



# Improving Parenting Competency and Permanency Awareness for Kinship Foster Parents Through In-Service Licensure Training

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Accepted: 16 March 2022 / Published online: 6 April 2022

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## Abstract

Child welfare jurisdictions increasingly place foster children with kinship foster parents as a means of meeting their need for stability, family connection, and behavioral and emotional support. However, the lack of financial and educational assistance provided to kin by child welfare authorities often undermines these caregivers' ability to provide effective and lasting care for the children in their homes. This study uses a mixed-methods approach to understand how formal training and licensure processes can aid kinship foster parents in facilitating positive outcomes for children and youth in the foster care system. Specifically, we investigated the barriers experienced by kinship foster parents while trying to access existing licensure-based training and supports, as well as the initial outcomes of a kin-tailored licensure training curriculum alternately administered in in-person and virtual delivery formats. Participants reported that incomplete or inaccurate communication about licensing processes, practical difficulties in attending training, irrelevant session content, and stringent licensing requirements acted as barriers to accessing these resources. However, participants in the kin-specific licensure training administered in this study reported high levels of learning related to key parenting competencies and increased awareness of kinship permanency supports, although these outcomes appeared to be less pronounced among those receiving the training in a virtual format. These findings suggest that researchers and policymakers should consider developing, implementing, and evaluating further initiatives to provide accessible and tailored supports to kinship foster parents as a means of improving outcomes for the children in their care.

**Keywords** Foster care · Kinship care · Kinship foster parents · Foster parent licensure · Foster parent training · Virtual training

More than 2.2 million children in the United States live with a relative or other adult with whom they have a kinship bond (Testa, 2017). An estimated 200,000 of these children are placed in kinship foster care homes, which occur only after the state has already assumed legal custody of the child. These figures represent a significant increase from prior decades, and they are expected to increase further as many child welfare agencies adopt policies that establish relative placement as the preferred option for children who cannot remain at home (Killos et al., 2018; Lee et al., 2017). The many empirically-supported benefits of kinship care—including

lower rates of placement disruption and re-entry into foster care, higher rates of reunification, and fewer threats to well-being such as behavioral and mental health concerns—justify a preference for placing children with kin rather than with non-kin caregivers (Killos et al., 2018; Lee et al., 2017; Winokur et al., 2018). The preservation and support of kin and fictive kin relationships have also been shown to buffer the negative impacts of maltreatment and family separation (Leon & Dickson, 2019).

However, the increased use of kinship care is not universally matched by increased levels of support (Denby, 2016; Letiecq et al., 2008; Testa, 2017). Kin caregivers are half as likely as nonrelative foster parents to have access to financial assistance and four times less likely to be offered respite care or peer-support group services, which is often compounded by the lack of resources and supervision devoted to these placements by caseworkers (Lin, 2014; Sakai et al., 2014). Further, very few kin-specific training curricula exist

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to provide or raise awareness about such supports, and these lack empirical support regarding their effectiveness (Ansley, 2017; Cooley et al., 2019). The result is that many kin caregivers are poorly equipped to provide the type of care required to deliver positive outcomes for the youth in their homes. Accordingly, this study assessed the initial outcomes of an in-service kinship foster parent training intended to provide caregivers with (1) the skills required to meet the needs of the children in their care, as well as (2) the awareness necessary to draw on the supports available to further their kin children's long-term well-being.

## Background

Children and youth involved with the foster care system often demonstrate complex mental and behavioral health needs related to the trauma of maltreatment and family separation (Dubois-Comtois et al., 2021; Leslie et al., 2005; Mitchell, 2018). Nonparental caregivers such as nonrelative foster parents and kin caregivers have been shown to effectively meet and manage these needs when they possess the appropriate knowledge, skills, and supports (Buehler et al., 2006; Katz et al., 2018). On the other hand, unprepared and unsupported caregivers can exacerbate the challenges faced by these children by failing to respond to these needs and, in many cases, contributing to further instability through placement disruption when these challenges exceed caregiver's capacities (Cooley et al., 2015; Fergeus et al., 2019; Gigengack et al., 2019). It is crucial, therefore, that the child welfare system adequately equips nonrelative and kinship foster parents with the skills and supports needed to meet the needs of the children in their care—an objective that is most often pursued through pre-service licensure training (Cooley et al., 2019).

Training conducted as a part of foster parent licensure has generally demonstrated positive effects on the knowledge, skills, and attitudes deemed important for caregivers in providing adequate care for children who have experienced maltreatment (Delaney et al., 2012; Pacifici et al., 2005; Pacifici et al., 2006; Puddy & Jackson, 2003; White et al., 2019). The format and content of training vary between jurisdictions (Kemmis-Riggs et al., 2018), but commonly-used and empirically-supported curricula include Parent Resources for Information, Development, and Education (PRIDE), Institute for Human Services (IHS) foster parent pre-service training (also known as Foster Parent College), Pressley Ridge Treatment Foster Care (PR-TFC), and Model Approach to Partnerships in Parenting/Group Selection and Participation of Foster and/or Adoptive Families (MAPP/GPS; Cooley et al., 2019). Foster parents generally report high levels of satisfaction with such training in addition to learned skills and competencies. However, qualitative

findings suggest that foster parents often feel that they need additional, more advanced training on such topics such as addressing the effects of childhood trauma and the influence of culture in caring for children in foster care (Kaasbøll et al., 2019). Methodological and measurement limitations also constrain the validity and generalizability of this supportive evidence and indicate a need for more rigorous evaluation of effectiveness, particularly among kinship foster parent populations (Cooley et al., 2019).

## Training and Licensure of Kinship Foster Parents

Very few studies have examined the impact of prelicensure training on kinship foster parents, likely due to relatively low licensure rates among these families (Cooley et al., 2019; Winokur et al., 2018). It is worth noting that kinship foster parents often receive placement of the children in their care without undergoing the formal licensure process and are not commonly offered the training discussed above until they or the foster care agency advocates for the caregiver to receive licensure supports. At this time, they may be required to undergo these types of training in an in-service rather than pre-service format (Gibbs & Müller, 2000). Those who attend licensure training often report difficulty in completion and retention due to practical barriers and content that is misaligned with their needs (New Directions for Kinship Care Policy and Practice, 2017; Christenson & McMurtry, 2007). For example, kinship foster parents often have children already in their care, making it difficult to attend training that does not offer childcare. Also, the content of existing training is tailored for nonrelative foster parents who do not know or have pre-existing relationships with children's families of origin. These barriers, when coupled with evidence that suggests that kinship caregivers themselves are often disadvantaged by lower socioeconomic status and less capacity to meet the mental and behavioral health needs of the children in their care (Bramlett et al., 2017; Lee et al., 2017), may undermine the ability of many kinship foster parents to facilitate positive outcomes for children with high or complex needs. Thus, understanding the factors that impede kinship foster parents' ability and desire to engage in licensure training, as well as potential approaches for resolving these barriers, is a crucial gap in the literature and a key focus of this study.

Kinship foster parents are often not provided with adequate awareness of the options for financial and long-term assistance accompanying licensure, which can act as an additional barrier to these supports. As many states have begun to utilize kinship foster parents as the preferred option for temporary placement and also as the first choice for permanency when reunification cannot be achieved,

many commentators have pointed to the increased importance of long-term permanency supports such as kinship guardianship assistance that provide financial support after permanent placement and until the child reaches the age of majority (Gupta-Kagan, 2015; Killos et al., 2018). However, given that many states have not opted to provide this avenue of support and given reports that, in states that do have such programs, many kinship foster parents are made aware of neither the existence of this option nor its eligibility requirements, many barriers to utilization of guardianship assistance programs remain (New Directions for Kinship Care Policy and Practice, 2017). The requirement that kinship foster parents must be licensed for a designated period is a commonly-cited barrier due to the compounding effect of the licensure training described above (Killos et al., 2018; Testa, 2017).

The resolution of these barriers has been brought into sharper focus in light of the Family First Prevention Services Act's (FFPSA) designation of funding for kinship navigator programs (Family First Prevention Services Act, 2018). This provision encourages states to develop programs that "assist kinship caregivers in learning about, finding, and using programs and services to meet the needs of the children they are raising and their own needs" and specifies criteria for federal funding eligibility for these endeavors (Family First Prevention Services Act, 2018). Interestingly, these developments imply that the field not only needs evidence regarding what programs and services are actually effective in meeting these families' needs but also that services that assist caregivers in learning about resources must be evaluated for effectiveness. Accordingly, this study focuses on the ability of pre-licensure training to improve core parenting competencies necessary for effective kinship caregiving and increase awareness of key financial supports available to these families. These key outcomes for kinship foster parents—understanding of parenting competencies and access to resources—have been shown to be important factors in the provision of supportive out-of-home care that meets the needs of children involved with the child welfare system, and are therefore important targets for intervention in this field (Fergeus et al., 2019; Harding et al., 2020; Katz et al., 2018; Wheeler & Vollet, 2017).

## Online and Virtual Training Delivery Methods

A recent systematic review of pre-service licensure training has also noted the need for further investigation into the potential for training to be conducted virtually (i.e., synchronously) and/or online (i.e., asynchronously) in order to provide foster parents with essential skills and knowledge in a more flexible and less burdensome manner

(Cooley et al., 2019). Online training for nonrelative foster parents has been shown to improve knowledge in key competency areas and foster high levels of user satisfaction (Pacifi et al., 2005; Pacifi et al., 2006; White et al., 2019). Further, Delaney and colleagues (2012) found higher knowledge scores among foster parents who participated in online sessions when compared to those who participated in in-person sessions in a randomized pilot study. Similar findings, including lower dropout rates, have also been shown regarding training provided in blended formats (White et al., 2014). Potential benefits include reduced scheduling and staffing demands, increased standardization, increased efficiency in accommodating more content in the allotted timeframes, increased reach, and greater flexibility in providing compelling and interactive teaching modalities (Delaney et al., 2012). However, some participants report difficulties navigating the technology, barriers related to internet connections and download times, and hesitancy about missing out on the human element of in-person training (Delaney et al., 2012).

As with much of the literature pertaining to licensure training generally, investigations into the effectiveness of online or virtual formats for such training do not readily permit generalizability. Nearly all studies report findings on the specific context of the Foster Parent College intervention, and several of these report only on single piloted sessions rather than on overall training effectiveness (Cooley et al., 2019). Perhaps more importantly, no published study to date has examined virtual licensure training for kinship foster parents. Given the unique needs and barriers experienced by these caregivers, evaluations of both in-person and virtual licensure training for kinship foster parents may be an important step in increasing the availability of licensure-based supports for this population. This study examines the outcomes of a kinship-specific pre-licensure training known as Caring for Our Own (CFOO), which was alternately provided in in-person and virtual formats. We seek to answer the following research questions:

1. What barriers prevent kinship foster parents from accessing supports available through licensure to support the well-being of the children in their care?
2. Do kinship foster parents report that they learned key parenting competencies as a result of the CFOO curriculum, and does the reported level of learning differ for those participating in virtual and in-person delivery formats?
3. Do kinship foster parents report increased awareness of kinship guardianship assistance as a result of the CFOO curriculum, and does the change in awareness differ for those participating in virtual and in-person delivery formats?

## Methods

### Study Overview

This study reports on evidence from a broader university-public-private partnership that aimed to establish evidence for adapting standard licensing processes to better support kinship foster parents and evaluate a kin-specific in-service training to improve outcomes for these families. The project consisted of a collaborative team from a large university in a Southeastern state, staff from the state's Department of Health and Human Services, staff from four local child welfare county agencies, and a state-wide private nonprofit foster care and adoption placement provider agency. As a part of this project, team members implemented and delivered an adapted form of Children's Alliance of Kansas's CFOO program (Children's Alliance of Kansas, n.d.).

The CFOO curriculum was designed as a kin-specific adaptation of the Model Approach to Partnerships in Parenting (MAPP) curriculum that covers topics specific to the kinship foster parent experience, and it was delivered initially as a 10-session in-person training by either county agency or private provider staff with up to 15 caregivers in each cohort. Transportation and childcare were provided, and scheduling took into consideration the potential commitments of working families. At the conclusion of the initial pilot project, it was expanded to a virtual format given conditions of the COVID-19 pandemic.

Session topics included a curriculum introduction, assessing the impact of the kin children living in their homes, conceptualizing the caregivers' roles in achieving permanency, assessing the strengths and needs of the children in their homes, meeting the children's developmental and attachment needs, meeting other needs in a strengths-based manner, preparing children for the future, understanding relationships with the family of origin, working with the family of origin to achieve permanency, and maintaining between-caregiver relationships and looking toward next steps. Expected outcomes included increased emotional support for caregivers and the children in their care, improved attitudes regarding the receipt of financial supports, greater awareness of permanency options, and improvement in key parenting competencies related to kinship caregiving. This study specifically reports on initial permanency awareness and parenting competency outcomes.

Interestingly, despite its use in several jurisdictions, little evidence regarding the outcomes of the CFOO curriculum exists in the extant literature. The only publicly available empirical evaluation is an unpublished dissertation conducted by Ansley (2017) in which scores on three

subscales measuring the use of specific discipline techniques were measured prior to and at the conclusion of training. Ultimately, no statistically significant differences were found that might suggest a reduction in ineffective discipline practices. This absence of empirical support regarding the potential outcomes of kin-specific training modules such as those contained in the CFOO curriculum, in conjunction with the lack of available evidence regarding the kinship training and licensure experience, is a crucial gap in the literature that motivated the formulation of the research questions in this study.

### Mixed-Methods Study Design

Given that very little research has been conducted to explore the experiences of kinship foster parents in pre-licensure training contexts and the potential outcomes of CFOO participants, this study employed a sequential mixed-methods approach with both exploratory and explanatory elements to more fully understand these phenomena (Creswell & Clark, 2017). First, qualitative focus groups and in-depth interviews were conducted. Then, based upon a preliminary analysis of the qualitative data, quantitative survey methods were utilized at the first training session, last training session, and six to eight months after the conclusion of training. To further understand trends and outcomes observed in the quantitative data, a series of follow-up semi-structured interviews with a subgroup of participants were also conducted to understand perceptions of the training process and any perceived impacts of licensure-based supports.

### Focus Groups and Individual Interviews

At the outset of the study, the research team conducted four focus groups with staff from each participating local child welfare agency (each containing at least one administrator, licensing worker, caseworker, and permanency support worker) and one additional group with three staff personnel from the partnering nonprofit service provider. The objective of the initial groups was to solicit stakeholders' knowledge of kin training and licensing experiences and to integrate these findings into the intervention delivery. A purposeful sampling method was used in which staff knowledgeable of and with direct experience in these activities were invited to participate. Local county leadership from the four county agencies were then asked to identify two to four recently-licensed kinship foster parents for an invitation to a series of individual in-depth interviews concentrating on the kin's experiences and challenges in the training and licensure process. The focus group and interview sessions lasted between one and one-and-one-half hours.



Additional individual interviews were conducted with participant caregivers and training staff after the initial in-person intervention delivery, with the intent of understanding, among other things, the perceived impacts of the CFOO training. Interviewees were recruited within one month of the final training session to ensure accurate recollection and encourage participation. Interviews lasted for about 45 min, were conducted via phone, were audio-recorded with the consent of participants, and utilized a semi-structured interview protocol. In total, the team interviewed nine kinship foster parents, six child welfare staff, and two private agency partner staff involved in the CFOO training delivery. Individual interviews were not conducted after the virtual delivery of the training due to a lack of feasibility.

### Quantitative Sample, Data Collection, and Measures

After the initial focus groups and interviews were conducted, the research team, through county agency staff referral, recruited a convenience sample of 43 kinship foster parents with children currently in their care for the initial in-person training between Fall 2018 and Spring 2019. Subsequent virtual deliveries of the training utilized convenience sampling based upon eligible families applying for licensure in the regular course of practice. A total of 135 kinship foster parents participated in the virtual CFOO training and consented to participate in data collection between June 2020 and June 2021.

Quantitative data were collected using paper-and-pencil survey questionnaires for the in-person training and Qualtrics web-based survey questionnaires for the virtual training. Questionnaires were administered at the first and last session of the training, as well as six to eight months after the end of training for follow-up. This study reports only on measures captured at the pretest and posttest. Demographic constructs included age, racial and gender identity, income, education, marital status, and characteristics of the children in participants' homes. Data were also coded to reflect whether the participant attended the in-person or virtual training.

*Parenting competency learning* was measured at posttest using seven items related to key features of effective kinship caregiving. The items were generated by the research team and were conceptualized based upon a review of relevant literature pertaining to kinship and foster caregiving competency domains, as well as domains used in prior MAPP-based training evaluations (Buehler et al., 2006; Denby, 2016; Puddy & Jackson, 2003). Participants were asked whether, as a result of the training, they understood the following aspects of parenting competency: (1) how placement affects them mentally, (2) what their permanency options are, (3) how to identify the strengths and needs of the children in their care, (4) how to use effective child behavior

management strategies, (5) how to plan for the children's future, (6) how to communicate with birth parents, and (7) how to connect to other caregivers for support. Five Likert-style response options were provided, including "strongly disagree, disagree, neither agree nor disagree, agree, and strongly agree." Responses were converted to numeric values between one and five and averaged across items, and the resulting scale demonstrated a high degree of reliability ( $\alpha = 0.93$ ).

*Awareness of kinship guardianship assistance* was measured at pretest and posttest using a single item. Participants were asked to rate how aware they were of the assistance program at the initial and final training sessions and were provided a Likert-style five response set: "not at all, very little, somewhat, very well, and completely." General awareness of permanency options was also captured at posttest for descriptive purposes, and was measured similarly to the parenting competencies described above.

### Data Analysis

All qualitative data were recorded and transcribed for analysis. Members of the research team primarily used open coding methods to identify key themes and exemplary quotes in both interviews and focus groups (Padgett, 2016). Methods for ensuring rigor in collection and analysis included triangulation of data sources and methods (both focus groups and interviews with caregivers and agency personnel), as well as peer debriefing and member checking through team and partnership meetings. These were supplemented through the integration of quantitative findings as team members shared insights from both qualitative and quantitative analysis at various stages of implementation and evaluation.

A one-sample t-test was used to assess whether kinship foster parents reported that they learned key parenting competencies as a result of the CFOO curriculum (i.e., research question #2). We used the number 4 as the threshold score, which is equivalent to "agree" or "strongly agree," to determine whether participants learned key competencies. We also assessed whether the competency level demonstrated by participants was comparable to outcomes available from existing MAPP training evaluations (i.e., 85% score at posttest, or a 4.5 threshold), which were self-reported and focused on similar skills compared to those covered in this specific implementation of CFOO (Puddy & Jackson, 2003).

A two-tailed paired samples t-test was also utilized to assess whether kinship foster parents' awareness of kinship guardianship assistance improved significantly after receiving the CFOO training (i.e., research question #3). Further, we used the Difference-in-Difference (DiD) method, a quasi-experimental analytic approach, to assess whether improvement in awareness, if any, differed based on whether participants received in-person or virtual training. The DiD

analysis incorporated bootstrapped standard errors because this approach handles non-normal distribution of the outcome variables very well, maintains higher statistical power, and reduces the risk of false positives (i.e., Type I error; Ansong et al., 2019). The analysis also controlled for race, education, marital status, and financial well-being status of caregivers.

## Results

### Demographics of Quantitative Sample

The demographics of the quantitative sample are set forth in Table 1. The majority of participants in both administrations of the CFOO training ( $N=178$ ) identified themselves as White (59%) and female (72%), and most reported being married (54%). Most reported a low- to middle-income range and full-time employment. On average, trainees were in their mid-forties ( $M=44.99$ ,  $SD=12.45$ ). Interestingly, study participants in the virtual delivery format were slightly more likely to have higher educational attainment, although they also reported lower financial well-being as measured by questions from the Consumer Financial Protection Bureau's Financial Well-Being Scale (2021) (Table 1).

### Barriers and Limitations of Existing Licensure Process

Overall, both caregivers and staff participating in focus groups and interviews reported that kinship foster parents receive inconsistent and incomplete information regarding training, licensure, and their respective benefits. On the one hand, staff described a lack of knowledge regarding these processes as they applied to kinship caregivers and attributed the shortage of accurate information-sharing to the fact that they often did not know when licensure and its benefits would be applicable to specific families on their caseloads. On the other hand, both staff and caregivers reported a prior belief that the only benefits were related to foster care maintenance payments, demonstrating a lack of awareness of the ways in which the education, peer support, and long-term financial supports available as a result of training and licensure could improve outcomes for these children and families. Caregivers also reported initially believing that they did not need additional parenting knowledge, although they later realized that there were unique aspects of the caregiver experience (such as managing the behavioral consequences of trauma) in which they ultimately benefited from specialized training. This resistance to training was aggravated by the fact that training and licensure were often offered long after initial placement in their home and after kinship foster parents had adapted to many notable parenting challenges.

The completion of the training component was itself cited as a common barrier to kinship foster parents completing existing licensure processes and accessing the corresponding supports, particularly because kin caregivers nearly always had foster children in their care, unlike nonrelative foster parents who receive training prior to placement. Both caregivers and staff reported practical barriers such as inconvenient training times that conflict with parenting obligations, as well as a lack of supports related to child-care, transportation, and meals. These limitations in current practice were described as being a result of few dedicated training staff, which in turn led to a limited number of training sessions each year and an inability to provide additional accommodations. Beyond these practical barriers, kin also stated that existing training often contained irrelevant and even offensive information such as learning to work with child welfare-involved populations—a stigmatized group to which their own families belonged. They also described a lack of instruction about the most challenging issues in their unique role, such as managing changing roles within their extended family (including grief, loss, and relational conflict). Further, caregivers admitted to feeling uncomfortable in groups containing prospective nonrelative foster parents as participatory exercises led to realizations of differing mindsets and social positions, as well as embarrassment in ultimately having to disclose that a family member was involved with the child welfare system.

Both staff members and caregivers pointed to other issues that limited kinship foster parents' ability to satisfy licensure requirements even if training were not a barrier. For example, several described instances where applications for licensure had been denied due to prior non-violent criminal history of household members or minor home inspection complications. For many of the families involved, the costs of remedying these concerns (either through changing household arrangements or fixing a home improvement problem) outweighed the perceived benefits of training and increased financial support. Although agencies had processes to waive these requirements if such circumstances did not constitute a safety issue, very few staff or caregivers reported knowledge of such processes or their parameters.

### Parenting Competencies

Results of the one-sample t-test indicated that the mean competency score for the CFOO ( $M=3.15$ ,  $SD=1.33$ ) was slightly above average (i.e., 2.5):  $t(104)=4.98$ ,  $p<.001$ . However, the score was not statistically significantly higher than the threshold of 4 (i.e., equivalent to agreed or strongly agreed):  $t=6.50$ ,  $p=.1$ . Neither was it above the 4.5 comparable threshold for MAPP:  $t=10.33$ ,  $p=.1$ . Thus, overall, participants learned parenting competencies intended by the training but did not do so any more

**Table 1** Descriptive characteristics of caregivers in the quantitative sample (N = 178)

Variables	Full sample Proportion	In-Person (n = 43) Proportion	Virtual (n = 135) Proportion
<i>Gender</i>			
Female	72%	70%	72%
Male	28%	30%	27%
Other	1%		1%
<i>Race</i>			
Black/African-American	38%	35%	39%
White/Caucasian	59%	65%	56%
Hispanic	1%		1%
Native American	1%		2%
Choose not to answer	1%		2%
<i>Marital status</i>			
Married	54%	63%	50%
Living together	10%	5%	12%
Divorced	12%	7%	14%
Separated	7%	5%	7%
Never married (Single)	12%	16%	11%
Widowed	3%	5%	3%
Choose not to answer	3%		4%
<i>Income range</i>			
\$20,000 or Less	14%	12%	15%
\$20,001—\$40,000	29%	33%	27%
\$40,001—\$60,000	17%	24%	14%
\$60,001—\$80,000	10%	10%	10%
\$80,001—\$100,000	11%	7%	12%
\$100,001 or More	10%	12%	9%
Choose not to answer	9%		12%
Don't know	2%	2%	1%
<i>Employment</i>			
Full-time employee	61%	70%	57%
Part-time employee	7%		10%
Self-employed (no employee)	7%	5%	8%
Self-employed (employees)	1%		2%
Retired	8%	9%	7%
Unemployed	8%	5%	9%
Other	7%	12%	5%
Choose not to answer	1%		2%
<i>Educational background</i>			
10th Grade	1%		1%
11th Grade	2%	2%	2%
12th Grade	34%	53%	26%
Ged	12%	12%	12%
Associate degree/certificate	29%	26%	31%
Bachelor's degree	13%	5%	16%
Master's degree	7%	2%	9%
PhD/Advanced professional	3%		4%
	M (SD)	M (SD)	M (SD)
Age	44.99 (12.45)	46.21 (12.46)	44.52 (12.47)
Financial well-being score	3.00 (0.81)	3.75 (0.77)	2.67 (0.57)

Financial well-being score calculated using questions from the CFPB Financial Well-Being Scale (1 = low well-being, 5 = high well-being; Consumer Financial Protection Bureau, 2021)

than caregivers have shown in prior administrations of the MAPP training. However, results of a between-subjects t-test revealed a statistically significant difference between the average competency score for the virtual and in-person groups:  $t = 9.37, p < .001$ , with the in-person group scoring significantly higher ( $M = 4.24, SD = 0.80$ ) than the virtual group ( $M = 2.4, SD = 1.08$ ). This implies that the in-person group's competency scores are comparable to prior thresholds observed in evaluations of MAPP training.

These findings were mirrored in post-training interviews with participant caregivers from the in-person group, with most indicating that they learned important parenting skills that would benefit them and their families. Several participants noted that the topics covered in the training were helpful to them, and emphasized that sessions on trauma and managing behaviors were particularly beneficial. One participant specifically noted that handouts and other materials contributed to their learning and that they intended to refer back to them when the issues contemplated by the training arose in the future.

Caregivers and facilitators also emphasized the unique importance of peer support and interactions during the training sessions, given the often isolating experience of kinship foster care. As one participant stated, "it was nice to know that other people were having the same feelings as us, and the same frustrations, and that just kind of made you feel like you [were] not alone." Others depicted training sessions as networking opportunities for caregivers to develop bonds with one another and facilitate supportive relationships, with participants "coming together, talking, carrying on, and joking." In some ways, this was seen as a stark contrast to training that was not kin-specific, which was often seen as resulting in alienation and embarrassment. Although interviewees recommended after the initial in-person training that some portions be moved to a virtual or online asynchronous format to allow for additional topics (e.g., legal processes, independent living preparation, substance abuse, and grief and loss), many believed that in-person interactions were crucial to developing the supportive and peer-focused atmosphere that made the sessions most conducive to real learning. Other contextual factors cannot be ruled out, but it is possible that the absence of these dynamics might have contributed to lower parenting competency learning scores in the virtual groups.

### Permanency Awareness

The paired samples t-test showed that overall, kinship foster parents who participated in the CFOO training reported a significant increase in their awareness of kinship guardianship assistance ( $t = 3.51, p = .001$ , Cohen's  $d = 0.25$ ;  $M_{\text{pretest}}$

$= 2.64, SD = 1.26$ ;  $M_{\text{post-test}} = 3.29, SD = 1.32$ ). Notwithstanding the overall improvement in awareness among participants, the DiD results show that the change in the level of awareness varied significantly by the training mode ( $DiD = -0.762, SE = 0.38, p < .05, R^2 = 0.16$ ). The virtual group scored a little over one point higher than the in-person group at pretest, although the difference was not statistically significant ( $Diff_{(\text{pretest})} = 1.15, SE = 0.79, p = .09$ ). However, after the training, the awareness gap dropped to less than half a point ( $Diff_{(\text{post-test})} = 0.39, SE = 0.43, p = .367$ ). The direction of the results holds with or without covariate adjustments (Table 2).

Kinship foster parents from the in-person sessions who participated in follow-up interviews suggested that the training was beneficial not only in enhancing awareness of guardianship assistance funds, but also furthered their awareness of permanency and support processes generally. One participant noted that since caregivers are not aware in advance of the types of services they may need before they need them, it was helpful to gain information about which ones were available and how to access them. Others noted that there were many services, funding, and permanency options that had not been made known to them by agency staff and that being able to gain a fuller understanding of the processes and requirements for these supports was helpful in navigating the future.

## Discussion

Despite a well-documented need for evidence regarding supportive services that might improve the outcomes of children in kinship care, scarce amounts of research of this kind have been conducted concerning how licensure-based training and supports may better serve these families. This study aimed to examine barriers and potential engagement strategies related to kinship foster parent licensure and training, and analyzed initial knowledge outcomes for a kin-specific pre-licensure training curriculum delivered in both in-person and virtual formats. Overall, the findings indicate that significant barriers prevent kinship foster parents from utilizing this assistance, but that kin-specific training delivered in peer-supportive conditions may both reduce these barriers and provide caregivers with important knowledge necessary for providing care to this unique population of children.

### Barriers to Training and Licensing

Kinship foster parents, as well as agency and provider staff, pointed to several key barriers to licensure that limited the accessibility of training and other licensure-based supports such as maintenance payments, respite, and post-permanency



guardianship assistance. While several of these difficulties involved practical issues such as childcare and scheduling that could be accounted for by jurisdictions if provided adequate resources, others involved fundamental problems that may require substantial changes to existing training and licensing processes. For example, given that caregivers reported low levels of engagement with existing training due to irrelevant content and perceptions of stigma when interacting with nonrelative foster parents, child welfare agencies and related service providers may need to consider the development and implementation of kin-specific training that would satisfy existing licensure requirements while still addressing the unique needs of these families. Because minor and potentially arbitrary licensure requirements may also render many kinship foster parents ineligible for formal licensure and its corresponding supports at the outset, jurisdictions interested in engaging and supporting kin in this way may need to adjust such requirements or invest resources in producing training and policy guidance aimed at increasing the use of licensing waivers for this population.

Relatedly, in light of interview responses that suggest that kinship foster parents are not adequately informed regarding the existence and benefits of training and licensure, administrators and policymakers should consider whether additional policy, training, and guidance about such supports should be directed toward casework staff who interact most closely with kinship foster parents. Kinship foster parents and staff in this study reported that these options were either not known to caseworkers or were viewed as inapplicable to eligible families, leading to many families only becoming aware of their availability and benefit late in the foster care case when training and licensure was seen as less desirable due to imminent permanency arrangements. Given that caregiver preparedness, peer support, and financial resources can be crucial components in providing living situations that produce positive outcomes for child welfare-involved children and youth, agencies should take steps to ensure that these supports are accessible, specifically tailored, and offered early enough in the life of the child welfare case to produce the maximum amount of benefit.

### Parenting Competencies and Awareness of Support Options

The specific support strategy examined in this study—namely, the provision of in-service licensure training tailored specifically for kin caregivers' needs—was observed to produce promising amounts of learning related to core kinship caregiving competencies and awareness of available sources of family assistance. While further study is certainly needed to demonstrate that the CFOO curriculum is effective in producing specific behavioral changes in caregivers that might substantially improve the lives of the children

in their care, these increases in parenting knowledge and preparedness are crucial first steps in ensuring that these children's needs might be met. Further, as jurisdictions seek to meet the requirements of the FFPSA, the implementation, development, and evaluation of programs such as CFOO that can assist kinship foster parents not only with parenting responsibilities but also with system navigation will be a critical challenge that must be addressed.

### Virtual and In-Person Training Delivery

The initial evidence examined in this study suggests that the context for intervention delivery may have significant implications on program success. Participants in this study demonstrated lower levels of learning related to parenting competencies when the CFOO curriculum was delivered virtually compared to in-person participant scores. Many possible explanations for this discrepancy exist, such as the possibility that conditions of the COVID-19 pandemic may have caused less positive experiences for the virtual groups and the likelihood of increased distractions encountered by caregivers while taking the training in their homes. Further, the fact that in-person training was delivered as part of a new, large pilot initiative may have produced artificially high levels of enthusiasm on the part of caregivers and facilitators. However, the explanatory qualitative evidence collected during follow-up interviews suggests that the facilitation of peer relationships and support characteristic of in-person instruction may have created a much more constructive and amenable learning environment for kinship foster parents suffering from perceived stigma and isolation. While further study is needed to determine whether virtual or online asynchronous service delivery strategies can be effectively catered to the needs of this population, the significant response of caregivers to the provision of peer support activities also implies that more investigation

**Table 2** Difference-in-differences estimation results for permanency supports awareness

Outcome	Guardianship Assistance Knowledge Score	SE	t-value	p-value
Before				
In-person (IP)	2.11			
Virtual (V)	3.26			
Diff (V-IP)	1.15	0.70	1.65	.098*
After				
In-person (IP)	3.13			
Virtual (V)	3.52			
Diff (V-IP)	0.39	0.43	0.90	.367
Diff-in-Diff	-0.76	0.38	2.02	.043**

$R^2=0.16$ ; hypothesis testing calculated using bootstrapped standard errors

\*\*  $p < .05$ , \*  $p < .1$

of interventions directly targeting this aspect of support may be warranted. Peer navigators, group therapy options, and interpersonal networking events could all be considered as potential change strategies for providing kinship foster parents and the children in their care with social supports that may have concrete effects on their short- and long-term outcomes.

However, the fact that the superiority of in-person performance did not extend to the guardianship awareness scores complicates these conclusions. Although the in-person group demonstrated a greater change in awareness regarding guardianship assistance, the online group had higher scores on this measure at both pretest and posttest. This pattern suggests that the online participants may have entered into the training with more knowledge in certain areas, which is further supported by the fact that this group was slightly more educated overall. Future intervention research in this area should seek to better understand whether the differences in these delivery methods are more or less likely to attract kinship foster parents of varying education levels and how such services can be offered either individually or in tandem to reach the greatest number of those in need of support. Further, given that both groups in this study ultimately demonstrated fairly high scores by the end of the training, it is likely that both methods might have their respective strengths and should be pursued together to produce an inclusive service array.

## Study Limitations

This study reports on data from the early pilot stages of intervention development and implementation and took place both prior to and during the social upheaval of the COVID-19 pandemic. Accordingly, the evidence reported (particularly comparisons between pre-pandemic in-person training and subsequent virtual training) should be viewed as preliminary but promising, as generalization to other contexts will likely require further and more comprehensive evaluation efforts. Similarly, although the triangulation of data through exploratory and explanatory mixed methods bolsters the potential validity of these findings, the use of a pre-experimental rather than experimental design with an equivalent control group suggests that further research in this area is certainly needed to justify inferences related to the causal effectiveness of such an intervention. Given the lack of evaluation and research in regards to the training and licensure experiences of kin, however, these initial insights and outcomes can be seen as valuable evidence for further research and policy development.

It is also worth noting that this study's findings relate specifically to the experience of kinship foster parents and do not generalize to families involved in informal kinship care (Gupta-Kagan, 2020; Testa, 2017). These families, who begin caring for relative children not as a result of foster care

removal but through either informal family arrangements or temporary child protective services safety planning processes, have been shown to be particularly vulnerable and in need of supports to meet the needs of the children in their care, but would not be eligible for the types of licensure-based assistance examined in this study given that licensure is typically limited to foster child living arrangements. Given the existence of well-documented need and the potential for procedural justice concerns among informal kinship care populations (Gupta-Kagan, 2020), future research should examine how existing supports can be tailored to provide effective assistance to these families.

## Implications for Practice and Future Research

The kinship foster parents participating in this study reported substantial barriers in accessing and benefiting from licensure-based training and support. Initial outcomes suggest that kin-tailored training provided in a supportive context may produce learning that will, in turn, assist caregivers in promoting the well-being of the children in their care. While these findings should be interpreted with caution due to the design and context of this evaluation, they do imply that further intervention development, implementation, and research regarding parenting curricula like CFOO, licensure processes, and financial supports should be conducted to improve the outcomes of kinship foster parents and their families. Child welfare jurisdictions interested in supporting children's well-being through kinship foster care should invest resources in assisting these caregivers with navigating complex child- and family-serving systems, providing them with educational and financial supports in a manner that is conducive to their unique needs, and ensuring adequate awareness of long-term challenges and service options.

The results of this study suggest several promising strategies for conducting this work that merit further exploration. Jurisdictions seeking to improve the lives of children in kinship foster care should consider developing hybrid models of training that incorporate both the convenience of virtual instruction and the interpersonal support of in-person activities. Alternatively, administrators and practitioners could adapt innovations from other fields to create virtual, online, or in-person options for peer support between kinship foster parents that could either supplement training initiatives or stand alone as an intervention for meeting the needs of these families. These types of tailored and flexible options could ensure that kinship foster parents have both the information necessary to draw on formal supports (both financial and services-based) and the social networking opportunities that can promote informal supports, which could in turn allow

these families to provide more effective and sustainable living conditions for the relative children in their care.

The lack of communication and understanding regarding both the difficulties of kinship foster parenting and the resources available to address these challenges reported by participants also indicates that child welfare agencies should consider workforce-level interventions to improve the level of support received by children in kinship foster care. Adjustments to existing policies and procedures should be considered regarding the robustness of information shared by workers with kinship foster parents, the timeliness of this communication, and a streamlined process for training and licensing kinship foster parents. Further, agencies should seek to support worker-level decision-making regarding these cases through training that builds knowledge regarding the supports necessary for children to thrive in kinship foster care.

To assist in these sorts of system improvement initiatives, researchers should facilitate community partnerships and engage in community-based research similar to the university-public-private approach employed in this study to produce evidence regarding the effectiveness of these change strategies. By employing evidence to reinvent child welfare processes in a manner that more effectively supports kinship foster parents, researchers, administrators, service providers, and policymakers can begin to equip these families with the resources they need to deliver positive outcomes for the children in their care.

**Funding** This work was supported by funding from the C. Felix Harvey Award to Advance Institutional Priorities at the University of North Carolina at Chapel Hill.

## Declarations

**Conflict of interest** The authors declare that they have no conflict of interest.

**Informed consent** Informed consent was obtained from all individual participants included in the study.

**Research involved in human and animal rights** This study was determined to be exempt from review by the institutional review board of the University of North Carolina at Chapel Hill, as it constituted evaluation rather than human subjects research.

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