

The social support in kinship foster care: a way to enhance resilience

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Abstract

This paper analyses how social support enhances family resilience in kinship foster families by involving the families in an educational group programme. Sixty-two kinship foster families from Spain participated in the research. The data were collected before the programme (interviews) and after the programme (interviews and focus groups), and it was analysed by content analysis with the program Atlas.ti. The results show that the factors that contribute most to the development of family resilience are (i) feeling able to look for solutions when faced with problems; (ii) an increase of their network of formal support; (iii) being able to offer support to other foster families; and (iv) feeling that the support they give to parents' foster children is socially recognized.

INTRODUCTION

According to Del Valle et al. (2010a), social support has been studied, especially in social welfare and health fields. Previous studies linked social support with adults (Roditti et al. 2010), adolescents (Markstrom et al. 2000) and families (Rodrigo et al. 2007; Rodrigo & Byrne 2011). However, the study of social support as a way to enhance resilience in particular groups of families that are in the social welfare system as kinship foster care families has received little attention.

On many occasions, situations and life conditions of these families require tools to establish formal and informal social networks to help them cope with adversities and family problems. They often need help to deal with common problems and specific matters related to foster care. Increasing strategies to generate good relations with informal or formal social networks have direct benefits to promote resilience in foster children and their families (Schofield & Beek 2005; Metzger 2008).

This paper aims to discover more about social support as a resilience mechanism in kinship foster care families and shows how practice can contribute to this by analysing the impact of an educational group programme for families in kinship foster care called learning program for kinship foster families (LPKFF) (Amorós et al. 2005).

SOCIAL SUPPORT, KINSHIP FOSTER FAMILIES AND RESILIENCE

The recognition of the influence of social support has been defended from Bronfenbrenner's (1979) eco-logical systems theory (Hong et al. 2011). And the influence of social support on the physical and psycho-logical well-being of family members, easing the impact of stress in adverse situations, has been proved (Vangelisti 2009; Geens & Vandebroek 2012).

Social support is defined as the process by which social resources provided by informal and formal networks allow instrumental and expressive personal and family needs to be met in everyday situations as well as in crisis conditions (Lin & Ensel 1989). It is related with emotional, psychological, physical, informational, instrumental and material assistance provided by others to either maintain well-being or promote adaptations to difficult life events (Dunst & Trivette 1988). It is the combined social resources formal and informal support networks, which help families to cope from day to day or in crisis situations (Lin & Ensel 1989).

The current concept of resilience is that it is encouraged by a dynamic and interactive process and can be promoted by certain social support groups. Formal and informal social support networks are considered elements that have an impact on family resilience (Licitra-Kleckler & Waas 1993). Markstrom et al. (2000) note that social support is closely linked to coping and both are highly relevant to resilience. Social support helps people to cope with stressful situations of conflict faced throughout life (Armstrong et al. 2005). In terms of building resilience, social support enhances well-being and health, as social relationships provide the individual with a set of identities and positive evaluations. All of these have effects on the individual such as increasing his or her self-esteem, feeling competent and that he or she can control their environment (Metzger 2008). Therefore,

both formal and informal are components of family resilience (Walsh 2002; Lietz 2006; Lietz & Strength 2011).

Recent studies of family resilience discover that families are capable of generating positive relationships that help to optimize their possibilities and resources, which up to now have been hidden or unknown (Walsh 2002). Social support, flexibility, communication, the right attitude and the capacity to interpret their own difficulties, the initiative to meet the family's needs, willingness and spirituality lead the families to a resilience process (Dunst & Trivette 1988; Lietz 2006; DeFrain & Asay 2007; Balsells et al. 2011).

Social support is considered a protective factor by families in a social risk situation and furthermore can be a protective factor by families in kinship foster care. It should be pointed out that this type of child protection is the most frequent in the Spanish context (Del Valle et al. 2010b, 2011; Montserrat 2014) and also one of the most used in other countries (Berrick et al. 1994; Geen 2003). As indicated by Bernedo & Fuentes (2010), Musil (1998) and Villalba (2002), social support that kinship foster care families receive from their families and their social background is an important factor to face the challenges and difficulties of foster care. According to Farmer et al. (2004), formal professional support offered to the foster families goes hand in hand in many cases with the continuity of the fostering and helps prevent failures.

Jiménez & Zabala (2011) note that there are some difficulties associated with the additional load in parental role that the kinship foster families must assume. The foster parents report stress to parenting their grandchildren and in comparison with other kinds of foster care they receive less attention and fewer services (Bernedo & Fuentes 2010; Del Valle et al. 2011; Lee & Blitz 2014). Consequently, the formal networks and the different kinds of support offered to kinship foster care families are fewer or deficient than other kinds of foster care (Molero et al. 2007; Palacios & Jiménez 2009; Del Valle et al. 2011; Montserrat 2014). In addition, in the vast majority of cases, these children would be living with their kinship foster families until adulthood (Bernedo & Fuentes 2010; Del Valle et al. 2011; Jiménez & Palacios 2008; Logan & Meir 2007; Molero et al. 2007; Scannapieco et al. 1997). The length of the foster care placements has a significant implication in terms of social support, a long-term commitment requiring continuing care that involves addressing the changing needs of the growing child. Although this has benefits for the child, this long-term commitment offered by kinship foster families also requires long-term support from care workers and it is not always easy to assume by the kinships' careers due to their multigenerational caregiving situation and their multiple holding roles (i.e. grandparent and parent simultaneously) (Lee & Blitz 2014).

According to Whitelaw (1997), family support programmes have the potential to be an important ally to community family preservation programmes as the 'first line of defence' in child protection. In most cases the method adopted by these programmes is group, as it is considered to be one of the most effective in maintaining family fostering (Burnette 1998) and reducing risks (Kropf & Kolomer 2004). Other studies recognize that additional benefits to educational groups offered to foster families are the opportunity of exchanging experiences, giving mutual help and reducing the feeling of isolation (Kropf & Kolomer 2004), forming new relationships and strengthening the participants (Vachahaase et al. 2000). The kinship foster families themselves (Lee & Blitz 2014) and the foster children themselves (Fuentes-Peláez et al. 2013) point the need to participate in

support groups but at the same time Lee & Blitz (2014) recognize their limited access and utilization of those services.

METHOD

Objectives

The main aim is to know what kind of social support, formal and informal, the kinship foster families had before and after participating in a specific support programme called 'Kinship Foster Care Families Training Program' (Amorós et al. 2005). The programme aims to increase the personal and parental skills, especially those that are related to kinship foster care in order to increase their family resilience (Amorós et al. 2009).

Participants

The sample of 62 kinship foster families to participate in the LPKFF was recruited by the child protection social services. The families came from four distinct areas of Spain: Balears, n = 16 (25.8%); Cataluña, n = 8 (12.9%); Galicia, n = 21 (33.9%); Murcia, n = 17 (27.4%). These participating families were distributed in seven groups (one in Balears, one in Cataluña, three in Galicia and two in Murcia).

There were 33.87% single-parent families and 66.12% couples. The relationship between foster carers and children was 55.4% grandparents, 35.6% uncles and aunts, 4.5% brothers and sisters, and 1.1% others. A total of 44.19% of the families had a low or very low economic situation, 45.35% had an average level and 10.47% was high. The foster care was permanent in 88.1% of cases while only 21.9% were temporary.

The age of male foster carers varied between 32 and 76 with an average age of 55.13 (standard deviation [SD] 12.54) and the age of female foster carers was between 28 and 74 with an average age of 55.07 (SD 11.67). Fifty-four per cent of the foster children were girls and 46% were boys with an average age of 12.73 years old. There was a broad age range from 3 to 18 years old (SD = 2.69) but very few small children, as the support group was specifically for families with foster children approaching adolescence. In order to maximize the efficacy of the programme and the benefits for parents, the professionals focused their efforts on families with pre-adolescent children. It is also worth observing the number of children being fostered by each family. Although there were families with two or three foster children, the majority were fostering only one child ($X = 1.42$, $SD = 0.66$).

Research methodology

The design has a pre- and post-test approach with a qualitative orientation in which the analysis tries to identify and explain the changes in the evolution of formal and informal support given to foster families who participated in the programme (LPKFF). The study is based on 147 semi-structured interviews, 85 interviews before the families took part in the LPKFF programme and 62 interviews after the same families had participated in the

programme. Also, eight focus groups took place 6 months after the families had participated in the LPKFF.

Measuring tools

Hauser et al. (2006) suggest that the narrative study method is especially applicable when studying the aspect of resilience to examine the significance foster families give to these life experiences. For this reason we used two different methods: (i) semi-structured interviews before and after the programme participation; and (ii) focus groups of kinship foster families after the programme.

Interview was the main method to collect a subject data vision of the families. The first and last interview provided information about formal and informal support before and after participating in the LPKFF. Basic information was collected about the support and helpful relationships that families maintained with professionals and other adults. The script used in the first and last interviews used the questions found in Table 1.

The aims of the focus groups were to look at the changes made after the families' participation in the programme LPKFF, and if they were keeping them up 6 months later, as well as the information, habits and attitudes the foster careers had incorporated into their daily lives. The script for the focus group had questions found in Table 2. According to Webster & Mertova (2007), the structure of the questions in the first and last interviews and at the end of the focus group was open to encourage participation, to reflect and provoke a conversation and to invite the families to build an interactive narrative.

Table 1 Script for first and last interviews depending on type of support

	First interview	Last interview
Formal support	When you have problems of any type, personal or with the foster child/children, who do you turn to for help? Which institutions, services (i.e. school, social services) do you ask? Why do you normally ask for help? How do you feel about it? If you do not usually ask for help, what is it that prevents you from asking the institutions for help whenever you need it? When you want to socialize do you go to an association, centre or leisure time group?	During the past months if you have been in a situation where you needed to ask for professional help, did you feel more confident when doing so? Have you noticed any changes in the support resources in your environment? Do you feel that the sessions have helped at any time when you have needed support? Has your relationship with social services' staff changed after the sessions? In what way?
Informal support	When you have problems of any type, personal or with the foster child/children, who do you turn to for help? Which informal institutions (i.e. neighbours' association, parish) do you ask? Why do you normally ask for help? How do you feel about it? If you do not usually ask for help, what is it that prevents you from asking the institutions for help whenever you need it? When you want to have fun do you go with friends, neighbours or the family?	During the past months if you have been in a situation where you needed to ask for help from your friends, family, neighbours, did you feel more confident doing so? Have you noticed any changes in people around you? Do you feel that the other people in the sessions have been supportive at any moment that you have needed help? Has your relationship with the people you trust changed after the sessions? In what way?

Table 2 Script for focus groups depending on type of support

	Focus group
Formal support	Doing the training has helped your task as foster parent? Which changes have you noted? Have you noticed any changes in your relationship with professional staff and the support they offer? Which ones would you point out?
Informal support	Has your task as foster parent been helped by doing this training? Which changes have you noted? Have you noticed any changes in your relationship with close family, people you trust, neighbours? Which ones would you point out?

Procedure

Immediate data collection was performed at different times during the study process: in the initial evaluation of the families before they started the training (T1), in the final evaluation at the end of the training (T2) and in the deferred evaluation 6 months after the training (T3).

All the interviews and focus groups' guides attached a register sheet where they noted the characteristics of the participants of the group and a summary of the most important themes dealt with. All the interviews and the focus groups were recorded to be transcribed and analysed later.

Data analysis

The analysis focused on identifying and explaining changes in formal and informal support of family resilience as a result of the foster families' participation in the LPKFF programme. The interviews and focus groups content analysis was performed by ATLAS.ti V6.2 professional software (ATLAS.ti Scientific Software Development GmbH Hardenbergstr. 7 D-10623 Berlin, Germany). A hermeneutic unit was created for each T moment. Transcriptions were introduced into each of them that analysed and codified the families' contributions according to the system of categories found in Table 3.

This system was carried out in various steps process. Firstly, three focus groups were analysed by five judges (team researchers) to make sure that the categories were unambiguous and not mutually exclusive. Secondly, a system of double judges was made to analyse each hermeneutic unit: each pair of judges had to read the analysis and codification individually; after which, a consensus was found if there were any discrepancies. Finally, the codification was cleared using the software.

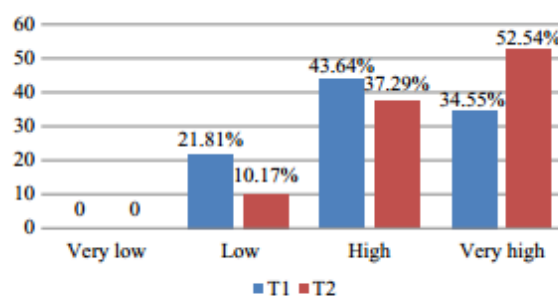


Figure 1 Formal support.

Table 3 System of categories and their definition of use of formal and informal support

Dimension	Category	Definition
Formal support		Used help from formal support groups: school, social services. There is also reference to the programme.
	Very high	Show that they know the formal support network well and show a positive attitude towards it. They use it frequently and effectively. They know how to ask for help when needed.
	High	Show that they know the formal support network and show a positive attitude towards it. They use it frequently although sometimes they find it difficult to ask for help when they need it.
	Low	Show they are not very familiar with the formal support network. Show a reluctant attitude towards social support. They only use this support when instructed by care workers not by themselves.
	Very low	Show rejection towards formal support and they do not use it. They do not attend the meetings with care workers.
Informal support		Support networks such as neighbours, friends, volunteers, social integration: free time and leisure, active members of associations . . . refers to members of kinship family but do not live in the same household.
	Very high	Show they are very satisfied to have people willing to help them in difficult situations. Use informal networks regularly. Have a high level of social integration to enjoy free time.
	High	Show they are quite satisfied to have people willing to help them in difficult situations. On occasions use informal networks. Have an adequate level of social integration to enjoy free time.
	Low	Show reluctance to ask friends, neighbours and people around them for help. Can have difficulties to establish social relationships in their free time.
	Very low	They feel alone and do not know who to ask for help when there is a problem. They do not spend their free time with other people.

RESULTS

Participants have been confronted with a situation of adversity characterized by the placement itself (which implies an unexpected situation and feelings of failure and grief for their children), the social and economic situation (families of medium or low social profile) and long-term foster care (which means taking on the role of foster parent for a considerable length of time and being able to adapt to the changing needs of the children and the evolution of the biological families).

Resilience involves the ability to cope with these circumstances and being capable of responding effectively and emotionally to the foster children's needs (family resilience), and to carry on as foster families strengthened by the experience.

Formal support

As can be seen from Fig. 1, the 'very high' category has recorded the greatest change. There has been an increase of 17.99 points, going from 34.55% to 52.54% after the programme.

The 'high' category includes those who said that they regularly used formal support networks but there were times when they found it difficult to ask for help. This category reduced from 43.64% to 37.29% after the programme. This shift is explained by the increase that can be observed in the very high category.

In the 'low' category there was a decline from 21.82% to 10.17%. As in the previous category this shift is explained by the increase in the very high category. In the 'very low' category, there were no families taking part in the programme that fit within this category.

The perception of formal support improved considerably after participating in the programme, increasing the very high category and reducing the high and low categories. Families taking part in the programme have a better understanding of formal support on offer, social workers in foster care services and other formal support services. On completion of the programme the families were able to rely on a formal support network and to make regular use of it. They are able to ask for help when they need it and to seek support regularly.

I'm used to coping alone with the problems and I'm not used to stopping and thinking what I shall do or to who can I ask for help. Of course, the use of resources caught my attention. After the session I said: we're not as alone as it seems. (Kinship foster parent)

For these families, care workers are no longer looked on as a controlling force, but a source of support. This could be considered as an effect of the methodology of the programme. The LPKFF programme introduced an approach that aims to highlight the potential strengths of families rather than focus on their weaknesses, as well as noting the participation and co-operation between families and care workers and, as a consequence, it brings families and care workers to collaborate together. One important outcome observed after the LPKFF programme finished is this positive approach that breaks down barriers between professional care workers and families, and improves relationships between them.

(taking part in the group) has helped me to understand the care workers better, sometimes I used to think 'they are so annoying, why another meeting?' By the end of the program I could see that they were just doing their job. (Kinship foster parent)

Now I can talk about children with professionals. I have more confidence in them, before the program, I was little wary and now I feel they are like family. (Kinship foster parent)

At the onset of the programme, families expressed the need to be better informed about help and official support. Once the programme finished, the participants were satisfied with the information that they had received about community resources/formal support

mechanisms and how to use them. The programme offered guidance and the opportunity to get to know care workers who they could approach for help.

Now we know more, we know more places where you can ask for help, we have more information, and now we are not as helpless as before the program. (Kinship foster care family focus group)

These aspects help families to change their attitude when facing problems. After the programme they felt they had more resources available. Beyond having access to help and formal support, it is a question of attitude and ongoing commitment to meet the needs of the foster child, an awareness of the issues and motivation to instigate change.

I've changed my attitude and it's helped me tackle foster care issues. (Kinship foster care family focus group)

Informal support

Regarding informal support, the very high category shows a slight increase having taken part in the LPKFF programme, growing from 28.07% to 29.27%. The high category displayed a decrease from 42.11% before the programme to 39.02% after the programme. This shift is explained by the increase in the very high category.

In the low category, there was a slight increase from 24.56% to 26.83%. This increase can be explained by the decrease in the very low category after the programme (5.26–4.88%). Those families within the very low category at the onset of the programme have been able to improve their informal support options, explaining the increase in the low category. Those families valued better informal support after taking part in the programme.

I felt relieved . . . Now, I think 'they are my family and my friends. They are people who love me'. (Kinship foster care family focus group)

We found a considerable number of families that received a high level of informal support (70.18% initially in the 'very high' and 'fairly high' categories) from other members of the kinship family who do not live in the same household and supportive neighbours. After the programme, we notice a small decline for the same categories (68.29%).

In comparison with formal support, informal support changed less as a result of the programme. There remained a considerable number of families (31.71%) who could still be described as poorly integrated and socially isolated at the end of the programme (Fig. 2).

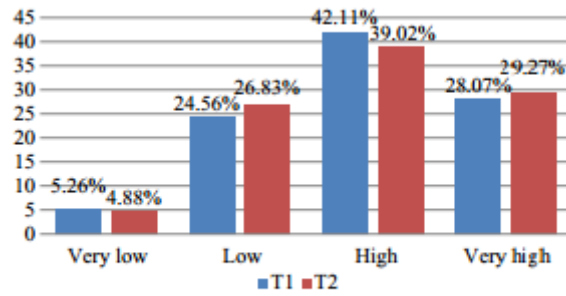


Figure 2 Informal support.

Results indicated that the LPKFF programme increase the levels of informal support from extended family moderately. However, the families valued the LPKFF programme (a formal support element) as a source of informal support. One of the main interests initially among families was to seek opportunities for informal support.

Hopefully I can socialize a little more, I have no friends.... (Kinship foster parent)

There are concerns that need to get aired . . . it's good to talk, isn't it? (Kinship foster parent)

By the end of the programme participants said that getting to know other families, talking and sharing experiences with them was a very positive experience for a vast majority of them. They said that the programme had offered them the opportunity to learn from other families in similar situations, enabling them to find solutions, consider their options and help one another.

The experience of getting together with everyone and learning . . . and you really relate to people and realize that we're all facing problems. (Kinship foster parent)

The families made a link between formal and informal support. They transformed the programme into a forum of informal support where they could share experiences with those in a similar situation. The bonding of the families who participated was a key factor of the programme, sharing experiences reassured them that they were not alone. It was backbone, vital to the structure of the programme and served a very important purpose.

The families expressed that they found it difficult to ask for any support beyond the network of their extended families. However, once they had taken part in the programme the relationship between families demonstrated the value of sharing experiences with others facing similar challenges. When asked who they would approach to ask for help one participant said:

Just seeing how it works, with other families, other kids . . . 'that happens to me . . .' 'me too'. And you say to yourself 'I'm not the only one'. There are good moments and there are hard times but this happens to us all because, although we all wish it wasn't so, these children have been psychologically affected by what happened. (Kinship foster parent)

According to previous findings (Lietz 2006), the capacity of a family to give informal support is an indication of resilience in that family. We have observed how foster families have been a source of informal support for the biological families who have been unable to take care of their children and furthermore to other foster care families, and so the family itself gives informal support.

It helps me a lot to support other families where I can...
Before the program I didn't feel that... Now I feel
satisfied. (Kinship foster parent)

The programme offered them a place where their task as foster parents could be recognized and valued. This serves to increase the self-esteem of the family. One of the indicators of resilience in a foster family is their ability to offer support.

Now it's very different . . . we were lucky to find some
people who listen to us, who value us. (Kinship foster
care family focus group)

DISCUSSION AND PRACTICAL IMPLICATIONS

The profile of the foster carers and kinship foster families is similar to those found in other studies carried out with Spanish population (Jiménez & Palacios 2008; Del Valle et al. 2011; Jiménez & Zabala 2011; Montserrat 2014), i.e. 46.8% are grandparents in the study carried out by Jiménez & Zabala (2011).

From the description of the foster families, three characteristics stand out that are important when considering their support needs: (i) the advanced age of the majority of foster parents (grandparents taking on the roles of parents) that is unusual for their age and added strain; (ii) the low economic level means they are disadvantaged in material resources; and (iii) the length of the foster measure implies a long haul and continuous attention that in many cases began when the children were very young.

These families are exposed to situations of stress brought about by their very nature. Research said that formal and informal social support helps these families to reduce their vulnerability and promote resilience (i.e. Armstrong et al. 2005; Lietz & Strength 2011).

We identify how the families receive a series of formal support (services aimed at family integration, or the psychological or learning needs of the children), but the question is whether this support is sufficient. Other studies show that despite the numerous aspects that require support, these families actually receive less than other non-kinship foster families (Jiménez & Palacios 2008) and the kind of formal support that these families are receiving is not always in line with their demands (Lee & Blitz 2014).

After the LPKFF programme families perceived an increase in formal support. Nevertheless, the mere increase of formal support is not sufficient to confirm that it is a protective factor and therefore a mechanism of resilience. Rodrigo et al. (2007) and Walsh (2002) identified the capacity of a family to use formal support network as a characteristic of resilience in families. Furthermore, Balsells et al. (2011), DeFrain & Asay (2007), Dunst & Trivette (1988), Lietz (2006) and Lietz & Strength (2011) verified that commitment and willingness to accept and take forward changes is one of the strengths

that allow families to function in adverse situations and to navigate them successfully. We identify both strengths in these kinship foster families after being taken part in the programme. The families emphasized their family's disposition and their initiative to seek solutions and their motivation to take steps to change family dynamics. Therefore, we should ask if these could be considered as a key aspect affecting the resilience of kinship foster families.

Having the support of informal networks is another of the characteristics that defines resilience in foster families (Lietz 2006; Rodrigo et al. 2007). At the outset of the programme, the families valued their informal support networks slightly higher than after taking part. The programme may have made them more aware of reality, thus changing their view of their own situation. Our results on informal support networks differ from those of Villalba (2002) who talked about a wide range of informal support networks between kinship foster families but agree more with those found by Molero et al. (2007) and Jiménez & Palacios (2008).

If we compare the levels of informal support with formal after the programme, these are seen to be much higher. Rodrigo et al. (2007) studied a group of families with a high risk of social exclusion and another group with a low risk of social exclusion and recognized a distinct pattern revealing that formal support increased progressively as the level of risk increased. In our group, in those considered high risk, we observed the same pattern.

Although there was a clear increase in formal support after the families participated in the LPKFF programme, we can see that there were still 31.71% with few informal support resources available. We must consider that these families have to tolerate social isolation, finding it difficult to approach people close to them for informal support. We keep identifying a need for more support, so formal support alone is not sufficient. In cases where there is a poor social network and fewer resources, parental stress increases (Jiménez & Zabala 2011). This means that although the programme can help to increase formal support, there is a need to increase informal support. Therefore, it is relevant to recognize how programme's methodology encourages participation and co-operation, and this has a positive effect helping to establish informal support.

Implications for policy and practice

Lessons learned from this research include how the strengths-based approach programme improves the relationship with the care workers and helps kinship foster families to find a place to be recognized and valued. For a long time, studies have focused on the clinical model that pinpointed the risk factors in order to reduce them as the best way to improve family dynamics. This unquestionably produced a side effect of creating barriers in the relationship between the families and the care workers. Recently, it has been suggested that looking for and building on strong points is a valid way to improve the way families operate (Walsh 2002; Lietz 2006; Amorós et al. 2010). Changing this focus has a clear effect on the families by renovating the relationship they have with formal support groups. They no longer see them as opponents, but as a source of help, they accept their guidance more readily, feeling more able to resolve their own problems and more capable of getting the help they need. Farmer et al. (2004) point out that when the adoption of professional help (formal support) is recognized as an opportunity it becomes a protection factor in itself.

Finally, when considering the methodology of group sessions, studies show that this kind of programmes enhances the improvement of a social network and relationships between families and the willingness to receive help and professional guidance (Burnette 1998; Vacha-haase et al. 2000; Kropf & Kolomer 2004). The results stand out that group learning sessions are crucial to develop the mechanisms for family resilience reducing social isolation by connecting kinship foster families with other families in the same situation. This helps them to be aware of their situation, to be valued for other people and professionals, and above all, take a step forward in the right direction towards resilience by being able to help other families. We can therefore conclude that encouraging group learning sessions is an opportunity for the families to transform their misfortunes and increase their personal and family wellbeing, ultimately, their resilience.

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