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Article

Assessment in Kinship Foster Care: A New Tool to Evaluate the Strengths and Weaknesses

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Abstract: Placement in kinship family has existed informally throughout time. There are many countries in which kinship family care is the most common measure used for child protection. However, it is a subject of continuous debate. One of the major issues is that kinship foster care is relied upon without carrying out an evaluation study of the family; often the child is placed directly with grandparents and uncles simply because they are direct family. This article presents an assessment tool to evaluate extended families in order to ensure the welfare of the child. The tool was created as a result of the cooperative research of 126 professionals from seven regions of Spain. The tool can identify the strengths and weaknesses of families by considering six factors: personal characteristics, the coverage of basic needs, collaboration with professionals, the family structure and dynamics, the relationship between family, child, and biological family, and, finally, the attitude towards the placement. The assessment tool is innovative and introduces the opportunity to consider the skills of the kinship foster care family, the needs of support, and which families are unfit to take care of the child. To conclude, the tool tries to overcome one of the principal disadvantages of kinship foster care: the lack of knowledge about the kinship family.

Keywords: kinship foster care; assessment tool; action research

1. Introduction

In Spain, extended family foster care has existed informally throughout history, but it did not become systematized and generalized until the Law 21/1987 [1]. Its development since then has been considerable.

As in other countries, kinship foster care in Spain has not been exempt from polemic. Many professionals perceived it to be an insufficient option, particularly because of the beliefs that mistreatment was transmitted intergenerationally [2–4] and that these are poorer quality foster care placements, as well as worries that kinship caregivers may collude with parents outside of the case planning [5]. Beginning with these ideas, foster care practice until the early 1990s in Spain attempted to avoid kinship foster care with grandparents [2].

The difficulties of recruiting unrelated foster families for foster care, the recognition that kinship foster care responds to a philosophy of family preservation, the benefits in terms of stability, the challenge of providing social support for families with difficulties, and the problem of economic compensation tied to other types of foster care are some of the factors that have led to a change in attitude, policy, and practice in some countries. This shift has allowed kinship foster care to spread and become more prevalent [6]. The increase has occurred in countries as diverse as Holland [7], Spain [8,9], Sweden [10], the United Kingdom [11,12], and the United States [13].

Testa and Slack [14] explain that demand for kinship foster care has developed because of the reduction in unrelated families willing to assume the challenge of foster care, combined with poor economic support and low quality of formal support [15]. Kinship care has evolved differently within different countries [5], but the situation of children is similar in all countries: many children and youths are in unprotected situations as a result of various parental crises, such as drug consumption and economic problems [16], or due to other circumstances such as imprisonment, mental illness, and health problems [17].

1.1. The Current Situation

The expansion of kinship foster care in Spain is due to a series of factors [2]. Legal factors, such as Law 21/1987 [1], which upgraded family foster care in general, and later Law 1/1995 [18] for legal protection of minors, in which Article 46.2 gives priority to family members when deciding on the best type of foster care for the minor, have contributed to the expansion. The recent bill for the child protection law approved in 2014 clearly explains in Article 20 the nature of foster care in unrelated families versus kinship foster care, how a foster family is evaluated (whichever type it may be) before formalizing foster care, and that family foster care should be given priority over residential care (Article 21). Among other rights of the child, the Law 1/1998 [19] on Rights and Attention to Minors states: "It should be prioritized that the minor remain in his or her own environment, such that foster care is created within the extended family unless this is not advisable in light of the minor's interests." This right has been considered by regional autonomous laws that determine the preference for kinship foster care over foster care in unrelated families (*i.e.*, Law 14/2010, Rights and Opportunities of Childhood and Adolescence). Conversely, keeping the child in contact with his or her family, in a context where he or she is recognized and loved and in which maintaining contact with parents is

easier, is considered to be a good practice. Moreover, the growth of kinship foster care in our country is also due to the regularization of *de facto* scenarios that are desired by extended families and save time and money for public administration. Therefore, it is not surprising that kinship foster care has become the first choice to consider when a child must be separated from his or her parents.

However, kinship foster care is not always a possibility (there must be family members interested in taking care of the children) or desirable (kinship foster care cannot be a second-rate foster arrangement in which families lack sufficient standards). The child protection system should be aware that this type of foster care also needs support, resources, and professional interventions similar to any other type of foster care. Thus, fostering family members should be prepared to provide safety to ensure wellbeing, afford all types of necessities, and manage contact and bonds with the biological family.

The study conducted by Del Valle and Bravo [20] in Spain reveals that 85% of family foster care is performed among extended family, which suggests much higher levels than in other countries. Regarding the characteristics of this foster care, Del Valle, López, Montserrat, and Bravo [21] find that 60% lived with grandparents, 32% with aunts and uncles, and the rest with cousins or brothers and sisters. The maternal line dominated in all cases (62%). A total of 36% of foster care was performed by only one person, usually the grandmother. The median age of foster caregivers in this study was 52.2 years. A total of 59% of the foster caregivers had completed basic education, and 25% had no education. Finally, these foster caregivers had an average of 6.6 years as foster parents, and 34% had two or more foster children.

As we can see, kinship foster care should not be seen as the easiest type of foster care but as the most difficult for a variety of reasons. The characteristics found in Spain [9,20–22] are common to kinship caregivers from other countries: kinship foster caregivers tend to be older, have lower levels of education, more health problems, and low incomes [23]. Foster caregivers state that they feel stress about carrying out their role (raising their grandchildren as if they were their parents, facing everything related to biological parenthood) and receive less support than unrelated foster caregivers [24,25]. Despite all these characteristics, research shows that children living with kin have longer placements, experience fewer unplanned outcomes, and do not suffer from stunted emotional development compared to other children; in fact, their development can be even more positive [4].

On the other hand, in general, Spanish kinship foster caregivers have not completed a process of evaluation and training applied to candidates for foster care in unrelated families [19]. However, in recent years, a substantial increase in awareness has occurred among politicians and professionals of the need to introduce an assessment and training plan [2,26,27].

1.2. Assessment in Foster Care

There is unanimous agreement that assessment and foster caregiver training plans are key elements in ensuring quality fostering [5,26,28]. While it is established practice to evaluate non kin foster caregivers and there are clear guidelines, until recently there have been a lack of uniform guidelines in terms of service provision to kinship families [26]. The fact that progress is being made in the research of kinship foster care has enabled the development of specific guidelines for kin caregivers [5].

Due to these facts, specific assessment for kinship caregivers is a plausible option [29]. Reviewing research helps us identify the elements that are associated with disruptions in foster care and therefore could be explored in an assessment of kinship foster caregivers.

It is even less surprising that a large portion of the best or worst experiences in the adaptation process and later development of the foster care are due to the characteristics of the fostering family. Research offers some indicators for understanding which family characteristics and processes are most associated with continuity and which are more associated with the unforeseen interruption of foster care. The characteristics of foster caregivers that have demonstrated a relationship with good foster care development are relatively varied, which once again demonstrates that, as in other cases, there is not one magical element whose presence alone guarantees continuity and satisfaction regarding foster care. Moreover, factors associated with a good foster care process appear to repeat from some foster care modalities to others. For example, those modalities described by Redding, Fried, and Britner [30] regarding specialized family foster care are very similar to those described for foster care in general [31,32]. Here we review this evidence and try to explore whether these occur in kinship foster care.

Among the characteristics of foster caregivers that should be mentioned are those related to *motivation for foster care*. The motivation to give affection to boys or girls who need it is associated with greater satisfaction with foster care [33], which in turn most likely means that the needs of the fostered child are considered an essential factor in foster caregiver decision making. This does not mean that they cannot also think about themselves and eventually about their children as beneficiaries of the experience but that the primary goal of foster care is seen in relation to everything that it will mean in the lives of the fostered children. It is important for foster caregivers to have clear roles and expectations. According to Triseliotis [32], foster caregivers should have clear motivations in order to understand that their role in fostering situations is not to simply substitute for the foster children's parents but to collaborate with them and help them in caring for their children and preparing for their eventual return. All of these expectations become very important starting points for the proper development of family foster care. Exploring the motivations behind kinship care is imperative. Research tells us that kinship foster caregivers usually initiate the demand for care when they encounter neglect or abuse and many of them step in to help in informal foster care situations [5]. However, although the motivation for fostering is a response to a crisis situation, known or reported by the protection system, it is still important to investigate the kinship family that will take the child to avoid, as Berridge said [31], children being placed with a kinship family based solely on availability.

Some *sociodemographic factors* appear to be significant in the proper development of foster care, whereas others appear irrelevant. For example, the age of foster caregivers is relevant; ages between 45 and 55 are associated with positive results [34]. This fact naturally does not mean that someone above or below these ages cannot foster successfully but that the proper development of foster care is somewhat less probable for young parents (who may be focused on raising their own children, for example) and for older parents (sometimes perhaps lacking the energy necessary to face the changing needs of the children). However, the educational level of the foster caregivers does not appear to be related to better or worse development of foster care, as there are positive and negative cases with parents at different cultural and professional levels [35]. What does appear to have an effect is the warmth of the foster caregivers, their orientation toward the child, and the positive interaction between both [36]. This is relevant in terms of the general characteristics of kinship foster care; most of them

are grandparents and with low levels of education. Amongst other reasons, these factors justify many of the professionals' concerns regarding poor quality of kin placements [5]. By contrast, studies focusing on kinship foster care, e.g., the Farmer and Moyers study [37], show that this did not appear to have adverse effects on child emotional and behavioral development.

One of the traits of foster care families that has an important role in the fostering process is *the presence of children in the fostering family*. Logically, foster care is best in the simplest circumstances: when the children of foster caregivers no longer live in the family home or when those that live there are not of the same sex, and above all, not the same age as the fostered children [35]. As Triseliotis [32] has noted, when the behavior of the fostered children threatens the stability and the safety of the foster parents' children, the risk of interrupting foster care is high. In this type of situation, foster caregivers prioritize the needs of their own children. This aspect is not very developed in kinship care due to the characteristics of caregivers: most of them are grandparents. Research indicates the need to consider how crowded the home is and how this impacts on the children [5].

Another key trait established by research is *inclusive attitudes regarding the child's biological family* [28,38] and good cooperation between the biological family, foster family, agency, and authorities [35]. This finding is unsurprising if one considers the positive role that visits and contact between the foster child and his or her parents have on the wellbeing of the child and the quality of foster care [39]. Foster caregivers are in a privileged position to mediate between the child and his or her parents when preparing visits and in comments made later. Therefore, foster caregivers with positive attitudes and greater respect and consideration for the biological family will act as facilitators and help the foster children. Research stresses that children experience more problematic contact in kin homes than in non-kin due to different factors (same geographical area, less professional support, *etc*.) [5,39].

The task of fostering is very complex, and foster caregivers may not be intuitively prepared to adequately face the many highly complex demands they will encounter from the beginning of the experience. Conversely, the children arrive at foster care after having passed through a series of very negative personal experiences that have left them with behaviors, feelings, expectations, and ways to relate that affect their interactions with foster caregivers. To be able to adequately respond to a foster child's needs and problems, caregivers must combine a set of basic skills and receive training in how to interpret child behavior, educate and stimulate their foster children, and interact with services and professionals. This is clear when professionals talk about non-related foster care and should be the same for kinship caregivers. Specifically, kinship caregivers express their needs to manage behaviors and improve parental skills [9,28,40].

With this in mind, we need to consider the level of support that foster caregivers receive from the child protection system. All research reviewed agrees that the level of support received during foster care is a key factor, strongly associated with the quality of foster care development [41,42]. The reality is that kinship foster placements receive less support [9,24,25]. However, it is not just a matter of the support services offered and availability (which is clearly insufficient and comparatively scarce); it is also about the kinship families' attitude towards support received and their efforts to collaborate with support offered [5,9].

2. Objectives

This study is based on the requirements of Child Protection Services professionals, whose objective is to create a useful and consensual instrument for evaluating extended families that are candidates for kinship foster care. The assessment tool attempts to unite criteria, to serve as a template for gathering information on aspects of family history and the current situation in the foster candidate family, and to determine whether it is necessary to develop a support plan for them.

3. Methodology

This project is part of an action-research study for transforming educational and social intervention in kinship foster care. It attempts to provide professionals with a new perspective on the topic and a new evaluation tool for foster families.

From a methodological perspective, a cooperative action-research model has been chosen [43] in which university professors and child protection professionals become active research subjects. Cooperative research is one form of action research. In cooperative research, everyone involved makes a joint effort to create knowledge that contributes to the generation of new ideas.

Action-research is a participatory and democratic process aimed at developing practical knowledge in search of human objectives. It attempts to combine action, reflection, theory, and practice through participation with others in the search for practical solutions for improving individual and community wellbeing [44].

The procedure used established theories to develop an initial survey to act as an evaluation process for foster candidate families for kinship foster care. The survey was developed collaboratively by a team of 12 experts at the University of Barcelona and Seville based on their previous research used in an evaluation of foster care in Spain [45] and the literature review. The survey was composed of 33 items with which information was gathered and has open questions to add clarification to the items proposed in the survey.

This survey was evaluated by child protection professionals, who placed each item into one of the following categories:

- *essential* (in other words, totally essential to gather this information immediately for evaluating the case);
- *necessary* (allowing improvement of the knowledge of the case and helping to refine and better understand prior situations);
- *convenient* (aspects that could be necessary in some cases but that are usually not used as basic criteria), and
- *irrelevant* (information that could provide information but is irrelevant to decision-making).

The survey was built in three phases. First phase: the professionals answered the survey individually and later contrasted their opinions with those of their colleagues in the professional teams. Every team filled one overall survey as a consensus of the team discussion. This survey was sent to the research team. Later, the professional teams received feedback from the research team and added any other aspects to specify the items and evaluate them. In the second phase, they discussed the convenience of

the survey structure and sent suggestions to the research team. Thirdly, the research team incorporated the contributions to build the final assessment tool and made an evaluation of the new contributions.

4. Sample

The sample that participated in the study included 126 child protection professionals grouped in 20 teams belonging to seven Autonomous Communities of the Spanish state which represent the southern, central, and northern regions of Spain: Andalusia, Baleares, Castilla León, Castilla La Mancha, Catalonia, La Rioja, and Valencia.

The professionals included psychologists (49%), social workers (36%), and social pedagogues (9%), and the rest held social education and other degrees. All of them belonged to specialized Child Protection services.

5. Results

The 20 professional teams agreed to maintain 32 items of the initial survey. The criterion of acceptance or inclusion of the different items was that they be seen by more than 50% of groups as essential, necessary, and convenient. There was only one item that more than 50% of the professionals deemed irrelevant and it was removed (item 29). Regarding the initial proposal and from a perspective of cooperative investigation, some groups suggested incorporating aspects to specify the items. These aspects went through an evaluation by the groups and those that met the above acceptance criteria for 50% of the professionals were added. There was only one aspect that more than 50% of the professionals deemed irrelevant and it was removed (religious intervention at item 13).

The analysis and frequency distribution for contributions from each of the groups regarding the evaluation of the items that could comprise the extended family evaluation instrument for the first phase can be seen in Table 1.

Table 1. Level of consensus among child protection professionals during the first phase of instrument development.

	Essential	**Necessary**	**Convenient**	**Irrelevant**	**NC ***
A. Personal and Sociodemographic DATA					
1. Composition of nuclear family					
Age of foster caregiver (male)	46.15%	38.46%	7.69%	7.69%	0
Age of foster caregiver (female)	46.15%	38.46%	7.69%	0	7.7%
Living in the same home with extended family	15.38%	38.46%	30.77%	7.69%	7.7%
Relationship between parents and foster family	69.23%	15.38%	15.38%	0	0
2. Current address and phone contacts	92.31%	0	0	7.69%	0
3. Working situation of family members					
Current situation of caregiver (male)	7.69%	69.23%	23.08%	0	0
Current situation of caregiver (female)	7.69%	69.23%	23.08%	0	0
4. Nuclear family economic sufficiency	30.77%	61.54%	7.69%	0	0
5. Time adults have to dedicate to the family	61.54%	30.77%	7.69%	0	0
6. Current health situation of family members	76.92%	23.08%	0	0	0

Table 1. *Cont.*

	Essential	Necessary	Convenient	Irrelevant	NC *
7. Housing characteristics					
Is there sufficient room to foster a child?	38.46%	46.15%	15.38%	0	0
8. Characteristics of housing environment					
Type of neighborhood	0	15.38%	61.54%	23.08%	0
Existence of nearby dangers	7.69%	0	61.54%	23.08%	7.69%
B. Conflict Situations					
9. Coverage of foster child's basic needs					
Food	61.54%	30.77%	0	0	7.69%
Clothing	53.85%	30.77%	7.69%	0	7.69%
Health	61.54%	30.77%	0	0	7.69%
Education	53.85%	30.77%	7.69%	0	7.69%
C. Family Structure and Dynamics					
10. Relationship among extended family members					
Relationship between the members of the couple	76.92%	15.38%	7.69%	0	0
11. Coping styles for problems and difficulty					
Coping with difficulties and flexibility of caregiver (male)	30.77%	30.77%	30.77%	0	7.69%
Coping with difficulties and flexibility of caregiver (female)	30.77%	30.77%	30.77%	0	7.69%
12. History or record of abuse					
Existence or record of abuse in family	46.15%	23.08%	7.69%	0	23.08%
Abusing persons	61.54%	7.69%	7.69%	0	23.08%
Abused persons	46.15%	23.08%	7.69%	0	23.08%
Existence or record of personal abuse	61.54%	0	0	0	39.06%
Existence or record of physical abuse	61.54%	7.69%	7.69%	0	23.08%
Existence or record of emotional abuse	61.54%	7.69%	7.69%	0	23.08%
Existence or record of negligence or abandonment	61.54%	7.69%	7.69%	0	23.08%
Existence or record of sexual abuse	61.54%	7.69%	7.69%	0	23.08%
Existence or record of labor exploitation	53.85%	15.38%	7.69%	0	23.08%
Existence or record of corruption	61.54%	7.69%	7.69%	0	23.08%
Existence or record of poverty	46.15%	23.08%	7.69%	0	23.08%
Existence or record of institutional mistreatment	46.15%	15.38%	0	15.38%	23.08%

Table 1. *Cont.*

	Essential	Necessary	Convenient	Irrelevant	NC *
13. Intervention type					
Social	15.38%	53.85%	30.77%	0	0
Educational	7.69%	61.54%	15.38%	7.69%	7,7%
Health	38.46%	46.15%	15.38%	0	0
Police/Legal	53.85%	38.46%	7.69%	0	0
Community Social Services	15.38%	46.15%	15.38%	7.69%	15.40%
Child Services or similar	69.23%	30.77%	0	0	0
Specialized Centers	69.23%	30.77%	0	0	0
Health Centers	7.69%	53.85%	15.38%	7.69%	15.39%
Educational Centers	7.69%	53.85%	7.69%	23.08%	7.69%
Religious Centers	0	15.38%	15.38%	46.15%	23.09%
14. Relationships between other members of extended family					
Relationship between members of extended family living under the same roof	46.15%	46.15%	7.69%	0	0
15. Capacity for organization and cohabitation. Administration of resources					
Administration of financial resources	15.38%	53.85%	23.08%	0	7.69%
Stability in organizing daily life	30.77%	53.85%	15.38%	0	0
16. Parenting style of foster caregivers					
Parenting style of caregiver (female)	30.77%	46.15%	23.08%	0	0
Parenting style of caregiver (male)	30.77%	46.15%	23.08%	0	0
17. Communication ability between caregivers and children					
Ability to express affection, caregiver (female)	15.38%	69.23%	15.38%	0	0
Ability to express affection, caregiver (male)	15.38%	69.23%	15.38%	0	0
Ability to communicate, caregiver (male)	15.38%	53.85%	30.77%	0	0
Ability to communicate, caregiver (female)	15.38%	53.85%	30.77%	0	0
18. Ability of caregivers to set rules and have them followed					
Ability to set rules and have them followed, caregiver (female)	7.69%	76.92%	15.38%	0	0
Ability to set rules and have them followed, caregiver (male)	7.69%	76.92%	15.38%	0	0
19. Relationship with other family members and child's parents					
Relationship with extended family	7.69%	38.46%	46.15%	0	7.69%
20. Relationship with surrounding people	0	23.05%	53.85%	23.08%	0
21. Level of social integration: community participation	0	15.38%	53.85%	23.08%	7.69%

Table 1. *Cont.*

	Essential	Necessary	Convenient	Irrelevant	NC *
D. Relationship between the Foster Family And the Child's Parents					
22. Relationship level					
Affectionate relationship between foster family and child's parents	76.92%	23.08%	0	0	0
Contact between foster family and child's parents	61.54%	30.77%	7.69%	0	0
Acceptance of situation involving child's parents	84.62%	0	15.38%	0	0
Degree of collaboration between foster family and child's parents	69.23%	15.38%	15.38%	0	0
E. Motivation, Attitude, and Knowledge of Foster Care					
23. Family's knowledge regarding what kinship foster care is and its types and characteristics					
Level of knowledge about the type of foster care	53.85%	15.36%	7.69%	23.08%	0
24. Aspects of foster care that the family finds easy/has trouble assuming					
Aspects of foster care seen as easy to assume	23.08%	46.15%	30.77%	0	0
Aspects of foster care seen as difficult to assume	46.15%	36.45%	15.38%	0	2%
F. Expectations for the Child and foster care					
25. Attitude toward possible parent visits					
Attitude of foster family toward visits or contact with the child's parents	84.62%	15.38%	0	0	0
26. Attitude toward the departure of the child from the home					
Attitude toward the farewell	61.54%	23.08%	15.38%	0	0
27. Agreement of the couple toward fostering					
Level of agreement among the couple toward fostering	84.62%	7.69%	7.69%	0	0
G. Collaboration with the Program Technical Team					
28. Acceptance by foster family of contact with other foster families	0	0	53.85%	46.15%	0
29. Level of acceptance regarding participation in group follow-up	0	0	30.77%	46.15%	23.08 %

Table 1. *Cont.*

	Essential	Necessary	Convenient	Irrelevant	NC *
H. Final Synthesis					
30. Global characterization of foster family	69.23%	23.08%	7.69%	0	0
31. Weak and critical points, limitations, and disorders	76.92%	23.08%	0	0	0
32. Positive aspects to highlight	53.85%	30.77%	15.38%	0	0
33. Possibility of improving with help					
Possibilities of improving	53.85%	23.08%	23.07%	0	0
Type of help or necessary interventions	46.15%	23.08%	23.08%	0	7.69%

***** NC: Not considered by the % teams.

For the second phase, each professional team received the updated tool (including the added parts and omitting other parts) for a second qualitative review. In this review, the groups commented on the structure and composition of different sections, and the composition of questions. A content analysis was conducted using these comments, reorganizing the sections in a new order and using the results to create a definitive version of the instrument for evaluating extended families for kinship foster care.

As a result, we defined the evaluation instrument as a questionnaire comprising six sections of open questions to gather a wide range of information about families and their current personal, social, and familial situations, among other aspects, to be complemented by professionals working on the case. At the end, it included a section for synthesizing information for decision-making and the creation, if appropriate, of an individualized support plan for the case. The sections are as follows:

1. *Personal and sociodemographic data*: this section gathers information about the personal and sociodemographic characteristics of the families, such as age, the people living together, the composition of the nuclear family, the location of the home, and the level of economic sufficiency necessary to cover the child's basic needs.
2. *Coverage of basic needs*: this refers to the competence of foster caregivers to meet the basic needs of the fostered child (food, clothing, health, education, housing, affection, security); the availability of the caregivers to attend to the children's needs, whether due to health conditions or the time they have to offer the foster child; and finally, their integration into the community and the support (formal and informal) they have to help them respond to these needs.
3. *Collaboration with foster program professional teams*: this aspect concerns the level of acceptance by foster families toward professional follow-up, the attitude toward fostering, level of acceptance of support from the professional team, and, very importantly, the opinions and attitude of the child toward the fostering option.
4. *Family structure and dynamics*: information gathered in this section refers to relationships between foster family members; histories that could affect current relationships, communication, conflict resolution, and daily life organizing competencies; and the skills to establish rules and limits and have them followed. These aspects refer to parenting (educational) styles of each one of the caregivers.
5. *Relationship between the foster family, the child, and the biological family*: this section gathers information referring to the existing affective bonds, attitudes, predispositions, and expectations

between the child and the foster family (parents and other family members). This also refers to the contact and relationships with their parents, other siblings, and other extended family members. It includes the acceptance of the situation facing the parents and siblings and the degree of collaboration offered by the foster family to the biological parents and family.

6. *Motivation and attitude toward fostering*: this section attempts to discern the motivation, attitudes, and knowledge of the foster caregivers regarding fostering as well as the aspects of fostering that the family sees as difficult and what position it takes regarding these.
7. *Final synthesis*: a global evaluation of the kinship foster family and considering the possibility of improving its situation with some type of adjustment or intervention.

Along with the instrument, a panel of favorable, risk, and high risk indicators for foster care are included. The professionals also agreed upon these levels of strength and risk. Next, Box 1 includes an example of how these indicators are used regarding the coverage of the basic need for food.

Box 1. Example of favorable, risk, and high risk indicators for the item evaluating the coverage of needs.

2. Coverage of Basic Necessities
Basic need: Food
Favorable Indicators:
Each member of the nuclear family has adequate organization to respond to the basic need for food: varied and balanced food, appropriate for age and personal necessity.
The meal is a meeting time for foster family members, facilitating their communication.
Indicators of Risk:
The coverage of the basic need for food is insufficient and/or inadequate: poorly balanced and unvaried food but caregivers are conscious of this difficulty and seek and accept help.
High Risk Indicators:
Inadequate and insufficient coverage of food needs: child only eats one time per day, record of eating disorders in the family or physical evidence of poor nutrition: emaciated.
Caregivers are unaware of disorganization, and if they are aware, do not seek help to improve the situation.

Finally, Box 2 indicates how the final evaluation of the foster family is made regarding its adequacy for providing foster care and in developing a support plan to help caregivers face fostering risks more securely.

Box 2. Synthesis of evaluation instrument for kinship foster care families.

Final Synthesis
Global characterization of the fostering family (evaluating the adequacy or non-adequacy of the family)
Primary weak or critical points, disorders, or limitations (clear indicators of high risk and non-adequacy for fostering)
Positive aspects and notable strengths
Possibility of improving the situation with support (specify if support is for the child or for the fostering family)
Factors making change possible
Type of support or necessary intervention

6. Conclusions

Research demonstrates that kinship foster care has benefits for children in terms of stability, continuity, and the child's emotional development, despite its complexities such as the management of the relationship with parents, an environment of lower quality, and a greater need for support. Results indicate that despite everything, children in kinship foster care do as well or better than children who are in non-kinship foster care. It seems that the explanation lies in the stability and preexisting emotional relationships prior to placement [5].

Starting from this premise, from the perspective of the rights of children and in response to the norms that regulate the placement, the first option when there is a situation of neglect or abuse is to consider the extended family as a possible foster care option. However, the protection system is required to find out how capable this family is in meeting the child's needs and providing a safe environment. As already indicated at the beginning of this article, kinship foster caregivers in Spain until now have not typically completed the same evaluation and training process as unrelated foster families [22]. Fortunately, there has been interest in recent years on the part of public administrators and professionals in applying a rigorous methodology to the entire process of kinship foster care [2,27]. But, do the extended families need different assessment instruments than the unrelated foster families? A review of the literature and the results of our research reveal that there are certain features that must be incorporated when exploring the suitability of extended families and therefore we need specific assessment tools. Adequate assessment helps to guarantee that candidate families for these kinship foster care placements meet the necessary conditions for facilitating a process of family and social integration for the foster child.

The research presented has resulted in an action plan agreed upon between professionals in the child protection services. Having a structured and consensual plan helps professionals systematically gather data and use a common language for exchanging information based on the relevant findings.

However, collecting information from the most relevant areas is not enough. The discussion of evaluating the kinship foster families has pivoted on the standards that are to be measured. Do they have to be the same as those for non-kinship foster families? Have they been more lax? What is clear is that minimum standards must be met by both kin and non-kin [5,26]. However, it is not enough to know if they are adequate or not. Evaluating kinship caregivers requires a comprehensive assessment to establish the extent to which the family is appropriate and, more importantly, to help the family become aware of their competencies while recognizing their weaknesses. Therefore, using the action plan presented here helps obtain an indication of the level of risk. Thus, it can be shown that difficulties can be overcome if certain families have support. Conversely, studies may reveal a high risk family which is unable to carry out its protective functions and cannot be recommended for placement. When the assessment process is observed from this perspective it shows that evaluation is more than an end, it is a process of empowering families framed in the continuum of intervention. It is not only evaluation, it is also intervention.

At this moment, this assessment tool is being used by professionals in different Autonomous Communities. We do not have systematic data regarding its application, but initial evaluations by professionals let us predict that the tool's objectives, including systematic gathering of data, organization of information, and the use of an agreed-upon language among professionals and thus a

rigorous evaluation of the foster family allowing for decision-making, can be met satisfactorily. The challenge now is to perform a systematic evaluation of the assessment tool. Furthermore, in the future it will be interesting to further explore the essential elements that contribute to the stability and quality of care in kinship foster care, and know whether they are those that obtained the greatest degree of consensus among professionals (shown in bold in Table 1).

Evidently, the methodological challenges of kinship foster care cannot be limited to the evaluation phase. One of the contributions of this study beyond those mentioned above is the possibility of identifying the support that the family needs to design a specific plan for each foster care arrangement. The need for support for kinship foster care, whether through training programs or some other type of support or supervision, has been demonstrated in several studies. These families desire support, and its provision represents a guarantee of the proper development and stability of foster care [23,45–47]. If the results are good despite the difficulties, we can ensure they are as successful as possible by providing suitable support. Perhaps a change of professional mentality is necessary: kinship foster care would not be seen as a second-rate foster care option, and would obtain resources commensurate with the complex demands of the tasks undertaken.

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Conflicts of Interest

The authors declare no conflict of interest.

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