Tools for Permanency: Kinship Care

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What is Kinship Care?

“Kinship care is the full-time nurturing and protection of children by relatives, members of their tribes or clans, godparents, stepparents or any adult who has a kinship bond with a child.” This definition is designed to be inclusive and respectful of cultural values and ties of affection. (CWLA, 2000)

Kinship care offers a range of options that protect children, but may or may not involve placement in the child welfare system. Kinship care may allow a child to grow to adulthood in a permanent family environment, within a culturally sensitive placement that is most like the family of origin.

The practice of relatives or “kin” parenting children when their birth parents cannot is a time-honored tradition in most cultures. Kinship care has been an informal service that family members provide for each other, without the involvement of the child welfare system. Informal kinship care has been provided on a temporary basis when parents are unable to care for children for a period of time. When parents have died or become permanently incapacitated, kin have informally adopted children, making a commitment to rear them to adulthood without the legal authority provided by formal adoption. In some cases grandparents, aunts and uncles, or other kin share parenting responsibilities until a teen parent matures and is able to assume the major responsibility for child rearing. Informal kinship care is still overwhelmingly the most common type of kinship care. In recent years, kinship care has increasingly become a part of the child welfare system’s continuum of services. Many people refer to this type of care as “formal kinship care.” There has been considerable confusion about the purpose and goals of the use of kinship care as a child welfare service (Gleeson & Craig, 1994; Hornby, Zeller & Karraker, 1995; Kusserow, 1992a; 1992b). Kinship care has been considered a diversion from the child welfare system (to informal kinship care), a type of family preservation or home-based service, or a type of foster care. The type of kinship care that has attracted recent attention is kinship foster care because the use of this service has grown so dramatically since the mid 1980s and because it is costly to the child welfare system and to taxpayers.

Formal Kinship care involves the care and protection of children by relatives as a result of a determination by the court and the child protective service agency. The courts rule that the child must be separated from his or her parents because of abuse, neglect, dependency,
abandonment, or special medical circumstances. The child is placed in the legal custody
of the child welfare system with kin who provide the full time care, protection and nurturing
that the child needs. Formal kinship care is linked to state and federal child welfare laws,
as kinship homes must be approved, licensed, and supervised according to the same
standards as non-relative foster homes.

Informal Kinship Care is when the family decides that the child will live with relatives or
other kin. In this informal arrangement, which has existed in families of color for centuries,
a social worker may be involved in helping the family members plan for the child, but the
child welfare system does not assume responsibility for the child. Since the parents retain
custody of their child, relatives need not be approved, licensed, or supervised by the state.

What do we know about Kinship Care?

- Placements with relatives have been less likely to disrupt and tend to last longer than
  non-relative placements (George, 1990; Testa, 1992, 1993; Wulczyn & George, 1992)

- Kinship placements have also resulted in lower rates of adoption, lower “return to
  parent” rates, and lower re-entry rates after reunification than observed for non-relative
  foster care (Barth, Courtney, Berrick, & Albert, 1991).

- Concerns have been raised by some in the field that formal kinship care may be
  inappropriately replacing the informal kinship care that has traditionally taken place
  outside the child welfare system (Illinois Department of Children and Family Services,

- Some in the field have suggested that children placed in kinship care have physical,
  mental health, behavioral, and educational problems similar to children placed in non-
  relative foster care, yet, receive fewer services. Others in the field report that children in
  Kinship Care are less likely to display serious mental health and behavioral problems
  (Berrick, Barth, & Needell, 1994; Dubowitz, et al, 1993; Dubowitz, et al, 1994; Le

- Questions have also been raised regarding the safety of children placed with relatives. The
greater accessibility in kinship care of birth parents may place children at greater
risk of abuse or neglect (Meyer & Link, 1990); yet, the available research suggests that
most children are at least as safe in kinship care as they are in Non-Relative foster care
(Illinois Department of Children and Family Services, 1995).
• Kinship caregivers tend to be older, have fewer financial resources and more health problems than non-relative foster parents do, and might have greater service needs (Berrick, Barth, & Needell, 1994; Dubowitz, et al, 1993; Dubowitz, et al, 1994; Le Prohn, 1994; Thornton, 1991).

How and Why has Kinship Care Grown?

• In 1998, 2.5 million of the nation’s families were maintained by grandparents who had one or more of their grandchildren living with them (Cimmarusti, 1998).

• Informal Kinship Care has always existed especially within the African-American, Latino (hijos de crianzas) and Native American Indian communities.

• Children have been placed in formal kinship care in response to: class action lawsuits; legal requirements that relatives be considered as the first placement option; increased need for placement options due to an increase in the reporting of child abuse and neglect; widespread use/abuse of addictive substances; persistent poverty; HIV/AIDS pandemic; health and mental health problems in family systems; inter-familial violence; and a decline in the availability of non-relative family-based foster homes.

• In Illinois, approximately 27,000 (close to 50%) of the 47,000 children in foster care were in kinship care (CWLA Stat Book, 1997).

• In New York City, the number of children in Kinship Care increased from 1,000 in 1986 to 24,000 in 1992 (George, 1991).

• In California, two-thirds of the growth in out-of-home care from 1984 to 1989 has been attributed to the dramatic rise in formal Kinship Care placements. In 1990, 29,806 children were in formal Kinship Care in that state (Berrick, et al. 1993).

• In Maryland, there has been an increase in the number of children in Kinship Care from 154 in 1986 to 3,600 in 1997 (MD Monthly Management Report, 1997).

What are the Advantages of Kinship Care?
The connection to family, kin, and the community of origin is essential to healthy child growth, development and well-being. The strengths and resources of kin can provide many benefits to the child, as well as the integrity of the family, and community. Ensuring access to these benefits requires thoughtful and appropriate integration of kin into the work of child welfare systems. Kinship Care can:

- Be viewed as a form of family preservation and support.
- Be viewed as the natural helping approach to supporting children within their family systems.
- Preserve significant family attachments, sense of personal and historic identity and culture for children.
- Assist in providing continuity of care and meeting the developmental needs of children when their parents cannot.
- Enable children to live with persons whom they know and trust.
- Reduce the trauma children may experience when they are placed with persons who initially are unknown to them.
- Reduce the stigma involved for the child and family when relatives provide care rather than a non-relative.
- Reinforce children’s sense of positive identity and self-esteem, which flows from knowing and being connected to their family history and culture.
- Reinforce children’s connections to their siblings.
- Encourage families to consider, be responsible for, and rely on their own family members as social support resources.
- Encourage fewer moves of children, as they are less likely to disrupt in kinship homes.
• Encourages reunification in an earlier time frame.

• Enhance children’s opportunities to stay connected to their own communities while promoting community responsibility for children and families.

• Strengthen the ability of families to give children the support they need.

What are some of the potential concerns about Kinship Care?

• Some relatives may allow parents to have unauthorized access to the child

• Some relatives may be abusive or neglectful toward the children because they came from the same “troubled” family

• Often kinship care may create financial disincentives to returning the child to the parent since relatives may receive more money than a parent can receive

• Children may remain longer in formal state-funded kinship care than traditional non-relative foster care

• Relatives may add conflict to the relationships between the agency, the family and the caretaker

• Relatives may have greater needs for services and support than traditional non-relative foster care homes

• Kinship care may create a disincentive for parents to comply with the treatment plan

What are the options for permanence within Kinship Care?

The federal Adoption and Safe Families Act of 1997 (ASFA) strongly encourages
adoption as a viable permanency option for children in the care of relatives or non-relatives when reunification with their birth parents is not possible. However, ASFA also recognizes that children living stably with relatives who are not interested in adoption may be a reason not to pursue termination of parental rights when the child has been in out-of-home care for 15 months or longer.

We believe that adoption may be an appropriate permanency option for some children in kinship care. However, child welfare professionals should engage families in the decision-making process to establish a legal plan that best meets that child and family’s needs.

Other forms of permanence such as legal guardianship may be an option for families to consider. Legal guardianship offers kin an opportunity to assume responsibility for the child without severing parental rights, which may support cultural norms. In addition, some states are considering stand-by guardianship as a means of assisting kin when parents are terminally ill or incapacitated.

Planning for permanence for children should also include seeking appropriate support services for relative caregivers. Kinship families are in need of support services such as day care, support groups, physical and mental health services, educational services, and legal assistance. These services will support children while they remain in a safe and stable family setting.

**What is Meant by the Term “Permanency” and Permanency Planning?**

Discussions of “permanence” or “permanency planning” are rare with reference to informal kinship care. In most cases, children living with kin informally are considered to be with their families and we rarely ask if this is a permanent home. However, when kinship care is considered to be a type of formal foster care and when federal funds are used to support this service to protect children, length of stay, stable placements and permanency becomes a public concern. Multiple definitions of permanency planning have emerged over the years. It has been described in an Issue Brief produced by the Child Welfare League of America (Greenblatt, et al., 2000, pp. 9-10) as:

**A Philosophy:**

. . . that all children have the right to a permanent family and that professionals should seek
first to preserve and support a child’s birth family . . . and when this is not possible, to secure an adoptive family, or an alternative permanent family that makes a commitment to raise that child to adulthood.

A Strategy:

. . . designed to help children live in families that offer continuity of relationships with nurturing parents or caretakers and the opportunity to establish (an maintain) lifetime relationships.

A Process:

. . . defined more narrowly in public policy to mean that the child exits the custody of the child welfare system through reunification with a biological parent, adoption, or transfer of legal guardianship from the child welfare system to a relative or other permanent caregiver.

And a Collection of Services and Programs:

. . . meant to intend that the legal responsibility for the child has been transferred from the child welfare system to a family, and, in most cases, the financial burden on the child welfare system and taxpayers has decreased.

These perspectives on permanency planning have guided children and families services for more than two decades and have inspired national child welfare policy and legislation, including the Adoption Assistance and Child Welfare Act of 1980, the Family Support and Preservation Program of 1993, and the Adoption and Safe Families Act of 1997.

What does the Research Say about Kinship Care and Pathways to Permanency for Children?

Research studies and a review of administrative data offer a useful tool to practitioners and policy makers in helping to glean lessons learned about Kinship Care. These data may do a good job of describing the patterns of case opening, case closing, length of time in care, and may be able to predict the likelihood of reunification, adoption, and reentry. However, analyses of administrative data do a poor job of explaining the reasons for these patterns
Studies that rely on smaller samples cannot claim to be as representative of the population of children in care but are often able to develop richer descriptions of the phenomenon under study and may explain patterns observed in administrative data. These studies can include broader measures of permanence that, for example, might include indicators of the child’s sense of belonging and perception of the likelihood of living with this family until adulthood. They may also include measures of the caregiver’s commitment to rear the child to adulthood, the caregiver’s perceptions of the child as a permanent member of the family, and the caregiver’s efforts to ensure that the child feels like a permanent member of the family. Also, since a permanent home is thought to be associated with healthy child development, indicators of child well-being and child safety could be added.

The following summaries of recent research shed some light on the dimensions of kinship care.

- LeProhn’s (1994) study of the Casey program provides one possible explanation for the stability of placements in kinship care. Responses to systematic measures suggest that, compared to nonrelated foster parents, kinship caregivers, perceive themselves to have higher levels of responsibility for maintaining contact between the children and their biological parents and for helping these children with their social and emotional development, including dealing with feelings of separation and loss. Nonrelatives were more likely to attribute these responsibilities to the child welfare system and relatives were more likely to see these as their responsibilities as family members.

- Cimmarusti (1998) and Petras (1998) concluded that the kinship caregivers interviewed by each researcher were strongly committed to the children in their care, to ensuring that these children remained within the family, and that these children be assured of a good chance in life. These conclusions were based primarily on the researchers’ observations and other qualitative aspects of their studies. Perceptions of children are also important indicators of the effects of kinship care.

- Sandra Alshuler (1996), in a small but valuable qualitative component of a study demonstrates that at least for the five children interviewed, several positive results were achieved although all of these children remained in the custody of the child welfare system. These children described their experience in kinship care as “creating stability after a period of breakdown” and as an experience of “being loved and cared for.” They described the “many acts of kindness” that they experienced and “the future of possibilities” that kinship care created for them.
Several studies (Berrick, Barth, & Needell, 1994; Dubowitz et al., 1994; Iglehart, 1994) suggest that children and adolescents in kinship foster care experience behavioral, health, and mental health problems that are similar to other economically disadvantaged children, but function at a higher level than children placed in nonrelative foster care. What this research does not tell us is whether children in kinship care are functioning at higher levels when taken into the custody of the child welfare system or if the fact that they are living with relatives or have fewer disrupted placements contributes to this higher level of functioning.

To date no studies have examined the degree of permanence that is experienced by children in kinship care and whether perceptions of permanence become stronger when children are reunited with parents, adopted, or guardianship is transferred to their kinship caregiver.

We also do not know if child well-being and family functioning improve, remain the same, or are damaged when a kinship care arrangement becomes legally permanent through adoption or guardianship.

Some of the kinship caregivers interviewed by Cimmarusti (1998) claimed that the involvement of the child welfare system made strained family relationships worse. This is a possible unintended effect that we must examine as federal and state policy initiatives mandate shorter involvement with the child welfare system and more rapid achievement of reunification, adoption or guardianship.

Pathways to Permanence

Most of what is known about pathways to permanence comes from research that uses administrative data collected in the normal course of child welfare practice and entered into computerized data systems. Research on kinship care, particularly research that depends on administrative data, is limited by the same narrow definition of permanence that we find in public policy.

Permanence is most often measured by a change in case status as the child exits custody of the child welfare system through reunification, adoption, or private guardianship (subsidized or unsubsidized).

Some studies examine length of time of reunification or disrupted adoption.
• These status measures are useful indicators of achievement of the child welfare system’s goals that are articulated in federal and state policies. Within this framework, using a legal definition of permanence, much of the research suggests that placing children with kin reduces their chances of being in a legally “permanent” home. The following points illustrate the salient issues of this perspective:

• Analyses of administrative data indicate that until recently, children in kinship foster care have been less likely to be adopted than children in non-related foster care.

• Children in kinship care remain in state custody longer and return home at a slower rate than children in other substitute care arrangements (Barth, Courtney, Berrick, & Albert, 1994; Goerge, 1990; Goerge, Wulczyn, & Harden, 1995; Wulczyn & Goerge, 1992).

• This longer time in custody is a problem for the child welfare system and taxpayers because the longer a case remains open the more it costs.

• Some argue that this is also a problem for children and families because involvement of the child welfare system and the court make the child’s living arrangement appear temporary or tentative.

• Most experts agree that a child’s healthy development is supported by the security of a family committed to rearing the child to adulthood and beyond and committed to that child’s safety and well-being.

• However, some research indicates that long-term stays in foster care are not necessarily harmful to children. In fact there may be important benefits of long-term foster care for some children, especially if this long-term care is provided in one home with the same family (Altshuler & Gleeson, in press).

When using a broader definition of permanence, kinship care looks much more successful in facilitating emotional permanency for children, as represented by the following findings culled from recent research:

• Trends in administrative data suggest that many kinship caregivers maintain a high level of commitment to rearing and ensuring the safety of children in their care (Le Prohn, 1994).
• Kinship care placements tend to be more stable and have fewer disruptions than placements with non-relatives (Scannapieco & Jackson, 1996).

• Although children in kinship care return home at a slower rate, they are less likely to reenter the custody of the child welfare system than children who return home after foster care placements with non-relatives (Courtney & Needell, 1997).

• Research that has been conducted to date suggests that, on average, kinship care placements may be the safest type of living arrangement for children in the custody of the child welfare system. (Testa, Shook, Cohen & Woods, 1996).

• Several studies have concluded that rates of substantiated abuse and neglect reports are even lower for children in kinship care than they are for children in non-relative licensed foster care (Zuravin, Benedict, & Somerfield, 1993).

Kin caring for children in state custody are eligible to receive the same financial support that non-related foster parents receive, if they meet the same requirements for licensure as non-related foster parents. Unlicensed kin may be eligible to receive public assistance (TANF) to help them care for the child, or SSI, if the child is eligible.

• Illinois is one of the few states that provides an intermediate rate for unlicensed kin caring for children in state custody. This intermediate rate is higher than public assistance but considerably lower than the foster care board rate (Wukzyn & George, 1994).

• California, is one of the states where kin caring for children in state custody receive the full foster care payment only if the case meets all eligibility requirements for receipt of federal matching funds (IV-E eligibility). If the case is not IV-E eligible, the family receives the public assistance rate.

Principles of Best Practice in Facilitating Permanence in Kinship Care

The results of one research and demonstration project (Cutter & Gleeson, 1997) suggest four principles of best practice for children in kinship care; we have added a fifth. These practice principles are:
• A broad view of family
• Ongoing striving for cultural competence
• Collaboration in decision-making
• A long-term view of child rearing
• Inclusion of children and youth in the planning and decision-making process

Similar practice principles have been identified by others (Mills & Usher, 1996) and some consensus appears to be developing across the country that these principles facilitate permanency planning in kinship care. A brief discussion follows:

A broad view of family is a perspective that goes beyond the child, parent caregiver triad to identify the persons in the kinship network who can contribute to an understanding of the complexity of caregiving demands, identify the family’s need to ensure permanency for the child, and make a commitment to participate in rearing the child to adulthood.

Ongoing striving for cultural competence is represented by an exploration of the strengths and natural helping traditions in families upon which the safety and permanency plan can build. Informal kinship care is part of the cultural traditions of many families. It is important for caseworkers to continually strive to become aware of their personal biases, to prevent these biases from influencing their view of families, and discover the strengths in families, including their patterns of shared caregiving across generations and kinship care.

Collaboration in decision-making means that families need to be involved in designing the best safety and permanency plan for the child and family. While it is important for families to understand the policies that guide child welfare practice, it is also important that the child welfare system involve the family in defining the most permanent plan that the family can tolerate and fully support. It is clear that the new federal and state policies require a sense of urgency in decision-making and require short-term involvement with the child welfare system. It is also important to shift the balance of power in the relationship between the formal child welfare system and the informal helping system of the extended family so that those persons who must live with the permanent plan that is developed have a say in defining that plan.

We have known since the mid-1970s that engaging families in permanency planning, using time-limited and goal-oriented approaches to planning, negotiating with rather than dictating to families was the most effective way of facilitating permanency planning for children in nonrelated foster care. We have every reason to believe that this type of
collaborative approach is even more important in kinship care.

A long-term view of child-rearing means that permanency planning must look far beyond the change in case status that represents the exit of the child welfare system from the family’s life. It needs to look several years past the child welfare system’s involvement in order to assist the family in developing truly permanent plans that help them care for the child as changes occur in the child and their family.

Including children and youth in the planning and decision-making process means whenever appropriate, children over ten and especially adolescents, should be involved in decision making that affects their lives. Family meetings called to engage family members, should involve young people in determining potential relatives as resources for placement and permanency planning at all levels.

What Constitutes Worker Competency in Kinship Care?

The NRCFCPP believes that determining adult relatives as potential placement and permanency resources can be attained by way of the following eight competencies:

- Worker understands the legal mandates, principles, and premises that guide the development of relative care as a part of the continuum of child welfare practice and permanency planning for children.

- Worker understands the social work values inherent in family-centered and child-focused child welfare practice and permanency planning.

- Worker understands how one’s cultural background, values, and attitudes influence the helping process and the relationship between worker, birth parents, and extended family members in the context of identifying potential relative care providers for children.

- Worker knows how to engage birth parents to identify potential relative care providers through conveying mutual respect, genuineness, empathy, and full disclosure.

- Worker understands the importance of and can use full disclosure to engage and contract with potential relative care providers to assess placement and permanency potential.
• Worker knows how to assess the capacity and motivation of an identified relative to provide a safe placement and to be a potential permanency resource for children in need of out-of-home care.

• Worker knows and understands the importance of family focused assessment tools and interventions to determine appropriate relative caregivers that can meet the child’s need for safety, stability, well-being, and permanency.

• Worker understands the importance of working as a team with the supervisor, peers and families to review and use information gathered to make mutual and informed decisions about placement and permanency options for children.

Some final thoughts about Kinship Care

Principles of best practice are not easy to implement in today’s child welfare system. It is clear that caseworkers cannot do this alone. A policy and organizational context that supports the principles of best practice is needed to make it possible to ensure that the child welfare system and kinship networks are able to negotiate the best possible permanent living arrangement for each child and each family. These policy and organizational contexts require a broad view of permanency planning in kinship care and they require us to avoid two common barriers to understanding the needs of children and families and truly understanding the barriers to permanency planning:

• First, we must avoid the “head in the sand approach” to policy making. There are many reasons why public policy making takes a narrow, problem focused view. There is a fear that identification of needs may result in a demand for expensive programs and services. From a practice perspective we often try to keep things simple and avoid over complicating our jobs. However, it is not likely that policies that ensure that children live in truly permanent homes will be developed with this oversimplified and uninformed approach.

• Secondly, we must avoid the “railroad approach to policy implementation”. We have considerable evidence that families cannot be forced do what they are unwilling to do—at least not in the volume that will meet performance targets that are included in today’s policy mandates. Clearly we need to hear from families and youth about the impact of policies and practices that affect their lives. Only then will we be able to work with these families to negotiate a permanency plan that is both in compliance with the laws and public policies that govern the formal child welfare system and tolerable for the informal
kinship system that may have already made a life long commitment to raise the child.

How We Can Help

The National Resource Center for Foster Care and Permanency Planning believes that these principles of best practice are the most effective ways of implementing the policy initiatives that drive child welfare policy and practice today: the Adoption and Safe Families Act, state permanency initiatives, performance based contracting, and the shortened time lines and accountability for case status changes that accompany these initiatives. We also think that these best practice principles address the components of permanency that are not always reflected in case status changes: the child's sense of permanency and belonging, the family's commitment to rear the child to adulthood, and the supports that are needed by any permanent caregiver to ensure that the child will not re-enter the child welfare system. To this end, the National Resource Center for Foster Care and Permanency Planning is committed to assisting states with policy review, policy and program design and strategic planning as it relates to kinship care. Please contact us at 212-452-7053, nrccpp@shiva.hunter.cuny.edu or at our website www.hunter.cuny.edu/socwork/nrccpp.

References


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