UMFS

EXECUTIVE SUMMARY

Every child has the right to grow up in a loving, safe and nurturing home environment with their parents, relatives or those with whom they have a family-like relationship. A wide body of research supports the notion that children do best with kin and that family connections are vital to healthy child development, sense of belonging and to preserving a child's cultural identity and relationship to their community. Across the United States, there are several states that have developed programs to encourage kinship and provide supports to kinship caregivers. Virginia, however, ranks last in the nation for kinship care. The three main barriers for kinship care in Virginia are policy, practice, and perception. The research and outcomes surrounding kinship care are compelling and have served as a foundation for kinship practices at UMFS. This white paper explores current barriers, evidence for the benefits of kinship care, historical information on the foster care system, best practices and principles, and highlights the kinship work currently being done at UMFS. To learn more or get involved, visit UMFS.org/kinship.

I. INTRODUCTION

Every child has the right to grow up in a loving, safe and nurturing home environment with their parents, relatives or those with whom they have a family-like relationship. Historically, when parents have not been able to care for their children, extended family members have accepted the responsibility of providing care and support, often without financial assistance or access to critical community resources.

> **PERMANENCY** means having an enduring family relationship that:
> - Is safe and meant to last a lifetime;
> - Offers the legal rights and social status of a full family relationship;
> - Provides for physical, emotional, social, cognitive and spiritual well-being;
> - Assures lifelong connections to extended family, siblings, other significant adults, family history and traditions, race and ethnic heritage, culture, religion and language.
>
> The Annie E. Casey Foundation, 2005

According to the Children's Bureau, Administration for Children and Families (ACF, 2019) the number of U.S. children in foster care has continued to increase in recent years. 441,000 children were in care at the end of fiscal year 2017, which is an 11% increase from 396,000, the number reported at the end of fiscal year 2012. Federal and State policies require family members to be considered first when out-of-home placements are sought for children, however, Virginia currently ranks last in the nation in the use of kinship care. In 2018, the overall national average for kinship placements was 32%, as opposed to 6% in Virginia (Joint Legislative Audit and Review Commission [JLARC], 2018). The Virginia Department of Social Services supports kinship care and affirms that kinship care is a means for ensuring that children are placed in loving and safe environments and with familiar faces.

Research studies have found that children placed with relatives experience the long-term benefits of placement stability, timely achievement of permanency, reduced trauma, fewer behavioral problems, increased likelihood of being placed with siblings, decreased likelihood to be on psychotropic medications and the maintenance of familial and cultural ties important to social and emotional well-being (Conway & Hutson, 2007). Given the need to acknowledge the undisputed contribution relatives make towards improving the outcomes for youth in foster care, this white paper will examine the challenges of implementing an effective approach to kinship care, explore federal policies that support this initiative, identify organizational paradigm shifts needed to prioritize kin placements and offer recommendations for implementing a kinship care practice model.

> **KINSHIP CARE** is defined as the full-time care, nurturing, and protection of a child by relatives, members of their Tribe or clan, or godparents, stepparents, or other adults who have a family relationship to a child (often referred to as fictive kin).
>
> Child Welfare Information Gateway, 2015

II. PROBLEM STATEMENT

In Virginia, the three main areas of systemic barriers that prevent kinship care from moving forward are policy, practice, and perception.

A. Policy Barriers: Virginia has specific policies in place that while unintended, serve as a barrier to relative and kin placements. Many states have recognized the need for alternative policies for relative and kin placements and have created less stringent background check requirements for these families. In Virginia, however, barrier crime requirements are the same for all caregivers. This practice has stopped many children from being placed or visiting with relatives due to a prior barrier crime, including those that occurred many years ago with no repeat offenses.

In other states, more leniency is given when the person is a relative by establishing formal programs for kinship foster parents. These programs give kinship foster parents access to the same supports and financial compensation as "non-relative" foster parents. Virginia allows kin to be approved as certified foster parents,

however, strict policies and minimum requirements often limit these arrangements. As a result, relatives who take in their kin under a guardianship arrangement are not given the same supportive case management, mental health supports or financial compensation as children in certified foster homes. Many kin are eager to take in and support their relatives but lack the financial means or the trauma-informed, mental health background necessary to support children with complex needs.

B. Practice Barriers: Kinship care has proven to be an effective way to reunite children with their biological families. Although there are often known relatives or family friends who are willing and capable of providing for the needs of children placed in foster care, barriers in current social work practice often delay the process of children being placed with kin. Waivers for emergency approvals of kin exist in Virginia but are either underutilized or inconsistently utilized from locality to locality. Relatives or kin are frequently overlooked as a formal foster care placement for a child due to overwhelming caseloads and the upfront policy barriers that stand in the way of approving kin.

At the judicial level, Virginia often struggles to schedule permanency hearings. The judicial system is not equipped to bring together all relevant parties which results in missing perspectives during court hearings. This also hinders the ability for social workers and kin to ensure that all barriers and concerns of the child are discussed. Extended and lengthy permanency hearings that are set months apart inconvenience children and families and result in prolonged stays in non-relative foster home placements. Kinship caregivers are frequently perceived as not engaged because the judicial system is unaware of the reasons behind the parents' inability to provide for their children. Additionally, the nuances of the legal system are too difficult to navigate without assistance for the average parent, causing further tension between the judicial system and kinship caregivers.
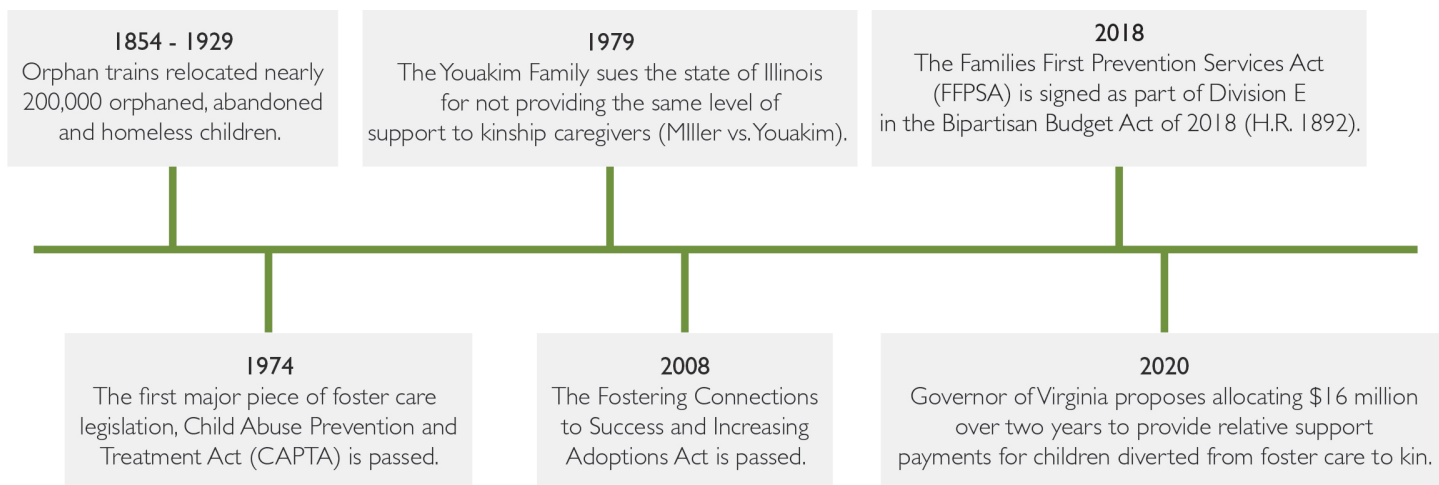
Another barrier to kinship placements is the lack of formal programs or resources offered to kin once relatives are placed in their homes. Kinship caregivers are not offered training that addresses the unique concerns that can arise while caring for a relative who has been removed from their biological parents. The only financial assistance available for kinship caregivers is TANF and food stamps, which is insufficient to pay the monthly costs of raising a child, and there are no formal clinical supports offered to help kin raise children who have experienced trauma. These programs and services exist for certified foster parents, but since most kin caregivers in Virginia are not certified, they do not always get the benefits of case management, specialized therapy, and CSA support.

C. Perception Barriers: Barriers in perception and values impact kinship care as well. Kinship care can cause unwanted attention and friction for families. Professionals may have a difficult time understanding the whereabouts of relatives or family friends during time periods where children were not being properly cared for. It is sometimes felt that if the relatives did not help before the removal, they are not appropriate to help after. This view fails to take into account complex family dynamics that may exist. There are also mixed perceptions that "the apple doesn't fall far from the tree," expressing that all relatives have the same life experiences and weaknesses as a child's parents. Another perception is that relatives should take care of their family members without any financial support, however, this is simply not possible for many relatives who were not anticipating adding children to their families and already have existing financial responsibilities.

III. HISTORICAL BACKGROUND AND LEGISLATION SUPPORTING KINSHIP CARE

Kinship care predates the formal child welfare system, which was not created until the 19th century. This system was originally designed to care predominately for orphaned European immigrant children. Orphan trains would carry children from crowded eastern cities to foster homes in rural areas of the midwest. These orphan trains operated from 1854-1929, and relocated nearly 200,000 orphaned, abandoned and homeless children (Brown, 2011).

1854 - 1929	1979	2018
Orphan trains relocated nearly 200,000 orphaned, abandoned and homeless children.	The Youakim Family sues the state of Illinois for not providing the same level of support to kinship caregivers (MIller vs. Youakim).	The Families First Prevention Services Act (FFPSA) is signed as part of Division E in the Bipartisan Budget Act of 2018 (H.R. 1892).

1974	2008	2020
The first major piece of foster care legislation, Child Abuse Prevention and Treatment Act (CAPTA) is passed.	The Fostering Connections to Success and Increasing Adoptions Act is passed.	Governor of Virginia proposes allocating $16 million over two years to provide relative support payments for children diverted from foster care to kin.

At the federal level, the first major piece of foster care legislation was the Child Abuse Prevention and Treatment Act (CAPTA) of 1974. CAPTA's purpose was to provide financial assistance for states to develop programs for prevention, identification, and treatment of child abuse and neglect (Child Welfare Information Gateway [CWIG], 2016). Additionally, the act created the National Center on Child Abuse and Neglect within the Department of Health, Education, and Welfare (CWIG, 2016). This bill was a pivotal point for foster care and impacted the way states viewed child protection and child welfare services. Federal funding for state and tribal efforts for child welfare, foster care, and adoption activities are authorized within the Social Security Act, titles IV-B and IV-E (CWIG, 2016).

In 1979, the case Miller vs. Youakim was heard in the Supreme Court. The Youakim family sued the state of Illinois for not providing the same level of supportive services and financial assistance to kinship caregivers as those received by certified foster parents (Child Welfare League of America [CWLA], 2020). During this time kinship caregivers were only eligible to receive Temporary Assistance for Needy Families (TANF) for financial support. This case, and others like it, caused the Supreme Court to establish that no distinction should be made between foster families and relative caregivers. However, relative caregivers would have to meet the same licensing requirements as certified foster families (CWLA, 2020). This case was a turning point for kinship caregivers in that it allowed families access to formal supports, but many families chose to waive this higher rate of support to avoid dealing with complex regulations.

In 2008, the Fostering Connections to Success and Increasing Adoptions Act was passed with goals of connecting and supporting relative caregivers, improving outcomes for children in foster care, and improving incentives for adoption. This bill provides Virginia opportunities to promote permanency and positive outcomes for children in foster care through increased support of kinship care, transition support for older youth, and improved supports aimed at increasing successful adoptions. The bill additionally tasks local departments with finding relative placements. Formal kinship placements, defined as those who meet all requirements of traditional certified foster parents, are entitled to all support available for foster parents (Voices for Virginia's Children, 2019).

Most recently, the Families First Prevention Services Act (FFPSA) was signed as part of Division E in the Bipartisan Budget Act of 2018 (H.R. 1892). FFPSA is one of the most extensive overhauls of the foster care system in four decades, as it changes the regulations on how annual federal funds can be spent (Wiltz, 2018). FFPSA prioritizes keeping families together and puts money towards prevention services including: at-home parenting classes, mental health counseling, and substance abuse treatment (Wiltz, 2018). Additionally, FFPSA puts limits on placing children in institutional settings and caps federal funding for group homes. In 2015, a report found that 40% of teens in foster care group homes had no clinical reason for being there over a family setting (Wiltz, 2018). This cap aligns with extensive research that has shown that children do better in a family setting and attempts to decrease high percentages of youth in group homes.
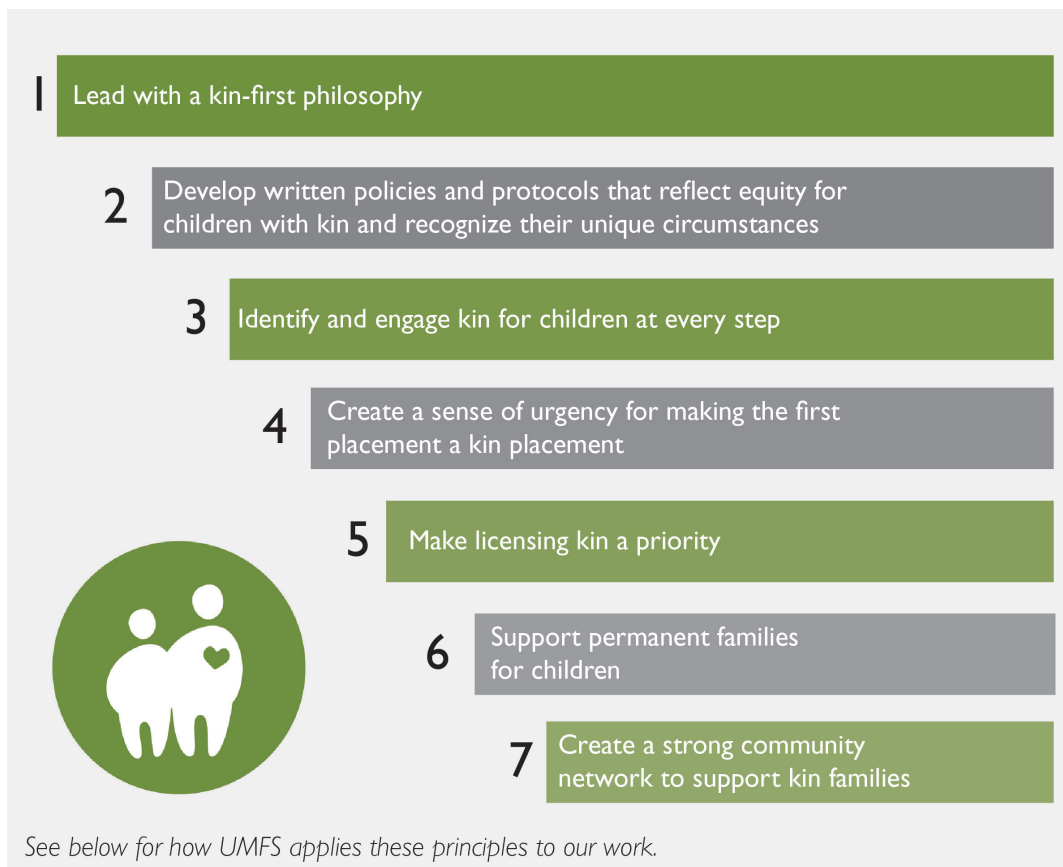
FFPSA is expected to have a direct impact on relative caregivers and prompts state-based kinship care by acknowledging the need for improved services for relative caregivers. FFPSA intends to help states increase training for parents, provide family therapy options, and ensure that relative caregivers receive the supports available to certified foster parents (Alvarez, 2018). FFPSA provides support for kinship navigator programs that put families in contact with government resources and family support groups (Alvarez, 2018).

For child advocates, FFPSA is an exciting piece of legislation, as it aims to support relative caregivers and ensures that they receive the same services that certified foster parents are eligible for. However, it does not address the unique challenges states face. States may find value in exploring successful programs implemented in other states and learning from one another to build better systems within the child welfare landscape.

During the 2020 session of the General Assembly of Virginia, the Governor of Virginia proposed allocating $16 million over two years to provide relative support payments for children diverted from foster care to kin. The proposed amount remained unchanged in both the Senate and House budgets and is expected to go into effect July 1, 2020 (Gilbreath, 2020).

IV. PRINCIPLES THAT PROMOTE THE VALUE OF PLACING CHILDREN WITH KIN

The American Bar Association (ABA) Center on Children and the Law, ChildFocus, and Generations United created a wikiHow for Kinship Foster Care that outlines 7 principles to inform kinship care programs. UMFS has used these principles to guide our daily work and incorporate best practices.

1. Lead with a kin-first philosophy

2. Develop written policies and protocols that reflect equity for children with kin and recognize their unique circumstances

3. Identify and engage kin for children at every step

4. Create a sense of urgency for making the first placement a kin placement

5. Make licensing kin a priority

6. Support permanent families for children

7. Create a strong community network to support kin families

See below for how UMFS applies these principles to our work.

1. Agency leaders implement policies and encourage practices that promote a kin-first philosophy. This is currently being done through the Intensive Recruitment practice at UMFS which focuses on placing youth with kin. Many UMFS staff have been trained in the kinship model Traditions of Caring and are continuing to train staff throughout the agency to increase our capacity to work with these families.

2. UMFS has implemented the practices of Extreme Recruitment and Intensive Recruitment. In addition, through programs like the Adoption through Collaborative Partnerships and Wendy's Wonderful Kids, practices such as Family Finding and prioritizing relatives are implemented. UMFS has partnered with local departments across the state and progress is being made as they become more receptive to the practice of kinship reconnection. When providing these services, feedback is solicited from kin, youth and the custodial agency. Local agencies are now embracing the team approach and supporting families through the licensing process to include all permanency options for kinship that include guardianship, return home, and adoption.

3. Agencies should explore connections, seek information regarding possible relatives, and maintain engagement both when the youth enters the system and for the duration of service delivery until permanency is achieved with identified kin. UMFS administers the Youth Connection Scale which measures the number and strength of connections youth have and helps inform permanency goals. Permanency goals are related to maintaining and pursuing connections the youth has expressed an interest in maintaining. UMFS' Kinship TFC program is focused on supporting the role kin can play to support the youth and preserve healthy family connections even when the youth is not placed with them. Kin who are not identified as a permanency option can often support the identified match by assisting with homework, involvement in extracurricular activities, and respite, amongst other opportunities to stay involved.

4. Insist that youth are placed with kin first whenever possible. Kinship foster placements have been found to be more stable than non-relative placements and tend to decrease the rate of disruptions that are detrimental to the child's well-being. When custodial agencies refer youth to our programs, UMFS recommends that kin are always considered over non-relative placements.

5. We will work diligently to remove barriers to kin becoming licensed kinship homes. We will assess the family based on their ability to meet the needs of the child. We will implement a process to request waivers and variances for non-safety licensing standards. UMFS has examples of situations where these barriers were addressed to prioritize kin such as in an Extreme Recruitment case where UMFS worked with a father to help get his rights reinstated. Through this same program UMFS worked with a youth who experienced an adoption dissolution where the team discussed reinstating the birth mother's parental rights.

6. Provide all options for legal permanency and do so with urgency. Options to include: reunification; subsidized adoption; or guardianship with a relative. In addition, ensure the same caliber of support is provided to kin as provided to caregivers and non-kin foster parents.

7. Develop partnerships with community resources to support children, parents and kin including the implementation of policies and best practice protocols. UMFS envisions working with our collaborative partners to identify resources in the community to meet the current and unmet needs of kinship placements.

V. UMFS' APPROACH TO KINSHIP CARE

UMFS' social impact goal is to ensure every child in Virginia has a team of unwavering champions and tools for success to become resilient adults. We believe that the practice, wisdom, and research of Kinship Care supports our social impact goal, as well as the notion that it is a best practice solution for youth that cannot safely remain in their biological homes. As a community solutions provider, we have taken into account the systems that affect children and families and determined how we can offer formal supports to kinship caregivers. UMFS currently provides care for youth in foster care in kinship-caregiver families. In addition, UMFS also provides the following services that support a kin-first philosophy:

1. Extreme Recruitment (ER): Extreme Recruitment is designed for youth over the age of 10 who have been in foster care for a long period of time, have had parental rights terminated, and do not have an identified permanent resource. Extreme Recruitment can also serve younger children if they are part of a sibling group with an older child. Extreme Recruiters work intensely over a 12-20 week time frame to identify positive supports from a youth's background: biological family members, fictive kin, and community supports such as teachers, coaches, or youth group leaders, to name a few. These supports are considered for reconnection with the youth as well as a possible permanency option. A private investigator is utilized to efficiently locate and contact family members as well as past supporters. The ER team recognizes how important family is and prefers kinship permanency relationships. The team also recognizes how important family is even in simply providing medical information for youth or leads on other family members who would be interested in having the youth join their family. Once a child has been "matched" with a permanent relationship, the team meets monthly through adoption finalization to ensure needs are met, services are in place, and that the family is supported for a successful transition.

2. Intensive Recruitment (IR): Intensive Recruitment is similar to Extreme Recruitment in some ways. IR is used to identify relatives and fictive kin to help secure permanency options for children currently in foster care. IR is available even if parental rights have not been terminated. In IR, family members are engaged and help lead the discussion on a youth's needs and how those needs can be met. IR seeks to identify family members who can be a permanent resource for youth through reunification, guardianship, or adoption.

3. Family Finding: Family Finding is a key component of ER and IR. Family Finding involves identifying family members and other adults who can or have previously supported the family and/or the youth. Family Finding involves more than a quick generic database search to locate family members. Staff who are trained in family finding are skilled in utilizing a variety of databases and tools in order to locate family members. Staff are also trained in different communication strategies with family such as: having family members and staff draw a family tree together to identify relatives and get family history, meeting with the family members in the home and looking through family photo albums or refrigerator pictures as talking points, and gathering additional information through family stories. Successful family engagement requires staff to give more time, attention, and energy to talking with a family. Additionally, staff must put aside an "end goal" for a conversation and be more open to spending more time building a relationship with the family members. Going forward, Treatment Foster Care staff will utilize Family Finding for Kinship TFC referrals to help DSS localities identify potential permanency resources.

4. Intensive Care Coordination (ICC): ICC works with families who are in crisis and at risk of an out-of-home placement to connect them with professionals to meet the needs they identify. Intensive Case Management is a similar service and is available to families with lower needs than those who qualify for ICC. Another program that is offered in partnership with UMFS is Open Table. Open Table has similar aspects to ICC in that families lead the team in identifying and addressing needs, but is community-based as opposed to professionally based. These prevention services have helped end the generational cycle of service involvement for many families and provide a solid foundation for a kinship approach.

5. Traditions of Caring (TOC): Traditions of Caring is a model for supporting kinship caregivers. UMFS recently supported a representative from each of its regional centers in participating in the Traditions of Caring and Collaboration training. The curricula is flexible and can be used to license families who are formal kinship families (involved with the child welfare system). It can also be used as curricula for support groups for informal kinship families (not involved with the child welfare system). TOC was created out of nine needs identified by kinship families and can be made to fit each family's specific needs. TOC does not need to be completed within a certain timeline

or in a certain order. TOC recognizes that working with kinship families requires a level of flexibility and family-driven support. The language used respects families and is strengths-based. Trainings are instead called support and information sessions, where families learn trauma-informed, child-centered information that will be helpful in their kinship journey, as well as connect with other kinship families to build community support. Kinship support and information session are not held with non-relative resource parents, because UMFS and TOC recognize the specific nuances to kinship care-giving.

VI. CONCLUSION

As the landscape of child welfare continues to evolve, UMFS aims to evolve with it and continue to respond to best practices and well-supported research. The direct tie between kinship care and positive outcomes serves as a compelling reason to continue providing kinship services and advocating for kin-friendly policies. We believe that kinship care contributes to positive outcomes, aligns with our social impact goal and that together public and private providers can create change in Virginia. To learn more or get involved with our efforts, visit UMFS.org/kinship.

VISIT **UMFS.ORG/KINSHIP**
TO LEARN MORE OR GET INVOLVED

CITATIONS

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