

# ***REPORT TO THE CONGRESS ON KINSHIP FOSTER CARE***

***Part I: Research Review  
Part II: Secretary's Report to the  
Congress***



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Administration for Children and Families  
Administration on Children, Youth and  
Families  
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## Abbreviations

AARP	American Association of Retired Persons
ABA	American Bar Association
ACYF	Administration on Children, Youth, and Families
ADC	Aid to Dependent Children
AFCARS	Adoption and Foster Care Analysis and Reporting System
AFDC	Aid to Families with Dependent Children
APHSA	American Public Human Services Association
APWA	American Public Welfare Association
ASFA	Adoption and Safe Families Act of 1997
CLASP	Center for Law and Social Policy
CWLA	Child Welfare League of America
DSS	Department of Social Services
GAO	U.S. General Accounting Office
HEW	U.S. Department of Health, Education, and Welfare
HHS	U.S. Department of Health and Human Services
NCCAN	National Center on Child Abuse and Neglect
NPRM	Notice of Proposed Rulemaking
NSAF	National Survey of America's Families
NSCAW	National Survey of Child and Adolescent Well-Being
PRWORA	Personal Responsibility and Work Opportunity Reconciliation Act of 1996
SPCC	Society for the Prevention of Cruelty to Children
SSA	Social Security Act
SSI	Supplemental Security Income
TANF	Temporary Assistance for Needy Families

# ***Part I: Research Review***

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# ***Executive Summary***

The extended family has long played a role in caring for children whose parents were unable to do so—a practice commonly referred to as kinship care. Over the last decade, child welfare agencies have increasingly relied on extended family members to act as foster parents for children who have been abused or neglected, yet very little information is available on the extent to which kin serve as foster parents and how this practice varies across States. In addition, it has been difficult for Federal and State policy makers, as well as advocates and practitioners, to evaluate how well kinship care ensures children’s safety, promotes permanency in their living situations, and enhances their well-being—three basic goals of the child welfare system. Nonetheless, both Federal and State governments continue to implement kinship care policies—both explicitly and implicitly.

Recognizing the need for more information on the policy implications of using kin as foster parents, Congress directed the Department of Health and Human Services, in the Adoption and Safe Families Act of 1997 (ASFA) (P.L. 105-89), to “convene [an] advisory panel. . . and prepare and submit to the advisory panel an initial report on the extent to which children in foster care are placed in the care of a relative.” This *Report to Congress on Kinship Foster Care* summarizes current knowledge about kinship care, including all available data on the specific issues raised by Congress in ASFA:

- the extent to which children in foster care are placed with relatives,
- costs and sources of funds for kinship care,
- State policies regarding kinship care,
- characteristics of kinship caregivers and their households,
- conditions under which children enter kinship care,
- services provided to kinship caregivers and to birth parents,
- birth parents’ access to their children in kinship care, and
- permanency plans for children in kinship care.

In its broadest sense, kinship care is any living arrangement in which a relative or someone else emotionally close to the child takes primary responsibility for rearing a child. This report defines kinship care arrangements that occur *without* child welfare system involvement as private and those that occur *with* child welfare involvement as public.<sup>2</sup> Traditional foster care arrangements are referred to as non-kin foster care.

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This report expands upon Congress' request for information on public kinship care in two significant ways. First, it provides information on private kinship care, when available, because policy changes regarding public kinship care are likely to affect private care. Second, to provide a deeper understanding of kinship care, it compares the policies covering public kinship and non-kin foster care and describes the characteristics and experiences of families in each group.

### **THE EVOLUTION OF KINSHIP CARE**

Two Federal policy agencies—income assistance and child welfare—govern kinship care. Each has a different view of the role of relatives in caring for children. Income assistance policy—namely, Aid to Families with Dependent Children (AFDC)—treated certain relatives as an extension of the family and allowed them to include the children in their care in applications for income assistance, whether for family or child-only grants. However, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ended the entitlement to income assistance for all AFDC recipients, including relatives, through the creation of the Temporary Assistance for Needy Families (TANF) program. The law also imposed new work requirements and time limits on TANF recipients, including some kinship caregivers. A State can choose to exempt kinship caregivers from individual work requirements, but these caregivers, if receiving assistance on their own behalf, must be included in the State's overall work participation rate. This rate determines whether the State is subject to a penalty and a reduced TANF grant.

In contrast, Federal child welfare policy historically overlooked the role of kinship caregivers and if States provided assistance to kin they did so through income assistance programs, effectively keeping them out of the child welfare system. As States began to rely on relatives to serve as foster parents, they often applied existing Federal foster care licensing, supervision, and permanency planning requirements—designed for non-kin foster parents—to kin caregivers. More recent Federal policies have acknowledged the unique circumstances of kinship care and have encouraged States to consider giving preference to relatives when placing a child in foster care.

### **MAJOR FINDINGS**

While the information in this report is the best available, generalizations and comparisons across States are problematic, for a number of reasons: differences in State policies and practices, differences in the types of kinship care cases included in State data, lack of representative data, inconsistent comparison groups, and possible correlations between kinship care and other, unmeasured variables. In addition, there

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is insufficient information available to assess the effects of kinship care, especially on abused and neglected children and on providers. The reader should therefore be cautious in interpreting the findings presented below by issue.

### ***The Extent to Which Children in Foster Care Are Placed with Relatives***

In 1998, approximately 2.13 million children in the United States, or just under 3 percent, were living in some type of kinship care arrangement. In 1997, approximately 200,000 children were in public kinship care, well below 1 percent of all U.S. children but 29 percent of all foster children. Available evidence suggests that public kinship care has increased substantially during the late 1980s and 1990s (see Chapter 1).

Three main factors have contributed to this growth. First, the number of non-kin foster parents has not kept pace with the number of children requiring placement, creating a greater demand for foster caregivers. Second, child welfare agencies have developed a more positive attitude toward the use of kin as foster parents. Today, extended family members are usually given first priority when children require placement. Third, a number of Federal and State court rulings have recognized the rights of relatives to act as foster parents and to be compensated financially for doing so.

### ***Costs and Sources of Funds for Kinship Care***

Insufficient data are available to assess accurately the costs and funding sources of public kinship care. It is possible to document State policies for financing kinship care but not, for example, how many families actually receive foster care payments, TANF grants, or other public assistance (see Chapter 2). Public and private kinship caregivers are much more likely than non-kin foster parents to receive public benefits because of their own economic status (Chapter 3); however, public kinship caregivers are less likely than non-kin foster parents to receive services from child welfare agencies (Chapter 4).

### ***State Policies Regarding Kinship Care***

With limited Federal guidance, States' child welfare policies have developed in a manner that treats public kinship care differently from non-kin foster care (see Chapter 2). Almost all States (48 and the District of Columbia) give preference to relatives when placing a child with someone other than his or her parents, and most have been doing so for more than five years. In addition, many States (19 and the District of Columbia) have a broad definition of kin and include persons with emotional ties to the child, such as godparents, neighbors, and family friends. All but three States allow kin into licensed foster care programs designed for non-kin and provide foster payments to

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those who meet program standards. In addition, 41 States and the District of Columbia have at least one alternative foster care licensing standard for kin, and 22 States and the District of Columbia provide foster payments to kin meeting such standards. The remaining States support public kinship providers with TANF or other payments that are generally lower than foster care payments.

### ***Characteristics of Kinship Caregivers and Their Households***

Kinship care families differ from non-kin foster families in several ways (see Chapter 3). Kinship caregivers usually receive little, if any, preparation for their new role. Public and private kinship providers are older, more likely to be single, more likely to be African American, and more likely to have less education and lower incomes. They are more likely to receive public benefits. Public kinship providers are less likely to report being in good health.

Children in private kinship care appear to be older than children in non-kin foster care, while children in public kinship care appear to be younger. Children in public kinship care are much more likely to be African American and appear to have fewer physical and mental health problems than children in non-kin foster care.

### ***Conditions under Which Children Enter Kinship Care***

The circumstances leading to placement in a foster home appear to be somewhat different for children in public kinship than for those in non-kin care. Children in public kinship care are more likely to have been removed from their parents' homes because of abuse or neglect and are less likely to have been placed in foster care because of a behavioral problem or conflict with a parent (Chapter 3). The parents of children in public kinship care are more likely to have a drug or alcohol problem and are more likely to be young and never married.

### ***Services Provided to Kinship Caregivers and to Birth Parents***

Child welfare caseworkers appear to provide less supervision and monitoring and fewer services to public kinship caregivers and children than to non-kin foster families (Chapter 4). Moreover, public kinship caregivers request and receive fewer services for themselves and for the children in their care. Overall, birth parents of children in public kinship care are offered and receive similar services as birth parents of children in non-kin foster care. Few studies have examined whether the needs of public kinship caregivers, the children in such care, or the birth parents of these children differ from those in non-kin care.

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### ***Birth Parents' Access to Their Children in Kinship Care***

Children in public kinship care maintain closer ties with their birth parents and their siblings than do children in non-kin foster care (Chapter 4). Research shows that birth parents and siblings visit children in public kinship care more frequently than children placed with non-kin foster parents. Birth parents also appear to be more likely to call, write, or give gifts to their children in public kinship care. Some experts have raised concerns about the safety of such children, especially because parental visits are often unsupervised, in contrast to parental visits to children in non-kin foster care. However, there is insufficient information to determine whether the concerns are warranted.

### ***Permanency Plans for Children in Kinship Care***

The most common goal of child welfare agencies for children in both kinship and non-kin foster care is permanent reunification with their birth families. However, some data suggest that permanency plans for children in public kinship care are more likely than those for children in non-kin foster care to have reunification as their goal, while other data suggest the opposite (Chapter 4). Plans for children in kinship care are less likely to include adoption and more likely to include placement with a relative as their goal. In addition, outcomes for children in public kinship care appear to be different from those of non-kin foster children. Children in public kinship care are less likely to have multiple placements, tend to remain in out-of-home placement longer, and are less likely to be reunified with their parents.

Despite the widespread use of kin as foster parents, many questions and concerns remain regarding this practice. States have been struggling to determine how to use kin most effectively, including how and to what extent they should treat public kinship care arrangements differently from non-kin foster care placements. Moreover, State child welfare officials and other experts have questioned whether existing Federal policies, developed almost entirely with non-kin foster care in mind, are appropriate for kinship arrangements.

# ***Introduction***

Traditionally, when child welfare agencies found it necessary to remove children from their parents' homes due to abuse or neglect, they placed them in the homes of foster parents who had no prior relationship to the children or the children's family. Over the last decade, however, these agencies have increasingly relied on kin—that is, persons related to or having some prior relationship with the children—to act as foster parents. This practice is commonly referred to as kinship foster care. States' use of kinship foster care has increased rapidly, but State and Federal policies have not always kept pace. Very little information is available on how well such care meets the basic goals of the child welfare system: to ensure a child's safety, promote permanency, and enhance well-being.

Recognizing the need for more information on the policy implications of using kin as foster parents, Congress directed the Department of Health and Human Services, in the Adoption and Safe Families Act of 1997 (ASFA) (P.L. 105-89), to “convene [an] advisory panel . . . and prepare and submit to the advisory panel an initial report on the extent to which children in foster care are placed in the care of a relative” (for the full text of the relevant section, see Appendix A). Specifically, Congress requested information on:

- the extent to which children in foster care are placed with relatives,
- the costs and sources of funds for kinship care,
- State policies regarding kinship care,
- characteristics of kinship care providers and their households,
- conditions under which children enter kinship care,
- services provided to kinship caregivers and to birth parents,
- birth parents' access to their children in kinship care, and
- permanency plans for children in kinship care.

In October 1998, the Kinship Care Advisory Panel met to discuss an initial draft of this research review. A second draft, which incorporated comments made during the October meeting, as well as written comments submitted by panel members after the meeting, was provided to the Advisory Panel for comment following its January 1999 meeting.

This *Report to Congress on Kinship Foster Care* summarizes everything that is currently known about the use of kin as foster parents. Moreover, the report expands upon the congressional request in two significant ways. First, it provides information on the

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rearing of children by extended family members outside the child welfare system (commonly referred to as informal kinship care), because policies developed for formal kinship care may affect informal kinship care as well. Second, to provide a richer context for understanding both kinds of kinship care, the report compares the policies governing kinship care and traditional foster care and describes the characteristics and experiences of families in each group.

It is important to note that while there is a growing body of research on kinship foster care, data are still severely limited.<sup>1</sup> (Appendix B includes all State kinship care data currently available.) Much of the information presented in this report is based on small-scale studies whose findings may not necessarily apply to the entire kinship population or even to other states or localities. Therefore, while the report summarizes the findings of recent studies, readers should be cautious in interpreting those findings.

Chapter 1 discusses the role of extended families in helping to rear children, with or without the involvement of child welfare agencies.<sup>2</sup> In addition, it documents trends in the prevalence of kinship care and identifies possible reasons why States have increased the use of kin as foster parents. At the same time, it highlights the benefits attributed to, and the concerns raised about, kinship foster care.

Chapter 2 traces the development of kinship care policies at the Federal and State levels and their implications for caregivers. Chapter 3 describes the characteristics of kinship care providers and children, including demographics, income and education, reason for becoming involved in the child welfare system, and measures of health status and social well-being. Chapter 4 documents the experiences of children in kinship foster care during and after their placement. Finally, Chapter 5 summarizes the findings from the previous chapters, identifies questions that remain unanswered, and identifies potential sources of kinship care information.

The information in this report was compiled from the following:

- a search of child welfare databases, including the National Clearinghouse on Child Abuse and Neglect and several social science journal databases;
- contact with national child welfare research and information organizations, including the Child Welfare League of America (CWLA), the American Public Human Services Association (APHSA), the American Bar Association (ABA) Center on Children, the General Accounting Office (GAO), and Generations United;
- contact with individual researchers who have focused on kinship care; and

- a review of existing bibliographies on kinship care.

Appendix C provides a bibliography of all kinship care-related material used in the development of this report.

In addition, this report incorporates comments made on earlier drafts by members of the Kinship Care Advisory Panel, as well as comments by members during Advisory Panel meetings in October 1998 and January 1999. Appendix D includes a list of Advisory Panel members.

# ***Chapter 1***

## ***The Role of Extended Family in Child Rearing***

In its broadest sense, kinship care is any living arrangement in which a relative or someone else emotionally close to the child takes primary responsibility for rearing a child. Most kinship care takes place without the involvement or knowledge of child welfare officials. Such arrangements are not a new phenomenon. Anthropologists have documented the role that extended families play in raising children in cultures and communities around the world (Korbin, 1991; Young, 1970). Extended family members and other persons with a bond to the family have been particularly important in African American families dating back to slavery times, when parents and children were often separated. In fact, the phrase “kinship care” was coined by Stack (1974) in work documenting the importance of kinship networks in the African American community.

In contrast, child welfare agencies’ reliance on kin to act as foster parents is relatively new. When the Adoption and Child Welfare Act of 1980 was passed, forming the basis of the Federal foster care program, it was very rare for a child's relative to act as a foster parent. Today, child welfare agencies increasingly consider kin as the first placement choice when foster care is needed and kin can provide a safe home.

### **REDEFINING KINSHIP CARE**

Traditionally, kinship care has been separated into two categories. Informal kinship care refers to caregiving arrangements that occur without the involvement of a child welfare agency, whereas formal kinship care refers to arrangements in which kin act as foster parents for children in State custody.

Unfortunately, “informal” and “formal” do not fully describe the range of differences within these groups. For example, informal kinship care includes at least two groups: homes in which a relative is caring for a child and no birth parent is present in the household, and three-generation households in which a parent is in the home but does not take primary child-rearing responsibilities. Moreover, referring to kinship caregiving outside the purview of the child welfare system as informal, may incorrectly imply that such arrangements are short-term or tenuous. Some informal kinship caregivers have legal custody of related children through adoption or guardianship,

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and others have legal decision-making authority through a power of attorney. Even informal kinship caregivers who do not have legal authority may be recognized and supported by State welfare and Medicaid agencies. In short, some informal kinship care arrangements are more formal than others.

Likewise, formal kinship care arrangements vary in the extent to which they are publicly supported and monitored. (Chapter 2 defines four different types of arrangements under which kin can care for children in State custody.)

Neither informal nor formal kinship care describes instances in which child welfare agencies help arrange the placement of a child with a relative but do not seek court action to obtain custody of the child. For example, during or after a child protective services investigation, a caseworker may advise a parent to place a child with a relative; both the parent and the relative know that if the parent refuses, the agency may use the court to obtain custody of the child and place the child in foster care. Many child welfare experts have argued that these so-called voluntary kinship care placements are common (Takas, 1993). Data from a recent national household survey, discussed below, appear to support this assertion.

Given the limitations of these terms, this report refers to all kinship care arrangements that occur without any child welfare agency's involvement as private kinship care. It defines all kinship care arrangements that occur with child welfare contact—whether voluntary or formal court-ordered placements—as public kinship care.<sup>3</sup> Traditional foster care arrangements are called non-kin foster care.

Recognizing the contribution that extended family members can make, many States are creating programs to involve kin before a family is in crisis and a child must be removed from the home.<sup>4</sup> Model programs like New Zealand's Family Group Conference and Oregon's Family Unity seek to involve the extended family in decisions about the best interests of children under protective supervision. In addition to using kin as an initial placement resource for children, States may also seek out kin as a permanent option when it becomes apparent that children will not be able to return to their parents' home. Depending upon State policies, kin may be encouraged to adopt, become legal guardians, or provide long-term foster care.

### THE EXTENT TO WHICH CHILDREN IN FOSTER CARE ARE PLACED WITH RELATIVES

In 1998, approximately 2.13 million children in the United States (or just under 3 percent) were living with relatives without a parent present (U.S. Census Bureau, 1998).<sup>5</sup> Between 1983–1985 and 1992–1993, the number of children in such arrangements grew slightly faster than the number of children in the United States as a whole (8.4 percent vs. 6.6 percent) (Harden, Clark, and Maguire, 1997).<sup>6</sup> Many researchers have claimed that social ills such as increased homelessness, drug and alcohol abuse, juvenile delinquency, AIDS, and child abuse and neglect placed great pressure on the nuclear family during this period and help explain the increase (Hornby and Zeller, 1995; Spar, 1993). Since 1994, however, both the number and the percentage of children in kinship care have decreased.<sup>7</sup>

#### ***Public Kinship Care***

Although data are limited, it appears that in 1997, approximately 200,000 children were in the care of foster parents who were related to them (Geen and Clark, 1999).<sup>8</sup> Table 1 provides data from 39 States on the number of children in public kinship care on March 31, 1998. Among these States, public kinship care accounted for 29 percent of all children in foster care and 37 percent of children placed in family foster care (as opposed to group homes or institutional care). However, the use of kin as foster parents varies greatly. In 11 of the States providing data, public kinship care accounted for less than one-tenth of all children in foster care, while in four States it accounted for more than one-third. Several of the largest States (California, Florida, Illinois, and New York) used kin as foster parents at relatively high rates and account for almost half of all children in public kinship care (97,504 children).

These figures include only children in State custody. States have not maintained data on the number of relatives who voluntarily care for children who have been reported as abused or neglected. However, data from the National Survey of America's Families (NSAF) suggest that such voluntary placements are quite common.<sup>9</sup> In 1997, social services agencies helped arrange for over 283,000 children to live with relatives outside of the foster care system.

Because States' data are scarce, it is difficult to estimate how fast public kinship care has increased—but available evidence suggests that it increased substantially during the late 1980s and early 1990s. In the 25 States that do have data, the proportion of children in public kinship care increased from 18 to 31 percent between 1986 and 1990 (see Table 2). Three States (California, Illinois, and New York) accounted for most of this growth. Additional data from these States show that the trend continued through 1993.<sup>10</sup> As for

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the nation as a whole, 37 of 50 States responding to a 1997 Urban Institute survey said that their use of public kinship care increased somewhat (23) or significantly (14) over the past three years (Boots and Geen, 1998).

**Table 1. Children in Public Kinship Care on March 31, 1998**

<b>State</b>	<b>Number</b>	<b>As a Percentage of All Children in Foster Care</b>	<b>As a Percentage of All Children in Foster Families</b>
<b>Total</b>	<b>132,122</b>	<b>29</b>	<b>37</b>
<b>Total of California, Florida, Illinois, New York</b>	<b>97,504</b>	<b>42</b>	<b>52</b>
Alabama	600	13	19
Alaska*	218	16	33
Arizona	1,842	24	36
Arkansas	223	8	11
California	48,485	48	55
Colorado	768	9	14
Connecticut	1,463	24	31
Delaware	184	14	18
Florida	10,799	46	54
Georgia	2,562	23	30
Hawaii	856	35	40
Idaho	81	10	12
Illinois	25,563	50	59
Kansas	62	9	13
Kentucky	165	4	5
Louisiana	647	10	14
Maine	155	5	8
Maryland	3,058	26	32
Massachusetts†	1,929	14	22
Mississippi	434	16	28
Missouri	2,981	25	37
Montana	361	19	22
New Jersey	212	2	3
New Mexico	254	23	28
New York	12,657	25	30
North Carolina	1,784	17	25

**Table 1. Children in Public Kinship Care on March 31, 1998**

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## The Role of Extended Family in Child Rearing

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State	Number	As a Percentage of All Children in Foster Care	As a Percentage of All Children in Foster Families
North Dakota	83	8	13
Ohio	1,905	13	16
Oklahoma	1,495	24	33
Oregon	1,797	26	30
Pennsylvania	2,084	10	13
South Carolina	136	4	6
Texas	2,080	12	21
Utah	26	1	2
Vermont	135	10	16
Washington	2,828	28	31
West Virginia	129	5	7
Wisconsin	568	6	7
Wyoming	247	25	39

Source: U.S. Department of Health and Human Services analysis of data from the Adoption and Foster Care Analysis and Reporting System, 1998.

\*Children in care as of September 30, 1997 (updated data are not available).

†Children in care as of September 30, 1997 (only limited updates are available).

### ***Factors Contributing to Increased Use of Public Kinship Care***

States' increasing use of kin as foster parents is largely due to three changes in their child welfare systems. First, the number of non-kin foster parents has not kept pace with the number of children requiring care. Between 1985 and 1990, the number of children in foster care increased by 47 percent, while the number of available foster families decreased by 27 percent (Spar, 1993). Experts have identified a variety of reasons for this decline, including an increasingly negative public image of foster care, more working women, and high rates of burnout among foster parents, who feel overburdened and underserved by child welfare agencies (Spar, 1993). Moreover, many foster parents have been unwilling to care for the growing number of young children who have been exposed prenatally to drugs or alcohol or who have other special needs (Johnson, 1994).

The second factor contributing to the increase in public kinship care has been a shift in the attitude of child welfare agencies toward more family-centered services. Advocates of kinship care argue that children fare better in their own families and that kin should be given priority when children require placement. Since children are more likely to be familiar with a kin caregiver, many experts suggest that these placements may be less traumatic and disruptive for children than placements with non-kin (Gleeson and

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Craig, 1994; Johnson, 1994; Zwas, 1993). In addition, experts argue that kinship care provides the best opportunity for a child to maintain a sense of family identity, self-esteem, social status, community ties, and continuity of family relationships (Dore and Kennedy, 1981; Laird, 1979; Pecora *et al.*, 1992).

**Table 2. Children in Public Kinship Care in 25 States, 1986–1990**

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<b>Fiscal Year</b>	<b>All States (%)</b>	<b>All States Except California, New York, and Illinois (%)</b>
1986	18	12
1987	22	13
1988	25	14
1989	28	17
1990	31	18

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Source: Kusserow, 1992.

Third, a number of court rulings have encouraged the use of kin as foster parents (see Chapter 2). In 1979, the Supreme Court ruled that kin are entitled to receive the same Federal financial support for foster care as non-kin foster parents.<sup>11</sup> In 1989, the ninth Circuit Court found that children have a constitutional right to associate with relatives and that States' failure to use kin as foster parents denies them that right.<sup>12</sup> In addition, a number of States have faced class-action lawsuits that resulted in settlements that increased the financial support and services offered to public kinship caregivers.

### **GUIDING KINSHIP CARE POLICY AND PRACTICE**

Despite States' growing reliance on kin as foster parents, questions remain about how to use kin most effectively, including the extent to which they should be treated differently from non-kin foster parents. Moreover, State child welfare officials and other experts have questioned whether existing Federal child welfare policies, developed almost entirely with non-kin foster care in mind, are appropriate for kinship care. Many have also questioned whether public kinship care policies—particularly paying kin to act as foster parents—may undermine private kinship care (Johnson, 1994). Some have argued that using kin as foster parents rather than as informal caregivers results in unnecessary government intrusion into families' lives (Kinship Care Advisory Panel, 1998) and is at least partially to blame for the massive increase in Federal foster care costs—250 percent between 1988 and 1996 (U.S. House of Representatives, 1998).

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## The Role of Extended Family in Child Rearing

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Issues of race and class have been, and continue to be, intertwined with child welfare and kinship care policy and practices. Nationally, African American children are overrepresented in reports of abuse or neglect and in the number of children living in foster care (Leashore, McMurry, and Bailey, 1997). Further, the majority of children living in kinship care arrangements are children of color (see Chapter 3). Thus, policies that affect families in the child welfare system, in kinship care, or both, have an especially strong impact on African American families. Many researchers have argued that child welfare practices do not reflect the cultural norms of minority groups and that changes in child welfare policies, especially those related to kinship care, “should be based on a deliberate and conscious recognition of the cultural patterns of various racial and ethnic groups” (Everett, Chipungu, and Leashore, 1997). When looking at race and kinship care, it is important to consider the argument that “African Americans, for example, have relied on extended family and other informal systems of care not only because these informal systems are cultural strengths, but because African American children for many years were excluded from public and private sector child welfare programs” (Bonecutter and Gleeson, 1997).

Issues of race and class also play out in the values surrounding kinship definitions, in determining whether a potential kin caregiver is appropriate for an abused or neglected child, and in deciding what permanency options are appropriate for children in kinship care. It can be argued, for example, that “A lack of understanding of family as defined by non-Western culture has created most of the current debate over what role, if any, kinship care should have in child welfare. The extended family structure has been viewed as a variant family form because its structure is different from what has traditionally been considered the ideal structure of the nuclear family” (Johnson, 1994). Moreover, many observers, including some members of the Kinship Care Advisory Panel, argue that current foster parent home licensing criteria, such as the number of rooms in the foster parent's home (which some States waive for kin), are not related to safety or quality of care but instead reflect middle-class values regarding proper homes (Kinship Care Advisory Panel, 1999). Similarly, while the child welfare system has traditionally considered permanence to be either reunification or adoption, reunification is not always possible, and adoption may not be consistent with the values of some communities. In Native American communities, for example, the legal status afforded by adoption has little relevance or meaning. Instead, “The responsibility to assume care of relatives' children was both implied and expressly stated in the oral traditions and spiritual teachings of most tribes” (Johnson, 1994). Until recently, very little information has existed to help guide Federal or State policy decisions about kinship care. As one child welfare director noted, “The use of kinship

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care has risen so rapidly that child welfare agencies have been forced to make policy, program, and practice decisions without the benefit of a substantive knowledge base of best practice experience” (Johnson, 1994). While data on the long-term outcomes of kinship care are still limited, a considerable amount of research has been conducted within the last 10 years to document State policies and practices toward public kinship care providers, the characteristics of these providers and the children in their care, and the experiences of children placed in public kinship care.<sup>13</sup> The rest of this report is devoted to summarizing this body of research and identifying questions that remain unanswered.

## ***Chapter 2***

# ***The Evolution of Kinship Care in Federal and State Policy***

In examining how Federal policies have evolved to include kin, it is important to understand how and why the child welfare system grew out of, and has been intertwined with, income assistance policy. This history illustrates the ongoing debate over the appropriate public response to child poverty, including when to remove poor children from their parents' homes. It also explains why Federal support for foster care, including kinship foster care, is tied to the income of the foster child's own parent or guardian and why the role of kinship networks has been particularly important in minority communities. Only recently has Federal child welfare legislation begun to acknowledge the role and unique circumstances of kin acting as foster parents. In the meantime, States have had some latitude in applying Federal child welfare policies designed for non-kin foster families to kinship foster families and considerable latitude in determining how to serve kin *not* receiving Federal foster care benefits.

### **THE DEVELOPMENT OF CHILD WELFARE POLICY**

Our nation's child protection system emerged from a series of public and private responses to child poverty. Prior to 1850, poor children lived in almshouses, along with adult men and women, the aged and disabled, and the mentally ill. In the 1850s, the belief that the needs of poor children were distinct from those of adults gained acceptance, and a reform movement began. This movement demanded the removal of children from almshouses and their placement in separate institutions. While not new, orphanages proliferated in the second half of the 19th century, and by 1900 they housed approximately 100,000 children (Trattner, 1989). Concerns about the quality of many orphanages led to the creation of the Children's Aid Society of New York in 1853, whose mission was the "placing out" of children and youth to family farms in the midwestern United States. The middle to late 19th century saw the emergence of child rescue efforts, based on the belief that poor children deserved court protection from "cruelty." In 1874, the Society for the Prevention of Cruelty to Children was founded and, serving in a law enforcement capacity, removed children from their parents when a private agency worker determined that they were being mistreated. This rescue movement was largely influenced by Christian philosophy and sought to save children from the demoralizing effects of poverty.

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The early 1900s saw a reversal of child poverty policy. The new emphasis was on providing assistance to mothers and allowing children to remain in the home. Recognizing the growing social problem of homes without a male wage earner, New York established the first mother's pension in 1897 (Frame *et al.*, 1998). The preference for in-home care and a philosophy of family preservation was formally stated in the first White House Conference on the Care of Dependent Children, held in 1909. The conference recommended that children not be removed from their homes solely on the basis of poverty. Thus, the conference acknowledged the difference between parents' economic conditions and their ability to raise a child. The White House conference did state that children should be removed from homes of "unworthy" or "immoral" parents, although it did not define such parents.

In the following decade, most States passed mother's pension laws, which typically included "suitable home" provisions that maintained the connection between aid to mothers and the welfare of their children. For example, the 1913 Ohio legislation stated that ". . . the mother must, in the Judgement of the Juvenile Court, be a proper person, morally, physically, and mentally, for the bringing up of her children . . ." (Frame *et al.*, 1998). Language regarding "suitable homes" and "worthy" parents lacked clear standards, often resulting in subjective assessments of parental fitness. Under such provisions, many minority and immigrant mothers were deemed undeserving and received lower benefits (Frame *et al.*, 1998). Minority communities relied on relatives and kinship networks to assume the role of caregiver or developed their own informal programs to help raise dependent children.

The Social Security Act of 1935 formalized the separate definitions and administrations of welfare and child protection and emphasized the importance of providing services as well as financial assistance. While mother's pension programs had prevented the removal of some poor children from their homes, the Great Depression stretched the capacity of States to provide financial assistance to these families. Title IV established Aid to Dependent Children (ADC), later renamed Aid to Families with Dependent Children (AFDC), a program that gave cash assistance to children whose fathers were absent or incapacitated. While the Social Security Act sought to meet the financial needs of dependent children, the government also recognized that some children would need to leave their homes because of abuse, neglect, or other factors. Therefore, the act also gave cash grants to States to work with these families and to "seek innovative practices" in solving their crises. Title V (later known as title IV-B) established the Child Welfare Services Program to help disabled, homeless, dependent, and neglected children.

## The Evolution of Kinship Care in Federal and State Policy

The Social Security Act contained no mention of suitable homes and thus did not link aid to the fitness of the mother. However, it did allow States to determine eligibility criteria for ADC. Congress later noted that States could consider “moral character” in determining eligibility for assistance, but it did not provide guidelines for making such assessments. A 1942 study of 16 State ADC programs conducted by the Bureau of Public Assistance found that while States’ eligibility criteria did not explicitly exclude nonwhite and illegitimate children, the interpretation of suitable homes provisions made such discrimination “endemic” (Bell, 1965). Throughout the 1940s and 1950s, the Federal Government encouraged States to develop objective criteria for determining suitability. However, since the Federal Government did not declare suitable homes provisions illegal, States enjoyed considerable leeway in determining which families to help.

In January 1961, Secretary of Health, Education, and Welfare (HEW) Arthur Fleming revisited the suitable homes issue and determined that children should not be denied financial assistance because of the conduct of their parents. While his ruling did not deal directly with the problem of moral judgment, it did prohibit States from refusing to provide assistance to homes deemed unsuitable. Fleming wrote:

When a needy child who otherwise fits within the Aid to Dependent Children program of the State is denied the funds that are admittedly needed to provide the basic essentials of life itself, because of the behavior of the parents or other relative, the State plan imposes a condition of eligibility that bears no just relationship to the Aid to Dependent Children program. . . . Assistance will therefore be continued during the time efforts are being made either to improve the home conditions or to make arrangements for the child elsewhere (HEW State Letter No. 452, January 17, 1961).

Accordingly, it was necessary to provide for instances in which children lived in homes that were truly unsuitable and in which efforts to improve the conditions of the home were not successful. The alternative was foster care.

In 1961, Congress passed legislation requiring States to provide foster care as part of their AFDC programs. Two temporary amendments, later made permanent by the 1962 Public Welfare Amendments, were made to title IV, part E, providing Federal matching funds to States for the cost of providing foster care to AFDC-eligible children. Federal regulations required that States either continue welfare payments to the children’s parents and improve conditions in their homes or provide out-of-home care for the

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children. Thus, the first public foster care assistance payments, made under title IV-E of the Social Security Act, were the result of a liberalizing of the AFDC program.

### **FEDERAL KINSHIP CARE POLICY**

Federal support for kinship care families is guided by both income assistance and child welfare policies. While Federal income assistance policy has specifically articulated the public support available to kin caregivers, Federal child welfare policy and guidance have been vague, allowing States latitude in determining when and how to support kin caring for children who have been abused or neglected.

#### ***Income Assistance Policies***

The first major Federal policy affecting kin was a 1950 Social Security Act amendment that offered eligible relatives two ways to receive AFDC assistance for children in their care. First, they could apply for assistance for themselves and for the children just like any other needy family. Second, they could receive payment for only the child or children in their care. These child-only payments were available to relatives because Federal legislation recognized that some caregivers were not legally required to support a child. Because they were not legally bound, these relatives were not considered part of the “assistance unit” of the child for purposes of AFDC eligibility. Therefore, a child could be an independent assistance unit—an option not usually possible when children resided with a parent.<sup>14</sup>

In allowing relatives to apply as private kin caregivers for income assistance for the children in their care, the Social Security Act treated relatives as an extension of the nuclear family. At the same time, though, the Federal Government defined relatives narrowly, allowing only persons closely related to the child to be considered eligible for Federal financial assistance (that is, grandparents, aunts, or uncles but not distant relatives). Especially for minority communities, these definitions did not always match the kin and community definitions used in their families.

#### ***Child Welfare Policies***

Throughout the early development of the Federal foster care system, child welfare policies ignored the role of kin caregivers. If States provided assistance to kin caregivers, they did so through income assistance programs, thus effectively keeping them out of the child welfare services and payment systems. In large part, this was due to child welfare services’ focus on the nuclear family and emphasis on ensuring that children lived safely with their biological parents. Also, some child welfare officials believed that abusive parents were the product of dysfunctional families and that

## The Evolution of Kinship Care in Federal and State Policy

placing children in the care of relatives would not ensure the children's safety. When child welfare agencies had to place children outside of their homes, they ignored extended family members, placing children in non-kin foster homes, group homes, or institutions.

In the late 1970s and 1980s, as more children in need of foster parents entered the child welfare system, States began to consider kin a viable option. Around the same time, Congress passed two laws that played a key role in altering States' use of kin as foster parents. First, through the Indian Child Welfare Act of 1978, Federal policy acknowledged the beneficial role that kin can play for Indian children. The law stated that in Native American placements, a child should be "within reasonable proximity to his or her home . . ." and that States should aim to place the child with "a member of the Indian child's extended family. . . ." Second, the Adoption Assistance and Child Welfare Act of 1980 mandated that when placing children in foster care, States should find the "least restrictive, most family-like setting available located in close proximity to the parent's home, consistent with the best interests and special needs of the child."<sup>15</sup> Many States interpreted this act as an unstated preference for the use of kin as foster caregivers, and several States began to enact laws that explicitly preferred kin. As a result of these laws and rising caseloads, States began placing more children with kin in the foster care system, despite the fact that the system was not designed to meet the needs of kinship caregivers.

To receive Federal foster care funds, States are required to establish and maintain standards for foster family homes that are "reasonably in accord with recommended standards" and apply such standards to all homes receiving Federal funds.<sup>16</sup> In addition, most States used existing supervision and permanency planning standards designed for non-kin foster parents to assess and monitor kin caregivers. They also had to decide if and how kin would be compensated financially.

Initially, some States did not pay public kinship families as much as they did non-kin foster parents, often referring kin caregivers to AFDC for income assistance. The resulting financial inequity between payments to kin and non-kin foster parents gave rise to a class action suit against the State of Illinois that dramatically affected payment policies to public kinship caregivers. In 1973, these caregivers sued the State for refusing to provide them with a foster care payment. The primary issue was whether Congress intended relatives to be paid the same foster care maintenance payments as non-kin caregivers. In the 1979 landmark decision of this case, *Miller v. Youakim*, the Supreme Court determined that, at least for relatives who are caring for title IV-E-eligible children (see Figure 1), States are obligated to make the same foster care maintenance

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payments to kin as they make to non-kin foster parents, and States are entitled to Federal reimbursement for a portion of those payments.<sup>17</sup> In contrast, States have discretion in determining how to compensate kin caring for non-IV-E-eligible children and kin who do not meet certain State licensing requirements.

### STATE POLICIES REGARDING KINSHIP CARE

With limited Federal guidance, State child welfare policies have come to treat kinship care differently from non-kin foster care. Moreover, States differ in whom they allow to be kin foster parents, how they supervise them, and what financial support they provide them.

#### ***Definitions of Kin***

States' definitions of who is kin or a relative within the child welfare system vary greatly. While many States still insist that kin have to be related to a child by blood or marriage, as of 1996, 19 States and the District of Columbia reported using a definition of kin that includes neighbors, godparents, and other adults who have a close relationship with the child (Boots and Geen, 1999).

#### ***Preference for and Recruitment of Kin***

In placing children in foster care, all but two States reported in 1997 that they gave preference to kin over unrelated foster parents, and 30 States and the District of Columbia reported doing so for more than the past five years (Boots and Geen, 1999).<sup>18</sup> However, it is unclear how States' preference for kin is implemented. For example, there is no record of whether or how often States recruit kin to become foster parents or simply give preference to kin who come forward when a child is removed from his or her home. In 1997, 24 States reported that over the past three years they had tried to recruit kin to be foster parents; however, these States saw only a slight increase in the number of children placed in public kinship care, compared to States that did not try to

#### **Figure 1. Title IV-E Eligibility**

Federal financial assistance is available to States if a child in care meets the following requirements:

- The child meets the definition of a dependent child (as defined July 16, 1996).
- The physical removal of the child from his or her home resulted from a voluntary placement agreement or a court determination that continuing in the home was contrary to the welfare of the child, and reasonable efforts had been made to prevent or eliminate the need for removal.
- The child's placement and care are the responsibility of the State agency.
- The child is placed in a facility or home that has been licensed or approved by the State agency.
- When the voluntary placement agreement was signed or court proceedings were initiated, the child either received AFDC or would have been eligible to receive it.

Source: Section 472 of the Social Security Act.

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recruit kin to become foster parents or simply give preference to kin who come forward when a child is removed from his or her home. In 1997, 24 states reported that over the past three years they had tried to recruit kin to become foster parents; however these States saw only a slight increase in the number of children placed in public kinship care, compared to states that did not try to recruit (Boots and Geen, 1998).

### ***Licensing and Approval Policies***

Since many public kinship caregivers are not eligible to receive federal funds,<sup>19</sup> many States have created less stringent licensing options for them. Further, the licensing of a kinship caregiver as a foster parent can be a function of both State policies as well as the family's preference for licensing and payment. Figure 2 defines five licensing categories that States use for public kinship care providers.<sup>20</sup> The most salient distinction between public kinship caregivers is whether the children they care for are in State custody or not. Custodial kinship care refers to public kinship care of children who are in the custody of the State child welfare system, and non-custodial kinship care encompasses

**Figure 2. State Licensing Standards for Public Kinship Care**

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#### **Custodial Care**

**Fully Licensed:** All States have standards for licensing non-kin foster care. The Supreme Court has determined that States are obligated to make the same foster care maintenance payments to kin as they make to non-kin foster parents caring for title IV-E eligible children, and States are entitled to Federal reimbursement for a portion of those payments. Therefore, several States have a number of kinship placements within their regular foster care population.

**Modified:** Some States maintain their non-kin foster care licensing standards for kin but modify one or more of them on a case-by-case basis as long as none of the modifications jeopardizes safety. This category of standards differs from approved kinship care because the State does not have a separate approval process for kin.

**Approved:** Some States have a formal system for allowing kin to care for a child without meeting several of the criteria established for a non-kin foster family. The families may not be required to attend training, comply with space or income requirements, or follow a vast array of other mandates. In these systems, standards for kin are lower or less exacting than those for non-kin foster parents.

**Assisted:** Some child welfare agencies allow relatives to care for children without a formal licensing or approval process. These families are not unapproved, since the children are still in State custody and the child welfare agency is ultimately responsible for their safety, but they are subject to only minimal requirements and possibly minimal supervision.

#### **Non-Custodial Care**

**Agency-Involved:** In many States, there are children who are "involved with" or "known to" the child welfare system but who have *not* been taken into custody. States may include some of these children in their official child welfare system—meaning that they are considered open cases within the agency.

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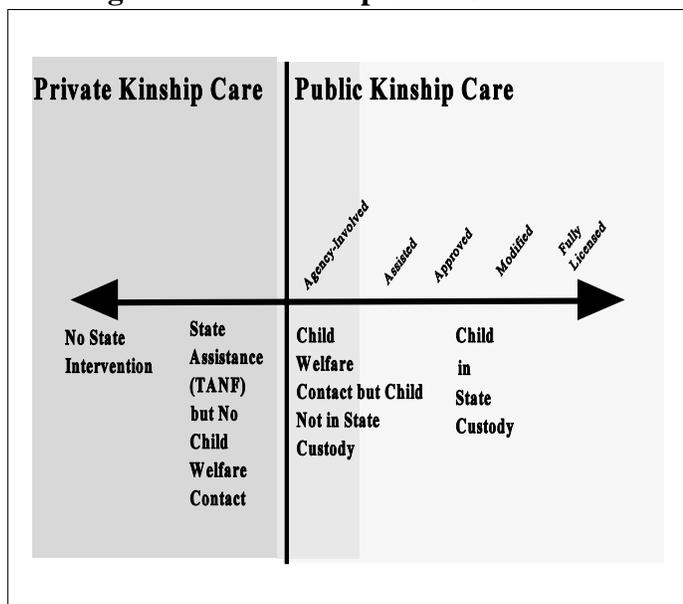
care of children who are *not* in State custody but are somehow involved with or known to the child welfare agency.

The four categories of custodial kinship care are not mutually exclusive; in fact, States often have multiple licensing or approval standards for kinship homes. Families not meeting the standards for one type of licensing may receive approval under different criteria. Likewise, families concerned by the degree of government intrusion and regulation associated with one type of licensing can often seek approval through another type.

Most States allow kin into licensed foster care programs designed for non-kin foster parents (fully licensed). Only three States (California, Oregon, and New Jersey) prohibit this type of licensing (and the financial and other support that comes with it) for families caring for non-IV-E-eligible children.<sup>21</sup> In 10 States, this is the only option kin have for becoming foster parents. The remaining States provide at least one alternative licensing standard for kin: 10 modify one or more of the standards they require of non-kin (modified); 17 States and the District of Columbia have a different, yet formal, assessment process for kin (approved); and 23 States and the District of Columbia allow kin to care for children in State custody with minimal safety checks but without a formal licensing or approval process (assisted). Ten States and the District of Columbia provide two alternative licensing standards for kin (Boots and Geen, 1998).

Foster care standards are designed to ensure that foster children receive quality care. In creating different standards or making exceptions for kin, States balance the benefits to children of maintaining family ties with the risk that such exceptions or different standards will lead to a lower quality of care. While States want to ensure that children are safe, if standards are too strict, many kin who could provide a safe environment might be unable to meet State requirements.

Figure 3. The Kinship Care Continuum



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## The Evolution of Kinship Care in Federal and State Policy

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### ***Supervision***

Under most State policies, case workers are expected to provide the same degree of supervision for kinship caregivers as they do for non-kin foster parents (Boots and Geen, 1998). However, these State policies are not consistent with the reported experiences of kinship families (see Chapter 4).

### ***Costs and Sources of Funds for Kinship Care***

While all kin are eligible for child-only grants under the Temporary Assistance for Needy Families (TANF) program,<sup>22</sup> state foster care payments to public kinship caregivers are directly related to how they are licensed. Some States have different payments for each licensing standard. Others pay families in the same licensing category at different rates. For instance, Missouri automatically provides foster care payments to grandparent caregivers, regardless of the IV-E eligibility of the children they care for, but aunts and uncles must care for IV-E-eligible children in order to qualify for a foster care payment.

The three States that do not allow kin caring for non-IV-E-eligible children to be fully licensed also prohibit kin from receiving foster care payments. Of the 40 States and the District of Columbia that permit kin to be licensed under different standards from non-kin, 21 States and the District of Columbia provide foster care payments to kin who meet the standards (Boots and Geen, 1998).<sup>23</sup> States that do not provide foster payments provide a TANF or other payment that is generally less than the foster care rate.

State policies for supporting kin can inadvertently create financial incentives and disincentives that run counter to the goals of child welfare systems and create inequities for families within the system. Policy makers have argued that the existing framework for financing kinship care may provide an incentive for parents to abandon their children so that kin can get a foster care payment that is much higher than the TANF grant the parents receive to help them care for the children. Moreover, some experts have argued that the higher foster care payment rate may provide an incentive for private kinship caregivers to become part of the public child welfare system (Berrick, 1998; Johnson, 1994). In Maryland, for example, a child being cared for by a relative licensed as a foster caregiver would have received \$535 to \$550 a month for care in 1996 (APWA, 1998), whereas a child being cared for by a welfare-assisted relative would have received only \$165 a month in a basic child-only grant. These differences become even greater when there are multiple siblings in care, since the welfare payment is prorated on a declining scale and foster care payments remain constant regardless of the number of children in the household. Consider Maryland again. Two children living

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with relatives licensed by the foster care system would have received \$1,070 to \$1,100 a month in 1996; two children financed by that State's AFDC program would have received \$292 a month.<sup>24</sup>

Researchers have also noted that financial support may drop by 50 or even 75 percent when a child in kinship care moves back with parents who are eligible only for TANF. This may present parents with a disincentive to resume care of their children (Takas, 1994).

Similar discrepancies arise with other services provided by the child welfare system. For instance, counseling for children who have experienced abuse or neglect may be available to children in the child welfare system at no cost to the family, but private kinship families must find and fund counseling on their own. States continue to struggle to balance the incentives and disincentives created when the only way to obtain access to and afford services as a kinship caregiver is to have the State take custody of the child.

There are no data on how many kinship caregivers living in States that offer multiple licensing options actually receive foster care payments. Moreover, while all kin are eligible to receive TANF grants, no one knows how many public

### Figure 4. Court Cases Affecting Public Kinship Care

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#### Cases Affecting Payment

*King v. McMahon, 230 Cal.Rptr.911 (1986)*

California's policy of denying State foster care payments to relative caregivers was challenged on constitutional grounds. The Court of Appeals found that the State's "denial of benefits to children provided foster care by relatives is rationally calculated to achieve the goal of providing the maximum amount of needed foster care with available public funds" (CRS-22).

*Lipscomb v. Simmons, 962 F.2d 1374 (9th Cir. 1992)*

Plaintiffs argued that Oregon's denial of State foster care payments to kinship caregivers (for children not eligible under title IV-E) amounted to a violation of equal protection. The Circuit Court disagreed, finding that the policy was a legitimate way of maximizing the use of limited State funds so they could be used for foster care children without relatives to care for them.

*Doe Children (1992)*

The Hawaii Family Court made the only known decision in which the State must provide the same payment for all children (both IV-E-eligible and non-IV-E-eligible) in its custody, as "the needs of these children do not vary according to whether or not their foster parents are relatives or non-relatives." Denying foster board payments to relative caregivers discourages them from becoming caregivers and is inconsistent with the goal of maintaining the family unit.

#### Cases Affecting Services

*Eugene F. v. Gross, No. 1125/86 (N.Y. Sup. Ct., filed 1986)*

This suit alleged that New York City did not provide adequate support and services to relative caregivers or inform them about the supports available to them. The case has not yet been decided, but it has greatly influenced kinship care policy in New York by increasing the benefits available to kinship caregivers.

*L.J. v. Massinga (1991)*

This decision required Maryland to provide children in kinship care with equal access to specialized services that had previously been available only to children in non-kin foster care.

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kinship caregivers receive such grants, either in the form of child-only grants or as part of a family grant. While data show that public kinship care families are significantly more likely than non-kin foster families to receive other public benefits (Chapter 3), there is no information on how many receive benefits or the amount of benefits they receive from Supplemental Security Income, Medicaid, the Food Stamp Program, or Emergency Assistance. Likewise, data show that public kinship care families receive fewer services from child welfare agencies than non-kin (Chapter 4), but the exact financial implications of these data are unclear. Thus, it is not possible at this time to estimate the costs of public kinship care or even to compare such costs to those of non-kin foster care.

### **Legal Challenges**

Litigation has played a large role in influencing states' payments and services to public kinship caregivers (Figure 4). As mentioned previously, the landmark decision of *Miller v. Youakim* determined that kin who care for IV-E-eligible children and who meet the same State licensing standards as non-kin foster parents are entitled to the same Federal foster care benefits as non-kin foster parents. Two important considerations for States resulted from this ruling. First, though the case established payment equity for children who are eligible for title IV-E, the Court was silent on how States should pay for non-IV-E-eligible children in public kinship homes. Second, because this ruling was based on the language Congress used in the Social Security Act rather than on constitutional issues of equal protection or due process, the impact of the decision did not extend to States' financing of relatives caring for non-IV-E-eligible children in foster care.

Subsequent State court decisions, such as *King v. McMahon* and *Lipscomb v. Simmons*, have reaffirmed this position, concluding that the Constitution does not oblige States to support public kinship families within the foster care system. To date, only one State case (*Doe Children* in Hawaii) has determined that kin have to be compensated at the same rate as non-kin, regardless of the IV-E status of the child.

Litigation has also affected the services provided within the foster care system. Specifically, some States have provided fewer services and less support to public kinship caregivers than to non-kin foster parents. Several States have been involved in litigation that addressed such inequalities (for example, *Eugene F. v. Gross*).

### **RECENT FEDERAL LEGISLATION**

Three recent Federal laws are likely to affect kinship care: congressional amendments to the Social Security Act, the Personal Responsibility and Work Opportunity

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Reconciliation Act of 1996 (PRWORA), and the Adoption and Safe Families Act of 1997 (ASFA).

### ***Social Security Act Amendments***

In 1994, through amendments to the Social Security Act, Congress gave the Secretary of Health and Human Services (HHS) authority to approve child welfare demonstration projects that waive certain federal legislative and regulatory requirements under titles IV-E and IV-B. These demonstration projects allowed up to 10 States to test the effectiveness of alternative interventions or approaches to service delivery to improve outcomes for children and families (under ASFA, HHS was granted authority to issue 10 waivers per year between 1998 and 2002). Several of the States with approved demonstration projects have decided to focus on improving service to public kinship care families. They are using title IV-E funds to pay for services to groups not currently eligible for IV-E, providing a wide range of services currently not allowable under IV-E (including early intervention, family preservation, family reunification, and aftercare services), and supporting permanency options not currently reimbursable under IV-E, such as subsidized guardianship (Chapter 4).

### ***Personal Responsibility and Work Opportunity Reconciliation Act***

Although PRWORA is known as the legislation that reshaped the nation's cash assistance landscape, it may also have a significant impact on kinship care. Under PRWORA, Congress required States to "consider giving preference to an adult relative over a non-related caregiver when determining a placement for a child, provided that the relative caregiver meets all relevant State child protection standards." As noted above, most States were already giving preference to kin.

Beyond this stated preference, though, PRWORA could have a major impact on kinship families because it replaced AFDC, one of the major economic supports for both public and private kinship families,

### **Figure 5. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996**

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Under PRWORA, States enjoy increased flexibility in spending and augmenting Federal financial assistance dollars. The new law outlines a number of minimum requirements and restrictions on how Temporary Assistance for Needy Families (TANF) funds may be spent. Specifically, the law requires that, barring certain exemptions, adults must satisfy work requirements in order to continue receiving federally subsidized financial assistance. Likewise, States must meet overall work participation rates to continue to draw down their full Federal TANF grant. Barring certain exemptions, reliance on federally funded temporary assistance is now limited to a lifetime maximum of five years in cases that include adults.

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## The Evolution of Kinship Care in Federal and State Policy

with TANF and made a variety of other statutory and regulatory changes.

First, kinship caregivers are no longer *entitled* to federally subsidized income assistance in the form of family or child-only grants. Second, PRWORA outlines work requirements for all adult recipients of assistance. A State can choose whether or not to exempt kinship care providers from individual work requirements, but it must include such persons in its overall work participation rate. However, only families that include an adult or minor head of household must be included in calculating a State's work participation rate, so States are not required to include kin who receive child-only payments. Finally, the new welfare law restricts the length of time an individual can receive federal benefits to 60 months in a lifetime. Specifically, the law states that "States may not use Federal funds to provide assistance to a family that includes an adult who has received assistance for more than five years." Child-only payments are exempt from this requirement.

In November, 1997, HHS issued a Notice of Proposed Rulemaking (NPRM) for implementation of the TANF program. In the preamble, HHS stated that it was

concerned that States might be able to avoid the work participation rates and time limits by excluding adults (particularly parents) from the eligible cases. Given the flexibility available to States under the statute and regulations, it appears possible that States could protect themselves from the requirement and associated penalty risk by converting regular welfare cases into child-only cases (HHS, 1997).

The agency noted that it would prohibit States from converting welfare cases to child-only cases for the purposes of avoiding penalties and would require States to report annually on their number of child-only cases and why the adults in these households were excluded. In the Final Rule, published on April 12, 1999, HHS acknowledged that it had received numerous comments on this section of the NPRM. Some commentators challenged HHS's legal authority to regulate in this area, while others questioned how HHS would be able to determine States' intent in classifying cases as child-only. In summarizing these comments, HHS noted "of particular concern was the effect of our proposal on State efforts to keep children in the homes of relatives, in lieu of foster care placements."

In response to these comments, HHS decided "the most appropriate response at this point is to give states leeway to define families in ways that they think are most appropriate while gathering better information on how child-only policies might be

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affecting the achievement of TANF goals.” Under the Final Rule, HHS neither prohibits States from converting cases into child-only, nor threatens to add such cases back into the work participation rate and time-limit calculations. Instead, in the separate annual reporting on child-only cases, HHS has added a data element to the TANF Data Report that will identify the specific cases in the desegregated sample that have become child-only cases.

### ***Adoption and Safe Families Act***

Passed in 1997, ASFA is one of the first pieces of Federal legislation that acknowledges the unique position of kin within the foster care system. The law differentiates between public kinship care and non-kin foster care in two ways. First, it clearly indicates that “a fit and willing relative” could provide a “planned permanent living arrangement.” Second, it states that termination of parental rights does not have to occur within the allotted time frame if, “at the option of the State, the child is being cared for by a relative.”

In January 2000, HHS issued a final rule for the implementation of this act. The regulation contains two provisions that may significantly affect States’ public kinship care practices. First, the final rule clarifies the definition of foster family home, as used in title IV-E. This definition, may reduce the number of kinship care homes eligible for Federal foster care reimbursement. Second, the final rule expands the circumstances under which a child may remain with a relative following a court-ordered removal of parental custody and be eligible for Federal foster care benefits.

Title IV-E defines a foster family home as “a foster family home for children which is licensed by the State in which it is situated or has been approved, by the agency of such State having responsibility for licensing homes of this type, as meeting the standards established for such licensing” Sec. 472 (c) (1). The regulation for ASFA amends this definition to clarify that the statute makes no distinction between approved and licensed homes. Therefore, in order to be eligible for reimbursement under title IV-E, a foster family home, whether that of a relative or a nonrelative, must be fully licensed by the State. States may waive certain licensing requirements unrelated to child safety, such as square footage requirements, for relative homes, provided such determinations are made on a case-by-case basis, based on the home of the relative and the needs of the child, but States may not exclude relative homes, as a group, from any requirements. The revised definition of a family foster home may have an impact on the 22 States that now license or approve kinship homes differently from non-kin foster homes, yet provide such kin with foster care payments.

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The regulation also states that “provisional licensure or approval is insufficient for meeting title IV-E eligibility requirements. States may not claim title IV-E reimbursement until final licensure or approval is granted.” Currently, many States use provisional licensing so that they can place children with kin immediately rather than waiting for kin to complete the often lengthy licensing process. States generally perform safety checks for provisional licensing but may not address factors unrelated to child health and safety until later. Some observers have argued that placing children in a licensed home or in shelter care while the relative goes through the licensing process may further disrupt the children’s lives during an already difficult time (American Public Human Services Association, 1998; California Department of Social Services, 1998). Others, including many Kinship Care Advisory Panel members, have recommended that HHS hold to the “licensed or approved” language of title IV-E and amend the foster family home definition to stipulate that approved homes must meet the same child safety standards as licensed homes (California Department of Social Services, 1998; U.S. Department of Health and Human Services, 1999).

At the same time, the final rule may increase the number of relatives eligible to receive Federal foster care benefits by changing current policy concerning what constitutes a child’s home or foster home for the purposes of title IV-E eligibility. Under previous policy, if a child living with a relative was placed in the legal custody of the State agency yet continued to live with the relative, the child was not considered as having been removed from the home and was therefore ineligible for Federal foster care benefits. Data show that such nonremoval cases are very common (Beeman *et al.*, 1996; Testa *et al.*, 1996). The regulation modifies this policy so that a child who had been living with a parent (or other specified relative) within six months of the initiation of court proceedings to alter custody would be eligible for title IV-E, assuming all other criteria for eligibility were met. Thus, if an AFDC-eligible parent (or other specified relative) leaves his or her child with another caretaker, and the state takes custody of the child within six months of the child’s placement with that caretaker, the child would be IV-E-eligible.

### **STATE IMPLEMENTATION OF RECENT FEDERAL POLICY CHANGES**

Because States are still implementing programs to reflect recent Federal policy changes, it is uncertain how these policy changes will affect kinship care families. States that have received IV-E waivers must undergo rigorous evaluation of the demonstration program they develop. Because these waivers are relatively new, however, it may be several years before anyone can determine whether States’ efforts to improve services to kinship care families have been successful. Similarly, while ASFA will probably affect State permanency planning practices, it is too early to tell how the act will extend to

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permanency planning for kin families. Moreover, it is uncertain how, if at all, the final rule implementing ASFA will affect States' ability to receive title IV-E reimbursement for certain children placed in kinship care.

In January 1999, the American Association of Retired Persons (AARP) surveyed State TANF administrators regarding implementation of PRWORA provisions as they relate to kinship care.<sup>25</sup> The survey found that all States are providing kinship caregivers with child-only payments and exempting providers who receive such payments from family caps, work requirements, time limits, and residency requirements. However, almost all States require kin caregivers to meet all welfare provisions if they themselves receive benefits, although several States exempt persons above the age of 60.

Several States have created separate programs within their welfare system for kinship care families. For example, under a 1996–1997 component of its welfare waiver, Wisconsin developed a payment system, funded through the State income maintenance program, that allows it to support public and private kinship caregivers separately from the foster care system. Under the program, families are subject to review every 12 months to ensure that safety issues are properly addressed. In Florida, TANF dollars are being used to fund the Relative Care Giver Program, which allows kin caring for children who may otherwise go into the foster care system to receive payments of up to 80 percent of the foster care rate.

### **SUMMARY OF FEDERAL AND STATE KINSHIP CARE POLICIES**

Together, Federal and State policies create a maze of varying kinship care definitions, policies, and practices.

- **Federal policies.** Kinship care developed in two Federal policy arenas—the income assistance programs available under AFDC (now TANF) and the child welfare programs. Consequently, two distinct ways of treating kin evolved. Under AFDC, kin were used to support children in need of care and were financially compensated in this role. Under Federal child welfare policies, kin were initially ignored as potential foster parents. Starting with the Indian Child Welfare and Adoption Assistance and Child Welfare Acts, the Federal Government acknowledged the role that extended family members could play in caring for children requiring placement outside the home. However, Federal child welfare policies have largely remained silent on when and how States can and should treat kin differently from unrelated foster parents. Thus, States have generally served kin caregivers in a system that was developed with non-kin foster parents in mind.

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Recent Federal legislation, including 1994 amendments to the Social Security Act, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), and the Adoption and Safe Families Act (ASFA), could have a significant impact on both public and private kinship families. Under the 1994 Social Security amendments and ASFA, States can apply for waivers of title IV-E regulations to develop special programs and test strategies for more effectively addressing the special circumstances of kinship care families. Under PRWORA, the entitlement to income assistance has ended, and kinship families may feel the effects of time limits and work requirements. Finally, ASFA recognized kinship care as an appropriate permanent placement option and allows States to waive certain provisions governing the timing of termination of parental rights when a child is being cared for by a relative. In addition, the final rules for implementing ASFA include provisions that may affect States' kinship practices and their ability to obtain Federal reimbursement for children placed in kinship care.

- **State child welfare policies.** As States began to use kin as foster parents, they developed varying policies for how to treat them. As a result, a continuum of kinship care arrangements has emerged—with kin who are involved with the child welfare system being defined, licensed, supervised, and paid differently than non-kin caregivers in most cases. Specifically, 19 States have a broad definition of kin that includes godparents, neighbors, or persons who have a bond with the child. Almost all States give preference to kin over non-kin in deciding where to place a foster child. In addition, 41 States waive standards or have less stringent requirements for kin who serve as foster parents, and 22 pay them at the foster care rate. Finally, most State policies indicate that kinship care of children in State custody is supervised with the same rigor as non-kin foster care.

### GAPS IN KNOWLEDGE AND POTENTIAL SOURCES OF DATA

This chapter includes all available information on two of the items for which Congress specifically requested information: the costs and sources of funds for kinship care and State policies regarding kinship care. Listed below are additional information needed and potential sources of this information.

- **Costs and sources of funds.** Of all the items for which Congress requested information, this is the one for which there is the least information. There are no data available on the overall costs of kinship care. There is limited data on the extent to which different sources of funding support kinship care arrangements. No one knows how many kinship care families qualify for and receive foster payments or how many of these families receive other types of financial assistance, all of which

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may be provided at different rates or frequency than payments to non-kin foster parents. Likewise, no one knows how the cost of services for kinship families differs from that for non-kin foster care families. There is no information on how long kin and non-kin caregivers are financially supported or how this affects long-term costs.

Data from the Adoption and Foster Care Analysis and Reporting System should help identify the sources of funds used to support kinship care families. Under this system, States are required to provide data on the number of families who receive title IV-E Foster Care, title IV-E Adoption, TANF, title IV-D child support, Medicaid, and Supplemental Security Income. In addition, the HHS-funded National Survey of Child and Adolescent Well-Being will collect data from local agencies on the percentage of kinship care arrangements that meet the normal licensing requirements, receive foster care but do not meet the normal licensing requirements, receive TANF but no foster care payment, and receive no financial assistance.

- **State kinship care policies.** The most recent information on States' kinship care policies is from 1997. Given the recent Federal legislation affecting kinship care and the increased attention being paid to the topic generally, many States will probably be reconsidering their kinship care policies. More information is needed on how caseworkers interpret and implement States' policies. For example, do caseworkers rely on kin to come forward themselves, or do they seek out potential kin caregivers? What criteria do social workers use in determining whether to place a child in kinship care? How do caseworkers choose among different potential kin caregivers? In many States it appears that kin have multiple options for becoming approved as foster parents. No one knows whether kin are informed of their options or how their decision affects the payment and services they receive. There is no information on how frequently kin choose each of the different approval options or how frequently kin who seek a higher standard of approval fail to meet the requirements.

In 1999, the Urban Institute surveyed all State child welfare administrators to get updated information on their kinship care policies, including definition of kin, when kin receive preference, and States' policies for licensing, paying, and supervising kinship care providers. They received responses from all 50 States and the District of Columbia. The Urban Institute will analyze the data and publish a report of the findings.

The Children's Bureau has provided grants to examine policies and procedures for making decisions regarding the appropriateness of public kinship care and

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regarding licensing requirements and their effect on the willingness and ability of extended family to provide care. Projects will also assess the service needs (including economic needs) of public kinship care and the strategies for training, supervising, and providing services to caregivers.

# Chapter 3

## ***How Do Kinship Families Differ from Non-Kin Foster Care Families?***

Kinship care is by definition different from non-kin foster care because the caregivers are related to or have a prior relationship with the children in their care. As one expert has noted, “To view kinship care as simply a form of foster care ignores the unique dynamics and varied definition of family within a multi-cultural context. Kinship care must be viewed as distinct and separate from family [non-kin] foster care” (Johnson, 1994). Moreover, private kinship care arrangements are necessarily different from public placements because they do not involve a public response to abuse or neglect.<sup>26</sup> Available data suggest that public kinship care families (and often private ones as well) differ from non-kin foster families in other key ways:

- the conditions under which they become involved in the child welfare system;
- demographic characteristics;
- education and income; and
- health, economic, educational, and emotional well-being.<sup>27</sup>

These differences suggest that the needs of kinship caregivers and children may differ significantly from those of non-kin foster families and have implications for how child welfare agencies evaluate, serve, and monitor kinship care arrangements.

### **CONDITIONS UNDER WHICH CHILDREN ENTER KINSHIP CARE**

While both public kinship and non-kin foster parents care for children whom the state may need to protect, the circumstances leading to placement appear to be different. For example, children in public kinship care are more likely to have been removed from a parent’s home because of abuse or neglect, as opposed to parent-child conflict or a behavioral problem (Cook and Ciarico, 1998). Several small-scale studies have found that children in public kinship care are more likely to have been removed because of neglect (Gleeson *et al.*, 1995; Grogan-Kaylor, 1996; Iglehart, 1994; Landsverk *et al.*, 1996). Unlike non-kin foster children, many children in kinship care have lived with the relatives caring for them prior to the child welfare system’s involvement.

In comparing the birth parents (or prior caregivers) of children in foster care, it appears that children in public kinship care are more likely to come from homes in which the birth

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parents had a drug or alcohol problem (AFCARS, 1998; Altshuler, 1998; Beeman *et al.*, 1996; Benedict *et al.*, 1996; Cook and Ciarico, 1998; Gleeson *et al.*, 1996; Gleeson *et al.*, 1997). In addition, the birth parents of public kinship care children are more likely to be young (Cook and Ciarico, 1998) and never married than the birth parents of children in non-kin foster care (Altshuler, 1998; Cook and Ciarico, 1998).

### ***Caregiver Preparation***

Unlike non-kin foster parents, kinship caregivers usually receive little, if any, advance preparation for their role.

In all States, non-kin foster parents are required to complete a rigorous training program before the State will license them. Such training helps future foster parents understand the needs of abused or neglected children and emphasizes strategies for meeting these needs effectively. Non-kin foster parents also have time to prepare mentally for their new roles and to adjust their living space to make it appropriate for children of a particular age.

In sharp contrast, kinship caregivers often become involved in a crisis situation with little or no notice. Not being prepared for the arrival of children, they may not have adequate space, furniture (such as a crib), or other child-related necessities (for example, toys or a car seat). Most kinship caregivers are grandparents who have not had parenting duties for some time and who may be apprehensive about raising a child at this stage in their lives. If they have become involved due to the abuse or neglect of a child, they may be forced to acknowledge the problems of the child they raised and may question their own parenting skills. Unlike trained non-kin foster parents, kinship caregivers often receive little formal training and may have a limited understanding of the child welfare system, what is expected of them, and the resources available to assist them. Kinship caregivers, however, generally have greater knowledge of the family history and dynamics that have created the need for a child to be placed outside the home.

### ***Caregiver Authority***

In private kinship care arrangements, as well as agency-involved public care, birth parents typically retain custody of their children, often affording kinship caregivers more limited decision-making authority than non-kin foster parents. Without legal custody, kin lack the authority to take important actions such as enrolling a child in school, signing permission slips for field trips or other school activities, authorizing emergency medical care, or enrolling the child in their health insurance policy. In addition, many kinship caregivers are retired and on Medicare, so the only health insurance option they have is to buy an individual policy for the child, which can be prohibitively expensive. As noted in Chapter 1, private kinship caregivers are unable to get foster care payments, and although they

## **How Do Kinship Families Differ from Non-Kin Foster Care Families?**

may be eligible to receive some welfare benefits, the amount is significantly lower. Moreover, studies have shown that welfare workers have often incorrectly denied benefits to kinship caregivers because they did not understand eligibility rules (Chalfie, 1994; Hornby *et al.*, 1995). Private kinship caregivers may also be denied access to public housing or other public benefits that impose strict family definitions on recipients.

### **CHARACTERISTICS OF KINSHIP CAREGIVERS AND THEIR HOUSEHOLDS**

The characteristics of public and private kinship caregivers and children differ significantly from those of non-kin foster families.

#### ***Basic Demographic Characteristics***

Children in public kinship care are more likely than children in non-kin foster care to be younger and African American.<sup>28</sup> Public kinship caregivers are more likely than non-kin foster parents to be older, African American, single, and never married. They are also more likely to live in poverty and to be less well educated.

#### **Age**

Most studies that have collected data on the age of kinship caregivers have found that, on average, they are older than non-kin foster parents, with a dramatic difference in the number of caregivers over age 60 (Barth *et al.*, 1994; Berrick *et al.*, 1994; Chipungu *et al.*, 1998; Davis *et al.*, 1996; Gaudin and Sutphen, 1993; Gebel, 1996; Geen and Clark, 1999; Harden *et al.*, 1997; Le Prohn, 1994). Approximately 25 percent of private kinship caregivers (Harden *et al.*, 1997) and between 15 and 21 percent of public kinship caregivers (Chipungu *et al.*, 1998; Gebel, 1996) are over 60, compared to less than 9 percent of non-kin foster parents (Chipungu *et al.*, 1998; Gebel, 1996). These differences are not surprising, given the fact that private and public kinship caregivers are most often the grandparents of the children in their care (Brooks and Barth, 1998; Dubowitz, 1990; Gebel, 1996; Geen and Clark, 1999; Gleeson, 1995; Harden *et al.*, 1997; Le Prohn, 1994; Link, 1996; Testa, 1999).<sup>29</sup>

While all children in foster care are younger than children cared for by their own parents, children in public kinship care appear to be even younger than children in non-kin foster care (AFCARS, 1998; Berrick *et al.*, 1995; Chipungu *et al.*, 1998; Cook and Ciarico, 1998; Dubowitz *et al.*, 1993; Iglehart, 1994; Landsverk *et al.*, 1996; Le Prohn and Pecora, 1994). In contrast, children in private kinship care appear to be older than non-kin foster children (Harden *et al.*, 1997).

#### **Race and Ethnicity**

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African American children are disproportionately represented in the foster care population. Further, children in public kinship care are far more likely than children in non-kin foster care to be African American (Altshuler, 1998; Berrick *et al.*, 1995; Bonecutter and Gleeson, 1997; Cook and Ciarico, 1998; Dubowitz, 1990; Geen and Clark, 1999; Grogan-Kaylor, 1996; Iglehart, 1994; Landsverk *et al.*, 1996; Scannapieco *et al.*, 1997). For example, one study found that approximately 60 percent of children in public kinship care are African American, compared to 45 percent in the non-kin foster care population (Cook and Ciarico, 1998).<sup>30</sup> Similarly, kinship caregivers are far more likely than non-kin foster parents to be African American (Barth *et al.*, 1994; Berrick *et al.*, 1994; Bonecutter and Gleeson, 1997; Chipungu *et al.*, 1998; Gebel, 1996; Geen and Clark, 1999; Le Prohn, 1994; Pecora *et al.*, 1999; Scannapieco *et al.*, 1997; Thornton, 1991).<sup>31</sup> There appear to be no significant differences between the proportion of kinship and non-kin foster children and caregivers who are Hispanic (Chipungu *et al.*, 1998; Cook and Ciarico, 1998).<sup>32</sup>

### Figure 6. Characteristics of Children in Public Kinship Care

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Compared to children in non-kin foster care, those in public kinship care are more likely to be

- Younger
  - African American
  - In better physical and mental health
  - Less likely to experience educational or behavioral problems
- 

### Marital Status

Kinship caregivers (both private and public) appear to be much more likely than non-kin foster parents to be single (Barth *et al.*, 1994; Beeman *et al.*, 1996; Bonecutter and Gleeson, 1997; Chipungu and Everett, 1994; Chipungu *et al.*, 1998; Dubowitz, 1990; Gaudin and Sutphen, 1993; Gebel, 1996; Geen and Clark, 1999; Le Prohn, 1994; Pecora *et al.*, 1999; Scannapieco *et al.*, 1997). Approximately half (Harden *et al.*, 1997) of private kinship caregivers and between 48 and 62 percent of public kinship care providers (Berrick *et al.*, 1994; Chipungu *et al.*, 1998; Gebel, 1996; Le Prohn, 1996) are single. In contrast, an estimated 21 to 37 percent of non-kin foster parents are single (Berrick *et al.*, 1994; Chipungu *et al.*, 1998; Gebel, 1996; Le Prohn, 1996). Moreover, public kinship caregivers are far less likely to have ever married (Chipungu *et al.*, 1998; Geen and Clark, 1999). One study found that approximately 18 percent of public kinship caregivers have never married, compared to 8 percent of non-kin foster parents (Chipungu *et al.*, 1998).

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### **Residence**

It appears that kinship care (both public and private) is more common in central cities than in rural or metropolitan areas (Beeman *et al.*, 1996; Cook and Ciarico, 1998; Harden *et al.*, 1997). However, at least for private kinship care, this appears to be largely because African American families are more heavily concentrated in the central cities (Clark, 1997). In addition, both public and private kinship care appear to be far more common in the South (Geen and Clark, 1999; Harden *et al.*, 1997).

### **Household Size**

While data are limited, they indicate that fewer children and fewer persons live in public kinship care households than in non-kin foster homes (Chipungu *et al.*, 1998; Dubowitz *et al.*, 1993). Public kinship caregivers are more likely to be the only adult in their household, and they are more likely to care for only one child, whereas non-kin foster parents are more likely to care for five or more children.<sup>33</sup>

### **Education, Employment, and Income**

Almost all studies that have collected data on the income of kinship caregivers have found that they are significantly poorer than non-kin foster parents (Barth *et al.*, 1994; Beeman *et al.*, 1996; Berrick *et al.*, 1994; Brooks and Barth, 1998; Chipungu *et al.*, 1998; Gebel, 1996; Geen and Clark, 1999; Le Prohn, 1994; Zimmerman *et al.*, 1998). For example, one study found that twice as many public kinship caregivers as non-kin foster parents have incomes below \$5,000 (8 percent vs. 4 percent) or below \$9,999 (20 percent vs. 9 percent) (Chipungu *et al.*, 1998). Similarly, approximately 39 percent of children in private kinship care live in homes with incomes below the Federal poverty level; an additional 17 percent live in homes with incomes below 150 percent of the poverty level (Harden *et al.*, 1997).

Differences among the incomes of kinship and non-kin foster care providers may be largely due to the fact that kinship providers have less education (Barth *et al.*, 1994; Beeman *et al.*, 1996; Berrick *et al.*, 1994; Chipungu *et al.*, 1998; Gebel, 1996; Geen and Clark, 1999; Le Prohn, 1994; Zimmerman *et al.*, 1998). For example, one study found that 44 percent of public kinship caregivers did not have a high school education, compared to only 11 percent of non-kin foster parents (Geen and Clark, 1999).

### **Figure 7. Characteristics of Public Kinship Caregivers**

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Compared to non-kin foster parents, public kinship caregivers are more likely to be

- Older
- African American
- Single and never married
- Poorer
- Less well educated
- Employed and employed full-time
- Experiencing economic, health, or emotional difficulties

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\*Also true of private kinship caregivers.

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Given the lower incomes of kinship caregivers, it is not surprising that they are more likely to receive public benefits. Studies show that public and private kinship caregivers are more likely than non-kin foster parents to receive TANF, Supplemental Security Income, Food Stamps, Free and Reduced Lunch, Social Security, and Medicaid (Berrick *et al.*, 1994; Chipungu *et al.*, 1998; Geen and Clark, 1999).<sup>34</sup> In contrast, non-kin foster parents seem much more likely to have income from a spouse's wages than public kinship caregivers (44 percent versus 27 percent) (Chipungu *et al.*, 1998).

Data on kinship caregivers' employment are conflicting. Some studies have found that kinship caregivers were more likely to be employed than non-kin foster parents (Barth *et al.*, 1994; Berrick *et al.*, 1994; Chipungu *et al.*, 1998) and to be employed full-time (Barth *et al.*, 1994; Chipungu *et al.*, 1998).<sup>35</sup> Other studies have found that kin were less likely to be employed or employed full-time (Beeman *et al.*, 1996; Gebel, 1996; Geen and Clark, 1999). Many kinship caregivers who are employed appear to have lower skilled and lower paying jobs, a possible explanation for the large disparity in income between kin and non-kin foster parents.<sup>36</sup>

One study found that, despite having lower incomes, public kinship caregivers are more likely than non-kin providers to make regular contributions to defray the expenses of the child in their care (Chipungu *et al.*, 1998). Not surprisingly, a higher percentage of public kinship providers than non-kin foster parents believe that the payments they receive to provide foster care are inadequate (Chipungu *et al.*, 1998).

### ***Well-Being of Kinship Caregivers and Children***

Data show that the well-being of kinship caregivers is generally lower than that of non-kin foster parents. Kinship caregivers experience a variety of economic, health, and emotional difficulties and often have difficulty making ends meet. For example, they are more likely than non-kin foster parents to borrow money from friends, to be without telephone service, and to have an insufficient amount of food (Geen and Clark, 1999). Kinship caregivers are also more likely than non-kin foster parents to report being in poor health (Barth *et al.*, 1994; Berrick *et al.*, 1994; Chipungu *et al.*, 1998), perhaps because kinship caregivers tend to be older. They are significantly more likely to report feeling "downhearted and blue" and "unable to be cheered up" (Geen and Clark, 1999).

In contrast, children in kinship care appear to have significantly higher well-being than children in non-kin foster care. Several studies have found that children in public kinship care have fewer physical health problems (Chipungu *et al.*, 1998; Cook and Ciarico, 1998; Grogan-Kaylor, 1996; Landsverk, 1996) and fewer mental health problems (Beeman *et al.*, 1996; Cantos *et al.*, 1996; Chipungu *et al.*, 1998; Cook and Ciarico, 1998; Iglehart, 1995).

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They also appear less likely to have behavioral problems, including truancy, delinquency, or running away (Benedict *et al.*, 1996; Chipungu *et al.*, 1998; Cook and Ciarico, 1998). Children in public kinship care also have fewer educational problems (Barth *et al.*, 1994; Berrick *et al.*, 1994; Brooks and Barth, 1998; Cook and Ciarico, 1998; Dubowitz *et al.*, 1994; Iglehart, 1994; Iglehart, 1995; Le Prohn and Pecora, 1994; Scannapieco *et al.*, 1997). They are less likely to be in special education (Barth *et al.*, 1994; Berrick *et al.*, 1994; Chipungu *et al.*, 1998; Cook and Ciarico, 1998), and two small-scale studies found that they are less likely to repeat a grade (Barth *et al.*, 1994; Iglehart, 1995). Finally, one study examining a variety of potential problems that foster children may face found that children in kinship care have fewer problems overall than children in non-kin foster care (Cook and Ciarico, 1998).

### **SUMMARY OF THE CHARACTERISTICS OF KINSHIP CARE HOUSEHOLDS**

Kinship care families appear to be very different from non-kin foster families in several key ways:

- **Kinship caregivers.** Kinship caregivers usually receive little if any advance preparation for assuming their role. Agency-involved and private kinship caregivers are often constrained by limited decision-making authority. Public and private kinship caregivers are older, more likely to be single, and more likely to be African American. Public kinship caregivers are also more likely never to have married, to be the only adult in the household, and to take care of fewer children. Kinship caregivers' homes are more likely to be in central cities, though this appears to be largely because African Americans are concentrated in central cities. Both public and private kinship caregivers are likely to have less education and lower incomes and are more likely to receive public benefits than non-kin foster parents. Public kinship caregivers are less likely to report being in good health and appear to be more likely to experience economic hardship.
- **Children in kinship care.** Children in private kinship care are older than children in non-kin foster care, while children in public kinship care are younger than non-kin foster children. Children in public kinship care are much more likely to be African American, to enter the child welfare system because of abuse or neglect, as opposed to other family problems, and to come from homes in which the caregiver had a drug or alcohol problem. However, children in public kinship care appear to have fewer physical health, mental health, educational, or behavioral problems than children in non-kin foster care.

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### GAPS IN KNOWLEDGE AND POTENTIAL SOURCES OF DATA

This chapter includes all available information on two of the items for which Congress specifically requested information: the conditions under which children enter care and the characteristics of kinship caregivers and their households. Listed below are additional information needed and potential sources of this information.

- **Conditions leading to kinship care.** There is no indication as to how often private kinship care arrangements become public arrangements, or why some private kinship caregivers seek assistance from the child welfare system. There is little information on the severity of abuse or neglect that children in kinship care were subjected to before placement or how it compares to that of children in non-kin foster care. There also is no information about when children are placed with kin; specifically, whether they are placed with kin from the outset or whether they are first placed in non-kin foster homes and then with kin as they are identified. The HHS-funded national survey of Child and Adolescent Well-Being (NSCAW) will collect data from kin caregivers and may address some of these issues.
- **Characteristics of kinship care.** Available data on the race and ethnicity of public kinship caregivers and children do not allow for comparisons between races and ethnicities other than African American and white. It is unclear how the race and ethnicity of related and unrelated providers compare to the race and ethnicity of the children in their care (i.e., whether unrelated providers are more likely to care for children of a different race or ethnicity). Further, no one knows whether differences in the race and ethnicity of caregivers reflect differences in the availability of caregivers or a cultural preference among available caregivers to care for kin. In addition, it is unclear whether differences in the characteristics of children in kinship care compared to those in non-kin care result from differences in the circumstances under which they entered foster care. Information is also lacking on the other adults and children living in kinship care families and how they compare to adults and children living in non-kin foster homes. Data are also lacking about the use of kinship care in rural areas.

NSCAW will collect data from kin and non-kin caregivers and from noncustodial biological parents on age, race and ethnicity, sex, relationship to the child, employment, income, subsidies, education, spouse or partner's education and employment, household composition, country of origin, and language spoken at home. The survey will also collect information from caregivers and noncustodial biological parents on the history of changes in the child's living environment and on physical health and functioning. The survey will collect data from local agencies on the percentage of children in kinship care who are not related to their caregivers. In addition, demographic data should soon be available from the Adoption and Foster Care Analysis and Reporting System, including information on the race, ethnicity, age, and marital status of kin and non-kin foster parents.

# **Chapter 4**

## **Experiences of Public Kinship Care Families**

Given the differences in their circumstances and characteristics, it is not surprising that the experiences of public kinship care families differ from those of non-kin foster care families. Specifically, it appears that child welfare caseworkers treat public kinship care families differently than they do non-kin foster families. They provide less supervision, less monitoring, and fewer services to kinship care families. In addition, the experiences of children while in public kinship care differ from those of non-kin foster children. Children in public kinship care maintain closer ties with their birth families, are less likely to have multiple placements, tend to remain in out-of-home placement longer, and are less likely to be reunified with their parents. While concerns have been raised about the safety of public kinship care arrangements, there is insufficient information to assess whether these concerns are warranted. There is virtually no information on how placement in public kinship care affects the long-term health and well-being of children.

### **CHILD WELFARE SERVICE DELIVERY AND SUPERVISION OF KINSHIP CARE FAMILIES**

Many States have developed different policies for public kinship and non-kin foster care (Chapter 2). Available data suggest that child welfare workers' service delivery and supervision practices for public kinship care families also differ.

#### ***Supervision and Information Provided to Public Kinship Care Families***

Several studies show that child welfare workers tend to supervise public kinship care families less than non-kin foster families (Beeman *et al.*, 1996; Berrick *et al.*, 1994; Brooks and Barth, 1998; Chipungu *et al.*, 1998; Dubowitz, 1990; Gebel, 1996; Iglehart, 1994). For example, one study found that caseworkers conduct less frequent home visits and telephone kinship caregivers less often than non-kin foster parents, with African American kinship families receiving the least supervision (Gebel, 1996). Another study found that more than one-quarter of public kinship caregivers went a year or more without having contact with a caseworker (Dubowitz, 1990).<sup>37</sup>

Studies have also found that child welfare caseworkers provide less information to kinship caregivers than to non-kin foster parents (Chipungu and Everett, 1994;

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Chipungu *et al.*, 1998). For example, one study showed that caseworkers are much less likely to discuss the role of the child welfare agency with kinship caregivers, who usually do not receive foster parent training (Chipungu *et al.*, 1998). Consequently, kinship caregivers have less understanding of the child welfare agency's role. While kinship caregivers may not request information from caseworkers as often as non-kin foster parents do, one study found that child welfare workers are less likely to respond to requests for information from public kinship caregivers (Chipungu and Everett, 1994).

With this combination of less attention and supervision, child welfare staff may have limited familiarity with their kinship caseloads. For example, one report found that a third of teenagers in public kinship care are not well known to the child welfare worker responsible for them (Iglehart, 1995). Experts have argued that public kinship caregivers receive less supervision from child welfare staff because workers view kinship placements either as separate from and possibly outside the child welfare system or as fundamentally safer than placements with non-kin providers (Berrick *et al.*, 1994). In addition, caseworkers may fail to initiate or sustain regular contact with public kinship care families because they think that kinship caregivers prefer limited contact with the agency (Thornton, 1987, as cited in Coupet, 1996).

### ***Services Provided to Public Kinship Caregivers and to Birth Parents***

Not only are public kinship caregivers less likely than non-kin foster parents to receive services, their needs are more often overlooked. Public kinship caregivers are referred for, offered, and actually receive fewer services for themselves and for the children in their care (Barth *et al.*, 1994; Berrick *et al.*, 1994; Chipungu and Everett, 1994; Chipungu *et al.*, 1998; Cook and Ciarico, 1998). For example, one study found that caseworkers are less likely to offer kinship caregivers health screenings, psychological assessments, substance abuse treatment, education services, employment and training services, recreation services, or legal assistance (Cook and Ciarico, 1998). These caregivers also appear to be less likely to request or receive foster parent training, respite care services, or support groups (Chipungu *et al.*, 1998). Finally, public kinship caregivers are less likely to request or receive educational or mental health assessments, individual or group counseling, or tutoring for the children in their care (Chipungu *et al.*, 1998). Thus, it is not surprising that one study found that children in kinship care were significantly less likely than children in non-kin care to have seen a dentist, doctor, or mental health professional within the last year (Geen and Clark, 1999).

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## Experiences of Public Kinship Care Families

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Experts have offered several explanations for these disparities. They may reflect variations in the service needs of public kinship and non-kin foster care families, or kinship caregivers may request fewer services because they are unaware of them or they prefer to rely on informal sources of support (Le Prohn and Pecora, 1994). Child welfare caseworkers may also treat public kinship caregivers differently from non-kin foster parents. Some studies show that kinship caregivers were less likely than non-kin foster parents to receive the services they request (Chipungu *et al.*, 1998; Le Prohn and Pecora, 1994).

Overall, birth parents of children in public kinship care seem to be offered and to receive services similar to those given birth parents of children in non-kin foster care (Cook and Ciarico, 1998; Chipungu *et al.*, 1998). Similarly, child welfare workers interviewed in one study reported that their case management practices with birth parents did not differ depending on whether their child was in kinship or non-kin foster care (Chipungu *et al.*, 1998). It is not known whether the needs of birth parents of children in public kinship care differ from those of birth parents of children in non-kin foster care or whether these parents request different services.

### **EXPERIENCES OF CHILDREN WHILE IN PUBLIC KINSHIP CARE**

Foster parents seek to provide a safe, stable, and family-like setting for children who cannot live with their parents. Foster care is meant to be temporary, with children returning home or finding an alternative permanent placement as soon as possible. Unfortunately, being placed in foster care can be traumatic for children. Moreover, studies have shown that foster children sometimes get lost in the system, remaining in care for several years and moving from one foster home to another. Policy makers and child welfare experts have questioned whether children in public kinship care fare better or worse than children in non-kin foster care. Children in public kinship care appear to maintain a stronger connection to their families and community roots. While concerns have been raised about the safety of these kinship care homes, insufficient information is available to assess whether these concerns are warranted.

#### ***Family Continuity, Access of Birth Parents to Children***

Foster care can be extremely disruptive for children, threatening their sense of belonging and causing anxiety over the temporary nature of their living situation (Dore and Kennedy, 1981; Laird, 1979; Pecora *et al.*, 1992). Public kinship care placements appear to minimize this disruption, may be less traumatic than placements with non-kin providers, and allow for more contact between children and their birth families.

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Experts have argued that kinship caregivers are likely to have a special interest in the well-being of the child in their care and that such placements may be preferable to non-kin foster care because they provide children with a sense of family support (Dubowitz *et al.*, 1994; Iglehart, 1995). One study found, for example, that children placed in public kinship care are more likely to expect to live with a relative after leaving the child welfare system (Iglehart, 1995). Although children in kinship care cannot necessarily expect monetary support from their caregivers after they leave foster care, the bonds formed during their stay provide other kinds of ongoing support. In addition, children may maintain a stronger family bond in public kinship care because they are more likely to be placed with siblings than are children in non-kin foster care (Berrick *et al.*, 1994; Gleeson *et al.*, 1997; Testa and Rolock, 1999). Public kinship care also helps children maintain a connection with their community—research has indicated that they are more frequently placed in close physical proximity to the homes from which they were removed (DiLeonardi, N.D.; Testa, 1997; Testa and Rolock, 1999).

Public kinship care helps maintain family continuity by increasing the contact between children in foster care and their birth families. Children in public kinship care have much more frequent and consistent contact with both birth parents and siblings than do children in non-kin foster care (Table 3) (Barth *et al.*, 1994; Berrick *et al.*, 1994; Chipungu *et al.*, 1998; Davis *et al.*, 1996; Le Prohn and Pecora, 1994; GAO, 1999). Birth parents are also more likely to call, write, or give gifts to their children if the children are in public kinship care (Chipungu *et al.*, 1998).

### ***Child Safety***

Given the differing standards to which many public kinship caregivers are held by child welfare agencies, policy makers and child welfare experts alike have questioned the safety of these arrangements (Kusserow, 1992). Three types of concerns have been raised: that public kinship caregivers may themselves be abusive parents; that they may not prevent abusive birth parents from continuing to abuse their children; and that they may not have the knowledge or resources to provide a safe living environment.

Some child welfare experts have argued that many abusive and neglectful parents are themselves the product of maltreatment and that kinship care arrangements may perpetuate an intergenerational cycle of abuse. Indeed, studies of intergenerational abuse show that physical and sexual abuse can be passed down from one generation to the next (Johnson, 1994). However, it appears that most children in kinship care are placed there because of parental neglect rather than abuse (Gleeson *et al.*, 1995; Grogan-Kaylor, 1996; Iglehart, 1994; Landsverk *et al.*, 1996). Moreover, support for the theory of intergenerational abuse has been diminishing. Many child welfare experts

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stress an ecological model of child abuse, in which abusive behavior stems from a broad array of factors (Le Prohn, 1994). Only two studies have examined the abuse of children cared for by kin and non-kin foster parents. One found that children in public kinship care were less likely to be abused by their caregivers (Zuravin, Benedict, and Somerfield, 1993), while the other found the opposite (Dubowitz *et al.*, 1993).

While contact with birth families is seen as an advantage of public kinship care, much of it is unsupervised and therefore raises questions about birth parents having inappropriate access to children they have abused or neglected (Barth *et al.*, 1994; Berrick *et al.*, 1994; Chipungu *et al.*, 1998). In fact, one study found that only 43 percent of visits between children in public kinship care and their parents are prearranged, compared to 80 percent of visits between birth parents and non-kin foster children (Chipungu *et al.*, 1998). Visits also occur more often in the kinship caregiver's home rather than at the child welfare agency (Table 3). Child welfare workers report that they often have difficulty preventing unsupervised parental contact when children are placed with kin (Chipungu *et al.*, 1998).

**Table 3. Visits between Foster Children and Birth Parents**

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Visits	Kin (%)	Non-Kin (%)
<i>Frequency (More Than One a Week)</i>		
Mother	34	22
Father	16	13
Siblings	39	24
<i>Nature</i>		
Prearranged	43	80
Supervised	64	71
In caregiver's home	56	17
In agency office	16	42

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Source: Chipungu *et al.*, 1998

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Studies based on direct observation of public kinship care homes or reports by caregivers themselves show that these homes are generally as safe as non-kin foster homes (Berrick, 1997; Gaudin and Sutphen, 1993). However, because public kinship caregivers have lower incomes and less training than non-kin providers, on average, they often have fewer financial resources and are less likely to have the skills or materials needed to cope with emergency situations that might jeopardize children's safety (Berrick, 1997; Gaudin and Sutphen, 1993). In addition, one study suggests that non-kin foster parents may be more knowledgeable about child development and appropriate expectations of children's behavior, which may reduce the risk of inappropriate punishment (Berrick, 1997). One study found that public kinship caregivers were more likely than non-kin to leave children under age 13 without adult supervision (Geen and Clark, 1999). Nonetheless, children in public kinship care report feeling as "safe" and protected by their caregivers as children in non-kin foster care do (Wilson, 1996).

### **PERMANENCY**

Permanency refers to the child welfare goal of securing, as quickly as possible, a stable living arrangement for children who must be removed from their parents' homes. As discussed below, the unique nature of kinship care often makes traditional plans for permanency—specifically, reunification with parents or adoption—problematic. Moreover, there has been much debate over where kinship care fits into the continuum of permanency options. Some researchers suggest that kinship care can be used effectively to "divert" children from the formal foster care system (Berrick, 1998). Many, including several members of the Kinship Care Advisory Panel, argue that public kinship care, like non-kin foster care, should be a short-term arrangement for children while reunification with parents is attempted (Kinship Care Advisory Panel, 1999). Others maintain that kinship care itself can be a permanent option, an opinion supported by the Adoption and Safe Families Act, which identified "a fit and willing relative" as a potential "planned permanent living arrangement" (Kinship Care Advisory Panel, 1999; McDaniel *et al.*, 1997).

It appears that kinship care has both positive and negative effects on permanent living arrangements for children. Public kinship care homes are very stable, but children remain in them for relatively long periods and are less likely to be reunified with their parents. However, some evidence suggests that once children in public kinship care are reunified with their parents, they are less likely to reenter foster care.

### ***Permanency Plans for Children in Kinship Care***

Caseworkers' goals for the permanent living arrangements of children in public kinship care appear to differ from those for children in non-kin foster care. It is difficult to determine the proportion of kin and non-kin foster children for whom permanent reunification with their birth families is a goal because the data are inconsistent. Some data suggest that plans for children in public kinship care are more likely to include reunification (AFCARS, 1998)<sup>38</sup> while other data suggest the opposite (Cook and Ciarico, 1998). Data do show that adoption is a less frequent goal for children in kinship care (AFCARS, 1998; Cook and Ciarico, 1998; GAO, 1999; Zimmerman *et al.*, 1998) and permanent placement with a relative is a more frequent goal (AFCARS, 1998; Cook and Ciarico, 1998).

### ***Length of Stay in Care***

Most studies show that children in public kinship care remain in care significantly longer than children in non-kin foster care.<sup>39</sup> These findings raise concerns about permanency planning. Child welfare experts have argued that children are left in public kinship care without a permanency plan or that some child welfare agencies and workers regard these care arrangements as permanent (Welty, 1997). However, public kinship care has been shown to benefit children by reducing their chances of living in multiple foster homes and possibly of reentering foster care once they have been reunified with their parents.

One national study found that 42 percent of children in public kinship care remain there for more than two years compared to 36 percent of children in non-kin foster care (Cook and Ciarico, 1998). Moreover, only 3 percent of children in public kinship care return home within one month and only 20 percent return within six months, compared to 13 and 36 percent, respectively, of children in non-kin foster care. The reason for the longer average stay is that children in public kinship care are more likely to be younger and African American, and younger and African American children are much more likely to remain in care for long periods (Cook and Ciarico, 1998). Another study finds that significant differences in length of stay in kinship care remain even after controlling for these factors (Courtney, 1994) (Table 4).

Children in public kinship care are significantly less likely than children in non-kin foster care to experience multiple placements (Table 5) (Beeman *et al.*, 1996; Benedict *et al.*, 1996; Berrick *et al.*, 1995; Chipungu *et al.*, 1998; Cook and Ciarico, 1998; Courtney and Needell, 1994; Goerge, 1990; Iglehart, 1994; Le Prohn and Pecora, 1994; Zimmerman *et al.*, 1998). Although the majority of children in both groups have been in only one foster care placement, many children in non-kin foster care have been in multiple placements

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(Chipungu *et al.*, 1998; Cook and Ciarico, 1998; Courtney and Barth, 1996; Iglehart, 1994). In addition, there is some evidence that when children in public kinship care are transferred to a new placement, they are more likely to be transferred to the home of another relative (Courtney and Needell, 1997; Iglehart, 1994). Several studies show that children who have not been subject to multiple placements during their time in foster care benefit from this increased stability and exhibit greater well-being while in care (Aldgate *et al.*, 1992; Fein *et al.*, 1990; Iglehart, 1995; Widom, 1991).

**Table 4. Length of Stay in Foster Care**

(Months)	Kin (%)	Length of Stay Non-Kin (%) <i>Cook and</i>
<i>Ciarico, 1998</i>		
Less than 1	03.0	13.0
1–6	17.0	23.0
7–12	21.0	14.0
13–24	17.0	14.0
25 or more	42.0	36.0
<i>Courtney, 1994</i>		
1 or less	05.0	15.0
6 or less	10.0	30.0
6–18	27.0	46.0
Over 18	58.0	09.0

**Table 5. Number of Placements in Foster Care**

Non-Kin Placements	(%)	Kin (%) <i>Cook and</i>
<i>Ciarico, 1998</i>		
One	80.0	65.0
Two	17.0	12.0
Three or more	03.0	23.0
<i>Chipungu, 1998</i>		
One	52.0	35.5
Two	25.9	26.2
Three or more	22.1	38.3
<i>Iglehart, 1994</i>		
One	49.0	37.0
Five or more	09.0	14.0

### ***Permanency Outcomes***

Public kinship care appears to offer stable placements for children; however, if these placements are not considered acceptable permanent goals, they may impede other options for permanent placement. Children in public kinship care are less likely to be reunified with their parents (AFCARS, 1998; Berrick *et al.*, 1995; Testa, 1997), but those who are reunified appear less likely than children in non-kin care to reenter foster care (Berrick *et al.*, 1995; Courtney, 1995). Reunification may be complicated by a child welfare worker's view that placing a child back in a parent's home is less urgent in kinship placements, because the child is already in a stable, potentially permanent home (Gleeson and Bonecutter, 1994). As noted above, parents may not actively seek reunification since the child may receive greater financial assistance by living with a relative.

Two small-scale studies suggest that children in kinship care are less likely to be adopted by their foster parents (Berrick *et al.*, 1995; Berrick and Needell, in press). Some experts argue that adoption may not be an acceptable permanency goal for all kinship care families, because although most kinship caregivers express a willingness to care for the child until adulthood, many are reluctant to adopt the child (McLean and Thomas, 1996). Adoption is often perceived as unnecessary, both by private and by public kinship care families, since the child and the caregiver are already members of the same family. Moreover, adopting the child would mean terminating the rights of the biological parents. Some kinship caregivers fear that adoption would disturb the biological family structure and cause conflict with the child's parents (Berrick *et al.*, 1994; McLean and Thomas, 1996; Thornton, 1991). Caregivers may also hope that the biological parent will someday be able to resume parenting responsibilities—and adoption would require them to give up hope on the child's parent, who is often the caregiver's son, daughter, sister, or brother (McLean and Thomas, 1996, Testa *et al.*, 1996). Further, both the birth parent and the caregiver may feel that the parent still plays an important role in the child's life and that the parent-child relationship should not be legally terminated (Takas, 1993). Finally, if a child is not eligible for an adoption assistance payment, adoption may reduce the amount of financial assistance the kin caregiver receives.

For such reasons, child welfare workers have commonly assumed that kin caregivers are unwilling to adopt the children in their care. Some studies of child welfare workers indicate that the majority of them agree that many kinship caregivers believe adoption is unnecessary because family ties already exist or because they feel it would cause conflict in their relationship with the child's birth parents (Beeman, 1996; Chipungu *et al.*, 1998, Thornton, 1991). Yet, one study found that caseworkers considered adoption to

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be appropriate for most children in kinship care and that most relatives were willing to consider it (Gleeson *et al.*, 1997).

Research on other issues surrounding adoption yields equally conflicting results. One study found that the majority of kinship caregivers were unwilling to adopt, even though they were aware that they would be eligible to receive an adoption subsidy (Thornton, 1991). Other studies showed that when relatives are provided with complete information about adoption, including the legal and financial advantages, the majority are willing to consider adoption (Beeman *et al.*, 1996; Testa *et al.*, 1996; Zimmerman *et al.*, 1998). Among those kinship caregivers who were willing to adopt, few were recommended for adoption by caseworkers and only half reported that caseworkers had ever spoken to them about adoption (Testa *et al.*, 1996). These findings argue that the slower rate of adoption among children in kinship care “may be related to the beliefs and procedures of caseworkers and the options they present to kinship foster parents regarding permanent placement for the children” (Zimmerman, 1998).

Many states use subsidized guardianship as a permanent living arrangement for children in public kinship care. Guardianship enables kin to assume long-term care of the child without severing the parent-child relationship (Takas, 1993): “Building on the responsiveness of extended family networks, the concept of legal guardianship... offers the potential to stabilize the lives of these children by appointing the available grandparents, aunts, uncles, or other relatives as permanent guardians, not just informal caregivers” (Williams, 1994). However, guardianship does not provide the same protections against later, unexpected changes in custody that adoption does and may be seen as less than a total commitment to permanency (Takas, 1993).

Approximately 25 States have policies related to subsidized guardianship, in which children leave the foster care system when a public kinship caregiver assumes guardianship of them (ACYF, 1994). Subsidized guardianship provides a stipend that is sometimes equal to a foster care payment. Because the rights of the child’s biological parents do not have to be terminated, most guardianship programs require less court involvement and usually less child welfare agency supervision. The benefits include reduced casework and administrative costs, less time before a permanent home is established, and the provision of financial support with only limited intrusion into the family by the child welfare system. Subsidized guardianship is not widely used in many States because, unlike foster care maintenance payments and adoption subsidies, guardianship payments are not eligible for Federal reimbursement (Welty, 1997). In addition, some experts have argued that guardianship may not provide a permanent placement for children because such agreements can be easily dissolved. HHS has

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issued title IV-E waivers to six States (California, Delaware, Illinois, Maryland, Montana, and North Carolina) to test the effectiveness of subsidized guardianship programs for kinship care families.

### EFFECTS OF KINSHIP CARE ON CHILDREN AND CAREGIVERS

To date, no reliable data have been gathered on the differences in the health or well-being of either children or providers as a result of public kinship care. Public kinship children and caregivers do differ from non-kin on a number of point-in-time indicators (Chapter 3), but it is uncertain whether such differences result from the care arrangements or were present before them. One study that compared the adult health and well-being of children who lived in public kinship and non-kin foster homes found that although children in public kinship care had fewer problems during foster care, there was little difference between the two groups as adults (Benedict, Zuravin, and Stallings, 1996).

### SUMMARY OF THE EXPERIENCES OF KINSHIP CARE FAMILIES

Caseworkers treat public kinship care families differently from non-kin families, and the experiences of public kinship care families appear to differ markedly from those of non-kin foster families.

- **Caseworkers' practices.** Compared to non-kin foster parents, public kinship caregivers have less interaction with caseworkers and receive less supervision and information about their responsibilities and the role of the child welfare agency. Public kinship caregivers and children receive fewer services, though it is uncertain whether this reflects differences in needs, knowledge about, or access to such services. Birth parents of public kinship care and non-kin foster children receive similar services.
- **Experiences in care.** Public kinship care allows children to maintain a greater sense of family continuity. Given the limited research available, it not possible to assess whether concerns regarding increased risk to children in public kinship care are warranted. Children placed in kinship care remain in care longer and are much less likely to move from foster home to foster home than non-kin foster children. However, children in kinship care are less likely to be reunified with their birth parents.

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### **GAPS IN KNOWLEDGE AND POTENTIAL SOURCES OF DATA**

This chapter includes all available information on three of the items for which Congress specifically requested information: services provided to kinship caregivers and to birth parents, birth parents' access to their children in care, and permanency plans for children in kinship care. Listed below are additional information needed and potential sources of that information.

- **Service delivery.** Information on the service needs of kinship care children and caregivers, as well as birth parents, is very limited. An important question is the extent to which differences in service delivery and agency supervision result from differences in need, differences in State policies, or differences in caseworker practices (for example, telling foster parents about available services). Other factors that may influence the services provided to kin but for which information is not available include foster parent attributes and attitudes (such as their ability to articulate needs and willingness to accept services) and the personal interaction between caseworkers and foster parents.

The National Survey of Child and Adolescent Well-Being (NSCAW) will collect information from caseworkers on risk assessment results, services needed, services provided, and family compliance and progress. The survey will also gather information from substitute caregivers and noncustodial biological parents on services needed, services provided, and satisfaction with the child welfare system. Noncustodial biological parents will be asked about their understanding of and compliance with the case plan. Children age 6 and over will be asked about their satisfaction with casework services.

The Children's Bureau is funding the development of guidelines for the use of kin as foster parents; cross-agency training for staff, relatives, and birth parents; and services for relatives. Projects will also assess the service needs (including economic needs) of kinship caregivers and strategies for training, supervising, and providing services to them.

- **Birth parents' access.** There is no information on the extent to which kinship caregivers have difficulty restricting birth parents' access to children when such access may not be appropriate.

NSCAW will interview children ages 6 and over about their contact and relationships with parents and siblings.

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- Permanency. No one knows how often kinship caregivers adopt the children in their care or the extent to which caseworkers' perceptions (or misconceptions) about kin's willingness to adopt result in fewer adoptions. There is no information on the role of biological fathers in kinship care or permanency planning.

NCSAW will interview caseworkers about permanency planning and adoption possibilities. Data on children's most recent permanency goals and on the number of adoptions by relatives will be available through the Adoption and Foster Care Analysis and Reporting System. In addition, States that received title IV-E waivers to implement subsidized guardianship programs will be collecting information on such factors as permanency plans for children; child and family well-being; health, special needs, safety, emotional adjustment, and educational status of children; children's perceptions of permanency in subsidized guardianship; family satisfaction with the placement; and the effect of the programs on the number of children in kinship care. A detailed description of these subsidized guardianship programs is included in Appendix B.

The Children's Bureau has funded a variety of projects regarding kinship care, including one to examine the safety, well-being and permanency of children in kinship homes using a variety of measures for infants, children, and teenagers to age 18. For older children, it will also code school absences, health appointments, immunizations, dental appointments, and referrals to outside agencies for other services. The Children's Bureau has also funded a kinship care demonstration project designed to prevent placement disruptions and promote permanency by providing a variety of services, such as respite care, in-home counseling, family unity meetings, training and support groups for kinship caregivers, stipends for material resources to maintain placements, and referrals to community-based support services. Another project will try to determine whether adoption by kin is a meaningful option for children in kinship care who cannot be reunified with their birth parents and to identify barriers to kinship adoption and methods for overcoming them. In one State, a project designed to improve the safety, well-being, and permanence of Indian children entering child welfare will provide kinship care in both state and tribal welfare systems. Another grant will fund a project to examine what effects intervention strategies for kinship families have on children's psychological attachment, behavior, readiness for school, interaction with peers, and performance in school; incidents of child abuse; children's life skills; and adoption. The project will also measure caregivers' self-esteem, self control, parenting skills, ability to meet basic human needs, advocacy abilities, and stress.

# Chapter 5

## Summary and Conclusions

Public kinship care increased significantly in the 1980s and 1990s and now represents a significant portion of the nation's children in foster care. Kinship care, both public and private, appears to be very different from non-kin foster care, and States have developed policies to address the specific needs and circumstances of public kinship caregivers. In addition, child welfare workers appear to treat kinship care families differently than they do non-kin foster families. This may not be surprising, since the characteristics of kinship care families are significantly different from those of non-kin foster families. Finally, the experiences of children in public kinship care appear to be different from those of children in non-kin foster care.

- **The extent to which children in foster care are placed with relatives.** In 1998, approximately 2.13 million children in the United States (or just under 3 percent) were living in kinship care. While data are limited, it appears that in 1997, approximately 200,000 children, or 29 percent of all foster children, were in public kinship care. Available evidence suggests that public kinship care has increased substantially during the late 1980s and 1990s.
- **State child welfare policies.** As States began to use kin as foster parents, they developed varying policies for how to treat them. As a result, kin involved with the child welfare system are generally defined, licensed, supervised, and paid differently from non-kin caregivers. Specifically, 19 States broadly define kin to include godparents, neighbors, or other persons who have a bond with the child. Almost all States give preference to kin over non-kin in deciding where to place a foster child. In addition, 41 States waive standards or have less stringent requirements for kin who serve as foster parents, and 22 of these States pay kin the foster care rate. Finally, most State policies indicate that custodial kinship care (care of children in State custody) is supervised as rigorously as non-kin foster care.
- **Characteristics of kinship caregivers.** Kinship caregivers usually receive little, if any, advance preparation for their role. Agency-involved and private kinship caregivers are often constrained by limited decision-making authority. Both public and private

caregivers are older, more likely to be single, and more likely to be African American. Public kinship caregivers are also more likely never to have married, to be the only adult in the household, and to take care of fewer children. Kinship caregivers' homes are more likely to be in central cities, largely because African Americans are concentrated in these areas. Both public and private kinship caregivers are likely to have less education and lower incomes than non-kin caregivers and are more likely to receive public benefits. Public kinship caregivers are less likely to report being in good health and are more likely to experience economic hardship.

- **Characteristics of children in kinship care.** Children in private kinship care are older than children in non-kin foster care, and children in public kinship care are younger than children in non-kin care. Children in public kinship care are much more likely to be African American, to enter the child welfare system because of abuse or neglect rather than other family problems, and to come from homes in which the parent had a drug or alcohol problem. However, children in public kinship care appear to have fewer health, mental health, educational, and behavioral problems than children in non-kin foster care.
- **Caseworkers' practices.** Compared to non-kin foster parents, public kinship caregivers have less interaction with caseworkers and receive less supervision and information about their responsibilities and the role of the child welfare agency. Public kinship caregivers and children receive fewer services, though it is uncertain whether this reflects differences in needs, knowledge about, or access to such services. Birth parents of public kinship care and non-kin foster children receive similar services.
- **Experiences in care.** Public kinship care allows children to maintain a greater sense of family continuity. Given the limited research available, it is not possible to assess whether concerns regarding increased risk to children in public kinship care are warranted. Children placed in kinship care remain in care longer and are much less likely to move from foster home to foster home than non-kin foster children. However, children in kinship care are less likely to be reunified with their birth parents. There is virtually no information on the long-term effects of kinship care on children's well-being.

### LIMITATIONS OF THE DATA

While the information presented in this report reflects the best currently available on kinship care, a number of limitations make generalization and cross-state comparisons problematic.

- **Differences in State policies and practices.** State policies and practices affect who is permitted to provide public kinship care, how kinship families are supported, and other key factors that may influence the characteristics and outcomes of children in kinship care. Any comparison of data across States must therefore take into account differences in State policies and practices. Moreover, national or multistate data samples often combine data that may not be entirely comparable.
- **Differences in types of public kinship care included in State data.** Depending upon their policies, States may have several types of public kinship care arrangements, such as kin licensed under the same criteria as non-kin foster parents, kin approved on the basis of different, and typically less stringent, standards, or unlicensed or unapproved kin who receive minimal supervision. Depending upon States' reporting practices, kinship care data may or may not include all of these arrangements.<sup>40</sup> Few States appear to collect data on noncustodial arrangements. In addition, some States do not distinguish fully licensed kinship care from non-kin foster care and thus incorrectly report licensed kin as non-kin foster care. Other States do not include approved or assisted kinship care arrangements in their data. Thus, differences in the experiences of kinship families across States may reflect differences in the types of families included in the data. Moreover, States' data combine all types of kinship care, making it impossible to draw conclusions about specific types of arrangements (for example, comparing the experiences of licensed versus approved public kinship care).
- **Lack of representativeness.** Data summarized in this report may not be representative of the kinship care population nationally or that of a given State. Virtually none of the studies summarized here are based on data from all States, and most studies reflect results from a small number of cases or from cases that were chosen by the researcher rather than selected at random.
- **Differences in comparison groups.** It is helpful to compare the circumstances and experiences of children in public kinship care to those of children in alternative

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## Summary and Conclusions

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settings—but in what settings? Some studies compare children in kinship care to children in non-kin foster care. Others compare them to children in all other types of placements, including group homes and residential placements. Since studies often use different comparison groups, findings may not be comparable.

- **Correlation between kinship care and other variables.** Most of the research summarized in this report addresses the relationship between a particular type of foster care and a variety of characteristics or experiences of families and children. These analyses do not take into account the multitude of differences before placement that might influence these characteristics and experiences. Thus, the ability to draw conclusions about the differences between public kinship and non-kin foster care is limited.

### UNANSWERED QUESTIONS

More research is needed to determine why the differences between public kinship and non-kin foster care exist. Key questions that future studies may want to address include:

- **How do caseworkers implement State kinship care policies?** What factors do child welfare workers consider in deciding whether to place a child in kinship care? How and when do caseworkers follow State policies for giving preference to kin over other potential foster parents? Do caseworkers actively seek out kin or do they give preference to those who come forward when a child's placement is imminent? What input, if any, do biological parents and children have in selecting the kin with whom a child will be placed? How do caseworkers choose among kin when several are willing and able to be foster parents? Under what circumstances do welfare workers encourage kin to “voluntarily” take a child without putting the child into State custody? Do caseworkers encourage kin to become licensed foster parents? Do caseworkers inform kin of the availability of foster care payments and what they need to do to become eligible for these payments?
- **Why are the characteristics of children in public kinship care and their caregivers different from those in non-kin foster care?** To what extent do differences result from factors outside the child welfare system (such as the availability and willingness of kin to act as foster parents) or within the system (such as State recruitment efforts and licensing policies, caseworkers' decision making about which children or types of cases are appropriate for kinship care)?

## Summary and Conclusion

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- **Why do children in public kinship care and their caregivers receive fewer services and less agency supervision than those involved in non-kin foster care?** To what extent are differences in service delivery and agency supervision the result of differences in need, State policies, caseworker practices (for example, informing foster parents of available services), foster parents' attributes and attitudes (for example, their ability to articulate needs and their willingness to accept services), or the personal interaction between caseworkers and foster parents?
- **What are the benefits and potential drawbacks of existing kinship care practices?** How do differences in State policies and practices related to kinship care affect children's safety, specifically, differences in licensing and approval practices, differences in agency supervision, and frequency of unsupervised visits between children and birth parents?
- **Taking into account the differences in the types of children placed with kin and non-kin foster parents, is kinship care more or less expensive than non-kin foster care?** How many kinship care families qualify for and receive foster payments? What other types of financial assistance do kin receive in different amounts or frequency than non-kin foster parents? How long are children in kinship care supported financially compared to children in non-kin foster care? What are the costs of services provided to public kinship and non-kin foster care families?
- **Does kinship care result in better outcomes for children than non-kin foster care?** To date, it is unclear whether kinship care, in and of itself, improves the health and well-being of children. While children in public kinship care rank generally higher on indicators of social well-being and health status, it is uncertain whether these measures reflect the kind of foster care or the children's status before being placed. Long-term analysis is needed to compare outcomes for children in kin and non-kin care. Finally, future research must pay special attention to how State policies and practices may affect the health and well-being of children in kinship care.

### FUTURE SOURCES OF INFORMATION

Several research and data-gathering efforts now being planned or already underway should significantly improve our understanding of kinship care. A few of the larger efforts include:

## Summary and Conclusions

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- The Adoption and Foster Care Analysis and Reporting System (AFCARS). Through this system, States provide the Federal Government with semi-annual data on the children in foster care. These data will help address several of the issues Congress raised in the Adoption and Safe Families Act: for example, the sources of funds used to support kinship care families, including the number of families who receive title IV-E foster care, title IV-E adoption, TANF and title IV-D child support; Medicaid; and Supplemental Security Income. Demographic data should soon be available, including information on the race, age, and marital status of kin and non-kin foster parents. Data on children's most recent permanency goals and on the number of adoptions by kin will also be available.
- The National Survey of Child and Adolescent Well-Being (NSCAW). In 1997, HHS funded NSCAW, a six-year study to assess the well-being and experiences of children who come in contact with the child welfare system. The study will collect information on more than 2,000 foster children, many of whom will be in kinship care, and on kinship licensing and payment practices. Foster caregivers and noncustodial biological parents will be interviewed about their age, race and ethnicity, sex, relationship to the child, employment, income, subsidies, education, spouse or partner's education and employment, household composition, country of origin, the language spoken at home, the history of changes in the child's living environment, the child's and caregiver's physical health and functioning, services needed, services provided, and satisfaction with the child welfare system. Interviews with children age 6 and over will provide information on contact and relationships with biological parents and siblings.
- Children's Bureau (CB) Demonstration Grants. In 1997, HHS's gave several States demonstration grants to test strategies for improving the delivery of services to kinship caregivers and to enhance permanency arrangements for children in kinship care. Projects are examining decision-making about the appropriateness of kinship foster care, licensing requirements and their effect on the willingness and ability of extended family to provide care, the service and economic needs of kinship caregivers, and strategies for training, supervision, and service. Several of the projects are examining the safety, well-being, and permanency of children in kinship homes.
- Title IV-E Waiver Demonstration Projects. States that received IV-E waivers to implement subsidized guardianship programs will be collecting information on such factors as permanency of placements; child and family well-being; health, special

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needs, safety, emotional adjustment, and educational status of children; children's perceptions of permanency in subsidized guardianship; family satisfaction with the placement; and the effect of guardianship programs on the number of children in long-term foster care with kin. (See Appendix B.)

- The Urban Institute Child Welfare Survey. In 1999, the Urban Institute surveyed all State child welfare administrators to get updated information on their kinship care policies, including definition of kin; when kin receive preference; and policies for licensing, paying, and supervising kinship caregivers.

# Notes

1. See Chapter 5 for a complete discussion of data limitations.
2. Throughout this report, we differentiate between these two types of arrangements. When we wish to discuss both types of arrangements together, we refer to them as simply kinship care.
3. Takas used similar terms to differentiate kinship care arrangements, but her definition of public kinship care included only children in State custody placed in foster care with kin.
4. Child welfare agencies have long used relatives as resources, but States have only recently developed programs specifically designed to ensure their involvement in case planning.
5. These data include public kinship care families that did not identify themselves as foster families in responding to the survey. In 1998, approximately 4.0 million children lived in households maintained by their grandparents; 1.4 million children were living with grandparents without either parent present (U.S. Census, 1999).
6. Data are provided based on two- or three-year averages, because the number of children in kinship care in a single year's Current Population Survey is relatively small and provides unreliable estimates. In addition, because of the introduction of improved collection and processing procedures, data before 1994 are not comparable to data from later years.
7. Based on yearly March Current Population Survey data, the number of children in kinship care decreased from an average of 2.21 million to 2.08 million between 1994–1996 and 1996–1998, and the average prevalence of kinship care decreased from 3.15 percent to 2.93 percent.
8. Based on data from the Urban Institute's National Survey of America's Families, which identified children as living with related foster parents if a foster parent indicated that he or she was related to the foster child or a relative indicated that the child in his or her care was a foster child. In the first type of identification, the caregiver was identified as the child's foster parent or as the child's parent and, when probed about the type of parent, indicated that he or she was a foster parent. The caregiver was then identified as being related to the child. In the second type of identification, the caregiver was identified as the child's brother, sister, grandparent, aunt, uncle, cousin, great-grandparent, great-aunt, or great-uncle, and the child was then identified as being the foster child of this relative.
9. NSAF was completed by a nationally representative sample of approximately 48,000 households in the United States in 1997. Respondents who noted that they were related to, but not the parent of, a child in their household and that neither of the child's parents were in the home were asked whether they were the child's foster parent. If they answered no, they were asked whether a social services agency helped arrange for the child to live in the respondent's home. Those who answered yes are considered to be voluntarily caring for children reported as abused or neglected.
10. Between 1988 and 1993, public kinship care as a percent of all foster care rose from 32 to 54 percent in Illinois, from 22 to 45 percent in California, and from 23 to 36 percent in New York (Harden *et al.*, 1996). However, between 1993 and 1997, public kinship care decreased in New York, from 36 to 26 percent of the foster care caseload, and Illinois, from 54 to 51 percent. During the same period, California's use of relatives as foster parents increased slightly, from 45 to 47 percent.
11. *Miller v. Youakim*, 440 U.S. 125 (1979).
12. *Lipscomb v. Simmons*, 962 F. 2d 1374 (9th Cir. 1992).
13. The Department of Health and Human Services has played a key role in promoting public kinship care research, including the funding of analyses of data collected as part of the National Study of Protective, Preventive, and Reunification Services, data that States provide through the Adoption and Foster Care Analysis and Reporting System, and data collected as part of the National Study of Outcomes of Children Placed in Foster Care with Relatives.

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14. Parents could receive child-only payments if they themselves were not eligible for assistance—for example, because they were an undocumented immigrant, received Supplemental Security Income benefits instead of AFDC, or had been sanctioned from the AFDC program.
15. The House bill originally referred specifically to “relatives,” but this language was removed from the final version of the law (Spar, 1993).
16. Social Security Act, Section 471(a)(10).
17. A recent California court interpreted the Federal law differently, stating that IV-E eligibility is determined on the income of the caregiver, not the income of the home from which the child was removed (*Land v. Anderson*).
18. Only Maine and Vermont reported not giving preference to kin, though two additional States noted that relatives only sometimes receive preference, depending on the specific circumstances of the case, and one State noted that preference practices vary by county.
19. Many kin are not eligible to receive Federal funds because they are unable to meet or not interested in meeting traditional foster home licensing standards or they care for non-IV-E-eligible children.
20. As discussed below, States vary in how many of these different licensing categories they offer to kin.
21. In Michigan, counties decide whether or not to allow kin caring for non-IV-E-eligible children to be fully licensed.
22. In 1996, TANF replaced AFDC as the primary federal income assistance program for low-income families.
23. Nine of the 10 states that allow modified kinship care provide foster care payments to kin. Of the 18 States that allow approved kinship care, 10 provide foster care payments to kin, two provide foster care for IV-E-eligible kin, and two provide an alternative rate greater than AFDC but less than foster care. Among the 24 States that allow assisted kinship care, only one provides a foster care payment to kin, and three provide an alternative rate greater than AFDC but less than foster care.
24. Data from an annual benefit survey by the Congressional Research Service (CRS) and from Urban Institute tabulations of AFDC State plan information.
25. Faith Mullen, Senior Policy Analyst, Public Policy Institute, American Association of Retired Persons, February 19, 1999, personal communication.
26. Private arrangements may occur as a result of parental abuse or neglect that is unknown to the child welfare agency; many researchers have suggested that this is a common reason for private kinship care (Casper and Bryson, 1998; Chalfie, 1994).
27. Data on public kinship care families presented in this report do not include non-custodial kinship care arrangements and may not include all custodial arrangements, depending upon States’ reporting practices and the scope of specific studies summarized. See Chapter 5 for a detailed discussion of data limitations.
28. There are no significant differences between children in public kinship and non-kin foster care in gender proportions or number of siblings (Beeman *et al.*, 1996; Berrick *et al.*, 1994; Dubowitz *et al.*, 1993; Geen and Clark, 1999; Harden *et al.*, 1997; Iglehart, 1994; Le Prohn and Pecora, 1994).
29. Most kinship caregivers are maternal relatives of the child in care (Gleeson *et al.*, 1995; Le Prohn, 1994; Link, 1996), and most caregivers that are not grandmothers are aunts (Dubowitz, 1990; Dubowitz *et al.*, 1993; Geen and Clark, 1999; Harden *et al.*, 1997; Le Prohn and Pecora, 1994; Testa and Rolock, 1999).
30. Another study estimated that approximately 45 percent of children in private kinship care are African American (Harden *et al.*, 1997).
31. According to one study, approximately 62 percent of public kinship caregivers and 44 percent of non-kin foster parents are African American (Chipungu *et al.*, 1998).

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32. Data on other ethnic groups are not available.
33. There is only one adult in 37 percent and two adults in 44 percent of public kinship homes, compared to 26 percent and 51 percent in non-kin foster homes. Public kinship caregivers are much more likely to care for only one child (22 percent versus 8 percent), while non-kin foster parents are more likely to care for five or more children (40 percent versus 19 percent). This includes both children regularly staying in the home (biological or adoptive children) as well as children in kinship or foster care (Chipungu *et al.*, 1998).
34. Two small-scale studies also found that public kinship caregivers are more likely to live in public housing (Berrick *et al.*, 1994; Le Prohn, 1994).
35. One study found that a slightly higher percentage of non-kin foster parents than public kinship caregivers were unemployed (31 percent versus 26 percent) even though kin caregivers are more likely than non-kin providers to be retired (15 percent versus 12 percent) (Chipungu *et al.*, 1998). However, it is important to remember that estimates of unemployment among kinship and non-kin caregivers do not provide a complete picture of family employment status. While a caregiver may be unemployed, a spouse may be working full- or part-time. Further, while only 3 percent of private kinship care providers are unemployed, 39 percent are not in the labor force (Harden *et al.*, 1997).
36. Data show that public kinship caregivers are more likely than non-kin foster parents to be in unskilled (8.6 versus 4.7 percent), semi-skilled (15.2 versus 12.3 percent), and clerical/technical (14.3 versus 9.7 percent) fields (Chipungu *et al.*, 1998).
37. Child welfare workers interviewed in another study reported that their case management practices are the same for kin and non-kin families (Chipungu, 1998). Yet even this study presents conflicting findings. Interviews with caregivers showed that on the one hand kinship care families have less frequent contact with social workers than non-kin foster care families, and on the other hand that caseworker records indicate no differences in the frequency of worker contacts with children in the two types of foster care families.
38. Data from 30 States are included in Appendix B, Table B.4.
39. While data are limited, it appears that children in private kinship care remain in care for long periods as well. One report found that over half of grandparents with primary caregiving responsibility cared for the child for at least 3 years, and 41 percent cared for the child more than 5 years (Fuller-Thomson, Minkler, and Driver, 1997).
40. Similarly, different studies summarized in this report are based on different segments of the public kinship care population.

# ***Part II: Secretary's Report to the Congress***

***This section of the report was developed by staff of the U.S. Department of Health and Human Services based on the input of the Advisory Panel on Kinship Care and the deliberations of Departmental officials. It represents the recommendations of the Secretary of Health and Human Services.***

# ***THE SECRETARY'S REPORT TO THE CONGRESS ON KINSHIP FOSTER CARE:***

## **RESPONDING TO A CONGRESSIONAL DIRECTIVE**

In passing the Adoption and Safe Families Act of 1997 (ASFA, P.L. 105-89), the Congress recognized the growing practice of using relatives as licensed foster parents in many States and communities in the United States. As a step toward building a better understanding upon which to base future policy and legislative decisions, the Congress requested the development of this report on policy and practice regarding kinship foster care. The Congress specifically requested information on:

- the extent to which children in foster care are placed with relatives;
- the costs and sources of funds for kinship care;
- State policies regarding kinship care;
- characteristics of kinship care providers and their households;
- conditions under which children enter kinship care;
- services provided to kinship caregivers and to birth parents;
- access birth parents have to their children while in kinship care; and
- permanency plans for children in kinship care.

The focus of this report is on kinship care within the foster care system; that is, relatives who care for children under the supervision of the State child welfare agency. If the care of these children is paid in part under the title IV-E (of the Social Security Act) foster care program, these relatives must be licensed as foster parents, and provided with financial support for the children in their care commensurate with traditional, non-kin foster parents. Relative foster care placements paid for without federal foster care funding may or may not be held to State licensing standards and may receive less financial support than under title IV-E. In many cases federal funds under the Temporary Assistance for Needy Families (TANF) program and its predecessors, including Emergency Assistance have been used to support kinship care for children who are not title IV-E eligible. In addition, the many children and families involved in relative

care outside the child welfare system are not the focus of this report.

For the purposes of this report, all kinship care arrangements that occur **without** child welfare involvement are referred to as “private” and those kinship arrangements that occur **with** child welfare involvement are termed “public.” “Public” arrangements may be either foster care under the State’s supervision, or situations in which the child welfare agency may have been involved in brokering the arrangement, but the child is never formally taken into State custody. Traditional foster care arrangements are referred to in this report as “non-kin” foster care. Except as specifically indicated, kinship foster care refers both to title IV-E eligible children and children in foster care with a relative who are ineligible for federal foster care assistance.

The Adoption and Safe Families Act of 1997 requires that the Secretary of Health and Human Services (HHS) establish an Advisory Panel on Kinship Care and prepare a report to the Congress on this subject. The Advisory Panel was to review a draft of the report and to provide input to the Secretary as she developed recommendations to include in the report to Congress. In appointing an Advisory Panel on Kinship Care, the Secretary selected individuals from diverse disciplines and backgrounds with a wide variety of perspectives on these issues. The Secretary believed that only such a group could ensure that a full range of issues and options were discussed and that her recommendations could be informed by the variety of important points of view on these issues. The Advisory Panel met twice, once in October, 1998 to review a draft background report to Congress, and a second time in January, 1999 to discuss those policy issues upon which the panel believed federal-level recommendations or discussion would be worthwhile.

This report has two parts. This section of the report presents the Department’s conclusions and recommendations and has been prepared by HHS staff based on the Advisory Panel’s input, on internal deliberation, and on available research and data. The research review that accompanies the Secretary’s Report presents the existing research literature on kinship care, including what is known about the current practices in the use of relatives as foster parents. Between the two sections, this document responds as much as possible to the congressional request for specific information. The research review was prepared by staff at the Urban Institute under contract to HHS.

A full roster of the Advisory Panel appears as Appendix D. The text of the ASFA provision requesting this report appears as Appendix A.

## **BACKGROUND**

Extended family members often provide crucial support for children during parental crises. Grandparents, aunts, uncles, and other relatives routinely step in to care for children when parents cannot. Usually these are informal custody arrangements handled privately among family members. Occasionally, legal custody of children is transferred to a relative through the courts. Only in the past decade or so, however, have relatives been used extensively as licensed foster parents by State and county child protection agencies. It is this practice, commonly referred to as “kinship foster care” that is the subject of this report. Best estimates, derived from the Adoption and Foster Care Analysis and Reporting System (AFCARS), indicate that approximately one-third of the 550,000 children in foster care nationally were being cared for by relatives in 1998. State and local practices in this area vary widely, however, and the proportion of foster parents who are relatives of the children they care for ranges from almost none in some States to nearly half in others. In addition to differences in numbers, States and communities differ significantly in their myriad day-to-day practices with respect to kinship foster families. These include practices regarding assessment and supervision of kinship foster care placements, the extent to which financial support for the child is provided at the same rates as for non-kin foster families, and the range of services available to related foster parents as compared with non-relative foster parents.

Although relatives have long been a resource for abused and neglected children, the practice of licensing them as foster parents has grown quickly in some parts of the nation. The increased use of relative foster care is usually based on the idea that when relatives can keep children safe from abuse and neglect, such placements are less traumatic for children because the children remain with people familiar to them. Almost all States (49) give preferences to relatives when placing a child in out-of-home care. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), which enacted welfare reform at the federal level, requires that States “consider giving preference to an adult relative over a non-related caregiver when determining a placement for a child, provided that the relative meets all relevant State child protection standards.” Guidance to States has interpreted this provision as requiring States to consider such a preference in each case where a child is placed in foster care. In practice, most States were already giving preference to relatives prior to welfare reform. The Adoption and Safe Families Act allows States to exempt children in foster care with relatives from the requirement for filing a termination of parental rights petition once the child has been in foster care fifteen of the previous twenty-two months.

While the practice of using relatives as foster parents has grown rapidly, the implications of this change for children, families, and the service systems charged with keeping children safe have not been fully explored. Kinship foster

care has advantages in some situations, but some observers are concerned that in other cases it may also have significant drawbacks for both children and the agencies that serve them. Concerns focus on:

- whether extended family systems may suffer from the same problematic behavior patterns that initially placed the child in danger;
- the growth in the number of children in foster care, which may relate to the growing number of children in kinship foster care;
- the fact that children in kinship care have significantly longer lengths of stay in foster care which may indicate delays in achieving permanency;
- the fact that costs have risen significantly as a result of longer lengths of stay in kinship foster homes;
- and finally, concerns have also been expressed that kinship care threatens the legitimacy of the child welfare system's child protection mission. This mission would be undermined if kinship foster care causes the child welfare system to become, in fact or perception, a system of income support for families rather than a system of intervention to protect children endangered by abuse or neglect.

There is extensive data in some of the areas for which Congress requested information. For instance, a great deal is known about the characteristics of kinship care providers, who tend to be older, have less education, and have lower incomes than non-kin foster parents. Less information is available on some of the other topics Congress is concerned about, and information about spending and costs of kinship care on a State-by-State basis is especially scarce.

Research shows that kinship foster care now represents a significant portion of the nation's child welfare caseload. Kinship care arrangements, both public and private, appear to be quite different from non-kin foster care. Kinship care providers have little advance preparation for their roles, and both the caregivers' and the children's characteristics differ from non-kin foster parents and children. In addition, child welfare caseworkers appear to treat kinship care families differently than they do non-kin foster families. Kinship foster care arrangements generally receive less supervision from and have less interaction with caseworkers and children receive fewer services.

Finally, the experiences of children in kinship foster care appear to be different from those of children in non-kin foster care. Children placed in kinship care remain in care longer than non-kin foster children but experience fewer moves

between foster homes. The research review which accompanies this document summarizes in detail the available research, evaluation and data on these subjects.

The Department recognized from the outset that consensus regarding recommendations would be unlikely. Indeed, the Advisory Panel did not fully agree on the appropriate role of kinship care within the child welfare system or on whether or how the Federal government should address kinship care in the context of its child welfare programs. There was, however, considerable common ground among members of the Advisory Panel on principles to be followed in any consideration of policy. Members also broadly agreed with the identification of key issues facing the child welfare field with regard to kinship foster care. The discussion that follows represents the Department's conclusions, based on a full airing of the range of opinions and an analysis of available research to date on the phenomenon of kinship foster care and the role of grandparents and other relatives raising children who are in need of protective intervention.

The work the Department has undertaken in identifying and working with the Advisory Panel and analyzing the panel's discussions created a focused process through which to explore a very complex phenomenon. We come away from these activities with a better understanding of the complexities of the issues faced by children, families, and agencies when children are in need of protection and relatives and the public child welfare systems seek to meet their needs. It is clear that while we know a significant amount about kinship caregiving arrangements, there remain many areas where our knowledge is still quite limited, especially with respect to the actual policies and practices in individual States and localities. We do know these policies and practices vary widely, and yet the issues faced by families and child welfare agencies across the nation with regard to kinship foster care have many similarities.

## **PRINCIPLES**

One of the major contributions of the Advisory Panel was a discussion of principles that should guide the analysis of kinship foster care issues. Before entering into discussions of specific issues related to kinship foster care, the Advisory Panel framed tenets to ground their discussions. While there was significant agreement among the panel members and the Department as to the content of a set of principles, the wording and order of principles presented in this report reflect the Department's position. The principles below are recommended as guidelines for all policy and practice deliberations on the role of relatives as foster parents:

- The focus of the child welfare system is and must continue to be the safety, permanency, and well-being of children who have been abused or neglected or who are at risk of abuse or neglect.
- Decisions regarding relatives' roles must be based on the child's best interests, consideration of which must include, in part, an assessment of the relative's capacity to care for the child both in the short term as well as permanently, should the parent(s) be unable to resume custody.
- The child welfare system should not replace or supplant the role of voluntary family efforts or income assistance programs.
- Relatives should be viewed as potential resources in achieving safety, permanence, and well-being for children. They should be assessed on a case-by-case basis to determine if they are the most effective caregiver to advance these goals for the child. Relatives may serve either in temporary or permanent caretaker roles.

## **ISSUES**

The remainder of this policy discussion focuses on issues the child welfare field is facing regarding kinship foster care; issues that arise in various forms in communities throughout the nation. There is currently wide variation in practice among the States regarding the use of relatives as foster parents, including under what circumstances they are used as foster parents, how they are assessed as suitable caretakers, how child safety and family progress is monitored, and how relative foster parents are supported with services and financial assistance. In considering these matters, departmental policy officials and staff have listened to the Advisory Panel, have reviewed the available research and data, and have tried to remain true to the principles laid out above. Finally, we are humbled by the difficulty of the decisions that must be made every day in the best interests of children and recognize that it is impossible at the Federal level and complex at any level to determine the wisest courses of action in individual cases.

The issues discussed below are grouped in the following categories:

- Selection, assessment and supervision of relative caregivers;
- Financial assistance for relative caregivers;
- Non-financial assistance for relative caregivers;
- Kinship care as a permanency option for children;
- Interactions between foster care payments and other Federal programs; and
- Gaps in research, evaluation and information upon which to base policy and management decisions.

## ***I. Selection, Assessment and Supervision of Relative Caregivers***

Child protection investigations are typically precipitated by a crisis in the family. Rapid decisions regarding a child's safety must be made in the midst of chaotic situations and complex family relationships. The involvement of the child protection agency in a family also adds a new and powerful player that changes family dynamics. Assuring decisions are made in children's best interests while being respectful of family decision making and privacy is a challenge for child welfare professionals and the judges who make decisions regarding placement options. When relatives step forward to care for children during crises or as ongoing substitutes for incapacitated parents, the child welfare agency faces important challenges regarding the assessment and selection of an appropriate caregiver.

Among the issues that must be addressed in assessments are the child's safety, the urgency of the situation, and the implications of caregiver selection for stability in the child's life. Throughout, caseworkers must assure that decisions are purposively made in order to meet the child's best interests. Following placement decisions, the supervision of relatives who are serving as foster parents also becomes a critical issue.

### **Caregiver Assessment**

**Issue:** To what level of scrutiny should relatives be subjected as a child welfare agency decides whether they are an appropriate caregiver for a child who cannot remain at home?

**Discussion:** When foster care placement is needed for a child, caseworkers must make rapid decisions regarding placement options. The first issue is to assure the child's safety. Sometimes the most available, immediate safe haven is in a relative's home, and, if the child has a positive bond with that relative, such placement can reduce the trauma of removal from a parent. However, relatives, like all foster care providers, must be assessed for their ability to provide safety and support to a child, even in the short term. The issues of permanence and a child's well-being become critical in any assessment, especially for long-term placement.

During the panel's discussion, it was confirmed that there is wide variation in State and local practice both in child protective services assessments and foster parent assessments. Most States conduct a criminal background check and a

child abuse registry check of potential foster parents, but may not make such checks prior to placing a child with a relative in an urgent situation. A variety of other requirements are also involved in foster care licensing, although these vary greatly among the States. Some States allow exceptions to certain foster care licensing requirements if relatives otherwise meet established criteria. In assessing kinship caregivers, the requirements that most often are waived are those related to the number of rooms in the home, overall space, and income; factors that are not thought to pose safety risks.

Potential recommendations discussed by the panel included asking the Federal government to develop a model assessment tool especially suited to relatives, collecting and disseminating existing tools, and undertaking new research and/or synthesizing current research to better understand what makes placements safe. At a minimum, the panel suggested that the Federal government collect information on current State policies related to assessment of potential kinship care providers. Most panelists believe that where federal funding is used, there should be accountability and a requirement to assure the protections guaranteed children under the law, but that the Federal role should be limited, allowing States and localities to determine daily practices. A few panelists expressed their belief that there is a continuing need for Federal oversight of States to ensure that the rights of certain populations, including American Indian tribes, are not violated.

**HHS Position:** The Department believes that accountability and Federal oversight should remain where Federal dollars are used, but that there should be flexibility at the State and local level to determine their own assessment procedures. The over-riding concern is that decisions must be driven by the goals of safety, permanency, and well-being for children. Decisions in child protection cases are difficult and must be made on a case-by-case basis using the best trained staff and tools available.

## **Licensing Standards and Supervision**

**Issue:** Should kin foster parents be held to the same licensing standards and be supervised in the same manner as traditional, non-kin foster parents?

**Discussion:** Some argue that the value of maintaining children in extended families is such that it is worth waiving certain foster care licensing requirements that some relatives cannot meet. Income-related standards are those on which exceptions are most often made. Many States now have dual standards for licensing and supervision of kinship care providers and other foster care providers, although under current Federal law there is no such distinction. Where kinship foster care arrangements seem stable and the children appear to

be thriving, some States or counties also provide less supervision and monitoring of those homes so as to interfere as little as possible with the family. Critics of such dual systems argue that if a child is in need of protection (as placement in foster care would indicate) then agencies must remain vigilant in assuring that caregivers are able to maintain a home that meets established safety standards. Similarly, the State should monitor closely the status of children in its custody no matter where their placement. Indeed, it is argued that risk of harm to the child can be greater with a relative if placing the child with that relative leaves the child more accessible to an abusive parent.

**HHS Position:** Children in foster care have been removed from parents' custody because of a perceived threat to their safety and well-being. If the child welfare system is to work in the best interests of the child, then there is no reasonable argument for the State to have different standards of protection simply based on whether a caregiver is a relative or not. We do not recommend the establishment of Federal licensing standards even for caregivers of title IV-E funded children. However, we believe that all children in foster care need and deserve the same protections by the State until permanency is achieved and we have included such a requirement in our final rule implementing child welfare monitoring, title IV-E eligibility reviews, ASFA, and related title IV-E provisions.

## ***II. Financial Assistance for Caregivers***

**Issue:** Should kin foster parents receive the same level of financial support for the care of foster children as is provided to non-kin foster parents? Should such support be available only while the child remains in State custody, or should it continue if the child is discharged to the relative's legal custody?

**Discussion:** Central to congressional interest in kinship care is the call by some States to allow long-term financial assistance for relative caregivers under title IV-E of the Social Security Act after children are discharged from State custody or in order to prevent the need for a State to take custody of the child. Many relative care providers have limited economic resources and cannot make a long-term commitment to a child without assistance. A number of advocates have suggested specific policy changes to provide ongoing financial assistance to such relatives.

The most common formulation of this idea is to allow relatives who assume legal guardianship of the child access to adoption assistance payments (subsidies that help the family meet the child's needs, generally until the child reaches age 18). A number of States operate subsidized guardianship programs using their own funds. Under Federal title IV-E (which provides the bulk of Federal child welfare funding to the States), adoption assistance payments are currently available only to adoptive parents of special needs children or under demonstration waivers which have been granted to several States to evaluate the concept of subsidized guardianships. Others have suggested that long-term foster care should be considered a more acceptable permanency option for these children because relative foster caregivers should be viewed as "more permanent" than other foster parents. Under some suggested formulations of such a policy, relative caregivers, either as foster parents or legal guardians, would receive a reduced subsidy, would have to meet less stringent licensing standards, or would receive less supervision than other title IV-E foster care providers.

Subsidized guardianship programs are generally sought as a way to address the fact that children need permanent homes outside the foster care system. While many relative care providers have limited economic resources, they are generally devoted to the children in their care, and, as a group, appear to provide more stable foster care settings than are provided by non-relatives. Concerns regarding such proposals tend to center around their costs and whether they push child welfare agencies away from their core protective functions and toward income assistance functions. Several positions raised by panel members should be noted.

First, it is clear that relatives are not now consistently being told that they have the option of becoming paid foster parents. In order to reduce public costs, some States and localities divert children from foster care by using Temporary Assistance for Needy Families (TANF) child-only payments or unpaid relative care for children who are in need of protection. TANF (and what prior to welfare reform was the Emergency Assistance Program) is also used by States to pay relative foster parents when children or the placements they are in are not title IV-E eligible. Most Advisory Panel members believed that in many cases whether or not a caregiver received foster care payments was based less on the family's situation, needs and eligibility than on the child welfare agency's administrative and financial convenience. Most members agreed that if a child is in State custody and the relative caregiver has gone through the same training and certification process and receives the same supervision as other title IV-E foster care providers, they should receive full title IV-E foster care payments. While this report focuses on title IV-E foster care, members also spent time discussing children placed with relatives who receive only TANF (welfare) funding. While there was not a full exploration of this issue, several members described the value of using TANF funding to enable lower income family members to care for a child as long as the child is in a safe and stable environment. There was concern expressed that the TANF rules should not create an incentive to force the child welfare system to take custody of children and pay the foster care rate when State protection is not necessary. Perceived penalty threats in proposed TANF regulations related to child-only cases and welfare system time-limits on relatives who voluntarily take over the care of children were among the particular issues discussed. Final TANF regulations which moderated the language perceived as threatening should reduce this potential problem.

**HHS Position:** Closely following the principles laid out above, children should be in State custody only if there is an ongoing need for protection. Foster care payments under title IV-E should not be used primarily for supplemental income for a family. The Department recommends at this time delaying consideration of subsidized guardianship proposals until we have the results of demonstration projects underway in several States. While it is clear that some States currently implement a separate payment system for relatives using their own funding or by diverting the case from the child welfare system and providing TANF funding instead, we believe there is not currently sufficient evidence to support a major change in Federal reimbursement policies under the IV-E foster care or adoption assistance program in order to provide long-term income support to relative caregivers. Relatives should, however, be informed consistently of the option to become licensed foster parents when the children in their care are in State custody. In addition, relatives should be encouraged to adopt the children in their care if reunification is ruled out and this is the most appropriate plan for

the child. Initial results from demonstration projects indicate that relatives are more often willing to adopt the children in their care than has generally been expected.

Several issues would need to be carefully considered before the Department could adequately anticipate the consequences of Federal funding for subsidized guardianships. Such changes may affect children and families in ways we do not fully understand, such as creating more pressure to place children with relatives while providing children less protection. There is little evidence regarding the long-term stability of guardianship arrangements. Do they actually become permanent situations for children or do they merely delay accomplishing a permanent placement? Clearly, too, there would be a significant cost implication if Federal child welfare funding were used for an additional type of arrangement that is now supported by TANF or State foster care funds. The Department is also concerned about the potential of guardianship subsidies to undermine the primary protective function of the child welfare system. This becomes a danger if child welfare becomes (or is viewed as) more a system of financial support for relatives than one of protection for children.

### ***III. Non-financial Assistance for Relative Caregivers***

**Issue:** What information and services do kinship foster families need, and how are these different from the needs of non-kin foster families?

**Discussion:** Support services and systems are critical for all foster parents, but supports for relative caregivers should be considered in the context of their particular needs, which may not be the same as those of traditional foster parents. For example, research has shown that relative caregivers are often older and have lower incomes than other foster caregivers, and there may be intra-familial tensions that must be addressed. The Federal government recognizes the importance of non-financial assistance for relative caregivers. States and communities receive Federal funding that can be used to provide services to these families. State and local choices determine what services are available at the community level. Some panelists expressed the belief that some relative caregivers who are willing to care for a child are providing their caretaking services through the foster care system because they need services (e.g. child care, counseling, or support groups) rather than because the child needs protection. This may be especially true in cases of neglect. Yet research has shown that relatives generally receive less non-financial support than birth parents and often less than other foster parents, even if they are themselves formally foster parents.

**HHS Position:** We believe that it would be useful to produce technical

assistance materials to remind State and local agency staff that there are many Federal resources available that might be used to provide services for relative caregivers. These resources include the Promoting Safe and Stable Families Program, Temporary Assistance for Needy Families (TANF), the Social Services Block Grant, Medicaid, Food Stamps, the special supplemental nutrition program for Women, Infants and Children (WIC), and the State Child Health Insurance Program (SCHIP). In addition, we plan to summarize any lessons that have been learned by grantees under several federal demonstration grants that have been made under our discretionary programs in recent years. We will include specific examples of programs making creative use of resources to serve relative caregivers, and a description of any products resulting from such grants that may be already available through the National Clearinghouse on Child Abuse and Neglect Information.

#### ***IV. The Role of Kinship Care as a Permanency Option for Children***

**Issue:** How does kinship foster care fit into permanency planning efforts and under what circumstances should children remain in long-term foster care placements with relatives?

**Discussion:** When a child's foster care placement is with a relative, the caseworker or agency may feel less urgency to pursue a more permanent living arrangement with the child and family. Because the child remains with the extended family, there may be less pressure to resolve the situation permanently and discharge the child from State custody. Yet, unless the child feels like he or she is permanently settled and has a place to truly call "home," placement with relatives may be as precarious and emotionally tenuous as any other foster care situation. The Adoption and Safe Families Act may affect permanency decisions for children in kinship placements because it allows, at State option, exceptions to the requirement for filing termination of parental rights (TPR) petitions on behalf of children who have resided in foster care 15 of the previous 22 months if those children are living with relatives. While case plans and a permanency hearing are still required, concerns have been expressed that TPR filing exceptions will make it seem somehow less urgent that such plans will be acted upon promptly. An additional level of complexity in kinship foster care situations, whatever the permanency plan for the child, is managing the emotional stress of the relationships among the child(ren), the relative caretaker(s) and the birth parent(s).

**HHS Position:** The Department agrees with the Advisory Panel that kinship care should be considered in the context of the regular continuum of permanency options within the child welfare system. Kinship care can be a resource at many

points along the continuum – from temporary, emergency care to serving as the permanent home for a child. Relative care may be an especially valuable tool for sibling groups for whom placement together may be more possible with relatives. Issues related to the legal status of such arrangements are especially challenging because family law is determined by State governments and the Federal government’s role is limited. In addition, because we have little information about the long-term stability of guardianship arrangements in comparison to other permanency options, it is difficult to articulate how permanent we can expect such arrangements to be. These issues may also play out differently among various cultural groups.

The Department believes that the timelines for permanency for children in kinship care arrangements should be the same as for other children in foster care. Termination of parental rights may not be desirable or necessary in every case, but permanency plans must be established and implemented promptly in order to assure that all children have, rapidly and in keeping with their developmental needs, a permanent family to call their own and within which they feel safe and loved.

The Department agrees with a number of panelists who voiced a need for concurrent planning for children in kinship care as well as for those in other foster care placements. Concurrent permanency planning is an alternative to the traditional sequential case planning process. In concurrent planning, at the same time that services are being provided to achieve family reunification, alternative permanency options are also being explored in the event that the child cannot be safely returned to the biological parent(s). Concurrent planning is quite demanding on the skills of caseworkers who face considerable complexity in managing relationships between and among the birth parents and relatives as concurrent plans are established and implemented. Where permanence may not be possible with a relative who can temporarily care for a child, it is important for caseworkers to understand and articulate to the relative caregiver from the beginning that permanency is the goal.

Research is needed in this area to help guide decision makers, including child welfare staff and family court judges, in the development and implementation of permanency plans in kinship care settings. There is some early information from demonstration States, for example, that relatives may be much more likely to adopt children than was initially expected. If relatives are not willing to commit to a permanent placement, either through adoption or permanent guardianship, then alternative permanent placement options for a child must be identified.

The Department agrees with members of the Advisory Panel that permanency should be considered from the viewpoint of the child as much as possible, with

the end result that the child feels that the placement is permanent. In considering cases of potential legal guardianship for children in the child welfare system, at a minimum, decision-makers should try to assess the child's sense of permanence. We do believe that adoption remains the best option if the biological parent(s) cannot resume custody of the child. HHS understands the need to use its research and technical assistance resources to better understand relative care and to promote timely permanency planning for these children.

## ***V. Interactions Between Foster Care Payments and Other Federal Programs***

**Issue:** Do foster care payments or a child's status in foster care with a relative interact in problematic ways with eligibility criteria for other Federal programs?

**Discussion:** Relatives' status as foster parents and the support they receive on behalf of the children in their care may affect their eligibility for other programs. Advisory Panel members observed that often the main need is for information to be accessible to relatives regarding the services and programs available in their communities and how to access them. This includes information about federal, State, local, and private sector programs.

Among the Federal programs that may interact with foster care are Temporary Assistance to Needy Families, Medicaid, the State Children's Health Insurance Program, Supplemental Security Income, the Earned Income Tax Credit, and the Family and Medical Leave Act. In addition, various housing, education, transportation, substance abuse and mental health programs, most of which are administered locally, may also be needed by these families. Panel members did not note any particular barriers to service or problems related to these programs' definitions of family or kin. Eligibility may be affected if foster care payments are considered income or if the relative lives in housing that restricts the presence of children or other persons not on the lease.

Panelists discussed whether new mechanisms would be desirable for transferring to relatives the authority to make medical, educational, and social services decisions while the child remains in the State's legal custody (i.e. in foster care). Panel members observed that such options had been tried unsuccessfully for children in foster care in several States (including Illinois and Colorado). The unintended effect was to discourage permanent family arrangements for the child because the relatives had the elements of custody they valued even while the child remained in the State's legal custody. The relatives saw no advantage in the State's relinquishing custody, so legal permanence was delayed. For children living informally with kin, such arrangements may have some advantages, but the Advisory Panel discouraged our further consideration of

such mechanisms for children in State custody.

**HHS Position:** We will query other agencies to identify any problems they have encountered and will be vigilant to any conflicts that might need resolution.

## ***VI. Gaps in Research, Evaluation and Other Information***

**Issue:** What are the gaps in our understanding of kinship care that should be addressed in the coming years?

**Discussion:** While we were able to identify considerable relevant research, which is described in the research review that accompanies this policy discussion, there remain many gaps in our knowledge about kinship care and its use within and outside the child welfare system.

During the Advisory Panel's discussion, some panelists argued that the most pressing research gaps to be addressed were those that would provide full answers to the questions raised by the Congress in asking for this report. Others proposed specific topics or research questions they believed were especially pressing, regardless of policy interest. Participants uniformly said that the Federal government needs to do a better job of conducting and disseminating basic descriptive research. Some cautioned that the States should not be burdened with additional data collection, and some pointed to the demonstration pilots as the best method of gathering additional information.

Panelists listed many areas in need of further research including:

### **Context**

- the service needs of relative caregivers;
- understanding the variation in State guardianship laws;
- children's perceptions of permanency in kinship care;
- the availability of adoptive homes;
- the social context of children in kinship care;

### **Practice**

- why and with whom children are placed;
- whether kinship care placements are more stable than others, and if so, why;
- whether it matters who we define as kin, with a focus on cultural differences;
- the use of kinship care in Native American communities;

### **Outcomes**

- the impact of legal permanence on children;

- the effects on children of placement changes, caseworker turnover and other instability in the child welfare system;
- the relationship between worker characteristics and outcomes for children;
- developmental outcomes of children in kinship care;
- outcomes of children adopted, compared to children in guardianships;
- the results of concurrent permanency planning; and
- the effects of cross-cultural adoption.

**HHS Position:** The Department is looking to two existing research efforts to better inform kinship care policy. These include: (1) the evaluation of child welfare demonstration waiver projects regarding kinship care and subsidized guardianship which are underway in several States; and (2) the National Study of Child and Adolescent Well-Being, a longitudinal study of children who have been abused or neglected which includes some children in kinship care arrangements. We will carefully consider the research and information needs suggested by panel members as we plan our future research and evaluation agenda.

## **FUTURE CONSIDERATIONS**

While the extended family has often taken in children whose parents are unable to care for them, the emerging use of relatives as providers of foster care in the public child welfare system is a new and important phenomenon, and one which has grown quickly. Nationally, relatives are now caring for approximately one third of children in foster care, although there is a wide variation locally. The Advisory Panel on Kinship Care has helped the leadership and staff of the Department of Health and Human Services to consider the implications of kinship foster care for its policies and programs and to understand the needs of the child welfare field as State and local agencies seek to provide the best service possible to vulnerable children.

The cornerstone of the child welfare field is the strong recognition that decisions regarding children's best interests must be made on a case-by-case basis founded on a full assessment of the family's needs. Kinship care must be considered in this light. We believe strongly that the principles articulated above can guide child welfare agencies and caseworkers in their decisions about relatives' roles in individual cases. In short, these are: (1) the child welfare system must continue its focus on safety, permanency and child well-being; (2) decisions regarding relatives' roles should be based on the child's best interests; (3) kinship care within the child welfare system must not displace voluntary family efforts or income assistance programs; and (4) relatives should be viewed as potential resources in permanency planning.

While we have learned a great deal about kinship foster care and its relationship to extended family care more generally through the research review and through the Advisory Panel's discussion, significant gaps remain in our understanding of how relatives' roles as foster parents affect outcomes for children. Additional information should be available in the next few years regarding the effects of subsidized guardianship programs and other emerging concepts in child welfare policy related to relatives' roles. Until we better understand the implications for children of these innovations, the Department believes it is premature to make major policy changes regarding Federal child welfare funding streams. However, as new information becomes available, we will reassess whether additional actions or activities, including regulatory and/or legislative change, could be helpful in assuring relatives can be engaged to their maximum potential in achieving safety, permanency and well-being for children in the child welfare system.

# ***APPENDICES***

**Appendix A**

Text of the Adoption and Safe Families Act

SEC. 303. KINSHIP CARE.

(a) REPORT-

(1) IN GENERAL- The Secretary of Health and Human Services shall--

(A) not later than June 1, 1998, convene the advisory panel provided for in subsection (b)(1) and prepare and submit to the advisory panel an initial report on the extent to which children in foster care are placed in the care of a relative (in this section referred to as 'kinship care'); and

(B) not later than June 1, 1999, submit to the Committee on Ways and Means of the House of Representatives and the Committee on Finance of the Senate a final report on the matter described in subparagraph (A), which shall--

(i) be based on the comments submitted by the advisory panel pursuant to subsection (b)(2) and other information and considerations; and

(ii) include the policy recommendations of the Secretary with respect to the matter.

(2) REQUIRED CONTENTS- Each report required by paragraph (1) shall--

(A) include, to the extent available for each State, information on--

(i) the policy of the State regarding kinship care;

(ii) the characteristics of the kinship care providers (including age, income, ethnicity, and race, and the relationship of the kinship care providers to the children);

(iii) the characteristics of the household of such providers (such as number of other persons in the household and family composition);

(iv) how much access to the child is afforded to the parent from whom the child has been removed;

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(v) the cost of, and source of funds for, kinship care (including any subsidies such as Medicaid and cash assistance);

(vi) the permanency plan for the child and the actions being taken by the State to achieve the plan;

(vii) the services being provided to the parent from whom the child has been removed; and

(viii) the services being provided to the kinship care provider; and

(B) specifically note the circumstances or conditions under which children enter kinship care.

### **(b) ADVISORY PANEL-**

(1) ESTABLISHMENT- The Secretary of Health and Human Services, in consultation with the Chairman of the Committee on Ways and Means of the House of Representatives and the Chairman of the Committee on Finance of the Senate, shall convene an advisory panel which shall include parents, foster parents, relative caregivers, former foster children, State and local public officials responsible for administering child welfare programs, private persons involved in the delivery of child welfare services, representatives of tribal governments and tribal courts, judges, and academic experts.

(2) DUTIES- The advisory panel convened pursuant to paragraph (1) shall review the report prepared pursuant to subsection (a), and, not later than October 1, 1998, submit to the Secretary comments on the report.

**Appendix B  
State Data**

**Table B.1: States' Definition of Kin<sup>1</sup> (N=44)**

State	State Uses "Relative" Definition to Define Caregiver (May include relatives by adoption, marriage or step relation)	State Defines Kin to Include Persons Beyond "Relatives"
Alabama	X	
Alaska	X	
Arizona	X	
Arkansas	X	
California	X	
Colorado		X
Connecticut	X	
Delaware	X	
District of Columbia		X
Florida	X	
Georgia		X
Hawaii	X	

<sup>1</sup>Some states define kin by title (e.g., grandparent, great-grandparents, etc.) or by degree of relationship (e.g., 3rd, 4th, 5th, etc.).

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State	State Uses “Relative” Definition to Define Caregiver (May include relatives by adoption, marriage or step relation)	State Defines Kin to Include Persons Beyond “Relatives”
Idaho		X
Illinois	X	
Indiana	X	
Iowa	X	
Kansas	X	
Kentucky	<i>None</i>	
Louisiana		X
Maine	X	
Maryland		X
Massachusetts		X
Michigan	X	
Minnesota	X	
Mississippi	X	
Missouri		X
Montana		X
Nebraska	X	
Nevada	X	
New Hampshire		X

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State	State Uses “Relative” Definition to Define Caregiver (May include relatives by adoption, marriage or step relation)	State Defines Kin to Include Persons Beyond “Relatives”
New Jersey		X
New Mexico		X <sup>2</sup>
New York	X	
North Carolina	<i>None</i>	
North Dakota	<i>None</i>	
Ohio		X
Oklahoma		X
Oregon	<i>None</i>	
Pennsylvania		X <sup>3</sup>
Rhode Island	<i>N/A</i>	
South Carolina		X
South Dakota		X
Tennessee	X	
Texas		X
Utah		X
Vermont	X	
Virginia	X	

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<sup>2</sup>Godparents only.

<sup>3</sup>This definition was pending as of 1997.

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State	State Uses "Relative" Definition to Define Caregiver (May include relatives by adoption, marriage or step relation)	State Defines Kin to Include Persons Beyond "Relatives"
Washington	X	
West Virginia		X
Wisconsin	X	
Wyoming	X	
Total	26	20

Source: Boots and Geen, 1998.

**Table B.2: Supervision of Kin and Unrelated Foster Care Parents (N=50 )**

State	Custodial Kinship Care		
	Supervise kin more	Same level of Supervision	Supervise kin less
Alabama		X	
Alaska		X	
Arizona		X	
Arkansas		X	
California			X
Colorado		X	
Connecticut		X	
Delaware		X	
District of Columbia		X	
Florida		X	
Georgia			X
Hawaii		X	
Idaho		X	
Illinois		X	

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State	Custodial Kinship Care		
	Supervise kin more	Same level of Supervision	Supervise kin less
Indiana		X	
Iowa		X	
Kansas		X	
Kentucky		X	
Louisiana		X	
Maine		X	
Maryland	N/A		
Massachusetts		X	
Michigan		X	
Minnesota		X	
Mississippi		X	
Missouri		X	
Montana		X	
Nebraska		X	
Nevada		X	

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<b>State</b>	<b>Custodial Kinship Care</b>		
	<b>Supervise kin more</b>	<b>Same level of Supervision</b>	<b>Supervise kin less</b>
New Hampshire			X
New Jersey		X	
New Mexico		X	
New York		X	
North Carolina		X	
North Dakota		X	
Ohio		X	
Oklahoma		X	
Oregon		X	
Pennsylvania		X	
Rhode Island			X
South Carolina		X	
South Dakota			X
Tennessee		X	
Texas		X	

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State	Custodial Kinship Care		
	Supervise kin more	Same level of Supervision	Supervise kin less
Utah		X	
Vermont		X	
Virginia		X	
Washington		X	
West Virginia		X	
Wisconsin			X
Wyoming		X	
Total	0	44	6

Source: Boots and Geen, 1998.

**Table B.3: Type and Amount of Payments to Kin, and when varying payment rates within the same category, relevant payment criteria (N= 51)**

State	Custodial Kin Care			
	Fully Licensed	Modified Licensed (Amount paid compared to foster care rate)	Approved (Amount paid compared to foster care rate)	Assisted
Alabama	Foster Care Rate			
Alaska	Foster Care Rate			AFDC (-\$125)
Arizona	Foster Care Rate	Foster Care Rate		Other Rate: monthly allowance
Arkansas	Foster Care Rate		Foster Care Rate	
California <sup>4</sup>	Foster Care Rate		AFDC for Non-IV-E eligibles: (-\$117) Foster Care for IV-E eligibles	
Colorado	Foster Care Rate			
Connecticut	Foster Care Rate		Foster Care Rate	
Delaware	Foster Care Rate			AFDC (-\$182)
District of Columbia	Foster Care Rate		Foster Care Rate	AFDC (-\$205)
Florida	Foster Care Rate			

<sup>4</sup>Kin must be caring for a IV-E-eligible child in order to become fully licensed foster parents.

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State	Custodial Kin Care			
	Fully Licensed	Modified Licensed (Amount paid compared to foster care rate)	Approved (Amount paid compared to foster care rate)	Assisted
Georgia	Foster Care Rate		AFDC (-\$170)	
Hawaii	Foster Care Rate	Foster Care Rate		
Idaho	Foster Care Rate <sup>5</sup>		Foster Care Rate	
Illinois	Foster Care Rate		Standard of Need Rate	
Indiana	Foster Care Rate			
Iowa	Foster Care Rate			
Kansas	Foster Care Rate			
Kentucky	Foster Care Rate	Foster Care Rate		
Louisiana	Foster Care Rate <sup>6</sup>	Foster Care Rate		AFDC (-\$276)
Maine	Foster Care Rate			AFDC (-\$231)
Maryland	Foster Care Rate		AFDC (-\$375)	AFDC (-\$375)
Massachusetts	Foster Care Rate		Foster Care Rate	

<sup>5</sup>All non-related kin must meet this standard; related kin have the option of applying under the approved category.

<sup>6</sup>Foster parents are eligible for a Special Board Rate based on need.

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State	Custodial Kin Care			
	Fully Licensed	Modified Licensed (Amount paid compared to foster care rate)	Approved (Amount paid compared to foster care rate)	Assisted
Michigan	Foster Care Rate for IV-E eligibles; county option to pay non-IV-E			County option to pay these families AFDC (-\$112)
Minnesota	Foster Care Rate			
Mississippi	Foster Care Rate	Foster Care Rate		AFDC (-\$200)
Missouri	Foster Care Rate		Foster Care Rate for all grandparents(IV-E and non-IV-E) and all other IV-E eligibles  AFDC for non-IV-E eligibles (-\$121)	AFDC (-\$121)
Montana	Foster Care Rate		Foster Care Rate	AFDC (-\$280)
Nebraska	Foster Care Rate		Foster Care Rate	
Nevada	Foster Care Rate			Foster Care Rate
New Hampshire	Foster Care Rate		AFDC (+\$61)	
New Jersey <sup>5</sup>	Foster Care Rate	AFDC (-\$167)		AFDC (-\$167)
New Mexico	Foster Care Rate	Foster Care Rate		

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State	Custodial Kin Care			
	Fully Licensed	Modified Licensed (Amount paid compared to foster care rate)	Approved (Amount paid compared to foster care rate)	Assisted
New York	Foster Care Rate		Foster Care Rate	
North Carolina	Foster Care Rate			AFDC (-\$184)
North Dakota	Foster Care Rate			AFDC (-\$261)
Ohio	Foster Care Rate			AFDC+\$100 per child for a maximum of 6 months (paid by state General Revenue) (-\$241)
Oklahoma	Foster Care Rate			AFDC (-\$248)
Oregon <sup>5</sup>	Foster Care Rate			AFDC (-\$140)
Pennsylvania	Foster Care Rate			
Rhode Island	Foster Care Rate	Foster Care Rate		AFDC (+\$33) <sup>7</sup>
South Carolina	Foster Care Rate		AFDC (-\$134)	AFDC (-\$134)

<sup>7</sup>Payments are for 1995; 1996 not available.

State	Custodial Kin Care			
	Fully Licensed	Modified Licensed (Amount paid compared to foster care rate)	Approved (Amount paid compared to foster care rate)	Assisted
South Dakota	Foster Care Rate		Foster Care Rate	AFDC <sup>8</sup> (-\$204)
Tennessee	Foster Care Rate	Foster Care Rate		
Texas	Foster Care Rate			
Utah	Foster Care Rate			
Vermont	Foster Care Rate		Other provisional rate paid by Child Welfare (-\$88)	
Virginia	Foster Care Rate	Foster Care Rate		
Washington	Foster Care Rate			AFDC (-\$24)
West Virginia	Foster Care Rate			AFDC (-\$251)
Wisconsin	Foster Care Rate			Other Rate: Kinship Rate paid by AFDC/TANF (-\$103)
Wyoming	Foster Care Rate		Foster Care Rate	

<sup>8</sup>And funds for special purchases from family preservation and support funds.

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State	Custodial Kin Care			
	Fully Licensed	Modified Licensed (Amount paid compared to foster care rate)	Approved (Amount paid compared to foster care rate)	Assisted
Totals:	Foster Care for all families: 48 AFDC: 0 Foster care for IV-E eligible only: 3 Other: 0	Foster Care: 9 AFDC: 1 Other: 0	Foster Care for all families : 10 AFDC: 4 Foster care for IV-E eligible only: 1 Other: 3	Foster Care: 1 AFDC: 19 At county option: 1 Other: 3

Source: Boots and Geen, 1998.

**Table B.4: Placement Setting by Most Recent Case Plan Goal<sup>9</sup>**

State	Placement Setting (Relative and Non-Relative)	Number and Percent of Total Children in Care	Reunify with Parent(s) or Principal Caretaker(s)	Live with Other Relative(s)	Adoption	Long-Term Foster Care
Alabama	Relative	N %	261 44%	244 41%	3 1%	87 15%
	Non-Relative	N %	1,058 41%	329 13%	601 23%	586 23%
Alaska <sup>10</sup>	Relative	N %	170 82%	5 2%	17 8%	1 0%
	Non-Relative	N %	362 83%	5 1%	37 8%	15 3%
Arizona	Relative	N %	1,138 62%	274 15%	288 16%	26 1%
	Non-Relative	N %	1,687 51%	154 5%	870 26%	248 7%
Arkansas	Relative	N %	74 33%	38 17%	16 7%	5 2%
	Non-Relative	N %	638 34%	42 2%	112 6%	106 6%
Colorado	Relative	N %	477 62%	69 9%	115 15%	48 6%
	Non-Relative	N %	2,790 61%	98 2%	727 16%	500 11%

<sup>9</sup>Totals do not add up to 100 percent due to missing categories of data (e.g., emancipation, guardianship, or goal not yet established).

<sup>10</sup>Alaska data are for children in care as of September 30, 1997.

## Report to Congress on Kinship Foster Care

State	Placement Setting (Relative and Non-Relative)	Number and Percent of Total Children in Care	Reunify with Parent(s) or Principal Caretaker(s)	Live with Other Relative(s)	Adoption	Long-Term Foster Care
Florida	Relative	N %	10,189 94%	445 4%	81 1%	77 1%
	Non-Relative	N %	5,048 54%	N/A	2,599 25%	1,478 16%
Georgia	Relative	N %	1,647 64%	209 8%	274 11%	340 13%
	Non-Relative	N %	4,008 66%	197 3%	1,033 17%	695 11%
Hawaii	Relative	N %	512 60%	38 4%	161 19%	8 1%
	Non-Relative	N %	674 53%	23 2%	225 18%	92 7%
Idaho	Relative	N %	65 80%	N/A	N/A	2 2%
	Non-Relative	N %	445 73%	N/A	30 5%	24 4%
Illinois	Relative	N %	5,927 23%	735 3%	13,230 52%	53 0%
	Non-Relative	N %	4,655 26%	75 0%	9,848 54%	127 1%
Kansas	Relative	N %	44 71%	6 10%	5 8%	2 3%
	Non-Relative	N %	289 70%	2 0%	92 22%	29 7%
Louisiana	Relative	N %	469 72%	89 14%	34 5%	44 7%
	Non-Relative	N %	2,072 52%	178 4%	909 23%	688 17%

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State	Placement Setting (Relative and Non-Relative)	Number and Percent of Total Children in Care	Reunify with Parent(s) or Principal Caretaker(s)	Live with Other Relative(s)	Adoption	Long-Term Foster Care
Maine	Relative	N %	104 67%	3 2%	25 16%	7 5%
	Non-Relative	N %	927 49%	N/A	614 32%	170 9%
Maryland <sup>11</sup>	Relative	N %	1,397 46%	456 15%	157 5%	26 1%
	Non-Relative	N %	1,535 24%	1,043 16%	1,115 17%	1,596 25%
Massachusetts <sup>12</sup>	Relative	N %	697 39%	N/A	549 31%	66 4%
	Non-Relative	N %	2,773 42%	N/A	2,185 33%	734 11%
Mississippi	Relative	N %	235 54%	156 36%	27 6%	1 0%
	Non-Relative	N %	474 42%	161 14%	381 33%	74 7%
Montana	Relative	N %	163 45%	35 10%	38 11%	69 19%
	Non-Relative	N %	534 41%	48 4%	282 22%	235 18%
New Jersey	Relative	N %	124 58%	58 27%	20 9%	8 4%
	Non-Relative	N %	2,851 47%	445 7%	2,341 39%	350 6%

<sup>11</sup>In Maryland, 30 percent of children in relative family foster homes and 4 percent of children in non-relative family foster homes had a case plan of guardianship.

<sup>12</sup>Massachusetts data are for children in care as of September 30, 1997. Also, in Massachusetts, 19 percent of children in relative family foster homes and 4 percent of children in non-relative family foster homes had a case plan of guardianship.

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State	Placement Setting (Relative and Non-Relative)	Number and Percent of Total Children in Care	Reunify with Parent(s) or Principal Caretaker(s)	Live with Other Relative(s)	Adoption	Long-Term Foster Care
New York	Relative	N %	5,348 42%	N/A	6,084 48%	N/A
	Non-Relative	N %	17,376 58%	N/A	9,342 31%	N/A
North Carolina <sup>13</sup>	Relative	N %	890 50%	445 25%	332 19%	N/A
	Non-Relative	N %	2,055 37%	659 13%	1,867 34%	N/A
North Dakota	Relative	N %	26 31%	7 8%	16 19%	11 13%
	Non-Relative	N %	213 37%	10 2%	98 17%	136 24%
Ohio <sup>14</sup>	Relative	N %	842 44%	N/A	31 2%	82 4%
	Non-Relative	N %	4,204 43%	N/A	685 7%	724 7%
Oklahoma	Relative	N %	837 56%	46 3%	273 18%	178 12%
	Non-Relative	N %	1,627 53%	38 1%	601 19%	519 17%
Oregon	Relative	N %	1,391 77%	23 1%	235 13%	93 5%
	Non-Relative	N %	2,914 69%	N/A	849 20%	433 10%

<sup>13</sup>In North Carolina, 4 percent of children in relative family foster homes and 13 percent of children in non-relative family foster homes had a case plan of guardianship.

<sup>14</sup>In Ohio, 27 percent of children in relative family foster homes and 24 percent of children in non-relative family foster homes had a case plan of guardianship.

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State	Placement Setting (Relative and Non-Relative)	Number and Percent of Total Children in Care	Reunify with Parent(s) or Principal Caretaker(s)	Live with Other Relative(s)	Adoption	Long-Term Foster Care
Pennsylvania	Relative	N %	1,330 64%	180 9%	344 17%	66 3%
	Non-Relative	N %	6,374 47%	331 2%	3,189 24%	2,804 21%
South Carolina	Relative	N %	76 56%	27 20%	24 18%	9 7%
	Non-Relative	N %	797 38%	76 4%	851 40%	397 19%
Texas	Relative	N %	745 36%	720 35%	390 19%	30 1%
	Non-Relative	N %	2,013 25%	430 5%	3,331 42%	924 12%
Utah	Relative	N %	20 77%	N/A	4 15%	2 8%
	Non-Relative	N %	876 66%	N/A	203 15%	196 15%
Washington	Relative	N %	1,985 70%	162 6%	384 14%	29 1%
	Non-Relative	N %	4,177 67%	114 2%	1,013 16%	382 6%
Wisconsin	Relative	N %	442 78%	49 9%	29 5%	13 2%
	Non-Relative	N %	5,998 81%	130 2%	479 6%	339 5%

Source: AFCARS, Children in foster care on March 31, 1998.

## Report to Congress on Kinship Foster Care

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**Table B.5: State Recruitment Efforts and Trends in the Kinship Foster Care Population**

State Trends in the Number of Children in Kinship Foster Care over the past 3 years	States which have increased recruitment efforts	States which have not increased recruitment efforts
Increased significantly	AK, CO, IN, OH, OK, OR, RI, UT, WY	AZ, CT, DC, MS
Increased somewhat	AR, ID, KA, MN, MT, PA, SC, SD, TN, WI	DE, GA, IL, KY, MD, MI, MO, NE, NH, NV, NC, TX, VT
Not changed	AL, HI <sup>15</sup> , NM, WA	FL, IA, LA, ME, NJ, VA, WV
Decreased somewhat	MA	CA, NY
Decreased significantly		

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<sup>15</sup>A 1993 Hawaii Supreme Court case (*Doe*) required that relatives be paid the foster care rate regardless of eligibility.

## Appendices

**Table B.6: Evaluation Approaches of the Title IV-E Demonstration Guardianship Programs**

State	Design	Sample Design	Data Sources	Outcome Measures
<b>California</b>	Experimental (random assignment)	Assigned at a ratio of 5:3 to experimental and control groups. 1,400 children in the experimental group in the first year.	<ul style="list-style-type: none"> <li>• Foster Care Information System (a case-specific tracking system for children in out-of-home care); and</li> <li>• CWS/CMS (Child Welfare Services/Children's Management System (all children's services database))</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce court caseload and/or costs;</li> <li>• Increase level of legal permanence for children in relative care;</li> <li>• Reduce or maintain recidivism rate of target population so that it is not higher than that of the general foster care population;</li> <li>• Reduce the number of children with relatives in long-term foster care;</li> <li>• Increase or maintain levels of child safety in the target population; and</li> <li>• Achieve high levels of client satisfaction</li> </ul>
<b>Delaware</b>	Pre-post comparison	17 to date (6 pending)	<ul style="list-style-type: none"> <li>• Observations, caseworker interviews, and document review (process eval);</li> <li>• Family interviews;</li> <li>• DFS data (# of case reviews, visits, and other DFS requirements)</li> </ul>	<ul style="list-style-type: none"> <li>• Family well-being;</li> <li>• Family satisfaction level with guardianship program;</li> <li>• Permanency and long-term commitments for children; and</li> <li>• Level of DFS involvement.</li> </ul>

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State	Design	Sample Design	Data Sources	Outcome Measures
<b>Illinois</b>	Experimental (random assignment)	Experimental: 1,620 Control: 1,739	<ul style="list-style-type: none"> <li>• Administrative Data</li> <li>• Caregiver and child interviews (in-person and mail and/or telephone)</li> </ul>	<ul style="list-style-type: none"> <li>• Child and family well-being;</li> <li>• Health, special needs, safety, emotional adjustment, and educational status if children;</li> <li>• Family satisfaction level with placement arrangement;</li> <li>• Permanency level for children;</li> <li>• Government intrusiveness level into family relations;</li> <li>• Impact of guardianship assistance on children and their perceptions of being part of a stable and permanent family;</li> <li>• Degree of resistance to adoption; and</li> <li>• Impact of availability of guardianship assistance on willingness of parents to surrender their rights and families to adopt.</li> </ul>
<b>Maryland</b>	Experimental (random assignment)	Experimental: 468 Control: 372	<ul style="list-style-type: none"> <li>• Administrative Data</li> <li>• Caregiver and child interviews</li> </ul>	<ul style="list-style-type: none"> <li>• Child and family well-being;</li> <li>• Health, special needs, safety, emotional adjustment, and educational status of children;</li> <li>• Family satisfaction level with placement arrangement; and</li> <li>• Permanency level of children.</li> </ul>

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State	Design	Sample Design	Data Sources	Outcome Measures
<b>Montana</b>	Experimental (random assignment)	Experimental: 90 Control: 45 (40% children in state custody; 60% in tribal custody)	To be determined	<ul style="list-style-type: none"> <li>• Placement stability</li> <li>• Reduced number of children in long-term foster care</li> <li>• Improved child safety</li> </ul>
<b>North Carolina</b>				<ul style="list-style-type: none"> <li>• Family well-being;</li> <li>• Family satisfaction level with guardianship program;</li> <li>• Permanency and long-term commitments for children; and</li> <li>• Level of DFS involvement.</li> </ul>

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