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Kinship Care: An Evolving Service Delivery Option

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It has been eight years since the *Children and Youth Services Review* first special issue on kinship care. That issue was prompted by the large increase in kinship care placements that occurred in the mid-to-later 1980s and the developing research base documenting the relatively new and often controversial practice. Eight years later, state child welfare agencies continue to rely significantly on kin to act as foster parents. Moreover, federal and state policies have added legitimacy and support for kinship care placements. However, when and how kin should be used as foster parents remains an issue of immense debate. This volume adds more fuel to the fire, providing much needed research to inform the debate, yet at the same time raising more questions than it answers.

Child Welfare's Continued Reliance on Kin

While comprehensive data are missing, there is sufficient evidence to conclude that child welfare agencies' use of kin as foster parents increased significantly during the 1980s. Based on data from 25 states, the U.S. Department of Health and Human Services reported that the percent of all children in state custody placed with kin increased from 18 percent in 1986 to 31 percent in 1990 (Kusserow, 1992). Moreover, there is evidence that kinship care continued to increase through 1993 in California, Illinois, and New York, the three states that accounted for the large majority of the 1986-1990 growth (Harden, Clark, & McGuire 1996).

Available data suggest that states' use of kinship care has leveled off. From March 1998 to March 2000, the percent of children in out-of-home care placed with relatives declined from 29 percent to 25 percent, though the number of children in kinship foster care increased from 132,000 to

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145,000 (US DHHS, 2001b, US DHHS, 2000). As data show that children in kinship care tend to remain in out-of-home care longer than children placed in non-kin settings, the percent of children entering foster care who are placed with kin is lower than this. Based on data from 25 states, 20 percent of children entering foster care between April and September, 1997 and still in placement on September 30, 1997 were in kinship care (US DHHS, 2001d). In some states, the proportion of children in kinship care is far higher than the national average. For example, in California and Illinois, kinship care accounts for 43%, and 47% of the caseload, respectively (Needell et al., 2001; Wulczyn & Hislop, 2001). While kinship care is unevenly used across the states, it continues to be the placement of choice for those states with some of the highest caseloads in the country; it is also used substantially in large urban centers where placement rates are high, and ethnic diversity predominates (Wulczyn, Brunner, & Goerge, 1997).

It is important to note that the national data above on kinship care are lower-bound estimates of the true number of foster children placed with kin. Some states do not include children placed with kin who are not licensed or who do not receive foster care payments in their kinship care data. At the same time, some states cannot differentiate kin who have become licensed as foster parents from non-kin foster parents, especially when the kin are not related by blood to the children in their care. Ehrle and Geen (2002) in this volume present data from a nationally representative household survey which suggests that the number of children in kinship foster care may be as high as 200,000.

The leveling off of states' use of kin as foster parents does not necessarily mean that states are not seeking out kin, but instead may be using kin in different ways. Almost all states report giving preference to, and actively seeking out kin when children cannot remain with their biological parents (Leos-Urbel et al, 2000). However, it appears that child welfare agencies are frequently using kin as an alternative to foster care. As Leos-Urbel, Bess, and Geen (2002) document in this volume, 39 states report in some instances that child welfare workers help place children with kin without seeking state custody. Ehrle and Geen (2002) estimate the number of children in such voluntary kinship care placements as almost 300,000.

Another less tangible force behind child welfare agencies' continued use of relatives is the philosophy of family-centered services. New initiatives such as the Annie E. Casey-sponsored Family to Family program are

assisting child welfare agencies in communities across the country to re-design conventional top-down structures to include relatives in decision making and in child placement whenever possible. Similarly, the infusion of Family Group Conferencing (Marsh & Crowe, 1998; Sieppert, Hudson, & Unrau, 2000) into conventional child welfare practice has spurred a renewed understanding of the role and importance of all family members in determining the best interests of children and families. Brown, Cohen, and Wheeler (2002) address the role of extended family members before, during, and after foster care placements in this volume.

These considerations, along with the ongoing challenge of recruiting non-related foster parents, the increasing numbers of children entering care, and continued payment availability for relative caregivers (Altshuler, 1998; Hegar & Scannapieco, 1998; Wilson & Chipungu, 1996) will likely contribute to a continued reliance on kinship foster care in states across the country.

Federal and State Policies Supporting Kinship Care

Historically, federal policy has been vague as to how state child welfare agencies should treat kinship care. However, recent federal policies both encourage states' use of kinship care as well as acknowledge the uniqueness of these placements. Under this framework, many states have implemented policies that support greater use of kin.

Amendments to the Social Security Act in 1994 gave the Secretary of HHS authority to approve child welfare demonstration projects that waive certain federal legislative and regulatory requirements under titles IV-E and IV-B. The federal government invited proposals from states that addressed kinship care, among other things, and several of the states that received waivers have decided to implement programs providing alternative supports for kinship care.

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA, P.L. 104-193), while focusing principally on welfare-to-work issues for poor families, nevertheless added a policy statement to its child welfare provisions supporting the continued use of kinship care in child welfare practice. The law indicates that: "States shall consider giving preference to an adult relative over a non-related caregiver when determining a placement for a child, provided that the relative caregiver meets all relevant State child protection standards" (H.R. 3734, Sec.

505). While almost all states already had been giving preference to kin by this time, this legislation marked the first explicit federal guidance supporting such preference.

The 1997 Adoption and Safe Families Act (ASFA) was the first federal child welfare legislation to acknowledge the uniqueness of kinship care, allowing states to treat kinship care differently, under certain circumstances than non-kin foster care. ASFA permits “a fit and willing relative” to provide a “planned permanent living arrangement.” ASFA also allows states, on a case-by-case basis, to waive requirements regarding time frames for termination of parental rights if the child is being cared for by a relative. Finally, ASFA required HHS to convene a kinship care advisory panel and develop a report to Congress documenting what was currently known about kinship care.

Ongoing Debate

In spite of the explicit preference for kin and states’ continued heavy reliance on kin as foster parents, kinship care remains a field of policy and practice that is mired in controversy and complexity. Policy makers, for example, are still ambivalent about the appropriate responsibilities of kin in the child welfare system. Whether kin play a role in child welfare that corresponds to that of traditional foster parents, or whether they should be considered family providing informal supports (Berrick & Needell, 1999; Testa, in press) remains a tension that is yet to be resolved. This tension plays out in debates about how child welfare agencies should financially support kin, as well as how policy makers assess how well kinship care meets the child welfare goals of safety, permanency, and well-being (Shlonsky & Berrick, 2000).

Payment

The HHS regulations interpreting and implementing the ASFA, called the final rule, require kin to be licensed if states want to recoup federal funds. And as Leos-Urbel et al (2002) document in this volume, the financial support states provide to kin is directly linked to whether they meet the same licensing requirements as non-kin foster parents.

Some may argue that kin should not be paid for caring for a related child since such care is part of the familial responsibility. Moreover, some

experts have argued that the higher foster care payment rates (compared to TANF) may provide an incentive for private kinship caregivers to become part of the child welfare system (Berrick, Minkler, & Needell, 1999; Johnson, 1994). These arguments, however, view kinship care from the perspective of the caregiver rather than that of the maltreated child. Indeed, in this issue, Testa and Shook (2002) find that placement stability is enhanced when kinship caregivers receive the full foster care subsidy. Arguments concerning kinship care payments should turn on government's responsibility for children in state custody, rather than on the licensing status or relative status of the caregiver. States assume the same level of responsibility for children in their custody regardless of where a child is placed. There appears to be no good argument for states to provide less financial assistance on behalf of a child in kinship care solely because a kinship caregiver is unable to meet certain licensing criteria. Child welfare policy must disconnect financial assistance levels from the ability of potential caregivers to meet licensing requirements. Child welfare agencies need to ensure quality foster care services for children. If kin cannot provide quality care, they should not be used.

The debate around payment to kin caring for children in state custody typically focuses on the discrepancy between foster care and TANF child-only payments. What many fail to realize is that this is simply the tip of the iceberg. Kin receiving TANF instead of foster care payments are often ineligible for other financial benefits such as clothing allowances and other one-time or periodic supplements to foster care payments. Moreover, TANF payments do not take into account the extra financial burden incurred in caring for special needs children. In contrast, kin eligible for foster care payments may get special needs payments that may be double the basic foster care payments rate. In addition, even though kin who do not receive foster care are eligible to receive TANF it does not mean that they do, as shown by data presented by Ehrle and Geen (2002) in this volume.

The ASFA final rule also prohibits kin who are provisionally licensed from receiving federally-reimbursed foster care payments. Almost all kinship caregivers are provisionally licensed as they typically begin caring for a related child with little advance warning. Given that the licensing process in many states takes six months or more, kin may lose considerable financial assistance by being denied foster care and supplemental payments until they are licensed.

At the same time, the ASFA final rule allows states, under certain circumstances, to recoup foster care expenses for children who were already living with kin when child welfare became involved. These placements are often called constructive or paper removals since the child is not physically removed from the home, but taken into state custody. Child welfare agencies face a difficult decision in determining the circumstances under which they should take a child into custody, particularly when the child may already be in a safe and stable home. If only 15 percent of the children living in private kinship care arrangements were included into child welfare systems, the kinship foster care population would double. And experiences in Illinois have taught us that making foster care payments available to private kin can lead to significant increases in kinship foster care (Testa, 1997, 2002).

A related concern centers on when it might be appropriate for child welfare agencies to divert children from the foster care system by using voluntary kinship care placements. As Ehrle and Geen (2002) show in this volume, the children in voluntary kinship care are strikingly similar to those in kinship foster care. The aforementioned issues relating to equity in pay apply in these cases, but as important, these children are effectively excluded from public agency supervision, from the specialized health, mental health, and school-related services that might be available through foster care, and their parents are denied the services they may need in order to effectively reunify with their children.

Safety

Kinship care advocates have had to fight for years to overcome the negative perception among many child welfare workers and administrators that “the apple does not fall far the tree,” i.e., parents who are abusive were probably abused themselves. While some studies lend credence to the theory of an intergenerational cycle of abuse, it appears that most children in kinship care are placed there because of parental neglect rather than abuse (Gleeson et al., 1995; Grogan-Kaylor, 1996; Iglehart, 1994; Landsverk et al., 1996). Two studies that compared the rate of abuse by kin and non-kin foster parents found conflicting results, with one finding children in kinship care more likely to suffer abuse (Dubowitz, Feigelman, & Zuravin, 1993) and the other finding the opposite (Zuravin, Benedict, & Somerfield, 1993).

Concern about the safety of kinship care placements led HHS, in the ASFA final rule, to mandate that “relatives must meet the same licensing standards as nonrelative family foster homes” in order for states to receive federal foster care reimbursement. HHS notes “given the emphasis in ASFA on child safety...we believe that it is incumbent upon us, as part of our oversight responsibilities, to fully implement the licensing and safety requirements specified in the statute.” However, it seems hypocritical of HHS to suggest that kin must be licensed for states to receive federal reimbursement because of safety concerns, but not require states to license those kinship care homes for which they do not seek federal reimbursement. As Leos-Urbel et al. (2002), show in this volume, states have been using separate standards for kin and diverting them to the TANF system instead of foster care, child welfare practices that may do little to ensure child safety.

To comply with the final rule requirements, states may choose to revise their non-kin licensing standards and HHS has given its implicit approval of this approach. Complaints from states about the final rule mandate to apply the non-kin licensing standards to kin led HHS to recently issue guidance that provides examples to states of how strict foster care licensing standards can be rewritten to be more outcome focused while providing states more flexibility in determining whether kin meet such standards (US DHHS, 2001c).

In addition to the policy conundrums associated with kin care, practitioners encounter many challenges in their work with kin as they struggle to locate the appropriate balance in the role of kin as principal decision makers in children’s lives, while simultaneously responding to their own professional judgment about the best interests of children (Gleeson & Hairston, 1999). Several studies have shown that child welfare workers tend to supervise kinship care families less closely than non-kin foster families (Beeman et al., 1996, Berrick et., al., 1994). Concerns have also been raised because studies have shown birth parent visitation of children in kinship care is often unsupervised and thus parents may have inappropriate access to children they have abused or neglected (Barth et al., 1994; Berrick et al., 1994; Chipungu et al., 1998). These issues remain unresolved, yet they highlight the importance of developing specialized training for child welfare workers who may interact principally with kin in order to prepare them for the special circumstances associated with kin care (Beeman, & Boisen, 1999; Gleeson & Hairston, 1999).

Permanency

The new federal law also reflects ambivalence about kin in its policy approach to permanency. Whereas ASFA clearly encourages permanency (i.e., adoption or legal guardianship) for children in non-kin care who cannot be reunified, and specifically disallows long-term foster care for non-kin, it includes explicit provisions for long-term care for children placed with relatives. Indeed, placement stability is much greater for children placed with kin than with non-kin (Beeman et al. 1996; Benedict et al., 1996; Berrick, 1998, Cook & Ciarico, 1998; Courtney & Needell, 1994), but it is hardly guaranteed and according to work by Testa (in press) is as likely to break down, over time, as placements with non-kin.

Conflicting views about the potential for permanency with kin have developed, in part, due to child welfare workers' attitudes and expectations (Beeman & Boisen, 1999; Berrick, Needell, & Barth, 1999), because of theoretical presumptions about the role of blood and culture in some communities (Burnette, 1997), and due to some research suggesting that kin may be disinclined to adopt (Gleeson, 1999; Thornton, 1991). More recent work by Testa (in press; Testa, Shook, Cohen, & Woods, 1996) suggests that many kin can and will adopt if they are provided accurate information and if they are reassured about ongoing payment subsidies, the continued role of birth parents in the lives of children, and the option to leave children's birth names in tact.

Still, concerns remain about whether placement with relatives dampens birth parents' efforts toward reunification. Rates of reunification are similar for children placed with kin and non-kin, however the pace of reunification is far slower for children placed with kin (Courtney & Needell, 1997). In this issue, Testa and Shook (2002) examine reunification rates for children in kin care and find that—not unlike findings for children in non-kin care (Hess, 1987)—regular visitation and parents' active efforts toward reunification are strongly associated with the child's return home. While critics of ASFA have suggested that the new, shortened time frames available for permanency may reduce opportunities for reunification for all children (whether in kin or non-kin care) the effects for children in kinship care may be especially profound as they are less likely than children in non-kin care to have moved toward reunification within a twelve month period.

Because adoption remains an area of significant controversy for children placed with kin, many states are now experimenting with subsidized guardianship as a means to create alternative permanency arrangements for children while offering their caregivers an opportunity to safely care for children outside of the child welfare system. Thirty-three states have implemented subsidized guardianship programs; seven are experimenting with the use of federal Title IV-E funds for guardianship subsidies as part of a child welfare waiver demonstration, while the others use other federal funds or rely on state and/or county dollars (US DHHS, 2001a).

Well-Being

While issues of permanency have yet to be resolved in the field of kin care, so too the controversy over children's well-being when placed with kin remains. One of the only studies examining outcomes from kin care (Benedict, et al., 1996) suggested that as young adults, children placed with kin do as well as children placed in family foster care. The study only included kin providers licensed as foster parents, however, so the study is of limited utility given the diversity of kinship foster care arrangements. A larger body of literature has developed to examine children's health and mental health while in kin care (Dubowitz, Feigelman, Harrington, Starr, Zuravin, & Sawyer, 1994; Sawyer & Dubowitz, 1994). These studies point to rough comparability between children in both settings. The study by Shore, Sim, Le Prohn, and Keller (2002) in this volume adds to the growing literature on children's well-being. In general, they find that children in kin and non-kin care have rates of internalized and externalized behavior problems that are higher than rates for the general population, but that there are few differences in behavior problems between children in kin and non-kin care. Because all of the studies to date examine children's behavior while in care, issues remain as to whether the similarities we see are largely due to patterns of behavior associated with out-of-home care, or whether children present with similar problems at initial placement.

But child well-being cannot be captured by measures of behavior problems alone. Many argue that placement with kin is less psychologically harmful to children than placement with strangers (National Commission on Family Foster Care, 1991), and, as Brown, Cohen, and Wheeler (2002) suggest in this issue, many children placed with kin were already living with their caregivers prior to formal placement by the

agency. Further, studies of children's experiences in care suggest that the vast majority of children feel "loved" by their kin caregivers and "happy" with their living arrangements (Wilson & Conroy, 1999). While the affective experience of placement with kin may provide special comforts to children and youth, some of the circumstances surrounding kinship care may compromise other areas of child well-being.

Children in kin care are more likely to live in disadvantaged neighborhoods, public housing, and in poorer households than children placed with non-kin (Berrick, Barth, & Needell, 1994; Fox, Frasch, & Berrick, 2000; Gebel, 1996). While there are no studies examining the impact of poverty on children from foster care, a large body of literature has developed to suggest that poverty has significant adverse effects on developmental outcomes for children from the general population (Brooks-Gunn, Duncan, & Maritato, 1997; Haveman & Wolfe, 1995; Korenman, Miller, & Sjaastad, 1995; Smith, Brooks-Gunn, & Klebanov, 1997). The efforts kin caregivers must expend in order to protect their children from the hazards associated with poverty may be considerable, yet there are few formal social services supports available to assist them in this regard.

Need for Additional Research

Controversies aside, child welfare agencies' heavy reliance on kin is likely to continue into the next decade. With the unabated rise in the total foster care population (U.S. DHHS, 2001b), and the associated decline in the number of non-kin foster homes available to children (Chamberlain, Moreland, & Reid, 1992), kinship care remains an essential component of the foster care landscape. While researchers have continued to study kinship care, the amount of kinship care research available is still extremely limited compared to the scope of the kinship care phenomenon. Combined, the papers in this issue represent the most recent research available on this topic, shedding a bright light on some of the critical aspects of kin care that require continued examination. We challenge researchers to maintain an abiding curiosity about this placement setting and the benefits and hazards it affords children and families so that the field can develop empirically-tested approaches to best serving kin in policy and practice arenas. Meanwhile, kinship care will indeed change in response to political, economic, and cultural shifts that cannot yet be predicted. As it devel-

ops, relative caregivers will continue to play a crucial role in the lives of thousands of youngsters, sheltering them from harm.

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