Taking Care of Kin Who Take Care of Our Children: Understanding the Critical Role of Kinship and How to Better Support Our Kinship Families

ALLIANCE for CHILDREN’S RIGHTS
WHO ARE OUR KINSHIP FAMILIES?
Types of Kinship Care We Are Discussing

Voluntary Kinship Care (informal)
- Child welfare system is/was involved, but **no formal foster care**
  - Child could be with relative through a Probate Court Guardianship or informal arrangement
  - Child welfare system is not involved in placement
  - May be caring for a child with or without legal custody or guardianship

Kinship Foster Care (formal)
- Child placed in foster care with a relative either through **court removal** or **Voluntary Placement Agreement**

NOTE: We are **NOT** discussing **private** kinship care – when there is no child welfare involvement and parents/guardian arrange for care with kin directly
Who is a relative?

For funding purposes, a relative is an adult related to the child by blood, adoption, or marriage within the fifth degree of kinship.

- Mother
- Father
- Stepparents
- Siblings
- Step-Siblings
- Grandparents (great, great-great, great-great-great)
- Aunts and Uncles (great, great-great)
- First cousins
- First cousins once-removed
- Nieces and nephews
- Spouse of any relative on list (even if divorced or deceased)

- For placement priority, only includes an adult who is a grandparent, aunt, uncle, or sibling of the child
- Non-Relative Extended Family Members are NOT relatives for funding but can request temporary placement
Demographics of Kinship Caregivers – national data

- **Senior Citizens:** 15 – 20% of relative caregivers are over the age of 60

- **Fixed Incomes:** 39% of kinship households live below the federal poverty line

- **Disabled:** 38% of kinship caregivers have a limiting condition or disability

- **Limited advanced training:** Kinship foster parents receive little, if any, advanced preparation in assuming their role as caregivers.
Grandparents Raising Grandchildren – Most Likely to be Among the Hidden Poor

- Federal Poverty Level is a poor measure of poverty – many more kinship caregivers are financially insecure

  - A new report by the UCLA Center on Health Policy Research finds: “Among households in which single older adults are the primary caregivers of their minor grandchildren, 35.3 percent of families had incomes below the FPL, but **72.8 percent had incomes below the Elder Index.**”

  - Same report found “incomes of older couples supporting minor grandchildren were below the FPL in 15.9 percent of families, while **26.7 percent of families had incomes above the FPL but below the Elder Index.**”
Common Challenges for Kinship Families

_Stepping Up for Kin_ a 2012 Report by the Annie E. Casey Foundation finds:

- Kinship caregiver confront financial, health, and social challenges
  - Financial burdens even more severe when kin are already caring for other children, take in large sibling groups, are retired, or are living on a fixed income.

- Many grandparents and other relatives raising children also struggle with feelings of guilt and shame about the family circumstances that led to the caregiving arrangement.

- These challenges are all the more daunting when caring for children who have experienced trauma
WHY DO KINSHIP FAMILIES MATTER?
Kinship families are the backbone of our child welfare system

- Hidden in plain sight - kinship families are the largest child welfare system in America
  - Extended family members and close family friends care for more than 2.7 million children in this country
  - Over the past decade the number of children in kinship care grew six times faster than the number of children in the general population
  - 287,996 children in California live in homes with grandparent householders where grandparents are responsible for them - of these children, 80,248 have no parents present in the home.
  - In California, 19,635 of our state’s 63,000 foster children are in kinship placements
Relative Placement... It’s the Law!

Federal law requires relatives to be given preference in the placement of foster children:

- States must “consider giving preference to an adult relative over a nonrelated caregiver when determining placement of a child, provided that the relative caregiver meets all of the relevant state child protections standards.” 42 USC §671(a)(15)(A)

- States must “within 30 days after the removal of a child from the custody of the parent or parents of the child, the State shall exercise due diligence to identify and provide notice to all adult grandparents and other adult relatives of the child (including any other adult relatives suggested by the parents)…” 42 USC §671(a)(29)
Improving Child Welfare Outcomes hinges on supporting kin.

Lots of attention being paid to:

- Reducing the number of children raised in congregate settings
- Ensuring every child is raised in a family
- Moving children to permanency as quickly as possible
- Reducing the number of placement changes
Relative Caregivers Support Child Well-Being

Research has shown that foster children in kinship care have:

- Fewer prior placements
- More frequent and consistent contact with birth parents and siblings,
- Felt fewer negative emotions about being placed in foster care than children placed with non-relatives
- Less likely to runaway
Kin Most Likely to Support ALL Siblings

% of Siblings ALL Placed Together

- Kin
- Foster
- FFA
- Group

- 78% for 2 siblings
- 65.90% for 3 siblings
- 57.10% for 4 siblings
- 41.20% for 5 siblings
- 35.10% for 6 siblings
Kin Provide Greater Stability – Even with Older Foster Youth

Youth Ages 14 - 17 Still in Care at 12 Months

<table>
<thead>
<tr>
<th></th>
<th>% in 1st placement</th>
<th>% in 3rd placements</th>
<th>% in 5th Placement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kin</td>
<td>50.00%</td>
<td>30.00%</td>
<td>60.00%</td>
</tr>
<tr>
<td>Foster Family</td>
<td>20.00%</td>
<td>40.00%</td>
<td>50.00%</td>
</tr>
<tr>
<td>FFA</td>
<td>10.00%</td>
<td>10.00%</td>
<td>10.00%</td>
</tr>
<tr>
<td>Group Home</td>
<td>5.00%</td>
<td>5.00%</td>
<td>5.00%</td>
</tr>
</tbody>
</table>
Relatives are key to reducing reliance on congregate care

Group home placement is associated with poor outcomes for children and youth:

- Significantly increased risk of arrest (Hernandez, 2008)
- Higher rates of re-entry into foster care after reunification than children who are reunified from family-based care (Barth, 2002)
- Less likely to graduate and more likely to drop-out of school than children and youth in family-based care (Wiegmann et al, 2014)
Placement Stability – Youth Ages 14 - 17 Still in Care at 12 Months

- % in 1st placement
- % in 3rd placements
- % in 5th Placement

- Kin
- Foster Family
- FFA
- Group Home
Children More Likely to Be Placed in Group Home and Less Likely With Kin the Older They Get

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Kinship within 5th degree</th>
<th>Foster Family Agency</th>
<th>County Foster Home</th>
<th>NREFM</th>
</tr>
</thead>
<tbody>
<tr>
<td>% children 0 - 4</td>
<td>43%</td>
<td>35%</td>
<td>21%</td>
<td>1%</td>
</tr>
<tr>
<td>% children 5 - 8</td>
<td>44%</td>
<td>44%</td>
<td>18%</td>
<td>6%</td>
</tr>
<tr>
<td>% children 9 - 11</td>
<td>39%</td>
<td>39%</td>
<td>28%</td>
<td>18%</td>
</tr>
<tr>
<td>% children 12 - 14</td>
<td>31%</td>
<td>31%</td>
<td>21%</td>
<td>18%</td>
</tr>
<tr>
<td>% children 15 - 17</td>
<td>28%</td>
<td>28%</td>
<td>21%</td>
<td>18%</td>
</tr>
</tbody>
</table>
Overall % of youth in group care has declined, but has increased for youth 13 – 17 years old
HOW ARE OUR KINSHIP FAMILIES SUPPORTED?
Fiscal Streams to Support Children Are Not Aligned with Our Preference for Kinship Care

- Our existing continuum of care is separated into four main placement categories:
  - (1) group homes,
  - (2) private foster family agency placements,
  - (3) foster family homes/non-related extended family members/federally eligible relatives and
  - (4) kinship foster care (not federally eligible)
  - (5) Informal kinship care

- Under this tiered-system, the benefits, services and supports that a youth receives differ according to the youth’s placement and, in the case of children placed with a relative, on the youth’s IV-E status.
Fiscal Structure of Supports for Youth with Relatives

Youth (Abused, Abandoned, or Neglected)

- Informal care with grandma
- Formal care with grandma
Fiscal Structure of Supports for Youth with Relatives

- **Medicaid** (Only if eligible under ACA after 18)
- **Informal care with grandma**
- **Disability?**
- **SSI?**
- **TANF?**
Fiscal Structure of Supports for Youth with Relatives

Federally eligible under IV-E (including ASFA)

- Foster Care benefits
- Subsidized permanency (Kin-GAP, AAP)

Formal care with grandma

State foster care funding (possibly lower) payment

State subsidized permanency programs

Regardless of IV-E federal eligibility

- Medicaid until 26 under ACA
- ILSP eligibility
- CHAFEE eligibility
- Extended foster care until 21

NOT federally eligible under IV-E

TANF
Problem: Federal Rules Are Complicated and Less Youth Are Federally Eligible Every Year

To receive federal foster care benefits, the youth must meet the 1996 AFDC criteria in the home of removal in the month of removal or one of the six months prior to removal

- In 1996, income limit for a family of 3 to qualify for AFDC was $723**
  - BY CONTRAST: The income limit for the same family to qualify for cash assistance today is $1,169**

What that means: a child can be removed from a parent receiving welfare benefits and STILL not qualify for federal foster care benefits

IMPORTANT: Federal test has nothing to do with the needs of the child or the needs of the relative where the child is placed

** California income eligibility limits
Licensing Standards Are Complicated

Generations United and ABA Center on Children and the Law survey of foster care licensing standards to identify trends, problematic standards, and barriers specific to relatives

- Problematic standards, such as applicants be no older than 65 unless waiver or applicants able to communicate in English
- Varying standards for the same type of requirements that should not vary significantly
- Capacity: states vary between allowing 3 to 6 foster children in a home, total between 4 to 8 children
- Criminal convictions: at least 21 states disqualify for crimes beyond those in federal law (Adam Walsh Act)

Improving Foster Care Licensing Standards around the United States: Using Research Findings to Effect Change available at www.grandfamilies.org
Impact of Complicated Rules

• Diversion Away from Foster Care
  o Less funding and services
  o No legal relationship to the child
  o But, no child welfare system – which many families fear

• State Foster Care Systems that Provide Less Funding and Services to Kin Families
  o Still within the child welfare system BUT with less services and support than the same child would get if in a non-relative foster placement
Putting It All Together: What the research says (and what needs fixing)

- Children placed with kin fare better BUT – kinship caregivers are “substantially less likely than foster caregivers to receive financial support, parent training, peer support groups, and respite care”
  - Less than 12% receive TANF (nearly 100% are eligible)
  - 42% receive SNAP benefits
  - 42% of children in kinship settings receive Medicaid (nearly 100% are eligible)
  - 17% of low-income working kinship families receive child care assistance
  - 15% of low-income kinship families receive housing assistance
Reliance on TANF to Support Kinship Families Sets Families Up to Fail

TANF child-only vs. TANF 3-child grant vs. Basic Foster Care Rate as a % of the Estimated Cost of Providing for the Needs of a 15 – 18 Year Old

- Alaska
- California
- DC
- Florida
- Mississippi
- New York
Huge Expense to States if Family Placements Fail and Children Are Placed in Group Care (California Example)

- Relative Foster Care - TANF: $4,428
- Relative Foster Care - Basic Rate: $10,056
- Foster Home - Basic Rate: $10,056
- Foster Family Agency: $23,940
- Foster Home - Max SCI: $33,756
- Group Home - level 12: $104,568
Current Federal Proposals Miss the Point for Kinship Families

- Current federal solutions have focused on reducing utilization of group care and providing limited prevention funding, not on strategies to bolster supports, services and funding for children in family settings.

- No real discussion about building alternative placements.

- No real discussion about eliminating the look back, an archaic rule that has nothing to do with the needs of the youth or the placement.
UNMET SERVICE AND SUPPORT NEEDS OF KINSHIP CAREGIVERS
Kin Have Different Needs

- Kin, generally, have fewer financial resources.
- Kin are recruited in a crisis situation, after the child has been removed, and are not given a chance to prepare financially, emotionally or logistically.
- Kin are more likely to need child care.
- Kin often need counseling to help them deal with birth parents, feelings about parenting again, and their new relationships with their related children.
- Older caregivers, many of whom are kin, are more likely to need help meeting children’s educational needs and providing recreational services.
Same Services Available to All Families Within Child Welfare

Child welfare services may include, but are not limited to, a range of service-funded activities, including:

- case management,
- counseling,
- emergency shelter care,
- emergency in-home caretakers,
- temporary in-home caretakers,
- respite care,
- therapeutic day services,
- teaching and demonstrating homemakers,
- parenting training,
- substance abuse testing,
- and transportation.

These service-funded activities shall be available to children and their families in all phases of the child welfare program in accordance with the child's case plan and departmental regulations. WIC 16501.
In Practice, Kin Receive Fewer Services

“State policies indicate that kin are generally eligible to receive the same services as non-kin foster parents. However, past research has clearly shown that in practice, kin foster parents and the children in their care receive fewer services. Kin are offered fewer services, request fewer services, and receive fewer services.”

<table>
<thead>
<tr>
<th>Service</th>
<th>Non-Kin</th>
<th>Kin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respite Care</td>
<td>23%</td>
<td>16%</td>
</tr>
<tr>
<td>Support Group</td>
<td>40%</td>
<td>9%</td>
</tr>
<tr>
<td>Training</td>
<td>76%</td>
<td>13%</td>
</tr>
<tr>
<td>Specialized Training</td>
<td>71%</td>
<td>17%</td>
</tr>
<tr>
<td>Child Care</td>
<td>Less than 10%</td>
<td>Less than 10%</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>48%</td>
<td>28%</td>
</tr>
<tr>
<td>SW Contact within last month</td>
<td>81%</td>
<td>73%</td>
</tr>
<tr>
<td><strong>Average # of Services on 0 to 6 Scale</strong></td>
<td>2.3</td>
<td>0.53</td>
</tr>
</tbody>
</table>
Why do Kin Receive Fewer Services?

- **Legal Barriers**: Some services are simply denied to kin families
  - Exp: Foster youth services, Specialized care increments

- **Cultural Barriers**: Misperceptions/mistrust between system and kin
  - Exp: Respite care, Mental Health Services

- **Design Barriers**: Services/service delivery not tailored to needs of kin
  - Exp: Training, Child care

- **Implementation Barriers**: Misinterpretation of law or failure to communicate about what the law requires
  - Exp: Transportation to School of Origin, Child Care
Respite Care

• Respite care is especially important for caregivers who (as is typically the case for relatives) were unable to plan ahead for new responsibilities.

• In a national survey (NSCAW II), 23% of nonrelative foster parents found to receive respite services, compared with 16% of kinship caregivers.
Barriers Accessing Child Care for foster children

• Immediately following a child’s removal, foster families struggle to access child care because state child care programs often operate at full capacity.

• This problem is especially acute for relative caregivers who answer the call to take in a child, or more frequently, sibling groups, at a moment’s notice without any opportunity to plan ahead financially, set aside vacation time from work, or arrange for child care.

• Additionally, the subsidized child care system is complex and difficult to navigate.
Cost of child care makes it difficult for families (especially relatives) to step up

- Caregivers (especially relatives) work full-time.
- Market-rate cost is prohibitive.

$955 (infant child care cost)

$688 (infant foster care rate)

$387 (CalWORKs)
OVERVIEW – THE CHANGING LANDSCAPE
Continuum of Care Reform: Vision for Children in Foster Care

- All children live with a committed, permanent and nurturing family

- Individualized and coordinated funding, services and supports regardless of placement type

- Focus on permanent family and preparation for successful adulthood

- When needed, congregate care is a short-term, high quality, intensive intervention that is just one part of a continuum of care available for children, youth and young adults.
Resource Family Approval

- New system for approving all foster families that will be implemented statewide beginning January 1, 2017
  - Eliminate duplication for caregivers
  - Align standards across foster care, adoption and guardianship and between relatives, non-relatives and FFA placements
  - Assess caregivers up-front for strengths and needs for support
  - Better prepare caregivers through training
  - Enhance child safety
  - Improve child matching to caregivers
<table>
<thead>
<tr>
<th>Approval Standards</th>
<th>Adoption (Existing)</th>
<th>Relative/NREF (Existing)</th>
<th>Foster Home (Existing)</th>
<th>RFA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criminal Records/Child Abuse Review</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Standardized Criteria for Criminal Record Exemptions</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Homes and Ground Safety Check</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Training Required</td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Psychosocial Assessment</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Applicant References</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Annual Review of all families</td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>
What RFA *Doesn’t* Change?

Aspects of the Approval process that do *NOT* change include:

1. Preferential placement with relatives
2. Ability to place with relatives prior to approval
3. Home Inspection with ability to waive certain non-safety requirements (aka “Environment Assessment”)
4. Criminal background check with exemption process
RFA Standards – what’s changed:

7. 90-days to complete the approval process when placement prior to approval occurs

8. Enhanced due process for denials

9. Complaints investigated by county staff but with additional oversight by DSS.

10. Be approved to take all children, if a relative is willing, not just their relative children.
What’s changing for Relatives?

Under RFA, relatives:

1. Complete both pre-approval and post-approval training, Health screening & TB Test
2. First Aid and CPR certification
3. Psychosocial assessment – Includes 3 face-to-face interviews
4. Three personal references
5. DMV report
New Rate Structure to Support ALL Families

Current Rate System

Relative Placement

Eligible for Federal Foster Care Funding
- Foster Care Benefits
- ARC?, no SCI
- TANF, no SCI

NOT Eligible for Federal Foster Care Funding

Child-Centered Rate System

ALL Families, including Relatives (federally eligible or NOT)

Foster Care Benefits, including all new rates offered by state and SCI
Best Practices for Making RFA Work

• Seamless funding from date of placement
• Access to core services for all families
• Approval processes that are responsive to the needs of caregivers and especially relatives
• Technology solutions to increase transparency and simplify processes
MODEL LAWS TO SUPPORT KINSHIP FAMILIES
Timely Placement with Relatives

Problem: Despite laws preferring relatives for placement, too many foster children are lingering in shelters or foster homes awaiting placement with a relative because:

- Relatives not known or identified
- Delays in assessments
- Space waivers/criminal history waivers needed

Proposed Solution: Expedient Relative Placement Bill addresses harmful delays in placement with relatives. Two main components:

1) Ensures prompt assessment, and

2) Allows for judicial review of placement decisions, including waiver decisions.
Use TANF to Support Families Pending Approval as a Foster Home

- TANF funds can be used flexibly to support families pending full approval as a foster home
- TANF can be paid per-child, per-month
- The amount of the monthly grant is also flexible
- California has created an expedited TANF application for children who are placed with kin that only requires certification that
  1. The child is living with the relative in CA
  2. The child has no (or few) income and resources

NOTE: TANF could be used flexibly for children not formally placed in foster care!
Transportation Stipend to Keep Child in School of Origin

• One of the largest barriers to school stability is the inability of caregivers to cover the costs of transporting foster youth to their school of origin.

• In California
  
  o Non-relative foster parents receive up to $423 a month in additional foster care funding if they transport foster youth to their school of origin.
  
  o Relative foster parents who are caring for children who are not federally eligible have frequently been denied transportation stipends
Expanding Infant Supplement to Support Parenting Youth

• Infant Supplement Bill provides additional support for parenting dependents & non-minor dependents and their caregivers by:

1. Increasing the infant supplement rate to the basic rate for all relative caregivers, NREFM caregivers, foster parents and non-minor dependents in SILPs (increased to $900/month), and

2. Starting payments 3 months before the expected birth of the child to help the expectant dependent or non-minor dependent prepare.
Bridging the Timing Gap for Child Care Assistance: Budget Proposal

Emergency Child Care Voucher

• Provided immediately upon placement
• For up to 6 months

Child Care Navigator

• Facilitate use of the emergency voucher
• Work with the family to transition or stabilize the child in a long-term, high quality, licensed child development setting

Training in Trauma-Informed Care

• Support and training in the area of trauma-informed care for child care providers
Best Practices: **Supported Diversion**

“Good” diversion is possible if accompanied by:

- Appropriate risk assessment
- Team decision making and full disclosure of options
- Appropriate needs assessment and services for kinship care triad (kin, child, parent)
- A “way home” for birth parents via reunification services
- Caregiver legal status and permanency considerations
- Appropriate tracking of diverted children and families
Looking Ahead
“Kinship caregivers are often required to provide the same nurturance and support for children in their care that non-kin foster parents provide, with fewer resources, greater stressors, and limited preparation. This situation suggests that kinship care policies and practices must be mindful of and attentive to the many challenges kin caregivers face.”

-- Rob Geen, “The Evolution of Kinship Care Policy and Practice”
A Child-Centered System

Relative, Non-Relative or Foster Family Agency

Group Home
Hallmarks of a Child-Centered System

• Based on individual needs of child as determined by uniform statewide assessment and child and family team

• Follows the child regardless of placement setting (excluding residential programs) and treats all family-based care settings equally

• Applicable statewide

• Additional payment to FFAs for staffing and administrative costs
Uniform Assessment & Child and Family Team

- Uniform Assessment for each child based on the CANS to determine the child’s services, the rate paid to the family home, and the placement.

- Services and supports can be provided to prevent foster care.
What Happens in a Child-Centered System
Adequately Supporting Families Strengthens Our Child Welfare System

• Relatives are the backbone of our child welfare system – both in supporting children that come into care and enabling children to avoid foster care

• Adequately supporting relatives is critical to the health of our system:
  o Improves child well-being
  o Increases placement stability
  o Reduces reliance on restrictive congregate care settings
  o Enhances permanency
  o Improves child safety
Sharing & Questions?