?
5. How many foster kids have you had?
6. What does SCF really expect of foster parents?
7. Do they expect foster children to be treated like members of families? Do they expect people to have them as actual members of family, the same as your biological child or different?
8. What does society expect of foster parents?
9. Does society expect foster children to be treated like members of families? Do they expect people to have them as actual members of family, the same as your biological child or different?
10. Is there anything else you want to tell me about?

### Section Three: Characteristics, Values, Beliefs and Attitudes

1. Give me 3 words that describe you.
2. How would someone who knows you well describe you?
3. What do you value most of all?
4. What's not very important?
5. How do you think they're doing in those areas?
6. How do you measure up?
7. How do your values differ from your father's? Or are they the same?
8. How do your values differ from your foster child's? Or are they the same?
9. Tell me about how foster caregiving has affected you and your family.
10. Do you think for the most part foster caregiving has affected you positively or negatively?
11. Is there anything else you want to tell me about?

#### Section Four: Boundary Setting and Maintenance – Rules

1. Can you tell me about the rules you have for accessing various resources?
2. Have you had any problems with foster children accessing these resources?
3. Are there any other rules about resources I haven't asked about?
4. What rules do you have about language?
5. What about name-calling?
6. How about loud noise?
7. Are there rules about not talking?
8. Can people use silence like a punishment for others?
9. Any other rules about language?
10. Any other important rules that I haven't asked you about?
11. Is that for everyone?
12. Have you found that the rules changed when your foster child came?
13. So do you present it like the rule's always been there or like it's a new rule?
14. To what degree, does your birth child obey the rules?
15. How do you generally enforce the rules?
16. What are the consequences for ignoring or breaking the rule for your birth child?  
Foster child?
17. So how do you usually enforce the rules with your birth child? Foster child?
18. When you do that, how do you do that?
19. What are the consequences if a birth child/foster child disobeys or breaks a rule?
20. How do you adjust the rules for individual children? Are there times when you feel the need to become more strict?
21. Can you talk more about the rules when foster children come?
22. How long would a foster child live in the house before they would hear all the rules?
23. Are there times when you become less strict or more lax?
24. Do you find you're more strict with your foster child or less strict?
25. Do the rules ever change in any other way?
26. Do you make special rule adjustments when someone new comes to the home?
27. What about the privacy issue?
28. Is there anything else you want to tell me about?

#### Section Five: Responsibilities and Chores

1. Between you and you husband, who usually makes the contact with your children's school? Is that for all of the children?
2. Who usually makes the medical decisions about your birth child(ren)? Foster child(ren)?
3. Does SCF make any decisions about your foster child's medical care?
4. You have to arrange for it?
5. Who usually makes the contacts with SCF about your foster child?
6. We're trying to figure out the division of labor in foster homes: What kind of things is your husband responsible for with your family?
7. Tell me what you do.

8. Any other responsibilities related to the kids or the house?
9. Is there anything else you want to tell me about?

#### Providing Foster Care

1. In general, how easy is it for you to provide care for your birth child(ren)? Foster child(ren)?
2. What is it about the birth/foster children that makes it easy or difficult?
3. In general, how is it going with the foster child(ren) you have now?
4. Would you like to keep him or her on a permanent basis? How long?
5. Do you feel okay with that?
6. Do you feel like you should love her/him? Why?
7. Do you think that foster parents should love foster children? Is there an expectation that they do?
8. Have you been attached to the foster child(ren) in your home? Could you have loved them if they'd been here longer? Or did you love them while they were here?
9. Is that discouraging? Does that create stress?
10. How attached would you say you are to your foster child(ren)?
11. When it comes to caring for your birth children, how much stress do you have?
12. What about the stress involved in taking care of foster kids?
13. Is there anything else you want to tell me about?

#### Coping with Foster Parenting

1. What strategies do you use to cope with the stress involved with your birth kids? Foster kids?
2. What else have you tried that seems to work?
3. Do you and your husband ever get away alone?
4. Any other things you try to reduce stress of caring for your birth kids? Foster kids?
5. Do you ever talk about sending the foster child(ren) back?
6. What kind of strategies do you use to cope with the stress of caring for foster child(ren)?
7. Do you and other members of your family go away and spend time alone?
8. Have you considered sending this foster child back to SCF?
9. How did you discover some of the strategies you use to cope with stress? Parent training? Some other way?
10. Do you ever feel trapped?
11. Is it easier or harder to deal with a foster child you don't see a lot of progress for?
12. To what degree do caseworkers or other agency personnel know about your strategies you use to cope with stress?
13. Are they aware of your stress level and the kind of things you're doing?
14. So how do you think they feel about your strategies?
15. Do they ever talk about facing the stresses of foster care with you? Do they give you ideas?

16. What kind of things would you suggest new foster parents try when coping with the stress of caring for a foster child?
17. Is there anything else you want to tell me about?

### Section Six: Level of Satisfaction

Let's start with what kind of things that would make it better for you or for other foster caregivers.

1. Is there something that would help make it easier for you?
2. Did you get enough training, for example?
3. Does SCF provide enough information?
4. When new kids come in, have you found you've done rules like that at some level before?
5. What kind of rules are those? Can you give me a couple of examples?
6. Why do you suppose the children don't know those rules?
7. What about the level of support you received from SCF?
8. How much support do you feel you've gotten from SCF?
9. Do you think in general foster parent's need more support?
10. Is there anything you think could make it better for the foster child themselves?
11. Why do you think foster parents provide foster care?
12. What kind of role do you think that society thinks foster parents are supposed to play?
13. Do you feel like you're matching your own expectations and that of the agency?
14. Is it a real struggle for your family?
15. So if you wanted support, do you really get it?
16. Do you think you would take another foster child in the future?
17. Do you think your foster parent experience was more positive or more negative? Please explain.
18. Is there anything I haven't asked you about the quality of care that you'd like to talk about?
19. Is there anything else you want to tell me about?

\*Because the complete list of interview questions was not available, this *Foster Caregiver Questionnaire* is comprised of questions that were in the actual transcripts. They are representative of the questions used across kin and nonkin foster parent interviews. The interviewers asked this list of questions and later more specific questions or probes based on the foster parent's response.