Tools for Permanency

Tool # 4: Kinship Care

The National Resource Center for Family-Centered Practice & Permanency Planning at the Hunter College School of Social Work of the City University of New York is committed to the pursuit of excellence in child welfare service delivery. As a Center dedicated to action and change, our work focuses on building the capacity of child welfare agencies to meet the needs of children at risk of removal from their families and those already placed in out-of-home care. Our “Tools for Permanency” aim to promote family-centered and collaborative approaches to achieving safety, timely permanency and overall well-being of children and families within the child welfare system.

Kinship Care… What is it?

“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 responsibilities 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.” Kinship care has been considered a diversion from the child welfare system (to informal kinship care), a type of 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 maybe 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 children placed in Kinship Care?

- Placements with relatives have been less likely to disrupt and tend to last longer than non-relative placements (Testa, 2001; Chamberlain, 2006)
- Children’s school setting remain more stable for children in kinship care than children in non-relative care or those in group care.(National Survey of Child and adolescent Well-Being, 2005)
- Children in kinship care are more likely to be placed with siblings. (Wulczyn and Zimmerman, 2005)
- Children living in kinship care are more likely to report liking those with whom they live, and wanting their placement to become their permanent home, than children placed in foster care. (National Survey of Child and Adolescent Well-Being, 2005)

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; wide-spread use/abuse of addictive substances; persistent poverty; HIV/AIDS pandemic; health and mental health problems in family systems; interfamilial violence; and a decline in the availability of non-relative family-based foster homes.
- According to 2007 national research finding 2.4 million grandparents report they are responsible for their grandchildren living with them. (AARP, 2007)
- Nearly one quarter of the country’s 540,000 children living in foster care are placed with relative caregivers. (US Department of Health and Human Services, AFCARS report, 2006.)
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 new Fostering Connections to Success and Increasing Adoptions Act of 2008 is one of the most important pieces of federal legislation in over a decade. The legislation is designed to help achieve better outcomes for children who are at risk of entering or have spent time in foster care. An important provision of the act is that it promotes permanent families for children with grandparents and other relatives when return home and adoption are not appropriate. The act expands federal assistance to enable more children with special needs to be adopted, as well as requiring states to make reasonable efforts to place siblings together and help children in care remain connected to siblings.

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 do the terms “Permanence” and Permanency Planning” mean?

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 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 (and 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 form 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 Permanence for Children?

In general research suggests that kinship care offers greater stability for children living with their relatives, but many studies show that it may reduce their chances of obtaining permanent legal status such as adoption, custody and guardianship. The Urban Institute did a review of kinship care policies and practices in 13 counties in 2001 in four different states—Alabama, California, Connecticut, and Indiana and documented a range of disincentives to kinship caregivers to adopt, including financial disincentives, complicated legal and agency processes, and concerns about health care. (Green, April 2003) Many of the provisions in the Fostering Connections to Success and Increasing Adoptions Act of 2008 were crafted to help address this issue and to encourage adoption, as well as guardianship, as a viable permanency option for children in kinship care. In addition, many states have implemented subsidized guardianship programs, providing kin with an alternative to adoption that still provides ongoing financial assistance to families. (Jantz, et.al. 2002)

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 (Courtney, Piliavin, & Entner Wright, 1997). 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 well-being and safety could be added.

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

- 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 possibilities” that kinship care created for them.

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 or 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. 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. (Summary from Casey Family Programs “White Paper, 2008) There are certainly many factors that could impact whether or not a kinship family would make the decision to proceed with adoption.
- However, the majority of recent research shows that children in kinship care fare the same, if not better overall, than children in non-kin foster care. Relative caregivers often do adopt or provide guardianship, and many states have sought to give preference to kinship caregivers as children enter care. Certainly in the past few years that has been growing emphasis on helping kinship caregivers proceed toward making more permanent commitments to children. (Pew Foundation, 2007.)
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
- Placements with relatives have been less likely to disrupt and tend to last longer than non-relative placements (Testa, 2001; Chamberlain, 2006)
- 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 (Casey Family Programs, “White Paper”, 2007)).
- 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, Bruhn, and helton, 2007)).

**Funding Supports**

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 in the form of child-only grants (for which almost all children in the care of a relative are eligible) or family grants (which are larger and subject to more administrative requirements). Children may also be eligible for SSI if disabled. Families may also be eligible for the Child Tax Credit. Yet research tells us that most families do not take advantage of these financial resources. The Urban Institute’s National Survey of America’s Families indicated that only 6% of the children living relatives received TANF, 2% Social Security, and 4% SSI. Macomber, Urban Institute, 2004). Only 29% of grandparents providing kinship foster care received foster care payments and only 47% of children received Medicaid (despite the fact that all children in relative care are eligible. (Scarcella et.al., 2003) Yet we know that many of the families are living below or only slightly above the poverty level. Clearly there is work to be done in connecting families to financial resources.

**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 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 care giving 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 care giving 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 non-related 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 to 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 Family Centered Practice 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 Fostering Connections Act of 2008, state permanency initiatives, performance based contracting, and the 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 need 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 Family Centered Practice 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 212-452-7153 or at our website www.nrcfcppp.org