The Evolution of Kinship Care Policy and Practice

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SUMMARY

Kin caregivers can provide continuity and connectedness for children who cannot remain with their parents. This is one reason kinship care has become the preferred placement option for foster children. However, despite the growing reliance on kin caregivers, kinship care policies have evolved with little coherent guidance. This article examines kinship care and finds:

- Kinship foster parents tend to be older and have lower incomes, poorer health, and less education than non-kin foster parents. As a result, kin caregivers face more challenges as foster parents than non-kin caregivers.
- The links between payment and licensure, and the haphazard evolution of licensing policies and practices, complicate efforts to provide fair compensation for kin caregivers.
- Kinship caregivers receive less supervision and fewer services than non-kin caregivers, thus kin may not receive the support they need to nurture and protect the children in their care, even though their needs for support may be greater.

Kinship foster care questions many traditional notions about family obligation, governmental responsibility, and the nature of permanency for children in care. The article concludes by discussing these concerns, and calls for more thoughtful consideration of the uniqueness of kinship care in developing policies and best practices.

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Historically, kin have often served as alternate or supplementary caregivers when birth parents were unable to care for their children. Surprisingly, however, when the Adoption Assistance and Child Welfare Act of 1980 passed, forming the basis of federal foster care policy, kin were very rarely formally designated as foster parents for related children. Today, child welfare agencies increasingly consider relatives as the first placement choice when foster care is needed and a relative is available to provide a safe home. Once considered an uncertain placement option, kinship care has become central to any discussion of how best to support and nurture children in foster care. The frequent references to kinship care throughout the articles in this journal issue underscore the centrality of kinship care in contemporary child welfare policy and practice (see the articles by Jones-Harden; Allen and Bissell; Stukes Chipungu and Bent-Goodley; and Testa in this journal issue). But kinship care is more than simply a placement option for children who must be removed from their parents' homes. Kinship care influences and is influenced by society's views of what constitutes safe and stable homes for foster children and whether or not kin should be compensated for this care. Moreover, despite the large number of foster children who are placed with kin, our understanding of the effects of kin care on long-term outcomes for children is limited. On the one hand, children placed with kin remain more connected to their birth parents, extended families, and communities than children in unrelated foster care. On the other hand, kinship care providers face a more challenging parenting environment than unrelated foster parents, and the impact of these challenges on child well-being, reunification possibilities, and securing permanency is largely unknown.

This article provides an in-depth analysis of kinship care. It begins by defining kinship care and discussing trends in the use of kinship care for foster children, as well as for children living with kin without the involvement of child welfare agencies. Next, the characteristics of children in kinship foster care and their caregivers are discussed. Licensing policies and practices for kin are critical in determining whether kin caregivers will receive financial compensation and if so, how much. A full discussion of the complexity of licensure is presented, focusing on how licensing standards affect payment. The article concludes by examining federal and state kinship foster care policies and frontline kinship care practices and discussing the unresolved tensions and ongoing debates regarding the increasing reliance on kinship caregivers.

Understanding Kinship Care

Relying on extended family members for support in child rearing has been a common practice across cultures, yet public agencies have only recently acknowledged the role of kin caregivers as a resource for children who must be removed from their birth parents. To understand the evolution of kinship care policy and practice, an understanding of the underlying factors that have influenced that evolution is needed. Children live with kin under a variety of different circumstances. Therefore, how "kin" and "kinship care" are defined determines what constitutes a kinship care arrangement and the level of interaction between kin caregivers and public agencies. Although documenting the number of children in kinship care is difficult, the available data suggest that kin acting as primary caregivers has become more commonplace. In addition, children in kinship foster care and their caregivers differ from children in non-kin placements on several dimensions, thus child welfare professionals must be particularly aware of and responsive to the unique challenges children in kinship care and their kin caregivers often face.

Defining Kinship Care

Delineating the various types of kinship care arrangements is critical for understanding how and when kinship care intersects with the child welfare system. Moreover, the way states define kin is important because, as will be discussed later, all states treat kin differently than non-kin. In its broadest sense, kinship care is any living arrangement in which children do not live with either of their parents and are instead cared for by a relative or someone with whom they have had a prior relationship. The word kin is often used interchangeably with relative; however, when defining kinship care, many state child welfare agencies include persons beyond blood relatives—for example, godparents, family friends, or anyone else with a strong emotional bond to a child. A 2001 Urban Institute survey of state kinship care policies found that almost half of all states included only those related by blood, mar-

riage, or adoption in their definitions of kin.[1] However, almost as many states included caregivers whose relationships to children were not based on biological or legal connections in their definitions of kin.[2]

Traditionally, kinship care has been described as either "informal," meaning that caregiving arrangements occurred without the involvement of a child welfare agency, or "formal," meaning that kin acted as foster parents for children in state custody. Unfortunately, the use of the terms "informal" and "formal" to describe the range of kinship care arrangements may be misleading and inaccurate. For example, referring to kinship caregiving outside the purview of the child welfare system as "informal" may incorrectly imply that such arrangements are short-term or tenuous. Some informal kinship caregivers have legal custody of related children through adoption or guardianship, and others have legal decision-making authority through power of attorney. In short, some informal kinship care arrangements are more formal than others.

Likewise, kinship care arrangements designated as "formal" vary in the extent to which they are publicly supported and monitored. Most prior researchers have used the phrase "formal kinship care" to refer to arrangements in which children have been adjudicated as abused or neglected and placed in foster care with kin. However, child welfare may be involved in other kinship care placements. There are instances in which child welfare agencies help arrange the placement of a child with a relative but do not seek court action to obtain custody of the child. For example, during or after a child protective services investigation, a caseworker may advise a parent to place a child with a relative; both the parent and the relative know that if the parent refuses the "voluntary" kinship placement, the agency may petition the court to obtain custody of the child.

Given the limitations of the terms "formal" and "informal," this article refers to all kinship care arrangements that occur without a child welfare agency's involvement as "private kinship care" and all kinship care arrangements that occur with child welfare contact as either "kinship foster care" or "voluntary kinship care."

Trends in Kinship Care

Overall, the data suggest that kin are the primary caregivers for a significant proportion of children, and the number of foster children living with kin has increased substantially over the past two decades. In 1999,

approximately 2.3 million children lived with relatives without a parent present in the home.[3] More than three-quarters of these children were in private kinship care. Between 1983–85 and 1992–93,[4] the number of children in private kinship care (8.4%) grew slightly faster than the number of children in the United States as a whole (6.6%).[5] The growing number of children living with kin has been attributed to an increase in such social ills as homelessness, drug and alcohol abuse, juvenile delinquency, AIDS, and child abuse and neglect during this period, and the subsequent stress these problems place on the nuclear family.[6] Since 1994, however, both the number and prevalence of children in private kinship care appear to have stabilized, if not slightly declined.[7]

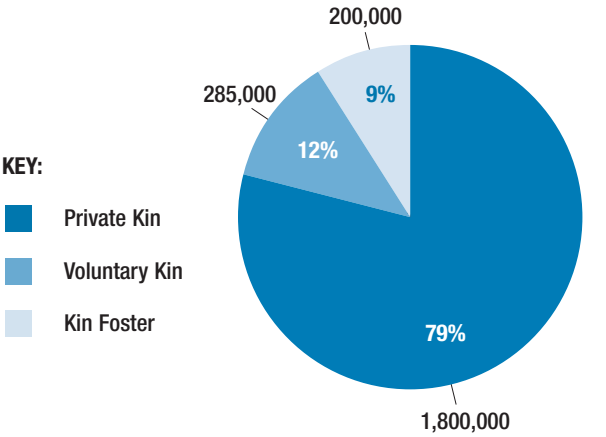
Similarly, the evidence suggests that kinship foster care increased substantially during the late 1980s and early 1990s and may have leveled off in recent years. However, these data are limited because of the difficulty of accurately documenting how many children are placed with kin.[8] Based on data from 25 states, the U.S. Department of Health and Human Services (DHHS) reported that the percentage of all children in state custody placed with kin increased from 18% in 1986 to 31% in 1990.[9] Moreover, evidence suggests that kinship foster care continued to increase through 1993 in California, Illinois, and New York, the three states that accounted for the large majority of the 1986–90 growth.[10] The growth in kinship care arrangements seemed to decline in the late 1990s. From March 1998 to March 2000, the percentage of children in out-of-home care placed with relatives declined from 29% to 25%, and the number of children in kinship foster care decreased from 151,000 to 137,000.[11] However, these data may underestimate the number of foster children in kinship care, as many states cannot identify children in kinship care who are not supported by foster care payments, and other states have difficulty differentiating between kin and non-kin foster care when kin meet the same licensing standards as non-kin. Bearing these limitations in mind, data from the National Survey of America's Families (NSAF) suggest that the number of children currently in kinship foster care may be as high as 200,000.[12]

Even if state use of kin as foster parents appears to be leveling off, this does not necessarily mean that states are not seeking out kin. Rather, they may be using kin in different ways. Almost all states report giving preference to and actively seeking out kin when children cannot remain with their biological parents.[13] However, it appears that child welfare agencies frequently use kin as an alternative to foster care (that is, voluntary kinship care). Data from the NSAF, the only national survey that examined voluntary kinship care, suggest that in 1997 approximately 285,000 children were living with relatives as a result of child welfare involvement but were not in the custody of the state.[14] (See Figure 1.)

Several factors contributed to the growth in kinship foster care. Although the number of children requiring placement outside the home increased (the foster care population has doubled since 1983), the number of non-kin foster parents declined. In addition, child welfare agencies developed a more positive attitude toward the use of kin as foster parents, believing such placements would be less traumatic than placement with strangers. Today, extended family members are usually given preference when children require placement. Finally, several federal and state court rulings have rec-

Figure 1

Children in Kinship Care



Sources: National Survey of America's Families, a project of the Urban Institute's Assessing the New Federalism Program, 2002, data available online at http://newfederalism.urban.org.nsaf/; and Ehrle, J., Geen, R., and Clark, R. *Children cared for by relatives: Who are they and how are they faring?* Washington, DC: Urban Institute, 2001.

ognized the rights of relatives to act as foster parents and to be financially compensated for doing so.

In some states, the proportion of foster children in kinship care is far higher than the national average. Nationally, approximately 25% of foster children are living with kin. In California and Illinois, however, kinship care accounts for 43% and 47% of the caseload, respectively.[15] Although kinship care is unevenly used across the states, it continues to be the placement of choice for those states with some of the highest caseloads in the country. Kinship care rates vary across states for many interrelated reasons, including the availability of kin caregivers, the need for kin caregivers due to the scarcity of non-kin foster families, and the preference for kin caregivers among some states. Kinship care is also used substantially in large urban centers where placement rates are high and ethnic diversity predominates.[16]

Children in Kinship Foster Care

Children in kinship foster care differ in significant ways from children placed with non-kin, in terms of age, race/ethnicity, and parental history. These differences suggest that children in kinship foster care may have different needs than children in non-kin foster care. Prior research has shown that children in kinship foster care are younger than children in non-kin foster care.[17] They are also far more likely to be black than children in non-kin foster care.[18] For example, one study found that 60% of children in kinship foster care were African American, compared to 45% of children in non-kin foster care.[19] In addition, kinship care appears to be far more common in the South than in other regions.[20]

Children in kinship foster care are more likely than children in non-kin foster care to have been removed from their parents' homes due to abuse or neglect, as opposed to other family problems such as a parent-child conflict or behavioral problems.[21] Several small-scale studies have also found that children in kinship foster care are more likely to have been removed due to neglect.[22] Relatedly, children in kinship foster care are more likely to come from homes in which birth parents have drug or alcohol problems.[23] In addition, it appears that the birth parents of kinship care children are more likely to be young and never married than the birth parents of children in non-kin foster care.[24]

Kinship Foster Parents

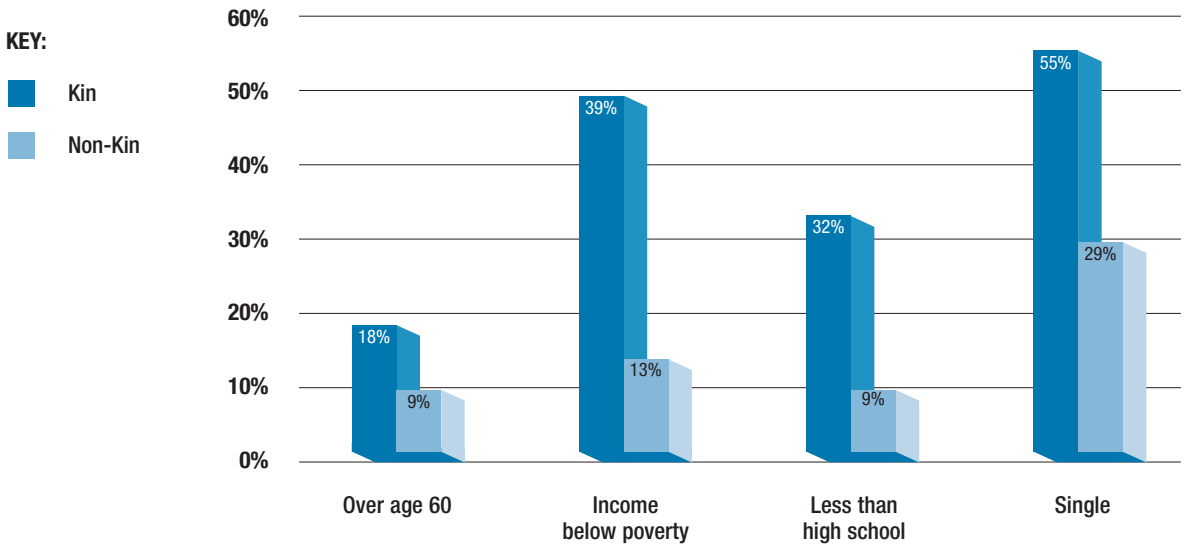
Kinship foster parents differ from non-kin foster parents in several important ways. As a result, kinship foster parents face numerous challenges that most non-kin foster parents do not encounter. These challenges suggest that kinship foster caregivers may require additional supports to ensure the healthy development of children in their care.[25] Kin caregivers tend to be older than non-kin foster parents, with a sizable difference in the number of caregivers over 60 years of age.[26] Between 15% and 21% of kinship foster parents are over age 60, compared to less than 9% of non-kin foster parents.[27] These differences are not surprising given the fact that kin foster parents are most often the grandparents of the children in care.[28] Studies have shown that kinship caregivers are more likely than non-kin foster parents to report being in poor health.[29] In addition, 38% of children who came into kinship care through the child welfare system live with a caregiver with a limiting condition or disability, which may be due to age.[30]

Almost all the studies that have collected data on the income of kinship foster caregivers have found that they are significantly poorer than non-kin foster parents.[31] For example, one study found that 39% of children in kinship foster care live in households with incomes below the federal poverty line, compared to 13% of children in non-kin foster care.[32] A few key factors may contribute to higher levels of poverty among kinship caregivers. First, kinship caregivers have less formal education than non-kin caregivers.[33] Approximately 32% of children in kinship foster care live with caregivers with less than a high school education, compared with only 9% of children in non-kin foster care.[34] Second, kinship caregivers appear to be much more likely than non-kin foster parents to be single.[35] Between 48% and 62% of kinship foster parents are single, compared with 21% to 37% of non-kin foster parents.[36] Finally, one study found that kinship caregivers are more likely to care for large sibling groups, although there was no difference in the number of foster children per home in kinship care arrangements compared to non-kin foster homes.[37] (See Figure 2.)

The research on the employment status of kinship caregivers is conflicting. Some studies have found that kinship caregivers are more likely to be employed or employed full time than non-kin foster parents.[38] In

Figure 2

Characteristics of Kin and Non-Kin Caregivers



Note: Percentages were determined by calculating the midpoint of varying ratio estimations.

Sources: Stukes Chipungu, S., Everett, J., Verduik, M., and Jones, J. *Children placed in foster care with relatives: A multi-state study.* Washington, DC: U.S. Department of Health and Human Services, 1998; Gebel, T. Kinship care and non-relative foster care: A comparison of caregiver attributes and attitudes. *Child Welfare* (1996) 75(1):5–18; Ehrle, J., and Geen, R. Kin and non-kin foster care—findings from a national survey. *Children and Youth Services Review* (2002) 24:55–78; Barth, R., Courtney, M., Berrick, J., and Albert, V. *From child abuse to permanency planning.* New York: Aldine de Gruyter, 1994; Beeman, S., Wattenberg, E., Boisen, L., and Bullerdick, S. *Kinship foster care in Minnesota.* St. Paul, MN: Center for Advanced Studies in Child Welfare, University of Minnesota School of Social Work, 1996; Berrick, J.D., Barth, R., and Needell, B. A comparison of kinship foster homes and foster family homes: Implications for kinship foster care as family preservation. *Children and Youth Services Review* (1994) 16(1–2):33–63; LeProhn, N. The role of the kinship foster parent: A comparison of the role conceptions of relative and non-relative foster parents. *Children and Youth Services Review* (1994) 16(1–2):65–81.

contrast, other studies have found that kin are less likely to be employed.[39] According to data from the NSAF, approximately 10% of children in voluntary kin care or kinship foster care live with a retired caregiver. Employment status clearly impacts the time a caregiver has available to spend with a child, but it may also affect the resources a caregiver can offer to a child.

In addition to the socioeconomic challenges that many kin foster parents face, kin, unlike non-kin foster parents, usually receive little if any advanced preparation in assuming their roles as caregivers. They may not have time to prepare mentally for their new roles and may not have adequate space, furniture (for example, a crib), or other child-related necessities (for example, toys or a car seat). Because most kinship caregivers are grandparents, they may not have had parenting duties for some time and may be apprehensive about raising a child at this stage in their lives.

Of the limited research on the impact of caregiving on kin, most has focused on differences between custodial and noncustodial grandparents. One study found that 45% of custodial grandparents reported being in fair to poor physical health, compared to 24% of noncustodial grandparents.[40] Moreover, by most measures, the emotional health and life satisfaction of custodial grandparents was lower than that of noncustodial grandparents. Another study found that one-third of its sample of 72 African American grandmothers indicated that their health had worsened since beginning caregiving, and many directly attributed this worsening to their caregiving responsibilities.[41] Finally, in yet another study, caregiving was directly associated with

high levels of depression among grandparent caregivers.[42] At the same time, some researchers have found that caregiving can provide a meaningful role for kin, leading them to feel more useful and productive. Caring for a child may also be intrinsically rewarding.[43]

In sum, 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.

Kinship Care Policy and Practice

Despite recent federal policies that encourage placing foster children with kin, the federal government has given states broad discretion, but limited guidance, as to how to approach kinship foster care. All states have developed policies that treat kinship foster care differently than non-kin foster care; however, there is significant policy variation across states. This variation reflects state efforts to increase the numbers of kin who can act as foster parents while acknowledging kinship care as unique from other forms of foster care. The central policy and practice concerns states have addressed include identifying and recruiting available kin caregivers, developing licensure and payment policies, determining how best to supervise and support kin caregivers, providing and coordinating the necessary service array, and reconciling the increased reliance on kin caregivers with the greater emphasis on permanency.

Identifying and Recruiting Kinship Caregivers

Recent federal policies have specifically encouraged states to seek out and recruit kin caregivers when children must be removed from their homes. However, ties between birth parents and kinship caregivers can hinder recruitment efforts. In 1996, as part of federal welfare reform, Congress required states to "consider giving preference to an adult relative over a non-related caregiver when determining a placement for a child."[44] According to a 2001 survey of state kinship care policies, in all but two states, Georgia and Illinois, child welfare agencies not only give preference to kin but also require caseworkers to actively seek out kin when it is determined that a child cannot remain with his or her parents.[45]

In addition, the Adoption and Safe Families Act of 1997 (ASFA) has increased the attention that child welfare agencies are paying to identifying and recruiting relatives early in a child's foster care placement history.[46] However, identifying kin when a child is placed may be difficult, as the main source of information about available kin is usually the birth mother, who may be reluctant to cooperate with a child welfare agency. Birth parents may be reluctant to identify kin caregivers under the false hope that child welfare agencies will not remove children for lack of an alternative placement. If kin were unwilling to help birth parents in the past, birth parents may feel some resentment toward possible kin caregivers, particularly in those instances where kin made an abuse and neglect report against a birth parent. Even when kin are identified, they may not be able to meet licensing standards or may require some time to complete requirements.

Developing Licensing and Payment Policies

Licensure is the primary means by which states assess whether foster parents are fit and able to care for children. Licensing policy is also critical because federal foster care reimbursements to the states and state-funded payments to foster parents are directly tied to licensing standards. In the past, most kin who acted as foster parents initially received financial assistance through the welfare system, assistance that was and is considerably less than foster care payments. However, in 1979 the U.S. Supreme Court ruled that states must make the same foster care maintenance payments to kin caring for Title IV-E-eligible children as they make to non-kin foster parents, provided that kin meet state foster care licensing standards.[47] In short, income eligibility is tied to the status of the child. Therefore, all kin, regardless of income, are eligible for federal foster care payments if they care for a child who was removed from an income-eligible home and if they meet state non-kin foster care licensing standards.

State kinship foster care licensing policies changed significantly with the passage of ASFA and the ASFA final rule. The act, and the January 2000 final rule that documented how DHHS would implement the act, included a number of provisions that clarified the federal reimbursement of foster care payments made for Title IV-E-eligible children placed with kin. States may not collect federal reimbursement for all kin caring for

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Title IV-E-eligible children. Instead, "relatives must meet the same licensing/approval standards as nonrelative foster family homes."[48] Waivers for certain licensing standards may be issued on a case-by-case basis only, not for kin as a group. No waivers can be granted for safety issues. In addition, the final rule prohibits states from claiming Title IV-E reimbursement for provisionally licensed or emergency placement kin homes. Partially as a result of the ASFA final rule, between 1999 and 2001, 27 states altered their licensing policies. Of these, 18 states instituted stricter licensing standards for kin than had previously been in place.[49]

Despite the broad discretion states have in developing kin care licensing standards, in order to receive federal reimbursement for certain foster care placement costs, states must meet minimum procedural guidelines. Although the federal government will not reimburse states for foster care payments made to kin who are not licensed, neither ASFA nor the final rule prohibits states from assessing kin differently from non-kin, and most do. Waiving certain licensing standards or providing different assessment options for kin gives states the flexibility to accommodate kin who are willing and capable of caring for children, yet unable to meet all of the non-kin licensure requirements. Only 15 states require kin to meet the same licensing requirements as non-kin foster parents.[50] In 23 states, child welfare agencies waive some licensing standards (most often living-space requirements and training) for kin foster parents. In addition, 20 states have a separate, less-stringent licensing process for kin than for non-kin. Moreover, most states will place children with kin before they meet all foster care licensing standards.[51] (See the Appendix at the end of this article for a breakdown of licensing and payment policies by state.)

For those children who are not eligible for federal reimbursements, states can decide whether to use state funds to financially support kin caring for children in state custody. This flexibility has led most states to adopt separate foster home licensing and payment policies for kin who are not eligible for federal reimbursement. Most states give foster care payments to kin who are licensed based on non-kin licensing standards. In other words, even if the children in kin care are not eligible for federal reimbursement, most states will provide foster care payments to caregivers under the same standards as non-kin. California and Oregon are the only states that provide payments to only those foster parents who are licensed under non-kin standards and who are caring for children who meet federal reimbursement eligibility requirements. A few states will not give kin foster care payments if one or more licensing standard has been waived. In addition, most states will not offer foster care payments to kin who are licensed based on a kin-specific process. Finally, several states will not provide foster care payments if kin are provisionally licensed. In total, 26 states may not support kin caring for children in state custody with foster care payments.

In practice, licensing kin to act as foster parents can also vary greatly within states. For example, even in states that require kin to be licensed before they can care for a child, it is not uncommon for judges to order a child be placed with an unlicensed kinship caregiver.[52] Recent data gathered by the Urban Institute show that localities vary considerably in a number of practices, such as their willingness to place a child with a yet unlicensed kinship caregiver, the licensing requirements that these kin must meet, and the financial assistance kin will be offered before they are licensed. Similarly, the processes for getting a waiver, the frequency with which workers pursue waivers, and the standards that may be waived varied greatly among the localities studied and even among different workers and supervisors within the same locality.

In addition to licensing, localities vary in the frequency with which they take children into state custody and their pursuit of voluntary kinship arrangements. For example, one study found that in Alabama, the vast majority of kin are used to divert children from the foster care system entirely, and thus kin in this state rarely receive foster care payments.[53] Yet even in Alabama, local sites varied considerably in their propensity to take children into custody and to offer kin foster care payment. If Alabama is indicative of other states, then kin may not be informed about the availability of fos-

ter care payment or may be discouraged from taking the steps necessary to obtain payment.

In sum, licensing policies and practices are critical in determining whether kin will receive financial support and if so, how much. The federal government will reimburse states only for foster care payments to kin who meet non-kin licensing standards and who care for children who meet income-eligibility requirements. For those kin who are not eligible for federal reimbursement, states have broad discretion in developing licensing requirements and in determining what financial support they will provide to kinship foster parents, if any. Moreover, many states have developed multiple assessment options. As a result, the amount of financial assistance kinship caregivers receive can vary due to the eligibility status of the children in their care, the assessment criteria and licensing requirements of individual states, and even the discretionary decisions made by child welfare line supervisors and caseworkers.

Supervising and Supporting Kin Caregivers

Providing adequate and appropriate supervision and support for either kin or non-kin foster parents is a challenge for child welfare agencies. Given that kin typically have less experience with the child welfare system, may not have completed foster parent training, and may allow birth parents to have more frequent and/or unsupervised access to their children, kinship caregivers may require even greater support and supervision than non-kin caregivers. However, research indicates that kin caregivers often do not receive this support. In fact, kin caregivers often receive less support and supervision than non-kin caregivers.

Most state kinship care policies require caseworkers to provide the same level of supervision for children in kinship care as for those placed in non-kin foster care.[54] In practice, however, several studies show that child welfare workers tend to supervise kinship care families less than non-kin foster families.[55] For example, one study found that caseworkers conduct less-frequent home visits to kinship caregivers than to non-kin foster parents, and they telephone less often.[56] Another study found that more than one in four kinship caregivers went a year or more without having any contact with a caseworker.[57] In addition, research has shown that caseworkers provide less information to kinship caregivers than to non-kin foster parents and are less likely to discuss the role of the child welfare agency with kinship caregivers.[58]

One explanation suggested for why workers provide less information and supervision to kinship caregivers is that workers view kinship placements as separate from and possibly outside of the child welfare system, or as fundamentally safer than placements with non-kin foster parents.[59] In addition, workers may not initiate or sustain regular contact with kinship caregivers, believing that kin prefer limited contact with the agency.[60]

The limited supervision that kin receive raises concerns about the safety of kinship care placements, especially in light of past research that has found that birth parents have much more frequent and unsupervised contact with children in kinship placements.[61] Child welfare workers report that they often have difficulty preventing unsupervised parental contact when children are placed with kin. Parents often make unscheduled visits with children in kinship care and are also much more likely than are parents of children in non-kin foster care to see their children in the foster home rather than at an agency or visitation center.[62] Research indicates that frequent, constructive, and appropriately supervised parental visitation can help maintain the bond between birth parents and their children and facilitate reunification. Educating kinship caregivers about the potential risks of unsupervised visits, providing avenues for appropriately monitored parental visitation, and reevaluating child welfare supervision practices for kinship care placements may help reduce the degree of unsupervised contact birth parents have with their children.

Services for Kinship Foster Parents

Although state policies indicate that kin are generally eligible to receive the same services as non-kin foster parents,[63] 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 for which they have asked.[64] Experts have offered several explanations for these disparities. They may reflect differences in the service needs of kin and non-kin foster

parents. Child welfare caseworkers may also treat kin and non-kin foster parents differently.[65]

Kin also fail to receive assistance they are eligible for from non-child welfare agencies. All kin who do not receive foster care payments from a child welfare agency are eligible to receive child-only TANF assistance; however, many do not.[66,67] Similarly, many kin who are eligible for Medicaid health insurance coverage, food stamps, child care subsidies, or housing assistance fail to receive this assistance.[68] Several factors account for the low level of services provided to kin. Many kin report that they are not aware they are eligible for benefits, do not want a handout, want to avoid involvement with public agencies, or have applied for public assistance and were mistakenly denied.[69] In addition, kinship caregivers may ignore outreach materials that discuss services available to "parents." Because they are a relatively small group, kinship care families are often overlooked by program administrators and policymakers. Studies have also found that eligibility workers may be unaware of the services that kinship care families can receive.[70]

Many states are developing programs to better meet the needs of all kinship care families.[71] Several states are providing kin who do not receive foster care payments with welfare payments that are higher than those kin would typically receive under established TANF policy. Many states have funded kinship support groups that are similar to those organized by foster parent associations. Other states have developed comprehensive kinship support centers that provide kinship care families with information and referral services, case management, and a wide range of support services for both kinship caregivers and their children.

Reconciling Permanency Planning with Kinship Care

Kinship care arrangements question long-standing principles regarding what constitutes a permanent placement, thus kinship foster care can present both opportunities and challenges for expediting children to permanency. As reflected in ASFA, one of the primary goals of our nation's child welfare system is to ensure that children who have been removed from their parents' homes are reunified with their parents or placed in another permanent placement (that is, adoption or legal guardianship) in a timely manner. ASFA was the first federal legislation to address kinship care as a potential permanent placement. The act specifies that acceptable permanency options include reunification, adoption, legal guardianship, and permanent placement with a "fit

and willing relative," and that states must have a "compelling reason" if they select any other type of permanent placement. DHHS guidance notes that "the term [compelling reason] was adopted because far too many children are given the permanency goal of long-term foster care, which is not a permanent living situation for a child." Advocates of kinship care may applaud that ASFA acknowledges the unique circumstances of kinship care and considers new ways of thinking about permanency. However, opponents could claim that the act allows children to be placed in what amounts to long-term foster care without a compelling reason.

Research has demonstrated that states have used the flexibility afforded under ASFA to treat kin differently than non-kin in permanency planning. For example, a 2001 Urban Institute survey found that many states are routinely not terminating parental rights, even though ASFA requires a termination petition be filed for any child who has been in foster care for 15 of the previous 22 months.[72] In 10 of the 36 states that provided an estimate, officials reported that they did not terminate parental rights in more than half of the cases in which children were living with kin yet met the termination requirements. In addition, 43 states reported that they allow children to remain in long-term foster care with kin.

A recent study found that child welfare agencies have placed greater emphasis on permanency planning with kin following ASFA, yet long-term foster care remains a common outcome for children placed with kin.[73] Workers report that they are much less likely to pursue terminating parental rights when children are placed with kin.[74] Also, children in kinship care are less likely than children in non-kin foster care to be adopted.[75] Many child welfare agencies do not strongly encourage kinship caregivers to adopt, and others do a poor job of explaining how adoptions differ from other permanency options. Moreover, there are often significant financial disincentives for kin to adopt children in their care, such as a loss of child care assistance or eligibility for other government subsidies.

Although placement with kin helps children stay connected with their families and may be the best placement option for some children, one of the stronger and more troubling findings of the research is that birth parents appear to be significantly less likely to complete case plan requirements for reunification when their children are placed with kin. Caseworkers, administrators, and kin agree that greater access to children and the reduced stigma associated with kinship care reduce the motivation of birth parents to reunify with their children.[76] Noncompliance with case plans and a lack of motivation to reunify are particularly problematic with substance-abusing parents, who often continue their addictions while their children are being cared for by kin.

The Ongoing Debate

In spite of the explicit governmental preference for kin and states' continued heavy reliance on kin as foster parents, kinship care remains a field of policy and practice that is mired in controversy and complexity. For example, policymakers are still ambivalent about the appropriate responsibilities of kin in the child welfare system. Whether kin play a role in child welfare that corresponds to that of traditional foster parents, or whether they should be considered family providing informal supports, remains a tension that is yet to be resolved.[77] This tension plays out in debates about how child welfare agencies should financially support kin, as well as how policymakers assess how well kinship care meets the child welfare goals of safety, permanency, and well-being.[78]

Financial Compensation

Paying kinship foster parents remains controversial, largely because this issue taps into broader societal and policy concerns regarding the responsibility family members have to each other and the incentive structure of government subsidy programs. For example, some argue that kin should not be paid for caring for a related child since such care is part of familial responsibility. Moreover, some experts have argued that the higher foster care payment rates compared to payments for child-only cases under TANF may provide an incentive for private kinship caregivers to become part of the child welfare system.[79] If only 15% of the children living in private kinship care arrangements were included in child welfare systems, the kinship foster care population would double, and experiences in Illinois have shown that making foster care payments available to private kin can lead to significant increases in kinship foster care.[80]

Compared with children placed in non-kin foster care, children placed with kin are less likely to be reunified with their parents and are less likely to be adopted.

These arguments, however, view kinship care from the perspective of the caregiver rather than the maltreated child. Alternatively, one study found that placement stability is enhanced when kinship caregivers receive the full foster care subsidy.[81] Other experts suggest that kinship care payments should derive from the governmental responsibility for children in state custody, rather than on the licensing status or relative status of the caregiver.[82] These experts argue that states assume the same level of responsibility for children in their custody regardless of where a child is placed and that states should not provide less financial assistance on behalf of a child in kinship care solely because a kinship caregiver is unable to meet certain licensing criteria.

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

At the same time, ASFA allows states, under certain circumstances, to recoup foster care expenses for children who were already living with kin when child welfare became involved. These placements are often called constructive or paper removals, as the child is not physically removed from the home but is taken into state custody. Child welfare agencies face a difficult decision in determining the circumstances under which they should take a child into custody, particularly when the child may already be in a safe and stable home.

A related concern centers on when it might be appropriate for child welfare agencies to divert children from the foster care system by using voluntary kinship care placements. Because of their caregivers' voluntary status, these children may effectively be excluded from public agency supervision and from the specialized health, mental health, and school-related services that might be available through foster care. Moreover, their parents may be denied the services they need in order to effectively reunify with their children.

Placement Safety

Questions about the safety of kinship care placements arise from concerns that children in foster care may come from families with intergenerational histories of abuse. For years, kinship care advocates fought to overcome the negative perception among many child welfare workers and administrators that "the apple does not fall far from the tree"—in other words, that parents who are abusive were probably abused themselves. To date, few studies have directly assessed the safety of foster children placed with kin. Although some studies lend credence to the theory of an intergenerational cycle of abuse, it appears that most children in kinship care are placed there because of parental neglect rather than abuse.[83] Two studies that compared the rate of abuse by kin and non-kin foster parents found conflicting results, with one finding children in kinship care more likely to suffer abuse[84] and the other finding the opposite.[85] Perhaps the most salient safety concern with kinship care placements is the lack of caseworker supervision and the often unencumbered access birth parents have to their children.

Concerns about the safety of kinship care placements were the primary impetus for the DHHS mandate that "relatives must meet the same licensing standards as nonrelative family foster homes" in order for states to receive federal foster care reimbursement. DHHS notes that "given the emphasis in ASFA on child safety...we believe that it is incumbent upon us, as part of our oversight responsibilities, to fully implement the licensing and safety requirements specified in the statute." However, it seems inconsistent for federal policy to suggest that, because of safety concerns, kin must be licensed for states to receive federal reimbursement, but not to require states to license those kinship care homes for which they do not seek federal reimbursement.

Permanency

Ensuring permanent homes for children is paramount. However, kinship foster care challenges traditional notions of permanency. Prior research has documented that the permanency outcomes for children placed with kin may be different than outcomes for those placed with non-kin. Research has shown that children placed in kinship foster care tend to remain in care significantly longer than children placed in non-kin foster care.[86] Compared with children placed in non-kin foster care, children placed with kin are less likely to be reunified with their parents[87] and are less likely to be adopted.[88] Lower rates of reunification may be the result of reduced motivation among birth parents when children are placed with kin, a problem that child welfare agencies may have difficulty overcoming. However, the adoption of children by kin could be enhanced by better dissemination of information by caseworkers and elimination of barriers and fiscal disincentives to adoption.

Federal law reflects the ambivalence toward kin caregivers in its policy approach to permanency. Whereas ASFA clearly encourages permanency (that is, adoption or legal guardianship) for children in non-kin care who cannot be reunified and specifically disallows long-term foster care for non-kin, it includes explicit provisions for long-term care for children placed with relatives. Although placement stability is much greater for children placed with kin than with non-kin,[89] it is hardly guaranteed and, according to recent work, is as likely to break down over time as is placement with non-kin.[90]

Whether kinship foster care achieves the goal of permanency depends partially on how one thinks about permanence. As Testa outlines in this journal issue, two alternative definitions of permanence, one as "lasting" and the other as "binding," are at the root of the debate. Those who see the goal of permanency as establishing a "lasting" bond between a family and a child emphasize the importance of psychological bonding and giving a child a sense of social belonging and identity, along with a permanent home. However, others believe permanency is best achieved by establishing legally "binding" relationships, with adoption being the most binding permanency option. (See the article by Testa in this journal issue.) The debates about whether existing kinship foster care practices promote permanency and whether agencies should follow a hierarchy of permanency goals that would increase the pressure on kin to adopt are significantly shaped by these two differing perspectives.

Effects on Child Well-Being

Whether children fare better when placed with relatives is still undecided. Because children are more likely to be familiar with a kin caregiver, many experts suggest that these placements are less traumatic and disruptive for children than placements with non-kin.[91] Many argue that placement with kin is less psychologically harmful to children than placement with strangers.[92] Further, studies of children's experiences in care suggest that the vast majority of children feel "loved" by their kin caregivers and "happy" with their living arrangements.[93]

In addition, kinship foster care also helps maintain family continuity by increasing the contact between children in foster care and their birth families. Children in kinship foster care have much more frequent and consistent contact with both birth parents and siblings than do children in non-kin foster care.[94] Further, they are more likely to be placed with siblings than children in non-kin foster care.[95] Kinship foster care also helps children maintain a connection with their communities. Research has indicated that they are more frequently placed in close physical proximity to the homes from which they were removed.[96] Given that children are placed with relatives, they are also more closely connected with their cultural heritage and traditions. Prior research has also shown that children in kinship foster care are significantly less likely than children in non-kin foster care to experience multiple placements.[97]

Despite these benefits, there is currently no methodologically rigorous research demonstrating that children in kinship foster care have better developmental outcomes than children in non-kin placements. One of the few longitudinal studies of children in kinship foster care found little discernable difference in adult functioning for children who were placed with kin rather than non-kin.[98] It is possible and perhaps probable that kinship care is in the best interest of most foster children (depending upon the child, the kin available, and the birth parent), but it may not be appropriate for many others. However, we currently lack the research to make such an assessment. More-

The vast majority of children feel "loved" by their kin caregivers and "happy" with their living arrangements.

over, we lack research to determine how different state policies and practices affect both the ability of kin to act as foster parents and the well-being of foster children placed with kin.

Conclusion

Kinship foster care has emerged as a vital element of federal, state, and local foster care policy and practice. Yet despite the centrality of kinship foster care in child welfare, our understanding of how best to utilize and support kin caregivers, and the impact of kinship foster care placement on child development, is limited. Kin foster parents and the children in their care differ in significant ways from non-kin foster families. These differences, particularly the age, health, and resource limitations of many kinship caregivers, suggest that child welfare policy and practice must develop new ways for serving and supporting this group of caregivers. The emotional ties between kin caregivers and birth parents (often the caregivers' own children) can complicate efforts to meet the needs of children in care in several ways. For example, if there are tensions between kin caregivers and birth parents, the kin foster family could interfere with efforts to build healthy bonds between birth parents and their children. Alternatively, if kin caregivers are too close to birth parents, they may not provide adequate supervision to protect children from further harm during visitations or support efforts to secure alternative permanent placements should reunification not be possible. The complex web of policy and practice that has evolved around licensure and payment is another factor that complicates efforts to adequately and equitably compensate kin caregivers. Moreover, the resolution of these concerns is significantly influenced by broader societal and political debates about where the line should be drawn between family obligation and governmental responsibility.

Kin have been an ever-present family resource, often providing varying levels of caregiving support to family members. As the child welfare system continues to rely on kin to act as foster parents, policymakers and practitioners must ensure that policies and practices designed with non-kin foster parents in mind are not blindly or haphazardly applied to kin. Thoughtful consideration of the uniqueness of kinship care and rigorous review of best practices are needed if children in kinship care are to experience optimally healthy environments in which to grow.

ENDNOTES

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96. DiLeonardi, J. Kinship care, permanency planning and substance abuse. Unpublished report distributed by Lifelink-Bensenville Home Society, Bensenville, IL, no date; see note 80, Testa; and note 95, Testa and Rolock.

97. See note 17, Stukes Chipungu, et al.; note 17, Iglehart; note 17, LeProhn and Pecora; note 23, Beeman, et al.; note 23, Benedict, et al.; note 31, Zimmerman, et al.; Berrick, J.D., Needell, B., and Barth, R.P. Kin as a family and child welfare resource: The child welfare worker's perspective. In *Kinship foster care: Practice, policy and research*. R.L. Hegar and M. Scannapieco, eds. New York: Oxford University Press, 1999; and Goerge, R. The reunification process in substitute care. *Social Service Review* (September 1990): 422–57.

98. In fact, one of the few longitudinal studies of the well-being of children in kin and non-kin foster care found little difference in the adult functioning of these children. See Zuravin, S., Benedict, M., and Stallings, R. The adult functioning of former kinship and nonrelative foster care children. In *Kinship foster care: Policy, practice, and research*. R. Hegar and M. Scannapieco, eds. New York: Oxford University Press, 1999.

Appendix

Kin Licensing and Payment Polices by State

State	2001 Licensing Options for Kin			Who Receives Foster Care Payment
	Same[a]	Kin waivers[b]	Kin-specific[c]	
Alabama		•		All kin
Alaska	•		•	Kin licensed same as non-kin
Arizona	•		•	All kin
Arkansas		•		All kin
California[d]	•			Kin caring for Title IV-E-eligible children who are not provisionally licensed
Colorado	•			All kin
Connecticut		•		All kin
Delaware	•		•	Kin licensed same as non-kin, all non-related kin
District of Columbia	•			All kin
Florida	•		•	Kin licensed same as non-kin who are not provisionally licensed
Georgia		•		Kin licensed same as non-kin
Hawaii	•			All kin
Idaho		•		All kin
Illinois	•		•	All kin
Indiana[d]		•		Waived kin if caring for Title IV-E-eligible children
Iowa	•			All kin
Kansas		•	•	Waived kin not provisionally licensed
Kentucky		•	•	All kin
Louisiana	•		•	Kin licensed same as non-kin
Maine		•	•	All kin
Maryland	•		•	Kin licensed same as non-kin
Massachusetts		•		All kin
Michigan	•		•	Kin licensed same as non-kin who are not provisionally licensed
Minnesota	•			All kin
Mississippi		•	•	Waived kin
Missouri	•			All kin
Montana		•	•	Waived kin
Nebraska		•	•	Waived kin not provisionally licensed
Nevada		•	•	Waived kin

State	2001 Licensing Options for Kin			Who Receives Foster Care Payment
	Same[a]	Kin waivers[b]	Kin-specific[c]	
New York		•		All kin
New Hampshire		•		All kin
New Jersey		•		All kin
New Mexico		•		All kin
North Carolina	•		•	Kin licensed same as non-kin
North Dakota	•			All kin
Ohio		•		Kin licensed same as non-kin
Oklahoma		•		Waived kin not provisionally licensed
Oregon[d]	•			Kin caring for Title IV-E-eligible children who are not provisionally licensed
Pennsylvania	•			All kin
Rhode Island[d]		•		Waived kin caring for Title IV-E-eligible child
South Carolina		•		Waived kin not provisionally licensed
South Dakota	•		•	Kin licensed same as non-kin who are not provisionally licensed
Tennessee		•		All kin
Texas	•		•	Kin licensed same as non-kin who are not provisionally licensed
Utah	•			Kin not provisionally licensed
Vermont	•			All kin
Virginia	•			All kin
Washington	•		•	Kin licensed same as non-kin who are not provisionally licensed
West Virginia	•			Kin not provisionally licensed
Wisconsin	•		•	Kin licensed same as non-kin
Wyoming	•			All kin
Total	28	23	20	

[a]Kin and non-kin must meet same licensing standards.

[b]State may waive some licensing requirements for kin.

[c]State has kin-specific licensing option.

[d]Kin caring for title IV-E-eligible children receive foster care payments, others receive TANF.

Note: Data from Jantz, A., Geen, R., Bess, R., et al. *The continuing evolution of state kinship care policies.* Washington, DC: Urban Institute, 2002.