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## Children Placed in Kinship Care: Recommended Policy Changes to Provide Adequate Support for Kinship Families

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## **Children Placed in Kinship Care: Recommended Policy Changes to Provide Adequate Support for Kinship Families**

*Christina McClurg Riehl<sup>1</sup> & Tara Shuman<sup>2</sup>*

*“The strength of a family, like the strength of an army, is in its loyalty to each other.” – Mario Puzo*

*Children fare better when raised in a loving home. When they cannot be raised by their parents, children have greater opportunities for success if raised by family related by blood or other kinship relationship. This paper explores the benefits of kinship care and identifies challenges experienced in kinship care. Recognizing the benefits and challenges, this paper identifies specific resources needed to support kinship families and, using California as an example, explores the legislative framework that must be adapted to provide the best opportunities for children who have been formally removed from their biological parents' home.*

*“What can you do to promote world peace? Go home and love your family.” – Mother Theresa*

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## I. INTRODUCTION

Kinship care placements are the federally prioritized placements that occur when children are unable to be cared for by their parents and are brought into the child welfare system. As an increasing number of children in foster care are being placed with kinship caregivers, reform of child welfare policy and practices must accompany the shift away from congregate care placements and non-kinship foster placements for foster youth. “Ongoing policy work as it pertains to kinship care must answer a fundamental question: What policies and practices best support the meaningful development of enduring relationships between children and their kin?”<sup>3</sup> This paper addresses the myriad of benefits of formal kinship care when children are placed in the care of kin through the child welfare system while also highlighting the challenges for kinship caregivers and the children placed in their homes. The strengths inherent in kinship caregiving are presented, as well as the needs of these families. Resources needed to support kinship families are identified, utilizing California as an example of how policies have shifted to support kinship placements. Future policy directions and additional programmatic needs are identified as best practice models to support kinship families.

When removed from their parents’ home by the child welfare system, children may be placed in various placement settings. They may be placed in institutions (or shelter placements), group homes (typically defined as homes with six or more beds for foster children), non-relative foster family homes, or relative foster family homes, also known as kinship placements (where the caretaker is related to the child through blood or kinship). Over the last ten years, there has been strong momentum to move away from group or congregate care for children on a national level.<sup>4</sup>

Group homes are restrictive residential placements that often provide a placement option for youth with significant social, emotional, and/or behavioral problems who require more intensive environments.<sup>5</sup> Frequently, prior to group home placement, these children have cycled through numerous foster homes and the placements have not been maintained for a variety of reasons. Consequently, children in group care are often termed “foster home placement failures.” In 2014, the American Orthopsychiatric Association issued a consensus statement on group care for children and adolescents.<sup>6</sup> Citing the importance of children having a secure attachment with a parental figure, among other factors, they asserted that group care has detrimental effects on the healthy development of children at all ages.<sup>7</sup> Mary Dozier and colleagues also reported that group care increases the likelihood of risky and antisocial behavior.<sup>8</sup>

Children need to be raised in the context of a safe family home and with a stable and consistent relationship with a caregiver. To best meet the needs of children, group care should be reserved as a last and time-limited option for children who require intense therapeutic treatment. Attachment needs of children can be best met in family-based settings. Regarding long-term

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<sup>3</sup> RAMONA DENBY, *KINSHIP CARE: INCREASING CHILD WELL-BEING THROUGH PRACTICE, POLICY, AND RESEARCH* 74 (Stephanie Drew & Michael O’Connor eds., Springer Publishing Company 2015).

<sup>4</sup> CALIFORNIA CHILD ADVOCATES FOR CHANGE, *POLICY BRIEF: DEVELOPING A ROBUST CONTINUUM OF CARE TO SUPPORT FOSTER YOUTH IN FAMILY BASED SETTINGS 2* (June 2016), <https://kids-alliance.org/wp-content/uploads/2016/10/Policy-Brief-Developing-a-Robust-Continuum-of-Care.pdf>.

<sup>5</sup> See generally Mary Dozier et al., *Consensus statement on group care for children and adolescents: A statement of policy of the American Orthopsychiatric Association*, 84 AM. J. OF ORTHOPSYCHIATRY 219, 219-25 (2014).

<sup>6</sup> See *id.* at 219-25.

<sup>7</sup> *Id.* at 220.

<sup>8</sup> *Id.* at 220, 223.

outcomes, children placed in family foster care have higher educational achievements and lower rates of criminal behavior than children placed in group care.<sup>9</sup> Foster care, specifically kinship care, when appropriately supported, can aid in resolving some of the attachment and subsequent social, emotional and behavioral issues children face when entering foster care.<sup>10</sup> In accordance with the United Nations 2010 resolution, a strategy needs to be developed to deinstitutionalize children from large residential care facilities.<sup>11</sup> Taking this resolution a step further, there is also a need to find additional family-based foster placements for children as an alternative to smaller group care settings, an important and underutilized resource is kinship care. Kinship care providers are adults who have a familial or kin relationship to the child.<sup>12</sup> Kinship care providers are frequently grandparents, but can also be aunts, uncles, older siblings, great-grandparents, cousins, step-parents, and other relatives.<sup>13</sup> In this paper, the term kinship care will also be used to describe non-related extended family members who have a family-like relationship with the child but no blood ties to the child.

According to the United States Department of Health and Human Services, of the estimated 437,465 children in foster care nationally on September 30, 2016, 45% were in non-relative foster family homes, 32% were in kinship homes, 5% were in group homes, and 7% were in institutions.<sup>14</sup> These placement rates mark a shift between fiscal year 2005 and fiscal year 2016, with a notable increase in the use of placements with relatives and a decrease in placements in group homes. During this time period, there was an 8% increase in children placed in kinship care.<sup>15</sup> This increase correlated with a 6% decrease of children in institutional or group home (congregate care) settings.<sup>16</sup> While the statistics already indicate the shift toward kinship care, this paper will address how this shift can be better supported and why it is needed.

## II. BENEFITS OF KINSHIP CARE

Kinship placements are an important source of family-based foster placements. There are numerous advantages of kinship care. When children are removed from their home, they often experience a disruption of attachment with their primary caregiver and a loss of their typical routine, and they face the possibility of being placed with strangers. Due to the familiarity of the environment, kinship care can help mitigate some of the deleterious and potentially traumatic effects of children being removed from their home by the child welfare system. Kinship care provides continuity of social, personal and family history, and provides multiple other benefits for the foster child.<sup>17</sup>

<sup>9</sup> Signe Hald Andersen & Peter Fallesen, *Family matters? The effect of kinship care on foster care disruption rates*, 48 CHILD ABUSE & NEGLECT: THE INT'L J. 68, 69 (2015).

<sup>10</sup> Eun Koh, *Permanency outcomes of children in kinship and non-kinship foster care: Testing the external validity of kinship effect*, 32 CHILD. & YOUTH SERV. REV. 389, 397 (2010).

<sup>11</sup> G.A. Res. 64/142, ¶ 23 (Feb. 24, 2010).

<sup>12</sup> *What is Kinship Care?* ANNIE E. CASEY FOUND.: CASEY CONNECTS (Nov. 2018), <https://www.aecf.org/blog/what-is-kinship-care/>.

<sup>13</sup> *Id.*

<sup>14</sup> Children's Bureau, Child Welfare Info. Gateway, *AFCARS Report #24*, (Nov. 2018), <https://www.childwelfare.gov/pubPDFs/foster.pdf>.

<sup>15</sup> Children's Bureau, Child Welfare Info. Gateway, *AFCARS Report #13*, (Nov. 2018), <https://www.childwelfare.gov/pubPDFs/foster.pdf>

<sup>16</sup> *Id.*

<sup>17</sup> Carme Montserrat, *Kinship Care in Spain: Messages from Research*, 19 CHILD & FAM. SOC. WORK 367,

If a kinship caregiver already has a relationship with the child, a caregiving role in the child's life and a pre-established bond, the transition to foster care will likely be easier. Familiarity and comfort may already exist in kinship foster care in contrast to a placement with a stranger. Kinship care can allow children to live with people they know and trust, easing the transition to out-of-home care and minimizing the potential traumatic impact of being removed from one's home. Additionally, kinship caregivers may already be aware of a child's challenges and may be more prepared to manage these. Even if a well-established relationship between the child and the kinship caregiver does not exist prior to kinship placement, shared family history, culture, and traditions can facilitate bond formation.<sup>18</sup>

Another benefit of kinship placements is that they are likely to increase the probability that children will remain with their siblings.<sup>19</sup> Placement with a sibling can provide social and emotional support and ease the transition to a new caregiving environment for the children.<sup>20</sup> The comfort, continuity, and connection present when placed with a sibling is a unique type of preexisting bond that can help these youth support each other as they transition to a kinship foster home.

The placement of children with kinship caregivers can promote long-term positive outcomes for foster youth through stable and consistent family relationships that provide many of the building blocks necessary for youth to develop into loving, stable, trusting, and competent adults.<sup>21</sup> In addition to alleviating some of the effects of a disrupted attachment, research has repeatedly documented increased stability for children in kinship foster care over children placed in non-relative foster care, which also corresponds with better mental health functioning of the child.<sup>22</sup> The stability of foster care arrangements has been a focal point of foster care practice and policy reforms given evidence that instability negatively impacts children's immediate and long-term well-being.<sup>23</sup> Increased stability and minimal placement disruptions promote greater emotional security in children.<sup>24</sup> The reasons for greater placement stability in kinship care are multi-determined, based on child factors, foster parent factors, and the interaction of these factors.<sup>25</sup> Frequently, externalizing behavioral problems and/or academic difficulties prompt foster parents to request that a child be removed from their home.<sup>26</sup> A kinship foster parent may be more tolerant of a child's behavioral problems and, therefore, not request the child be moved even if the child is acting out.<sup>27</sup> A kinship caregiver may have feelings of obligation and dutifulness to the

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367 (2014).

<sup>18</sup> Sarah A. Font, *Is Higher Placement Stability in Kinship Foster Care by Virtue or Design?*, 42 CHILD ABUSE & NEGLECT 99, 101 (2015).

<sup>19</sup> CHILD WELFARE INFORMATION GATEWAY, WORKING WITH KINSHIP CAREGIVERS 4 (2012) <https://www.childwelfare.gov/pubPDFs/kinship.pdf>. [hereinafter WORKING WITH KINSHIP CAREGIVERS].

<sup>20</sup> Fred Wulczyn & Emily Zimmerman, *Sibling Placements in Longitudinal Perspective*, 17 CHILD. & YOUTH SERV. REV. 741, 742 (2005).

<sup>21</sup> Valerie O'Brien, *The Benefits and Challenges of Kinship Care*, 18 CHILD CARE IN PRAC. 127, 130 (2012).

<sup>22</sup> Andersen & Fallesen, *supra* note 9, at 70.

<sup>23</sup> See Font, *supra* note 18, at 99; see also Rae R. Newton et al., *Children and Youth in Foster Care: Disentangling the Relationship Between Problem Behaviors and Number of Placements*, 24 CHILD ABUSE & NEGLECT: THE INT'L J. 1363, 1363-64, 1368-69, 1371-73 (2000); see also Yvonne A. Unrau et al., *Former foster youth remember multiple placement moves: A journey of loss and hope*, 30 CHILD. & YOUTH SERV. REV. 1256, 1256-57, 1259-64 (2008).

<sup>24</sup> Unrau et al., *supra* note 23, at 1257.

<sup>25</sup> Andersen, *supra* note 9, at 68-70.

<sup>26</sup> Rae et al., *supra* note 23, at 1369.

<sup>27</sup> Font, *supra* note 18, at 102.

child, the child's parents or the larger family system that serve to increase stability due to a solid commitment to continue to parent the child despite challenges.<sup>28</sup> Alternatively, it is possible that a kinship foster placement may not elicit as many behavioral difficulties in the child as a non-relative foster placement.<sup>29</sup> Children may have an easier transition into kinship care, not prompting as many adjustment difficulties, which may manifest as behavior problems. Additionally, based on premises of attachment theory, children may be less prone to act out if they had a previously established relationship with the kinship foster parent.<sup>30</sup>

Characteristics of stability and permanence found in kinship placements lead to children having a greater sense of family, belonging, and inclusion in the community, factors that have a positive influence on their well-being.<sup>31</sup> Permanence in child welfare systems can be defined in multiple manners, including reunification with biological parents or alternate permanency options, such as legal guardianship or adoption.<sup>32</sup> Legal permanence, which varies by jurisdiction based on policies and practices that promote or prevent the achievement of legal permanence for children in kinship foster homes, is not the topic of this paper. Rather, the focus is on facilitation of psychological permanency for foster children. This includes the notion that youth in kinship foster care have a sustaining connection with a supportive family as they progress toward adulthood and transition out of the foster care system.<sup>33</sup> Children in kinship foster care are more likely than children placed in non-relative foster care to report liking those with whom they live and wanting their placement to become their permanent home.<sup>34</sup> Kinship care can assist with establishment and maintenance of lifetime relationships for the child, which can provide an ongoing support network into adulthood.<sup>35</sup> To achieve psychological permanency, kinship caregivers must attend to the social and emotional competencies and challenges of foster youth in order to develop and maintain close and connected relationships. Even with relatives, these relationships take purposeful effort to cultivate and sustain a lasting connection.<sup>36</sup> This is especially important for transition-age foster youth who require continued support and connection as they launch into adulthood and become increasingly autonomous.

Marc Winokur, Amy Holtan, and Keri Batchelder examined the well-being of children in kinship care.<sup>22</sup> This meta-analysis included 102 quasi-experimental studies.<sup>37</sup> Review of these

<sup>28</sup> O'Brien, *supra* note 21, at 131-135.

<sup>29</sup> *Id.* at 132.

<sup>30</sup> Sarah A. Font, *Kinship and Nonrelative Foster Care: The Effect of Placement Type on Child Well-Being*, 85 CHILD DEV. 2074, 2076 (2014).

<sup>31</sup> Montserrat, *supra* note 17, at 374.

<sup>32</sup> Koh, *supra* note 10, at 389-90.

<sup>33</sup> Gerald P. Malon, *Tools for Permanency, Tool # 4: Kinship Care*, NAT'L RES. CTR. FOR FAMILY-CENTERED PRACTICE & PERMANENCY PLANNING 1-3, 8-9 (2009), <http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/tools/kinship-tool.pdf>.

<sup>34</sup> U.S. Dep't of Health & Hum. Servs., Administration for Children and Families, *National Survey of Child and Adolescent Well-Being, CPS Sample Component Wave 1 Data Analysis Report 7-20* (Apr. 2005), [https://www.acf.hhs.gov/sites/default/files/opre/cps\\_report\\_revised\\_090105.pdf](https://www.acf.hhs.gov/sites/default/files/opre/cps_report_revised_090105.pdf).

<sup>35</sup> ELAINE FARMER & SUE MOYERS, *KINSHIP CARE: FOSTERING EFFECTIVE FAMILY AND FRIENDS PLACEMENTS* 160-161 (Mike Stein & Caroline Thomas, eds. 2009).

<sup>36</sup> DENBY, *supra* note 3, at 1-38.

<sup>37</sup> MARC WINOKUR, AMY HOLTAN, & KERI BATCHELDER., *KINSHIP CARE FOR THE SAFETY, PERMANENCY, AND WELL-BEING OF CHILDREN REMOVED FROM THE HOME FOR MALTREATMENT (REVIEW)*, THE COCHRANE COLLABORATION: COCHRAN DATABASE OF SYSTEMIC REV. 10 1046 (Mar. 2014), *available at* <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD006546.pub3/media/CDSR/CD006546/CD006546.pdf>.

studies indicated that children in kinship care experience better behavioral and mental health functioning than children in non-kinship foster care even though, due to adverse experiences including abuse and/or neglect that frequently precede all types of foster care placements, children in both kinship care and non-relative foster care have more emotional and behavioral difficulties than children residing with their biological parents.<sup>38</sup> However, studies using caregiver reports of child behavior have consistently documented fewer behavioral problems for children in kinship care versus non-relative foster care.<sup>39</sup> Standardized scores from the Achenbach Child Behavior Checklist indicated that kinship foster parents reported significantly lower scores for their foster children on the composite scales for internalizing, externalizing, and total problems compared to non-kinship foster parents.<sup>40</sup>

Kinship placements may be better suited to facilitate the maintenance of family and cultural ties and assist children in developing their own cultural identities, as kinship caregivers are more likely than non-relative foster parents to share a cultural background with the children in their care.<sup>41</sup> Cultural dissimilarity between foster children and their caregivers has been linked to negative psychosocial outcomes, particularly among minority children.<sup>42</sup> In addition to familial and cultural continuity, children who enter care may have other strong ties to their communities. As kinship caregivers are more likely to reside in the same neighborhoods as their relatives, children in kinship placements may experience less disruption to the non-parental relationships and institutions in their lives, such as schools, churches, community centers, etc. Even if a child is placed with a distant relative with whom the child has not had frequent contact or may not even know, shared family history, culture and traditions can promote bonding and lead to positive adjustment.

Kinship caregivers are more likely to promote contact between the child and his/her parents than non-relative foster parents.<sup>43</sup> Several studies have indicated that children placed in kinship care are visited by their parents more frequently than children in non-relative foster care.<sup>44</sup> Visitation with biological parents during any type of foster placement is a complex issue,

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<sup>38</sup> *Id.* at 20.

<sup>39</sup> *Id.*

<sup>40</sup> See Amy Holton et al., *A comparison of mental health problems in kinship and nonkinship foster care*, 14 EUR. CHILD & ADOLESCENT PSYCHIATRY 200, 202-05 (2005); see also David M. Rubin et al., *Impact of Kinship Care on Behavioral Well-being for Children in Out-of-Home Care*, 162 ARCHIVES OF PEDIATRICS & ADOLESCENT MED. 550, 551-61 (2008); see also Nancy Shore et al., *Foster Parent and Teacher Assessments of Youth In Kinship and Non-Kinship Foster Care Placements: Are Behaviors Perceived Differently Across Settings?*, 24 CHILD. & YOUTH SERVS. REV. 109, 120-27 (2002); see also Michael Tarren-Sweeney & Philip Hazell, *Mental health of children in foster and kinship care in New South Wales, Australia*, 42 J. OF PEDIATRICS & CHILD HEALTH 89, 89-97 (2006); see also Susan G. Timmer et al., *Challenging Children in Kin Versus Nonkin Foster Care: Perceived Costs and Benefits to Caregivers*, 9 CHILD MALTREATMENT 251, 257-58 (2004).

<sup>41</sup> Thomas E. Keller et al., *Competencies and Problem Behaviors of Children in Family Foster Care: Variations by Kinship Placement Status and Race*, 23 CHILD. & YOUTH SERVS. REV. 915, 917-19 (2001).

<sup>42</sup> See Font, *supra* note 18; see also Ann Schwartz, "Caught" versus "Taught:" *Ethnic identity and the ethnic socialization experiences of African American adolescents in kinship and non-kinship foster placements*, 29 CHILD. & YOUTH SERV. REV. 1201, 1204-15 (2007).

<sup>43</sup> See Maurice Anderson & L. Oriana Linares, *The role of cultural dissimilarity factors on child adjustment following foster placement*, 34 CHILD. & YOUTH SERV. REV. 597, 598-600 (2012); see also Jeremy D. Jewell et al., *Examining the influence of caregiver ethnicity on youth placed in out of home care: Ethnicity matters—for some*, 10 CHILD. & YOUTH SERVS. REV. 1278, 1279 (2010).

<sup>44</sup> Nicole S. Le Prohn, *The role of the kinship foster parent: A comparison of the role conceptions of relative and non-relative foster parents*, 16 CHILD. & YOUTH SERVS. REV. 65, 75-77 (1994).



especially for a kinship caregiver. However, regular and consistent visits with biological parents are an essential element of family preservation efforts and important in maintaining the attachment relationship between parents and children.<sup>45</sup> At least one study has found that frequent contact has a positive impact on child well-being and on reunification rates.<sup>46</sup> Since foster care by definition is temporary, visitation with biological parents and continued contact can help facilitate a smooth transition from foster care back to residing with biological parents.<sup>47</sup>

### III. CHALLENGES OF KINSHIP CARE

Notwithstanding its previously stated benefits, kinship care also presents numerous challenges for both the children placed with their relatives and the kinship caregivers. Kinship caregivers may be less prepared to assume childcare responsibilities than non-relative foster parents since it is often a crisis that prompts the need for kinship care, while non-relative foster parents have been prepared through education and training and have elected to raise a foster child.<sup>48</sup> Most kinship caregivers did not plan nor intend to be parenting their relative's children. Kinship caregivers must learn to manage the stress inherent in child rearing and the kinship care arrangement, particularly if the kinship placement was sudden and unanticipated. The demographic profiles of kinship caregivers differ from non-relative caregivers in regards to age, health, income, and educational levels.<sup>49</sup> Kinship caregivers may be a more vulnerable population than non-kinship foster parents for a variety of reasons.<sup>50</sup> These reasons are highlighted in the following section. However, it is important to note that kinship caregivers are a heterogeneous group, as there is not a typical profile of a relative that becomes a kinship caregiver, since it could be an older sibling, aunt, uncle, grandparent, cousin, relative by marriage, or other kin.

Kinship caregivers tend to be older than non-relative foster parents.<sup>51</sup> This finding is not surprising, considering the fact that 69% of kinship caregivers are grandmothers.<sup>52</sup> A potential concern about the older age of kinship caregivers is their ability to continue to parent young children into adolescence, if needed, due to the kinship foster parents' concern about both their advancing age and declining health status.

The older age of kinship caregivers is often accompanied by physical health problems. Kinship caregivers may have limitations to their mobility, which makes raising an active child a challenge. Additionally, kinship caregivers may face mental health challenges.<sup>53</sup> The addition of a

<sup>45</sup> Meredith Kiraly & Cathy Humphreys, *A tangled web: Parental contact with children in kinship care*, 20 CHILD & FAM. SOC. WORK 106 (2013).

<sup>46</sup> Lenore M. McWey et al., *The Impact of Continued Contact with Biological Parent upon the Mental Health of Children in Foster Care*, 32 CHILD. & YOUTH SERVS. REV. 1343 (2010).

<sup>47</sup> See generally *id.* at 1338-45.

<sup>48</sup> *Id.* at 1140-42.

<sup>49</sup> See J.P. GLEESON, *Kinship care for children and young people: international perspectives*, in THE ROUTLEDGE HANDBOOK OF GLOBAL CHILD WELFARE 245 (Pat Dolan & Nick Frost eds., 2017).

<sup>50</sup> PAUL NIXON, RELATIVELY SPEAKING: DEVELOPMENTS IN RESEARCH AND PRACTICE IN KINSHIP CARE, RESEARCH IN PRACTICE 55 (2007).

<sup>51</sup> Femke Vanschoonlandt et al., *Kinship and non-kinship foster care: Differences in contact with parents and foster child's mental health problems*, 34 CHILD. & YOUTH SERVS. REV. 1533, 1533 (2012).

<sup>52</sup> See, e.g., Jennifer Ehrle & Rob Geen, *Children cared for by relatives: What services do they need?*, THE UR. INST. 1, 2 (June 2002).

<sup>53</sup> Susan J. Kelley et al., *Psychological distress in grandmother kinship care providers: the role of resources, support, and physical health*, 24 CHILD ABUSE & NEGLECT 319 (2000).

new child(ren) to the family can create additional stress, which may exacerbate preexisting mental health difficulties or even cause mental health difficulties.<sup>54</sup> Grandparents who are providing kinship caregiving have higher levels of depression than similarly aged grandparents who are not caring for their grandchildren.<sup>55</sup> Moreover, children placed with a kinship caregiver who is older and having health problems may display increased emotional and/or behavioral difficulties.<sup>56</sup> One study found that African American youth placed with kinship caregivers who were older and in poorer health showed an increase in externalizing behaviors.<sup>57</sup>

Kinship caregivers are more often single parents, placing the demands and responsibilities of caregiving on one adult.<sup>58</sup> Single parent families have less social support in the home due to not having the opportunity to divide and share childcare and other domestic and household responsibilities. Kinship caregivers may face isolation if immediate and extended family members are not available to provide social support. Additionally, single parent homes may have increased financial stress compared to two-parent, dual income homes.

Compared to non-relative foster caregivers, kinship caregivers have lower education levels.<sup>59</sup> The National Survey of Child and Adolescent Well-Being, a longitudinal study of the well-being of 5,501 children placed in foster care with either kinship caregivers (468 caregivers) or non-relative foster parents (517 foster parents), found that kinship caregivers were approximately three times more likely than non-kinship foster caregivers to have less than a high school education.<sup>60</sup> Almost 30% of kinship caregivers had less than a high school education compared to only 9.2% of non-relative foster parents.<sup>61</sup> Lower educational levels correlate with lower household incomes and earning potentials.<sup>62</sup> Additionally, foster parents with lower levels of education may have more difficulty securing resources for themselves and their foster child, navigating the legal system, and effectively advocating for needed services for themselves and their foster child.

Studies have found that kinship foster parents have lower incomes and tend to be poorer than non-relative caregivers.<sup>63</sup> African American kinship caregivers have the lowest levels of annual income and are also the least likely to own their own home.<sup>64</sup> The financial instability of kinship caregivers creates added stress in the home as the kinship caregivers struggle to have the financial resources to adequately care for the children placed in their home and to ensure the children's well-being. Adding foster children to a family that already has a limited income creates additional stress in this family system.

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<sup>54</sup> See generally, Ramona W. Denby et al., *Culture and Coping: Kinship Caregivers' Experiences with Stress* 32 CHILD. & ADOLESCENT SOC. WORK J. 465 (2015).

<sup>55</sup> Ehrle & Geen, *supra* note 52, at 2.

<sup>56</sup> *Id.* at 1-2.

<sup>57</sup> Esme Fuller-Thomson & Meredith Minkler, *African American Grandparents Raising Grandchildren: A National Profile of Demographic and Health Characteristics*, HEALTH & SOC. WORK 25, 109-18 (2000).

<sup>58</sup> Anne K. Rufa & Patrick J. Fowler, *Kinship foster care among African American youth: Interaction effects at multiple contextual levels* 42 J. OF SOC. SERV. RES. 26, 35 (2016).

<sup>59</sup> Ehrle & Geen, *supra* note 52, at 2.

<sup>60</sup> ADMINISTRATION FOR CHILDREN AND FAMILIES: OFFICE OF PLANNING, RESEARCH & EVALUATION, *National Survey of Child and Adolescent Well-Being*, 15 KINSHIP CAREGIVERS IN THE CHILD WELFARE SYS. 1, 3 (2007), [https://www.acf.hhs.gov/sites/default/files/opre/rb\\_15\\_2col.pdf](https://www.acf.hhs.gov/sites/default/files/opre/rb_15_2col.pdf).

<sup>61</sup> *Id.*

<sup>62</sup> See Ehrle & Geen, *supra* note 52, at 1-2.

<sup>63</sup> *Id.*

<sup>64</sup> See *id.*; see also Jill Duerr Berrick, *When Children Cannot Remain Home: Foster Family Care and Kinship Care* 8 FUTURE OF CHILD. 77, 78 (1998).

An additional challenge is that kinship caregivers must navigate multiple roles with the foster child and the larger family system. Due to already established family interaction patterns, family boundaries, and delegation of child caregiving, responsibilities may be more difficult to negotiate in kinship care than non-relative foster care.<sup>65</sup> For example, a grandmother who is suddenly providing kinship care may have to transition from her role as an indulgent grandparent who focused on fun and recreation with the child to a primary caregiver responsible for discipline, limit setting, and enforcement of rules. This role transition presents potential difficulties and confusion for the kin caregiver, the foster child and the child's parents. In non-kinship foster placements, these boundaries, roles and responsibilities of foster parents, foster children, and biological parents are more clearly defined, creating clearer expectations and limits, which may facilitate more successful resolutions if problems arise.<sup>66</sup>

Another complexity of kinship care is the kinship caregiver's management of emotions related to caring for a relative's child.<sup>67</sup> Kinship caregivers may feel a myriad of feelings, including disappointment, sadness and anger toward the child's parents for the parents' inability or incapacity to care for the child. Parents may also have mixed feelings toward the kinship caregiver who is providing care for their child, including resentment, rivalry, and fear of being replaced as a parent by the kinship caregiver.<sup>68</sup> These emotional reactions impact cooperation, collaboration, and co-parenting between the kinship caregiver and the parent.<sup>69</sup> Typically, non-relative foster parents would not have the same emotional investment in the foster child's biological parents, so would be less prone to experience these feelings. Kinship foster care is a diverse and heterogeneous group, and foster care may be preceded by the biological parents' incarceration, substance abuse, chronic mental health problems, physical illness, death, or other adverse factors which may also impact the kinship caregiver.<sup>70</sup>

The emotional connection and prior/ongoing relationship between the kinship caregiver and the child's parent, as well as general family dynamics, may also impact visitation. Earlier in this paper, it was noted that a benefit of kinship foster care over non-relative foster care is increased visitation with the parent. However, there are complex visitation factors unique to kinship foster care. Kinship foster parents are more likely to have informal contact with the child's parent, which may be both unwelcome and unauthorized.<sup>71</sup> Due to the relationship and emotional connection with the child's parent, kinship caregivers may have difficulty enforcing child welfare services visitation guidelines.<sup>72</sup> There may be pressure from parents to have frequent and unauthorized visitation, resulting in the kinship caregiver being in the dilemma of choosing loyalty to the family or adhering to the visitation guidelines.<sup>73</sup> Issues of power and control between family members may arise as visits are restricted or limited.<sup>74</sup> Kinship caregivers may be placed in the

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<sup>65</sup> See Denby et al., *supra* note 54, at 470.

<sup>66</sup> Howard Dubowitz et al., *Behavior Problems of Children in Kinship Care*, 14 J. OF DEV. & BEHAV. PEDIATRICS 386, 386 (1993).

<sup>67</sup> See Vanschoonlandt et al., *supra* note 51, at 1537.

<sup>68</sup> See Kiraly & Humphreys, *supra* note 45, at 110.

<sup>69</sup> *Id.*

<sup>70</sup> MITCHELL ROSENWALD & BETH N. RILEY, *ADVOCATING FOR CHILDREN IN FOSTER AND KINSHIP CARE: A GUIDE TO GETTING THE BEST OUT OF THE SYSTEM FOR CAREGIVERS AND PRACTITIONERS* 1, 9 (2010) (e-book).

<sup>71</sup> *Id.* at 11.

<sup>72</sup> See Kiraly & Humphreys, *supra* note 45, at 110-13.

<sup>73</sup> *Id.* at 108-13.

<sup>74</sup> Malon, *supra* note 33, at 3.

uncomfortable position of having to supervise and monitor visits between the child and parents.<sup>75</sup> It is also possible that visitation guidelines are not set as clearly and formally for the kinship foster care placement as they are for non-relative foster placements.<sup>76</sup> More frequent unauthorized visitation could result in the foster child having unsupervised access to abusive parents, creating a potential threat to the child's safety and well-being.<sup>77</sup>

While kinship caregivers face many challenges, each of these challenges can be alleviated, either partially or completely, with the provision of appropriate supportive services. Financial and programmatic support is needed to adequately support kinship caregivers, who are the preferred out-of-home placement for foster youth.

#### **IV. RESOURCES NEEDED TO SUPPORT KINSHIP FAMILIES**

For kinship caregivers to provide quality care for their relative foster youth, there is need for allocation of additional resources to support the success of kinship foster placements and to promote the well-being of the children placed in these homes. Based on the identified challenges for kinship foster caregivers, areas of needed support for these placements include education and kinship caregiver training, emotional support for the caregivers, financial support, and respite childcare. Additionally, policy and guidance from child welfare services, specifically clear visitation guidelines, and more active involvement of child welfare services social workers is necessary to support kinship foster placements. However, the involvement of child welfare services must be uniquely tailored to the specifics of kinship caregiving in order to encourage collaboration between child welfare services, social workers, and kinship caregivers.

##### ***A. Financial Support***

As noted earlier in this paper, kinship caregivers often are of lower socioeconomic status than non-relative foster parents.<sup>78</sup> Adding a foster child to their home even further stresses finances. Kinship caregivers frequently encounter financial uncertainty and changes when they begin to provide care for a relative's child.<sup>79</sup> This is particularly true because kinship caregivers do not have the luxury of planning to bring a child into their home. Instead, a family emergency has occurred, and the kinship caregiver is identified to take a relative's child into their home. Income instability of the kinship caregiving family has a multitude of risks for the foster child, which are exacerbated by the potential abuse, neglect or other traumatic events that may have prompted children to be removed from their home and placed in kinship care. Children's healthy development is adversely impacted by a lack of adequate family income. Kinship caregivers need the same adequate monthly stipends as received by all foster care providers and may also benefit from food vouchers, childcare, housing assistance, and other emergency assistance programs or bridge funding to assist with their unexpected added expenses upon placement of a child in their home.

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<sup>75</sup> See Kiraly & Humphreys, *supra* note 45, at 110-13.

<sup>76</sup> See generally Wendy L. Haight et al., *Understanding and Supporting Parent-Child Relationships during Foster Care Visits: Attachment Theory and Research*, 48 SOC. WORK 195 (2003).

<sup>77</sup> See McWey et al., *supra* note 46, at 1-5.

<sup>78</sup> See Kiraly & Humphreys, *supra* note 45, at 106, 110.

<sup>79</sup> See Ehrle & Geen, *supra* note 54, at 1-2; see also Berrick, *supra* note 64.

### ***B. Childcare and Respite Care***

For kinship caregivers, particularly those who work outside the home, childcare is a critical need.<sup>80</sup> This may include day care for young children and before and after school care for older children. Due to the sudden and unanticipated nature of most kinship foster placements, kinship caregivers do not have pre-arranged childcare, which can complicate and compromise the kinship placement. Many kinship care families have single parents who need to work outside of the home or, if it is a two-parent kinship family, require dual-income earners to meet their financial obligations, thus necessitating access to affordable childcare.<sup>81</sup> Another barrier to obtaining childcare is that many childcare facilities operate at full capacity and have long wait lists.<sup>82</sup> Since the kinship placement is unexpected, the amount of time it takes to place a child in childcare may be prohibitive.

There is also a need for respite care, which provides kinship caregivers a temporary break from their caregiving responsibilities.<sup>83</sup> Caring for children requires a massive amount of time and energy, and many kinship caregivers, especially grandparents providing kinship care, assumed their child rearing days were over prior to their relative being placed with them through kinship care.<sup>84</sup> Especially since many kinship caregivers are older and in poor health, the day-to-day physical and emotional challenges of raising a child can negatively impact the mental and physical health of the caregiver, at the most extreme leading to burnout in the kinship relationship.<sup>85</sup> Additionally, when caregivers are fatigued and stressed, they are less likely to be patient and attuned to the child's needs.<sup>86</sup> Respite care can be utilized for kinship caregivers to attend their own medical appointments, grocery shop, or simply rest and take a needed break to decompress to enable them to better care for the child. The state of Washington conducted focus groups and surveys with kinship caregivers to determine social service needs. Numerous focus group participants requested respite care and reported it was "a vital service, providing time off to recharge personal batteries and tend to other business."<sup>87</sup> Many kinship caregivers in this study reported that respite care was difficult to obtain, especially for children with special needs and multiple children.<sup>88</sup>

Respite care services can be provided in various formats. In-home respite care with the caregiver, either present or not present, is a common form of respite care.<sup>89</sup> Another form of respite care is community-based respite care in which a kinship caregiver drops off a child at a private home or community location such as a YMCA, community center or social services agency.<sup>90</sup> For

<sup>80</sup>WORKING WITH KINSHIP CAREGIVERS, *supra* note 19, at 7.

<sup>81</sup> See Ehrle & Geen, *supra* note 54, at 1-2.

<sup>82</sup> Will Smith, *Call to Action! Support Needed for Upcoming Legislation, Child Care Budget Proposal*, STEP UP (Apr. 14, 2016), <http://stepupforkin.org/2016/04/14/call-to-action-support-needed-for-upcoming-legislation/>.

<sup>83</sup> Adopt Us Kids, *Taking A Break: Creating Foster, Adoptive, and Kinship Respite Care in Your Community* (Nov. 1, 2018), [www.adoptuskids.org/\\_assets/files/NRCRFAP/resources/taking-a-break-respite-grandparents](http://www.adoptuskids.org/_assets/files/NRCRFAP/resources/taking-a-break-respite-grandparents).

<sup>84</sup> Jim Mayfield et al., *Kinship Care in Washington State: Prevalence, Policy, and Needs*, WASH. ST. INST. OF PUB. POL'Y 1, 12 (June 2002), [www.wsipp.wa.gov/ReportFile/796](http://www.wsipp.wa.gov/ReportFile/796).

<sup>85</sup> *Id.* at 30-31.

<sup>86</sup> *Id.*

<sup>87</sup> *Id.*

<sup>88</sup> *Id.*

<sup>89</sup> See Adopt Us Kids *supra* note 87, at 11-13.

<sup>90</sup> *Id.*

school-age children, recreation (i.e. Boys and Girls Club) and day camp programs can also provide needed respite for kinship caregivers.<sup>91</sup>

### ***C. Emotional Support for Caregivers***

An identified need for kinship families is emotional support for the caregivers.<sup>92</sup> It is essential to address the mental health needs of the kinship caregiver since the emotional health of the caregiver has “significant implications for overall family well-being, with potential for direct and indirect effects on the children in the family.”<sup>93</sup> When suddenly assuming full-time parenting responsibilities for a relative’s child, the kinship caregiver may experience a myriad of emotions, including sadness, anger, fear, and guilt.<sup>94</sup> Especially if the kinship caregivers are the child’s grandparents, they may even experience shame about having to raise their grandchildren when the parent is unable, due to the belief that they have failed to successfully raise their own children.<sup>95</sup> The kinship caregiver may have unexpressed doubts about their ability to provide a stable and nurturing home for the child placed with them, which could manifest as difficulty being emotionally attuned with the child.<sup>96</sup>

As kinship caregivers assume unanticipated child rearing responsibilities, they may become distanced from friends, community supports, and faith-based organizations due to limited time resources.<sup>97</sup> With this loss of support, the kinship caregiver may face isolation or even depression, making it difficult to care properly for themselves and the child placed in their home.<sup>98</sup> Additionally, kinship caregivers may experience emotional distress, including feelings of sadness and feelings of hopelessness or helplessness, as they attempt to assist the children placed in their home to cope with trauma that may have predicated the child’s removal. This may be especially difficult for kinship caregivers if their relative perpetrated the abuse that resulted in the child being removed from the parental home.<sup>99</sup> Moreover, even if the kinship caregiver did not have preexisting difficulty managing stress or anxiety, the abrupt placement of a child or children in their home creates additional stress which may overwhelm the caregiver’s healthy coping capabilities, resulting in distress.<sup>100</sup>

### ***D. Kinship Specific Social Worker Training and Services***

The needs of kinship caregivers are distinct from non-relative caregivers for a multitude of reasons, including the conditions under which the children enter kinship care and the demographics

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<sup>91</sup> See Mayfield et al., *supra* note 84, at 30.

<sup>92</sup> *Kinship Care Resource Kit*, CHILD. DEFENSE FUND, <https://www.childrensdefense.org/wp-content/uploads/2018/08/kinship-care-resource-kit.pdf>.

<sup>93</sup> Cheryl Smithgall et al., *Unmet Mental Health Service Needs in Kinship Care: The Importance of Assessing and Supporting Caregivers*, 16 J. OF FAM. SOC. WORK 463, 465 (Nov. 2013).

<sup>94</sup> Karen J. Foli, *Kinship Care: A New Kind of Family*, THE PURDUE EXTENSION 1, 3 (2014) <https://extension.purdue.edu/extmedia/HHS/HHS-788-W.pdf>.

<sup>95</sup> *Id.*

<sup>96</sup> Kimberly Bundy-Fazioli et al., *Grandparents Caregivers' Perceptions of Emotional Distress and Well-Being*, 16 J. OF FAM. SOC. WORK 447, 448-49 (Nov. 2013).

<sup>97</sup> See *Kinship Care Resource Kit*, *supra* note 96.

<sup>98</sup> See Fazioli et al., *supra* note 96, at 456.

<sup>99</sup> *Id.* at 454.

<sup>100</sup> See Denby et al., *supra* note 54, at 468.

of the kinship caregivers. For child welfare services caseworkers to best partner with kinship caregivers, specific training must be provided for the caseworkers in order to understand the unique needs of kinship caregiving families and how best to support these placements. Studies have shown that caseworkers for kinship care families may have less familiarity with their kinship caseloads due to less contact with, and less supervision of, kinship care families.<sup>101</sup> One study determined that caseworkers were less likely to respond to requests for information from kinship caregivers than non-relative caregivers.<sup>102</sup> Another study found that child welfare services caseworkers may choose not to sustain regular contact with kinship caregivers due to the caseworker's belief that kinship caregivers prefer limited contact with child welfare service agencies.<sup>103</sup> In order to improve caseworkers' practices with kinship families, education and training specific to kinship caregiving for child welfare services caseworkers would be beneficial. The challenge for policy makers and professionals is to recognize the uniqueness of kinship care and build training programs in which the strengths, complexities, and best social work practices are simultaneously considered so that children placed with relatives can experience the best placement outcomes.<sup>104</sup>

Connected to the previously identified kinship specific training needed for social workers, provision of additional child welfare services for kinship families is also needed. Supportive services provided by child welfare agency social workers are a possible mitigating factor that could affect the outcome and quality of kinship care.<sup>105</sup> Despite the consistent finding that kinship caregivers are a more vulnerable population than non-relative foster parents, they often receive less support from child welfare agencies than other types of foster families.<sup>106</sup> Kinship caregivers need to be involved in planning and placement decisions, which require increased collaboration, coordination and contact with child welfare agencies.<sup>107</sup> Reciprocity is a key element in the relationship between the kinship caregiver and the caseworker for forming a productive working relationship that ultimately benefits the child placed in the home.

Finally, increased frequency of visits with parents, which is common in kinship care, may require more social worker oversight and guidelines, so the kinship caregiver is not tasked with negotiating and navigating visitation and potential supervision of these visits by him or herself. Kinship families often identify parental visitation as an area needing additional social worker involvement<sup>108</sup> and social workers must be trained to meet these needs.

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<sup>101</sup> Robert Chipman et al., *The Meaning of Quality in Kinship Foster Care: Caregiver, Child, and Worker Perspectives*, 83 *FAM. IN SOCIETY: THE J. OF CONTEMPORARY SOC. SERV.* 508, 510 (2002).

<sup>102</sup> J. L. Thornton, *An Investigation into the Nature of the Kinship Foster Home*, PROQUEST DISSERTATIONS & THESES GLOBAL (1987).

<sup>103</sup> Sandra S. Chipungu & Joyce E. Everett, *The Power of Information: Exchange Patterns Between African-American Foster Parents and Child Welfare Workers*, 3 *J. OF MULTICULTURAL SOC. WORK* 17, 33 (1994).

<sup>104</sup> Office of the Assistant Secretary for Planning and Evaluation, *On Their Own Terms: Supporting Kinship Care Outside of TANF and Foster Care*, U.S. DEP'T OF HEALTH & HUM. SERVS. (Feb. 13, 2018, 6:01 AM), <https://aspe.hhs.gov/execsum/their-own-terms-supporting-kinship-care-outside-tanf-and-foster-care>.

<sup>105</sup> See Chipman et al., *supra* note 101, at 510.

<sup>106</sup> *Id.*

<sup>107</sup> *Id.* at 515.

<sup>108</sup> See, e.g., Brian Christenson & Jerry McMurtry, *A comparative evaluation of perseverance training of kinship and nonkinship foster/adoptive families*, 86 *CHILD WELFARE* 125, 125-138 (2007); see, e.g., Koh, *supra* note 10; see also Rob Geen, *The Evolution of Kinship Care Policy and Practice*, 14 *THE FUTURE OF CHILD* 131, 139 (2004).

## V. LEGISLATIVE POLICY SUPPORTING KINSHIP FAMILIES

After understanding all the needs of kinship caregivers, it is important to shift focus to policies that influence how supports and services are provided to kinship caregivers, so a framework can be developed to appropriately align policy with need. In the United States, federal policy has a strong influence on local and state services and protections for children in the child welfare system.<sup>109</sup> The influence comes through cost-sharing initiatives whereby the federal government agrees to provide financial assistance to states that agree to participate in the structure of assistance programs delineated by the federal policy.<sup>110</sup> Therefore, this paper will first provide an analysis of federal policy and then will highlight how one state, California, has implemented federal policy through state policies.

### A. Federal Policy Supporting Kinship Families

Several discrete federal policies come together to form the overarching federal support of kinship caregivers. The Child Abuse Prevention and Treatment Act (CAPTA) requires that, as a condition for receiving federal funding, states must first consider relatives over non-relatives when making child welfare placement decisions.<sup>111</sup> This legislation clearly indicates the preference for kinship placement when children are removed from their parents' care. However, a preference for placement is not enough. How will we find those relatives to take in children? How will kinship families be supported in a way that makes this preference become a reality?

Through the Fostering Connections to Success and Increasing Adoptions Act of 2008, Family Connections Grants were established.<sup>112</sup> Among other things, Family Connection Grants provide for Kinship Navigator and family finding programs.<sup>113</sup> Family finding programs assist with locating biological family members who could potentially serve as permanent placements for children removed from their parents' care.<sup>114</sup> Kinship Navigator programs are grant-funded, so states and local agencies need to apply for the grants in order to receive funding and develop needed programs.<sup>115</sup> A limited number of states received these grants in 2009 and 2010.<sup>116</sup> Kinship Navigator programs assist relative caregivers with access to information and provide support and assistance for kinship caregivers.<sup>117</sup> Services may include links to local county resources, connections to needed referrals, and a forum to answer questions regarding kinship caregiving.<sup>118</sup> However, raising children can be quite costly and simple connections to supportive services may not be enough. There are a few federal programs that enable kinship families to receive direct financial support. These programs are the Temporary Assistance for Needy Families (TANF)

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<sup>109</sup> See *infra* Section V(A).

<sup>110</sup> See *infra* Section V(A).

<sup>111</sup> 42 U.S.C. § 5106 (a)(4) (2018).

<sup>112</sup> Fostering Connection to Success and Increasing Adoptions Act of 2008, 110 P.L. 351, 122 Stat. 3949, 110 P.L. 351, 2008 Enacted H.R. 6893, 110 Enacted H.R. 6893, Section 102.

<sup>113</sup> 42 U.S.C. §§ 627 (a)(1)-(2) (2018).

<sup>114</sup> *Id.*

<sup>115</sup> 42 U.S.C. § 627(b) (2018).

<sup>116</sup> Ana Beltran, *Kinship Navigator Programs - Summary & Analysis*, GRANDFAMILIES.ORG, <http://www.grandfamilies.org/Topics/Kinship-Navigator-Programs/Kinship-Navigator-Programs-Summary-Analysis> (last visited Feb. 15, 2018).

<sup>117</sup> 42 U.S.C. § 627(a)(1) (2018).

<sup>118</sup> *Id.*



block grant,<sup>119</sup> Title IV-E of the Social Security Act (Title IV-E) foster care maintenance payments,<sup>120</sup> and Title IV-E Guardianship Assistance Program (GAP) stipends.<sup>121</sup> States, however, need to structure their programs to assure kinship families are receiving this support.

### ***B. Kinship Care in California***

Coordinating care for approximately 18% of the nation's children, California has the largest population of youth in out-of-home care of any state.<sup>122</sup> This fact alone provides adequate reason to look to and analyze California's provision of services to kinship care providers. California has also developed some promising practices, highlighted below, and has areas where improvement is recommended by the authors.

Between fiscal year 2005 and fiscal year 2017, California experienced a slight increase in the percentage of foster youth placed in kinship foster homes in California.<sup>123</sup> According to the UC Berkeley Center for Social Services Research, of the estimated 60,000 children in foster care in California on July 1, 2017, 11% were in non-relative foster family homes, 24% were in foster family agency homes, 34% were in kinship homes, 6% were in group homes, and less than 1% were in shelters.<sup>124</sup> These placement rates mark only a slight shift in placement types between fiscal year 2005 and fiscal year 2017. During this time, there was a nearly 1/2% increase in children placed in kinship homes, which correlated with a nearly 3% decrease of children in institutional or group home settings.<sup>125</sup> During this same time, there was also more than a 1% decrease of children placed in non-relative or foster family agency placements.<sup>126</sup>

Prior to 2014, there was little effort made in California to treat relatives with financial equity in comparison to non-relatives caring for children in foster care. From a general policy standpoint, this inequity was rooted in a belief that relatives should possess a moral responsibility to care for their kin placed in foster care and, therefore, did not need the same financial reimbursements as unrelated caretakers.<sup>127</sup>

Recognizing that "children should live in their communities in home-based family care

<sup>119</sup> 42 U.S.C. § 601(2018).

<sup>120</sup> 42 U.S.C. § 672 (2018).

<sup>121</sup> 42 U.S.C. § 673 (2018).

<sup>122</sup> Mark E. Courtney & Barbara Needell, *Outcomes of Kinship Care: Lessons from California*, 2 CHILD WELFARE RES. REV. 130 (1997). See also CHILDREN'S BUREAU (ACYF, ACF), U.S. DEP'T OF HEALTH & HUM. SERVS., CHILD WELFARE OUTCOMES 2010-2014: REPORT TO CONGRESS, at 5, [https://www.acf.hhs.gov/sites/default/files/cb/cwo10\\_14.pdf#page=17](https://www.acf.hhs.gov/sites/default/files/cb/cwo10_14.pdf#page=17).

<sup>123</sup> Diane Webster et al., *Number of Children in Foster Care by Type of Placement Chart*, UNIV. OF CAL. AT BERKELEY CHILD WELFARE INDICATORS PROJECT, [http://cssr.berkeley.edu/ucb\\_childwelfare/PIT.aspx](http://cssr.berkeley.edu/ucb_childwelfare/PIT.aspx) (Select Multiple Time Periods (California, Individual County, or Grouped Counties) – Click Next; Select Table Output in: Percent; Row Dimension: Placement Type; Point in Time: July; Select Begin Year: 2005 – Click Finish) (last visited Feb. 5, 2019) (placement rate for children in kinship homes increased just over one percent between 2005 and 2015).

<sup>124</sup> *Id.* (For the number of children in care, select "single time period" and click next; Select Time Period: July 1, 2017; Row Dimension: Placement Type; Column Dimension: Gender; Finish. For percentages, select "single time period" and click next; Select Time Period: July 1, 2017; Table Output: Percent; Row Dimension: Placement Type; Column Dimension: Gender; finish.)

<sup>125</sup> See CHILD. DEFENSE FUND, *supra* note 92.

<sup>126</sup> *Id.*

<sup>127</sup> Iryna Hayduk, *The Effect of Kinship Placement on Foster Children's Well Being*, 17 THE B. E. J. OF ECON. ANALYSIS & POL'Y 1, 2 (Mar. 2014).

settings,”<sup>128</sup> the state engaged in more than three years of collaboration with counties and other stakeholders to create a Continuum of Care out-of-home care model premised upon utilizing congregate care only for placements that are time-limited and focused on specific treatment goals.<sup>129</sup> In order to reduce group care, the state must first increase capacity in home-based family care settings and appropriately support those placements with available services.<sup>130</sup>

Since 2015, California has engaged in continued legislative and regulatory changes, attempting to implement the vision of Continuum of Care Reform (“CCR”). Assembly Bill No. (“AB”) 403 was California’s first bill designed to implement the recommendations of the Continuum of Care Reform efforts.<sup>131</sup> Recognizing that utilizing and supporting kinship caregivers will help implement the CCR goals of placing children in family-like settings, the California Legislature, through AB 403, declared their intent “to maintain children’s safety, well-being, and healthy development when they are removed from their own families by placing them, whenever possible and appropriate, with relatives or someone familiar.”<sup>132</sup> The Legislature went on to declare “research demonstrates that being cared for in a family improves the outcomes for children who have experienced abuse and neglect.”<sup>133</sup> Also relevant to the issue at hand, the Legislature recognized “[t]hat culturally relevant services and supports need to be made available to children, youth, and their caregivers, regardless of the placement setting.”<sup>134</sup>

One piece of Continuum of Care Reform has been the shifting of licensed caregivers from foster parents to resource families. As of January 2017, families can become approved to provide care for youth in foster care through the Resource Family Approval (RFA) process.<sup>135</sup> RFA allows for temporary emergency placement of a foster youth with a relative, with legal prioritization of placing children with relatives when they cannot remain with their parents.<sup>136</sup> As a result, children can be placed directly with kinship caregivers when removed from their parents, which decreases multiple transitions for the child, increasing stability and reducing emotional and behavioral difficulties that may result from multiple moves.

Recognizing the benefits of supporting kinship families caring for children removed from their parents through the foster care system, California has recently taken greater steps to assure financing policies are in line with these priorities. For the first time in California history, funding is becoming commensurate for kinship care and non-relative foster care.<sup>137</sup> Once a kinship family is approved as a Resource Family (California’s term for an approved foster parent), they should receive the same foster care rate as non-relative foster caregivers. In 2016, California approved a new foster care funding rate structure that finally provided the same rates to kinship caregivers, providing financial parity for foster caregivers across California.<sup>138</sup> That parity was merely

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<sup>128</sup> CAL. DEP’T OF SOC. SERVS., CALIFORNIA’S CHILD WELFARE CONTINUUM OF CARE REFORM 5 (2015) [http://www.cdss.ca.gov/cdssweb/entres/pdf/CCR\\_LegislativeReport.pdf](http://www.cdss.ca.gov/cdssweb/entres/pdf/CCR_LegislativeReport.pdf).

<sup>129</sup> *Id.*

<sup>130</sup> *Id.*

<sup>131</sup> Assemb. B. 403, 2015-2016 Reg. Sess. (Cal. 2015).

<sup>132</sup> Assemb. B. 403, § 1(c).

<sup>133</sup> Assemb. B. 403 § 1 (c)(4).

<sup>134</sup> Assemb. B. 403 § 1 (c)(6) (emphasis added).

<sup>135</sup> See GREGORY ROSE, CAL. DEP’T OF SOC. SERV., ALL CNTY. LETTER NO. 16-10, at 2-3 (Feb. 17, 2016), <http://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acl/2016/16-10.pdf>.

<sup>136</sup> *Id.* at 5.

<sup>137</sup> CALIFORNIA CHILD ADVOCATES FOR CHANGE, *supra* note 4, at 5.

<sup>138</sup> Assemb. B. 403 § 65 (amending Welfare and Institutions Code Section 11402 to provide AFDC-FC payments to children placed in the approved home of a resource family, regardless of the child’s relation to the resource family).

theoretical if the foster youth in placement was a parenting foster youth or a youth with a developmental disability requiring services from one of California's Regional Centers. In June of 2017, California's Governor signed a budget that included funding for children being parented by foster youth (known as the infant supplement) and the dual agency rate to all foster youth placed with relatives, regardless of whether the youth qualifies for federal reimbursement.<sup>139</sup> Children with special developmental needs and parenting foster youth finally will receive the same funding they would receive if they were placed with a non-relative caretaker.

While these are great steps forward, financial equity between kinship caregivers and non-related caregivers is not sufficient. As outlined in this paper, relatives have different needs than non-relative caretakers and will need further supports to be able to adequately care for children placed in their homes. Without full supports and services for all foster families, particularly kinship caregivers, there will continue to be a severe deficit of available foster family homes throughout the state. This short-sighted approach may mean more children being bounced between group homes and families unable to meet their intensive needs.

#### IV. BEST PRACTICES – HOW OTHER STATES AND COUNTRIES SUPPORT KINSHIP FAMILIES

There are numerous models available to demonstrate how to best provide services and support to kinship caregivers. A sample of these models is reviewed in this section. These examples can be used as guidelines to help build a comprehensive program to support the needs of kinship families.

Allegheny County, Pennsylvania provides one example of appropriate and needed support for kinship families. The County has partnered with A Second Chance, Inc. (ASCI) to provide kinship care training for caregivers specifically designed to address the dynamics of kinship families.<sup>140</sup> Additionally, ASCI provides intensive in-home services, emergency assistance (including a clothing bank and flexible funding for other necessities), respite services, and transportation for kinship families.<sup>141</sup>

Another example can be seen in Florida where, in 2000, the University of South Florida, created a statewide Kinship Care Warmline.<sup>142</sup> This warmline is a statewide, toll-free listening line for kinship caregivers who need emotional support, as well as information and referrals to services.<sup>143</sup> Offering the emotional support in conjunction with needed resources provides an added layer of assistance and protection to help kinship caregiving families get through the more difficult times.

North Carolina has also provided support for kinship caregivers by creating an in-depth resource guide for partnering with all caregivers that includes specific information pertaining to how to best support kinship caregivers.<sup>144</sup> In addition to encouraging social workers to keep in

<sup>139</sup> S.B. 89 § 37, 2017-2018 Reg. Sess. (Ca. 2017) (amending Welfare and Institutions Code § 11465).

<sup>140</sup> ANNIE E. CASEY FOUNDATION, STEPPING UP FOR KIDS: WHAT GOVERNMENT AND COMMUNITIES SHOULD DO TO SUPPORT KINSHIP FAMILIES 13 (Jan. 2012), <http://www.aecf.org/m/resourcedoc/AECF-SteppingUpForKids-2012.pdf>.

<sup>141</sup> *Id.*

<sup>142</sup> KINSHIP CARE WARMLINE, <https://www.rightservicefl.org/hillsborough/node/16969> (last visited Feb. 15, 2018).

<sup>143</sup> *Id.*

<sup>144</sup> N.C. DIV. OF SOC. SERVS. CHILD WELFARE SERVS. SECTION, TREAT THEM LIKE GOLD: A BEST PRACTICE GUIDE FOR PARTNERING WITH RESOURCE FAMILIES 9 (Jan. 2009), [https://www2.ncdhhs.gov/dss/publications/docs/Partnering\\_with\\_Resource\\_Families.pdf](https://www2.ncdhhs.gov/dss/publications/docs/Partnering_with_Resource_Families.pdf).

mind that a placement (and potential placement) is gold and should be treated as such, the resource guide includes a very useful checklist for developing training for kinship care providers.<sup>145</sup>

Another exemplary model can be found in Georgia in the form of a one-stop shop website that provides kinship caregivers with access to information, referrals, and resources.<sup>146</sup> The Kinship Care Portal provides links to Kinship Navigator programs in the state, financial resources for kinship caregivers, non-financial support for kinship caregivers, and kinship care statistical information that can be used to guide state advocacy.<sup>147</sup> Georgia has set up Kinship Navigators in fifteen regions across the state that aim to locate local resources for kinship caregivers to close the gaps in services.<sup>148</sup>

In Australia, some agencies working with kinship caregivers have adopted a “family support model.”<sup>149</sup> This model recognizes that, in contrast to the traditional foster parent/child relationship (where the relationship can be isolated from the relationship with the parent), it is more difficult to separate the kinship care provider and child relationship from the issues of the rest of the family.<sup>150</sup> “Family support models involve support for the entire ‘kinship triad’ - career, child, birth parent, and other family members.”<sup>151</sup> Other agencies in Australia employ specialized kinship care workers.<sup>152</sup> Understanding that building a trusting relationship is an important foundation to supporting kinship care, these specialized workers adopt a different approach, including different vocabulary and terms, than that used with traditional foster care providers.<sup>153</sup>

## VII. NEEDED MODIFICATIONS TO CALIFORNIA POLICY TO REFLECT THE BEST PRACTICES FOR SUPPORTING KINSHIP CARE

California has progressed to provide the infrastructure to fully support all foster parents. However, there are still policy changes that should be considered to assure that relatives are adequately supported, and that kinship care is fully utilized to fulfill the vision of CCR to limit the number of children being raised in congregate care facilities. While considering further policy changes, it is important to remember that “[t]he cost associated with policy change or expansion must be considered. However, cost considerations involve not only the cost required to adopt new practices but also the cost associated with not doing so.”<sup>154</sup> Mirroring the needs of kinship care providers, there are six key areas in which policy change needs to be considered: financial support; childcare, including respite care; emotional support and connection to resources for kinship caregivers; mental health screening and intervention for youth in kinship care; approval of relatives as resource families; and systemic support through child welfare services.

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<sup>145</sup> *Id.*

<sup>146</sup> Ga. Dep’t of Human Servs., *Kinship Care Portal*, GA. GOV, <https://dhs.georgia.gov/kinship-care-portal> (last visited Oct. 29, 2017).

<sup>147</sup> *Id.*

<sup>148</sup> Ga. Dep’t of Hum. Servs., *Kinship Navigator Program*, GA. GOV., <https://dhs.georgia.gov/kinship-navigator-program> (last visited Oct. 29, 2017).

<sup>149</sup> See BENEVOLENT SOCIETY, A FRAMEWORK OF PRACTICE FOR IMPLEMENTING A KINSHIP CARE PROGRAM 1, 5 (2009), [https://www.sprc.unsw.edu.au/media/SPRCFile/11\\_Report\\_ImplementingAKinshipCareProgram.pdf](https://www.sprc.unsw.edu.au/media/SPRCFile/11_Report_ImplementingAKinshipCareProgram.pdf).

<sup>150</sup> *Id.*

<sup>151</sup> *Id.*

<sup>152</sup> *Id.*

<sup>153</sup> *Id.* at 6.

<sup>154</sup> DENBY, *supra* note 3, at 71.

### ***A. Financial Support***

In particular, the sudden and immediate nature of child placement must be considered, and emergency funds must be created to support kinship care providers. These care providers often need to purchase supplies, such as bedding or furniture, or provide short-term salary matches for lost work time while tending to the adjustment needs of a child recently placed in their homes.

### ***B. Childcare and Respite Care***

California has recently adopted the Child Care Bridge Program for Foster Children which was implemented in January 2018.<sup>155</sup> This program was proposed as a solution to the limited access to affordable childcare for resource families, including kinship caregivers, and recognizes the need, particularly potent amongst kinship caregivers, to provide foster families who were not planning on having a child enter their lives with immediate access to childcare services.<sup>156</sup> This immediate access will last up to six months, but can be extended up to twelve months at county discretion if the family has been unable to secure long-term subsidized childcare.<sup>157</sup> Caregivers will receive assistance from childcare navigators who will help connect them to longer-term childcare options beyond the six month period.<sup>158</sup> While the aims of the program are laudable, there are concerns that the program is not adequately funded to be able to provide necessary childcare services to all who will need these services. As the Child Care Bridge Program is implemented, time will show its utility.

In addition to traditional childcare services, a more robust respite care program for kinship caregivers needs to be put into place. It is not unusual for all parents to need a night or two away from their children. Robust respite care programs can provide the ability to get away—and return recharged and ready to parent the children placed in a relative's home. Respite care programs need not be excessively costly. Adequately training and supporting those already within the social circle of the relatives providing care can provide a deep pool from which respite services can be provided. In addition to providing an option for the kinship care provider, tapping into the resources of the immediate community will permit greater stability for the youth in care as they are able to spend a night or two with a family friend instead of being placed in a respite home of a stranger.

### ***C. Support for Kinship Caregivers***

As mentioned earlier, kinship caregivers need supportive services to promote the success of kinship placement and the safety and well-being of the children placed in their homes. These supportive services could be provided through a variety of different types of programming. A peer-to-peer approach utilizing a kinship liaison paired with a new kinship caregiver was found to increase kinship caregivers' coping skills and also increase their interest in becoming a permanent resource family for relatives in their care.<sup>159</sup> The U.S. Children's Bureau System of Care participated in a demonstration project where the liaisons were former or current kinship

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<sup>155</sup> S.B. 89 § 35, 2017-2018 Reg. Sess. (Ca. 2017) (adding Welfare and Institutions Code §11461.6).

<sup>156</sup> Smith, *supra* note 82; McWey et al., *supra* note 46, at 1342.

<sup>157</sup> S.B. 89 § 35 (adding Welfare and Institutions Code §11461.6 (e)-(g)).

<sup>158</sup> *Id.*

<sup>159</sup> See generally Ramona W. Denby, *Kinship liaisons: A peer-to-peer approach to supporting kinship caregivers*, 33 CHILD. & YOUTH SERV. REV. 217 (2011).

caregivers.<sup>160</sup> A similar model to provide support to kinship caregivers is a parent-to-parent support network where experienced kinship caregivers, either individually or through peer-led groups, can provide much needed support to other kinship caregivers through their firsthand knowledge of the challenges of providing foster care to one's relative. This is a recommended model for many reasons, including the fact that kinship caregivers may be more forthcoming with other kinship caregivers who have immediate credibility due to their experience providing care to a relative, versus a professional.

Kinship Navigator programs are another method by which kinship caregivers can receive support to navigate the foster care system. California currently operates a patchwork of Kinship Navigator programs across the state.<sup>161</sup> Many of these Kinship Navigator programs are conducted by phone, while there is also a limited number of programs that are offered in-person and on-site at local agencies.<sup>162</sup> Expansion and coordination of Kinship Navigator programs across the state would assist kinship caregivers in obtaining the necessary benefits and services to improve their caregiving, thus improving outcomes and healthy development for the children placed in their homes. One centralized contact number would have the dual benefit of providing a centralized method for promoting the Kinship Navigator program across the state and allow kinship care providers to only need to go to one place, rather than to navigate the patchwork of programs. This centralized number could then link to local Kinship Navigator services, where available, and provide links to other resources when local Kinship Navigator programs are not available. Additionally, a centralized Kinship Navigator program should provide responders who are fluent in Spanish and other languages to facilitate communication with kinship caregivers when English is not their primary language. In 2017, the Brookdale Foundation Relatives as Parents Program (RAPP) issued a request for proposals to provide local and state seed grants to generate and expand services to kinship caregivers.<sup>163</sup> A mandate of these grants to state agencies is to develop a statewide network to serve as a focal point for information on kinship caregiving programs and policies.<sup>164</sup> This requirement for the RAPP seed grants is consistent with the recommendation of this paper to have a centralized state contact number for kinship resources.

In addition to providing linkages to local resources, specific support groups are extremely beneficial to kinship care providers. As Gregory C. Smith found in his exploratory study of how grandparents providing kinship care view support groups, the needs and interests of the kinship caregivers involved in the program must be assessed to provide relevant and beneficial supportive

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<sup>160</sup> *FY 2009 Children's Bureau Discretionary Grant Awards*, CHILD. BUREAU, AN OFFICE OF THE ADMIN. FOR CHILD. & FAM. (Dec. 31, 2009), <https://www.acf.hhs.gov/cb/resource/discretionary-grant-awards-2009>.

<sup>161</sup> See EDGEWOOD KINSHIP SUPPORT, <https://edgewood.org/kinship-support/> (last visited Feb. 15, 2018) (providing support to kinship caregivers in San Mateo and San Francisco Counties); CHILD. INST., INC., <http://www.childreinsstitute.org/ourwork/programsandservices> (last visited Nov. 7, 2017) (providing services in Los Angeles to kinship care providers through their *Grandma's House* program); CATH. CHARITIES & RESOURCE CTR., <http://www.catholiccharitiesscc.org/kinship-resource-center-program> (last visited Nov. 7, 2017) (providing supportive services to Kinship caregivers in Santa Clara County).

<sup>162</sup> See EDGEWOOD KINSHIP SUPPORT, *supra* note 161; CHILD. INST., INC., *supra* note 161; CATH. CHARITIES & RESOURCE CTR., *supra* note 161.

<sup>163</sup> *2017 Relatives As Parents (RAPP) Request for Proposals for Agencies Interested in Creating or Expanding Supportive Services for Grandparents and Other Relatives Raising Children*, THE BROOKDALE FOUNDATION GROUP, <http://www.brookdalefoundation.net/RAPP/RAPPforms/2017RAPPPrfp.html> (last visited Feb. 15, 2018) [hereinafter BROOKDALE FOUNDATION].

<sup>164</sup> *Id.*

services.<sup>165</sup> Supportive services must be flexible to meet the needs of the kinship caregivers involved. Curriculum such as the Relatives as Parents Program<sup>166</sup> may provide guidelines to launch kinship support programs. Other support groups for kinship caregivers may be led by social workers or other mental health professionals. To increase access to and utilization of support groups, provision of childcare assistance is recommended while the kinship caregiver participates in the support group.

Yet another approach to providing support to kinship caregivers is through a telephone service. The “warmline” model, discussed previously, could easily be added to a centralized Kinship Navigator line to be ready to lend a listening and supportive ear to a kinship caregiver near crisis. This model could simply require one on-call kinship care provider who agrees to be available to patch into the Kinship Navigator call center when their services are needed. A kinship care provider who agrees to participate in this mentoring service could even be on a volunteer basis and would provide the kinship caregivers who are calling with a sense of community and connectedness through a realization that they are not alone and others have experienced similar challenges. Facebook or other social networking sites can also be used to provide online forums where kinship caregivers can come together to share their struggles, successes, and tips. Interpersonal connections can help provide validation for all care providers, and it would behoove California to utilize tools readily and inexpensively available to foster connections amongst relative caregivers.

In addition to support groups for the kinship caregivers, children placed in kinship care could also benefit from supportive group services. To increase accessibility to these services, groups could be provided in schools and in communities where children in kinship care reside in large numbers. One example is the Banana Splits group model that was utilized with elementary school-aged children living with a grandparent.<sup>167</sup> These types of support groups can provide children the support they need.

#### ***D. Mental Health Assessment***

Mental health screening and assessments are an important component for healthy adjustment for children in kinship care. Children in foster care, including kinship care, have a greater need for psychological assessment and intervention than children in the general population.<sup>168</sup> Youth in foster care are challenged to cope with the adverse events that necessitated out of home placement such as neglect, abuse, parental substance abuse, parental incarceration, etc. Additionally, youth in foster care struggle to negotiate transitions to out-of-home care, even if it is with a familiar family member.<sup>169</sup> The Casey Family Foundation conducted a literature review of youth in foster care and found that 50-75% of youth entering foster care had emotional, social,

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<sup>165</sup> BERT HAYSLIP JR. ET AL., GROUP LEADERS' PERCEPTIONS OF INTERVENTIONS WITH GRANDPARENT CAREGIVERS: CONTENT AND PROCESS 5 (2015), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5042342/pdf/nihms-783214.pdf>.

<sup>166</sup> BROOKDALE FOUNDATION, *supra* note 163.

<sup>167</sup> STACEY KOLOMER ET AL., SCHOOL-BASED SUPPORT GROUP INTERVENTION FOR CHILDREN IN THE CARE OF THEIR GRANDPARENTS 253 (Bert Hayslip, Jr. & Patricia Kaminski eds., 2008).

<sup>168</sup> Joanne Grayson, *Mental Health Needs of Foster Children and Children at Risk of Removal*, CHILD, YOUTH & FAM. NEWS 1, 2 (Winter 2012).

<sup>169</sup> Hillen T. Gafson, *Why Good Placements Matter: Pre-Placement and Placement Risk Factors Associated with Mental Health Disorders in Preschool Children in Foster Care*, 20 CLINICAL CHILD PSYCHOL. & PSYCHIATRY 3, 486 (2015).

or behavioral difficulties that necessitated mental health services.<sup>170</sup> However, studies have shown that only approximately a quarter of foster youth who warrant psychological help are receiving these services and, even when these services are provided, the efficacy of the mental health services has been limited.<sup>171</sup> In order to determine the need for social, emotional and behavioral health services and triaging to the most efficacious services, mental health screening assessments should routinely be conducted when children are placed in kinship care. This recommendation is in conjunction with the recommendations of the American Academy of Pediatrics, the Child Welfare League of America, and the American Academy of Child and Adolescent Psychiatry, which all endorse that children entering foster care should be assessed for mental health and developmental problems.<sup>172</sup> Early identification followed by linkage to appropriate services and then implementation of effective evidenced-based interventions can aid in preventing progression of mental health difficulties and yield more favorable social, emotional, and behavioral outcomes as foster youths age. Collaboration and partnership between child welfare services and departments of mental health is essential to execute these screenings and triage to needed services.

Particularly for kinship caregivers who had little time for preparation prior to a child being placed in their home, these screenings and assessments may be viewed as a burden and as an additional task to be checked off their long list of kinship care requirements. In accordance with recommendations from Landsverk,<sup>173</sup> it is strongly suggested that, in order to increase access to mental health care and to provide adequate support to kinship caregivers, the mental health assessments should be conducted in a home-based setting so caregivers do not need to attend an additional office-based appointment. Resources can be leveraged more effectively to help provide these in-home services. Medi-Cal (California's implementation of Medicaid) may be able to be utilized to provide these services as the Centers for Medicare and Medicaid Services have long understood that "community-based care is considered a best practice for supporting children with disabilities and chronic conditions. In addition, it is generally more cost effective."<sup>174</sup>

<sup>170</sup> JOHN A. LANDSVERK ET AL., *MENTAL HEALTH CARE FOR CHILDREN AND ADOLESCENTS IN FOSTER CARE: REVIEW OF RESEARCH LITERATURE* 15 (2006).

<sup>171</sup> Burns et al., *Mental Health Need and Access to Mental Health Services by Youths Involved with Child Welfare: A National Survey*, 43 J. OF THE AM. ACAD. OF CHILD & ADOLESCENT PSYCHIATRY 960, 968 (2004); Kolko et al., *Child welfare recommendation to improve mental health services for children who have experienced abuse and neglect: A national perspective*, 36 ADMIN. & POL'Y IN MENTAL HEALTH 50 (2009).

<sup>172</sup> Grayson, *supra* note 168, at 3.

<sup>173</sup> LANDSVERK ET AL., *supra* note 170, at 20.

<sup>174</sup> *EPSDT - A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents*, DEP'T OF HEALTH & HUM. SERVS. 1, 21-22 (June 2014), [https://www.medicare.gov/medicaid/benefits/downloads/epsdt\\_coverage\\_guide.pdf](https://www.medicare.gov/medicaid/benefits/downloads/epsdt_coverage_guide.pdf) (citing Olmstead Update No: 2, Letter from Timothy M. Westmoreland, Dir., Ctr. for Medicaid & State Operations, to State Medicaid Dir. (July 25, 2000)) available at <https://www.medicare.gov/Federal-Policy-Guidance/downloads/smd072500a.pdf>; Olmstead Update No: 3, Letter from Timothy M. Westmoreland, Dir., Ctr. for Medicaid & State Operations, to State Medicaid Dir. (July 25, 2000) available at <https://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/smd072500b.pdf>; Olmstead Update No: 5, Letter from Timothy M. Westmoreland, Dir., Ctr. for Medicaid & State Operations, to State Medicaid Dir. (Jan. 10, 2001) available at <https://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/smd011001b.pdf>; Letter from Cindy Mann, Dir., Ctr. for Medicaid & CHIP Servs. (May 20, 2010) available at <https://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SMD10008.pdf>; Joint CMCS and SAMHSA Informational Bulletin from Cindy Mann, Dir., Ctr. for Medicaid & CHIP Services (May 7, 2013) available at <https://www.medicare.gov/federal-policy-guidance/downloads/cib-05-07-2013.pdf>.



### *E. Approval of Relatives as Resource Families*

Recently, in California, based on the Continuum of Care Reform, there have been significant changes to the way both kinship foster homes and non-relative foster homes are approved to be foster placements. These changes became effective in January 2017 through the Resource Family Approval (RFA) program.<sup>175</sup> Thoughtful consideration of best practices, specifically for kinship caregivers must be considered when implementing RFA changes.

The training component of the RFA program must consider the unique position of kinship caregivers. For example, kinship care providers often have children placed in their home prior to full RFA approval, and without having completed the training requirements, due to the emergency nature of the placement.<sup>176</sup> While it may be reasonable to expect a non-related caregiver to show a commitment to being a foster parent by having them come to a specified location to participate in trainings to achieve RFA approval, kinship caregivers would be most supported by receiving recognition that they have already committed to the caregiving relationship. Instead, accommodations should be made to bring the training to the caregiver in their home or, at a minimum, to assure that childcare is provided during foster parent trainings.

Additionally, as currently drafted, the RFA written directive from the California Department of Social Services (effective February 2018) stipulates that Pre-Approval Training address twenty-one different topics related to parenting a foster youth including an introduction to laws regarding foster youth and roles of Resource Families.<sup>177</sup> However, none of these topics are specifically tailored to the unique needs of kinship caregivers. For this training to be most beneficial for kinship caregivers, specific training should be conducted for kinship caregivers that addresses management of family dynamics, challenges of parenting a relative's child, and other matters unique to kinship caregivers. The trainings should also include important information that is applicable to all foster parents, such as education about the developmental impact of childhood trauma, effective behavioral management strategies, and available mental health and other community resources to support kinship caregivers and the children placed in their homes. Additionally, RFA requires eight hours of annual training for each member of a Resource Family.<sup>178</sup> This annual training should also be modified to address the unique needs of kinship foster families.

In collaboration with the Resource Family Approval program, California instituted the Quality Parenting Initiative (QPI), with the aim of better recruiting, supporting, and retaining quality foster caregivers.<sup>179</sup> Through the QPI, foster caregivers can access online and in person training resources.<sup>180</sup> Unfortunately, none of these resources are specially tailored to kinship caregivers.

Kinship parenting skills courses or parenting groups that are offered, but not mandated, could specifically address the unique aspects of parenting one's relative as a non-biological parent. Parenting skills groups for kinship caregivers could focus on how to adjust to changing roles and

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<sup>175</sup> Gregory Rose, All County Letter No. 16-10 (Feb. 17, 2016) available at <http://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acl/2016/16-10.pdf>.

<sup>176</sup> CAL. DEP'T OF SOC. SERVS., RESOURCE FAMILY APPROVAL WRITTEN DIRECTIVES §4-08 (2018) available at <http://www.cdss.ca.gov/Portals/9/RFA/Final%20V5%20%202.6.18.pdf?ver=2018-02-06-084609-033>.

<sup>177</sup> *Id.* at § 6-06.

<sup>178</sup> *Id.* at § 8-01.

<sup>179</sup> *What is QPI?*, QUALITY PARENTING INITIATIVE CAL., <http://www.qpicalifornia.org/pages/qpicaresource.shtml> (last visited Feb. 16, 2018).

<sup>180</sup> *Id.*

relationships with the child placed in their home, how to manage the stress inherent in the unanticipated parenting of a child, managing complex issues of the kinship triad (child, biological parent, and kinship caregiver), and navigating visitation with biological parents.

#### ***F. Systemic Modifications of Child Welfare Services***

As states move toward placing more children in kinship care, the child welfare system that supports these placements must be structurally ready to support kinship caregivers. In addition to the supports mentioned above, the social workers themselves need to fully understand the unique challenges faced by kinship caregivers and be prepared to offer these caregivers unique support.

Understanding the need for kinship-specific training for caseworkers, the Child Welfare League of America developed a curriculum in 2014 called Collaborating with kinship caregivers: a competency-based training program for child welfare workers and their supervisors.<sup>181</sup> This twelve-hour curriculum is intended to provide a model for caseworkers to partner with kinship caregivers to help achieve outcomes of child safety, well-being, and permanency.<sup>182</sup> The training is divided into two six-hour modules to address identified training needs for caseworkers.<sup>183</sup> The modules include specific outlines to address nine major issues which need collaboration: legal, financial, health and mental health for the child and kinship caregivers; child behavior; schooling; family relationships; support services for kinship families; fair and equitable treatment for kinship families; satisfaction with services; and recommendations from kinship caregivers.<sup>184</sup> Additionally, the training identifies five collaborative competencies that are useful for caseworkers to utilize when partnering with kinship families, including: respecting the knowledge, skills and experience of others; building trust through meeting needs; facilitating open communication; creating an atmosphere where cultural traditions and values are respected; and using negotiation skills.<sup>185</sup> While ideally all social workers would receive this training to be prepared to adequately serve kinship caregivers, another option is for counties to create a specific kinship care unit. The kinship care unit would consist of specifically trained social workers to best engage with and support kinship families. Nationally, in 2016 32% of foster families were kinship care families; thus, there should be an adequate number of kinship families to fill the caseloads of multiple social workers in each county.<sup>186</sup> In California in 2017, 34% of foster youth were placed with kinship caregivers, indicating ample kinship families that could benefit from designated kinship placement social workers.<sup>187</sup> Additionally, with federal priority for foster placement being kinship families, this number should continue to grow, further necessitating child welfare services social workers (and administrators) who are familiar with, and concentrate their efforts on, the unique needs of kinship caregivers and the children placed in their homes.

In addition to specific training to help understand the unique position of kinship care

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<sup>181</sup> *Collaborating with kinship caregivers: A competency-based training program for child welfare workers and their supervisors*, CHILD WELFARE LEAGUE OF AM., <https://www.cwla.org/collaborating-with-kinship-caregivers/> (last visited Feb. 16, 2018).

<sup>182</sup> *Id.*

<sup>183</sup> *Id.*

<sup>184</sup> *Id.*

<sup>185</sup> *Id.*

<sup>186</sup> CHILD WELFARE INFO. GATEWAY, FOSTER CARE STATISTICS 2016 1-2 (Apr. 2018), <https://www.childwelfare.gov/pubPDFs/foster.pdf>.

<sup>187</sup> Webster et al., *supra* note 123.

providers, special attention needs to be provided to the visitation schedule and needs for kinship caregivers. When children are placed with relatives, they have more contact with parents than children placed in nonrelative foster care.<sup>188</sup> However, this increased contact can come at a price for kinship care providers. For example, if the court orders monitored contact between the child and parent, an added burden is placed on the kinship care provider who is in close contact with the child's parent. It is imperative for social workers servicing the family to regularly check in with the kinship care provider to assure that they are not being overburdened and to assist with facilitating visitation, just as the social worker would if the child was placed with a non-related caretaker.

Even absent visitation needs, many kinship caregivers express a need for greater contact with the social worker.<sup>189</sup> Simultaneously, some kinship caregivers feel overwhelmed by the intrusion of "others" into their family life.<sup>190</sup> The social worker working with the kinship care family should make themselves regularly available by, for example, extra phone calls to check on the family. These phone check-ins should be specifically structured to listen to the family's needs. The social worker must be careful not to use these extra contacts to, instead, check on whether the family is complying with the social worker's expectations.

## IX. CONCLUSION

As our nation's policies have grown to reflect the understanding that children placed in out-of-home care have a better chance to thrive when placed with relatives, there has been a steady increase in kinship caregiver placements. While these placements have the potential to provide great stability and opportunity for growth for the children placed in a relative's care, steps must be continually taken to support these kinship placements. With a focus on provision of financial support, mental health services and support, childcare and respite services, training, emotional support, and systemic support, kinship caregivers can rise to their full potential for the children placed in their care.

Many states have their own patchwork of programs to support kinship families. It would be beneficial for states to create a one-year kinship care task force to assess the state's policies and practices that already exist and to recommend next steps to create a truly supportive policy environment for kinship families.

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<sup>188</sup> See Le Prohn, *supra* note 44.

<sup>189</sup> See Chipman et al., *supra* note 101, at 515.

<sup>190</sup> See WORKING WITH KINSHIP CAREGIVERS, *supra* note 19; see also Children's Bureau, *Kinship Caregivers and the Child Welfare System*, CHILD WELFARE INFO. GATEWAY 1, 7 (May 2016), [https://www.childwelfare.gov/pubPDFs/f\\_kinshi.pdf](https://www.childwelfare.gov/pubPDFs/f_kinshi.pdf) (noting formal kinship caregivers have less control to make decisions about the children placed in their care).