AUGUST 1996

EXECUTIVE SUMMARY

Kinship Care in California

The Challenges and Opportunities Facing Relatives and the Children Placed in Their Care

A Survey of Child Welfare Directors, Service Providers, and Relatives With Policy Recommendations by the California Kinship Care Task Force

This project is supported by the [illegible]

CRIC is also supported by the [illegible]

Kinship Care in California

Nearly half of all California children removed from their homes due to abuse or neglect are now placed with relatives, usually grandparents or aunts and uncles. Although these children have the same need for safety and permanency as other foster children, no consistent policies and practices have been adopted to ensure these basic protections.

Although children in kinship care placements have the same need for safety and permanency as other foster children, no consistent policies and practices have been adopted to ensure these basic protections.

Lack of policy direction coupled with a lack of data on kinship care placements has resulted in this population of children and relative caregivers receiving relatively few services and resources. Most available resources are not tailored to support the unique needs of kinship care.

The complex issues related to extended family care and the appropriate level of state involvement tend to stall policy discussions about kinship care. Although some counties have developed comprehensive guidelines for kinship care placements, most children placed with relatives do not receive comprehensive assessments and follow-up services. Financial reimbursement to the caregivers also varies dramatically from placement to placement.

Children's Research Institute of California (CRIC) has been monitoring the issues associated with relative care placement for a number of years. Working from grants awarded by the Stuart Foundations and the van Loben Sels Foundation, CRIC conducted three surveys of practices and issues in kinship care placements. The assessment tool, developed and administered by CRIC, addressed issues relating to placement, court proceedings, financial assistance, monitoring and supervision, support services, and permanency. Statewide information was gathered from child welfare directors, public and private service providers, and relative caregivers. After the survey data had been compiled, CRIC convened a task force of inidividuals with direct experience with kinship care (see membership, back page) to review and analyze the results and develop policy recommendations.

This executive summary provides an overview of the task force discussions and recommendations.

Placement Practices

In recent years a growing number of abused and neglected children have been placed in the homes of relatives. Many of these placements occur without a thorough assessment of the caregiver's ability and desire to provide a safe and nurturing environment for the child.

Only half the counties in our study reported conducting a formal assessment before placing a child in a relative's home. Among these counties, guidelines for conducting assessments of relative placements varied widely. Compliance with these guidelines was also inconsistent.

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Inadequate assessments of kinship care placements can lead to serious problems for the child and relative caregiver. Mutual frustration may result in "acting out" behavior on the part of the child, or inappropriate and potentially harmful behavior on the part of the caregiver. These problems often go unaddressed to the detriment of both child and caregiver. A change of placement may eventually be required, resulting in further trauma to the child.

Task Force Recommendations:

- Develop comprehensive statewide placement standards and regulations for kinship care.
- Develop a comprehensive holistic approach to placement which encompasses long-term placement options at the onset of relative placements.
- Develop a coordinated and timely system for the investigation of potential relative caregivers.

Orientation and Information

Relative caregivers often receive very little notification prior to the placement of a child in their home. Consequently, the caregiver enters into the child welfare services system with limited knowledge or understanding of its workings, and often with the belief that the placement is temporary.

Relatives frequently report feeling overwhelmed with their situation. Many find themselves at a loss when it comes to negotiating services for the child in their care. They are understandably confused by the complexities of funding that should be available to help them. Most are unaware of their rights and responsibilities as the primary caregiver

Orientation and Information *(continued)*

of a child who is a dependent of the court. Unfortunately, social workers have little time and few resources available to assist relative caregivers in navigating the child welfare system.

Relative caregivers often receive little notification prior to the placement of a child in their home. Consequently, they enter the child welfare system with limited knowledge of its workings, and often with the belief that the placement is temporary.

Task Force Recommendations:

- Develop a handbook for relative caregivers which provides an overview of the child welfare and juvenile justice systems.
- Develop a mandatory orientation for relative caregivers that includes information on the following: assessment, financial assistance, available medical services, court procedures, permanency planning, and the role of relative caregivers.
- Provide relative caregivers with a Health and Education Passport.

Court Proceedings

Court procedures were originally developed to protect the rights of parents through due process. The purpose of court oversight was to ensure that the child's case was appropriately managed with the assumption that an abused or neglected child would be placed with an unrelated licensed foster parent.

Today, the majority of dependency court cases are kinship care placements. The defining statute states that children removed from their homes must be placed in the least restrictive setting. The law designates relatives as the first choice of placement whenever possible.

Although dependency proceedings remain the same for all child welfare cases, the family dynamics that relatives must address in court are significantly different from those of traditional foster parents.

Task Force Recommendations:

- Develop a program to provide outreach and education to relatives regarding court proceedings.
- Develop statewide standards regarding the legal standing of relatives in court.
- Develop a modified court system for relative care placements.

Financial Assistance

Financial reimbursement for relative caregivers is one of the most controversial and complex issues associated with kinship care placements. Debate centers around the issue of personal responsibility and the appropriateness of government support for families. Unlike other recipients of government aid, however, children who are dependents of the court due to abuse or neglect are the legal responsibility of the state.

All non-relative foster parents receive financial assistance for the children placed in their care. Due to variations in eligibility requirements, however, not all relative caregivers qualify for aid. In our study, 30 percent of the relatives surveyed reported that they had received no financial support to help defray the cost of raising the child.

Confusing the issue further, different reimbursement rates are provided through different funding streams. Some relative caregivers receive federal foster care payments, while others receive Aid to Families with Dependent Children. Relative caregivers with more than one child in their care may receive a different rates for each child.

Task Force Recommendations:

- Develop an equitable system of reimbursement for relative caregivers.
- Develop an educational program for relative caregivers, social workers, and other service providers to explain benefits available to kinship caregivers.
- Expand funding streams to include other appropriate sources, e.g., the California Department of Aging.

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Monitoring and Supervision

Once children are placed with relatives, the state determines the frequency of home visits. Often, only two social worker visits per year are required. Many relatives report that there is little monitoring and supervision of the placement. Twenty-five percent of the relatives in our survey said that a social worker had never visited them.

This lack of oversight reflects the ambiguity surrounding the placement of an abused or neglected child with a relative rather than a stranger. Making the distinction between "providing assistance" and "interfering in private family matters" becomes more difficult. Visitation by biological parents provides unique challenges for rela-

Monitoring and Supervision *(continued)*

tive caregivers and social workers alike. Furthermore, kinship placements have repercussions on the relative caregiver's relationship with the biological parent and other family members. Other relatives may also move in and out of the relative caregiver's home without the knowledge of the social worker.

As a relative to the child in their care, kinship caregivers encounter a host of familial issues that other foster parents do not experience. Relatives often report intense feelings of divided loyalties and a sense of isolation.

Policy and practice standards do not address the unique needs of relative caregivers.

Task Force Recommendations:

- Perform an evaluation of the home environment that assesses the needs of both child and caregiver.
- Involve the relative caregiver in conducting the assessment and placement plan; use this process to determine the optimum frequency of visits and to clarify the responsibilities of relative caregivers and social workers.
- Develop assessment guidelines that address issues associated with the visitation of biological parents and changes in the family structure within the caregiver's home.

Support Services

Relatives who care for abused and neglected children have distinctly different service needs than traditional foster care providers. As a relative to the child in their care, they encounter a host of familial issues that other foster parents do not experience. Relatives often report intense feelings of divided loyalties and a sense of isolation.

Support services developed specifically for relative caregivers are few. The traditional training offered to foster parents is inadequate for the complexity of the issues they face. Relatives are rarely informed of the traditional training programs available to other foster parents.

Task Force Recommendations:

- Develop training programs for relatives that are provided in a support group format.
- Develop separate service programs designed specifically to address the issues and needs of kinship caregivers.
- Provide transportation and child care for support group members.
- Offer respite care services.

Permanency

A permanent home that provides protection and nurturance is the ultimate goal of the child welfare system. Three permanency options are available to children who have become dependents of the court: 1) reunification with the biological parents; 2) adoption; and 3) long-term foster care.

Most children in relative placements are in long-term foster care—the least desirable of the three options—due to the lack of initial planning and/or viable exit options. Some children remain with relatives through default, whether or not a long-term placement is appropriate. Some children could be adopted by a relative caregiver, but the relative cannot exit the child welfare system without losing needed financial and emotional support. As a result, children in kinship care placements tend to grow into adulthood without ever experiencing legal permanence.

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Task Force Recommendations:

- Assess the potential for long-term placement at the time of the initial assessment.
- Assess the entire family and the relationship implications of reunification prior to the establishment of long-term kinship placements.
- Develop guidelines for modifying (lengthening or shortening) reunification timelines for relative placements.
- Develop alternative exits from the child welfare system for kinship caregivers.
- Educate child welfare workers and relative caregivers about the ramifications of legal guardianship.
- Expand the definition of family in regards to kinship adoption and guardianship.

The California Partnership for Children

The California Partnership for Children is a nonprofit organization that was created through the unique affiliation of three equal partners: the California Children's Lobby, the Children's Research Institute of California, and the Children and Youth Policy Project. It is a diversified and advanced public interest service organization with core operations in research, evaluation, policy analysis, public education, lobbying, and advocacy. Its purpose is to join forces to meet the challenges confronting children in a changing world.

Children's Research Institute of California

Children's Research Institute of California (CRIC), an affiliate of the California Partnership for Children, was founded in 1973 to serve as an independent nonprofit statewide research, policy and educational institute committed to improving the lives of poor and disadvantaged children and their families. CRIC provides concise, timely research on critical issues affecting California's vulnerable children.

CRIC's Foster Care Policy Board follows the trends in foster care and develops recommendations based on CRIC's research. Its goal is to improve the overall quality of care received by children in out-of-home placements or at risk of out-of-home care. For the past several years, CRIC's local networks have been following the issues associated with kinship care placements. The Foster Care Policy Board has become increasingly concerned over the quality of care, level of support services, and the protections provided children in this growing form of foster care. Most recently, CRIC has been awarded grants from the Stuart Foundations and the van Loben Sels Foundation to conduct research in this area. This report is one of the policy making tools CRIC has developed through their generous support.

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KINSHIP SUPPORT AND RESOURCES PROGRAM (KSRP)

September 1996

PURPOSE:

The purpose of the program is to develop a comprehensive public/private social service response which addresses gaps in public social services to relative caretakers. This creates a "wraparound" system that respects the integrity of different cultural backgrounds and further strengthens the families ability to maintain a supportive and stable family environment for children at risk for out of home placement.

ORGANIZATION:

Edgewood has a history of meeting children's and families needs since it was founded in 1851. As the Bay Area has grown and the needs of families has changed, Edgewood has evolved to meet these changes and respond pro-actively to them.

Edgewood has been primarily an institution serving seriously emotionally disturbed children and their families. However, in the past several years the agency has been doing outreach into the community. Edgewood has begun to serve families through school and community based programs, mental health consultation to other agencies serving families and community advocacy for children's rights.

The agency under the leadership of a concerned administration and Board, determined they wanted to provide more community based services to San Francisco families and children. Kinship Care was identified by the Director of Program Development as an unmet need that had been overlooked by all the public systems. The administration supported the idea of an assessment period to determine the need level and to outline a program that would support these families in a new and sensitive manner. Therefore, in July of 1992 the assessment and development process began.

NEED:

At the end of 1991, 55% (or 1575) of all San Francisco dependent children were placed in the home of a relative (the last statistical analysis available). This group primarily consists of:

- families of color i.e. 1991 statistics show that out of 1575 children with relatives, 1487 are minority,
- families with less education,
- families with English as a second language,
- families with limited incomes or who are on an entitlement program, thus limiting their ability to provide "many necessities" in a child's life or for themselves,
- families who have been or are about to be involved with the Child Protective Services system due to allegations of neglect, abuse or exploitation.
- S. F. has 19,000 identified children living with relative caregivers.

While more children are becoming the full-time responsibility of older caregivers (usually grandparents), the San Francisco public system has not been able to focus on the needs of this population due to the budget deficit, dwindling state revenues and less private sector support.

By targeting services to the caregivers, we insure better care of the children. Our assumption is if we "Take care of the caregivers, the caregivers will take care of the children."

Almost half of San Francisco's abused and neglected children who are dependents of the court are in the care of relatives. Based on caregivers statements, their unmet needs may be diminishing their caregiving capacities. Abused and neglected children frequently have significant needs for consistent caregiving, nurturing support and firm limit setting. While giving their best effort, without more external support, these caregivers will not see these children through to emancipation. The children in many instances will become part of the growing foster care system, without the benefit of extended family ties.

Kinship Care Program Background:

In July 1992, the Edgewood Program Developer began to regularly attend Grandparents Who Care (GWC) support groups. The purpose was to better understand the needs of this group of caregivers, firsthand. Much of how the program has developed is based on these experiences. The goal of KSRP is to meet the needs of relative caregivers in order that they may be better able to effectively care for the children, with less stress and more quality time for themselves.

In November 1992 Edgewood began hosting regular training meetings for the Grandparents Who Care (GWC) program as well as an occasional respite day, whereby the grandparents could drop the children off and have a day to themselves.

During this year of collaboration between GWC and Edgewood a good deal of qualitative information was gathered about the needs of these relative caretakers who often discussed the discussed the following issues:

- the challenging behavioral problems of their grandchildren
- their own children's drug use
- the desire to "get to know our caseworkers" who just "run in and out"
- their confusion about the bureaucracy with which they must regularly deal
- their confusion at having two or three case workers from the same agency responsible for the grandchildren in their care
- their personal needs (e.g. an electric wheelchair, car towed away, heart condition, general exhaustion)
- the importance of peer support
- monetary needs
- respite needs

After 9 months of assessing the potential for developing a quality kinship program, Edgewood negotiated with the San Francisco Department of Social Services to partially fund the basic program, which included some staffing costs and a small budget for program expenses. As of July 1993 staff, space, supplies and other miscellaneous costs for the program are currently paid for with blended funds from San Francisco Department of Social Services, Community Mental Health, Edgewood and small foundation grants, a true public and private partnership.

Program:

At this time KSRP, with the collaborative funding, provides the following services:

- respite
- advocacy
- training
- family counseling
- fund raising, for unique family needs
- income maintenance services
- case management
- CHDP medical assessments
- long term planning for children
- transportation
- recreation
- out station services in several schools
- mental health assessment and support

In addition to providing the day to day support services for these families, Edgewood has made a commitment to provide Child Health and Disability Prevention (CHDP) assessments for all children served by KSRP.

Grandparents Who Care (GWC), another Edgewood program, and KSRP have become a continuum of services to relative caregivers known as Kinship Support Network (KSN). The GWC component of KSN facilitates support groups for relatiave caregivers and supervises an Independent Living program (ILS) serving youth 14 - 17 years old and a Junior Enrishment program for children 8 - 12 years old.

As of September 1996, the staffing and caseload for KSRP is as follows:

Present Staffing:

1	.5 FTE Program Manager (Edgewood In-Kind)
.2	FTE RN
2	FTE Senior Community Worker
4	FTE Community Workers
2	FTE Social Worker
1	FTE Administrative Assistant
1	FTE Recreation Coordinator
3.2	FTE Clerical
1	FTE Research Assistant
1	FTE Transportation Officer
1	.4 Community Consultant
1	FTE Volunteer Coordinator, Resource Specialist

Caseload:
* 104 Family Cases
261 Children

The grandparents who have been hired as community workers, are the heart of the program. They add a sensitivity and credibility to our efforts that is often missing in the bureaucratic structure of most agencies. I firmly believe each new team should have a similar direct service staffing pattern and mix of life experience and education. Support positions such as Recreation Coordinator, Resource Specialist, etc. can serve 2 full teams of direct service staff.

The public social services system has been besieged by increasing numbers of families requiring specialized services and support. The system, in turn, is reducing services due to local, state and Federal cutbacks, while trying to function under a system controlled by out-dated civil service regulations, which do not easily allow for selection of staff who are competent and ethnically relevant.

Families who care for their own "blood" are being treated as foster parents. Many professionals believe there should be a different system of services for relative caretakers. Therefore, Edgewood has taken the lead in attempting to develop such a system.

A major program enhancement which is under discussion, is the addition of an emergency response component. It would consist of a small team of Kinship staff that would assess and inform Kinship families at the point of Emergency Response and then provide follow-up services as needed. It would reduce the on-going problems and stresses for these families as well as the recidivism rate of relative placements.

* The anticipated caseload for a staffing pattern (team), similar to the one noted above, is 250-300 children and 110-125 caretakers.

FACT SHEET

In California, thirty percent of infants who come into non-kin foster care at birth are still in care four years later. Eighty percent of them have lived in more than one home during that time. Almost 40% have been in three or more homes. After six years, over 50% will have had three or more placements. Every one of these infants could, and should, have had a safe and permanent home and family. We are wasting children's lives through lack of direction and inaction.

The federal government can help these children by:

1. Modifying the Reasonable Efforts Requirement of Title IV-E of the Social Security Act to Require Reasonable Efforts for Permanency.

Federal Law requires states to make reasonable efforts to prevent or eliminate the need for removing a child from home. The law says nothing about ensuring that children who can't go home are adopted. Federal law should clearly establish *permanency* as the goal of the reasonable efforts requirement. Juvenile Courts should be responsible for monitoring progress in freeing children for adoption and locating families for them.

2. Recognizing the Fact That Some Parents Cannot Reunify with Their Children.

Some parents are not, and will never be, capable of caring for their children safely. Recent legislation in California recognizes the fact that it is *unreasonable* to make efforts to reunify children with parents who have severely abused them or their siblings, killed another child, had their parental rights terminated in the past, had extensive histories of untreated addiction, or had violent criminal histories. Unless these parents prove that they can, and will, change dramatically, their children should have the right to be adopted by families that will love and care for them. Federal law should not require reasonable efforts for these parents.

3. Establishing a Clear Priority for Adoption Over Guardianship in Federal Law.

Guardianship is simply not permanent. Guardianships end at age 18, do not cross state lines, and can be terminated at will or challenged by biological parents. Guardians cannot determine what happens to the child if the guardian

dies or becomes incompetent to care for the child. In California, eight percent of guardianships disrupt each year, while well under one percent of adoptions are set aside. Federal law must clearly recognize that, for a child who cannot return home, adoption is the only alternative that offers permanency.

4. Ensuring that Federal Law Favors Concurrent Planning and Relative Adoption.

Children's lives should be as stable as possible. Encouraging foster parents to adopt their foster children increases stability. Concurrent planning means that, instead of ignoring the fact that some children do not go home, we plan for this possibility as soon as a child enters the system, and look for a home that can be permanent. Federal law should encourage early planning for permanency, and clearly state that planning for permanency does not violate the reasonable efforts provisions of the law.

Relatives should also be encouraged to adopt. While kinship care is more stable than other forms of foster care, it is not a permanent solution. Children in kinship care live with the fear that their lives can be changed at any moment based on the decision of a judge or social worker or even an accident of fate. Adoption must be made more attractive to relatives so that children in kinship care have true legal stability.

5. Strengthening the Adoption Assistance Program.

Agencies often require foster families to make a financial sacrifice in order to adopt. The Adoption Subsidy Program should ensure that adoption is rewarded and neither child nor parent suffers a financial loss.

6. Target Family Preservation/Support on Post-Adoption Services

These OBRA 93 programs are well suited to provide non-disruptive post-adoption support to families who adopt special needs children. Availability of these programs is a vital issue for adoptive families. Adoptive parents also need help to deal with the special problems these children face. Existing funding programs like Family Preservation and Support should be targeted at providing services to families who have adopted these children.

7. Assisting States in Targeted Recruitment of Adoptive Families

Foster children need adoptive families who are willing to accept, work with, and love children with special needs. Unfortunately, these children are often invisible. White House leadership, in focusing attention on them, is a first step in a major recruitment effort. The Federal government, working with foundations, should also encourage demonstration projects and the sharing of information about recruitment techniques.

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KINSHIP CARE IN CALIFORNIA:

AN EMPIRICALLY-BASED CURRICULUM

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Executive Summary

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CENTER FOR SOCIAL SERVICES RESEARCH

The Center for Social Services Research conducts research, policy analysis, program planning, and evaluation toward the improvement of the publicly supported social services. Housed in the School of Social Welfare at the University of California at Berkeley, the Center responds to the concerns of community professionals and consumers of services to develop research activities that are practice- and policy-relevant. The focus of our work is on populations who are considered needy or disadvantaged, including victims of child abuse and neglect, the chronically mentally ill, the aged, the medically indigent, and the poor. Human service agencies that provide assistance to these populations are also studied at the Center through our analyses of agency management, finance, professional development, and service systems.

FAMILY WELFARE RESEARCH GROUP

The Family Welfare Research Group (FWRG) was established in 1984 to carry out research, training, and community service in the broad fields of children, youth and families. The intent of the Family Welfare Research Group is to study social policies and programs as they relate to the formation, maintenance, and support of family life. Because the needs of families are multi-dimensional, much of the work at the Family Welfare Research Group is multi-disciplinary in nature. Staff include scholars in the areas of public policy, public health, education, and social welfare. The Family Welfare Research Group functions under the umbrella of the Center for Social Services Research and includes the Child Welfare Research Center, the Poverty Research Group, the National Abandoned Infants Assistance Resource Center, and the ENABL and I & E evaluation teams.

CHILD WELFARE RESEARCH CENTER

The Child Welfare Research Center (CWRC) was established as part of the Family Welfare Research Group in 1990 with a cooperative agreement from the Children's Bureau of the Administration of Children and Families and the Office of Planning and Evaluation, U.S. Department of Health and Human Services. The Child Welfare Research Center's efforts are focused on local, state, and national research in the areas of child abuse and neglect, foster care, adoption, and the organization and finance of child welfare services.

For additional copies of this curriculum or other CWRC materials, please call us at 510-642-1899.

Project Description

The Child Welfare Research Center at the University of California, Berkeley received a curriculum grant from the California Social Work Education Center to develop teaching materials that were empirically-based to assist in the realization of competency-based child welfare social work practice.

This curriculum provides materials on the subject of kinship care. The curriculum is divided into several parts, each offering information relating to kinship care policy, practice, and outcomes. It is designed to be used as a whole or in part by the classroom instructor; materials are not currently copyright protected and may be reproduced by the instructor for social work/welfare students. Teaching tools are provided in the form of transparencies for overhead projector use, should these materials be useful.

This project was made possible through the assistance of child welfare managers and staff in ten California Counties including Alameda, Butte, Fresno, Los Angeles, Riverside, San Diego, San Mateo, Santa Clara, Solano and Stanislaus.

The curriculum is based upon research conducted in several domains. First, administrative data were analyzed for all children in foster care (kin and non-kin) throughout the state. Second, data were collected through focus groups with child welfare workers. Third, a survey was distributed to a sample of child welfare workers in the ten California counties listed above. Last, an extensive literature review was conducted on all materials currently available in the area of kinship care.

A brief synopsis of some of the findings are presented in this Executive Summary. The findings included in this summary are derived from the California Children's Services Archive, a database developed at U.C. Berkeley from the Foster Care Information System (FCIS). FCIS data are collected by each county regarding all children placed in out-of-home care. These data are provided to the state and shared with U.C. Berkeley staff. The Archive has been reconfigured into a longitudinal database to account for children's transitions in, out, and through the foster care system. Data are available from 1988 to the present. Data presented in this curriculum reflect 1988 through 1993.

Kinship Care in California:
Population, Placements, and Outcomes

California: Foster Care Entrances, Exits, and Net Change Over Time

The foster care caseload size is determined by both the number of entrances and the number of exits from care. If the number of children who are admitted is greater than the number discharged in a given year, the caseload will grow.

California admissions increased from 30,866 in 1988 to 34,713 in 1989, then decreased to 32,769 in 1990 and 32,024 in 1991, then rose again to 33,500 in 1993. The number of exits from care rose each year from 1988 to 1991, but remained below admissions each year, and then decreased in 1992 and 1993. The net result has been a continuous growth in the total foster care caseload by year. By the end of 1993, over 84,000 children were in foster care.

Incidence of First Entries to Foster Care by Age Group

Incidence rates for first entry indicate the likelihood of a child entering foster care. The incidence rate is defined as the number of children entering foster care for the first time per 1,000 children in that child population. Incidence rates rose in California for all age groups between 1988 and 1989, decreased in the next year, and have remained moderately stable since then. The incidence rate for infants was as high as 14 per 1,000 infants in the population in 1989, and continues to be about three to four times as great as the rate for children who enter care after their first year of life. In 1993, nearly 10 per 1,000 infants and more than three per 1,000 children ages one through five entered foster care.

There are striking differences in incidence rates by child ethnicity. While the overall incidence rate for infants was nearly 10 per 1,000 in 1993, more than 45 per 1,000 African American infants entered care. Much higher rates were also evident for African American older children compared to other older children.

Foster Care Caseload by Placement Type Over Time

California's welfare-supervised foster care caseload rose from 52,522 in 1988 to 80,290 in 1993. This growth is mirrored by an increase in the number of children placed with kin. Forty-five percent of children in foster care in 1993 were living with relatives, increasing from 40 percent five years earlier. Forty three percent of children were in non-relative foster family homes, and nine percent were in group homes.

Children in Care by Placement Type and Ethnicity

African American children are more heavily represented in kinship care than any other racial or ethnic group. Somewhat over half (52.6%) of African American children in care are placed

in kinship care. This percentage compares relatively closely with Hispanic children where 46.4 percent are placed in kinship care. In contrast, Caucasians and "others" are significantly more likely to be placed in foster family homes (49.7% and 54.3% respectively). This suggests that kin may be more heavily utilized among some communities of color than among Caucasian families. These differences may be related to culture, views of the family, and proximity of relatives to one another.

(Native American children, who should be cared for in kinship settings in the large majority of cases [due to implementation of the Indian Child Welfare Act, 1978], are not represented in these data as they are generally served by the Bureau of Indian Affairs and would not come under the jurisdiction of many counties.)

Children in Care by Placement Type and Age

Kinship care is utilized at different rates depending upon the age of the child. Very young children (infants) and older children (older than age 6) reside in kinship homes in about forty percent of the cases.

Kinship care is more heavily utilized among preschool-aged children (about one-half of all preschool-aged foster children reside in kinship care).

Because many infants coming into care arrive medically compromised, we believe that these infants may be more likely placed in specialized foster care. Once stabilized, these young children may then transition to the home of a relative.

Outcomes at Four Years for Children from Kin and Non-Kin Care by Age

We provide data on children's circumstances four years after placement in kin and non-kin care. The analysis considers the first spell in foster care. Most children (about 85%) have only one spell in care.

Thirty eight percent of infants who had been placed with kin and one-fourth of those placed with non-kin were still in care after four years. Less than 45 percent of children who entered care as infants, regardless of where they were placed, were reunified. Infants placed in non-kin settings were far more likely to be adopted after four years (24% vs. 6%), although a larger percentage of infants placed in kinship care left placement to guardianship four years later (8% vs. 1%).

Children ages one through five placed with non-kin were somewhat more likely to be reunified. The proportion of children adopted after four years was much smaller for children who entered care after their first birthday, regardless of whether they were placed with kin or non-kin; three percent of children entering as toddlers to kinship care and nine percent of those in non-kin care were adopted and one percent of children entering as preschool-age

children placed with kin versus six percent of preschoolers placed with non-kin were adopted four years later. Guardianship remained a more likely outcome for 1-5 year-olds placed with kin.

Reunification rates for 6-17 year-olds placed with kin and non-kin were very similar, although a somewhat higher proportion of older children placed with kin were still in care four years after placement (26% vs 17%).

Outcomes at Four Years for Children from Kin and Non-Kin Care by Ethnicity

Outcomes after four years differ for children placed in kin and non-kin care, and these differences are particularly striking when examined by ethnicity.

Nearly one-half of African American children in kinship care were still in care at four years, as were more than a third of those in non-kin care. This 'still-in-care' proportion is higher for African American children than for children of any other ethnic group. Twenty five percent of Hispanics, 19 percent of Caucasians, and 16 percent of Other children placed with kin were still in care four years after placement. The primary difference in outcomes between children of various ethnic groups placed in kinship care can be found in the rate at which these children were reunified with their families. Slightly over 40 percent of African American children had been reunified, regardless of placement type, as compared to about 60 percent of children belonging to other ethnic groups.

Outcomes at Four Years for Children from Kin and Non-Kin Care by Removal Reason

The majority of children (65%) placed in foster care are removed from their birth homes due to reasons associated with general neglect, severe neglect, or caretaker absence/ incapacity. A smaller percentage are removed for reasons relating to physical abuse (16%) or sexual abuse (10%). A fourth category that we describe as "other" includes removal reasons such as child disability or handicap, voluntary placement, emotional abuse, or exploitation; this includes about eight percent of children placed in care (although we have recently learned that a large number of child welfare staff in Los Angeles County designate drug exposed infants as "disabled").

There are few differences in outcomes for children placed in kin and non-kin homes when the initial reason for placement is physical abuse or sexual abuse. Some differences can be seen, however, for children placed in kin and non-kin homes for reasons of neglect. A much larger percentage of children are still in care four years after placement in kin and non-kin homes, and children placed in kinship homes are somewhat more likely still (33% vs. 24%) to remain in care. The adoption rate for children placed in non-kin homes for reasons of neglect is especially high (10%) in comparison to the rate for other children.

We see significant differences in the "other" category, probably due to the number of drug

exposed infants categorized as "disabled" in Los Angeles County. Kin caring for these children would be especially inclined to have the children remain in long-term foster care, rather than moving to guardianship, as they would have greater access to services and support for the children through their involvement with the child welfare system.

Number of Placements for Children Still in Care After Four Years

Children still in foster care four years after entry with kinship care as their primary placement had significantly more stable placement experiences than children placed initially in foster family homes. Considering age at entry, only 19 percent of infants, 16 percent of toddlers, 18 percent of preschoolers and 22 percent of older children who were still in kinship care at four years had been in three or more homes. In addition, most of the moves that did occur for children in kinship care were either from a non-kin placement to a relative's home, or from one relative to another. In contrast, children in long-term foster care with non-kin were much more likely to have been in at least three different homes after four years (28% of infants, 40% of toddlers, 47% of preschoolers and 56% of children ages 6-17).

Reunification for Children from Kin and Non-Kin Care

The data derived for this analysis includes all children who entered care for the first time between January 1, 1988 and December 31, 1993. Using event-history analysis, survival curves for reunification from kin and non-kin primary placements demonstrated differences in time to reunification.

The differences in reunification rates between children placed in kin and non-kin homes are most pronounced in the first year after placement. By four years, reunification becomes almost indistinguishable for kin and non-kin.

Other analyses reveal that children who entered care as infants were much less likely to be reunified than older children, regardless of whether they were placed with kin or non-kin, although reunification was slower for infants in kinship care.

African American children in kin and non-kin placements were less likely to reunify with their parents than children of other ethnic groups at all points in time. African American children placed with kin were far less likely to reunify than all other children, regardless of ethnicity or placement type. Differences between Caucasian, Hispanic, and Other ethnic groups were not as pronounced.

Re-entry to Care from Kin and Non-Kin Settings

Although reunification is mandated to be the most desirable outcome for children in foster care, the "success" of returning a child home depends in part on whether or not that child is able to then remain at home safely. The foster care re-entry rate is one way to attempt to

measure how well this has been accomplished. Event-history analysis was used to study the relationships between independent variables and re-entry to a second spell in foster care for children who had exited their first spell in care via family reunification from 1988 to 1993.

Children who were returned home from a primary placement of kinship care were less likely to re-enter than those who spent all or most of their first spell in non-kin care.

The data do not answer why these differences may exist, however a variety of reasons may come into play including: (1) relatives may assume an informal parenting role or may assist with parenting after reunification; or (2) children's greater length of stay in kin homes before reunification may help to ready the birth parent for the child's eventual return.

Outcomes at Four Years for Children from Kinship Care by AFDC-FC Eligibility

Children residing in kinship homes receiving AFDC-FC payments are more likely to be still in care after four years than children living in kinship homes that are not eligible for AFDC-FC payments. The corresponding rate of reunification is much lower (47%) for children living in AFDC-FC eligible homes rather than non-AFDC-FC eligible homes (62%). Other outcomes such as adoption and guardianship are similar after four years.

In contrast, AFDC-FC eligible children placed in non-kin homes are slightly more likely to be reunified and slightly less likely to be adopted than non-eligible children. For children placed with non-kin, AFDC-FC eligibility can be thought of as a rough proxy for the birth family's poverty, since a primary requirement for eligibility is that the child was eligible for AFDC-Family Group (or AFDC-Unemployed Parent) when he or she was removed from the birth home. Since non relatives receive foster care funds regardless of the child's AFDC eligibility, it appears that child poverty does not strongly contribute to outcomes. The large differences based on eligibility for kin begin to point to a payment-rate effect, suggesting that the higher payment rate offered by AFDC-FC may provide a disincentive for families to work toward family reunification so that the total family income remains as high as possible with government assistance.

Median Length of Stay in Kinship Care in Weeks, by Ethnicity and AFDC-FC Federal Eligibility

There is a dramatic difference in children's length of stay in care depending upon the AFDC-FC eligibility of the child. Differences in length of stay among children residing with kin who are or are not eligible for AFDC-FC are pronounced across all ethnic groups. The differences are most striking, however, among African American children. The median length of stay for African American children residing with kin who are not eligible for AFDC-FC is 119 weeks, whereas the median length of stay for African American children in kinship homes who are eligible for AFDC-FC is 212 weeks.

Re-Entry to Care for Children Placed with Kin by AFDC-FC Eligibility

AFDC-eligible children who were returned to their birth parents from a kinship home were more likely to return to care than children who were not AFDC-FC eligible. The re-entry rate to care for these AFDC-FC eligible children is very similar to the rate for children placed in non-kin settings.

Kinship Care Services in California: Voices from Child Welfare Workers

Information for this portion of the curriculum is derived from focus groups with child welfare staff in ten California counties. Summarizing comments from those data are presented here.

The increasing use of kin is driven in part by legislation, but has also grown as a result of child welfare workers' support for relatives as children's caregivers. In spite of a number of challenges staff experience in working with kin, they are often enthusiastic about this relatively new placement alternative and would like to see efforts that support and strengthen kinship care.

Placement Stability

The stability of kinship care is based on a number of factors, the most important of which is the commitment kinship caregivers feel toward the children in their care. Because of their relationship to the child and birth mother, kinship foster parents appear to be more tolerant of the difficulties they face in caregiving and will "stick with" the child, even in the face of challenging times. However, the placement stability we see may also be driven by a fear of the child welfare system that hinders caregivers from sharing concerns with their worker. Placement stability evinced by administrative data may be an overestimate as some moves may be masked by an informal mobility that may occur within the kin network. That is, children may move from home to home but not have their moves recorded. This child-sharing may be helpful and appropriate for caregivers, but also results in some uneasiness among child welfare workers who are not always aware of children's whereabouts.

Reunification

Unique aspects of kinship care may sometimes delay reunification, accounting for the longer lengths of stay we see in administrative data. Child welfare workers reported occasional problems with family dynamics that resulted in "sabotaging" family reunification efforts. More important, however, was the role of foster care payments in children's return to their birth parents. As foster care payments are significantly higher than payments through AFDC, child welfare workers report that some families attempted to maximize their total family incomes by maintaining the child in foster care, rather than returning to the lower income afforded through welfare.

Placement Decisions

Some of the greatest challenges child welfare workers expressed in their work with kin centered on the difficulties they faced in making well-informed placement decisions. These problems could be mitigated with more formal guidelines about what to look for in kin placements, more time to make thorough assessments, and more latitude to make placement changes when necessary. Further still, staff strongly urged the development of training programs for kin caregivers to prepare them for their new role vis-a-vis the child, the courts and the child welfare system.

A Comparison of Kin and Foster Parents: The Child Welfare Worker's Perspective

Information contained in this section of the curriculum is derived from surveys completed by intake workers (n=220) and continuing services workers (n=292) in child welfare services from ten California counties. The survey was designed to capture workers' views about the primary differences between kinship foster parents and foster family parents, and points to changes in policy and practice that may be considered. Several findings are presented in the full report. We present some of the discussion generated from these findings in the Executive Summary.

Child welfare workers strongly support the philosophical premise of utilizing kin, but the system of care has developed in such a way that most counties are operating a kinship care program that is unclear about its purpose or direction.

The views among child welfare workers reflect their positive views of kinship care, with mixed opinions about the extent to which kin should be treated by the child welfare system more like foster parents, or more as family to the child. In practice, kin fulfill both roles for children, but certain components of the current system emphasize and reinforce these unique roles in different ways. For example, within the current payment structure of kinship care, kin are sometimes treated like foster parents (those who receive AFDC-FC) and sometimes like parents to the child (those who receive only AFDC). For children who remain in long-term-foster care, kin are viewed more like foster parents (i.e., they are able to maintain the foster care rate along with the social work support), but for kin willing to accept guardianship, they are viewed more like parents to the child (i.e., they lose their AFDC-FC payment). Kin are viewed as parents when it comes to licensing practices (i.e., kin are not generally assessed for their appropriateness in providing care to children, nor are they required to attend foster parent training), and when child welfare workers need to re-place children from a kin home into a non-related foster home (i.e., staff must prove abuse or neglect by the caretaker).

Because the incorporation of kin into the child welfare system has occurred in a reactive fashion, the contradictions in child welfare practice are becoming more evident and more problematic for child welfare staff responsible to the children in care. Staff clearly conveyed

their own conflicted views about kinship care, but focused their dissatisfaction on those aspects of the system that treated kin more as parents than as foster parents. Recognizing that kinship care *is* a unique phenomenon, where the role of the caregiver fits rather squarely between the role of parent and the role of foster parent, certain child welfare practices will continue to develop that support the distinctive characteristics of kinship care. Yet child welfare workers also indicated a number of areas that they would like to see reformed that would align kinship care practice more closely with the practice of conventional foster care.

Child welfare workers' views are an important dimension in the evolving discussion about kinship care. Their voices reflect a concern about all children in their care, and signify an approach to the treatment of children that is safe and equitable while always keeping the notion of the child's best interests closely tied to the child's relationship to all of his or her family.

Kinship Care in California:
An Empirically-Based Curriculum

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KINSHIP CARE IN AMERICA
A NATIONAL POLICY STUDY

U.S. CHILDREN'S BUREAU GRANT AWARD 90CW1077/01

Conducted by

The Center for Child and Family Policy
Edmund S. Muskie Institute of Public Affairs
University of Southern Maine

Summary of Findings, Conclusions, Recommendations for Presentation to
The National Association of State Foster Care Managers Annual Meeting

October 18, 1995

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NATIONAL KINSHIP CARE IMPACT STUDY
A Five State Comparative Case Study

A. Background and Purpose of the Study

The purpose of this research project was to explore whether and how different kinship care policies affect removal and placement practices; case planning and provision of services; reunification and other permanency outcomes, including adoption and guardianship; the supply of foster families; program administration; and cost. Five state systems, and two selected locales within each state, have been the foci of an in-depth analysis of the impact of various kinship care policies on outcomes for children and child welfare systems.

The National Kinship Care Impact Study has four research objectives:

Objective 1: To define the ways various policies about kinship placement influence decisions concerning the removal and placement of children.

Objective 2: To analyze the impact of kinship care policy on outcomes achieved for children in kinship care compared to outcomes for children in other settings.

Objective 3: To identify and describe the impact of various kinship placement policies on the operations of child welfare systems.

Objective 4: To develop recommendations and policy options concerning the appropriate uses of kinship homes in the overall schema of foster care resources.

B. Research Questions

Question 1:	*How do various kinship policies affect decisions to remove (or not to remove) children from their natural settings?*
Question 2:	*How do various kinship care placement policies influence the types of settings in which children are placed?*
Question 3:	*How is the participation of children in services different for children in kinship foster care?*
Question 4:	*How are permanency outcomes for children in kinship foster care different than for children in other settings?*
Question 5:	*How do kinship placement policies influence case level goal setting and planning/review procedures and practices?*

Question 6: *How have kinship placement policies influenced administration of programs, allocation of resources, the character of intra-agency/inter-organizational working agreements?*

Question 7: *How does kinship placement policy influence cost?*

C. Study States and Locales

The states and locales selected for study include:

1. California. A county-administered system, California policy varies considerably across the state. Statewide, roughly 50 percent of the foster care population were in kinship placements in 1993. The eligibility of relatives under Title IV-E is the determining factor in whether relatives can be reimbursed at the foster care board rate. The selected counties are **Los Angeles** and **San Francisco**.

2. Colorado. Also a county-administered system, Colorado has an emerging statewide policy on the certification of relatives as foster families. The selected counties are **Denver** and **Larrimer** (Fort Collins and environs).

3. Illinois. A state-administered system, Illinois is experiencing a rapidly expanding foster care caseload in Cook County. The *Youakim v. Miller* ruling triggered policy changes and a series of lawsuits and consent decrees dealing with the status of children with living parents residing with relatives and the reimbursement of relatives at the foster care board rate. The selected locales are **Cook County** (Chicago and environs) and the **Southern Region** (East St. Louis and nearby cities and towns).

4. New York. A county-administered system, New York practice has been influenced considerably by the *Eugene F.* case. Selected locales were **New York City**, where the celebrated *Eugene F.* litigation triggered an expedited approval procedure for relatives, and **Monroe County** (Rochester and environs).

5. Texas. A state-administered system with no formal policy or procedures designed to certify relatives as foster families, Texas uses relatives as a resource for diverting children at risk from the foster care system. The selected regions are **Houston** and **Edinburg** (Edinburg/Brownsville region).

D. Data Collection/Data Sources

At both state and local levels, the study's major source of data has been testimony gleaned from interviews with key informants in the field. They have included:

- *Policymakers*--ranking state executives, policy writers, judges, court officials who have initiated policy changes.
- *Administrators*--persons responsible for implementing policy and/or interpreting it for others to carry out.
- *Managers*--persons responsible for program operations, fiscal control, and case level supervision in regional offices and operating units of county departments.
- *Caseworkers*--those responsible for investigating, assessing risk, drafting case plans and reports, working with children and families toward identified permanency objectives.
- *'Historians'*--those with a perspective on the impetus for policy change and its impact over time.
- *Critics and advocates*--informed outsiders with critical perspectives.
- *Technical experts*--researchers, investigators, consultants, program designers and evaluators.

Documentary data. Information contained in documents: statistical complications, legislation, policy directives and clarifying memoranda, narrative reports, research reports, internal program and policy recommendations--were gathered before, during, and after field visits. The organization and scope of documentary information on foster care in general and kinship care in particular varies widely between jurisdictions.

E. Characteristics of The Five Study States

1. California

In FY84-85, California's foster care caseload totaled 31,365 children, excluding children for whom no foster care payment was made. That number increased each year until FY91/92 projections reached a total of 64,317. Year-to-year increases were 11.6 percent, 13.1 percent, 11.2 percent, 14 percent, and 12.9 percent between FY85 and FY90. The June, 1993 statewide estimate was 86,000 children in care with half of those in relative care arrangements. The trend is now leveling out.

State officials suggested that the recent leveling off of the numbers of children entering foster care may be due to what they termed 're-alignment'. A recent statutory change requires California counties, which make all the removal and placement decisions, to bear a much larger share of the cost of foster care placement. Previously, counties paid five percent of the non-federal share of foster care cost. Now, their share is 60 percent of the non-federal portion. State officials reported that counties are now taking fewer children into care than before, and are placing fewer children in group care, which is more expensive. This may also mean that a larger proportion of children entering placement are being placed with relatives than would previously have been the case. Informants in all settings uniformly expressed the view that the utilization of relatives as placement alternatives has had no impact on decisions by CPS investigators to remove or not to remove children at risk from their homes.

Relative Caregivers. Relative caregivers in California are reimbursed under two different mechanisms. Those caring for children who are IV-E eligible receive the normal foster care payment. Those caring for non-IV-E eligible children receive AFDC-Family Group payments. The basic payment for a child reimbursed through the foster care system is between $345 and $484, depending on the child's age. Under AFDC-FG the basic rate is $326. Thus, the difference when the child is four years old or younger is not great, but a child 15 and older will receive 50 percent more under foster care than under AFDC-FG. Furthermore, the foster care payment increases arithmetically by the number of foster children in the household, while economies of scale are structured into AFDC-FG reimbursements. Two children in the same household getting the foster care rate would receive $690 to $968 monthly, while the reimbursement under AFDC-FG would be $536. The discrepancy increases with each additional child.

Each county makes its own determination concerning the intensity and cope of the home studies it conducts. Generally, counties do not hold relative care givers to the same standard applied to non-relative homes, regardless of how they are reimbursed. Courts also vary greatly from county to county in the extent to which they convey authority to relatives to independently enroll children in school, obtain medical care for children, and make other routine but critical decisions for children in their care.

2. Colorado

The total number of households and children served by the Colorado child protective/foster care system appears to have actually declined between 1990 and 1991. The Department attributes a portion of the reported decrease to 'a change in county procedures from opening individual cases for different children in the same family to opening one case per family'. Most children and families served in Colorado are not served in the foster care system, and statewide statistical reports include all children and families who had been investigated for abuse and neglect whether they were served or not. While the total number of clients was decreasing between 1990 and 1991, the number of children in out-of-home placement increased by four percent from 1990 to 1991, and this may be a better barometer of change than the numbers of households and children served. Nevertheless, these data point to caseloads trends at odds with those found in other states during the same time period.

Relative Caregivers. Until October, 1992, the state never provided much policy direction to counties on kinship placement. State government in that month promulgated new kinship policies directing that counties consider kinship placement among the first options at placement and thereafter, that blood relatives caring for children in custody shall be certified and receive foster care board payments if the child is IV-E eligible *or* the placement avoids a more restrictive placement. However, certification criteria for relatives were not officially streamlined in the October, 1992 announcement, which states further that "...when relatives are certified for foster care the county department shall continue such a plan for only as long as necessary to achieve permanency without this expenditure of foster care dollars."

The state's June, 1992, Foster Care Review report (issued just four months before the promulgation of new kinship policy) shows that of 266 cases reviewed that month, ten (3.76 percent) were in relative foster homes, while 62 (23.31 percent) involved children living with relatives who were *not* in certified foster homes. These percentages add up to a somewhat higher number than is shown by the overall data from 1992. There, relative care comprised 11 percent of the total out-of-home population at the beginning of the year and 13 percent by the end of the year. While the population subject to foster care review is larger than the out-of-home population, the vast majority of the two populations are the same.

Unlike other states in this study, whites make up the largest portion of the children in relative care in Colorado. Respondents reported that ethnicity is a factor in relative care in Colorado only to the extent to which African-Americans are over-represented in the child protective system. One informant said: "We do have a serious problem in the area of black and Hispanic foster homes. Also adoptions." Whether and to what extent casework staff actually do seek out blood relatives at placement depends on local practice traditions in the counties and the extent to which county departments are under pressure to generate new placement resources. Where they are not, caseworkers express reservations, based on 'the apple never falls far from the tree' concerns and the worry in rural areas that the distance between the home of a relative and the child's birth parent home is often so great as to make reunification a more difficult proposition.

3. Illinois

The number of children in substitute care statewide in Illinois has increased by 68 percent between FY89 and FY92. The Illinois Department of Children and Family Services' (DCFS) Program Monitoring Division's *Trend Analysis as of December 31, 1992* states: "Home of Relative foster care continues to be the predominant type of placement with an increase of 149 percent since FY89. In FY93 (Jul-Dec), over half of all children residing in a substitute care placement were placed with relatives. Of the 31,461 current substitute care placements, 16,547 (53 percent) were placed in relative foster care, and over 13,900 (84 percent) are in the Cook (Chicago area) region....Since FY90 the use of private agency relative care has increased 267 percent statewide, 368 percent in the Cook County (greater Chicago) Region, and 103 percent Downstate." More than half the reported number of children in relative foster care in FY93 are in private agency relative placements.

Relative Caregivers. In Illinois, relatives can select a variety of different statuses. These include the following.

- *Guardianship* can be pursued by relatives caring for children on their own motion. No foster care payments are made under this category. AFDC-eligible families can apply for these benefits of behalf of children in their care.

- *Successor Guardianship* passes custody from DCFS to the relative but the Department continues to make board payments at the foster care rate. The department's involvement in the life of the family diminishes significantly. However, these are not eligible for IV-E reimbursement, so DCFS has not widely utilized this option.

- *Foster family status* allows relative caregivers to receive the foster care rate and are eligible for the same services provided to non-relative foster homes. They are also subject to many of the same constraints.

- *Subsidized adoption* is available to relatives who adopt the child. However, experience seems to indicate widespread reluctance by relative caregivers to adopt, based on the existing family relationships (e.g. a grandparent becoming the adoptive parent of its own grandchild).

The origins of kinship foster care policy (termed 'relative family care' or 'HMR' for 'home of relative') in Illinois are in *Youakim v. Miller* (440 U.S. 125, 1979) which provided that relatives caring for children in custody in Illinois must be informed of their right to seek certification as foster parents and, if so certified, to receive foster care reimbursement rather than AFDC payments.

Much of the current policy governing DCFS' treatment of relatives is set forth in the consent decree in *Reid v. Suter* (May 20, 1992). This class action litigation was brought by attorneys with the Northwestern University Law Clinic, the Office of the Cook County Public Guardian, and the Cook County Legal Aid Bureau. Plaintiffs alleged that DCFS was actively discouraging relatives from pursuing foster family status; that it was using various forms and degrees of pressure to get them to seek guardianship (which is not foster care reimbursable), instead. The consent decree provides that the agency must make foster care status available to relatives without pressure to seek guardianship.

In *Cook County* (Chicago and environs) DCFS caseworkers and supervisors interviewed consistently attributed the placement of children in foster care to drug issues. One respondent estimated that 80 percent of the cases are drug related, while another added that unemployment and homelessness also contributed to the need for DCFS intervention.

Workers and managers in Cook County expressed deep concern about the volume of 'grandmother' cases: those in which a relative, usually a maternal grandmother, has been caring for the child for some period of time and then calls in a report of abandonment against her daughter to obtain foster care reimbursement. DCFS Cook County staff often referred to these

relatives as being "in it for the money." They saw no reason for DCFS to be involved in these matters since the children are not in danger. They reported that relatives have become fairly sophisticated about making the claim that parents had left the children without any plan of care; that is to say, no money to support the child, no definitive plan for returning and resuming parental duties. The presence or absence of a 'plan of care' is the factor which determines whether the relative can receive foster care payments. If evidence of some type of plan is found, the case is disqualified. Otherwise, DCFS has had to accept the case.

4. New York

The New York State Department of Social Service's January, 1993 semi-annual report to the legislature revealed a leveling trend in the numbers of children in care in New York City (after four years of rapid growth) and a slowly increasing trend upstate. In New York City, average admissions began falling in early 1989 and discharges, which had been averaging approximately 750 per month from 1987 and 1988, began slowly moving up through 1989 and 1990, averaging 1,000 discharges per month by the end of 1990. The near balance between admissions and discharges suggests that a new but higher steady state may be emerging.

One state official interviewed attributed the recent leveling off in New York City to a shift in practice away from treating drug toxicity among infants as a *prima facie* reason to assume custody; but also to a focus on prevention, a diminution of the crack epidemic, a shifting of resources toward permanency planning resulting in increased discharges, and a turndown in the number of 'boarder babies.' The same official suggested that upstate increases are the product of increasing drug use in these locales as the problems that initially surfaced in major urban areas are exported to smaller communities.

Relative Caregivers. New York State policy on relative caregivers is both old and new. State statute has provided for 'approval of relatives within the second degree of relationship to the parents' for decades. However, the State Department of Social Services never defined what standards were to be used and never tracked relative placements separately until the late 1980s. Spurred by both a federal audit finding that some foster homes were not licensed and that there were no approval criteria for relative homes and by the *Eugene F.* litigation in New York City, DSS promulgated rules specifying reduced standards for relative caregivers, as well as an emergency approval process which permitted children to be placed with relatives for up to sixty days without a full review of all the standards.

The legislature also moved during the same period to expand the use of relative homes. State law was amended to extend the approval process to relatives within the third degree of consanguinity to the parents, and judges were instructed by the statute to consider relatives as the preferred placement option. In addition, judges were permitted to instruct county departments of social services to place children with relatives rather than in licensed homes.

In general, relatives who are approved as foster care providers are reimbursed at the same rates as are licensed foster parents. In many upstate counties, however, children are often

placed in relatives' homes without the formal approval process and without foster care payments. AFDC is available to those relatives.

The growth of New York City's foster care population began in 1986 as the effects of the crack cocaine first began to be felt. Almost simultaneously, the City was sued by Legal Aid for failing to provide services to children who were removed from their homes and placed with relatives because of abuse and neglect reports. The litigation, *Eugene F.*, also named the state as a co-defendant for failure to supervise the City's delivery of child welfare services. The state's response was to issue a new rule stating that any child who was placed outside of his or her home and was in the custody of the City (or an upstate county) was *de facto* in foster care. That meant that the class of children covered by the *Eugene F.* litigation, all of whom were in the custody of the City, had been placed in illegal settings. The homes had been neither licensed nor approved, the latter being a statutorily defined process which had never been further defined by the State Department of Social Services regulations.

In the midst of a crisis in foster care placements, the city's Child Welfare Administration began looking to relatives as a placement resource. What had been a relatively small population became a significant portion of the City's foster care caseload. Private agencies, however, who were the primary providers of foster care in the City, were reluctant to take on the responsibility of monitoring the kinship cases. As a result, an increasing number of children were supervised by CWA workers. Finally, in 1991 CWA, which had previously had local borough offices only for child protective investigations, opened borough offices to handle the large number of kinship cases.

5. Texas

The Texas Department of Protective and Regulatory Services (TDPRS) is the agency charged with protecting children and providing in home and foster care services to children at risk. The number of children entering TDPRS legal responsibility through court orders each year has been rising for the past four years, as has the total number of children remaining in TDPRS managing conservator-ship at the end of each successive fiscal year. However, the distribution of children among various placement alternatives has remained essentially constant. The wild card in this formulation is the unknown factor of children *not* in conservatorship who have been placed with relatives, for which data are unavailable. We do not know what would happen to these numbers if they were included within the foster care construct, as they are in, say, Illinois.

Caseload averages per worker are on the increase, too. They ranged in 1992 from 19.04 (El Paso) to 32.22 (Tyler). The overall worker caseload was 27, up from 20.5 in FY90.

A policy design specialist in state headquarters said that until approximately 1979 the state was essentially uninvolved in paying for any type of foster care. AFDC was available to foster families who were eligible, and reimbursement for those not eligible was a county-by-county affair (Texas has 54 counties). "We had 'contracts' with some of the counties to pay for

services we couldn't pay for--clothing, medical expenses--mostly non IV-A, non IV-E reimbursable services. The counties--some of them--would pay for services the state wasn't seen as being responsible for. We often relied on free foster care, often provided by relatives. The system relied a lot on informal care mechanisms." We asked why this informant used the word 'contract' to characterize an arrangement in which counties provided payment for services the state would not reimburse. Where was the quid pro quo? He explained that the state could claim Federal reimbursement for county-reimbursed services which increased the overall pool of federal dollars in Texas. It was a matter of shifting costs around to maximize service dollars for everyone, so the counties benefitted that way. Nevertheless, many counties did not reimburse foster care services at all.

A good deal of foster care in Texas was and still is provided by church related institutions with a history of private church support. The churches and their related programs for children and families have been a significant resource, long before Texas formulated a foster care system. Historically, troubled families have given the care of their children over to these institutions voluntarily in difficult times, only to reclaim them when circumstances stabilized later on. The phenomenon is not unique to Texas but it seems to have continued on longer into modern life than elsewhere. And relatives, acting informally, have played a significant part in the culture of family life and the resolution of family problems in Texas. This seems to account in large measure for why Texas was so slow to place responsibility for foster care squarely with state government, why local government has sometimes played such an important part, and why relatives are so frequently seen as resources external to the formal child protective-foster care framework.

Finally, in 1979, the state began reimbursing for foster care at a rate of about $3.00 a day. "In the 1980s we began asking ourselves how to utilize relatives in foster care more effectively. We decided that if we (the state) utilized foster care dollars we'd do it in foster care settings. If relatives wanted to become foster parents they could try to become licensed."

Texas now uses a level of care system. Level 1 Care is the least restrictive level of care. Level 1 children require parenting in a normal family environment. The Level 1 daily payment rate as of January 1, 1992 is $18.47. Level 2 Care is also provided in a normal family environment. Level 2 children require a normal family environment with the availability of additional structure and guidance to meet the child's individual needs. The Level 2 daily rate is $41.21. Level 3 Care is provided in residential care facilities or therapeutic family homes. Level 3 children require structured, supported care with the availability of therapeutic counseling as necessary. The Level 3 daily rate is $57.94. Level 4 Care is provided in residential care facilities or highly skilled therapeutic family homes. Level 4 children required a structured, individualized treatment program that includes regular therapeutic counseling. The Level 4 daily rate is $80.77. Level 5 Care is provided in residential care facilities. Level 5 children have severe problems that require a highly structured treatment program including intensive therapeutic counseling and 24-hour supervision. The Level 5 daily rate is $100.82. Level 6 Care is provided in residential care facilities licensed to provide a specialized behavioral approach for treatment and education, or licensed to care for the medically fragile. Level 6

children are severely impaired or medically fragile and require constant supervision, treatment, and care. The Level 6 daily rate is $145.91.

Relative caregivers in Texas are generally not licensed and are not treated as part of the foster care system, although the Houston region is one which has been known to license a specific home for a specific child. When this happens, (which is infrequent statewide) caseworkers employ the same risk factors as for any other home, although there is no formal certification process. The major areas of investigation are criminal background checks and the determination of whether the relative can support additional children. Houston has no formal checklist specific to relatives.

This means that the vast majority of children in state custody living with relatives are supported through the public welfare system. The disparity between AFDC rates and the foster care board rate is considerable, but no major advocacy effort was underway in Texas to enable relatives to obtain expedited relative foster care certification during the time span of this study. Furthermore, many children living with relatives on the initiative of child protective services do so outside the foster care framework. Frequently, workers will persuade birth parents of children they believe are at risk to voluntarily allow blood relatives to care for their children temporarily. The state does not take custody, but opens such cases for services as though the families were intact. If the children do not return home within a specific time period and are deemed to be still at risk the state is then supposed to seek formal custody. Many informants said this requirement is honored more in the breech than in actual practice. Children may remain in the homes of relatives for extended periods of time under this arrangement.

Texas's data system does not capture information about numbers of children not in conservatorship placed with relatives, so the summary reports deal only with children considered to be in foster care.

F. Research Questions and Findings

The following is a brief summary of the research team's response to each research question.

Question 1: How do various kinship policies affect decisions to remove (or not to remove) children from their natural settings?

This is a question about whether and to what extent supply (i.e., expanded placement resources developed through the aggressive use of relative caregivers) creates its own demand. It addresses the concern that an investigative worker might be inclined to remove a child solely or largely because a relative caregiver is available for placement. The evidence from the study sites leads us to conclude that kinship policies in themselves generally have little or no impact on decisions to remove. Where the numbers of children coming into care are increasing, drug

and alcohol abuse are widely reported to be the underlying factors influencing removal. In these settings, the absence of relatives as placement resources would probably in most instances force child protective systems to find other placement alternatives.

However, both the question and the answer we have given so far are too simply formulated. The issue requires a deeper and more searching inquiry. Policy can and does influence placement decisions, including policies which have only indirectly to do with the assessment of risk. California is an example of a state in which the rate of increase of children coming into foster care has recently leveled off. Informants in the Department of Social Services and the California legislature expressed the view that removals are solely determined by what seems to be in a child's best interest. At the same time, many of them acknowledged that fiscal considerations could play a part. In particular, the action of the legislature in shifting the county share of foster care costs from five percent to 60 percent was almost immediately accompanied by a change in placement trends more proportional to the population growth of the state, when they had previously been much higher.

Virtually every informant in every study state and locale attributed increases in foster care placements to the crack cocaine epidemic. Estimates of the percentage of drug related cases from investigators ranged from 80 to 99 percent of all removals (some informants also added such factors as poverty and homelessness to the list). However, informants in California, New York and Chicago also reported that policy and/or practice changes treating the question of removal of infants testing positively for toxicity at birth more flexibly have had a negative impact on placement statistics.

This having been said, the question remains: does utilization of kinship care influence decisions to remove? Few informants seemed to think so. A New York state official responded to the question by saying, "The idea that it's (kinship policy) encouraged frivolous removals is absurd. We've audited these decisions in New York City and confirmed them at a rate of 98 percent. What would we have done without relative placement? These kids would have been living in armories." In the main, informants in all study sites took the position that children in care would have been removed from their homes in any case. For them, the only question at issue is was where the child would be placed.

Question 2: How do various kinship care placement policies influence the types of settings in which children are placed?

There is widespread agreement among informants in all the states and locales in the study that kinship policies have had a significant influence in the types of settings in which children are placed: they have promoted the use of relatives as placement options at least to some degree, generally as the placement of choice.

However, other factors play major roles as well; some reinforcing the policy direction, others contradicting it. If kinship policy direction is reinforced by law and judicial preference it has more force and impact. If the policy makes it cheaper to the state or county to implement

then that is a reinforcer, too, not only in promoting the policy in its own right but also in putting it to use as a way to discourage alternatives such as the development of more expensive foster homes and residential facilities. Among the factors which contradict kinship policy are fears about the intergenerational nature of abuse, fears for the child's safety
in these settings, and the practice philosophies of private agencies which may be more objective and stricter in enforcing minimum standards for relative homes. Concerns about the potential negative consequences of relative placement are more likely to influence case practice in states such as Colorado, where the numbers of children coming into foster care are not rising rapidly. These concerns tend to be swept aside in those jurisdictions where child welfare systems are under severe pressure to develop secure placement settings for children at risk.

Question 3: How is the participation of children in services different for children in kinship foster care?

Study findings show that for the most part, relatives receive fewer casework services and fewer purchased services than do non-relatives. This widely-held perception has also been documented by researchers in California and testified to by people all across the country. However, there are important exceptions, and some of them are based upon the status of the relative in the child welfare system. If the status is identical to that of a licensed foster home, in some (but not all) instances the services received are indistinguishable from those provided to non-relatives. If the relative's status is that of a 'volunteer', services are sometimes indistinguishable from those birth parents would receive. Others exceptions to the norm reflect ad hoc efforts by certain child welfare administrators to meet relatives' needs.

Services can be conceptualized in many ways: as social services to the child; as support for the relative caregiver; as support for birth parents; and as financial support. In Texas and Colorado, where children are often placed with relatives as a diversion to the foster care system, these children generally get services comparable to those provided other children in an open protective case. When relatives become licensed foster families following the same standards used for other foster families, as happens in Monroe County, New York, families and children receive the same services as do those in nonrelative placement. When relatives are approved, as in Cook County, Illinois, they receive fewer services than other families unless their case is managed by a private agency, which appears to be a growing trend. And agencies in some communities are designing specialized services for small groups of relatives dealing with particularly difficult problems such as drug addiction.

Question 4: How are permanency outcomes for children in kinship foster care different than for children in other settings?

The way this question is answered depends on how permanency is defined. If the only permanency options are reunification and adoption, it is not possible to determine how long kinship children remain out of their own homes because most agencies stop tracking these case

once guardianship is transferred to relatives. However, informants in most study states clearly believed that children in kinship care remain out of their homes longer than children in non-relative foster care. They also believe such children are less likely to be adopted.

The most concrete evidence on the question of permanency came from the study of 246 kinship care and 354 other foster care cases in California (Berrick et al.) The study documented that children in kinship care remain in care longer, but are more likely to stay reunified with their families when they do return home. Relatives were shown to be less likely to adopt children in their care than are other foster parents, but researchers speculated whether the greater commitment to keep the children until the age of majority is not the functional equivalent to adoption.

What Berrick and colleagues have developed in their California research is really a new concept of permanency which would broaden the traditional notions developed before the expansion of kinship foster care. As a matter of fact, kinship generally becomes the end of the trail when reunification is not a viable prospect. While neither return home nor adoption with subsidy should be ruled out as permanency alternatives for children in relative care, we heard repeatedly that adoption is not a viable option for these children. Some of those interviewed expressed the opinion that this was a matter of caseworkers projecting their own views onto the relatives, but some also suggested that adoption is not a culturally feasible alternative for Black and Hispanic families, which comprise the large majority of kinship cases in most states. This view holds that adoption implies a kind of rejection of the child's parent by the adopting relative, and that most relatives were not willing to do this. Under this view, it is also the historical tendency towards more tightly knit extended families in minority communities which makes adoption less acceptable. This, if true, is particularly ironic, because it suggests a cultural acceptance of the notion that relatives are responsible for one another, while the entire basis for the growth of relative care cases lies in the lack of legal responsibility relatives have towards children who are their blood kin.

Most states in the study have begun, either formally or informally, to consider mechanisms to encourage guardianship through subsidies.

From a theoretical standpoint, the issue of permanency for children in relative care hinges on the weight given to the child's connection to the relative. To the extent that value is placed on that connection, guardianship becomes a simpler, more straightforward path to a permanent home for the child. To the extent that relatives are suspect, because they are from the same family as the child's parents, traditional notions of permanency, including adoption by non-relatives of children in relative care, will be the preferable choice in the eyes of many.

Question 5: How do kinship placement policies influence case level goal setting and planning/review procedures and practices?

While the testimony of key informants varies considerably from place to place, the overall tendency is for goal setting not to be as thoughtful and deliberate when children are

placed with kin than when they are placed with strangers. This seems so for two reasons. The first is that children are viewed as being in a 'natural' setting, so that the sense of urgency to move them along is less immediate. The second is that if children are not technically in foster care the relatives are not subject to the same review mechanisms as other foster parents, either six-month reviews or certain judicial reviews. Planning appears to be generally less stringent and more cursory, both because fewer services are provided as, for example, in Illinois, and because permanency does not appear to be the goal there. However, if the relative becomes a foster parent in locales like Monroe County, New York, the child in his or her care is subject to the same case level rigor and process in goal setting as other children in foster care.

Case planning processes are tied inextricably to the larger role of relatives in the child welfare system. When relatives are drawn into the formal foster care system they are more likely to be subject to the same case planning processes as other substitute care providers than when they are not. The likelihood of this occurring is greater in jurisdictions such as Illinois, where private agencies have increasingly assumed responsibility for these cases. The subtleties of intrafamilial relationships and their impact on case planning has not been broadly addressed as yet in training and in practice.

Question 6: How have kinship placement policies influenced administration of programs, allocation of resources, the character of intra-agency/inter-organizational working agreements?

Kinship policies and practices have affected the administration of child welfare programs and funding allocations in the following ways: they have altered the relationships states have developed with private agencies in approving and case managing these homes; they have caused specialized units to be created within the agency; they have caused states to determine whether and how to modify approval processes for foster parents; and they have generated great debate among child welfare staff, advocates, legislators and providers about the appropriate role of relatives in the child welfare system.

Jurisdictions which do not treat relative placements as foster care settings effectively shift responsibility for board payments to the public welfare system. Where relatives are treated as foster parents, these payments are made by the child welfare system, instead. Wide differentials between AFDC rates and foster care rates at least theoretically create a powerful incentive to relatives to seek foster care reimbursement and become child welfare clients rather than public welfare recipients. An example of a study state where this has happened is Illinois, where the impact on child welfare system expenditures has been profound.

Question 7: How does kinship placement policy influence cost?

Paying relatives the foster care board rate drives costs up. To the extent that a state's policies encourage relatives to seek foster family status, AFDC/foster care reimbursement differentials drive costs up. However, the mere existence of the differential, coupled with a

legal right for relatives to pursue the foster care board rate, does not automatically result in widespread efforts to obtain it.

Jurisdictions which do not pay relatives foster care board rates hold costs down and, as we have said, shift them out of the child welfare system. If, as in Texas, they use relatives as an alternative to bringing children into foster care they realize administrative cost savings as well.

If the same principles used in child welfare were applied to all kinship care cases as to who get served and where, then kinship placement policies would not escalate child welfare costs. Only children requiring the protection of the state for their personal safety would be eligible for services. State intervention would be time limited. In fact, costs might be reduced, since some proportion of relative caregivers would inevitably elect not to become licensed foster parents and to receive AFDC or no assistance at all. They would not be eligible for supplemental payments in states where this is allowed. In reality, kinship policies have served to expand the foster care population in many states, sometimes inappropriately from a child welfare perspective. The result has been an increase in the overall cost of care.

G. Policy Analysis and Recommendations

1. Analytical Framework

Our underlying premise is that the goal for children cared for by relatives must be the same as that for all other children in the system; namely, to reduce to a minimum the degree of the child's (and family's) dependence on government while assuring the child's safety. Putting the goal this way focuses attention on the system rather than on clients, but it also avoids pre-judging the specific manner by which dependency might be reduced. To state the goal in a client-oriented manner requires deciding upon one or more preferred alternatives. While the alternatives for kinship do overlap with those for other children, there are also differences. Boiled down to their essentials the alternatives include:

- Diversion from the child welfare system;
- Short-term support within the system with a discharge to the home of origin;
- Short-term support within the system with a discharge to long-term support outside the system;
- Long-term support outside the system; and
- Long-term support within the child welfare system.

The particularities of the circumstances of children placed with relatives require a re-thinking of the criteria by which each of these options are evaluated. For one thing,

caseworkers often do not experience the same urgency in kinship cases to move children out of the homes of their 'temporary' caretakers to some other permanency option when they cannot return home, in part because it is often clear that the caretakers are not temporary. Thus, to determine which of these options should be given priority, and under what circumstances, it is necessary to account for the unique features of kinship care, unique, that is, in comparison to most out-of-home placements. One way to frame the analysis is to consider kinship care on the basis of five perspectives, or 'dimensions.' These include:

a) *The system dimension*, which has to do with making sure child welfare agencies fulfill the entirety of the role they are mandated to play; also, that they do *not* assume functions which other systems should be fulfilling. In relation to kinship care, the debate has revolved around the question of whether support for kinship placements should rest with the child welfare system or with the income maintenance system. The answer to that question rests in turn on the issue of whether kinship placements are seen as mechanisms for state intervention for the protection of the child or, rather, as a means for providing basic support for relatives and the children for whom they are caring, which represents the role child welfare officially plays in government and society.

b) *The legal dimension*, which examines the question of legal responsibility any given adult may have for the care of a child. In no study state and no state of which we are aware do relatives have any legal obligation to care for their minor kin, without taking court action to assume such an obligation. Legally, in fact, relatives have the same status as strangers. It is, perhaps, this legal dimension which has contributed to the tendency in some states to be concerned about leaving children with relatives without significant state intervention.

c) *The social dimension*, which addresses the extent to which adults other than birth parents bear *moral* responsibility for the care of children. The social dimension parallels the legal dimension in its focus but reaches conclusions in different ways. It, too, is concerned with the obligation relatives have to care for members of their extended families, but the general consensus among both relatives and caseworkers is that people should 'care for their own'. Thus, when the state child welfare agency seeks relatives to care for children whose parents cannot do so, even relatives who cannot or will not care for those children do not find the request unusual on its face.

The social dimension finds expression in federal income maintenance rules which state that relatives within the fifth degree of relationship may collect AFDC payments on behalf of children living in their households, but those with lesser relationships may not. The income and assets of the relatives in these situations are not taken into account in determining the amount of the payment. This expression of the social obligation to care for children treats relatives

similarly to parents in the amount of funding which is provided and differently in the extent to which the caregiver's own resources are expected to be used.

d) *The ethnic dimension*, which acknowledges that kinship care in real life is not ethnically or culturally neutral; that is, it occurs most frequently within minority families. The ethnic dimension is difficult to deal with because it requires recognition of sub-communities within a society whose laws and mores stress individuality. While minorities are overrepresented in child welfare and especially in foster care populations, they dominate kinship care to a much greater extent. Whether policy makers intend it or not, the effects of their decisions will have different impacts on different ethnic and racial groups. Yet, there are few precedents, and probably none on which there is any consensus, for taking these concerns into account in an explicit way. Nevertheless, making policy without understanding its differential impact will result in consequences which are at least unforeseen and very possibly undesirable.

e) *The fiscal dimension*, which expresses government's concern with cost. From a fiscal perspective, government is always interested in achieving as much as possible with as little expenditure as possible. Put baldly, the cheapest alternative is automatically the 'best'. But there must be a more thoughtful consideration of the alternatives, if only because that policy which denies greater support to relatives may also reduce the availability of relatives able and willing to care for minor kin. This can lead in turn to greater expenditures on behalf of those children because more of them will have to be cared for by strangers who receive considerably more than relatives limited to AFDC grants.

2. Recommendations

The love, protection and security relatives can provide warrants a continued public policy which supports relatives as the caregivers of choice when birth parents are unable to fulfill their parental role. Relatives usually provide emotional security to children. Relatives often feel a personal sense of obligation to the child. Relatives are often supported by other family members, who may also provide crucial elements of respite, balance and constraint in the care provided to a child.

Children living with relatives are not forced arbitrarily to cut off connections with their parents. They are able to continue relationships that are often familiar to them. Sometimes they can stay in their own neighborhoods. They often need not be separated from siblings and other family members.

The question is: what role should government play in the support and supervision of relatives as caregivers? Support is intended to assure the economic, social and emotional well-being of the child. Supervision includes oversight and monitoring of the child and the caregiver; its purpose is to assure the child's safety.

When there is concern for a child's safety, the state has the option of (1) maintaining the child with the birth parent, (2) placing the child with a relative or family friends or neighbors, or (3) placing the child with foster parents who are unknown to the child. Our preference is to

support each of these potential caregivers in this priority order, assuming that reducing the child's and families dependence upon government while maintaining the child's safety is the goal.

When parents cannot be counted upon, then relatives are properly looked to for help. We have seen that this often occurs before the child protection agency ever becomes acquainted with the situation. Relatives have been providing care informally for decades and probably centuries, particularly in the African-American community.

There is room for relatives to play many different and legitimate roles both inside and outside the public child welfare system. Which roles are best, and the order one follows in choosing from a public policy perspective inevitably depends upon one's biases. By making these overt, they can be affirmed, modified or rejected by those legislators and administrators who must direct or redirect federal and state policy on this issue.

States have made a wide range of choices in formulating their kinship policies. The multi-dimensional nature of kinship placement has left most if not all states still seeking for the best policy. We do not believe there *is* a single best answer. The best course of action for each state, and, for that matter, for the federal government, depends upon where the state is now.

Our exploration of kinship policy and practice in five study states has led to adopt three principles which should underlie the development of policy for relative caregivers.

These are:

- Low levels of intervention on the part of the state are generally preferable to high levels.

- The connection between support and supervision should be broken, or at least weakened. The fact that a relative needs more money than a standard AFDC grant to care for his or her related children does not suggest that relatives also need to be supervised in the provision of that care.

- The level of support provided to anyone caring for a child should be in inverse proportion to that person's legal and social obligation to care for the child.

These principles support the three principal recommendations we have made for the development of kinship placement policy. These recommendations include:

1) **The federal government should create one or more mechanisms for the support of relative caregivers which do not require the involvement of the child welfare agency as a condition for that support.**

2) State governments should limit their supervision of relative caregivers, both initially and on an on-going basis, to those circumstances which would require state intervention if the child were living with his or her parents.

3) For relative caregivers whose children are not in the custody of the state, state governments should create mechanisms, both within the confines of current federal rules and using any new rules which may emerge, to provide more support to relative caregivers than is currently provided under AFDC, without providing the levels of support now given to licensed foster parents, whether relatives or not.

NOTE ON FEDERAL BUDGET INITIATIVES

The Congress is debating a variety of changes in reimbursements provided states for welfare, medical assistance and child welfare. In all cases the emphasis is on limiting reimbursement, either through block grants or through limitations on the amount of time a family may receive benefits. It would be disingenuous not to acknowledge the possibility that the recommendations made in this report regarding the levels of support which should be provided to relative caregivers may be irrelevant in the very near future.

What should be made equally clear, however, is that dramatic cutbacks in the reimbursement provided to states, whether cutbacks in nominal dollars or in 'growth' dollars, will not permit the status quo to continue in kinship policy. If anything, the recommendations regarding supervision will become even more important, as states attempt to find ways to redirect their resources to protect the children most in need.

There are, however, issues much larger than the relevancy of this report's recommendations. States need to be prepared for a major increase in the need for child welfare services, whether or not there are any changes to the child welfare funding streams themselves. If, for instance, AFDC is limited to two years or five years, relative caregivers are far less likely to be able to support their related children up to the age of majority. While some states expressed concerns that relatives already reveal tendencies to surrender children to the system when they become teenagers, limitations on AFDC could add an additional factor leading to disruptions of relative care situations. Unless dramatic changes occur in the ability of states to return children in relative care to their parents or to terminate parental rights and provide adoption subsidies up to the age of majority, the result could well be a steady increase in the demand for licensed foster care placements.

Whatever the outcome of the current budget debates, we believe the principles underlying the recommendations of this report remain the proper ones both for families and for child welfare agencies. While the options which will actually be available to states and even to federal officials may be more limited than we would hope, using the principles in future policy making may assist in clarifying the choices which are in fact available.

AARP GRANDPARENT INFORMATION CENTER

GRANDPARENTS RAISING GRANDCHILDREN 1994 STATISTICS
By Ethnic Origin

NUMBER OF CHILDREN (Under 18 years of age)

Children living in grandparent headed households **with no parent** present:

HISPANICS	BLACKS	WHITES
158,000	627,000	673,000

Children living in gradparent headed household **with parent** present:

HISPANICS	BLACKS	WHITES
381,000	825,000	1,449,000

Children living in grandparent headed households **with or without parent** present:

HISPANICS	BLACKS	WHITES
539,000	1,451,000	2,122,000

Citation:
Saluter, A. (1996) Marital Status and Living Arrangements: March 1994.
U.S. Department of Commerce, Bureau of Census. Washington, D.C.

(over, please)

American Association of Retired Persons (AARP)
Grandparent Information Center (GIC)
601 E Street, NW, Washington, DC 20049 • Telephone: (202) 434-2296 • Fax: (202) 434-6474

GIC is funded in part through grants from The Brookdale Foundation Group, the Freddie Mac Foundation and The Ford Foundation.

CWLA Guarding Children's Rights • Serving Children's Needs

KINSHIP CARE: A NATURAL BRIDGE

Child Welfare League of America's national conference to explore the legislative, policy, practice, research, and funding issues involved in serving families caring for children who are kin.

Kinship care is the full time care, nurturing and protection of children by relatives or adults with a family relationship to them. As increasing numbers of parents are unable to rear their own children because of substance abuse, HIV/AIDS, physical and mental illness, incarceration, and poverty, kinship care has grown dramatically in recent years.

The Child Welfare League of America, Edgewood Family Services, Children's Home & Aid Society, and other supporting organizations seek to enhance the quality of services provided to relative caregivers, children, and parents of children living in kinship care arrangements. This national conference on kinship care will bring together representatives from the most current service programs from multiple disciplines researchers, policy makers, and relative caregivers.

Building on their shared expertise, participants will analyze existing policies and programs, target areas of strength and success which can be replicated, target areas where change is needed, and recommend policy and future directions for practice.

Kinship care is an area of national interest. Senator Wyden of Oregon, and Congresswomen Morella of Maryland have sponsored legislation in Congress that will establish nationally, that kin must be sought as a first preference for placement of children who must be separated from their parents. This conference will create a forum for a comprehensive look at national policy directions as well as best practice models.

Your support for this effort could sponsor a relative caregiver's participation in the conference, a meal or hospitality function, transportation to special activities, use of audio-visual equipment, publication costs, or purchase of educational materials. Your organization will be proudly included in all registration, program and advertising documents. Support for this initiative is support for families who take responsibility ..families who care.

Conference Chairperson: Lillian Johnson, Edgewood Family Center

CWLA Staff Director Dana Wilson

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Kinship care is an area of national interest. Senator Wyden of Oregon, and Congresswomen Morella of Maryland have sponsored legislation in Congress that will establish nationally, that kin must be sought as a first preference for placement of children who must be separated from their parents. This conference will create a forum for a comprehensive look at national policy directions as well as best practice models.

Your support for this effort could sponsor a relative caregiver's participation in the conference, a meal or hospitality function, transportation to special activities, use of audio-visual equipment, publication costs, or purchase of educational materials. Your organization will be proudly included in all registration, program, and advertising documents. Support for this initiative is support for families who take responsibility ...families who care.

Conference Chairperson: Lillian Johnson, Edgewood Family Center

CWLA Staff Director: Dana Wilson

CWLA Guarding Children's Rights • Serving Children's Needs

KINSHIP CARE: A NATURAL BRIDGE

Child Welfare League of America's national conference to explore the legislative, policy, practice, research, and funding issues involved in serving families caring for children who are kin.

Kinship care is the full time care, nurturing and protection of children by relatives or adults with a family relationship to them. As increasing numbers of parents are unable to rear their own children because of substance abuse, HIV/AIDS, physical and mental illness, incarceration, and poverty, kinship care has grown dramatically in recent years.

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Best Friends Teaches Self-Respect *page 9*

Mobilizing Faith Into Health Care Activities

The majority of people with serious disabilities live not in nursing homes, but in their own homes. Many of them are alone, struggling with physical and mental limitations so severe they need help with everyday basics. With support from The Robert Wood Johnson Foundation, hundreds of interfaith coalitions across the nation are providing informal, long-term care to the millions of Americans with chronic health conditions.

Those involved with health and faith partnerships say the pairing succeeds on two fronts. It helps identify greater numbers of people needing assistance, and it mobilizes more volunteers who can help bridge the gap between the needs of the 35 million among us who live with chronic health problems and the way the current medical system is organized.

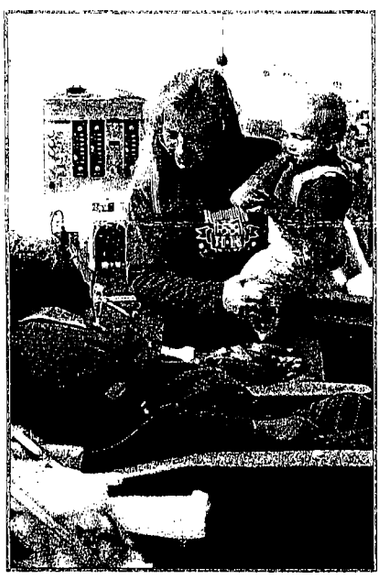
"By tapping into a huge reservoir of people looking to help each other, interfaith coalitions bring to the field of health care an important human dimension — a caring dimension — that health care agencies simply cannot provide," says Paul S. Jellinek, PhD, RWJF vice president.

"These programs address the isolation that many with chronic illness experience, particularly in a managed care environment where providers are there to deliver services and then go on their way," Jellinek says. "They do not replace formal service providers in the community, but, rather, fill a void."

For more than a decade, the Foundation has worked quietly behind the scenes integrating the strengths and resources of religious congregations with public health programs in order to better meet the needs of people with chronic disabilities.

"Today, this vision of a powerful health and faith partnership — in which the nation's churches, synagogues, mosques and other houses of worship recruit, train and mobilize volunteers of all denominations as a "ministry of caregiving" to their neighbors in need — has more than succeeded.

The growing alliance between religious and health communities represents "one of the best solutions to the social and human problems that divide our nation," says Virginia Schiaffino, director of the National Federation of Interfaith Caregivers, an organization that grew out of RWJF's early interfaith initiatives and today provides assistance and technical expertise to communities that wish to establish caregiving projects. "The model of religious congregations working in cooperation with health and human service providers puts into place a support network that strengthens the community, allowing each segment to do what it is supposed to do," she says.



Photograph by Bill Denison

Increasing Access to Care

While enlisting the resources of the church community facilitates the delivery of services to the frail elderly and people of all ages with chronic illnesses, faith coalitions also hold promise for improving access to health care for many other Americans — a priority for the Foundation. Religious communities are an important vehicle by which to reach vulnerable populations who otherwise might not be served.

Polly Seitz, director of RWJF's Local Initiative Funding Partners Program (LIFPP), which oversees community outreach programs, says that many of the health initiatives the program supports are located in rural or inner-city communities experiencing difficult conditions.

"Often, in these distressed communities, the few stable focal points left in which to root projects are the churches, synagogues or mosques," Seitz says.

One program that successfully provides health services where other efforts have failed is Heart, Body & Soul. This unique partnership of 250 churches in East Baltimore serves a region that has alarming health statistics: 32% of residents between the ages of 40 and 59 die of heart disease and 24% of cancer. The project, with the support of RWJF and others, operates a model of neighborhood care in which ministers and community residents provide outreach and screening services, often going from door to door to offer health education to residents of the predominantly African-American neighborhood.

Another successful interfaith volunteer program funded under LIFPP is the Health and Faith Coalition of Los Angeles. With the help of a $470,000 RWJF grant, the Coalition is working with the county health services department, local clergy and hospitals to set up health education and screening programs within area churches. "Health cabinets" of volunteers have convinced thousands of individuals to be tested for conditions such as hypertension and diabetes, attend education workshops, and get flu vaccines and immunizations for their children.

Joni Goodnight, RN, who serves as executive director of the

See **Interfaith** *(page 10)*