

When Children Cannot Remain Home: Foster Family Care and Kinship Care

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Abstract

Despite the best efforts of child welfare agencies, community agencies, and individuals, some children are not safe in their homes and must be placed in substitute care settings by child welfare authorities. Increasingly, as this article points out, child welfare agencies are placing children in the homes of their relatives rather than in traditional foster family homes (31% of all children in out-of-home care in the early 1990s were living with kin). This article discusses how such factors as the availability of foster homes, the demand for foster care, attitudes toward the extended families of troubled parents, and policies regarding payment for the costs of care have contributed to the rapid growth in kinship foster care. It discusses differences in the personal characteristics of kin and traditional foster parents and in the supports provided to the caregivers by child welfare agencies. Research findings suggest that kinship homes can promote the child welfare goals of protecting children and supporting families, but they are less likely to facilitate the prompt achievement of legal permanence for children. To forge a coherent policy toward kinship caregivers, officials must balance the natural strengths of informal, private exchanges among family members with the power of government agencies to provide both resources and oversight.

Foster care is designed to provide temporary care, supervision, and support to children who cannot live at home because they have been abused or neglected by their parents. In 1995, more than one million children were reported as victims of child maltreatment in the United States,¹ a number that reflected substantial growth over the previous two decades. As the number of families reported to child welfare authorities has rapidly increased, so has the number of children requiring substitute care. The substitute care population increased from 276,000 children in 1985 to approximately 494,000 children a decade later.²

When children are removed from their homes, they may be placed in a variety of settings. In many states, foster family care has been the predominant

form of substitute care for several decades.³ Foster parents are usually licensed by the county or state, indicating that their homes have been assessed for basic health and safety standards, and that the caregivers have participated in at least minimal training to provide care and supervision for a child. Other substitute settings in which children may live include specialized foster care with caregivers specifically trained to care for special needs children, group homes, residential treatment centers, and shelters.

A growing proportion of children in the foster care system are cared for by their relatives. Relatives have no legal obligation to become children's caregivers, but kin are increasingly likely to exercise their responsibility to their extended family members. In some states, child welfare authorities recognize kin as foster caregivers within the child welfare system only if they participate in training and become licensed in the same manner as foster parents.^{4,5} In other states, preferences for kin have been written into legal statutes. In California, the preference encompasses kin who have not been licensed or trained by child welfare authorities.⁶ These differences in philosophy and policy result in great variability in the use of kinship care among states.

Though policies toward kin differ, the increased reliance on relatives as a resource for abused and neglected children is bringing with it significant changes in child welfare practice. This article examines the factors that have contributed to the growth of kinship foster care and explains some of the policy tools that state and local governments use to oversee and support kin who care for children who have been removed from their homes. The article also reviews research suggesting how effectively kin placements address three major goals of the child welfare system: providing protection for children, support for families, and permanent homes. It concludes that despite their relatively disadvantaged status in terms of age and income, kin caregivers typically offer children a safe and nurturing environment. Their close ties to the child and to the child's birthfamily inherently support family bonds, although these ties also make many kin caregivers reluctant to consider adoption. In light of the increasing reliance on kin caregivers, new service strategies and policy solutions are needed to forge a workable balance between the competing interests of family privacy, equity in supports for families, and government responsibility for child protection.

The Growth of Kinship Foster Care

Since the mid-1980s, the use of kinship foster care has expanded rapidly. A 1990 national

estimate indicated that 31% of children placed by child welfare authorities in out-of-home care resided with kin.⁷ This estimate was based on reports from 29 states that in their records and statistics, could separate

relatives from unrelated foster parents. Another study indicated that, in the same year, the number of children placed in kinship foster care closely approached the number in other foster care placements in three large states (California, Illinois, and New York), while in Missouri, kin homes were less often used for foster care. (See

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Figure 1.) Differences are even sharper at the local level. In 1994, two-thirds of the children placed in care in Baltimore resided with kin, whereas in Norfolk, Virginia, only 2% of children in care were living with relatives.⁸

The overall growth in kinship foster care reflects a number of factors, such as changes in the availability of traditional foster care and the demand for it, as well as changing attitudes about the roles that government agencies and extended family members should play in protecting children.

Shrinking Supply of Foster Homes

Generally, it is assumed that a decline in the number of available foster family homes during the 1980s prompted social workers to turn to kin as an essential placement resource. One study found that the number of available foster homes decreased from 147,000 nationwide in 1987 to approximately 100,000 three years later.³ The reduction in available foster homes may be due to the growth in the number of single-parent households, the growth in the proportion of women employed outside the home, the increase in divorce rates, or the rising costs of child rearing.^{9,10} All these factors make it more difficult for any family to take responsibility for raising additional children.

Rising Demand

The second and related factor contributing to the rise in kinship placements was the growing census of children needing to be placed in out-of-home care. During the

latter half of the 1980s, foster care caseloads climbed substantially. For example, from 1986 to 1989, the foster care caseload in New York State grew from 18,793 to 47,145,¹¹ and in Illinois the foster care caseload more than doubled from 1986 to 1992.¹² The increases were due, in large part, to the entrance of infants and other very young children into the child protection system; these young children tend to remain in out-of-home care for long periods of time.^{11,13} The introduction of crack cocaine into many low-income communities brought an onslaught of young children to foster care as women's drug involvement severely compromised their abilities to parent their young children.¹⁴

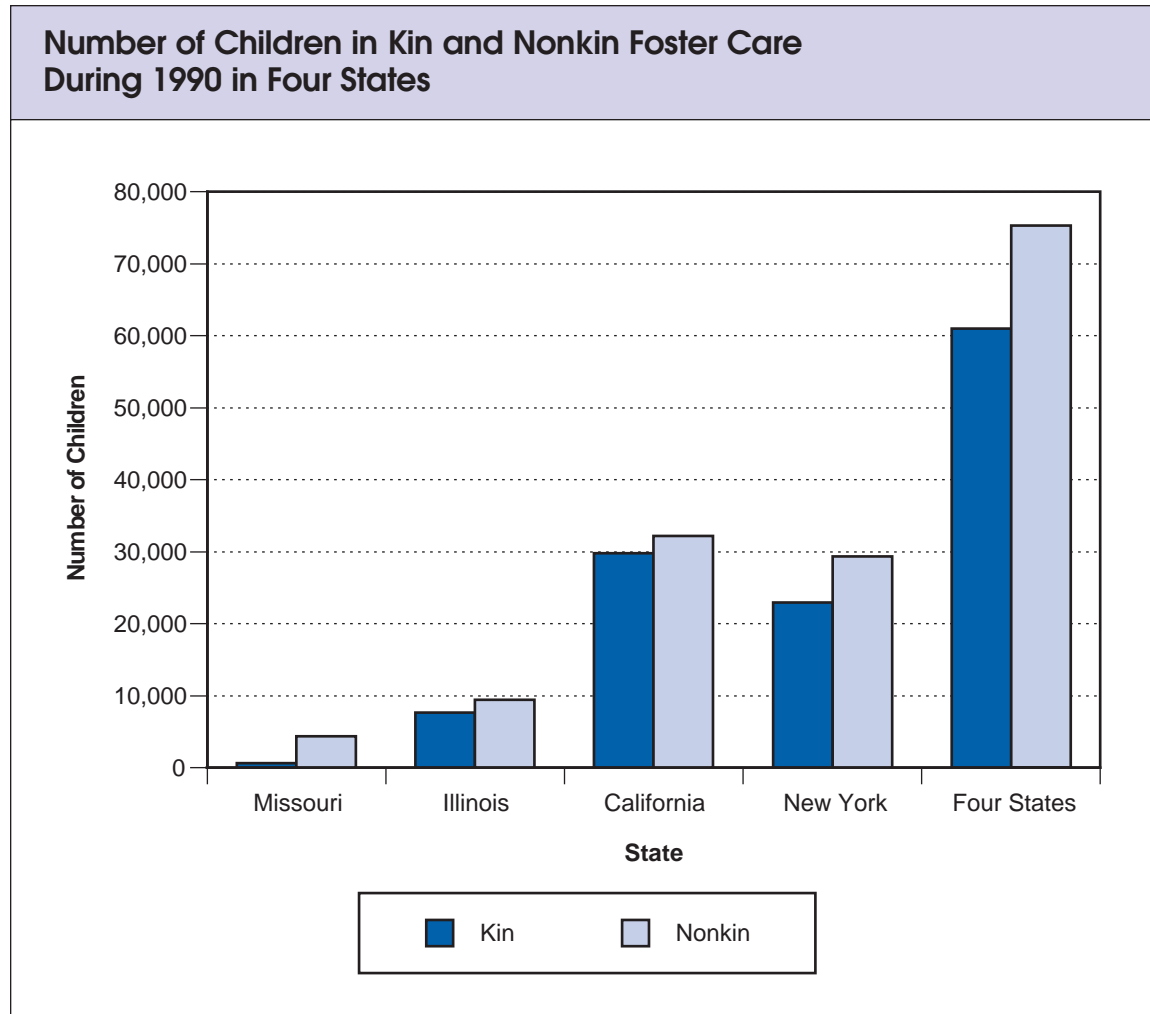
Changing Attitudes

The third ingredient that contributed to changes in placement practices was a shift in values about the importance of kin as a resource for children.^{15,16} Traditionally, child welfare workers and judges have harbored significant ambivalence about placement with relatives, concerned that the maltreating parent's parenting practices were learned through interactions with members of a dysfunctional immediate or extended family.^{17,18} More recently, increasing numbers of child welfare workers have embraced the philosophical shift that values placement within the family, and that focuses on the strengths, rather than the deficits, of family members.¹⁹ Enthusiasm for kinship foster care has paralleled an overall trend in child welfare services toward more family-centered, community-based services to families. (See the article by McCroskey and Meezan in this journal issue.)

Financial Incentives

Last, the introduction of payments for kinship caregivers may have profoundly changed child welfare placements.²⁰ When a child whose family was eligible for cash assistance (formerly Aid to Families with Dependent Children, or AFDC) is placed in foster care, the caregiver receives federally funded foster care payments to help offset the costs of maintenance and care of the child. (See the article by Courtney in this journal issue.) In 1979, the U.S. Supreme Court ruled that kin should be eligible to receive these payments under specified conditions similar to those imposed on nonkin foster parents.²¹ Interpretations of this ruling have led to different financial reimbursement

Figure 1



Source: Harden, A.W., and Clark, R.L. *Informal and formal kinship care*. ASPE Task Order HHS-100-95-0021. Washington, DC: U.S. Government Printing Office, 1997, p. 33, Table 3.1.

policies in various states: in some, kin receive these payments only if they meet the same licensing standards as nonkin foster parents. Other states have developed more lenient approval standards for kin. Table 1 provides a brief overview of the policies relating to kin caregivers in five states (California, Colorado, Illinois, New York, and Texas).²²

Until recently, Illinois allowed all relative caregivers (including those relatives raising their children through informal family arrangements) to receive foster care payments.¹² California policy allows for foster care subsidies to be paid to kinship caregivers whose foster children are AFDC-eligible—approximately 60% of the kinship care caseload. The remaining 40% of kinship foster parents typically receive welfare payments instead. The difference in monthly

payments may be great, depending upon the number and ages of the children in care, and whether the kinship caregiver qualifies for welfare as an adult.

For instance, in 1996, California paid \$345 per child per month for foster care provided to children up to age four, \$375 for children aged five to eight, and \$484 for youths aged 15 or more. So, for example, if siblings ages 8 and 16 were in foster care, their caregiver would receive \$859 per month. In contrast, California's AFDC payment for one child was \$293 per month, and only \$479 for two children. Many states have lower welfare benefits, and there the difference between AFDC and the foster care subsidy is even greater. This disparity spawns concerns that the foster care payment system may act as an incentive for a troubled family to seek a formal

Table 1

Policies Toward Kinship Foster Care in Five States				
State	Historical Perspective	Preference Given to Kin	Standards Set for Kin	Reimbursement Available to Kin
California	Foster care placements and reliance on kin increased gradually from 1984 to 1991. Kin account for about 50% of placements.	Statutory preference for kin. Both cultural and fiscal factors also encourage use of kin.	Counties set standards for kin, varying widely. All have lower standards for kin than for foster parents.	If children in care are eligible for federal foster care funds, kin receive foster care payments. Otherwise, they receive AFDC.
Colorado	Little policy direction on kin placement until 1992. Relatives care for 11% to 13% of children in out-of-home placements.	Kin may receive foster payments if eligible for federal funds or to avoid more restrictive placement. Practice varies by county.	Same criteria used to certify kin as used for foster parents. No streamlined process for kin.	If certified as foster parents, kin receive the full foster care rate.
Illinois	In early 1980s, lawsuits led to decrees that relatives caring for children can seek certification as foster parents and receive foster care payments.	Statutory preference for kin. Lawsuit requires state agency to not discourage kin from seeking foster parent status.	Kin who secure foster family status meet same standards, face same constraints, and receive same services as foster parents.	Recently set three levels of payment: Licensed kin receive the foster care rate, unlicensed kin receive less, and informal kin arrangements receive AFDC.
New York	Statute has long permitted approval of kin as caregivers. Kin placements have been tracked since late 1980s. Lawsuit led to reduced standards for kin caregivers.	Statutory preference for kin. Judges can instruct agencies to place specific children with kin rather than in licensed foster homes.	Reduced standards apply for kin caregivers, and an emergency approval process permits placement with kin for 60 days without a review of standards.	Approved kin placements are reimbursed at the licensed foster home rate. If children are placed without the approval process, kin receive AFDC.
Texas	No payments were made for any foster care until 1979, and traditions persist of relying on free foster care provided by kin or churches.	Kin caregivers are used typically as a way of diverting children from the foster care system, so they are not considered part of that system.	No special circumstances for kin, who must try to become licensed as any foster parent would.	Unless fully licensed as foster parents, kin caregivers receive only AFDC. Other placements are paid at six levels reflecting the special needs of the child.

Source: Hornby, H., Zeller, D., and Karraker, D. *Kinship care in America: A national policy study*. Report on U.S. Children's Bureau grant award 90CW1077/01. Portland, OR: University of Southern Maine, Center for Child and Family Policy, Edmund S. Muskie Institute of Public Affairs, October 18, 1995.

agency-supervised placement with kin rather than sharing child-rearing responsibilities informally with the same relatives.⁵ To counteract that possibility while acknowledging the burden kin assume when taking

in a child, Illinois recently created a special payment rate for kinship caregivers who are not licensed as foster care parents. That rate falls between the AFDC and the foster care payments.

New Practice Issues

Because kinship foster care has expanded so rapidly, it has changed child welfare practice in important ways.²³ Child welfare workers have learned to negotiate the complex family dynamics between parents and caregivers;¹⁹ they have developed new service strategies guided by family preservation principles;²⁴ and they have expanded conventional notions of what constitutes a permanent home to include long-term foster care with kin.²⁵ Nevertheless, many children in kinship foster care are treated inequitably by the child welfare services system.

Evidence from a number of sources suggests that kinship foster parents receive less support, fewer services, and less contact with child welfare workers than foster family parents receive.^{26–28} These differences are problematic because kin foster caregivers are less advantaged than nonkin caregivers to start with. Studies show that kin are, in general, older and less financially stable; they are more likely to be single parents, and they have less education and poorer health.^{26,27,29} These differences are evident in Table 2, which shows the characteristics of a sample of 600 kin and nonkin foster parents in California. To successfully manage when responsibility for raising several children of family members is thrust upon them, kin caregivers may need more support than is needed by their foster parent counterparts. Examples of the services that kinship foster parents seek are provided later in the article.

As kinship foster care grows rapidly across the nation, it bears close examination as a placement resource for children. The pages that follow describe child welfare's core principles and review the strengths and limitations of kinship placements in light of these fundamental values. The article explores the ways in which reliance on kin and nonkin foster care promotes or diminishes these values, and compares the outcomes for children in kinship foster care and foster family care.

Kinship Care and Child Welfare Goals

The child welfare system is guided by a series of federal, state, and local legal statutes

that reflect basic principles concerning the government's role in child protection, family support, and family privacy. All child welfare services, including kinship and foster family care, should contribute positively toward the goals upheld by this public system. First and foremost, the fundamental goal of the child welfare services system is to *protect children* from harm at the hands of their parents or other caregivers. Notably, this concern for children's basic protection can override a family's right to privacy from state intrusion.³⁰ Therefore, it is important to consider the strengths and limitations of kin and nonkin foster care placements in light of their capacity to guarantee children's safety.

Two secondary principles have also been identified as forming the basis of a well-functioning service delivery system for vulnerable families.³¹ The child welfare system should strive to *support families* and it should *promote permanence* for children. It is a widely

Table 2

Characteristics of Kinship Foster Parents and Nonkin Foster Parents Serving California's Foster Care Caseload from 1989 to 1991			
	Kinship Parents	Foster Parents	Significant Difference
Largest number sampled	246	354	
Household characteristics			
One adult in the home	52%	24%	p < 0.001
Owens home	53%	85%	p < 0.001
Number of foster children	2.5	2.8	no difference
Household income (including foster care payments)	\$32,424	\$51,320	p < 0.001
Female caregiver characteristics			
Formal education			p < 0.001
High school or less	47%	33%	
Some college or trade school	49%	46%	
College graduate or more	4%	21%	
Employed outside home	48%	37%	p < 0.001
Ethnicity			p < 0.001
African American	43%	22%	
Caucasian	34%	63%	
Hispanic	17%	9%	
Other	6%	4%	
Age	48 years	46 years	p < 0.05
Health			p < 0.001
Excellent	31%	46%	
Good	49%	47%	
Fair or poor	20%	7%	

Source: Berrick, J.D., Barth, R.P., 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.

held belief in the United States that biological parents have a significant right to the care and custody of their children.³² Therefore, it is appropriate for the child welfare services system to attempt to support families (including extended relatives) as they exercise these rights within a safe environment for children. When children are placed in out-of-home care, attention should be paid to whether the caregivers with whom they reside can support the children's families and to whether the caregivers are perceived by children to be part of their family.

The third child welfare goal, permanence, is typically defined in legal terms to include three forms of custody: (1) reunification with a biological parent, (2) adoption, in which legal rights to parenthood are severed with the biological parent and are fully transferred to an alternative adult, or (3) legal guardianship, in which authority for the child is transferred from the parent

to an alternative caregiver. Promoting children's lifetime permanence is a hallmark of good child welfare practice and is stated as a goal by federal law in the Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272), the central legislation guiding the child welfare services system. (See the article by Schene in this journal issue.) Children's experience while in out-of-home care can facilitate permanence, or it can hinder their opportunities to have legal, lifetime relationships with adult caregivers. Kin and nonkin foster care should therefore be explored to discern the ways in which these placement settings assist children in attaining this child welfare goal.

Kinship Care and Child Protection

When children are removed from their parents' homes because of maltreatment, it is incumbent upon the government to ensure their safety and protection. The ultimate

insult to a child and family occurs when children suffer additional maltreatment in out-of-home care. Yet little information is available in the general child welfare literature that sheds light on the incidence of maltreatment in substitute care. Some estimates indicate that between 0.2% and 7% of children placed outside their homes are maltreated by their caregivers.^{33,34}

One study set out to identify the characteristics associated with maltreatment in out-of-home care by studying a sample of foster homes.³⁵ In about one-sixth of the homes, reports of maltreatment had been confirmed. The researchers discovered that nonkin foster parents were twice as likely as licensed kinship foster parents to have a confirmed report of maltreatment. These findings can be explained several ways. Maltreatment might be more readily discerned in nonrelative foster homes than in kinship homes because the former receive more services, and so are more often observed by child welfare workers. On the other hand, the children in the two types of homes might differ in ways that provoke different treatment from their caregivers. As the researchers note, “Selection could account for the results. Kin may choose to care for less disturbed children leaving for placement in regular care the most disturbed.”³⁶ While no child should be maltreated while in out-of-home care, it would not be surprising if those who cared for the most troubled children were also to find it most difficult to provide a safe and nurturing home.

Whether children in kinship care are less behaviorally or emotionally disturbed is a subject of some debate. Several studies that reviewed the characteristics of children placed in kinship foster care and nonrelative foster care found similarities among the children in health status, educational needs, and behavioral problems.^{26,27,37} However, other studies³⁸ suggest that children placed with nonrelatives arrive in care with more severe developmental and behavioral problems. Kin may choose not to care for these children when asked to do so, because of their own age or health status. Such choices exercised by kin would reduce the proportion of especially challenging children found in kinship settings, and would make it less meaningful to directly compare rates

of maltreatment in kin and nonrelative foster homes.

In addition to the fundamental measure of children’s exposure to maltreatment while in out-of-home care, there are other indicators of protection from harm. Two small-scale studies examined the nature of the care provided in kin and nonkin foster homes using caregiver self-reports³⁹ and, in one case, in-home observations.⁴⁰ The kin homes provided a similar level of safety, support, and supervision to children as did the nonrelative homes. Nevertheless, perhaps

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because of their relative poverty, inadequate access to resources, and insufficient training, the kinship foster parents were less likely to have materials or skills that would assist them in an emergency (for example, an earthquake kit, knowledge of CPR, and the like).³⁹ Nonkin foster parents provided somewhat more desirable caregiving environments, although the care in both settings fell in the “average quality of care” range.⁴⁰ The foster parents showed somewhat greater knowledge of both child development and appropriate expectations for young children.

Evidence from California (where kinship caregivers are not required to become licensed or trained) suggests that some kinship homes provide less than satisfactory care.¹⁹ Participants in a statewide survey of child welfare workers reported that approximately one-third of kinship homes fell below the standards they regularly witnessed in average foster family homes. To safeguard children’s fundamental right to protection in out-of-home care, better screening, training, and education for caregivers may be needed prior to placement, even when the children are going to live with family.

In addition to more rigorous screening prior to placement, more support and train-

ing during placement might help kinship foster parents to enrich children's developmental opportunities. Research on all families reveals that some of the characteristics typical of kinship caregivers are associated with poor outcomes for children in adulthood. In particular, single-parenthood, lower levels of education, and poverty predict lower educational achievement and employment earnings, and more antisocial behaviors.⁴¹ Only one study has examined adult outcomes for children who were raised for a significant period of their childhood in

loved" (94% kinship versus 82% in foster care), and to rate themselves as happy in 15 domains of life.

In sum, kin typically can provide safe and nurturing environments for the children they take in, though limited resources and lack of training may constrain their ability to foster the children's development.

Kinship Care and Support for Families

If kinship foster care protects children's safety, does it also support families? By offering kinship care, the extended family serves as a resource during periods of family distress as it has during its long history in the United States^{43,44} and many other countries.^{16,45} Informal shared living arrangements between children and their extended families have been particularly prevalent within the African-American community. According to some historians, such arrangements can be traced back to the period of slavery, when families used strategies of child sharing to adjust to their economic conditions.⁴⁶ Informal kinship care—live-in, daily care provided by relatives outside of the child welfare services system—is provided to about 1.8 million children in the United States today, or 2.2% of the child population.⁴⁷ Kinship care arranged informally by families therefore dwarfs the number of children placed in kinship foster care by government authorities.⁴⁸

Since a large number of children in the United States are reared by their relatives and kinship foster care mirrors this informal system, it is easy to assume that kinship foster care, by definition, is supportive of families. Certainly, kinship foster care can, as one author put it, "provide continuity, lessen the trauma of separation, preserve family ties, and offer growth and development within the context of a child's culture and community."⁴⁹ And when the kinship caregiver selected for the child is a known and trusted relative, the child's extended family ties have indeed been maintained. The majority of kinship caregivers are grandmothers, who often already have close relationships with the children in care.^{26,50,51} Of course, blood relationships are not always meaningful to children, particularly to infants removed in the first months of life, whose conception of *family* is formed

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kin and nonkin foster homes, however, and it focused on licensed caregivers.³⁸ Children reared in the two licensed settings did not differ significantly in high school completion, employment, or mental and emotional health. In other words, when kin caregivers are screened and supported, they can not only protect children from harm but foster their development.

How children experience their placement, and whether they feel sufficiently safe, is arguably one of the most important indicators of the child welfare system's performance. In one of the rare studies to examine children's experiences of foster care, the large majority of children in kin and nonkin foster homes reported that they felt protected by their caregivers. The study involved 300 children placed in out-of-home care in Illinois, who were asked a series of questions about their satisfaction with their placement.⁴² The researcher compared the responses of children residing with kin, with foster parents, or in residential care. Children in kinship foster homes and foster family homes were equally likely to report that they felt "safe" with their caregiver (92%). However, children placed with kin were more likely than children in other settings to indicate that they were "happy" to "very happy" (70% in kinship versus 59% in foster care), to say that they "always felt

through relationships and over time. Notions of whether kinship care supports family ties should be considered from the child's perspective, as well as the parent's and relative's.

Kinship care is not the right answer for all families. For some kin, the burdens associated with child rearing represent a significant sacrifice at a time in the life cycle when additional supports and services are needed, but may not be available.⁵¹⁻⁵³ One study⁵³ found that kin caregivers were visited and called less frequently by caseworkers than other foster parents, and another²⁷ discovered that more than one-quarter of kinship foster parents had had no contact with a caseworker in the previous year. Child welfare workers sometimes justify the inequities in service provision between kinship and foster caregivers by arguing that kin prefer fewer intrusions into their personal family lives.⁶ However, the disparities between kin and foster caregivers described above suggest that kin caregivers have an equal, if not greater, need for services and assistance.

The types of assistance most frequently requested by kin caregivers include legal assistance (primarily to establish a legal relationship with the child through guardianship), assistance obtaining financial support,⁵⁴ respite care,^{26,52} training, and support groups.⁵⁵ Such supports can help make kinship care a positive experience for the child, the caregiver, and other family members.

Kinship Care and the Promotion of Permanence

Kinship care has the potential to build on family strengths and to offer children connections to their extended families when their relationships with their birthparents must be altered. But how permanent are children's extended family bonds? Are their experiences of care stable, or do they move from one family member to another (placement stability)? Do they return quickly to their birth homes (reunification)? Are they often adopted? Answers to these questions can be suggested through analyses of a longitudinal data set including all California children who entered foster care from 1988 to 1989. The initial placement for 3,487 of these children was with kin, and 7,702 were placed in foster family care.⁵⁶ Studies con-

ducted by a variety of researchers using that valuable database are cited throughout this section.

Placement Stability

Moves from one home to another are unsettling to children—whether from one kin home to another, from kinship care to foster care, or from foster care to the birth home and back into care. Evidence suggests that multiple placements are associated with disruptive behavior in children⁵⁷ and with poor outcomes.⁵⁸ One study using the California data set examined placement stability over

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four years, comparing children in kinship homes and foster family homes.²⁵ The children in kinship foster care had more stable placement histories: among the children who remained in care after four years, those initially placed with foster parents averaged 2.98 placements; those placed with kin averaged 1.85 placements. When children placed in kinship care moved, they usually moved from one relative caregiver to another, not to the home of a stranger.

Reunification

Early studies of kinship foster care suggested that children placed with kin were less likely to reunify with their birthparents than children placed in foster family care.^{13,59} Since that time, researchers have generally found that reunification is less likely early in the placement experience when children are with kin, but the differences between children placed with relatives or nonrelatives are not lasting. Analyses of the California data set showed that, after two years, 43% of children from kin placements and 50% of the children from foster care placements had returned home.⁵⁶ After six years, similar proportions of children from the two groups were reunified with their families (both about 52%). The fact that reunifications occur more slowly for children in kinship foster care means they are made outside of the 18- or 24-month period stipulated by federal law as the time line during which a per-

manent plan must be developed for each child in out-of-home care. Strict attention to these legal time lines could lead child welfare workers to secure permanent homes with strangers for children who, if left alone in kinship care, might later reunify with their parents.

Several factors may influence the likelihood that reunification will occur. For example, analyses of California's foster care caseload suggest that children in kinship homes receiving foster care payments are half as likely to be reunified after four years as are children in kinship homes receiving the lower welfare payments

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described earlier.²⁰ African-American children are much less likely than children of other ethnic groups to be reunified. Indeed, African-American children in kinship homes supported by the foster care subsidy remained in care approximately twice as long as all other children.⁶ It is therefore important for child welfare workers to understand the role financial assistance may play in reducing children's opportunities to return home, and to determine ways of working with kin to expedite reunification for children.

Adoption

Four years after placement, somewhat more than half of the children placed in kin and nonkin care have returned to their birthparents, but other permanent arrangements must be found for those who cannot return home. Legal statute requires that adoption be considered as the second-best, legally permanent situation for children who cannot be reunited with their parents. However, many kinship caregivers are reluctant to consider adoption, since they reject the notion of terminating the parental rights of their relatives, and argue that they are already "family" to the child.^{26,29} The rates of adoption for children placed in kinship care are, in fact, lower than the rates of adoption from

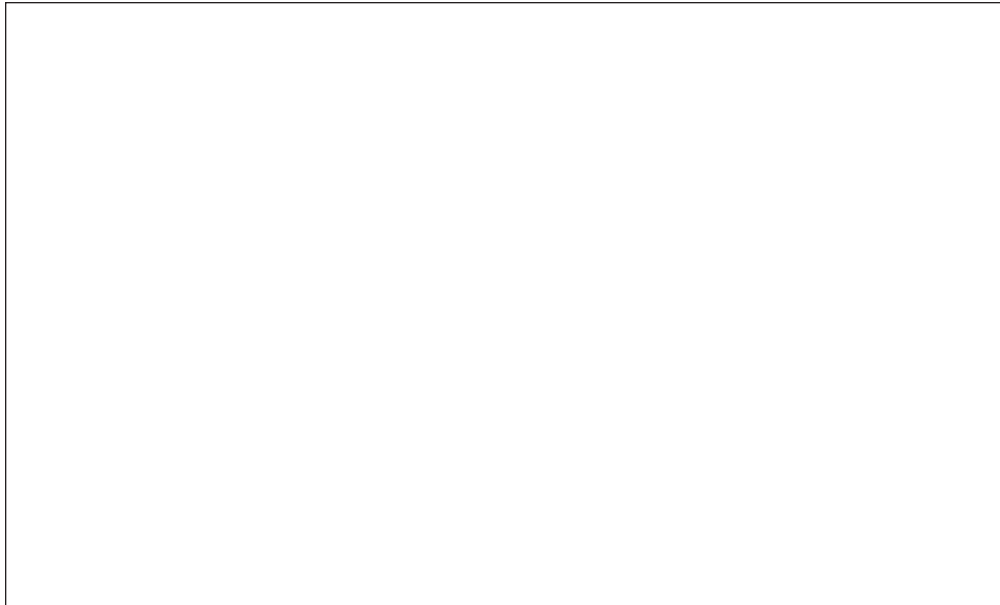
foster care. This is evident when examining the experience of infants, the children with the greatest opportunity of adoption. The California data set included 867 infants who had been adopted within four years of placement and 783 infants who remained in care.³¹ The infants placed primarily with kin were only half as likely to be adopted as were the children in other settings.

Even if children placed with kin are less likely to develop a lifetime, legal relationship to an alternative caregiver through adoption, their personal relationships with relative caregivers may be fairly secure. While many kin are reluctant to adopt, they still claim that they have made a lifetime commitment to the children in their care, and often plan to raise them to adulthood.^{26,29} Opinions vary widely about whether it is sufficient for children to attain *informal permanence*, but *legal impermanence*, with kin caregivers. Nevertheless, open discussion of this thorny topic by child welfare practitioners and researchers would assist policymakers to articulate the meaning of "permanence" and to identify new legal options for formal permanence.

Legal Guardianship

One important legal innovation may be guardianship. Although legal guardianship is not widely used or well understood,⁶⁰ it offers special opportunities for children to attain legal permanence with an adult caregiver when their need for protection has been overcome but they cannot return home or be adopted. Although parental rights are not terminated, legal guardianship gives the caregiver authority to make medical and educational decisions on behalf of the child, and affords a greater degree of control over family decisions.

In some states, nonkin foster parents are eligible for a state-funded subsidy upon assuming legal guardianship, but in all states, the child's kin are excluded from such payments. Some kin caregivers who become guardians receive welfare payments for a child who is eligible for cash assistance, but that is a significant reduction in financial assistance from the foster care subsidy received while the child remained in the foster care system. The limited assistance available to relatives who assume legal guardianship makes some reluctant to exer-



cise this option. The California data set discussed earlier shows that children in kinship foster care exit to legal guardianship more frequently than do children in nonkin foster care. The proportion of children exiting to guardianship from kinship care within six years of their placement is approximately 9%, compared with 2% from foster family care, although the proportion of kin guardianships might increase substantially were subsidies available.

Antipathy toward adoption among kin will probably not diminish appreciably. Therefore, state efforts to make legal guardianship more attractive to kinship caregivers through special subsidies, supports, or services may encourage guardianships, helping more children to leave the child welfare system through this avenue. Since 1997, several states (California, Delaware, Illinois, and North Carolina) received a waiver of federal government requirements so they can use federal foster care funds to develop subsidies for kinship legal guardians. These new initiatives may hold promise for ensuring greater assistance to children who are experiencing a transition out of the foster care system.

Policy Tensions Concerning Kinship Care

Reliance on kin as children's caregivers in the foster care system shows no sign of decline in most large states. Therefore, public policy and child welfare agencies

should be responsive to this significant change in the structure of out-of-home care for children, and should seek opportunities to promote children's safety, support their families, and foster their legal permanence while they are placed with kin.

Placement Preferences

To support families in their efforts to protect children, public policy should encourage kin placements for children whenever possible and appropriate. Preferences for kin placements can occur, however, either within or outside of the child welfare services system. As Table 1 shows, some states have turned to kin caregivers as a way of diverting children from the foster care system, by promoting the obligations of kin to care for children within the private sphere of the family. Other states have developed preferential policies for kin that draw upon that sense of kinship obligation, but include the kin home within the public sphere of the foster care system.^{4,5} Public policy regarding kinship care is challenging because of this key tension—it bridges areas of family privacy, family policy, and child welfare.

Special Supports

Kinship foster care bears certain similarities to informal kinship caregiving. Some might argue, therefore, that government policy toward kin caregivers should be similar whether or not the child has been removed from home by child welfare authorities. If kinship foster care resembles informal, private family arrangements made outside of

the child welfare services system, the state has little obligation to offer special services to these caregivers. Yet kinship caregivers have no absolute obligation to care for their relatives' children, and the state cannot compel them to rear their relatives. If one of the goals of public policy is to promote behaviors among citizens that might not otherwise occur, the development of special services and supports designed to assist the unique circumstances of kinship caregivers might be recommended.

Kinship foster care also resembles foster family care to the extent that the government holds expectations concerning the quality of care that will be provided to the child who is in state custody. If kinship foster care is viewed as an alternative foster care setting, one might argue that kin should receive the same services and supports as other foster parents,⁶¹ and be subject to the same standards and requirements.⁶² The tensions between images of kinship foster care as a family arrangement or as government-sponsored substitute care have implications for all the policies discussed here: placement, funding, services, and supports. Today, kinship foster care policy is a hybrid between *family* and *foster care* in many states. Efforts to clarify the government's role regarding extended family caregiving are needed to rationalize a fragmented system, and to give an equitable response to children who have been maltreated.

Payment Policies

The *Miller v. Youakim* decision by the U.S. Supreme Court makes it clear that kinship foster parents who are fully licensed and trained should receive the same financial reimbursement as other foster parents for

the support of their federally eligible relative children in out-of-home care. Yet those who view kinship foster care as an extension of informal kinship caregiving argue that the role of the state in financially supporting kin caregivers should be minimal.⁶³ Financially needy caregivers rearing their relatives' children should, by this reasoning, be assisted in the same manner as all heads of households who are poor, through the cash assistance system or welfare. Alternatively, public policymakers who seek to encourage relative caregivers to step forward when children are in distress should consider the role that financial support can play in enabling them to assume this responsibility.²⁰ Officials in Illinois have attempted to strike a balance between these perspectives by providing specialized payments to kin foster parents that exceed basic cash assistance rates but are not as generous as foster care payments.¹²

Conclusion

It is unclear at this time how the tensions in public policy that surround kinship caregivers will be resolved. Certainly, the arrival of kinship foster care has introduced a new dynamic to out-of-home services for children and a new dimension to child welfare practice and policy. As placement with kin continues its significant expansion, federal and state governments and child welfare agencies will be challenged to develop policies and practices that are equally attentive to children's enduring need for protection and permanence—children whose custody and control resides with the government deserve no less, regardless of where they live when they can no longer remain at home.

The author gratefully acknowledges the contributions of Barbara Needell and Richard P. Barth.

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