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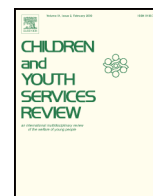
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# Developing consistent and transparent kinship care policy and practice: State mandated, mediated, and independent care



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## ABSTRACT

To date, the large majority of the research literature on kinship care in the United States has focused on the similarities and differences between children and caregivers in “public” or “formal” vs. “private” or “informal” care. Our understanding of children’s living arrangements in the homes of their relatives, however, is becoming more nuanced and complex. The stark differences between public and private care are increasingly mediated by hybrid kinship models that may be government facilitated, but are not considered fully public in nature. This paper lays out a framework for understanding the multiple custodial options available to non-indigenous children in the United States who need alternative care from a related adult. We introduce a taxonomy in which care arrangements are characterized as state mandated, state mediated, or state independent. The variability in custodial arrangements raises questions about the routes by which children arrive to care, and the sorting process that shuttles children into arrangements that may offer more or fewer services and supports. Policies that promote consistency within care types are recommended. Practices that make more transparent access across models and a research agenda to fill gaps in knowledge are discussed.

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## 1. Introduction

More children are being raised by their grandparents, today, than at any time in recent U.S. history. According to the U.S. Census, the number of children raised by relatives increased by 18% from 2000 to 2010, while the growth in the overall child population increased by only 3% (U.S. Census Bureau, 2011). During the Great Recession it appears that large numbers of children moved into their relatives’ homes, though this trend stabilized once the economy regained strength (Pew Research Center, 2013). Recent estimates indicate that over 7.7 million children are being raised in the home of a relative (about 10% of all U.S. children); of these, about 3 million (4% of the U.S. child population) live with a relative with no parent present (Federal Interagency Forum on Child and Family Statistics, 2011; Pew Research Center, 2013). These shifts in parenting practices have been most pronounced in communities of color where, according to the Annie E. Casey Foundation (2012), an estimated one in five African American children will spend some portion of their childhood living in the home of a relative. Some of these familial child-sharing practices reflect longstanding cultural responses to extreme hardship imposed on communities of color, hardships such as slavery, incarceration, or poverty (Roberts, 2003; Stack,

1983). Relative or kinship caregiving today is also associated with family displacement (e.g., parental military service or job relocation) or hardships relating to health or mental health, substance abuse, incarceration, or death of the child’s parent (Gleeson & Seryak, 2009; Gleeson et al., 2009; Goodman, Potts, Pasztor, & Scorzo, 2004; Sands & Goldberg-Glen, 2000).

Kinship care has been referred to as the “full-time protecting and nurturing of children by grandparents, aunts, uncles, godparents, older siblings, non-related extended family members, and anyone to whom children and parents ascribe a family relationship, or who ‘go for kin’” (Child Welfare League of American, 2013, para. 1). Kin caregivers can be differentiated from the general population of parents in that they are older, poorer, less well educated, more likely to be single, and less likely to be employed (Annie E. Casey Foundation, 2012). Many studies point to the skewed racial/ethnic distribution of kin caregivers (Annie E. Casey Foundation, 2012; Minkler & Fuller-Thomson, 2005). African American and Native American families are especially likely to care for their relative children. Compared to the general population, kin caregivers are more likely to have been born in a country other than the U.S. and thus, English may not be their primary language (Humes, Jones, & Ramirez, 2011). Additionally, poverty rates among kin caregivers are high, at almost twice the U.S. average (Pew Research Center, 2013). The large majority of relatives raising children in the U.S. are maternal grandparents (Federal Interagency Forum on Child and Family Statistics, 2011), many under age 60 (Bryson & Casper, 1999; Strozier

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& Krisman, 2007). The children in their care are relatively young; children ages six or younger are about one-third more likely to be cared for by a grandparent than children in any other age group (Pew Research Center, 2013). Furthermore, almost one-quarter of grandparent caregivers in the U.S. report struggling with a significant disabling condition (Pew Research Center, 2013). As a result of their considerable challenges, the research literature indicates that kinship caregivers experience high rates of need for services, supports, and financial assistance (Cox, 2009; Sakai, Lin, & Flores, 2011). Their vulnerabilities may be due, in part, to the path by which they came to caregiving; kinship caregivers are often faced with the need to step in as children's caregivers with little advance notice or planning (Hayslip & Patrick, 2005).

Although the research literature cited above suggests that we know a great deal about kinship care in general terms, the research community has been insufficiently precise in differentiating kinship care arrangements. Children may live in the home of their relative under any number of different arrangements, some formalized with government support and/or supervision, and others arranged privately and informally outside of government auspices. Many studies of kinship care refer to public and private care (see, for example: Geen & Berrick, 2002; Chipungu, Everett, Verdick, & Jones, 1998; Hegar & Scannapieco, 1995). Included in public care are those families where the caregiver self-identified as a foster parent or where dependency or juvenile courts were involved in the placement (Ehrle, Geen, & Main, 2003). In contrast, private care may include any arrangement where government agents are not currently involved. As useful as these distinctions are in helping to understand and delineate the scope and characteristics of families, neither definition fully accounts for the variability in kinship types that may occur.

Our understanding of children's living arrangements in the homes of their relatives is becoming more nuanced and complex. The stark differences between public and private are increasingly mediated by hybrid kinship types that may be government facilitated, but are not considered fully public in nature. The policy community could benefit from a framework for understanding child welfare-related kinship care so that policy guidance within types can be more uniform. Features that differentiate kinship types within a larger framework would also provide greater transparency to child welfare workers and, most importantly, to the families at the center of kinship practice.<sup>1</sup>

We review the range of kinship caregiving types typically found in the U.S. for non-indigenous children and offer a broad-brush interpretation of the main differences between each type of care, acknowledging that there exists considerable variation between states in policy and practice, and sometimes even variation between jurisdictions within states. We propose a new framework for considering kinship care types that we refer to as *state mandated*, *state mediated*, and *state independent*. Each caregiving type is discussed and explained in detail below.

Some caregiving arrangements (e.g., kinship foster care, kinship guardianship, and kinship adoption) are mandated by government agents; others are mediated by government agents as in the example of kinship diversion or legal guardianship (sometimes referred to as probate kinship guardianship or civil kinship guardianship). In order to account for this variability and yet provide a structure to consider policy, practice, and research implications we suggest greater definitional clarity. We lay out some of the similarities and differences in processes and experiences below, followed by a review of what is known about the caregivers and children served within each of these categorical approaches. The figures and examples presented focus predominantly on kinship care in California, as data are more readily available from that state. However, the framework, with some translation across individual

<sup>1</sup> Although we attempt to create greater definitional clarity between kinship types in this paper we recognize that we have not attended to the topic of caregiver relationship within kinship types. That is, a growing body of research suggests that the kin caregiver's degree of relatedness and type of relatedness may correspond to different outcomes for children. Although an important issue, we are unable to attend to this degree of specificity here. (For more information see: Daly & Perry, 2011; Herring, 2008; Perry, Daly, & Macfarlan, 2014).

states, can be applied nationally. What remains unknown serves as our call for a review of the policy, research, and practice considerations revealed by this diversity of caregiving options.

## 2. Independent, Mediated, and Mandated Kinship Care

### 2.1. State-independent kinship care

#### 2.1.1. Informal kinship care

The large majority of children living with a relative caregiver do so informally and privately. These arrangements may occur temporarily or permanently as children are shifted from their parent's household to the home of their relative for any number of reasons. Of the approximately 3 million children living with a relative without a parent present, it is estimated that upwards of 1.8 million are living in these private family constellations (Main, Macomber, & Geen, 2006). Caregivers in informal living arrangements are not required to submit to screening or licensing procedures, of course, because their care falls outside of the auspices or the supervision of any government entity. Because typically there is no documentation to verify a legally binding custodial relationship, these caregivers cannot consent to major medical treatment and usually do not hold children's educational rights. Under some limited circumstances, caregivers may access public aid for the child in their care (TANF child-only grants and Medicaid), but are often disallowed from accessing TANF family grants for themselves (Golden & Hawkins, 2011). In recent years, some states and local jurisdictions have developed Kinship Navigator programs that allow these and other caregivers to access information, referrals, and limited support services (Hernandez, Magana, Zuniga, James, & Lee, 2014), but such programs are not universal (Child Welfare Information Gateway, 2013a).

Although private kin have only limited rights and children's access to benefits are curtailed, some evidence indicates that caregivers are reluctant to call public notice to their situation to avoid unwarranted family intrusions, and to maintain full control of their family; some caregivers fear that engagement with the state through the juvenile or probate courts or child welfare agencies may see the child placed in a non-relative's home (Gibbs et al., 2004, June; Schwartz, 2002).

This caregiving arrangement has been variously referred to as informal care or private care. Because many of the policy debates concerning kinship care typically center on issues of state involvement, we suggest another term, *state-independent kinship care*, which attempts to capture the policy dimension associated with this type of care. Some of the characteristics associated with state-independent kinship care are summarized in Table 1.

### 2.2. State-mediated care

Care arrangements that are less well-understood by the research community and that are typically absent from policy discussions fall between *independent* and *mandated care*. These mediated arrangements may occur because a child welfare worker or other professional, acting on behalf of the state, has facilitated the relocation of a child from a parent's to a relative's home (e.g., kinship diversion). Other mediated arrangements may be pursued by the relative, sometimes facilitated by a legal representative, and recognized by the state through the decision of a probate or civil court judge who grants legal guardianship. These various arrangements are outlined below.

#### 2.2.1. Kinship diversion

Although U.S. child welfare policy has promoted the utilization of kin as children's foster care providers for well over three decades, children are sometimes brought to the attention of child welfare agents but are not taken into care under court supervision. Concern over the child's well-being may be at issue, but children are essentially "diverted" to kin as an alternative to formal foster care. Data on the extent of these practices – sometimes referred to as kinship diversion and elsewhere

**Table 1**  
State-independent kinship care.

Informal kinship care	
State-independent	
Alternative terms	Private kinship care
Government involvement	None
Screening and/or assessment of caregiver prior to placement	None
Government funding <sup>a</sup>	TANF child-only; TANF family grant if income eligible
Government services for caregivers	None, though some states and local jurisdictions operate Kinship Navigator programs
Ongoing review of placement/caregiving appropriateness?	None
Caregiver legal rights	None
Cost to the caregiver to file court petition?	N/A
Government services for birth parents	None
Parental consent required?	Parental consent is usually assumed
Reversibility	Yes, typically via negotiation/agreement between caregiver and birth parent
Child support payments required of birth parent? <sup>a</sup>	Yes, if caregiver receives TANF funds for the child.

<sup>a</sup> Many aspects of kinship care vary by state/jurisdiction. The following information in this and later tables indicates information pertaining to kin in California. Policy may vary elsewhere.

referred to as voluntary kinship care (Child Welfare Information Gateway, 2010) – are not readily available, and information about the number of children living with caregivers under kinship diversion varies from 135,000 to 400,000 (Annie E. Casey Foundation, 2013; Ehrle et al., 2003; Main et al., 2006). Data from a 2007 survey of state-level kinship practices indicates that at least 39 states engage in kinship diversion with 29 of these states actively promoting the practice (Annie E. Casey Foundation, 2013); 12 states, in contrast, prohibit kinship diversion. In spite of its relatively widespread use, significant concerns have been raised about the degree to which parental rights are sufficiently addressed; whether and how parents can gain access to services to which they would be entitled under foster care; children's stability, permanency, and outcomes; quality of care; and caregivers' undefined legal relationship to the child (Annie E. Casey Foundation, 2013). Among the states that rely upon kinship diversion as a strategy for facilitating relative care, assessments of caregiver strengths, needs, and abilities are not typically conducted. Although caregivers may be offered referrals to local community-based agencies to meet service needs, these caregivers do not receive ongoing support or supervision nor are they eligible for funding outside of basic cash assistance (TANF) and health coverage (Medicaid) (Annie E. Casey Foundation, 2013). Diversion occurs either at the behest of the investigating child welfare worker following a child maltreatment referral, or as a result of a negotiated agreement with family members following a family team meeting (Crampton & Jackson, 2007). Similar to informal kin caregivers, these caregivers do not have a legally binding relationship to the relative child and therefore do not hold educational, medical, or custodial rights or obligations (Annie E. Casey Foundation, 2013). Because the state is involved in facilitating and/or arranging this care, we place this caregiving arrangement under the umbrella of *state-mediated* care.

### 2.2.2. Legal guardianship

Another *state-mediated* kinship arrangement includes legal guardianship, through which relatives can gain a legal custodial relationship with their relative child (of course non-relatives can become children's legal guardians as well, but for purposes of this paper we will limit our discussion only to kin). In many states, legal guardianship is established through the probate courts. Probate courts were originally established to process the distribution of a deceased person's property and

determine custody of the remaining orphan. Over time, the authority of probate courts has expanded to include the appointment of guardians for children who were abandoned by their parents to the care of a relative or whose parents are otherwise unable to care for them (Weisz & McCormick, 2003). States that do not use the probate courts to establish legal guardianship use similar mechanisms under different courthouse names such as civil courts or children's courts.

Legal guardians are granted limited rights and are assigned specific duties by the courts, which may include care and protection and medical and educational rights. Parents typically retain rights to visitation; in fact, it is important to note that parental rights are not terminated and parents' full custodial rights may be reinstated under petition (Leashore, 1984). Parents may also retain an obligation for children's support, which may include responsibilities relating to enforced child support payments (Schwartz, 1996).

Relatives seeking legal guardianship file an application for guardianship and undergo a home study which is often less rigorous than that conducted by the juvenile courts (Weisz & McCormick, 2003); potential guardians need not be licensed (Duques, 2005). If uncontested and deemed appropriate, a local judge grants guardianship. When contested by the parents, guardianship may be granted if living with the parents would be detrimental to the child and guardianship is in the child's best interest (California Courts, 2015). Most often, it is assumed that preserving the child's current living arrangement is in the best interest of the child (Weisz & McCormick, 2003).

The responsibility for filing and paying for a petition with the court typically falls on the relative (K. Boney,<sup>2</sup> personal communication, February 8, 2016) Some local jurisdictions may offer legal services to support these efforts, but such opportunities are highly uneven in the U.S. (Weisz & McCormick, 2003). Anecdotal evidence suggests that the paperwork associated with filing the petition can be cumbersome and confusing to caregivers who are not familiar with the courts (K. Boney, personal communication, February 8, 2016).

Once granted guardianship, relatives are not provided the additional supports that may be available through the juvenile courts. Probate courts lack the authority and resources to mandate and provide services such as parenting classes and in-home assistance (Duques, 2005). Furthermore, relatives seeking guardianship through the probate courts have limited access to financial assistance in caring for the child. They are eligible for TANF payments (child-only if the relatives are not income eligible; family grants for those who are income eligible) but are not eligible for foster care or adoption subsidies, placing a larger financial burden on the relative (Weisz & McCormick, 2003).

The research literature on legal guardianship is remarkably sparse. We know almost nothing about the incidence, the characteristics of children or caregivers, or the strengths or challenges of children or caregivers. Findings from one county in California may be instructive, though it is unclear whether these data are generalizable to the state or to other jurisdictions. A. Byer<sup>3</sup> (personal communication, September 9, 2015) found that in any given year between 2004 and 2014, one county filed between 200 and 250 legal guardianship decisions through the probate court; the number was relatively stable over this ten-year period. Anecdotal evidence suggests that the large majority of these filings involved kin (K. Boney, personal communication, September 9, 2015). To put these data in context, in that same county, during these same years, the number of children entering foster care and placed in the home of a relative was between 117 and 173 (average of 137 children) (Webster et al., 2015). Not all of these applications for legal guardianship were met with agreement by the parents, suggesting that this caregiving arrangement is neither a direct parallel to private kinship care or to public kinship foster care. In one of these years for which data are available (2008), 12% of the 241 legal guardianship filings

<sup>2</sup> Senior Staff Attorney, Legal Assistance for Seniors, Oakland, CA.

<sup>3</sup> Administrator, Office of Planning, Research, and Outreach, Superior Court of California, County of Alameda.



were contested by the parents or other parties and referred to family court for further mediation (Brighton, 2008).

A summary of the characteristics associated with state-mediated kinship arrangements is included in Table 2.

2.3. State-mandated care

Some children live in the home of their relative as a requirement of the state. In these circumstances, state agents (i.e., child welfare workers) recommend to the court a particular living arrangement for the child and judicial officers impose these obligations on kin caregivers. Because the state's actions are state initiated, impose mandated responsibilities on the kin caregiver as well as the parent, and extend certain rights to the caregiver, we suggest the term *state-mandated kinship care*.

2.3.1. Kinship Foster Care

Federal data from the Adoption and Foster Care Analysis and Reporting System (AFCARS) indicate that as of 2013, approximately 113,000 U.S. children were living in the home of a relative under a formal kinship foster care arrangement, representing somewhat greater than one-quarter of all of the children living in out-of-home care under the supervision of the juvenile court (Adoption and Foster Care Analysis and Reporting System, AFCARS, 2014). Children living in kinship foster care typically arrive due to a substantiated allegation of child abuse or neglect in the home of the birth parent. When foster care is required to preserve a child's safety, federal law specifies that child welfare agencies must seek out and identify appropriate kin whenever possible to serve as their foster parents (Geen, 2009). Caregivers undergo a home study and background check to assess the

suitability of the home, and a judicial officer of the juvenile court confers a placement decision (Reed & Karpilow, 2009).

According to statute, kin who meet the same licensing requirements as non-kin and who are caring for a child whose parent is Title IV-E eligible, are entitled to a federal foster care subsidy. Some states maintain provisions for kin who are licensed (and who therefore receive a foster care subsidy) and for kin who cannot meet licensing requirements (e.g., space requirements in the home, etc.) but who are otherwise eligible for TANF subsidies. Some estimates indicate that more than half of kinship foster parents in the U.S. serve as unlicensed caregivers (Annie E. Casey Foundation, 2012). Despite the above mentioned state provisions, the public benefits unlicensed caregivers receive are not as generous as foster care subsidies. Although the payment inequities between kinship foster parents and non-relative foster parents have diminished considerably in recent years (in 2014, California's governor made equal the subsidy amount for non-kin and kin foster parents), available data suggest that service and support opportunities for kinship caregivers remain inequitable. As far back as 1994, researchers indicated that kinship foster parents were offered and received fewer services from child welfare agencies and had less contact with child welfare workers (Berrick, Barth, & Needell, 1994). These findings have been replicated as recently as 2011 when Sakai et al. (2011), drawing upon a national sample of children in out-of-home care, found that the service differential between kinship foster parents and non-relative foster parents was approximately 1:4 for parent training and 1:7 for access to respite care and support groups.

2.3.2. Voluntary placement agreement

In some cases, children may be placed by child welfare workers in the home of a relative under a voluntary placement agreement (VPA). Similar to kinship foster care, these arrangements are directed by child welfare staff in order to protect the child. The parties to the case – the birth parent, relative, and agency – enter into a written agreement that binds each to specified services and/or actions, and the living circumstances are revisited at a later date to determine if a return home is warranted (Cal. Welfare and Institutions Code § 16501, n.d.). Kin are first vetted to determine their appropriateness for care, caregivers are eligible for foster care funds if they are licensed, and child welfare workers conduct monthly home visits to continue to monitor the case. It appears that VPAs are similar in all respects to kinship foster care except that the courts are not involved. These authors were unable to identify any literature that could specify the scope of these practices in the U.S. The information provided herein was gleaned from conversations with child welfare professionals in one state (A. Schwartz,<sup>4</sup> personal communication, March 14, 2016); variability across states and jurisdictions is likely. The fact that there is no research on this practice suggests an important gap in the literature.

2.3.3. Kinship guardianship

Prior to 2008, many children placed in kinship foster care through the juvenile courts remained in care for several years, considerably longer, on average, than the length of stay for children placed in the home of a non-relative caregiver (Testa, 1997). For a variety of reasons, adoption, a pathway out of care for many children placed with non-relatives, was not usually pursued by grandparents or other relative caregivers (Burnette, 1997; Thornton, 1991). Following experimentation by several states to develop a permanent, legally binding custodial arrangement for children who were being safely cared for by relatives in foster care, the federal government passed the Fostering Connections to Success Act, allowing for the transfer of custody from the juvenile court to the relative (Geen, 2009). Importantly, the Act specified that states could use their federal Title IV-E foster care funds to offer subsidies to relatives electing to serve as children's legal guardians (National Conference of

Table 2  
State-mediated kinship care.

	Kinship diversion	Legal guardianship
State-mediated		
Alternative terms	Voluntary care	Probate legal guardianship or civil legal guardianship
Government involvement	Child welfare worker diverts child to kin as an alternative to placement in formal foster care	Probate judge reviews and orders
Screening and/or assessment of caregiver prior to placement	Varies by state	Some screening & assessment
Government funding <sup>a</sup>	TANF child-only; TANF family grant if income eligible	TANF child-only; TANF family grant if income eligible
Government services for caregivers	Referral to community agencies/Kinship Navigator programs	None, though some states and local jurisdictions operate Kinship Navigator programs
Ongoing review of placement/caregiving appropriateness?	None	None
Caregiver legal rights	None	Custodial and legal rights
Cost to the caregiver to file court petition?	N/A	Yes, though this may vary by state/jurisdiction
Government services for birth parents	None	None
Parental consent required?	Unclear. Parent may feel coerced since alternative may be foster care.	Guardianship may be made by probate court against parent's wishes.
Reversibility	Yes, typically via negotiation/agreement between caregiver and birth parent	Yes. Birth parent can petition probate court
Child support payments required of birth parent? <sup>a</sup>	Yes, if caregiver receives TANF funds for the child.	Yes, if caregiver receives TANF funds for the child.

<sup>a</sup> Significant variability exists between states regarding financial support.

<sup>4</sup> Policy Director, Alliance for Children's Rights, Sacramento, CA.

State Legislatures, 2009). Children are eligible for the federal kinship guardianship payment program if they have been placed in foster care either through a voluntary or involuntary arrangement through the juvenile court; if they have been living in the home of the relative for six consecutive months; if other permanency options have been considered but are not viable; if the child and caregiver show a strong relationship to one another; and if the child, age 14 or older, has been consulted in advance (National Conference of State Legislatures, 2009). Typically, guardianship subsidies are similar in amount to a foster care subsidy.

As of March 2014, 30 states, the District of Columbia, and two tribes had elected to participate in the federal subsidized kinship guardianship program (Jim Casey Initiative, 2015). Reliable estimates of the number of children served by subsidized kinship guardianship are not presently available. Federal data indicate that over 17,000 children exited foster care to guardianship in 2013; however these figures include both kin and non-kin guardianships (US Department of Health and Human Services, 2014). California – the largest participant state in a subsidized guardianship program – sees approximately 1000 children exit foster care to subsidized kinship guardianship every year (Webster et al., 2015).

### 2.3.4. Kinship adoption

Still other arrangements are available to children and their kin caregivers, among them *kinship adoption* wherein the birth parent's rights are fully terminated and parental rights are granted to the kin caregiver. Although some kin may elect to adopt their relative children outside of the juvenile court, the large majority of kinship adoptions occur following placement in out-of-home care (Magruder, 1994). In some states,

state agencies are required to give relatives preference when making adoption decisions (Child Welfare Information Gateway, 2013b). Some evidence suggests that kinship adoption is a growing phenomenon (Magruder, Webster, & Shlonsky, 2015). In 2000, about one in five U.S. children adopted from foster care were adopted by relatives. Almost a decade later, that number had increased to 30% (ChildFocus, 2010).

A summary of the characteristics of state-mandated kinship care is provided in Table 3.

## 2.4. Characteristics of caregivers and children in various kinship arrangements

A growing body of literature describes the characteristics of relative caregivers and the children in their care. The literature on kinship foster care is most fully developed, but increasingly a profile of kin connected to other categorical programs is emerging. In some cases, information about kin does not distinguish between different types of care. Table 4 offers a brief summary of some of the characteristics of kin and their relative children. Importantly, most studies compare kin to a reference group; in the case of kinship foster care, for example, most studies compare kin foster parents to non-kin foster parents. In the case of informal care, the reference group is typically the general U.S. parenting population.

### 2.4.1. State-independent care

The great majority of information pertaining to children and their caregivers in informal kin care are derived from the 1997

**Table 3**  
State-mandated kinship care.

	Voluntary placement agreement	Kinship foster care	Kinship guardianship	Kinship adoption
State-mandated				
Alternative terms		Formal or public kinship foster care	Kin-GAP <sup>a</sup>	
Government involvement	Child welfare worker places child with relative under a written, binding agreement among parties.	Child welfare worker recommends and court orders. Ongoing, monthly social work contact.	Child welfare worker recommends and court orders following 6-month min stay in foster care	Child welfare worker recommends and court orders.
Screening and/or assessment of caregiver prior to placement	Same screening/assessment standards as traditional foster care	For licensed kin: Same screening/assessment standards as traditional foster care; for unlicensed kin, screening and assessment may be relaxed	Same screening/assessment standards as traditional foster care	Some screening/assessment as foster care
Government funding <sup>a</sup>	AFDC-FC (or equivalent) once approved as a foster parent or/and if the child is federally eligible,	AFDC-FC (or equivalent) if approved as a foster parent and child is federally eligible.	Guardianship payment (equivalent to foster care)–guardianship	Adoption subsidy (equivalent to foster care)
Government services for caregivers	Services available, though uneven implementation	Services available, though uneven implementation	Not typically, though some jurisdictions offer post-permanency services	Not typically, though some jurisdictions offer post-permanency services
Ongoing review of placement/caregiving appropriateness?	Monthly caseworker visits	Monthly caseworker visits	Annual form completed by caregiver to attest to child's continued residence in the home.	None
Caregiver legal rights	Custodial rights	Custodial rights	Custodial & legal rights	Parental rights
Cost to the caregiver to file court petition?	None	None	None	None
Government services for birth parents	Voluntary during reunification period	Mandated during reunification period	None	None
Parental consent required?	Parent must agree to placement, though the alternative – formal placement in foster care – may suggest an air of coercion.	Placement may be made by juvenile court against parent's wishes	Guardianship may be made by juvenile court against parent's wishes	No
Reversibility	Yes. Child welfare worker can return child following successful completion of case plan or safety plan. Child must be returned home within 6 months or formally placed in foster care, guardianship/adoption.	Yes. Juvenile court's emphasis on reunification with the birth parent	Yes. Birth parent can petition juvenile court	No.
Child support payments required of birth parent? <sup>a</sup>	County is not required to collect if doing so would interfere with reunification.	County is not required to collect if doing so would interfere with reunification.	Unknown.	None

<sup>a</sup> Significant variability exists between states regarding financial support.

**Table 4**

Characteristics of kin caregivers and children.  
Empty cells suggest information is not available.

	Informal kinship care	Kinship diversion	Legal guardianship	Voluntary placement agreement	Kinship foster care	Kinship guardianship	Kinship adoption
Kin caregivers							
Age		Somewhat older than kin in informal care			Older compared to non-kin caregivers	Average 51 <sup>a</sup>	Older compared to non-kin adoptive parents
Ethnicity	Ethnically diverse.	Similar to kin in informal and formal care			Contradictory findings. <sup>b</sup>	Predominantly caregivers of color	
Income	Lower income compared to grandparents not raising children.	Similar to kin in informal and formal care			Lower income compared to non-kin caregivers	Approx. 40% have annual incomes at or below \$20,000	Lower income compared to non-kin adoptive parents
Marital status	Lower marital satisfaction compared to grandparents not raising grandchildren.	Similar to kin in informal and formal care.			More likely to be single compared to non-kin caregivers	Approx. 60% unmarried	
Education		Less likely to have a H.S. diploma compared to children in private or public kin care.				36% did not graduate H.S.; 25% graduated H.S.	Less likely to have a H.S. diploma compared to non-kin adoptive parents
Physical health	Poorer health compared to grandparents not raising grandchildren.				Contradictory findings <sup>c</sup>		
Mental health					Poorer mental health compared to non-kin		
Number of children in home		Similar to informal and formal care.					
Children living in kinship homes							
Age	More younger children than older children are cared for by grandparents.				Older compared to children in non-kin care	Average age 9 or 10	
Physical health					More likely to have been exposed to substance abuse pre- and post-natal compared to children in non-kin care	35% physical disabilities, emotional, or learning disabilities	
Special needs					More likely to have experienced maltx compared to children in general population.		

<sup>a</sup> Data regarding caregivers in kinship guardianship come from one study in one state (Illinois) and may not be generalizable to other settings.

<sup>b</sup> One nationally-representative sample suggests no differences in race/ethnicity among kin compared to non-kin (US Department of Health and Human Services, 2007), though other studies suggest kin are more likely to be African American compared to non-kin caregivers (cite).

<sup>c</sup> Findings from NSCAW suggest that kin and non-kin have comparable physical health (US Department of Health and Human Services, 2007); other studies indicate that kin have poorer health compared to non-kin (Harden et al., 2004).

National Survey of America's Families. These data are, of course, dated, but offer a glimpse into the comparative care arrangements for children in informal kinship care, kinship foster care, and kinship diversion (what the authors refer to as "private, public, and voluntary") (Ehrle, Geen, & Clark, 2001). According to this study, the characteristics of kin caregivers in each of the three categories of kin care noted are largely indistinguishable. Caregivers experience relatively high degrees of socioeconomic risk including high rates of poverty, large family size, single parent status, and relatively low educational attainment. Informal caregivers are least likely to have obtained a high school diploma; the authors argue that this may be due to their somewhat advanced age and the possibility that education may not have been afforded to them. Another indicator of these caregivers' poverty status is the high rate of Medicaid enrollment among informal caregivers (Bissell & Allen, 2001). About half of children living in informal kinship care are recipients of Medicaid.

#### 2.4.2. State-mediated care

As noted above, the best information currently available about children and caregivers in kinship diversion also comes from the National Survey of America's Families. It appears from this study that the sociodemographic characteristics of children and their caregivers are very similar, regardless of whether they are living in voluntary, informal, or public care (Ehrle et al., 2003).

There is no literature of which these authors are aware relating to the characteristics of children or caregivers in legal guardianship. In our review, we were unable to locate a single published or unpublished scholarly paper addressing this issue.

#### 2.4.3. State-mandated care

We were unable to locate any material describing the characteristics of children or caregivers served under Voluntary Placement Agreements, but there is a rich literature on the families served by kinship foster care.

**2.4.3.1. Kinship Foster Care.** Compared to non-kin caregivers, studies show that kinship foster parents are older, are less well-educated, are more likely to be single, and have fewer material resources (Harden, Clyman, Kriebel, & Lyons, 2004; US Department of Health and Human Services, 2007; Zinn, 2010); between one-fifth and one-third of all kinship foster parents may be living at or below the federal poverty level (Harden et al., 2004; US Department of Health and Human Services, 2007). Some studies indicate that kin have poorer health (Harden et al., 2004), though these findings have not been replicated in the National Survey of Child and Adolescent Well-being (NSCAW), a large, nationally representative survey of children in the child welfare system (US Department of Health and Human Services, 2007). Most studies indicate that the mental health of kin caregivers is poorer compared to non-kin (US Department of Health and Human Services, 2007). Over half of these caregivers are grandmothers to their relative children (about 60%) and another one-fifth are aunts (US Department of Health and Human Services, 2007). Although a number of studies indicate that kin are more likely to be African American than non-kin (Cuddeback, 2004; Ehrle & Geen, 2002; Hong, Algood, Chiu, & Lee, 2011), other studies indicate no differences (US Department of Health and Human Services, 2007).

Children placed in kinship foster care are typically older, are less likely to have a disabling condition, and may be more likely to have been placed for reasons of substance abuse, compared to children placed in non-relative foster care (Beeman, Kim, & Bullerdick, 2000; Morse, 2005; US Department of Health and Human Services, 2007; Winokur, Holtan, & Batchelder, 2014). Some evidence suggests that they are equally likely to suffer from a mental health condition such as ADHD, Autism, depression, oppositional defiant disorder, or adjustment disorder as children placed in non-kin foster care (Leslie et al., 2005). Other studies indicate that children in kinship foster care may be less behaviorally challenged (Beeman et al., 2000; Landsverk, Davis, Ganger, Newton, & Johnson, 1996; Stein et al., 2014; Wu, White, & Coleman, 2015).

**2.4.3.2. Kinship guardianship.** Very little information is available in the literature pertaining to the children or the caregivers served by kinship guardianship. In California, where a subsidized kinship guardianship program has been in place since 1990, one study indicates that the median age of the child placed in subsidized guardianship is nine. Children had previously been in kinship foster care for a median of two years; the majority were children of color (Magruder et al., 2015). In New York, which began implementing a subsidized guardianship program in 2011, 56% of children in subsidized guardianship in 2013 were between 6 and 13 years old and 21.4% between 3 and 5 years old. The average length of stay in care for children entering subsidized guardianship from an approved relative foster home setting was 45.28 months which was higher than the length of stay for all children exiting foster care (31.08 months) and all children exiting from an approved relative foster home setting (36.41 months; New York State Office of Children & Family Services, 2014).

Findings from the Illinois waiver study examining legal guardianship included kin and non-kin foster parents exiting to legal guardianship (Testa, Cohen, & Smith, 2003). In that study, the average age of caregivers was 51, somewhat over half were single (60%), almost two-thirds had a high school diploma or less, and two-fifths of caregivers reported annual income of less than \$20,000. In addition, about one-third of children (35%) were reported to have a physical, learning, or emotional disability.

**2.4.3.3. Kinship adoption.** The research literature describing the characteristics of children and their kin caregivers in kinship adoption is extremely sparse, but given that the path to kinship adoption is typically from kinship foster care, we can assume that the kinship adoption population shares many of the characteristics of kinship foster care. One study examining kinship adoption (Magruder, 1994) showed that compared to non-kin who adopt, kin were older, had lower incomes, lower

educational attainment, and were more likely to be single parents. Their adopted children had spent more time in foster care compared to children adopted by non-kin, and had spent more time with their adoptive caregiver prior to adoption.

### 3. Recommendations

#### 3.1. Aspiring to Policy Consistency within Models

Although data are limited on the characteristics of children and their caregivers in each of the various living arrangements we have examined here, there appears to be general alignment in the literature to suggest that kin caregivers are, on average, more vulnerable than the average U.S. parent or substitute caregiver, and that the children they care for suffer greater vulnerabilities than is typical among U.S. children. If, in fact, caregivers and children bear the same vulnerabilities, in general, regardless of the type of care provided, is it fair to offer some families more services than others? Are there real differences, for example, between kin who are selected into kinship diversion versus those selected into voluntary placement agreements? In one, kin are eligible for little to no financial support (i.e., welfare), and in the other they may be eligible for a foster care payment. In kinship diversion, there is no government oversight or support; in a voluntary placement agreement, parents, children, and caregivers are eligible for a range of parent-support services.

Well over a decade ago, public policy vis-à-vis kin families was described as “ambivalent,” (Geen & Berrick, 2002); the same could be said for the field today, resulting in inconsistent and illogical distinctions in access to information, services, and supports for families. These differences in policy approach could be explained, in part, by distinctive philosophical perspectives on the role of families in caring for children and the appropriateness of payment for that care (see, for example, Herring, 2008; Testa & Slack, 2002). But the inconsistencies within and across caregiving types both within and across states may also relate to the incremental approach to policymaking, in general (see: Lindblom, 1959), and the piecemeal approach that results absent a clear overall frame. A review of tables 2 and 3 shows a wide degree of policy variance within caregiving arrangements. In order to achieve policy consistency, the guidelines relating to mandated care should be relatively similar for all kin subject to any time of mandated care. Similarly, the rules relating to mediated care should be relatively similar across all types of care within that care arrangement. Because we recognize only one type of state-independent care, there need not be policy consistency within this care arrangement; however, the policies guiding state-independent care should be *different* from the policies found in state-mediated and state-mandated care. In other words, the obligations of the state vis-à-vis caregivers in state-mediated care should be relatively similar, regardless of the type of mediated care, and these obligations somewhat greater than the obligations seen in state-independent care, but somewhat less onerous than what is found in state-mandated care. The responsibilities of the caregiver to the state should also be somewhat greater in state-mediated care compared to state-independent care, and somewhat fewer in state-mediated care than the responsibilities of caregivers in state-mandated care (see Table 5).

Despite the wide degree of policy variance, we appear to be moving toward somewhat greater policy consistency within the area of state-mandated care. The degree of government involvement in arranging

**Table 5**  
Policy consistency within models.

	State-independent care	State-mediated care	State-mandated care
Responsibilities of the state to the caregiver	None	Some	More
Obligations of the caregiver to the state	None	Some	More



placement is relatively similar; there is movement (although uneven) toward greater consistency in government funding for state-mandated kinship care, and in the assessment and screening process.

The policy opportunity lies in making more consistent the rules relating to state-mediated kinship care. Here we see in Table 2 that there is little that binds these caregiving arrangements together. Caregiver rights, parental rights, and ongoing review of the appropriateness of placement all vary considerably within this model. Although government actors play an important role in facilitating kinship diversion and legal guardianship, guidelines for relative approval are widely disparate – if they exist at all (Annie E. Casey Foundation, 2013) – and standards for approving relatives for legal guardianship vary by local jurisdiction as well as by state. Federal standards in these fields may be unlikely in the near term, but standards within states for government-mediated custodial arrangements might be a helpful start.

Finally, the financial and social supports available to families across the various types of mediated care should be similar, as should the supports available to families in mandated care. Policy coherence within these categories of kinship care would be welcomed by caregivers and those tasked with their support. Caregivers routinely suggest that they are acutely aware of the financial inequities between what they receive and what their neighbor down the street may receive (D. Moore,<sup>5</sup> personal communication, November 29, 2015). Some are eligible for a TANF-family grant, others for a TANF-child only grant, and still others for a foster care subsidy, while a few even receive specialized care increments for their relative children. The differences in payment amounts are not lost on caregivers, but the rationale behind the differences appears irrational and incoherent. Creating subsidy packages that are at least consistent within categories of care arrangements (i.e., mandated, mediated, and independent) would move the field of kinship care forward immeasurably.

### 3.2. Research needs in kinship care

Policy makers might be better positioned to develop rational rules governing kinship care if more information were available about these children and their families. Although data on kinship foster care is increasingly available, there remains a paucity of information about informal caregiving, kinship diversion and – most spectacularly – legal guardianship and voluntary placement agreements. Most important, we know almost nothing about how families are sorted into one type of caregiving versus another. This absence of knowledge calls out for a research response, which we outline below.

The research community has embraced the topic of kinship foster care and kinship guardianship over the past two decades with many hundreds of books and articles produced about these state-mandated programs. The same cannot be said, however, for the other kinship custodial arrangements herein described. States interested in the well-being of vulnerable children would be well advised to develop mechanisms that, at a minimum, track the incidence of children served by state mediated programs to better understand patterns of family care that include state involvement.

Beyond basic enumeration of these phenomena, it would be very helpful to know more about the characteristics of children and their kin caregivers served by kinship diversion and legal guardianship, the financial supports they receive (versus the financial supports to which they are entitled), and the well-being and outcomes of the children. Further, we know little about the circumstances that bring children and their caregivers into our state mediated programs. To what extent were caregivers informed about their available custodial options? Did caregivers feel supported, coerced, or thwarted by agents of the state? Why did they select into a state-mediated program rather than a state-independent approach?

As researchers continue to engage with this important topic, we urge specificity in describing the samples included in kinship research. Too often, kin caring for children in diverse categorical types are undifferentiated, further obscuring rather than illuminating our understanding of kinship care. Until we have research that clarifies whether kin in categorically different living arrangements are the same or different, intentionality in stating the definitional boundaries of research samples is warranted.

### 3.3. Practice transparency for kin

In addition to greater definitional clarity, child welfare workers should be knowledgeable about the various living arrangements that may be available to kin, the related supports, and the trade-offs associated with each. Kinship care is often the best or the only realistic option for families who are struggling with financial or social challenges beyond their control. In spite of the benefits kin may confer on their relative children, the care is often extremely taxing for caregivers. Ample evidence suggests that kinship caregiving is stressful (Blair & Taylor, 2006), and that it poses additional and sometimes striking financial burdens (Bent-Goodley & Brade, 2007; Cox, 2007; Gibbs, Kasten, Bir, Duncan, & Hoover, 2006). Caregivers who find themselves sorted into one categorical program over another have considerably greater access to services and supports; yet the sorting mechanisms that compel caregivers into each of the caregiving arrangements described previously are not clear. Do parents or caregivers have agency in making these sorting determinations? And if child welfare workers are the principal agents with the discretion to steer families toward one arrangement versus another, do they provide sufficient information to children, parents, and caregivers to allow them a voice in determining the best path for their family? As the opportunities expand for kin to care for children under government-mandated, – mediated, and –independent conditions, the choices families make for themselves should be as fully informed and transparent as possible.

As child welfare workers and legal professionals have contact with children and caregivers seeking new custodial arrangements, standardized policies should guide practice. Children's circumstances should be reviewed for relevant risks and needs to determine the level of state involvement required from mandated, to mediated, to none. Similarly, caregiver needs should be assessed and access to information and resources made routinely available. Recent innovations in Kinship Navigator programs are likely useful, but they are not universally available, leading to dramatic inequities in access to services and supports across states and localities.

For the families who might benefit from a mediated state relationship, access to legal guardianship should be made easier or facilitated by the state to ensure that this custodial arrangement is equally available to all families. Important questions remain about whether kin have, on average, the legal, bureaucratic, and literacy skills to manage the application process for legal guardianship. If the benefits afforded through legal guardianship are only available to those who can purchase or otherwise access legal services, we perpetuate systems of inequality for the most vulnerable children and families.

Kinship care has been embraced by the child welfare profession (Daly & Perry, 2011) and has proliferated in public and private agencies, yet the policy and research communities have been slow to respond to the full distribution of caregiving opportunities. Consistent policies that reflect the variety of circumstances of kin caregivers and their children are needed to bring greater equity to these communities. Research that can elucidate the array of caregiving arrangements, the path by which families arrived at their permanency choices, and the supports they need for children to thrive is needed.

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