

Reflections on Kinship Care

Learning from the Past,
Implications for the Future

Editors:

Mark F. Testa, Robert B. Hill,
and Charlene Ingram



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INTRODUCTION

Kinship Care and Child Welfare

Christine James-Brown

“It must not for a moment be forgotten that the core of any social plan must be the child.”

—Franklin Delano Roosevelt

In this year, 2020, the Child Welfare League of America (CWLA) celebrates 100 years of developing standards of practice in child welfare and methods of sharing information intended to support and enhance family and child well-being. CWLA has a rich history, beginning in 1915, of leadership and advocacy for child welfare practice and policy that promotes the well-being of children, youth, and families. In the early 20th century, children were exposed to a range of living experiences; children living in rural areas frequently worked on farms owned by their families or others, while many children in cities worked in factories, sold newspapers, or shined shoes on the street. Child mortality rates were high, school attendance was low, poverty was not uncommon, and many children lived in almshouses and orphanages.

Focus on issues related to child well-being developed with specific concern for enhancing child health and eliminating abusive child labor practices, poverty, youth delinquency, and the

institutionalization of children. In 1909, President Theodore Roosevelt enlisted the assistance of a lawyer, James West, to organize the first White House Conference on Children. The Conference focused on the negative impact of institutionalizing children and the potential of private charities as a resource for positive child development and well-being. It helped raise public awareness of the value of family and home life over the institutionalization of children who were vulnerable.

CWLA's first executive director, Carl Christian Carstens, was a member of the 1909 White House Conference planning committee and in 1915, presented a report at the National Conference of Charities and Corrections titled *Report to the Committee: A Community Plan in Children's Work* (Lundberg, 2011). The Conference was held in Baltimore, Maryland, and while there, Dr. Carstens and 17 representatives from 14 child welfare organizations agreed to form the Bureau for the Exchange of Information Among Child Helping Agencies (BEI). The purpose was to provide mutual support and share child welfare-related information with a view toward a unified approach to services. In 1920, the BEI had approximately 70 members and the Executive Committee agreed to organize into a national organization: the Child Welfare League of America.

CWLA launched its *Child Welfare* journal in 1921, which continues to be published today. Throughout the 20th century and into the 21st century, CWLA has continued with its original mission to share policy and practice information that promotes child and family well-being through publications, public policy advocacy, national conferences, trainings, and consultation services.

Sharing Information

The concept of learning from each other and sharing information is the framework for this publication. In celebration of CWLA's 100 years of leadership and advocacy in creating practice standards and promoting public policies for enhancing the well-being of families, children, and youth, we invited leading figures in the field of kinship care practice and policy to offer their personal

reflections on the past, present, and future of kinship care as both an alternative to public foster care and as an integral part of the child protection system. The co-editors of this volume asked contributors to compose their reflections in a form that Robert K. Merton (1988) called a “sociological autobiography.” This concept refers to personal reflections that make use of ideas, research findings, theoretical concepts, and analytical procedures to construct and interpret a narrative that purports to tell a person’s own story within the context of the larger history of the time (Merton, 1988).

The reflections shared by the contributing authors carry us through the development of kinship care as a child welfare service intended to support the maintenance of connections for children and youth with their network of family members. The authors, in sharing their personal and professional perspectives, highlight practice values, relevant legislation and policy, research, and support and advocacy for caregivers. This publication provides the reader with a historical perspective of kinship care, current policy and practice, and a vision for the future through recommendations.

CWLA deeply appreciates the knowledge and commitment of the editors and contributing authors for taking the reader on a kinship care journey from the past and into the future.

Christine James-Brown
President and CEO
Child Welfare League of America

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Black Extended Families: My Reflections

Robert B. Hill

This essay will describe how my personal and professional experiences influenced my writings on extended families and informal adoption in the Black community. Consequently, it is important to understand how I became involved in civil rights issues, how I was introduced to sociology, and how I became a researcher on issues facing Black families.

Growing up in a Black neighborhood that was low-income in New York City exposed me to a wide variety of such families. My formative years were in the Bedford-Stuyvesant section of Brooklyn, New York—which is the largest concentration of Black Americans in the nation. Because of the extensive segregation in this neighborhood during the 1940s and 1950s, I grew up among a diverse array of families: low-income and middle-income; those that were headed by one parent or two parents; and those that were headed by parents who were college-educated or who never went to college. I also observed many strong extended families. Those families took into their networks children who were related or non-related and were adopted formally or informally.

I attended Boys High School—a college preparatory school in the heart of Bedford-Stuyvesant. While this school was racially integrated when I entered in 1952, it was predominantly Black by the time I graduated in 1956. I loved history while in high school and wanted to be a history professor. But my counselor told me that I would not make much money teaching history and urged me to major in engineering—a field in which the pay would be much higher. I took his advice and enrolled in the School of Engineering at the City College of New York (CCNY).

However, while at CCNY, my interest in electrical engineering waned markedly while my concern about civil rights issues soared. This largely was due to the heated nationwide controversy taking place around the issue of school segregation as a result of the Supreme Court's Desegregation Edict of 1954. Since my grades in engineering were pretty good, I remained in the field until my junior year. In that year, all engineering students had to take a history course. Interestingly, this course was taught by a White professor, who spoke extensively about civil rights issues in general and school segregation in particular. Toward the end of this course, I approached this professor and asked if I could switch my major to his field. He told me that he was a sociologist and would help me to change my major. This professor, Dr. Lawrence Podell, took me under his wing and introduced me to the field of sociology.

During my senior year at CCNY in 1961, I became even more involved in civil rights issues. As president of CCNY's Day Session Chapter of the NAACP, I sponsored many events to help the civil rights struggle. For example, we raised funds for Freedom Riders who were going to the South. Most importantly, we were able to invite Minister Malcolm X of the Nation of Islam to speak on our campus. Since CCNY is in Harlem, I was very familiar with Malcolm X and I had attended several of his sermons at his Mosque Temple No. 7 at 125th Street and Lenox Avenue.

It should be understood that Malcolm X was so controversial at this time that most colleges and universities did not invite him onto their campuses. But we had a very liberal CCNY president.

He told me that Malcolm X could speak on our campus—provided that he had another person to debate him. Since it was very difficult to find someone who would debate the Minister, I had to meet with him several times at his mosque to provide updates about his visit. He was very pleasant and cordial. Finally, the NAACP's head of its College Chapters across the nation agreed to debate Malcolm X. The event was held in CCNY's Great Hall, which was the college's largest venue for such activities. The turnout was tremendous—students, non-students, and people from the Harlem community packed the hall. It was a success by every measure!

Upon graduating from CCNY, I was accepted into Columbia University's Sociology Department in the fall of 1961, based largely on a glowing letter of recommendation from Dr. Lawrence Podell. Since I commuted via subway from my home in Brooklyn to Columbia, I needed to obtain a part-time job to help pay for my school supplies and other expenses. At this time, Columbia University had formed the Bureau of Applied Social Research (BASR) to conduct sociological studies and surveys on numerous social issues. BASR had been established in the early 1940s by two sociological giants—Paul F. Lazarsfeld and Robert K. Merton. BASR also provided part-time employment to its sociology graduate students. Thus, I was able to have my first sociological research experience at BASR.

One of my most memorable projects was to serve as a researcher for President Lyndon Johnson's National Commission on Civil Disorders—commonly known as the “Kerner Riot Commission.” The Kerner Commission was formed in 1967 to study the causes of civil disorders and to offer recommendations to prevent them in the future. A history professor at Columbia University, Robert Fogelson, was hired as a consultant by the Commission to analyze the arrest records of all persons apprehended during riots in the United States that had occurred between 1964 and 1967. Dr. Fogelson wanted to test his theory that most of the rioters were not “outside agitators,” but were homegrown residents of those cities.

Dr. Fogelson hired me as the project director. Thus, I received the arrest records from every city that had experienced a riot between 1964 and 1967. I computerized those records and presented my results to Dr. Fogelson. He was so pleased with my efforts that he made me a co-author of his final report to the Riot Commission: "Who Riots? A Study of Participants in the 1967's Riots" (Fogelson & Hill, 1968). Our study strongly refuted the popular "riffraff theory"—the idea that most rioters were born outside their cities. The report revealed that almost all of the persons apprehended in civil disorders were born in those same cities. Dr. Fogelson asked me to travel to Washington, DC, in August 1968 to present our report—alone—to the reporters. Our findings appeared on the front pages of most newspapers across the country.

At Columbia University, I found Dr. Merton's classes and writings to be engrossing. I considered his classic, *Social Theory and Social Structure* (Merton, 1957), to be my sociology Bible. This work stated that social phenomena could only be understood within a social systems framework that included social structures and social functioning. Dr. Merton agreed to serve as a member of my doctoral dissertation committee; this acceptance was very interesting, since my thesis was intended to refute his famous theory of deviant behavior, which held that individuals who are low-income are more deviant than those who are middle-income. My 1969 dissertation, "Merton's Role Types and Paradigm of Deviance," which focused on cheating behavior among high school students, found higher levels of academic deviance among students who were middle-income than those who were low-income. Dr. Merton informed me that I only had "re-specified" his theory—I had not refuted it. Nevertheless, he spent an inordinate amount of time editing my work so that it would be approved by my committee. Eventually, Dr. Merton reprinted my thesis as a book in his series of notable dissertations in sociology (Hill, 1980).

My interest in research on Black families began at the National Urban League (NUL). Although the NUL is a civil rights group, it is really a social work organization. It was founded in 1910 (a year

after the NAACP was formed), by White and Black social workers, with the original goal of providing a wide variety of services (such as, housing, health, education, employment, etc.) to Black families that were migrating from the rural South to the urban North. Since the NUL founders believed that good social work must be based on solid research, they also created a research department that was headed by some of the most outstanding sociologists of the time, such as Charles Johnson and Ira De Augustine Reid. Moreover, all of the NUL executive directors—prior to Vernon Jordan, a lawyer who was hired in the early 1970s—were social workers.

Since the NUL needed sociologists for its revamped Research Department that was being moved from New York City to Washington, DC, I was recruited from Columbia University's BASR. More specifically, I was interviewed in November 1969 by Dr. Dorothy K. Newman, a former economic analyst at the U.S. Bureau of Labor Statistics (BLS), who was hired as a research consultant by Whitney M. Young, Jr., the NUL's Executive Director at the time. Because I admired the work of the NUL, I agreed to move from New York to Washington to work for this organization. It was at the NUL that I first met Dr. Andrew Billingsley, who was on its Board of Directors. More importantly, I was able to work closely with Dr. Billingsley, since he was assigned to oversee the NUL Research Department. As I was aware of Dr. Billingsley's pioneering works on Black families, it was a joy and a pleasure to be mentored by him.

Each year, the NUL Research Department was asked to prepare a research report that would be released at its Annual Conference. In 1971, I was asked to prepare a report on Black families. Dr. Newman, in particular, was insistent that I prepare such a report. When she worked at BLS, she had the primary responsibility of preparing the annual joint BLS-Census volume on the Black population. However, she was very disturbed that Daniel P. Moynihan, who was the Assistant Secretary of Labor, had distorted her data in his infamous "Report on the Negro Family" (Moynihan, 1965). This report concluded that Black families were "a tangle of pathology" that was

self-inflicted due to the high number of female-headed families in that population. Dr. Newman felt that the NUL needed to prepare a report that countered the popular belief that Black families had no positive attributes. Thus, I prepared a short mimeographed report—based on national census data—that concluded that most Black families were characterized by strengths and stability. Intentionally, no reference was made to the Moynihan Report in my study. Interestingly, on the same day that my report was released to the press in Detroit, Michigan, the Census Bureau released its annual report on the Black population that parroted the Moynihan Report: It centered around the concept that Black families had no strengths or resilience. Reporters were so puzzled that antithetical findings could result from the same census data that they published *both* studies on the front pages of newspapers across the nation. Because of the widespread demand for our study, it was reprinted as a book, *The Strengths of Black Families* (Hill, 1972).

A major goal of this work was not only to identify specific strengths, but to provide empirical support for their prevalence. Other scholars had asserted that Black families had positive attributes, but failed to specify them. Accordingly, I identified five attributes: strong achievement orientation, strong work orientation, flexibility of family roles, strong extended families, and strong religious orientation. Moreover, I provided nationwide data from the Census Bureau, Labor Department, and other public and private organizations to demonstrate the widespread prevalence of each of the five African-derived cultural characteristics (Hill, 1999; Sudarkasa, 1993).

My research on Black extended families was influenced by several scholars, notably Andrew Billingsley, Charles Johnson, E. Franklin Frazier, and Carol Stack. Billingsley's landmark work, *Black Families in White America* (Billingsley, 1968), identified 12 diverse family structures that fell into three types: nuclear, extended, and augmented. Nuclear households are composed of married couples or single heads of households with or without own children. Extended households are nuclear units that take in

related children or adults. And augmented households are nuclear units that take in non-related children or adults. However, these Census Bureau definitions omit a very prevalent form of extended families: households headed by single elderly persons who take in related and/or non-related children. Johnson (1934) described in detail the importance of extended families for Black people who lived in the rural South. In his seminal work *The Negro Family in the United States*, Frazier (1939) devoted an entire chapter to the resilient “matriarch” in Black families: “Granny: The Guardians of Generations.” He describes the numerous social and economic functions provided by grandmothers to related and non-related children. The various roles played by “Granny” included mother, midwife, nurse, educator, minister, disciplinarian, and transmitter of the family heritage (Wilson, 1991). Moreover, in her classic work, *All Our Kin*, Stack (1974), an anthropologist, detailed numerous interactions and in-kind support provided by relatives and non-relatives to one another within Black extended family networks in a low-income community in Chicago, Illinois.

Since most kinship care services focus on grandmothers, it is important to identify other members of the extended family who should be recruited as potential formal or informal adoptive parents of children. These extended family members include maternal great-grandparents, paternal great-grandparents, maternal grandparents, paternal grandparents, aunts, uncles, nieces, nephews, sisters-in-law, brothers-in-law, adult sisters, adult brothers, cousins, and, last, but not least, godparents. It is odd that there is a dearth of kinship care studies that concentrate on the role of godparents. This is unfortunate, since many godparents often make a formal commitment to care for children in the event that their biological parents are not able to do so. Moreover, godparents may or may not be related to the children. Godparents are often close friends or “fictive kin” (Wilson, 1991), non-related persons to whom children often refer as “play moms” or “play dads” (Manns, 1981). Furthermore, many children often have several godparents. Foster parents who have bonded with non-related children over long periods of

time are now also considered part of the child's extended family in many child welfare systems.

Kinship care workers should be aware of the numerous other functions and support provided by extended families—in addition to taking in children. A major extended family support is providing a home. It is not often understood that the Black elderly are more likely to take other kin into their homes than to move into homes of younger relatives. One-third of Black people aged 65 years and older raise children not their own, compared to one-tenth of the white elderly (Hill et al., 1993). Homes of the elderly, often sparse, are often paid off. Consequently, when adult children lose their jobs, they are likely to “double-up” by moving with their own minor children into the households of their parents. Another important function that kin provide are free or paid day care services. Many Black working mothers depend on responsible relatives for day care at moderate costs. Such affordable day care by kin allows parents to hold important jobs that maintain the economic stability of their families. Bartering is another support function of extended families; kinship networks often involve relatives borrowing money or other commodities from one another. This practice is often referred to as “what goes 'round, comes 'round” (Hill, 1981).

One of the most important functions of extended families is the reduction of child abuse. A common refrain in child welfare circles is that “the apple does not fall far from the tree.” This often means that if a young mother neglects or abuses her child, this maltreatment must have been transmitted from her mother—the child's grandmother. However, national and local research studies strongly contradict this misconception. Billingsley (1973) found that Black families often had lower rates of child abuse than White families of similar economic status. Similarly, although Black families are overrepresented in official reports of child maltreatment, National Incidence Surveys (NIS)—that control for income—have found lower rates of child abuse and neglect among Black than White families (Sedlak & Schultz, 2005). Moreover, a national survey by Cazenave and Straus (1973) found the lowest levels of

child maltreatment existed among Black children who lived with relatives. These findings should not be surprising, as many grandmothers often informally take in their grandchildren when they think their own children might be neglecting or abusing them.

My interest in informal adoption was sparked by the widespread belief among adoption agencies in the 1960s and 1970s that Black families were *not* interested in formal adoption. However, the classic *Children of the Storm* by Billingsley and Giovannoni (1972) provided extensive evidence from many cities that Black families were, conversely, very interested in formally adopting children. But the study revealed that adoption agencies did not recruit them at that time because of their “undesirable” attributes. Such disqualifying traits included being low-income when agencies wanted middle-income families, being a single parent when they wanted married couples, being too old when they wanted young couples, and already having children of their own when they were seeking out infertile couples. Numerous national studies consistently reveal that Black families are just as—if not more—likely as White families to formally adopt children. In fact, the NUL Black Pulse Survey revealed that one out of three (or 3,000,000) Black families were interested in formally adopting children. Thus, there were 100 Black families across the nation who were interested in adopting each of the 30,000 Black children in foster care who were freed for adoption in 1980 (Hill et al., 1993). I also believed that Black families were interested in serving as foster parents for children who were not yet freed for adoption. But these families were not being recruited as foster parents either (Hill, 2004). Consequently, I felt there was a need to take a closer look at the characteristics of the Black families who informally adopted. I thought that informally adoptive Black families might be a new resource for child welfare workers who were looking to recruit foster and adoptive parents.

Thus, I set out to conduct my own research on informal adoption, since there were so few such studies in the child welfare literature at the time. I received funds from the U.S. Department of

Health, Education and Welfare's (HEW) Office of Child Development to underwrite this research project, "Informal Adoption Among Black Families" (Hill, 1977). The primary database for this study was a specially created nationwide sample of 5,000 families (half Black and half White) that comprised only households that were raising children (who were not their own) based on the 1970 Census Public Use Sample. I also relied on the Census Bureau's annual Current Population Reports on Households and Families. The operational definition of "informal adoption" for this study were children who lived in households headed by relatives, whether or not their parents also were present. Some of the major findings of this study were as follows:

- (a) In 1970, about 13% (or 1.3 million) of all Black children lived in the households of relatives.
- (b) Two-thirds of informally adopted Black children lived without either parent present; one fifth lived with only their mothers; one-tenth lived with both parents; and only 2% lived with only their fathers in kin households.
- (c) Seven out of ten informally adopted children lived with their grandparents, while the remaining three out of ten lived with other relatives.

The 1977 study also found that Black extended families were likely to informally adopt multiple children—not just one child. Four out of ten informally adopted Black children lived in kin households with four or more children. Thus, while child welfare workers are concerned about whether kin caregivers can adequately care for one or two children, most of these caregivers already are caring for three or more children. Workers should be aware that the children they place with kin caregivers are often not the first ones these caregivers have raised. Interestingly, this study also revealed that Black families who informally adopted had the same "undesirable" attributes as the black families who were not being recruited

by agencies as foster or adoptive parents. For example, Black single parents are more likely to informally adopt than Black couples. In addition, Black families who are low-income are more likely to informally adopt than Black families who are middle-income. Moreover, older relatives are more likely to informally adopt than younger relatives. It should be noted, too, that many Black grandmothers are not elderly; about two-fifths of Black grandmothers are under 65 years old (Hill et al., 1993). Furthermore, relatives with children of their own are more likely to informally adopt other children than kin without any children of their own (Hill, 1977). In sum, extended family members should definitely be viewed as potential foster and adoptive parents.

Unfortunately, it was not until the emergence of twin scourges in the 1980s that the child welfare system began to recruit Black extended family members as foster and adoptive parents. It was during the early 1980s, that Black communities across the nation were severely destabilized by the influx of crack cocaine and the onset of HIV/AIDS. Rampant drug trafficking and harsher penalties for crack than power cocaine resulted in a sharp rise in the incarceration of Black fathers and mothers (Tonry, 1995). At the same time, “border babies,” who were suspected of having the HIV/AIDS virus or being drug-addicted, were removed from their parents and placed with kin caregivers. And Black children were often placed in kin households that received few economic resources. In fact, it was widely believed at the time that relatives should receive little or no funds to care for their related children. Since most Black families that informally adopted were already low-income, this child welfare practice created even harsher economic hardships for them (Hill, 2003).

However, over the years, child welfare organizations have tried to be more responsive to the needs of kinship care families. For example, numerous groups have formed to provide more social and economic support—not only to grandparents raising children in kinship care, but to kin raising children informally outside the

child welfare system (Wilson & Chipungu, 1996). Additionally, kinship navigators have been created to specifically locate maternal and paternal relatives to care for their kin children. Aggressive policies have been implemented at the national, state, and local levels to provide more social and economic resources to kinship care families.

The original impetus for more sensitive kinship policies was the landmark 1979 U.S. Supreme Court ruling in *Miller v. Youakim*, which prohibited states from denying federal foster care benefits to children for reasons of kinship alone. The Court ruled that children placed in relative homes that met foster home licensing standards were entitled to receive the same federal aid as children placed in the homes of non-related foster parents. The subsequent catalyst for more sensitive national policies were the pioneering subsidized guardianship demonstrations directed by Dr. Mark Testa at the University of Illinois. These experiments, which were conducted in various states, were designed to test the thesis that, if kin caregivers were provided with more equitable economic subsidies, the overall well-being of not only the children would improve, but the social and economic stability of the entire kinship care family as well. It was indeed a pleasure for me to be able to work as a Westat researcher with Dr. Testa on such landmark research. The results of these experiments were astounding (Testa, Cohen, & Smith, 2003). In every area of child and family functioning, relative caregivers and their children fared significantly better than the control group of kin caregivers who did not receive any subsidies. Furthermore, these subsidies contributed to a sharp increase in the number of kin children exiting foster care. The remarkable success of the subsidized guardianship demonstrations led to passage of the Fostering Connections Act in 2008, which gave states the option of using Federal IV-E funds to support Guardianship Assistance Programs (GAP) that permitted children in kinship care to leave foster care into permanent homes with kin caregivers. Nevertheless, much more needs to be done to markedly improve the social and economic well-being of kin caregivers and their children.

Recommendations

I now offer some recommendations in practice, policy, and research to improve the well-being of kin caregivers with children inside and outside the child welfare system. It should be understood that only about one out of ten (9%) children being raised by relative caregivers are under the complete control of the child welfare system, while the remaining nine out of ten have some (52%) or no (39%) involvement with the system (Testa, 2017).

Practice

- (a) Child welfare agencies should relax their licensing standards to permit non-licensed kin providers to receive more social and economic support for their families.
- (b) Child welfare agencies should continue to expand the racial and ethnic diversity of their staff to reflect the various backgrounds of the children they serve.
- (c) Childcare workers should increase their efforts to recruit paternal relatives as well as maternal relatives as kinship care providers.
- (d) Workers should be required to ask potential kin caregivers, “How many children other than your own have you raised?” Their replies to this question might be surprising.

Policy

- (a) More policies are needed at the national, state, and local levels to adopt licensing standards that permit more kin caregivers to care for children with less governmental intrusion.
- (b) More policies are needed to permit non-related godparents and close friends—those who have bonded with the children—to be recruited as kin guardians.
- (c) More policies are needed to provide social and economic support to kin caregivers who are raising children outside the child welfare system.

Research

- (a) The groundbreaking subsidized guardianship demonstrations should be replicated in many other states.
- (b) More longitudinal studies should be conducted to identify long-term outcomes of children in kinship care.
- (c) More research should focus on the social and economic well-being of children being raised by kin outside the child welfare system.

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2

Reflections on Kinship Care among African American Families

Sandra Stukes Chipungu

My interest in African American families and interest in kinship care is a combination of lived experiences, educational background and training, research, and scholarly writings on these topics. In this essay, I will briefly describe the role of each of these influences in building my own “sociological autobiography.”

Lived and Educational Experiences

In my graduate studies at the University of Michigan School of Social Work in the early 1970s, I noticed that the dominant descriptions of African American families in some of my class textbooks did not represent my own experiences with these families. Families that were single-parent or nonnuclear in structure were described negatively or as “social problems.” Additionally, I found that certain negative assumptions existed—and still exist—about single-parent households and social class. It was argued that single families were of a lower social class because they had less economic resources and different values. However, household structure alone does not

determine social class. One can have a single parent who transmits social values which will help children succeed in the American society. W.E.B. DuBois argued in the *Philadelphia Negro* (1899) that the social class of a family is determined not just by income but on what the family spends their money on, such as books to read and insurance to bury family members.

My personal experiences, and those of my coauthors of books published in 1991 and 1997, were similar. We were reared in, and still lived in, extended families. My father was a Navy man and was deployed for at least 10 months a year. However, we lived with my maternal grandmother until her death in South Carolina; thus, we were an extended nuclear family. When my father retired from the Navy after 20 years of service, we became a nuclear family again. When we later moved to Baltimore to join my father, my maternal aunt lived with us there—we moved in and out of nuclear and extended family structures.

My coauthor Joyce Everett lived in a nuclear extended family with a widowed mom and an uncle. My other coauthor, Bogart Leashore, lived in a nuclear family with adult siblings and related children next door. The structures of these extended families varied over time, depending on death, marriage, and other factors.

At the University of Michigan School of Social Work, I took a course focusing on Black families that examined the structure of these families historically. My social work comprehensive exam examined the study of Black families over time by using writings like DuBois's *The Philadelphia Negro*, E. Franklin Frazier's *The Negro Family in the United States* (1939), Andrew Billingsley's *Black Families in White America* (1968), and works by Robert Hill (1972, 1977). Hill argued that Black families had strengths that helped them to survive and thrive in the American society. These strengths included strong achievement orientation, strong work orientation, flexible family roles, strong kinship bonds, and strong religious orientation. Billingsley proposed a family structure that included nuclear families, extended families, and augmented families, which resulted in 16 different types of family structures. I used

these different family structures in my doctoral dissertation to examine differences in help-seeking behaviors of Black and White families. I found that Black families were more likely to seek help from informal sources such as extended families than from formal sources such as social workers and psychologists.

Scholarly Work and Writings

The combination of these experiences led me, Dr. Everett, and Dr. Leashore to co-author the book *Child Welfare: An Africentric Perspective*, in 1991. The purpose of this book was to raise awareness of the overrepresentation of Black children in foster care and to examine it from an African-centered perspective. We also sought to reframe public discourse on child welfare issues facing African American children in the aftermath of the Adoption Assistance and Child Welfare Act of 1980 (Everett, Chipungu, & Leashore, 1991).

Another goal of this book was to “use a culturally based perspective—the Africentric perspective—to describe the social context, value base, attitudes, and behaviors that shaped the belief system, coping strategies, defensive styles, help-seeking behaviors, and treatments response of African America families and children” (Everett, Chipungu, & Leashore, 1991). We hoped that this book would elevate consideration of race in the practice of child welfare and in the development of policies that enhance and support ethnic differences.

Child Welfare: An Africentric Perspective was divided into three parts: (1) Cultural consciousness, understanding families and child rearing; (2) specific child welfare service areas; and (3) the impact of policies and practices within these areas that affect African American children and families. I argued in Chapter 11 of the book that the value base for child welfare policy and proposed the child welfare system needed to use the Africentric values of extended families, collective identity, and spirituality to serve African American children (Everett, Chipungu, & Leashore, 1991). We hoped that this Africentric approach would help to counteract

the overrepresentation of African American children in the public child welfare system. If voluntary kinship care could be considered as one of the viable alternatives to foster care placements, then the number of African American children in public foster care would decline.

Child Welfare Revisited: An Africentric Perspective (2004) was our second book. During the late 1990s, public discussion was divided over the significance of race in child welfare. Some argued that bias was a contributing factor to racial disparities, while others claimed that overrepresentation was due to higher rates of child abuse and neglect among African Americans. Certain policies were passed to address other differences related to race in child welfare. These included the Adoption and Safe Families Act of 1997 (ASFA) and its accompanying federal adoption incentives program, the Multi-ethnic Placement Act of 1994 (MEPA), The Interethnic Placement Act of 1996 (IEPA), and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), which gave priority to relatives for placements.

Child Welfare Revisited also included a conceptual framework by Dr. Robert Hill which, in many ways, encapsulated the debate on African American children in the child welfare system. Hill argued that institutional racism in child welfare can be best described in terms of structural (or unintentional) discrimination—the “disparate adverse consequences of societal trends and institutional policies on racial minorities that may not have been explicitly designed to have racial discriminatory effects” (Hill, 1999). In his work, Dr. Hill examines the treatment of African American children as associated with three areas: (1) a historical perspective and how it affected the evolution of child welfare policies regarding African American families and children; (2) the extent to which institutional racism affected decision-making at various stages of the child welfare system; and (3) ways of reducing the impact of institutional racism on children and families of color in the future (Hill, 1999).

I was an Assistant Professor at the National Catholic School of Social Service (at the Catholic University of America in

Washington, DC) during the period in which we wrote both books. Dr. Everett was an Associate Professor at Smith College School of Social Work and Dr. Leashore was a Professor and Dean at the School of Social Work at Hunter College in New York City. We communicated through conference calls and emails. We also met at each of the Council on Social Work Education (CSWE), Society for Social Work and Research (SSWR), and National Association of Black Social Workers (NABSW) conferences to discuss and plan our books. All three of us had also been students at the University of Michigan; Bogart and I were doctoral students together, while Joyce completed her MSW at Michigan and her doctorate at Brandeis. We trusted and respected each other and were looking for ways to help African American families and children. After the first book was published, we were asked to speak at various conferences and to participate in research studies on relative foster care compared to nonrelatives foster care. Dr. Everett and Dr. Mary Jeanne Verdieck joined me in conducting a federal study of relative foster care (U.S. Department of Health and Human Services, 1998), which gave us an opportunity to examine relative foster care policies and practices for state administrators and child welfare workers and to ascertain what foster parents thought their needs were and to examine the case records of children in foster care.

Our work on kin care and relative caregiving continued throughout the 1990s. In our 1998 study *Children Placed in Foster Care with Relatives: A Multi-state Study* (U.S. Department of Health and Human Services, 1998), we examined the following: (1) state policies and fiscal data; (2) demographic trends in placements; (3) case management practices workers used with relative and nonrelatives foster care homes; (4) foster care providers involvement with case planning, birth parents, and birth parent visits, (5) demographic and socioeconomic characteristics of foster parents; (6) health status, well-being, and motivation; (7) foster caregiving experience; and (8) comparative perspective on relative and nonrelative foster parents. The findings from this study provided information that was included in the development of ASFA.

Our findings showed that states had developed policies for approving, certifying, or licensing relative homes. We found that most states had explicit preferences for relatives in state policies, including definitions and degrees of relatedness. We also found that there was a three-tiered structure of substitute care: (1) regular non-related foster homes; (2) licensed/certified/restricted relative placements; and (3) unlicensed/uncertified/restricted relative placements. Most of the licensed or certified relative homes were eligible to receive foster care maintenance subsidies under Title IVE of the Social Security Act. Similar criteria were used to approve/license relatives and nonrelative homes (U.S. Department of Health and Human Services, 1998).

In *Children Placed in Foster Care with Relatives*, nonrelated foster parents profiled similarly to previous studies. The majority were female, married, and between the ages of 41 and 60. Most were African American, about one-third were White, and 8% were Hispanic. Nonrelated foster caregivers were better educated than related caregivers. About one-fifth of the nonrelated care givers had less than 11 years of schooling compared to more than a third of the related foster parents. The majority of nonrelated foster caregivers were working more than 30 hours per week; 31% worked less than 30 hours per week. Caseworkers' management practices with the supervision of foster homes, foster parents, and birth parents, appeared to be similar among children both in regular nonrelated foster homes and the restricted related foster homes. These activities included home visits and calls (U.S. Department of Health and Human Services, 1998).

Our study also found that relative foster caregivers and children in care were less likely to request services and received fewer services than children in non-related placements. Birth parents visited their children more often in when they were placed with relatives. Placements with relatives were more stable, facilitated reunification, and increased the access and visitation of birth parents and fathers with their children.

With Ernestine Jones and Suky Hutton, in 2003 I coauthored *The Kinship Report: Assessing the Needs of Relative Caregivers and the Children in their Care* (Jones, Chipungu, & Hutton, 2003). The study was sponsored by Casey Family Programs to provide a greater understanding of what kinship families need to thrive. The objectives of the report were: (1) to present a fuller, more accurate picture of the difficulties faced by kinship families and to gain a better appreciation of the strengths they bring to the situation; (2) to identify the ways in which the financial, physical and social needs of the children and caregiver are being met or left unanswered; (3) to identify the support systems which are sustaining the families, as well as those that still need to be created; and (4) to make actionable information available to kinship families and to those working to help them, including the staff of Casey Family Programs, so that services and lives can be enhanced.

The findings of this study showed that the caregivers represented all income levels with one third living in poverty and another third with income levels above \$40,000 and some college education (Jones, Chipungu, & Hutton, 2003). The majority were retired and owned their homes. Most were grandmothers and aunts. The caregivers ranked their top needs and services as financial assistance, medical help for children, respite care, emotional support and social support. Caregivers want your support to get stabilized and then they “want you to exit their lives.” Youth reported that they needed clothing, financial assistance and transportation (Jones, Chipungu, & Hutton, 2003). Caregivers reported changes in their home, personal life as well as their spiritual and social activities. They had less energy and less time for personal activities. All of the interviewees noted their relatives’ need for respite care and social support.

Both caregivers and youth themselves reported that they were doing well and were able to adjust to their new family situations after some initial rough spots. The children said they had many

friends, participated regularly in several activities, felt safe, happy, loved, secure, and a true part of the family. They had frequent contact with their birth mothers and fathers, but the majority expected to continue living with relatives through the next year or until they were adults (Jones, Chipungu, & Hutton, 2003).

In 1996, the Child Welfare League of America (CWLA) issued a call for kinship care-related articles resulting in a special issue of *Child Welfare* journal, CWLA's peer-reviewed publication; Dr. Dana Burdnett Wilson and I would serve as editors. This journal was divided into four sections—Kinship Care Policy, Research on Kinship Care, Best Practices on Kinship Care, and Kinship Support and Advocacy—and, with insightful articles featured in each section, further advanced knowledge about kinship care in the academic sphere (Wilson & Chipungu, 1996).

I have participated in several different child welfare interest groups and research groups—composed of researchers and policy-makers interested in the disproportionality and overrepresentation facing African Americans in child welfare—over the past 20 years. One published report, entitled *Synthesis of Research on Disproportionality in Child Welfare: An Update* (Hill, 2006), explored how the race of a child affects decision making in various stages of child welfare system programs, including foster care. Another report was *National Research and Assessment of Disproportionality: Racial/Equity Strategies, Tools and Programs* (Casey Family Programs, 2008). The purpose of the research was to identify promising practices related to addressing disproportionality and disparities in the treatment of children of color, especially African American children. The strategies in addressing this issue, tools, and programs in nine states and two large cities were explored. This effort involved the leadership and collaborative participation of the Black Administrators in Child Welfare of and the Casey-CSSP Alliance for Racial Equity in Child Welfare System (including five Casey organizations and the Center for Study of Social Policy), funded by Casey Family Programs.

Conclusions

As a result of these combined efforts in research, policy advocacy, and scholarly writings, race in kinship care has become a key issue for discussion. There have been changes in federal and state policies regarding funding for family foster care through PRWORA; relatives have been given priority as placement options through both ASFA and TANF. The use of kinship care has helped children who are African American achieve permanence, and scholarly writing on African American families has become more positive, reflecting the strengths of extended families. Progress has been made—and hopefully will continue.

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3

Advocating for Kinship Family Rights

Gerard Wallace

I would like to express my appreciation to the Child Welfare League of America (CWLA) for its century of commitment to the welfare of children, and in particular for its commitment to children in kinship care. CWLA, its members, and kinship advocates share a simple purpose: to eliminate childhood suffering. That purpose is not just a set of policies and practices. It is an emotional response that is often based upon personal experiences. While my story is uniquely mine, I am confident that it shares a common trajectory with many other child welfare advocates. I hope that by sharing our biographies, we all will recognize our participation in one child welfare community.

My work in kinship care centers on the proposition that kinship families should have more than support services; they should have a “right to care.” Rather than viewing them as a foster care resource, they deserve recognition as families with their own associated rights that support their family integrity and dignity.

In summary, my outlook is rooted in the perennial conflict between two types of adult worlds—one that is selfish and neglects and abuses children, and the other that is selfless and helps children—and in a core purpose of defeating the forces of self-interest.

I reached the age of 71 in September 2019. I am the youngest son of an Irish dockworker. The first in my family to graduate from college, I graduated from Fordham University in 1970 and then, much later, from Albany Law School in 1997. I was born prematurely, and at that time premature infants were put into incubators, where they often suffered damage to their retinas from the oxygen pressure. Without my very thick glasses, the world I saw was just a blur. I grew up in a working-class Brooklyn neighborhood. Kids didn't like a "four eyes," so I fought a lot. My first grade class had over 100 boys, one nun, a crucifix above the blackboard, white shirts, and blue ties. Discipline reigned, and I liked school. At home, my father was a chronic drinker and abuser of his wife. I, as the youngest, was the intervenor. This is not uncommon in families with an alcoholic parent. I suspect it is a common story for many who work in child welfare.

The continual stress in abusive homes leaves lifetime consequences. For me, it led to finding relief in drugs and alcohol. I have beat the demons, but still each day I cope with that internalized stress.

I had the beatific experience of serving as an altar boy in a cloistered nunnery with daily mass at 6:15 a.m. The service was in front of a screen that hid the divine sisters of the Order of Precious Blood from view. Their purity and passion permeated their chapel and offered relief from my chaotic home life.

The other relief was sports: a common escape valve for kids from broken homes. In Brooklyn, I was the smallest guy on our club football team. Nonetheless, I was team captain because I was accepted as the guy with the brains. Without my glasses, I could not see the coin hit the grass. We pretended we were tough guys. All of us were real-life caricatures; just think of the film *Green Book* (Burke & Farrelly, 2009).

At the end of elementary school I received a scholarship to Regis High School, a Jesuit school on the Upper East Side of Manhattan. I had found a way out into a larger world, filled with academic excellence and liberal ideas. I read the Homeric epics in ancient Greek.

I went from being a Goldwater supporter in 1964 to an antiwar protester in 1966. The 1960s exploded and the gulf between myself and my family widened.

Out of that era of tough guys, religion, and political strife, I rebelled mainly against the unfairness of it all. I committed myself to never letting an underdog get beaten, and never letting others get credit that they didn't deserve. In high school, with my last burst of Catholicism, I read Thomas à Kempis's devotional book, *The Imitation of Christ*. It posited a life of selfless purpose that was very powerful to me but seemingly unattainable. Then in college at Fordham University in the Bronx, it was all rock and roll and the craziness of flower power. I lost all direction, barely made it out of college right after Kent State, and my mother suddenly died. Drugs and alcohol took over.

In 1971, I graduated and started my first real job, working in a South Bronx Model Cities program that aimed to clean up rat-infested, abandoned tenements. The area was violent and chaotic. Our offices were near the famous "Fort Apache" precinct house. I discovered a lot about the character of life in a low-income and crime-plagued neighborhood and the compassion and tolerance of those who kept it together. Then I read Erving Goffman's famous book, *The Presentation of Self in Everyday Life* (Goffman, 1959). Goffman's thesis was that we cannot escape our primary purpose, which is to have others view us favorably. That was abundantly evident in my own young self and in the struggle for "respect" in the South Bronx. That assumedly immutable investment in self and maintaining "face" in the Bronx drove me next to New Hampshire, where I lived like a hermit in a "sugar house"—a facility in which maple sap is boiled and syrup is made. I lived there with no running water for two years. It was 1973. I wanted to figure out how to live outside of myself. Years later, when I discovered kinship care, I would meet caregivers who cared more for others than for themselves.

From graduation until 1977, life was pure 1970s craziness: first in the Bronx, then New Hampshire, then a move to the Hamptons

in 1976. By 1976, I wanted out of drugs and alcohol. I separated from my first wife. I decided to clean up my act; then, by chance, I met my Buddhist teacher, Sonam Kazi. He was the chief translator for the Indian government's foreign affairs office, an aristocrat, and a longtime friend of the Dali Lama. Invited to lecture in America, he later decided to relocate in the United States. I met him and his family by chance in New York in 1977 and then lived with them in upstate New York and in Manhattan from 1978 to 1990. Their kindness saved me.

Mr. Kazi and his family are portrayed in Thomas Merton's *The Asian Journal of Thomas Merton* (Merton, 1973). Father Merton had been a brilliant student and valedictorian at Columbia University, but he abandoned the secular world and became a Trappist monk—and a world-famous Catholic philosopher and author. In the late 1960s, he left his Kentucky monastery with permission from his superiors to investigate eastern meditation in Asia. He met the Kazis in northern India and recognized Sonam Kazi as a meditation master.

During the 1980s, I worked as an editor at Funk & Wagnall's Encyclopedia and then as a computer expert on Wall Street. I also taught in a Harlem grammar school and in a maximum-security prison. But mostly I studied Buddhism. All work was just a means to that end. The Buddhist School that I studied was Dzogchen, a Tibetan esoteric school whose teachings often were practiced by lay men and women. The school is ancient and demands rigorous practice. Sonam Kazi spent many nights teaching me. I owe my small understanding of Dzogchen to him and his family. To this day, I still practice and visit the Kazi family. Sadly, Sonam Kazi passed away in 2013.

In 1992, I met Karen Nagel, a physical therapist and the daughter of a medical doctor. We fell in love and got married eight months later. Karen urged me to go to law school—something I was supposed to do in 1971. I applied and was accepted at Albany Law School, an hour-long drive from our home near Woodstock, New York.

In my second year at Albany Law School, I was awarded a fellowship from the Government Law Center (GLC) for elder law. The Edgar A. Sandman Fellowship paid a full year of law school and required publication of a monograph on an elder law policy issue. In the prior year, the GLC had hosted a White House mini-conference, which was a prelude to the 1995 White House Conference on Aging. The topic was grandparents raising grandchildren. So, for my fellowship, the GLC's director Patricia Salkin, suggested kinship care. I knew just a little about elder law and nothing about kinship care.

In 1998, at the age of 49, I graduated magna cum laude from Albany Law School. I had become a lawyer so late in life that it was too late for me to *be* a lawyer—which is to say that my legal career was shaped by five preceding decades.

At law school, I authored the monograph *The Dilemma of Kinship Care: Grandparents as Guardians, Custodians, and Caregivers—Options for Reform* (Wallace & Miner, 1998), which examined New York's uneven treatment of kinship caregivers. The monograph made recommendations concerning involvement of child welfare departments, the authority of legal custodians and guardians, the powers of caregivers who had not gotten court orders, and the barriers to foster care and to public assistance grants. New York had one fairly unique issue: the practical distinctions between guardianship and legal custody. The Law School had arranged a survey of judges and law guardians across the entire state. No one had a clear understanding of the differences and many voiced contradictory opinions about the two. Based upon that fact, in 2000, one of the recommendations was enacted into law. It added legal custodians as persons who could designate a standby guardian. My kinship policy career had gotten its start.

I had discovered the cause that would give me purpose for the next 20-plus years. In sum, I saw kinship caregivers as exemplars of compassion who went unrecognized for their sacrifices and who had few legal rights. A few years later, I became director of Hunter College's Grandparent Caregiver Law Center and operated a help

line for caregivers. I got tired of hearing, “I’m a grandparent, what are my rights?” and not having a good answer. The legal mission of my work came into focus.

In the mid-1990s, the phrase “grandparents raising grandchildren” was commonly considered synonymous with the term “kinship care.” In the field of aging-related research, there was a growing awareness that grandparents were caring for children. The American Association of Retired Persons (AARP) established the national Grandparent Caregiver Resource Center. The Brookdale Foundation began providing seed grants for Relative as Parents Program (RAPP), started by the well-known leader in aging services, Janet Sainer. In 1996, the Personal Responsibility and Work Opportunity Reconciliation Act (P.L. 104-193) required the upcoming 2000 Census long form to identify grandparent caregivers. That Census question contributed to the development of policies supportive of kinship families.

At Albany Law, in 1996 the Government Law Center arranged an internship at the New York State Office for the Aging, where I had met my first grandparent caregiver. She was a secretary who on my first day at work told me that she was her granddaughter’s guardian. Her daughter’s attorney had drafted an affidavit that transferred guardianship to grandma. I went back to school and researched guardianship. I discovered there was no legal validity to that document. Only a judge can award guardianship.

My second caregiver, also a grandmother, lived in a neighboring county. Her county Child Protective Services office had contacted her and requested that she come collect her newborn grandchild, who was born exposed to cocaine. For the first time, I heard a story that I would hear, in some form, again and again: the kin caregiver took the child home, then realized she needed help; she called Child Protective Services, and was told that since there was no removal, there was no neglect proceeding. Therefore, she was on her own.

Another issue that goes back to the late 1990s involves the nomenclature used to describe kinship care. In 1997, Congress directed the Department of Health and Human Services to “convene

[an] advisory panel and prepare a report on children placed in the care of relatives.” The *Report to Congress on Kinship Foster Care* (U.S. Department of Health and Human Services, 2000) found fault with the typical categorization of kinship care into informal and formal, which CWLA used in its 1994 report *Kinship Care: A Natural Bridge* (CWLA, 1994). It suggested new terms, “public” and “private” kinship care. It designated kinship care arrangements that occur without any child welfare agency’s involvement as private kinship care and defined all other kinship care arrangements that occur with some child welfare involvement—whether or not a court transfers legal custody to the agency—as public kinship care. Unfortunately, there still in no common agreement on which terminology to use.

For some, informal kinship care means only kinship caregiving without any court orders. For others, it encompasses all kinship care that is not licensed foster care. I’ve settled on the latter: informal kinship care, meaning all care that is not foster care by relatives. This includes quasi-foster care arrangements where neglect proceedings are ongoing, but only if kin are not receiving special financial assistance and are not subject to state care and control of the children. With this usage, my usual talks and writing explain “informal custody” arrangements as including informal custody with no court order, but possibly with a parental power of attorney, as a subset of all informal care, which includes legal custody, guardianship, certain quasi-foster care arrangements, and subsidized guardianship. I include subsidized guardianship because kin may get a Title IV-E subsidy, but as guardians they assume care and control and the children are no longer in foster care. This fits with laws in most state, albeit the quasi-foster care arrangements may be better included in formal care in some states.

At the end of the nineties, after working as a law guardian in family court, I got my first kinship job, as director of Hunter College’s Grandparent Caregiver Law Center. I succeeded Melinda Perez Porter, Esq. who had been very helpful at the start of my law school research and who later became the program director for

the Brookdale Foundation's Relatives As Parents Program (RAPP). At Hunter, the issue of grandparents' rights was very common subject, tied up with grandparents' visitation. In 1999, the U.S. Supreme Court agreed to hear a Washington State visitation case in *Troxel v. Granville* (2000). I wrote an *amicus curiae* brief and attended the oral argument. My brief posited that the interests of the child and the grandparent together outweighed those of the parents. That wasn't a great argument, but it did underscore the unfairness in discounting the child's interest in favor of the parents' interests. This led me to become engaged with an energized group of grandparents whose interests focused not just on visitation but also on their custodial rights, especially against child welfare departments. About that time, I also began communicating with Generations United (GU) and AARP, joining them as a presenter at a few conferences.

In 2000, I met Long Island grandmother Brigitte Castellano. Her daughter had married, moved to Florida, become pregnant, and been abused by her husband. She came home to Long Island, gave birth, and for five years lived with her parents. But then tragedy struck; a drunk driver drove into her car. She was killed and her son suffered two broken arms. Two weeks after the burial, the grandparents were on notice to appear in court, where the judge ordered the grandson to go live with his father, stating, "Ms. Castellano, you are only a grandparent, go home and pack his bags."

Around the same time, I met another grandmother, Linda James, from Rochester. She had watched her daughter succumb to mental illness and drug addiction. Linda had taken in two premature infants; both were disabled from their mother's drug use and needed years of therapy.

Brigitte and Linda helped start the National Committee of Grandparents for Children's Rights (NCGCR) along with other grandparents, particularly Lola Baily of West Virginia, Gail Gallagher of Texas, and Pat Owens of Maryland. At the four GrandRallies in Washington, DC, from 2003 to 2014, this organization was a major contributor of caregivers and advocates.

In the late 1990s and early 2000s, another kinship advocacy effort centered on *de facto* custody laws. From 1998 thru 2004, a handful of states enacted statutes that codified how long a child must reside in a caregiver's home before a judge held a hearing on best interests: Kentucky (KY ST § 403.270) (1998), also Indiana (1999), Minnesota (2002), Idaho ((2004), and New York (2003). In New York, I led the advocacy that allowed that law—popularly called “The Grandparents’ Rights Act”—to be passed. It codified a 24-month period, but only for grandparents (since then, I have failed to expand it to other relatives, despite 15 years of trying). It also required that county child welfare departments search for relatives and inform them of their options for care when children were removed. The law expressly stated “including all grandparents.” A similar version of this law was enacted in the Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351).

In 2001, Karen and I adopted a little girl, Kathryn Mei Wallace. Katie Wallace was born in China, and Karen and I traveled to Anhui Province to meet her. She was ten months old. The moment we met changed me. At age 52, I’d become a father. For the first time, I understood what it meant to be a parent and to have a family.

In 2003, I moved my office from the Hunter College Health Campus in Manhattan to Albany in order to have closer access to the legislature and state agencies.

A year later, the New York legislature funded kinship programs using TANF dollars. It also passed a parental-power-of-attorney law that I had worked on closely with AARP New York to overcome the Governor’s prior year veto. In 2004, AARP hired me as a consultant, supported by a New York Life Foundation grant, which funded my research on kinship navigator programs. I visited Ohio, Florida, and New Jersey, and talked with program directors in Washington and other states. This led to a 2005 proposal for a statewide kinship navigator program, which passed the New York Legislature. I have been director of this program since its start in 2006.

Kinship navigators were described in Senators Hillary Clinton and Olympia Snowe's 2005 bill, the Kinship Care Support Act (S. 661/H.R. 2188). The bill did not become law, but key sections were incorporated into the Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351), which funded kinship navigator demonstration projects and the federal kinship guardianship program (GAP). The 2008 act was supported by kinship advocates, who participated in one of the "National GrandRallies" in Washington, DC. Led by Generations United, CWLA, the Children's Defense Fund, and the AARP, the rallies in front of the Capitol building had included many caregivers from New York as part of the growing National Committee of Grandparents for Children's Rights, and clearly helped to gain support for the legislation.

In 2004, I began to publish articles and reports that promoted kinship navigator services for informal kinship families. I published an op-ed in the *Washington Post* that I had titled, "The Other Child Welfare System"—the *Post* editors insisted on titling it "Foster Care with Love" (*Washington Post*, June, 2004). Another article was "Kinship Navigators: The New Child Welfare System," published in *Common Ground*, a New England newsletter for child welfare professionals.

So goes the struggle between formal and informal systems. The recognition and larger informal kinship care population is just recently getting the attention that it deserves.

Over the years, Generations United (GU) has done important advocacy for kinship care, especially in advocating for the recent Families First Prevention Services Act of 2018 (enacted as part of P.L. 115-123) and the Supporting Grandparents Raising Grandchildren Act of 2018 (P.L. 115-196). GU has chosen to promote the term "grandfamilies." But in New York, we've favor "kinship care" as the term of art, because we believe it more comprehensively represents all relative caregivers, including aunts, uncles, siblings, and other non-parental kin. It also is the term used in some federal and state child welfare laws. To promote that term,

Cate Newbanks (Virginia advocate) and I launched a campaign in 2013 to have federal, state, and local governments recognize September as “Kinship Care Month.” Other advocates have joined, and presently at least 12 states and the U.S. Congress have issued proclamations or resolutions. In 2019, I authored a memorandum in support of the term kinship and advocated to Congress that it adopt the term and revise two bills that used the word “grandfamilies” to remove the use of that word.

While at Hunter College in 2001, I hosted the first statewide conference at Albany Law School. We did not strongly support kinship guardianship, fearing that it would deflect attention from the 150,000-plus children living with relatives outside of foster care in New York. Many in attendance at public presentations and meetings appeared unaware that the subsidized guardianship programs being tested under IV-E waivers applied only to the small segment of children in public kinship care. It took another decade, with the passage of the Families First Prevention Services Act of 2018, for federal child welfare law to finally establish a funding stream that supports all kinship families. So in some ways, we were right.

Since 2001, I’ve organized and led five more summits in Albany in 2004, 2008, 2011, 2014, and 2019. Each summit has issued a report, which I have primarily authored or edited. Some 30-plus recommendations have been enacted, regulated, or have precipitated changes (Wallace Publications: Wallace, editor, NYS Summit Reports: Enabling KinCaregivers to Raise Children, AARP, 2004; Kinship Care in New York: A Five Year Framework for Action, 2008; Kinship Care in New York: Keeping Families Together, 2011; NYS KinCare Summit Recommendations, 2014). The Appendix to this essay lists New York State legislative actions and regulatory changes directly related to the summits and my advocacy.

On a national level, in 2001 I helped found the National Committee of Grandparents for Children’s Rights, and became its director in 2010, when the founding director Brigitte Castellano retired. The Committee co-sponsored with CWLA a national

kinship summit in the Washington, DC, area, and I compiled the findings for the report with recommendations for the National Kinship Care Advisory Committee and National Committee of Grandparents for Children's Rights (Child Welfare League of America and National Committee of Grandparents for Children's Rights, 2011). Alongside the child welfare and aging recommendations, the report included immigration, social security, corrections, and statistical research. As mentioned, this organization brought more caregivers to the GrandRallies in Washington than any other organization. It also hosted an international summit in New York City in 2005.

In Albany, with AARP NY's help, in 2005 we started a statewide KinCare Coalition that provided support for advocacy and the summits. I co-chaired the Coalition until 2012, alongside AARP NY's director Beth Finkel.

Much work has been done via presentations at conferences and before commissions, and well as ongoing meetings with NYS's Office of Children and Family Services to support kinship families and decrease diversion. In addition to laws and regulations, advocacy has targeted funding for kinship services.

Since 2004, with each legislative session, advocacy is needed to find NYS's Unified Kinship Navigator System of Care. The Navigator program is the state leader and also serves as a resource for the entire network of services; currently 22 county kinship programs. The number has fluctuated from a low of eight to the current high. Each year, the Governor provides some funding and each year, the Navigator leads efforts at the legislature to obtain full funding. Currently, New York provides about \$2,500,000.

NYS Kinship Navigator

In addition to state dollars, the NYS Kinship Navigator has received two federal grants. In 2012, the program was one of seven awardees of Fostering Connections three-year kinship navigator demonstration project. The project partnered with five update local programs and collaborated with county human services, to increase access

to services, referrals, and caregiver/child well-being. The project accomplished substantial changes, including a 600% increase in referrals from county child welfare and temporary assistance programs, increases in legal assistance, and better outcomes for caregivers and children. The project resulted in a major realignment of Navigator services, with the addition of regional navigators who were charged with establishing collaborations at the county level across the state.

One of the special features of the NYS Kinship Navigator is the provision of legal information on kinship laws, court practices, and access to benefits. The Navigator web site contains more than 60 legal fact sheets, guides on family court and public assistance, and graphics describing legal arrangements, all with cited law. The Navigator team performs over 120 trainings each year, and my attorney colleagues and I present six or more Continuing Legal Education trainings for attorneys.

As part of our legal information program, the legal trainings for attorneys focus on the comprehensive provision of kinship legal issues to help professionals and caregivers understand the interaction between legal arrangements and kinship law. The trainings examine how to become a caregiver, including private care and contested court proceedings for custody or guardianship, and remedial actions when child welfare agencies ‘divert’ kin *i.e.*, fail to provide full access to foster care. This is all part of the “right to care”, *i.e.*, right to become a caregiver and to care for children. Much of this examination is discussed in a survey article on families’ right to care that dissects the various custodial arrangements and how the elements of care apply to them (Wallace, 2016). The unevenness and under-inclusiveness of many laws highlights the fundamental goal of my kinship advocacy: to establish a kinship family right to care, where all such families are empowered with the same rights and services that are similar to, albeit subservient to, parental families but not to the state actor.

New York’s Kinship Navigator followed the original description, first presented in the Clinton/Snowe bill and then codified in the

Fostering Connections to Success and Increasing Adoptions Act and then again referenced in the Families First Prevention Services Act of 2018. The New York program is essentially an information and referral program. However, kinship navigators have evolved to include “direct” services.

In 2018, the NYS Kinship Navigator was awarded another federal grant, a sole source grant to implement federal appropriations for pilot kinship navigator projects aimed at completing successful outcome evaluations, as a precursor to applying for federal Families First Prevention Services Act kinship navigator matching Title IV-E funds. The evaluation is being conducted by the Center for Human Service Research. The components of the study are being evaluated using a mixed method, quasi-experimental design, with comparison groups of similar kinship caregivers not enrolled in the intervention. In addition to an outcomes study, the evaluation includes a formative evaluation, as well as an implementation study to assess the extent to which the project is being implemented as designed and intended.

The project has two components: in counties without local kinship services, the Navigator is providing “virtual case assistance” in an effort to successfully evaluate kinship navigators that are not able to meet directly with caregivers, *i.e.*, like the original remote navigator services; for the other project, the Navigator is helping six local kinship programs to develop peer advocates who are credentialed and trained to lead peer to peer support groups.

The idea is that many localities will not have on the ground direct kinship services and so there will still be a need for online information and referral services, but that such services could be than just I & R, and provide “virtual case assistance.” An example of this is the California I-Foster demonstration project. Our hope is that the evaluation of the “virtual case assistance” project will provide a replicable model that localities across the county can implement in areas without any local services.

As part of my advocacy for kinship care, the Kinship Navigator co-sponsored a 2016 summit in Albany along with the School of

Social Welfare and CWLA. The summit resulted in a two-volume CWLA publication. Volume 2 contained a summary article making recommendations (Testa, Lee & Ingram, 2016). Part of the recommendations was authored by myself with help from other kinship service providers, including Ali Caliandro of Nevada, Angie Schwartz of California, and Julie Treinen of Arizona. The edited recommendations on kinship navigator were published in Volume 2, entitled "Implement Kinship System of Care and Kinship Navigator Programs."

The summary breaks out the variety of kinship navigator services. Below is the excerpt describing the core services that should be included depending upon the availability of funding:

- 1) **Information, Referral, Education:** Essential services provided by any kinship navigator program, either via virtual connections (web site and/or help line) or as part of local direct services, includes information on kinship laws, benefits, referrals to agencies, and education of caregivers and professionals on kinship issues;
- 2) **Stabilization Services:** Aimed at stabilizing families via prevention and supportive services, includes access to financial assistance (TANF and Social Security), to legal supports (family court, assistance with administrative agency appeals), emergency assistance, and advocacy with other service agencies;
- 3) **Permanency Services:** Aimed at kinship families in need of ongoing interventions and case management services, includes advocacy, case management, education, support groups, and family group decision making;
- 4) **Specialized Services:** Aimed at kinship families with special challenges, includes mental health treatment services, parent engagement services, and trauma informed care for children.
- 5) **Ancillary Services:** Aimed at caregivers and professionals, includes outreach to kinship families as well as to service agencies/organizations (school districts, mental health

agencies, etc.), educational services for kinship families and service professionals, education of state and local policy stakeholders, and development of referral systems.

- 6) **Collaborations:** Aimed at social services and other service systems, includes kinship navigator education and advocacy to improve access and response of other systems: child welfare, temporary assistance, SNAP, child care, social security, aging, education, health and mental health, corrections, judiciary, housing, and immigration. A kinship system of care posits all of these systems working with kinship navigators to identify how their services impact kinship families and how better to meet kinship family needs.

Kinship Family Right to Care

Kinship care is usually considered a child welfare “resource” defined by type of court order in family court practice, and also by relationships and circumstances. In New York, depending upon the statutory authority, the court proceeding or the benefit application, caregivers may face different standards. Even nomenclature becomes a barriers, often inadvertently leading to disparate results. For instance, in applying for the “child-only” grant, different counties use different descriptions and caregivers who ask for assistance using the wrong term, may be told there is no such help. For custody disputes, it is necessary to show a reason for the court to hold a hearing. The critical information is often insufficiently described in petitions. Legal information is needed to accurately invoke the required circumstances. For instance, by referencing relevant laws like *de facto* custodian statutes (SC Code § 63-15-60 (2012), also Kentucky, Indiana), or the Uniform Child Custody Jurisdiction Enforcement Act, “person acting as a parent” (NYS DRL 75-a(13)), or the common law concept of *in loco parentis*. To enroll in school or make medical decisions, a different set of circumstances or relationship may be required. There are other descriptors applied to relationships, for example: “related by blood,

marriage or adoptions,” by degree of consanguinity, and even as “fictive” kin. Such variety in terms results in under-inclusiveness or exclusion when caregivers apply for school enrollment, school responsibility, medical care (differing for immunizations, routine care, and major medical), record access (health, court, social security, birth certificates, passports, etc.), custodial rights, and eligibility for benefits, such as social security, public assistance, and even the Free Application for Federal Student Aid (FAFSA).

When all caregivers are empowered with all elements of care, recognition, authority, safety, finances, and targeted supports, then statutes, regulations, and case law provide a complete right to care. For such rights, unquestionably fit parents must still remain paramount, but there is no reason for caregivers’ rights to not trump states’ *parens patriae* power. My position is presented as a power point at state conferences and is also extensively documented in the *Grandfamilies Journal* article (Wallace, 2016).

Many of my published writings address these kinship family legal issue. The purpose is twofold: to remove the barriers faced by kinship families and to help “navigate” around those barriers. Some articles not mentioned here are included in the selected references.

About 60% to 65% of kinship care is grandparent care (Federal Interagency Forum on Child and Family Statistics, 2017). There are many aunts, uncles, family friends and adult siblings who form kinship families. Think of Dorothy, “Oh Auntie Em, there’s no place like home” (LeRoy & Fleming, 1939). The caregivers’ stellar character, their determination, and their wisdom and compassion inspire the small cadre of supporters across the country. The commitment is appreciated with complete simplicity, at the conclusion of our first NYS Kinship Summit Report (Wallace, 2004) by Denyse Variano, RN, MSW, of Cornell University Cooperative Extension, Orange County: “[A]ny one who works with these grandparents cannot forget them. Once you know them, you’re hooked.”

In 2014, the Navigator produced a film, *The Face of Kinship Care*, which portrayed three New York grandmothers, Gloria Wood

(Brooklyn), Cindy Fountain (Newburgh) and Wendy Nocar (Port Jervis). The film aimed to portray kinship care in a personal and unfiltered meditation on caring. The student film maker became a close friend of all three families in the film. I think their stories reflect the actuality of kinship and portray the reasons why it is a worthy cause.

I have known Gloria Wood since she called the Grandparent Caregiver Law Center in 1999. She is a marvelous jazz and gospel singer, has a cable television show, and is a respected advocate. She is now 85 years old and raising another child, Da'Viaan Daniel, 12, who is her great-grandson. Da'Viaan has been with her for seven years. When he was five, he and Gloria traveled with me to the last GrandRally in Washington, DC, along with a van full of wonderful grandmothers. Cindy Fountain is a Native American shaman, who's raised many grandchildren, along with many rescued pit bulls. She has suffered the loss of two grandchildren from Muscular Duchesne. She is a force of nature. Cindy's had cancer three times, two heart attacks, and is indomitable. Wendy was a mechanical designer, then her granddaughter was born addicted to drugs, and Wendy became her caregiver and then her adoptive mother. Summer is now 18 years and just joined the Navy. Wendy fosters children and leads support groups for kinship caregivers.

Their stories are unique and yet typical. Along with many other caregivers, they are my friends. For anyone working in kinship care, you've met caregivers like them. They are everywhere. It's the caregivers that are the force driving kinship advocacy.

Reflections

For me, the right to care has a legal meaning—invoking a fundamental interest in liberty, fairness, equality, and parity with other families. I learned legal ideas in law school. But before law school, I learned much more about fairness, as we all do. Mostly I learned to fight not to be left out. For kinship families, I believe that fight is ongoing.

My experiences again and again reinforced an intolerance for exclusion and selfish ignorance. I am not alone. Just one of many who work in great and small ways for children and families. I am certain that we all share the view that our intolerance for suffering is the underlying force for much of how social workers and lawyers work to help families. That work is grounded in the realization that good causes are not driven by self-interest, but by bigger ideas. That the course of history “bends toward justice” because of the will of so many to work for it.

Each person who’s so motivated has their own life narrative about how they found this path. Some stories are heroic, some more unassuming. Mine is pretty common.

It’s the kinship caregivers themselves who provide the motivation. They are the only large-scale resource who are willing to lovingly care for children who are at risk—and they do this with limited or non-existent supports and rights. They deserve better and are the reason that my work crystalized around enacting a comprehensive agenda that fully empowers them.

How does my narrative fit into my love of kinship care? How does a wise guy, who almost killed himself many times with drugs and alcohol, who then studied with a Buddhist master, get the chance to change policy for thousands of families? I think my story is just one example of the variety of ways in which we gain a purpose to do a public good and promote that good.

In remembering about one’s life, memories are very selective. We remember just a little of what happened. Our experiences are filtered through a narrative about who we think we are. But it’s both what’s remembered and what’s forgotten that together have shaped us.

I’d name two shaping forces: my father and the misery and despair that he caused my family in not being able to escape him. And the heroes that I learned about: first, from Catholic nuns, about the Imitation of Christ; then, from the Jesuits, about Homer; then, from the Buddhists, about the bodhisattvas who commit for all time to do all they can to end suffering for all beings; then

from the law, the champions of legal causes. All are crusaders with tireless missions. For me, I got to do some good, and to end some suffering—for which I am grateful.

Conclusion

There is a Buddhist aphorism—attributed to Nagarjuna, a Buddhist theoretician of the third century—that I think sums up why I love kinship care: “If you were able to take all the earth in the world and roll it up into balls the size of juniper berries, you could exhaust counting the earth, but you would not yet have exhausted counting all the good things your parents did for you.” To all the good parents, we owe a debt, and we owe a doubling of that debt to the grandparents and other non-parents who parent for a second time. We are inspired by the wisdom and compassion of these kinship caregivers.

We have a shared intention to be more than just self-interested and to provide a good life for children who’ve suffered. For those who strive for that goal, we are together and we are lucky.

Acknowledgements

Any success in promoting kinship care is not done alone. Foremost for me was Sonam Kazi, who spent countless hours training me in Buddhist practice and pushing me to go beyond myself. His family, too, are indefatigable in their support. My wife Karen gave me another gift: stability. She is steady and always insisting on humility, which doesn’t come easy to me. Our daughter Katie shared a gift that many kinship children give: she kept us young. Since 2006, Rae Glaser has been the keystone of New York’s Kinship Navigator—able, willing, and forgiving. She was joined in 2014 by Ryan Johnson, whose goodwill and passion for social justice have pushed our Navigator advocacy to accomplish much, and who along with Rae are the vanguard of change for kinship in our state. Also, for Rose Mary Baily, who was my professor in law school and who showed me how policy can change lives, and to Beth Finkel,

director of AARP NY, who always supported the work. My appreciation also for Charlene Ingram, Mark Testa, and Robert Hill, who offered me this opportunity to talk about myself. It came at a good time. I expect to keep going for a few more years, but time is running short. Thank you.

And thank you to all the others who have worked for kinship families and to those who will continue to do this work.

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Appendix: New York State Advocacy

1. Surrogate's Court Procedure Act § 1726 (Standby Guardian): Added legal custodians and caretakers as persons who may designation or appoint a standby guardian whose powers are valid upon the debilitation, incapacity or death of the principal. Law began to address the fact that in New York State, most non-parents (kin) are awarded legal custody, not guardianship, but legal custodians less statutory authority than guardians.
2. General Obligations Law. Title 15-A § 1551 ff. (Parental Designation): Beginning in mid-nineties, states (and Washington DC) enacted laws creating parental powers of attorney. Some were based upon the Uniform Probate Codes' model statute. New York's bill was vetoed by the Governor, and only signed into law after extensive negotiations and the advocacy assistance of AARP NY.
3. Domestic Relations Law § 72(2) (Grandparent Extraordinary Circumstances): Extraordinary circumstances is a legal term of art referring to circumstances that will provide standing for a non-parent in a custody dispute with a parent. Meant to protect parents, the traditional circumstances are those similar to unfitness; in 1976, New York's highest court added "an extended disruption of custody", but failed to define the length of time needed. This law, which only applies to grandparents, established a two-year period of care, with courts not precluded from accepting shorter periods.
4. Family Court Act § 1017 (Notice and Placement Options): Established mandatory searches for relatives after removals, and required searches for all grandparents, but did not require written information about options. The writing requirement met stiff resistance but luckily the Fostering Connections Act later mandated similar searches and added due diligence and written information requirements.
5. Social Services Law § 392 (social services departments required to inform about benefits); Advocates have duly noted the low number "child-only" grants reported by the NYS Office of Temporary and Disability Assistance. This law required the county public assistance offices to make available information about the grant and kinship services.
6. Family Court Act § 657 (Enrollment/Medical—Guardianship, Custody): Mandated that legal custodians and guardians can enroll children in schools and can access health insurance of caregiver. But did not extend medial authority to legal custodians.
7. Family Court Act § 1028-a (Petition to Become Foster Parent): Relatives who were not foster parents can petition to become foster parents of related children in foster care, if petition is brought within one year of removal and relative has not refused to be a foster parent without good cause. This law is widely used by advocates to assist relatives who are "quasi-foster" parents (i.e., no payment but subject to abuse/neglect proceeding) in petitioning to become foster parents. In 2019, the definition of relative was expanded to include non-blood relatives and fictive kin.
8. Social Services Law § 458-a-f (KinGAP): Enacted kinship guardianship and added requirement that counties collect data on "direct custody" placements (non-foster care) and on kinship guardianship placements.

9. Surrogate's Court Procedure Act § 1726 (Standby Guardian): adds "administrative separation", meaning when a parent, legal guardian, legal custodian, or primary caretaker is facing detention in connection with a federal immigration matter, they may designate or seek appointment of a standby guardian.
10. General Obligations Law. Title 15-A § 1551 ff. (Parental Designation): extended a parental power of attorney from six months to one year. One purpose was to help undocumented immigrants prepare for deportation. The power is "springing" and designations can be valid for up to a year after the named event, including "administrative separation."
11. Kinship Care Month Proclamations: New York has proclaimed September as Kinship Care Month for five years, with legislative and gubernatorial proclamations. Each year, the Kinship Navigator hosts an award luncheon in the state capital area during September. More than a dozen states have similar proclamations and the U.S. Senate had issued proclamations.
12. Social Services Law § 392. Expanded to require information on benefits and options for care to be communicated by local departments of social services to all kin, and to provide referrals to kinship services.
13. Family Court Act § 657. Added non-parent legal custodians as persons who may make medical decisions for children in their care.

Here are some of the New York Code of Rules and Regulations (NYCRR) and Agency Directives related to summits and advocacy:

- 8 NYCRR 100.2 (y) (3) Section 100.2(y), Determination of student residency and age: established that legal custody or guardianship are not needed to enroll children in school.
- 18 NYCRR 430.11(c) (4), due diligence in notification: guidance on notice to relatives, including all grandparents.
- Office of Temporary and Disability Assistance, OTDA 05-INF-24 (re-issue) (custody and guardianship): Established that counties could not require legal custody or guardianship for non-parents to apply for the child-only grant.
- Office of Temporary and Disability Assistance, OTDA 08-INF-16 (good cause): establish circumstances when a non-parent may refuse to cooperate with support collection by county, when applying for the child-only grant. Circumstances are fear of emotional or physical harm by parents to caregivers and/or children.
- Office of Temporary and Disability Assistance, OTDA 12-ADM-01 (information to Caregivers): required information on child-only grants be available a local human services offices, as well as information about kinship services.
- Office of Children and Family Services, OCFS 14-OCFS-LCM-15 (kinship foster care data adds "certified" relative foster parents): required the Connections database operated by counties to record child welfare data, to include a data entry point for not just relative approved foster care placements, but also for relative certified foster care placements.

Other New York kinship laws not specifically tied to our advocacy, but supported by kinship advocates:

- Amendments to Social Services Law sections 458 ff; 18-OCFS-ADM-03 (expansion of KinGAP): added successor guardian and eligibility for fictive kin.
- 10 OCFS-INF-03 (notice to relatives, writing): required written materials about “options” be distributed to potential relative caregivers, pursuant to Fostering Connections Act.

4

Negotiating the Role of Family and the Role of Government:

The Evolution of Kinship Care as a Child Welfare Service

James P. Gleeson

Early in my career, I had the good fortune of receiving extensive consultation and training from a family therapist who believed that engaging the child's kinship network was the best way to develop a plan to ensure the child's safety, well-being, stability, and permanent living arrangement. Len Unterberger was a consultant to the residential treatment program where I worked for nine years beginning in 1972. Len challenged the common practice of preventing family contact initially when youth were hospitalized, detained in correctional facilities, or placed in residential or foster care settings, ostensibly to allow the youth to adjust to the new living arrangement. He taught us to convene and collaborate with parents, siblings, extended family members, fictive kin, and others who played a significant role at some time in the youth's life. The purpose was to understand, from their perspectives, what led to the youth's involvement with the child welfare system, and what

potential there might be for the youth to live within the family in the future. We then worked with the Illinois Department of Children and Family Services (IDCFS), the youth, and the youth's family, to negotiate a plan that could be supported by all.

I was also influenced by permanency planning and family preservation practice models developed in the mid-1970s to address foster care drift and growing foster care caseloads. While still employed, I returned to graduate school in 1977. I studied with several child welfare experts, Ted Stein, Bill Meezan, and Donald Brieland, all members of my dissertation committee. My dissertation was a secondary analysis of data collected through Ted's study of structured decision-making at child welfare intake, funded by the U.S. Children's Bureau. I was particularly influenced by Ted's prior work with the Alameda project (Stein, Gambrill, & Wiltse, 1978), one of the seminal projects that influenced the development of best practices in permanency planning for children in foster care and several mandates incorporated into *The Adoption Assistance and Child Welfare Act of 1980* (P.L. 96-272).

In 1981, while completing my dissertation, I accepted a position as Director of Research and Training at a large multi-site child welfare agency, just as states were beginning to implement P.L. 96-272. Within one month of beginning this position I was traveling to all agency locations, conducting training on developing case plans to keep families together, and to ensure the rapid achievement of permanency through reunification or adoption for children in substitute care, whenever these goals could be safely accomplished. The training combined what I had learned about engaging families with the practice principles developed by the Alameda Project and other permanency planning (Emlen, Lahti, Downs, McKay, & Downs, 1978) and family preservation (Kinney, Madsen, Fleming, & Haapala, 1977) projects. In 1984, I was promoted to Deputy Director, responsible for all agency programs. In 1987, I left this position to join the faculty of the Jane Addams College of Social Work. I continued with the agency as a part-time consultant, training child welfare caseworkers to conduct family meetings

to facilitate permanency planning. Child welfare caseloads once again grew, with the most dramatic growth among children in public kinship care.¹ To ensure that the training was most relevant to each caseworker's job responsibilities, I asked participants to help me develop case scenarios that represented the most challenging situations they faced in developing permanency plans with families. The most common case scenarios involved children living in public kinship care arrangements.

My direct practice, training, and consultation experience taught me a great deal about the complexity of working with families involved with the child welfare system. This experience influenced the research I conducted when I entered academia, which in turn contributed to my role as an expert witness in the *Youakim v. McDonald* lawsuit challenging the IDCFS 1995 Home of Relative (HMR) Reform Plan. The central theme throughout this practice, research and expert testimony experience, is the challenge of negotiating the role of family and the role of government in caring for children.

Research

As a faculty member, with one foot still in practice, my research agenda focused on (1) the policy context surrounding placement of children in state custody with relatives, and (2) child welfare practice with families engaged in kinship care. I received a small grant from the University to conduct a study of states' policies on public kinship care, which I conducted with Lynn Craig and other students from 1992–1993. Also in 1992, Faith Johnson Bonecutter and I were awarded one of three research and demonstration grants funded by the U.S. Children's Bureau to examine permanency planning and develop practice models for improving permanency for

¹Public kinship care is the care of children by relatives after children have been taken into the custody of the child welfare system. At the time we referred to this type of living arrangement as relative foster care, formal kinship care, kinship foster care, or home of relative (HMR) care.

children in public kinship care.² This project was initially funded for 3 years but we extended the project for eight additional years through a U.S. Children's Bureau's training grant (1995–1997)³ and annual contracts with IDCFS (1996–2003). I will first summarize key findings from the policy research, followed by what we learned through the Achieving Permanency project.

States' Policies on Kinship Care as a Child Welfare Service

In November 1992 we sent a letter to contacts on the 1992 list of the National Association of State Foster Care Managers, requesting copies of statutes, administrative rules and procedures, court decisions, and consent decrees that shaped their funding and delivery of kinship care. Thirty-two states submitted documents. It was clear from follow-up phone conversations that many state officials had no understanding of their own policies on kinship care or where the policies were located. Policy documents from some states contradicted each other. For example, some documents defined foster parents as caregivers who were not related to the child in their care, while others defined them as “relative foster parents.” Most states considered kinship care to be a subset of foster care whereas others like Maryland conceptualized kinship care primarily as a family preservation and support program. Others considered kinship care to be a diversion from the child welfare system's custody or a permanent living arrangement that would negate the need for further child welfare system legal responsibility and oversight. A few states considered kinship care to be a component of foster care for children taken into custody, as well as a component of family services/protective service/in-home service

²*Achieving Permanency for Children in Relative Foster Care*. Grant Number 90CO0595, Administration for Children, Youth and Families, U.S. Department of Health and Human Services.

³*Innovative Training for Exemplary Practice in Kinship Foster Care*, Grant Number 05CT5037, Administration for Children, Youth and Families, U.S. Department of Health and Human Services.

programs for children not taken into custody, and a diversion or permanent placement.

We published results of this study in a *Children and Youth Services Review* special double issue on kinship care (Gleeson & Craig, 1994). We used Johnson and Schwartz's (1991) framework as a lens for examining states' policies. Their framework emphasized that searching for the correct balance between formal and informal systems in meeting human needs was integral to the development of social welfare programs in the United States. They posed three essential questions:

Which needs should be met by individuals and families in caring for themselves and each other? Which needs should be met through relationships among people outside formal structures (the informal system)? And which needs are the responsibility of the formal social welfare systems (government and other formal organizations)? (pp. 4–5)

Johnson and Schwartz cautioned that although formalized societal response to need may increase the chances that financial resources and specialized services are provided, public welfare programs operate within a system of bureaucracies which are impersonal and have difficulty individualizing services. These programs generate regulatory standards and increase the costs of supplying assistance. Service providers must spend time ensuring compliance with regulations and completing paperwork that could be spent directly assisting persons in need. While professional services may increase the likelihood that some specialized needs are met, formal social services "tend to discourage use of mutual aid or the informal helping systems" (Johnson & Schwartz, 1991, p. 14).

Our review of policy documents and follow-up discussions with state officials confirmed the relevance of Johnson and Schwartz's cautions. It was clear that most states were struggling to define and distinguish the role of government and the role of family,

particularly extended family, when children came to the attention of the child welfare system. It was also clear that policy development related to kinship care was reactive, in response to increasing caseloads, a lack of foster home availability, and lawsuits. The *Miller v. Youakim* (1979) Supreme Court decision, which originated in Illinois, made it clear that children cared for by relatives were entitled to the same federal foster care benefits received by children living with nonrelated foster parents if the placement met the same criteria. Yet, lawsuits in several states challenged practices of placing children with relatives in unlicensed relative homes, providing lower levels of financial support (e.g., the AFDC child-only payment) and fewer services than the child would receive if placed in a licensed foster home. Also contentious was whether placement with relatives should be the first option for children taken into the custody of the child welfare system, whether children were safe living with caregivers who were related to the parent(s) who may have abused or neglected them, whether permanency planning and pursuit of adoption made the same sense for children living with relatives as it did for children in nonrelative placements, whether foster home licensing standards were relevant to kinship care, and whether licensing should be required to receive the full foster care subsidy. It appeared that most states were trying to fit kinship care into a foster care mold, largely to recoup federal funds to help cover the costs of expanding caseloads. With a few exceptions, the focus appeared to be on compliance with bureaucratic rules, procedures, and regulatory standards. We argued that this preoccupation diverted attention and time from collaboration with families to creatively address their specific needs. It is not surprising, then, that the roles of the child welfare system and family remained blurry.

We asked what should be the relationship between the family and the formal child welfare system when the child welfare system enters a family's life, particularly when relatives or other members of the child's kinship network are willing to care for the children? "How can the relationship between the child welfare system and kinship networks of abused, neglected and dependent children be

redefined to maximize the benefits of informal and formal helping systems?” (Gleeson & Craig, 1994, p. 27). We hoped to find answers to these questions by identifying the purpose and goals in states’ kinship care policies. However, only seven states submitted policy documents that contained clear statements of purpose and/or goals. The six purpose/goal statements we extracted from these documents indicated that child welfare systems should be involved with the kinship networks of children coming to the attention of the child welfare system to ensure:

1. Continuity of environment and important relationships in the lives of children;
2. That children have persons in their lives who make permanent commitments to them;
3. That children have the best possible chance of growing up in a family environment;
4. That children’s basic and special service needs are met in the least intrusive and least restrictive manner possible;
5. That children are protected from maltreatment; and
6. That children have a sense of family identity which preserves social and cultural ties. (Gleeson & Craig, 1994, p. 27)

We argued that keeping these laudable goals in mind could be helpful in designing individualized collaborative relationships that maximize the strengths of the formal child welfare system and the informal kinship network. We concluded that:

Achieving these purposes/goals requires the child welfare system to move beyond the limited conceptions of kinship care which identify relatives when children are in need of substitute living arrangements. The child welfare system must reach out to identify, engage, and sometimes strengthen the kinship networks of children who come into contact with the child welfare system before these children need to be removed from the

home of a parent and over the course of the child welfare system's involvement in the child's life. A child's kinship network could be helpful in assessing risks to the child, protecting the child and supporting birth parents in family preservation efforts, facilitating family decision making regarding ongoing care of the child and development and achievement of a permanent plan for the child. (Gleeson & Craig, 1994, p. 27)

Achieving Permanency for Children in Kinship Foster Care

The survey of states' policies allowed us to examine how participating states viewed involvement of kin in child welfare system interactions with children and their parents. The *Achieving Permanency* project allowed us to examine current practice through the eyes of a small sample of child welfare caseworkers and supervisors employed by two private agency kinship care programs in Chicago. The programs were funded through purchase of service contracts with IDCFS. Most of the children and families served by these programs, and in public kinship care in Illinois at the time, lived in Chicago and were African American (Testa, 1995). As required by the grant, we focused on children who had been in public kinship care for at least one year, thereby excluding children most likely to be quickly reunified with their parents.

In designing the study, we were influenced not only by family therapy models and family preservation and permanency planning principles, but also by scholarship on the strengths of African American families, particularly the tradition of shared caregiving and informal adoption (Hill, 1972; 1977; 1987; Martin & Martin, 1978; Stack, 1974). We raised questions about what happens when a formal child welfare service is superimposed over the informal practice of kinship care and whether public child welfare policies were relevant to this "new" formal child welfare service. We questioned whether the prevailing family foster care practice models

which were developed in the 1970s were relevant to kinship foster care, and whether permanency could be best defined by a child's return home or adoption when a child is living with kin (Gleeson, O'Donnell, & Bonecutter, 1997). It was with this skepticism that we approached our examination of child welfare practice with children and families engaged in public kinship care.

In the first phase of the project, we examined current practice, and identified obstacles to permanence as well as conditions that promote permanence for children in kinship foster care. We conducted in-depth interviews with 41 caseworkers regarding casework practice with a sample of 77 children in kinship foster care and their families. We also conducted in-depth interviews with 11 supervisors regarding casework and supervisory practice in kinship foster care. Following the interviews, a steering committee with a wide variety of social work and child welfare experience reviewed summaries of 12 of the kinship foster care cases. The findings from these three sets of activities led to the identification of practice principles and methods for facilitating permanence for children in kinship foster care. In the second phase of the project, the practice principles and methods were incorporated into a draft training curriculum and field tested by caseworkers in one of the participating kinship care programs. In the final phase we examined whether the practice principles and methods were implemented by caseworkers in the demonstration units and whether their practice differed from caseworkers in comparison units, and revised the training curriculum based upon results of the field test (Bonecutter, 1999).

Obstacles

We identified four major obstacles to permanence for children in kinship foster care. First was *the complexity of relationships, caregiving burden, and resource drain experienced by the kinship networks of children in kinship foster care*. More than 80% of the children came to the attention of IDCFS due to allegations of neglect. Parental drug

abuse contributed to inadequate care of 81% of the children, yet only a small percentage of mothers and no fathers were receiving drug treatment. Other parental problems included lack of housing, criminal behavior, financial problems, mental illness, and developmental disabilities. The kinship caregivers ranged from 25 to 72 years of age, with a median age of 50. While half of the caregivers were employed at least part-time, one quarter received AFDC for at least one child other than the child in IDCFS custody, and a quarter received SSI disability or retirement income. Seventy percent of the kinship caregivers were single females, 87% were related to the biological mother, 68% were grandparents or great-grandparents, 21% aunts or uncles, and 11% brothers, sisters, or other relatives (Bonecutter, 1999; Gleeson, O'Donnell, & Bonecutter, 1997). The fact that caregivers were related to the child's parents added a level of complexity beyond what was common in foster care. However, it became clear that effective permanency planning required a broader view, and understanding of family dynamics far beyond one child, one or two parents, and one caregiver.

Over three-quarters of the caregivers had more than five and up to 12 persons living in their homes, including the caregivers' minor and adult children. More than half of the homes included between four and nine children under the age of 18. All but three of the 77 children in the sample had siblings. These siblings lived in a variety of settings, adding to the diversity and complexity of family caregiving and child-rearing arrangements. While 78% of the children had one or more siblings living with them in the same relative's home, 40% had siblings living with at least one other relative, 9% had siblings living in foster care with nonrelatives, 17% had siblings living with their biological mother and 9% had siblings living with their biological father. Some siblings were in the custody of IDCFS and others were not.

A second obstacle was *the child welfare system's narrow definition of family and a lack of involvement of birth mothers, biological fathers, kinship caregivers, and other members of the child's kinship network in planning and decision-making in behalf of the child in*

kinship foster care. Surprisingly, despite more than a decade of research and training emphasizing engagement of birth parents and foster parents in permanency planning, case plans were developed primarily by child welfare caseworkers, often with the assistance of their supervisors and other service providers, but rarely with the involvement of parents, caregivers or other family members. The child's current caregiver contributed ideas and recommendations to the most recent service plan for only 32% of the children in the study sample. Biological mothers contributed to the development of service plans for 21%, and biological fathers contributed to service plans for only 5% of the children. Despite the fact that 74 of the 77 children in the study sample were African American, case planning did not reflect an appreciation for the traditional child-rearing role of African American extended families (Hill, 1972; 1977; Martin & Martin, 1978; Stack 1974). No extended family members other than the current caregivers contributed ideas or recommendations to the development of the most recent service plan for any of the children in the study (Gleeson, O'Donnell, & Bonecutter, 1997).

What initially appeared to be good news was that caseworkers asked caregivers of 82% of the children whether they would consider adopting the child in their care (Gleeson, 1999b). Caseworkers were planning for adoption by relatives as a permanency option for 35% of the children in the study sample, more than one would predict from earlier research. However, fewer than half of the caregivers expected to adopt these children were involved in the development of the most recent service plan (Bonecutter, 1999; Gleeson, O'Donnell, & Bonecutter, 1997). Caseworkers discussed private guardianship with caregivers of only 51% of the children in the sample, but this option was considered unrealistic for nearly all of these children. While the best predictor of discussing adoption was the caseworker's assessment that the caregiver was able to raise the child without the assistance of the child welfare system, this was not true for guardianship (Gleeson, 1999b). There were two main reasons for this: (1) lack of understanding of guardianship;

and (2) the lower level of financial support for guardianship compared to adoption, since subsidized guardianship was not available at the time. While caseworkers' concerns about need for the higher level of financial support to care for these children was laudable, "basic principles of client self-determination require that caseworkers present all permanency options to family members and assist them in making choices, rather than making decisions for these families without presentation of all options" (Gleeson, O'Donnell, & Bonecutter, 1997, p. 821).

The lack of family engagement and open discussion of all available permanency options contributed to significant stagnation. Caseworkers indicated that the current permanency goal was long-term kinship foster care for 58% of the children in the study sample. Another 4% had a goal of independence, which indicated a plan for the child to remain in state custody and grow up in the kinship home until the age of majority. When asked to look one year into the future, caseworkers projected that long-term kinship foster care would remain the goal for 47% of the children and independence for another 7% (Bonecutter, 1999).

A third obstacle was *the increasing proceduralization of child welfare, with "successful child welfare practice" defined as completion of tasks and compliance with legal mandates*. Casework practice was being shaped by a child welfare system that was becoming increasingly bureaucratic in response to rapidly increasing caseloads, as well as regulatory and legal mandates. Caseworkers consistently indicated that much of their time was spent completing paperwork required by administrative rules and procedures and lawsuits brought against IDCFS. Learning what forms to complete, when and how to complete them, constituted a major part of the training of caseworkers, who generally had bachelor's degrees in fields other than social work, little or no prior experience, and no prior specialized training in child welfare. Training focused on rules and procedures crowded out other learning needs such as how to engage parents and other family members in developing plans to ensure safe, stable, nurturing environments for their children.

A fourth obstacle was a *short-term view of permanence* that focused on immediate problems and goals of the child welfare system rather than long-term goals of families raising children. As caseloads continued to grow, there was increasing pressure on caseworkers to pursue permanency goals that would allow the child welfare system to close cases through reunification, adoption, or transfer of guardianship. However, there was little evidence that caseworkers were looking beyond the goal of closing the case. Adoption in particular was emphasized for children who had been living with the same relative for years. Once a caregiver agreed to consider adoption, the caseworker's focus shifted to meeting bureaucratic requirements to terminate parental rights, secure approval of the adoption subsidy, and process the adoption through the court system. Little attention was paid to helping caregivers and other family members look into the future to anticipate and plan for problems or changes they would confront over the course of raising the child to adulthood. From the child welfare system's perspective, reunification with a parent, finalization of adoption, or the rare transfer of guardianship to the kinship caregiver were all considered to be the achievement of permanence. While these changes in the child's legal status may have indicated an end of the child welfare system's legal responsibility, the family's responsibility was far from over and permanence was not a certainty.

Practice Principles

We identified four practice principles and associated methods that formed the basis of the *Achieving Permanency with Children in Kinship Foster Care* curriculum (Bonecutter, 1999; Bonecutter & Gleeson, 1996; Gleeson, O'Donnell, & Bonecutter, 1997): (1) adopting a broad view of family, (2) ongoing striving for cultural competence, (3) collaboration in decision-making, and (4) a long-term view of child-rearing.

A broad view of family. Whether the purpose is to strengthen the support system available to parents or kinship caregivers,

facilitate contact between siblings, or facilitate permanency planning by members of the child's kinship network, child welfare caseworkers must take a broader view of families, beyond the child-caregiver-parent constellation; identify members of the child's kinship network; and facilitate the building or strengthening of kinship networks toward the goals of protection, permanency, and well-being of the child. The curriculum incorporated genograms, ecomaps, and other tools designed to help caseworkers identify important members of the child's kinship network across several generations and households, as well as patterns of shared caregiving and support within the kinship network and environment.

Ongoing striving for cultural competence. Cultural competence is not a trait, but an ongoing effort. Effective permanency planning requires child welfare caseworkers to continually strive to become increasingly self-aware, to work with families to identify cultural values and strengths that may differ from their own or the dominant society, and to gain knowledge of traditional strengths of the cultures with whom they work. The curriculum incorporated a framework for assessing kinship networks that is strengths based and applicable to various diverse family forms. *Metaframeworks* (Bruenlin, Schwartz, & MacKune-Karrer, 1992) assesses the network's organization for decision-making based upon adequate balance, leadership and harmony. This framework is ideal for assessing *with* extended families and kinship networks their capacity for caring for children over the long term.

Collaboration in decision-making. Child welfare caseworkers need to develop skills in convening relevant members of the kinship network, engaging them in development and implementation of a plan to ensure the child's safety, permanence, and well-being, and in some cases, facilitating the family's redefinition of relationships in their family. To facilitate collaborative decision-making, caseworkers must have adequate knowledge of all permanency options available to the family, discuss these openly and honestly with families, and demonstrate commitment to principles of self-determination and family empowerment. The curriculum

included learning activities focused on convening members of the kinship network, conducting family meetings, and negotiating with families to facilitate permanency decisions.

A long-term view of child-rearing. Permanent plans that ensure the protection of the child and support the child and family's well-being require a long-term view. The curriculum focused on working *with* kinship networks to assess the appropriateness and sustainability of various permanency options, anticipate problems and needs several years into the future, and develop plans for ensuring that needs of the children and families are met long after the child welfare system's involvement in their lives. This includes family meetings designed to help members of the kinship network develop plans for addressing various concerns as the children grow and the caregiver ages, determine how members would respond if the current primary caregiver becomes incapacitated or dies, and help kinship networks build case management capacities to access formal services that may be needed in the future. To ensure that kinship networks are able to care for children until adulthood, it is important that the kinship system ultimately owns and is in charge of the plan. "The challenge in child welfare in general and kinship foster care in particular is to use the formal child welfare system not to replace or destroy but to support, strengthen and even build informal helping systems" (Gleeson, O'Donnell, & Bonecutter, 1997, p. 822).

The Field Test

Caseworkers in the demonstration units participated in four half-day training sessions based upon the draft training manual, followed by three to five half-day consultation sessions. Project staff conducted the training and consultation sessions in collaboration with unit supervisors. In addition, project staff provided monthly consultation to supervisors to support their efforts to facilitate caseworkers' implementation of the practice principles and methods. Project staff also monitored the case records of 185 children served

by caseworkers in the demonstration unit and 82 children served by the comparison unit, who were under age 15 and had been in IDCFS custody and living in the current kinship caregiver's home for at least one year.

Case record reviews revealed minimal implementation of the practice principles and methods during the six months following training, compared to the six months prior to training, and little difference in the practice of caseworkers in the demonstration and comparison units. Barriers to implementation included significant staff turnover at the caseworker and supervisor level. This resulted in cases being transferred from caseworkers who had participated in the training and consultation to caseworkers who had not, and supervisors who were working with caseworkers to implement the practice principles and method being replaced by supervisors who were unfamiliar with these practice principles and methods. Other barriers included multiple tasks caseworkers and supervisors were attempting to complete to comply with policy and procedural requirements. With the pressure of these multiple demands, caseworkers were unlikely to implement the "new" practice principles and methods unless closely monitored, supported, and encouraged by their supervisor. These principles and methods were clearly different from current practice, and with competing demands, even the most knowledgeable and committed supervisors were unlikely to encourage and reinforce implementation of the practice principles and methods unless they too were consistently encouraged to do so.

After a year of regular monthly consultation, supervisors began to share creative ways of reinforcing implementation of the principles and methods. Several supervisors constructed genograms and ecomaps during their supervisory sessions to assist caseworkers in using these tools with kinship caregivers to identify key members of the kinship network and convene family meetings to develop permanent plans. Supervisors and caseworkers shared anecdotal evidence of successful adoptions that supported the usefulness and effectiveness of the practice principles and methods.

These apparently successful adoptions were characterized by involvement of several members of the child's kinship network in decision-making and planning, with a long-term view of rearing the child to the age of majority. In some cases, both maternal and paternal relatives were involved. In some, biological parents were involved in family meetings and willingly signed specific consents to relinquish their parental rights if the current caregiver agreed to adopt the child. Caseworkers and supervisors also shared examples of unsuccessful cases that disrupted abruptly as termination of parental rights was pursued or shortly after adoption was finalized. In these cases, there was little or no involvement of family members other than the birth parent and caregiver, and adoption was "marketed" to the caregiver as the preferred permanency option, with little attention to informed decision-making or a long-term view of child-rearing.

Results of the field test suggested that while further testing was needed, the practice principles and methods had potential for facilitating long-term permanence for children in public kinship care. It was also clear that considerable support is needed at all levels of the child welfare system to ensure implementation of these practice principles and methods in daily practice (Bonecutter, 1999).

Home of Relative Reform in Illinois

The lack of progress toward legal permanency that we observed in the *Achieving Permanency* project was characteristic of current practice in Illinois at the time. This stagnation combined with rapidly growing caseloads created what Testa and colleagues (1996) described as a permanency planning crisis. They attributed much of the growth of public kinship care caseloads to administrative changes and "judicial enlargement of child welfare responsibilities and protective authority over children in parent-absent families in Illinois" (p. 458). While acknowledging intensified need for family support due to "social and economic conditions that have weakened primary-group structures over the past decade, such as

concentrated inner-city poverty, never-married parenthood, and the epidemic spread of cocaine abuse,” Testa and colleagues argued that the degree to which these challenges are “absorbed privately within kinship networks, supplemented publicly through AFDC, or taken over by the formal foster care system, is not simply a function of need. It is just as importantly a consequence of how federal and state authorities define the divisions between public and family responsibilities and demarcate the boundaries between formal and informal care” (Testa, Shook, Cohen, & Woods, 1986, p. 456).

They pointed to interpretations of *Miller v. Youakim* (1976; 1979), *People v. Thornton* (1990), *Reid v. Suter* (1992), and several administrative decisions. Unlike most states, Illinois interpreted *Miller v. Youakim* as requiring foster care payments to all relatives caring for children in state custody, even if their homes were not licensed as foster homes. The fact that few relative homes were licensed was of little concern until 1986 when caseloads, and the percentage of children in IDCFS custody who lived with relatives, began to grow rapidly. That same year IDCFS created approval standards specific to homes of relatives, thinking that these standards better fit relative homes yet were sufficiently based upon foster home licensing standards to meet IV-E requirements. Then in 1988, in response to the increasing demand for placement resources and the decreasing availability of foster homes, the Illinois Children and Family Services Act was amended to require that relatives “be selected as the preferred caregiver” when considering placement outside the parental home (Gleeson, 1999a, pp. 30–31).

In 1989, IDCFS awarded purchase of service contracts to private agencies to administer home of relative programs. It was thought that the lower caseloads and greater hiring flexibility of private agencies would allow greater success in conducting home studies and ensuring that most relative homes met approval standards, thereby increasing the flow of federal matching funds to the state. It was also expected that purchase-of service contracts requiring private agencies to provide the same level of service to children in home of relative care as required for traditional family foster

care would facilitate higher rates of case closure through reunification and adoption. However, Home of Relative placements continued to grow and approval rates remained between 40 and 60%. Some blamed low approval rates on relative caregivers' resistance to the process, which included home studies, criminal background checks, and participation in a limited number of training sessions similar to those required of licensed foster parents. From some relatives' perspectives, none of this made sense. They were relatives, not foster parents. Proposals to develop a two-tiered system of reimbursement, with a lower rate until approved, were blocked by private agencies with Home of Relative contracts and others, who blamed the complicated public-private agency bureaucracies and inefficiencies in processing criminal background checks for very slow approval rates.

Adding to these dynamics, the Illinois Public Guardian interpreted a 1990 Appellate Court Decision, *People v. Thornton*, as requiring IDCFS to take custody of children who had been left with relatives by their parents "without a care plan." In addition to increasing the size of the public kinship care caseload, these "nonremoval" cases did not meet the federal definition of "out of home" care and were therefore ineligible for federal reimbursement under Title IV-E. And, in response to the *Reid v. Suter* 1990 class action lawsuit, IDCFS entered into a consent decree, agreeing to make reasonable attempts to identify potential relative caregivers when removal from the parental home is considered; inform relative caregivers about differences between IDCFS guardianship and private guardianship and tell them that they may apply to become relative foster parents; refrain from any form of coercion to compel potential relative caregivers to become private guardians rather than relative foster parents; and require that all potential relative caregivers referred or considered for approval be informed that they may seek waiver of certain relative home approval standards (*Reid v. Suter*, 1992, 8–10). This effectively discouraged diversions from the child welfare system's custody to private guardianship and

inadvertently discouraged consideration of private guardianship as a permanency option following public kinship care as well.

In 1994, in another effort to contain costs, IDCFS created the permanency option of Delegated Relative Authority (DRA) for children in safe, stable placements with relatives for whom reunification, adoption and guardianship were proving impossible (Testa et al., 1996). Under DRA status, children were entitled to receive board payments and medical services. DRA status reduced intervention to the minimum required by Title IV-E, thereby allowing caseworkers to carry larger caseloads and reducing costs. IDCFS was able to recoup federal matching funds if the case met other eligibility criteria. However, DRA was rarely pursued. Private agencies were reluctant to use this permanency goal because of lower reimbursement and higher caseload requirements, and fear that reduced monitoring would make them vulnerable to scrutiny if a tragedy did occur to a child in DRA status.

Efforts to address and contain the growing public kinship care caseload occurred in the midst of broader attempts to reform the child welfare system in Illinois. The *B.H. v. Suter*, 1991 consent decree was designed to improve service delivery in nearly every area of IDCFS responsibility for children in state custody. The state also embarked upon a statewide family preservation program, in large part to prevent unnecessary foster home placements. However, evaluation of this initiative failed to produce evidence of placement prevention (Schuerman, Rzepnicki, & Littell, 1994). This all occurred in the context of federal welfare reform efforts that ultimately led to the replacement of AFDC with TANF block grants (Gleeson, 1996). Some state officials expressed concerns that time limits imposed upon TANF recipients would result in even more children coming into the custody of IDCFS and further growth of home of relative caseloads.

The sharp growth in home of relative care, the overall IDCFS caseload, and the IDCFS budget, led to development of the Illinois Home-of-Relative (HMR) Reform Plan. The plan was announced as part of the governor's budget briefing on March 1, 1995, with

an implementation date of July 1, 1995. The HMR Reform Plan was one of several initiatives driven primarily by the governor's and General Assembly's mandate to reduce the cost of child welfare services in Illinois (McDonald, 1995). The HMR Reform Plan was designed to save the state \$44.4 million in FY 96 alone by reducing the number of nonremoval cases taken into state custody, eliminating separate home of relative approval standards, requiring relatives to meet traditional family foster home licensing standards before receiving foster care payments, and creating a reimbursement level for unlicensed relatives caring for children in state custody at the state standard of need—higher than the AFDC child-only payment but lower than the foster care payment. Since the state standard of need used an economy of scale similar to the AFDC family and child-only grants, the disparity between licensed and unlicensed homes was even greater for sibling groups.

When the plan was announced, the African-American Family Commission of Illinois organized a community forum. Mark Testa was invited to present the plan. I was one of the people invited to speak about the potential impact of this plan on children and families. My comments focused on concerns about fairness and equity. While consistent with federal policies, it just did not seem fair that relatives whose homes were not licensed, yet were asked to care for children in state custody, should receive a lower level of support. I cited research indicating that children in the care of relatives shared many of the same problems and needs as those in the care of nonrelated licensed foster parents, while their caregivers generally had lower incomes, were older, and experienced heavier and more complex caregiving burdens. I suggested that perhaps relatives caring for children in state custody had even greater need for financial and other supports, regardless of their licensing status. I also challenged the premise that administrative and case law were primarily responsible for the growth of home of relative caseloads, citing Mark Testa's (1992) research on increasing conditions of risk of substitute care for children in urban centers. I pointed out the racial disparities inherent in providing lower levels of support for

unlicensed relative homes, since the overwhelming majority of children in kinship care in Illinois were African American. I also challenged the fairness of the very short transition period that would be allowed for current relative homes to become licensed to retain the full foster care payment they were receiving. Others presented compelling data regarding the nine months or longer that it took for even the best qualified applicants to have their homes licensed, due to the complicated and cumbersome licensing process. I spoke about the harm that an abrupt drop in financial support could do to caregivers' ability to continue to care for children.

Following these public comments, the Legal Assistance Foundation and Public Guardian's Office asked me to serve as an expert witness in the *Youakim v. McDonald* (1995) lawsuit challenging the HMR Reform Plan. With some trepidation, I agreed. I was previously on record saying that lawsuits were the worst way to make public policy, but given the short implementation timeline, I felt that the only way I could contribute to limiting potential harm of the HMR Reform Plan was to provide testimony.

Youakim v. McDonald (1995) focused only on children in relative homes who had previously received foster care payments. It did not challenge the state's right to change the eligibility requirements for foster care reimbursements to relatives of children in need of future kinship care. The Northern District Court held that the transition period established by HMR Reform violated both the 1976 *Miller v. Youakim* judgement order and the due process clause of the Fourteenth Amendment. The District Court required IDCFS to provide more time for previously approved relative caregivers and those pending approval to submit applications for foster home licensure, and continue to provide the foster care payments to relative caregivers unless they failed to file applications within the new timeline or until an application filed within the new timeline was denied. However, the appellate court stayed the order on July 12, 1995, allowing the HMR Reform Plan to be implemented while the court considered the appeal. Then, on February 15, 1996, the Northern District court ordered IDCFS to restore the foster care

payments for the nine thousand children for whom reimbursement had been lowered under the HMR reform without determination of whether the home met licensing standards. The U.S. Supreme Court refused to hear an appeal by IDCFS and on July 3, 1996, a final restoration order was issued by the Northern District Court. For more than a year, implementation of the HMR reform plan, licensing studies, clarification of payment levels, and completion of documentation for relative caregivers to receive payment restoration consumed the energy and conversations of caseworkers and relative caregivers. Permanency planning continued to be on the back burner.

The same statute that authorized HMR Reform reduced the adoption subsidy for special-needs children, added a means test based on the adoptive family's income, and made clear the adoption subsidy was not an entitlement guaranteed to continue until the child reached adulthood. These seriously short-sighted policies were rescinded within a year, when it became clear that the lack of commitment to adoption subsidies in Illinois discouraged some kinship caregivers, foster parents, and caseworkers from pursuing adoption (Gleeson, 1999a; Mason & Gleeson, 1999). But in many ways the damage was done. Paired with HMR reform, this was just one more indication to kinship caregivers, others in the community, child welfare practitioners, and advocates that IDCFS may not honor its commitments to families over the long term.

As the dust settled from the HMR Reform, a number of other initiatives were simultaneously implemented with similar goals of reducing the IDCFS caseload and the cost of child welfare services in Illinois. IDCFS delegated full case responsibility to private agencies for all purchase of service contracts and implemented performance-based contracting, a managed care approach of incentivizing permanency planning. To maintain the agreed upon funding level, agencies were required to accept a specific number of new cases within specified timelines and close the same number of cases as accepted, generally through reunification or adoption. IDCFS also submitted a IV-E waiver request for a five-year randomized test of

the effectiveness of providing subsidized guardianship as a permanency option for children in public kinship care, as well as older children in foster care. The request was approved and the project successfully implemented. IDCFS also invested in comprehensive staff training on permanency planning for public and private agency caseworkers and supervisors, incorporating elements of the *Achieving Permanency in Kinship Foster Care Training Manual*.

Illinois' initiatives to improve permanency outcomes and reduce foster care caseloads coincided with national efforts to reform the child welfare system and President Clinton's Adoption 2002 directive, which led to passage of the Adoption and Safe Families Act of 1997 (ASFA). ASFA shortened timelines to facilitate the achievement of permanency and created incentives to states for the achievement of permanency through adoption. Although ASFA did not require states to apply the same time limits to kinship care, IDCFS took full advantage of the opportunity to focus permanency planning efforts on all out-of-home placements. Results of the subsidized guardianship waiver research and demonstration project revealed a statistically significant higher rate of permanency when subsidized guardianship was an option (Testa, 2002). Illinois continued to provide subsidized guardianship after the end of this project. Permanency planning efforts in Illinois were instrumental in reducing the overall substitute care caseload from over 50,000 in 1997 to just over 15,000 in 2011 (Rolock, 2013), with remarkable increases in the number of children receiving adoption or guardianship subsidies to assist caregivers in raising these children to adulthood. The number of children in subsidized adoptive or guardianship homes steadily increased from approximately 12,000 children in 1997 to approximately 35,000 children in 2011, more than double the number of children in IDCFS out-of-home care.

"The history of kinship care policy development in Illinois provides an excellent example of the stalemates that occur when well-meaning persons with different narrow visions advocate to improve the societal response to vulnerable children and families" (Gleeson, 1999a, p. 50). A narrow view led IDCFS to attempt to

solve its problems of increasing demand and decreasing resources by turning to relatives of children they were taking into state custody. The increasing demand was caused by overreliance on the child welfare system to solve problems beyond its control. Without broader societal commitment to address poverty and substance abuse, the child welfare system was left with few options. HMR Reform, Subsidized Guardianship, performance-based contracting, major investments in permanency planning training, and ASFA's permanency incentives were successful in breaking this stalemate. In combination, these initiatives helped forge a shared mission among stakeholders focusing on the achievement of legal permanency for children in public kinship care. The B.H. consent decree has been helpful in keeping the focus not only on the achievement of permanency in the short-run, but stability of reunification, adoption and guardianship over two, five, and 10 years (see <https://cfrc.illinois.edu/outcome-indicator-tables.php>) and in expanding monitoring efforts to include well-being of children in foster care. In 1997, the U.S. Children's Bureau funded the National Study of Child and Adolescent Well-being (NSCAW), a longitudinal study that examines what happens to the children and families who come in contact with the child welfare system. In 2001, the judge overseeing the B.H. consent decree called for a similar comprehensive study of the state of child well-being in foster care in Illinois (Cross, Tran, Hernandez, & Rhodes, 2019; Hartnett & Bruhn, 2005).

Looking Back and Looking Forward: Lessons Learned

My practice experience, early research on kinship care, and participation in the *Youakim v. McDonald* court case provided insights into the challenges of negotiating the roles of government funded programs and the roles of family when children come to the attention of the child welfare system. These experiences provided windows into the evolution of kinship care as a child welfare service, an evolution that continues today.

One of the risks of examining kinship care “as a child welfare service” is the narrow view of a tradition of child rearing of which public kinship care is only a small part. Less than 10% of children living with kin without their parents are in the custody of the child welfare system (public kinship care). Another 32% have had contact with the child welfare system (voluntary kinship care), with only half of these receiving child welfare services. Nearly 40% are in private kinship care arrangements with no child welfare system involvement, and an estimated 20% are in permanent homes with relatives who have adopted or taken guardianship (Testa, 2017). Conducting research on kinship care as a child welfare service runs the risk of limiting our view to the perspective of the child welfare system, examining how children come to the attention of the child welfare system, whether they “enter” state custody, when and how they “exit” state custody, what happens while in custody and after. While this perspective is important, it is not the perspective of families. From families’ perspectives, it is the child welfare system that enters and exits their lives, or not. Families struggle to protect children, provide them with permanent connections and stable living arrangements, and ensure their healthy development, regardless of whether the child welfare system is involved.

The good news is that in more recent years, researchers, policy-makers, practitioners, and advocates have broadened their view to include the full range of kinship care arrangements. The research is focusing on child and family well-being, not accepting avoidance of child welfare system custody, or case closure through reunification or adoption, as the only measures of success. There is more overlap and integration of previously siloed research on public, voluntary and private kinship care, grandparents raising grandchildren, children in nonparental care, and multigenerational households.

Research on kinship care has influenced public policy. The Illinois Subsidized Guardianship research and demonstration project and replications in other states contributed to incorporation of the Guardianship Assistance Program into the 2008 Fostering Connections and Safe Families Act, allowing IV-E funding for

states who wish to provide this permanency option for children in licensed kinship foster homes. The same law mandated notification of relatives of children removed from parental custody, allowed waiver of licensing standards on a case-by-case basis for relative homes, and authorized a limited number of family connections grants to develop and test intensive family finding efforts and family group decision-making programs. Research on private kinship care influenced the incorporation of kinship navigator research and demonstration projects into this act as well. And results of these projects led to broader funding of Kinship Navigator programs in the Family First Prevention Services Act (FFPSA). FFPSA also allows states to use Title IV-E funds to provide up to 12 months of mental health services, substance abuse treatment, and in-home parenting training to families with a child at risk of entering the custody of the child welfare system, including children living with kin.

Kinship Navigator Programs have bridged gaps between programs serving caregivers and child welfare programs, linking grandparents and other relatives raising children to support groups, respite care, and warmlines that provide information, referrals and support by phone, as well as other services funded through the National Family Caregiving Support Act. Navigator programs have the potential to link families to programs that address universal needs such as income and housing assistance, health care, legal services, and to identify specialized services and link families to these services when needed (Gleeson, Cryer-Coupet, & Washington, in press). Ensuring the availability of kinship navigators in all localities could go a long way in helping families negotiate complicated eligibility criteria, service gaps and access barriers that exacerbate racial and class inequities. While some families need information and referral assistance others need aggressive outreach. Given the low level of utilization of supports and services and high level of need among families raising relatives' children, particularly those providing private kinship care, it is important for navigator programs to actually create demand to facilitate uptake and utilization.

Child well-being research that goes beyond children who have had contact with the child welfare system, using national databases such as the National Survey of Children in Nonparental Care (Bramlett, Radcliff, & Chow, 2017), is helpful in expanding our view. If we broaden our view even further, we might place support for families engaged in kinship care in the context of social work's grand challenges initiative (Gleeson, Cryer-Coupet, & Washington, in press). In particular, broad commitment to addressing challenges of ensuring healthy development for all youth, reducing extreme economic inequality, eradicating social isolation, advancing long and productive lives, closing the health gap, and promoting smart decarceration has the potential of benefitting families raising a relative's child, as long as their perspectives are incorporated into long-term, sustainable solutions.

As we look ahead, there are a few lessons learned that would be good to keep in mind. The first of these is sustainability. Ongoing public support is never guaranteed and formal systems may not keep commitments. Therefore, it is essential to develop responses to need that are woven into our societal fabric but are not solely dependent upon ongoing involvement and funding of the child welfare system, or any single publicly supported system. Families raising relatives' children are well represented among clients of all publicly funded programs. Broad collaboration between/among formal and informal systems is essential to ensure sustainability of any efforts to successfully address the challenges facing the most vulnerable families in our country. To ensure sustainability it is clear that publicly funded formal systems must find ways to contain costs while also fighting to secure the resources to address current and future needs. This perspective is important but is by far not the only one to be considered. It is also clear that sustainability requires investments in families and communities that strengthen their abilities to care for children without ongoing public support. Access to services to meet periodic needs is essential. However, the entire societal context is relevant—the economy, jobs, health care, education, and the social

safety net all influence need and create pressure on child welfare and other systems to meet demands no one system can meet on its own. Building sustainable, long-term solutions requires a shared mission, commitment, and collaboration across and among formal and informal systems, in all communities. Access to financial support and services should be a response to need, not dependent upon child welfare system involvement, child welfare system custody, foster home licensing status, or family structure.

A second lesson is that true collaboration across and among formal and informal systems requires genuine mutual respect, honesty, and a strengths-based orientation. Even as Illinois demonstrated “success” in discharging record numbers of children from state custody through adoption or subsidized guardianship, there were families that felt coerced, deceived, and disrespected (O’Brien, Massat, & Gleeson, 2001). Some families suddenly felt pressured to adopt children or have them removed from their care to be adopted by nonrelatives. And some families asked to consider adopting children were not given the full range of permanency options to consider (Gleeson, 1999a). Federal policies required adoption to be ruled out before subsidized guardianship could be approved, but the question is who rules out adoption? Although the juvenile court and child welfare system were willing to entrust the family with caring for the child until the child reached adulthood, in some cases the system did not trust the family to weigh all options before making this commitment, presenting guardianship as an option only if the family refused to adopt. This not only slows down the permanency planning process and keeps children in custody longer than necessary, it also breeds a legacy of distrust between formal and informal systems. In order to build a legacy of trust between formal and informal systems, it is important to educate all formal service providers, to ensure that they have a broad view of family, look for strengths in families and communities, and recognize the functionality and benefits of various kinship care and multigenerational family forms.

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5

A Behind-the-Scenes Look at Miller v. Youakim and Its Aftermath

Mark F. Testa

A memorandum arrived in my inbox (an actual metallic box in the days before e-mail). The subject line caught my eye: *Youakim*. The year was 1976, and I was finishing a two-year stint at the Illinois Bureau of the Budget prior to returning to the University of Chicago to complete my doctoral studies. The class-action lawsuit, which was originally filed in 1973 against the former director of the Illinois Department of Children and Family Services (DCFS), was making its way upward through layers of judicial appeal. It would take another three years before the U.S. Supreme Court made its landmark ruling in *Miller v. Youakim* (1979), which prohibited states from denying federal foster care benefits to children for reasons of kinship alone. The Court ruled that eligible children placed in relative homes that met foster home licensing standards were entitled to receive the same federal support as children placed in the homes of non-related foster parents. Even though the significance of the litigation was not apparent in 1976, what intrigued me as an aspiring sociologist was the lawsuit's surfacing of a chronic tension in modern society between two

contrasting perspectives on social organization: the primordial and the bureaucratic.

Borrowing concepts from my mentors, Edward Shils (1957) and James Coleman (1990), the *primordial* perspective holds that the customary prerogatives and duties of kinship, and their close approximations based on the ascribed affinities of race, ethnicity, tribe, and religion, ought to take precedence when selecting the appropriate locus of alternative care for dependent and neglected children. In contrast, the *bureaucratic* perspective holds that children's placement should be insulated from the arbitrary biases of ascription and instead should be based on an impartial and scientific assessment of the qualifications of potential foster homes to care for any child regardless of social origins.

Crosscutting the primordial-bureaucratic dimension is another strain that *Youakim* helped to expose. It concerns the appropriate scope of public interest in children's safety, permanence, and well-being. This dimension builds on Sowell's (1987) distinction between constrained and unconstrained visions of social possibilities. Historically, states *constrained* child welfare policy to a narrow set of functions, which sought to ensure that children who are vulnerable were acceptably fed, sheltered, clothed, and protected from physical harm. With the enactment of federal child welfare policies beginning in the 1960s, the scope of public interest steadily expanded to an *unconstrained* pursuit of a diffuse array of improvements in children's permanent care and general well-being.

Four Perspectives on Kinship Care

Much of the history of kinship care policy in the United States can be framed in terms of the challenges that governments and communities face in reconciling the tensions between four perspectives on alternative care, which emerge from the cross-classification of the dual dimensions of scope of public interest (constrained vs. unconstrained) and locus of alternative care (primordial vs. bureaucratic). In recent writings, I have substituted the terms informal-formal for

primordial-bureaucratic (Testa, 2017). For the sake of continuity with my earlier writings, I return to the original terms.

The constrained-primordial perspective assumes that financial and social support should come from parents and extended kin whom prior law held to be legally responsible for the care of dependent relatives. This relative-responsibility model, which operated under the English and American Poor Laws, provided some in-home assistance to needy parents and children who lacked extended family support. In its harshest form, it restricted public support to destitute families confined to almshouses and children removed to orphanages. As public interest in preserving children's home life spread with the invention of the juvenile court in the early 20th century and the provision of mothers' pensions, a less constrained-primordial perspective took hold, which condoned offering financial assistance to mothers and kinship caregivers as an alternative to taking children into public custody. This kinship-support model funded open-ended financial assistance to destitute parents and kinship caregivers under Aid to Dependent Children (ADC), which was later renamed Aid to Families with Dependent Children (AFDC) in 1962 a decade after the program began meeting the needs of adult caregivers. An unconstrained-primordial perspective on alternative care took shape after states repealed relative responsibility statutes in the 1960s, which qualified non-needy kinship caregivers for "child-only" AFDC grants. In its pure form, the unconstrained-primordial perspective prioritizes public spending in accordance with the "nepotic criteria of family before all else" (Litwak, 1965, p. 291). The preference given tribal nations and relatives in federal law when deciding upon foster care placements and the restriction of federal guardianship assistance to kin are expressions of the unconstrained-primordial perspective on alternative care.

At the opposite end of the locus-of-care dimension, the constrained-bureaucratic perspective prioritizes public spending on the alternative care of children who have been removed from parental custody and placed into licensed institutions or foster homes.

This licensed-care model restricts relatives from becoming certified foster parents unless their families and homes meet uniform licensing thresholds pertaining to physical and mental health, financial stability, criminal record checks, adequate living space, and other conditions in the home. The underlying organizational tension that *Youakim* helped to surface was whether states were justified in invoking the relative-responsibility model to deny full boarding home stipends to licensable relative caregivers on the grounds that kinship care is a moral duty. On this particular issue, the U.S. Supreme Court ruled against the state of Illinois. It concluded that relative homes, which satisfy uniform bureaucratic standards for becoming a licensed foster home, could not be barred from receiving federal foster care benefits for reasons of kinship alone.

Even though federal law prohibits separate licensing standards for relatives and non-relatives, a less constrained-bureaucratic perspective on the certification of kinship caregivers has gradually gained a foothold. It permits some exceptions to uniform licensing requirements, such as requiring fewer training hours for caregivers who are looking after related children. Since 2008, federal law has granted foster care licensing agents the discretion to waive non-safety related requirements for relatives on a case-by-case basis. This flexibility also extended to states' expanding the definition of kin to include close family friends, godparents, step relatives, and other "fictive kin" who are not related by blood. In its ideal form, the unconstrained-bureaucratic perspective allows for procedural and cultural flexibility to the extent that the innovations are empirically supported as offering better or comparable care to practice as usual. But there is potentially a dark side to the unconstrained-bureaucratic perspective when a dominant culture imposes its own ideology and value preferences on subordinate groups in pursuing its child welfare goals. The forced "de-tribalization" of hundreds of thousands of American Indian children and their placement in off-reservation boarding schools (Briggs, 2012); the eugenics-inspired, involuntary sterilization of minors with intellectual disabilities (Diekema, 2003); and the creation of tens of

thousands of “legal orphans” through mechanical enforcement of the termination-of-parental-rights provisions of the Adoption and Safe Families Act of 1997 (Godsoe, 2013) are painful reminders of past wrongs when bureaucracy becomes indifferent to the values, culture, and dignity of the primordial communities that are affected by these policies.

Historically, alternative care policy in the United States has generally trended from the relative-responsibility (constrained-primordial) perspective to the evidence-based (unconstrained-bureaucratic) perspective. Nonetheless, all four perspectives still exert varying influence on policy directions, which continue to roil policy debates in the 21st century (Testa, 2013, 2017). Some of the key issues include: Are states justified in placing children in foster care into kinship homes that do not meet uniform licensing standards? Is it ever in the public interest to withhold full foster boarding subsidies from unlicensed kinship homes? When is it permissible to waive non-safety standards and promulgate flexible licensing standards that pertain solely to kin? How broadly should the definition of kinship be extended beyond biological relatedness to include culturally recognized, family-like relationships? Are there empirically supported advantages to favoring children’s placement with unlicensed kin over non-related foster care with respect to safety, permanence, and other well-being outcomes? These are a few of the questions and issues, which gave future direction to my research and policy practice after I departed state government to complete my doctoral studies. It was a departure that came to an end in 1994 when the state presented me with an opportunity to combine my academic and policy practitioner roles in a joint-appointment between the state and the University of Chicago as DCFS research director.

Relative Responsibility and Kinship Support

My previous job at the Illinois Bureau of the Budget had been chief analyst for the state budget on income and medical assistance.

The reason *Youakim* crossed my desk was because children who were placed under the care of relatives either informally by parents or formally by the state were supported under the in-home provisions of federal Aid to Families with Dependent Children (AFDC). The federal program initially operated from a constrained-primordial model of relative responsibility inherited from the Poor Laws. It held that extended families shared financial and moral responsibilities with birth parents for the care and upbringing of dependent children. Created in 1935 as part of the Social Security Act, the ADC program provided child-only grants to needy mothers and related caregivers for the care of children who were deprived of income support because of a parent's death, continued absence, or incapacity. In 1950, Congress expanded the program to reimburse the costs of meeting the financial needs of adult caregivers. Consistent with the constrained-primordial model, state welfare laws held both nuclear and extended kin legally liable for the support of dependent children. Welfare agencies means-tested birth parents and extended kin to determine their financial needs in caring for dependent children. Non-needy kin did not qualify for assistance. It wasn't until the 1960s that courts and state legislatures expunged relative responsibility clauses from state welfare laws and opened the door for child-only grants to non-needy relatives' applying for AFDC. Even though extended kin in Illinois could receive financial assistance irrespective of their own household income, the door to their participation in the bureaucratic model of licensed foster care remained firmly shut.

Prior to the *Miller v. Youakim* ruling, Illinois statutorily excluded relatives from operating a foster family home for the care of children who were related to them by blood, marriage, or adoption. State law defined a foster family home as "a facility for child care in residences of families who receive no more than eight children *unrelated* to them...for the purpose of providing family care and training of children a full time basis" (Illinois Child Care Act of 1969, emphasis added). To qualify as a licensed foster home, the operator had to satisfy a long list of requirements. These included,

among others: minimal square footage for each child's bedroom; telephone ownership, a valid driver's license; adequacy of facilities for meal preparation; sufficiency of financial resources; marital status of adults in the home; documentation of good physical health; prohibition of corporal punishment; character references, and criminal history background checks. It was while reviewing the fiscal note that DCFS prepared in 1976 on the pending litigation that I first became aware of the sizeable differences in the support that Illinois provided relatives' caring for dependent children compared to what children were eligible to receive if the children had been indicated for neglect and placed in non-related foster care. The dollar amount for the first child averaged \$63 under the "in-home" AFDC program versus \$105 under the "out-of-home" AFDC-foster care program. The difference widened with each additional child taken into the home because AFDC factored in an economy-of-scale adjustment, which was absent from the foster rate calculation. Shifting state spending from the in-home to the out-of-home provisions of AFDC threatened to increase state expenditures by hundreds of thousands of dollars.

The District Court ruling, which Illinois later appealed to the Supreme Court, decided in favor of the plaintiffs' argument that the state's exclusion of relatives from operating a foster family home was invalid under the Supremacy Clause of the U.S. Constitution. The clause prohibits states from enacting laws or regulations that are contrary to federal law. The caregivers in *Youakim*, one of whom was the adult sibling of the minors, claimed severe financial hardship in caring for the two children already under her care. Because of the state's denial of federal foster care benefits to kinship caregivers, the plaintiffs argued that the family was financially unable to take in two other siblings whom the state was supporting in unrelated foster family care at the full foster-home-boarding rate. Their attorneys contended that the plain meaning of the federal statute was that all youth in care who were placed in licensed or approved homes were eligible for AFDC-foster care boarding payments regardless of kinship. The defendants countered that

Congress had intended to provide assistance to dependent children living with relatives from the in-home provisions of AFDC rather than from the law's out-of-home provisions. They argued that the state had a compelling public interest in conserving tax dollars by encouraging voluntary family care by kin. The District Court sided with the plaintiffs' arguments. It concluded that federal law authorizes AFDC-foster care payments to all eligible children living in state-approved foster homes regardless of their relationship to the caregiver.

In-Home versus Out-of-Home AFDC Provisions

Illinois's contention that Congress had intended to provide federal assistance to kin caregivers under the AFDC in-home provisions may have been arguable during an earlier period. But the law of the land had changed in the 1960s. Congress created the AFDC-foster care program to help root out a longstanding inequity in how states administered their in-home AFDC programs. Prior to 1961, states would routinely cut off AFDC grants to homes they deemed "unsuitable" to enforce local moral codes and to relieve state budgetary pressures when AFDC caseloads increased. The definition of unsuitability was left to state discretion. Some states used the provision to guard against child neglect, but many states used it to penalize the mothers of children born out of wedlock or to withdraw public aid from cohabiting, unmarried partners. Many states simply left the children in the custody of their parents after cutting-off AFDC assistance. They did little to alleviate the alleged "dangers" of residing in an unsuitable home and ignored the adverse impact that terminating financial assistance had on the maintenance and care of needy children.

In 1962, the U.S. Congress passed a Social Security amendment to shield children from that damages that enforcement of the unsuitable home provisions inflicted. The new law, which followed an emergency rule issued the prior year by the U.S Department of Health, Education, and Welfare, prohibited states from terminat-

ing AFDC assistance to eligible children who continued to reside in the home. In circumstances where unsuitable home conditions posed a genuine maltreatment risk to the children, the new law authorized the use of AFDC-foster care to support the out-of-home care of children in foster family homes or child welfare institutions. Because the costs of foster family and institutional care substantially exceeded the costs of in-home care under AFDC, most states responded to the change by restraining their use of the unsuitable home provisions. Because kinship care was still supportable under the in-home AFDC provisions, most states elected to support kinship foster care under the less costly in-home provisions even when a relative's home met formal licensing standards. It was this discriminatory practice that the U.S District Court, Northern District of Illinois, Eastern Division, declared unlawful in 1976 when it entered an order that extended AFDC-foster care payments to all relative foster homes.

Prior to the District Court's decision, DCFS was making AFDC-foster care payments, by "exception to policy," to less than 5% of the nearly 1,900 children in its legal custody whom it had placed in home of relative (HMR) care. After the decision, the Department extended AFDC-foster care benefits retroactively to all children in HMR placements, but its restricted future payment only to the eligible subset of new cases, which met the categorical, income eligibility, and licensing requirements of the federal program. Illinois established special procedures to handle exception-to-policy requests to receive the higher boarding payments from relatives caring for non-AFDC eligible children in state custody. Alarmed at the potential fiscal implications of attracting many thousands of dependent and neglected children from the AFDC program into the HMR program, the Department proceeded with its appeal to the U.S. Supreme Court.

Rephrasing slightly the state's arguments to conform to the concepts used in this paper, the defendant claimed that there was a compelling public interest in upholding the primordial principle for organizing the alternative care of children who couldn't safely

remain in parental custody. It argued that because kin have both the natural inclination and moral duty to care for related children, it was rational for states to take advantage of kinship altruism by excluding them from the bureaucratic system and paying them a lower stipend than the amount needed to attract non-relatives to the foster parenting role. It alleged that paying relatives substantially more in boarding payments than the amounts that birth parents could receive from AFDC created a perverse incentive for adjudicating dependent and neglected children as wards of the state in order to qualify relative caregivers for higher foster boarding payments. Therefore, it concluded that the state had a reasonable interest in promoting the constrained-primordial model of alternative care either by encouraging relatives to adopt, accept the responsibilities of private guardianship, or take informal custody to prevent children from being adjudicated wards of the state. Arguing against this position, legal-aid attorneys contended that there was nothing in the federal law that permitted states to exclude kin from participating in the bureaucratic system of licensed foster care, which entitled non-related foster families to receive federal foster boarding assistance. The U.S. Northern District Court sided with the plaintiffs' arguments and ordered states to treat all licensed homes the same regardless of the adults' relatedness to the child.

Kinship Care as the Preferred Placement

The Supreme Court ruling upheld the equal payment provisions of the 1976 District Court Order. But the District Court's decision also contained ancillary orders that widened the gulf between the state's and plaintiffs' positions regarding the appropriate locus of alternative care and scope of public interest. The District Court's order consisted of twelve paragraphs. The first four enjoined DCFS from enforcing the statutory exclusion of relatives from participating in the licensed foster care system. The next two paragraphs specified the remedies, which required DCFS to make full AFDC-foster care payments to all relatives caring for wards of the state and to inform

them of their potential eligibility for continued federal aid. The last six paragraphs listed guidelines concerning specific changes it ordered to bring state policies and procedures into compliance with the District Court Order. One feature, which was especially contentious, was the requirement that all placements, transfers, and periodic evaluations of existing foster care arrangements favor placement of children in the homes of relatives as the preferred placement of choice.

To comply with the District Court Order, some state officials argued for interpreting the Order narrowly as requiring equivalent payment levels only for AFDC claimable kinship foster homes and lower AFDC in-home payments for non-claimable kinship homes.¹ As long as children were placed informally or formally with unlicensed kin, Illinois could continue to claim federal reimbursements under the in-home AFDC provisions. Plaintiffs' attorneys, on the other hand, called for a more expansive interpretation and pushed for declaring kinship care as the "placement of preference." State officials shrank from this interpretation because of the precedent it might set for requiring the state to pay all related and non-related foster homes the same support irrespective of the home's claimability for AFDC-foster care reimbursement.

Illinois initially pushed for the narrow interpretation of the District Court Order by providing different assistance amounts to AFDC-claimable and non-claimable children. After the Supreme Court decision, however, state officials nudged state policy in the

¹ During this period, Illinois drew a distinction between eligibility for federal child placement services and "claimability" of foster care maintenance payments for federal reimbursement. Whereas the new Title IV-E eligibility rules required only that children meet the categorical and income standards inherited from the AFDC foster care program, "claimability" required that foster homes also meet state licensing standards in order to receive IV-E reimbursement. Even though some federal staff dispute that such a distinction was ever intended under the legislation, a review of the forms that federal staff used in Illinois to audit the Title IV-E program in the 1980s revealed that the licensing of the home was never a checkbox for determining child eligibility for IV-E child placement services.

direction favored by the plaintiffs. Years of hearing appeals from relatives on behalf of non-AFDC eligible children persuaded DCFS administrators that children's interests were better served by providing equal benefits irrespective of their eligibility for federal foster care stipends. Further, they grew receptive to the idea of providing equal benefits irrespective of the licensing status of the home. Under the older constrained-bureaucratic model that emphasized the provision of food, shelter, clothing, and physical safety, it made sense to license foster homes based primarily on their ability to meet children's maintenance needs. Licensing standards assessed the appropriateness of sleeping quarters, adequacy of cooking facilities, suitability of criminal background checks, and the financial self-sufficiency of caregivers. But as the scope of public interest widened from meeting children's maintenance needs to also taking into account their developmental needs for stable attachment relationships and feelings of belongingness to a permanent family, placement preferences shifted toward favoring homes that reinforced family continuity and community identity. DCFS had already issued a policy directive following the 1976 District Court Order, which declared placement with an adult relative as the placement of preference. Then some eight months after the Supreme Court decision in 1979, it took advantage of the policy window that the ruling opened to expand the state funded portion of its foster care program. Illinois began providing equivalent subsidies to both licensed and unlicensed kinship homes regardless of IV-E eligibility. It was an unprecedented change that made Illinois's kinship care policy almost unique in the nation with the exception of one other state.

The Clash between Primordial and Bureaucratic Perspectives

Illinois's elevation of the primordial over the bureaucratic perspective on alternative care greatly reduced the range and specificity of the criteria caseworkers needed to consider when approving the suit-

ability of kinship homes for foster care placement. The differences between the state's shortened approval checklist and the more elaborate standards it had previously used to license kinship foster homes soon came to the attention of federal auditors. During this time, the Illinois Department of Public Aid (DPA) was accountable for claiming reimbursement under the AFDC-foster care program. In correspondence addressed to the DPA director, the commissioner for the U.S. Social Security Administration questioned DCFS's separate approval process for kinship homes as being inconsistent with the federal prohibition on separate licensing standards for relatives and non-relatives. A quick comparison of the one-page approval checklist with the reams of pages for licensing non-related homes revealed the substantial differences. With millions of dollars of federal disallowances potentially at stake, the Illinois DPA pushed back. It argued that under state law, relatives did not need to be licensed in order to care for wards of the state. Further, the Department claimed that the state's use of the Relative Foster Care Approval Checklist was entirely appropriate under the Social Security Act.

The state's dispute with the federal bureaucracy over kinship approval standards vs. foster licensing requirements dragged on for another several years. Initially, DCFS deferred to the federal opinion, which required that relative homes be approved using the same licensing standards for non-kinship homes. However, only a few of the 3,200 children in kinship foster care in 1981 resided in homes that were able to meet such standards, which were largely geared to middle-class homeowners. In 1983, DCFS attempted to ease the class biases by allowing for waivers on a case-by-case basis. Still approval levels for the 3,600 children in kinship foster care remained low. Then in 1986, DCFS gambled on the federal government's acceptance of a scaled-back version of its licensing standards by gearing thresholds toward the kinds of living quarters typically inhabited by relative caregivers. In spite of the relaxed standards, approval levels for the 3,700 children in kinship homes seldom rose above 40%.

As the number of children in kinship homes continued to climb to an unprecedented 10,000 children in 1991, DCFS began contracting with voluntary child welfare agencies to handle the HMR growth. The following year, the Department scaled back its HMR approval standards one last time. Even though the percentage of approved kinship homes jumped to 67%, a series of judicial decisions undercut the savings the state reaped from increased federal reimbursements by further entrenching the unconstrained-primordial model of child placement in state law. In *People v. Thornton* (1990), the court ordered DCFS to take legal custody of children who had been left with relatives without a pre-arranged plan of care. The ruling essentially erased the distinction between dependent children due to parental absence and neglected children due to parental abandonment. That same year, the presiding judge of the Cook County Juvenile Court enjoined the Department from threatening removal of children from kinship foster homes unless relatives accepted private guardianship of the children. At this time, kinship guardianship was supportable only under the less costly in-home provisions of AFDC. With court-ordered pressures to take additional dependent children into legal custody coupled with the loss of the private guardianship option for discharging children, the numbers of children in long-term kinship foster care jumped by 5,000 cases in a single year. Stunned by the hundreds of millions of dollars in supplemental appropriations that the Governor's Office requested to cover the DCFS deficits, the Illinois General Assembly threatened to dismantle the agency unless it could bring its spending under control. It was during this period that the Department reached out to ask for my help in developing a plan to address the crisis.

Home of Relative (HMR) Reform Plan

In an interim report I prepared for DCFS (Testa, 1993), I presented research evidence and outlined the contours of a plan that ultimately took shape in the HMR Reform Plan (Illinois Department of Children and Family Services, 1995) that the Department

of Public Aid and DCFS jointly implemented on July 1, 1995. The interim report operated from a conceptual framework similar to the one outlined in the preceding sections. Its central contention was that the policies DCFS implemented in the aftermath of *Youakim* and the order issued in *Thornton* (1990) had blurred the boundaries between child dependency and child neglect. Further, the Cook County Public Guardian's office successfully argued that the *Thornton* ruling demanded that DCFS take custody of all children left with relatives without a prearranged alternative "care plan." These policies helped set the stage for the incorporation of thousands of children under the informal care of kin into the formal foster care system.

Census figures put the estimated number of children in Illinois who resided apart from parents in the homes of relatives at 70,000. Another 150,000 lived with their parents in multigenerational households, the majority with grandparents. My report contained the following prediction:

Unless legal ambiguities and conflicts are resolved over the intake of children in informal kinship and extended family care and additional discharge options are carved out for children in HMR care, a substantial portion of the informal care network is likely to become incorporated into the formal DCFS system. (Testa, 1993, p. 3)

Two years later, the number of children in kinship foster care in Illinois care swelled from 18,000 to 27,000 children. The incorporation of children into the system elevated the per-capita rate of kinship care to 9 per 1000 children—the highest in the nation. The next highest rate was New York at 3.5 per 1000 children. With no end in sight to the growth in kinship foster care, the Illinois General Assembly passed the HMR Reform Plan, which the Governor signed into law effective July 1, 1995.

The reform plan sought to clarify the boundaries between in-home and out-of-home kinship care by drawing a distinction

between: (1) children with protective need due to parental absence who are in pre-existing relative placements and (2) children who are removed from the homes of parents or relatives because of abuse and neglect. The first category of children consumed a disproportionate share of state revenue because Title IV-E barred federal reimbursement for any child who already resided in kinship care for longer than six months prior to the filing of an abuse or neglect petition. Under the constrained-primordial model, a child's home is a family setting in which parents or relatives exercise daily responsibility for the care and control of the child. Under the Social Security Act, dependent children are eligible for federal foster care benefits only if they have been removed from a parent's or relative's home. Audits of eligibility forms, which my student research team conducted, estimated that approximately 40% of the children taken into state custody were non-removal placements. The following example from the U.S. Department of Health and Human Services illustrates the definition of non-removal kinship placement:

If the parents of the child have left the home for an indefinite period of time, or have placed the child with relatives and not returned, the child's home and customary family setting have been shifted, in the parents' absence, to the home of the other relatives. When at a later time, legal custody or responsibility for placement and care is given to the State agency through a voluntary placement agreement or judicial order, such transfer of responsibility would not constitute removal of the child from his home, since his home and customary family setting are already established in the home of the relative and only his legal status in relation to his absent parents has changed (U.S. Department of Health and Human Services, 1987: 4).

The *Thornton* ruling that DCFS should take legal custody of dependent children if they were left in the informal care of relatives

without a prearranged plan created a dilemma for DCFS in the case of non-removal placements. In order to claim IV-E reimbursement, DCFS would need to remove the child from the relative's home and place the child elsewhere in licensed foster care. The HMR Reform Plan eliminated the problem by amending the statutory definition of neglect to exclude children who were safely under the informal care of kin. As an alternative to taking children into protective custody, the Plan offered extended family support (i.e., a forerunner to kinship navigator services) to help children remain safely in voluntary kinship care. If the risk of removal were immediate, the Plan offered intensive family preservation services, which had hitherto been restricted to children under parental care. Because of these changes alone, the annual count of children taken into formal kinship care dropped from 7,900 children before HMR Reform to 5,500 after implementation of the Plan.

The other problem that the HMR Reform Plan addressed concerned the appropriate level of financial assistance, which the state should provide children taken into protective custody and placed into unlicensed kinship care. DPA representatives focused on the disparity perpetuated by paying unlicensed kinship caregivers substantially more in foster boarding subsidies than what those same relative caregivers could receive under the in-home AFDC program. As of December of 1994, there were 19,580 child living with non-legally responsible relatives who were receiving in-home AFDC. This was approximately the same size of the population of children in the HMR program. The DPA representatives in the interagency working group questioned the rationale for paying relatives a monthly AFDC grant of \$201 for the support of two children while boosting the amount to \$620 if DCFS took those same children into public custody and retained them in the home of the same relative. Echoing arguments made earlier during the 1973 *Youakim* class-action lawsuit, they worried that the financial disparity provided a financial incentive for families to cause dependent children to become adjudicated wards of the state in order to qualify for the higher foster boarding payments. They pointed to

the growth in the HMR program from 8,200 children when the *Thornton* decision was issued to 22,600 children in June of 1994 as prima facie evidence for the validity of their claim. DCFS representatives worried that so drastic a cut from \$620 to \$201 a month would not only provoke a court injunction but would cause thousands of children to be returned to state custody because relatives could no longer afford to care for the children DCFS placed with them. They focused on the disparity created by paying unlicensed relatives substantially less than the boarding payment provided to unrelated foster families to care for those same children.

Standard of Need

Resolution of the dilemma relied on technical knowledge I had acquired as chief budget analyst for Illinois income assistance programs. Federal AFDC regulations required each state to develop a statewide standard of need for use in determining the amount of financial assistance it provided to families. Illinois, along with 26 other states, defined the standard in terms of the minimum income a family needs to maintain a livelihood compatible with health and well-being. The Department of Public Aid pegged the monthly amount in Illinois at \$777 for two children when factoring in an adult caregiver's needs and \$425 when factoring in only the children's needs. Each year the Department adjusted the standard for changes in the consumer price index. The problem was that Illinois and most other states paid families only a fraction of what the standard declared a family needed. In Illinois, this fraction was 47% of the full standard of need. While paying legally liable relatives (i.e., parents) only a fraction of the standard could be justified as providing a disincentive to long-term welfare dependency, there was no rational justification for withholding the full standard from non-labile relatives, especially when factoring in only the needs of the children (i.e., child-only grant). The interagency working group agreed that the AFDC standard of need, which varied by number of children and region of the state, was the appropriate income guarantee for unlicensed kinship homes. Even though

guaranteeing the full standard would lock-in a payment disparity compared to birth homes, the magnitude of the discrepancy was still much less compared to difference with foster home stipends, especially for larger sized sibling groups.

The AFDC standard of need also provided a rational basis for paying licensed foster homes a larger subsidy than unlicensed homes. Recalling how state law defined a foster family home as “a facility for child care in residences of families,” what the state was actually licensing was primarily the adequacy of the facility and secondarily the fiduciary fitness of the facility’s operators (i.e., criminal background checks, medical exams, character references, etc.). A quick review of licensing requirements with respect to the conditions of the home, e.g., bedroom sizes, telephone ownership, smoke detectors, closet space, cooking facilities, and the like, made it clear that the state was not paying a minimum income necessary to maintain a livelihood compatible with health and well-being. Instead, the purpose of the foster care stipend was to offset the cost of operating a foster home that afforded a general standard of care to any child who must be removed from their own home. The fact that a relative caregiver may not operate a home, which measures up to these standards, aside from safety problems, did not seem enough of a reason to bar a child’s placement in the relative’s home. At the same time, there appeared to be no rational basis for paying the full foster boarding subsidies to relatives who did not bear the full costs of operating a licensed facility for child care. Accepting this logic, the committee recommended abolishing separate licensing standards for kin and bringing both kinship and foster homes under a uniform set of foster home licensing rules. With this change, the longstanding threat of federal disallowances that loomed over the separate HMR approval processes in Illinois vanished.

A class-action lawsuit challenged the state’s implementation of the HMR Reform Plan. It revived the long dormant judgment order in the 1976 North District Court ruling. Although the plaintiffs did not quarrel with the standard-of-need payments and unitary licensing requirements for new kinship placements, they

did contend that DCFS could not terminate payments to families previously approved under the separate kinship standards until the state afforded them an adequate opportunity to become licensed. The North District Court ruled in favor of the plaintiffs in *Youakim v. McDonald* (1995). It ruled, appropriately I believe, that the transition period established for the implementation of the HMR Reform Plan violated both the 1976 judgement order and the due process clause of the 14th amendment of the U.S. Constitution. Even though the judgement left untouched key planks of the HMR reform plan, what is instructive about the dispute is that it resurfaced fundamental tensions between the constrained-bureaucratic model of alternative care, which federal bureaucrats were defending, and the unconstrained-primordial model of kinship care, which legal advocates were advocating.

Evidence-based Perspective on Kinship Care

In my role as DCFS Research Director, I was able to mount a program of research that helped to guide future reforms toward policy innovations that demonstrated credible evidence of their superiority over practice as usual. This evidence-based perspective on kinship care responded to a concern that child welfare advocates and colleagues expressed regarding the implementation of the HMR Reform Plan. Gleeson (1996) equated HMR reform with broader demands for budget reductions that resulted the following year in the abolition of AFDC and its replacement by Temporary Assistance for Needy Families (TANF). He raised the following concern:

There is a danger that these cost-reduction measures will be carried out in ways that increase the harm to children, reduce the supports provided to caregivers, or reduce the likelihood the children in state custody will live in homes with adults who have made a permanent commitment to care for them until the age of majority. (Gleeson, 1996, p. 421)

Gleeson was correct in inferring that cost savings were goals of both AFDC reform and HMR reform. Budget analysts are constantly on the lookout for weak programs that are vulnerable to disinvestment either because they are inefficient, strain legitimacy, or lack credible evidence of their effectiveness. The Illinois HMR program in 1995 was vulnerable on all three counts. Retaining children in long-term foster care was a costly and highly inefficient means of supporting children in stable kinship care. Paying unlicensed kinship caregivers vastly larger sums than other relatives who privately or voluntarily cared for dependent and neglected children struck many as unfair and certainly went well beyond the requirements of *Miller v. Youakim*. Lastly, much lower rates of reunification and adoption out of kinship foster care compared to non-related foster care undermined confidence in the superiority of kinship for promoting the goals of legal permanence and the reduction of long-term foster care.

Restoring legitimacy to the HMR program so that the executive and legislative branches would agree to sustain funding for kinship foster care required strengthening the program's foundations along all three dimensions of the unconstrained-bureaucratic perspective: effectiveness, fairness, and integrity. Research demonstrates that kinship care confers definite advantages over non-related foster care with respect to child safety, placement stability, and continuity of cultural heritage and social identity (Winokur, Holtan, & Batchelder, 2018). The subsidized guardianship experiment that Illinois conducted in the 2000s showed that many more children could find permanent homes with kin through adoption and legal guardianship at considerable cost savings compared to retaining them in long-term foster care (Testa, 2002). The research also showed that the benefits went beyond the ascription of kinship by blood relatedness alone. Non-related foster placements that lasted longer than one year were just as permanent over a ten-year period as placement with kin (Koh & Testa, 2008). Further, children placed with non-related foster parents, for whom assessment showed had developed lasting, family-like (fictive kin)

relationships with the children, also benefited from the availability of subsidized guardianship (Testa, Snyder, Wu, Rolock, & Liao, 2015). Unfortunately, Congress's creation of federal Guardianship Assistance Program (GAP) in 2008, which was based on the Illinois demonstration and its favorable replications in Tennessee and Wisconsin, did not heed these states' findings. The federal law limits GAP only to children in licensed kinship homes. Nonetheless GAP constitutes an important foothold in the climb towards ameliorating the damages of early childhood neglect and abuse by subsidizing safe and permanent homes where the healing can begin.

The unconstrained-bureaucratic perspective on alternative care constitutes the latest phase in the evolution of kinship care policy. It is unconstrained in the sense that the scope of public interest extends well beyond a narrow focus on ensuring that children are adequately fed, sheltered, clothed, and protected to encompass a diffuse concern for their permanency needs, stability of care, continuity with their cultural heritage, respect for their social identity, and promotion of their socio-emotional well-being. From this perspective, kinship placement is the preferred locus of alternative care whenever research evidence demonstrates it advances the achievement of permanence, stability, continuity, respect, and well-being at levels comparable to or better than non-related foster care.

The unconstrained-bureaucratic model of kinship care unlike the constrained model promotes the flexible certification of relatives as licensed foster parents at any level of care for which they and their home qualify. This is the licensing model that the state of Wisconsin implemented to preserve federal eligibility for unlicensed kin, which they enjoyed under the state's subsidized guardianship waiver but forfeited with the passage of GAP. Wisconsin restricts level 1 certification to caregivers who are relatives of the child or have prior family-like ties to the child or the child's family. Each level of care establishes a different threshold for training hours, personal references, and experience requirements in order for the home to receive monthly maintenance assistance that is commensurate with its level of certification. In Illinois, level 1 assistance

would be the standard-of-need payment. While level 1 certification is reserved solely for kinship caregivers, they may also be certified at level 2 (regular foster care) and higher levels (specialized and treatment foster care) if they meet the appropriate certification requirements. Higher levels of care require additional training, references, and experience. They also set additional requirements with respect to non-safety standards concerning bedroom size, telephone ownership, closet space, cooking facilities, and the like—some of which can be waived for level 1 certification. On the other hand, safety standards cannot be waived on a case-by-case basis. Ideally, the same screening criteria used to decide if an unlicensed kinship home is safe for placement should be the same as the safety standards required for certification. A situation should seldom arise where a kinship home is deemed safe enough for placement but not safe enough for certification.

Looking Back 25 Years

How faithfully did Illinois adhere to the unconstrained-bureaucratic perspective that was implicit in its HMR Reform Plan? With respect to the permanency needs of children, the program was a grand success. As of June of 2019, there were only 6,640 children in HMR care compared to a peak of 28,129 in June of 1997. As a result of performance contracting and its subsidized guardianship waiver, Illinois was able to discharge thousands of children to permanent adoptive and guardianship homes and reduce the number of children in long-term HMR care. As of June 2019, there were 3,035 former foster youth in subsidized guardianship arrangements and another 19,600 in subsidized adoptive homes, most of whom were under the permanent care of relatives.

Another major change was Illinois's creation of its Home of Fictive Kin (HFK) program in 2015. The HFK program departs from the constrained-primordial perspective and expands the definition of kin to include individuals unrelated by birth or marriage whom the child welfare agency determines to have family-like ties

to the child or the child's family. Fictive kin include close family friends, godparents, step relatives, or a relative's spouse or partner from a civil union. The number of children placed in HFK care tripled from 440 in 2015 to 1,390 in 2019. HFK is currently the fastest growing form of alternative care in the state.

Like relatives, fictive kin are not obliged to become licensed in order to look after children who are in the legal custody of the state. They receive the same standard-of-need subsidy that unlicensed relatives receive until their home satisfies licensing standards. The original intention behind Illinois's indexing the standard-of-need subsidy to cost-of-living changes was to narrow the disparity in the amount of financial assistance that unlicensed kin could receive compared to licensed foster parents. These provisions of HMR Reform have stood up less well over time. At the start of HMR Reform, unlicensed kin received 67 cents for every dollar a licensed foster parent received for the care of two children. By 2009, the disparity had narrowed to 73 cents for every dollar. Since 2009, however, the standard-of-need subsidy has stayed fixed at \$612. Meanwhile, the foster boarding rates have continued to rise. As of 2019, unlicensed kin received 64 cents for every dollar a licensed foster parent receives, which is a greater disparity than when HMR Reform went into effect in 1995.

Illinois's loss of ground in keeping up with cost-of-living changes can be interpreted as pulling the HMR/HFK programs back in the direction of the constrained-primordial perspective that enforces kinship care as a moral duty. Alternately, the program's widening of the disparity with foster boarding payments may be interpreted as consistent with the constrained-bureaucratic perspective of incentivizing the motivation to become licensed. Whatever the explanation, the unconstrained-bureaucratic perspective obliges Illinois to evaluate the consequences of this departure from its HMR Reform Plan on the safety, permanence, and well-being of children. Unquestioned obedience to the constrained-primordial perspective, over-investment in the constrained-bureaucratic perspective, blind faith in the unconstrained-primordial perspective; or

mechanical adherence to the unconstrained-bureaucratic perspective offer inadequate solutions to the problem of finding permanent homes for children who are unable to be reunified with their birth parents. Blending the unconstrained-primordial perspective, which is responsive to the desires, impulses, and values of affected families and communities, with the unconstrained-bureaucratic perspective, which questions traditional practices and experiments with what works best in accomplishing desired social ends offers the best chance for delivering on the promise made more than a century ago at the 1910 White House Conference on Children of ensuring every child a safe, permanent, and loving home.

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6

The Relationship of the State to Kinship Caregivers

Jill Duerr Berrick

It was the early 1990s and I was intensely interested in issues of family poverty in the United States. I knew that living in poverty was hard. So many dedicated, tenacious parents were trying to raise their children well, but they faced so many obstacles. The policies that shaped the daily lives of families that were low-income sometimes seemed to make their situations worse. Payment rates set by policy were so low that parents struggled to make ends meet. Rules forced parents to choose limited work hours or decline pay raises in order to maintain access to cash assistance or Medicaid—seemingly illogical choices that inevitably maintained their poverty status.

Cash assistance—called AFDC at that time—existed as an open-ended entitlement for children up to age 18. The program was not generous and was often irrational, but it represented one aspect of the government's relationship to families that were vulnerable. I didn't like much about AFDC policies, but I understood the political compromises that led to their enactment. Moreover, I knew that underneath the deal-making and negotiations of

public policy-making, legislators were trying to balance competing principles of *adequacy*, *equality*, and *equity*—principles that are hard to enact simultaneously without important unintended consequences.

How much money did parents who were low-income need to raise their children well? Were the notoriously low payment rates *adequate* not just to stave off absolute destitution, but enough to allow children to grow and thrive? How much was enough? What did parents need, and what was the state obliged to offer? I had never embraced much of a states-rights orientation, so I wondered if the federal government should require all welfare payments across the country to be *equal*. Surely the payment rates offered in Mississippi and Alabama at that time (less than \$250/month) weren't adequate for families. But should all states be required to pay \$550 per month (the approximate California rate at that time) when some states had fewer resources to work with? And solutions to the equality problem only created new problems of equity. Surely the cost of living in Birmingham was less than that in San Francisco. Was it fair to families in California to live on the same amount that a family in Alabama received? (I had few illusions that a standard federal payment was likely to be very high.)

Resolving these issues was complex. Policy responses to financially support families and that addressed issues of *equality* were likely to exacerbate problems of *equity*. And if the government provided family support that was adequate without obligations, was that fair to the families who regularly worked in exchange for their income? At the heart of the issue were several fundamental questions: What rights do families who are low-income have in the United States? Do individuals have a right to a basic, minimum income? Should the state be obliged to fulfill those rights? And if so, for whom? For how long? Are rights guaranteed or are they conditional? If conditional, what are the responsibilities of individuals in the exchange? Is the state obliged to provide services to help families meet their parental obligations? And if there is an implied

exchange of value, could the state impose particular standards on parents or on their care for children?

It was in that context that the national conversation about welfare reform came into play. Touted as a significant policy reform, the 1988 Family Support Act established obligations for mothers who were low-income and single in exchange for cash assistance. The policy set into motion modest incentives (mostly carrots and some sticks) to move parents into the labor market without severe financial penalties in their monthly welfare payments. But the policy did little to sate the appetite for reform. Almost immediately, calls for further welfare reform were discussed across the states, and the 1992 presidential election included welfare reform as a centerpiece. In that debate, the central ideas relating to parents' rights and responsibilities were front and center. Parents who were low-income had *rights* to income from the government, but they also had *responsibilities* to re-engage in the labor market and to exhibit signals of "good parenting" (e.g., they needed to send their children to school and to immunize their children). Questions of equity were also central to the debate: should some parents (welfare recipients) get money from the government without restriction while other parents participated in employment to bring income to their families? Questions of adequacy turned not on "how much," but on "how long:" Would cash assistance last months or years? Questions of equality related to rights and responsibilities: Should women who were low-income receive the same amount of income as women participating in the labor market? Did women have responsibilities to engage in certain behaviors in return?

As a young researcher, my goal at the time was to make a career studying the policy trade-offs between *adequacy*, *equality*, and *equity* in the context of family poverty and to consider the policy choices at stake relating to *rights*, *responsibilities*, *services*, *supports*, and *standards*. But as a newly minted PhD, attached to the Bay Area and trying to develop a career on "soft money," I also had pragmatic concerns to manage: I needed research grants to support my position at the University of California, Berkeley.

A Shift to Consider Child Welfare

Working with senior faculty Richard Barth (then a faculty member at Berkeley) and Neil Gilbert, we jointly wrote a proposal to the Administration for Children and Families to fund a five-year National Child Welfare Research Center. Our group became one of three national centers (along with Chapin Hall Center for Children and the Center for the Study of Social Policy), and we began our efforts to launch a series of studies relating to child welfare. My learning curve was steep. Our work was fueled, in part, by a new initiative within the California Department of Social Services (CDSS) to establish a Strategic Planning Commission tasked with examining and reforming public child welfare services for the state. Members of the commission wanted their reforms to be data driven, but data were remarkably scarce. No one in positions of authority seemed to know much about the children and families involved with the child welfare system, their experiences in the system, the caregivers who served children in out-of-home care, or the child welfare workforce.

Our ambition was to become expert in understanding California's child welfare system and in doing so, to shed light on child welfare nationally. We developed two main lines of research, one of which continues to inform state and county administrators to this day. Our first effort, to gather existing data from CDSS and convert the data files into a linked, longitudinal, relational database, followed on the efforts of our colleagues at Chapin Hall. Barbara Needell (who remained at UC Berkeley for her career), Mark Courtney (who, of late, served on the faculty at the University of Chicago), and Melissa Jonson-Reid (a faculty member at Washington University) were doctoral students at that time and participated in the development of what eventually became the California Child Welfare Indicators' Project (see http://cssr.berkeley.edu/ucb_childwelfare/).

Our second effort was to conduct a series of surveys to learn more about the caregiving environments in which children experienced out-of-home care. One of these surveys focused on group

care, another on treatment foster care, and a third included foster parents and kinship foster parents. The latter was a relatively obscure group of caregivers who had been little studied previously, but whose prominence as a placement setting for children was growing rapidly. At the time, the Child Welfare League of America claimed that almost one-third of children in out-of-home care nationally resided with extended relatives (Child Welfare League of America, 1992). Our own research suggested that two-thirds of the explosive growth in California's foster care caseload had been recently absorbed by kinship caregivers (Barth, Courtney, Berrick, & Albert, 1994).

Understanding the Characteristics and Needs of Kin

Who were these caregivers? What did they need? What services and supports did they receive from the child welfare system? Findings from our study (Berrick, Barth, & Needell, 1994) resulted in increased attention to kinship caregivers and to some of the disparities in their caregiving experiences. We learned that kinship caregivers were, on average, older than traditional foster parents; the majority were adults of color, and a large percentage were single. Kinship foster parents were working more hours outside of the home, yet they were notably more economically vulnerable than traditional foster parents. They had completed fewer years of education, they were less likely to own their own home, and they experienced greater residential mobility than foster parents. By all indicators, kinship foster parents were socioeconomically vulnerable in comparison to traditional foster parents. When asked about a range of possible services they might receive, kinship foster parents typically indicated that they had not received most services; this was in contrast to traditional foster parents, who had been offered and received respite care, mental health services, enrichment opportunities, and time with their social worker. The characteristics of the children in care were relatively similar; most were in good health, but the majority in both groups experienced elevated

behavioral problems compared to normative samples in the general population.

Findings from that study piqued my curiosity and raised familiar questions:

- Many kinship caregivers received lower and therefore unequal subsidies compared to traditional foster parents. They also received fewer services. Were these *inequalities* fair?
- Kinship caregivers were family to children and experienced a different sense of obligation to children than non-kin. Were the differences in subsidies therefore *equitable*?
- Many kinship caregivers received lower subsidies than traditional foster parents, but their foster care payments were higher than welfare payments for birth parents. Were these *inequalities* appropriate? Did the special circumstances of kin justify these differences on *equity* grounds?
- Was any of it *adequate*? Were subsidies for kin or for non-kin enough to raise healthy, thriving children?
- If kin and non-kin foster parents had similar *responsibilities* to children, shouldn't they enjoy similar *rights* to *services* and *supports*?

Federal and state public policy in the area of kinship care was ill-defined at best. In fact, it seemed as though there was little clarity to public policy in the area of kinship care, resulting in a patchwork of different policy approaches across the states largely crafted to rein in costs—but with little consideration for the equity, equality, or adequacy implications that kept me personally transfixed on the topic.

Quality of Care

Now that our research and that of others had highlighted the characteristics of kinship foster parents, there were so many questions to pursue. Kinship foster parents were notably different from

traditional foster parents, but the needs of the children in care were similar. Many of the children had experienced trauma in their home of origin; they had health, developmental, and behavioral challenges that were significant; and they needed able caregivers who could help them recover from their previous experiences, and who—if applicable—would be willing to offer them a permanent home.

To pursue these issues, my colleagues and I initiated a new series of studies focused on the quality of the caregiving experience for children in kin and non-kin foster care. In one project, Aaron Shlonsky (then a doctoral student at Berkeley and now a professor at Monash University) and I reviewed the developing literature on kin and non-kin foster care to highlight quality differences and quality challenges (Shlonsky & Berrick, 2001). We found that kin brought significant benefits to the caregiving experience, including a (sometimes) known and trusted relationship with the child—what Mark Testa and his colleagues have referred to as “bonding social capital” (Testa, Bruhn, & Helton, 2010)—more porous relationships and contact with birth parents, ongoing contact or placement with siblings, and greater placement stability. But the socioeconomic vulnerabilities of kin raised questions about the bridging social capital they were likely to offer children (again, a term borrowed from Testa et al., 2010). These findings led to a series of questions not dissimilar to those I had been pursuing all along: Were children’s *unequal* experiences in kin and non-kin care fair? Did children have *rights* to safety, permanency, and well-being? Were there strategies the state could employ to grow children’s bridging capital in the homes of kin and non-kin? In short, what was, or what could be, the role of the state in *equalizing* children’s experiences in care to promote their well-being?

We reached out to children for our answer. Working with doctoral students Karie Frasch and Adair Fox, we designed a study involving in-person interviews with 6-to-13-year-old children living in kin and non-kin care. Our measures were based on standardized assessments, where possible, in addition to newly

devised questions, and all of the instruments were reconfigured into games so that we could hold the children's attention and reduce anxieties that might otherwise be associated with talking to a stranger (Berrick, Frasch, & Fox, 2000).

In general, findings from the study were very positive. Children living with kin and non-kin felt safe and loved, most experienced a sense of permanence, and most described a caregiving environment that promoted their health and well-being. Children living in significantly socioeconomically vulnerable family contexts, however, felt less safe in their surrounding neighborhood, and large majorities had been witness to or had experienced violence in or around their homes (Fox, Berrick, & Frasch, 2008). Findings from this study raised important questions about the *rights* of children to live in relatively safe communities, and the *responsibilities* of government to ensure these rights, to the greatest extent possible.

Where Kinship Care and Welfare Reform Collide

As we conducted our research on kinship foster care, the domestic policy context in the United States was undergoing significant change. The year 1996 was a watershed for low-income families in the country. Congress passed and the President signed a welfare policy overhaul, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), ushering in another era of welfare reform for families who were vulnerable. Where the 1988 Family Support Act had offered a modest, incremental adjustment to U.S. welfare policy, PRWORA of 1996 represented a tectonic shift. The law repealed the entitlement to aid, set work obligations as an exchange for benefits, imposed time limits on aid, and placed a number of behavioral conditions on parents to offer evidence of basic parenting skills (Berrick, 2001). PRWORA was designed, in part, to create intentional, negative incentives to move single mothers off of aid and into the labor force.

Many policy observers feared the worst—myself included. We worried that the labor market would not be able to absorb many

millions of women, that women would not have the requisite skills or capacities to effectively join the labor market, and that without a regular source of income, parents might be unable to care for their children. Many feared widespread destitution. Child welfare scholars highlighted the potential for increased rates of child maltreatment. If families faced increasing financial insecurity or strain, many commentators at the time were anxious that children would reap the negative consequences.

My own apprehension centered on the effects of welfare reform for kinship care. Many kinship foster parents who were ineligible for foster care subsidies instead were receiving welfare payments. Many more kin were caring for children privately, outside of the auspices of the child welfare system. These caregivers had not been the focus of my research, but I knew that they outnumbered kinship foster parents by about 20-to-1 and a large proportion of these caregivers relied on public assistance to support their relative children.

First was the concern that elderly caregivers receiving welfare benefits might be affected by welfare reform. The federal law did not carve out special provisions for relative caregivers on public assistance. Would these sometimes elderly caregivers have a *responsibility* to work? Would they have *rights* to aid regardless of the other obligations imposed by the new law? Would they face time limits, even though they were caring for dependent children? (Berrick, Minkler, & Needell, 1999; Minkler, Berrick, & Needell, 1999). Although kin caregivers comprised a relatively small proportion of the overall public assistance population, it was clear that federal policymakers had not considered their circumstances; each of the 50 states would need to craft legislation to attend to kin caregivers' needs. My colleagues and I argued that kinship caregivers should be exempt from time limits and work requirements and that their care for children represented their "work"; it was a significant family sacrifice that ultimately saved children and taxpayers from the alternative.¹

¹ Most states now offer exemptions to time limits, but several states impose work requirements if caregivers are not elderly.

The second concern related to the children living with their birth parents in financially precarious homes following the implementation of reform. Assuming that time limits and work requirements did not apply to kin, it was possible that the new policy would incentivize parents to move children out of their birth homes—where income was no longer secure or consistent—into the homes of relatives where income, either from non-time-limited welfare or from foster care, remained a stable form of economic support. Indeed, our arguments, to shield relatives from work requirements and time limits meant that we favored inequality between kin and birth parents, even though such a proposition might perversely twist family life.

These notions were merely hypothetical as we had no data to suggest that the amount or stability of a monthly subsidy had any effect on which family members raised children. Or did we? Although we could not study the effects of welfare reform on household composition, we could study the effects of subsidy amounts on child welfare outcomes such as reunification and re-entry. These were certainly measures of household composition and they were measures of family members' efforts to maintain children in the homes of financially stable caregivers.

My colleague Barbara Needell and I realized that we had a natural testing environment in California. At that time, California policy imposed a two-tiered payment subsidy structure for kinship foster care. Kinship foster parents who were caring for children that were Title IV-E eligible received a foster care subsidy, whereas kinship foster parents caring for Title IV-E-ineligible children were entitled to a welfare payment. Welfare subsidies were notably lower and they were incremental; that is, they increased incrementally with the addition of siblings to the home. Foster care subsidies were more generous and they were offered on a per-child basis. The financial advantages of a foster care subsidy were significant; they were amplified if kinship foster parents were caring for sibling groups. Our access to child welfare data for all children in out-of-home care in California allowed us to examine reunification rates and

re-entry rates for children living in the homes of kin who received the higher subsidy (i.e., foster care) versus the homes of kin who received the lower subsidy (i.e., welfare), and we could compare both of these groups to children in traditional foster care. Findings from the study showed strong and important effects: children living in kinship homes with welfare subsidies were more likely to reunify and to reunify more rapidly than children living in the homes of relatives with the higher subsidy amounts. We found further that the faster reunification rates in the lower-subsidy kinship homes essentially matched the pace and rate of reunification for children living in non-kin homes; the well-known finding that showed lengthier stays in care for children living with relatives was simply driven by those children living in high-subsidy homes. Further, the effects were maintained even after children reunified. That is, children were more likely to re-enter foster care if they had initially resided in the home of a high-benefit kinship caregiver, and they were less likely to re-enter foster care if they had initially resided in the home of a low-benefit extended relative (Berrick & Needell, 1999).

The findings were indeed unsettling. Inequalities in payment subsidies resulted in family behaviors that shuffled children from some households to others. I had long advocated *equal* foster care subsidies for kin and non-kin in order to secure financial *adequacy* for children, but in a welfare reformed environment, *equality* for kin and non-kin (and the resulting *inequality* between kin and birth parents) created unintended effects such that families might rearrange their children's living arrangements in order to secure children's greater financial security. Absent the significant agency and judicial barriers that were designed to keep kids out of foster care, welfare reform had the potential to shift children's care from parents to grandparents where they could enjoy greater financial security.

Developing Funding Coherence

My research on kinship care highlighted the many inequalities and inequities between kin and non-kin; between kin and birth

parents; and between children in the home of parents, kin, and foster parents. These had always troubled me, but one could make a reasoned argument in favor of these differences. Indeed, some policy-makers had, for years, argued that kin should be treated like family rather than like foster parents, given their preexisting relationship with children and their filial responsibility. Relatedly, it was argued that foster parents should incur some added benefits to taking in children—indeed, these adults had decided to open their home to strangers, to go through a time-consuming and intrusive training and licensing process. Their altruism warranted something extra from the state beyond what any family member might receive. The argument in favor of kin-as-family typically resulted in the availability of welfare payments (instead of foster care subsidies), little screening prior to placement, few standards for care, and limited access to services. But this argument focused principally on the question of fairness for caregivers. These differences also had important effects for children. Although higher subsidies resulted in more children remaining in the care of kin who might have otherwise returned to their birth parents (as described previously), the higher subsidies meant a higher standard of living during their stay in out-of-home care. Reiko Boyd (then a doctoral student and now a faculty member at the University of Houston) and I examined California's two-tiered financial policy for kinship care in order to understand the effects of income on children. Our study suggested that differences in income and services between kin who received welfare vs. foster care subsidies had impacts on children; children's vulnerabilities were compounded in the kinship homes that were lower-income (Berrick & Boyd, 2016). Children's poverty in welfare subsidy homes was pronounced and the inaccessibility of services or other supports amplified their experience of disadvantage. On the basis of the *adequacy* principle, and in spite of the subtle, yet perverse effects on birth families, we argued that we should promote *equality* and that all kinship foster parents should receive a foster care subsidy.

California policy in 2014 shifted to allow subsidy parity between kin and non-kin, but only at county option. About three-quarters of California's 58 counties adopted the parity policy until the law changed again in 2016. Under the "Continuum of Care Reform" effort, uniform screening and licensing standards for all kin and non-kin "resource families" were imposed, uniform training was required, and all caregivers were made eligible for a foster care subsidy based on the assessed needs of the child. In exchange for equality of financial support, standards for care were increased. Some have raised concerns that raising the bar on standards for kin (although waivers can be obtained for non-safety variations) will reduce the number of kin eligible to serve as foster parents resulting in inequality of access to kin for children.² Such an outcome, if realized, would again highlight one of these vexing trade-offs in the quest to improve adequacy for children.

Developing Policy Coherence

As these examples illustrate, federal and state policies have, over the years, slowly evolved toward greater uniformity between kinship foster parents and traditional foster parents. But kin experience a variety of caregiving arrangements vis-à-vis their relative children that go well beyond foster care. To name a few, these include kinship adoption, kinship diversion, kinship guardianship, and informal/private kinship care. Simple, discrete categories of "public" or "private" kinship care do not do justice to the variety of familial, social, or legal relationships that characterize extended families.

For decades, researchers characterized all kinship care as private/informal or public/foster care. Private care meant that families made their arrangements outside the rules and regulations of the state with no court involvement, child welfare connection, screening, supervision, or service support (though some low-income families

²Data from California do not show a decline in the proportion of new entries placed with kin since 2016, but given the uneven implementation of the Continuum of Care Reform law, changes in the trend line might not be realized for some time.

relied on cash assistance—welfare). Public care was arranged and vetted by state agents (i.e., social workers), and ultimately was confirmed by the court; caregivers were required to meet some basic standards of care and were offered modest (though typically uneven) services. Developing a new taxonomy, Julia Hernandez (previously a doctoral student at Berkeley and a current post-doc at Arizona State University) and I determined that the field could benefit from greater precision to take into account a wider variety of caregiver arrangements. Definitional clarity gives researchers a common language to help articulate the phenomenon under study. It also aids policy makers as they consider rules across and between caregiver settings. Our taxonomy suggests three broad categories to describe the array of kinship arrangements available to families that we refer to as state-mandated, state-mediated, and state-independent kinship care (Berrick & Hernandez, 2016).

State-mandated care, we suggest, is both arranged and required by agents of the state. Inclusive within this type of care are kinship foster care, kinship guardianship following foster care (KinGAP), and kinship adoption.³ These arrangements are typically initiated by the state, caregivers must meet certain requirements or obligations, and parties have delineated legal rights. **State-mediated** care refers to those circumstances where state agents may be involved as facilitators, but the caregiving is not required, vetting of caregivers is minimal, and caregivers are usually assigned few, if any, legal obligations. Examples of state-mediated care include kinship diversion and probate kinship guardianship. Finally, **state-independent**

³ We also include “voluntary placement agreements,” a type of care used in some California jurisdictions and perhaps elsewhere. Although the term “voluntary” might indicate that caregivers have a choice, this type of care is nevertheless sought out and arranged by child welfare professionals, and caregivers must meet specified standards of care. A written agreement between all parties (kinship caregiver, birth parent, and social worker) is signed, including an agreement to provide (by the child welfare agency) and receive (by caregivers) specified state-supported services. Monthly home visits ensure accountability for parties and caregivers receive a monthly foster care subsidy.

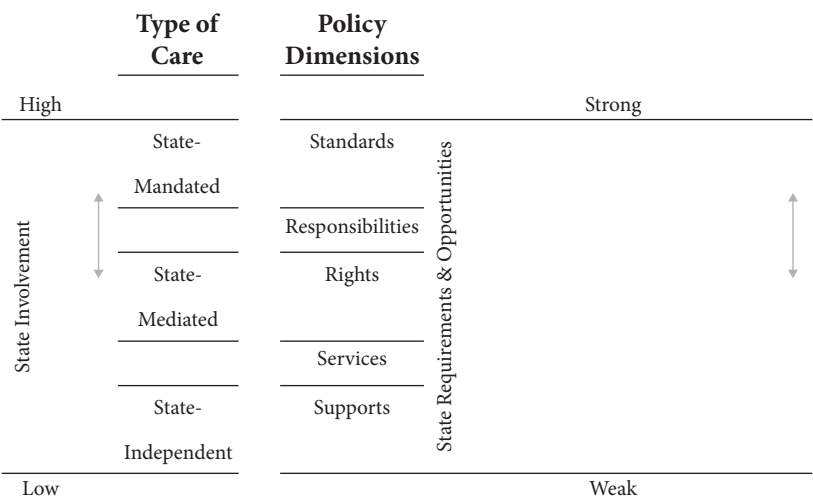
care includes informal kinship care, arranged privately by families outside of government agents or auspices. The three types of care can be considered along a continuum of state involvement from “high” to “low.”

Within each care type, policy-makers make choices about at least five dimensions of care as they establish a structure for the state’s relationship to families. Broadly conceived, these dimensions include the following: (1) What type or how many standards or qualifications for care must kin meet? (2) What type of responsibilities or obligations must kin be held to in their care for children? (3) What legal rights do kin gain or retain in their relationship to children? (4) How many or what type of services should kin receive from the state? And (5) How much or what type of financial support should kin receive?

One might argue that each of the dimensions also fall along a continuum from “strong” to “weak,” representing the state’s legal requirements and opportunities for caregivers. That is, the state might require strong or weak standards for care. Or the state might provide strong or weak financial supports. We argue that as the continuum of state involvement rises, state requirements and opportunities should grow stronger; where state involvement is low, state requirements and opportunities should typically be weaker. Why? We would expect that if the state demands care for a child for whom the state is fully responsible, the state needs to ensure that child’s safety and well-being. At the other end of the spectrum, if the state has no responsibility for a child (i.e., state-independent care), then the child’s safety and well-being is the full responsibility of the adult caregiver. (See Figure 1 below for a schematic.)

When we examine kinship policies both across and within states, the coherence of the policy continuum does not hold. In some cases, standards for care fall along the expected continuum. Screening and licensing standards for kinship foster parents (state-mandated caregivers), for example, are typically greater than the standards imposed on probate kinship guardians (state-mediated caregivers), and there are usually none imposed

Figure 1 Types of Care & Policy Dimensions



on informal kin (state-independent caregivers). But this is not always the case. In some states, there are few, if any, standards for other types of state-mediated care such as kinship diversion. To take another example, in some state-mandated care (e.g., kinship guardianship (KinGAP)), caregivers are granted many rights. They obtain custodial rights to the child, and they are allowed to make educational and medical decisions for children. Yet in other state-mandated care, such as foster care, caregivers have many fewer rights (e.g., the state retains custodial rights, the caregiver must petition the court to obtain educational rights, and they are typically not granted rights to make medical decisions). Caregivers in some states may be eligible for government-supported services (e.g., kinship navigator programs for kinship diversion); others may not. Some caregivers may have legal responsibilities *vis-à-vis* the child (e.g., probate kinship guardianship); others may not (e.g., kinship diversion). These inequalities within the same type of care are unfair to caregivers, to children, and to birth parents. Moreover, since these differences are hardly transparent to kin who may be in a position to select one legal relationship over another, caregivers

may not be in a position to make informed choices. Compounding these differences, the structural inequalities in the U.S. that systematically disadvantage kin of color make these inequalities within and across kinship types inequitable for kinship caregivers as well.

In 2002, Rob Geen and I suggested that kinship care policy was “vague,” “complex,” and “ambivalent” (Geen & Berrick, 2002, pp. 3–4). Today, I would characterize much kinship policy as all of these and I would further argue that kinship policy across states is largely incoherent. Policy choices about state responsibilities and opportunities seem to fall haphazardly along the “strong” to “weak” continuum both within and across types of care. If the field of kinship care is confused and confusing for researchers and policymakers, what can that possibly mean for families?

Understanding State-mediated Care

Children do find their path to kin, but that path varies and our policies hardly make it easy for caregivers to determine which legal arrangement is most beneficial for their family. Sometimes a social worker alerts a relative to a child’s needs. Sometimes families make private arrangements that are either temporary or long-lasting. In some cases, kin already caring for children want or need the legal protections of the state in order to access health care for children (i.e., Medicaid), educational services for children (i.e., special education services), or funding (i.e., welfare). Probate kinship guardianship provides kin with custodial and other rights that they would not enjoy in a private/informal arrangement. But we know almost nothing about this type of caregiving and, as such, this area of practice and policy represents the next frontier for kinship research. What financial supports do probate kinship guardians receive from the state and is it adequate? Should the amount be equal to foster parents because of the obligations imposed in taking care of others’ children and because the state sanctioned the child’s care? Should it be equal to birth parents because all family should be treated the same? Or should these kin receive a subsidy somewhere in between,

since state-mediated care falls between state-mandated and state-independent care? What rights do or should state-mediated kin retain? What standards of care are or should be imposed?

Julia Hernandez and I examined a large sample of caregivers in California seeking probate kinship guardianship (Hernandez & Berrick, 2018) and learned that they bear many similarities to other kinship groups. Probate kinship guardians are older, less well educated, and more likely to be single than parents in the general population. Similar to research on other types of kinship caregivers, probate kinship guardians are socioeconomically vulnerable compared to average parents in the United States. The reasons children move into the homes of their relatives are also similar to the reasons cited in other studies about children in informal kin care (Gleeson et al., 2009). These include maternal absence, substance abuse, death, or extreme poverty; or paternal absence, incarceration, violence, or substance abuse.

The more we learn about kinship caregivers and the children in their care, the more we see similarities both in the characteristics of kin and children, and in the reasons for children's care. These similarities raise questions about the fundamental issues that are, as yet, insufficiently addressed in this field: If kin characteristics and needs are similar, should they experience *equality* in *services, supports, rights, responsibilities, and standards*? If kin are asked to extend themselves to others when they have no actual obligation to do so, is it *equitable* to offer them the same subsidy we offer birth parents? And if kin are socioeconomically vulnerable, are the *services* or *supports* offered to them, *adequate* to actually meet their needs?

Summing Up

Almost 30 years after my own intellectual journey began, I sometimes feel I simply stood still. The same questions of *adequacy, equality, and equity* continue to drive my interests. Yet aligning each of these concerns in the field of kinship care seems an almost

impossible task. Making a reasoned choice to optimize one (e.g., equality) at the expense of another (e.g., equity) to promote another fundamental principle (i.e., adequacy) can, at least, be a starting point for policy design. Using these ideas to consider policy choices, fully aware of the trade-offs, seems to be an important step in the policy-making process.

The other layers to consider are the important dimensions of *supports, services, standards, rights, and responsibilities*. Should each of these be the same for all kin, regardless of whether the kinship arrangement is *state-mandated, state-mediated, or state-independent*? Or are there important reasons why policy should promote some dimensions more than others, given different types of care? Using these ideas to frame how we think about the state's relationship to families who are vulnerable, and being more intentional about how we define different types of kinship care, I am optimistic that kinship policy will evolve toward greater coherence within and between states and that the results will ensure greater justice for extended families.

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7

Reflections on Kinship Care as Family Preservation

Dana Burdnell Wilson

My involvement in the evolution of kinship care policy and practice within the system of child welfare services brings a measure of satisfaction in being part of a movement that was and is significant for children and families. My reflections include factors that contributed to kinship care becoming a policy and practice issue—particularly as it is related to the recognition of family connections as a value in child welfare—the racial and cultural dimensions that consistently influence our perspectives in human services, and policy and practice recommendations. Kinship care has evolved as a child welfare service from one that was received with reluctance and trepidation to one that is embraced as a preference when children cannot be cared for by their parents—whether for short or long periods of time. There has been significant progress in our understanding and refinement of kinship care programs and policy, but the journey continues. There is still much to be done, particularly in the area of financial support for programs and services, to ensure the well-being and success of children and families currently or previously in kinship

care arrangements, as well as those who may have a kinship care experience in the future.

Recognition of Family Connections as a Value in Local Kinship Care Practice

As a new administrator in the family services division of a public social services agency in Baltimore, Maryland in the early 1980s, I managed a growing team of social workers and supervisors who had caseloads devoted to families with children in relative placements. Managing this program required understanding both the public foster care system, as many of the children were in state custody placed with relatives, and also the voluntary family service system, as most of the children were placed with relatives through informal arrangements with the families and without state custody. The fact that both of these programs, family (voluntary) services and extended family (public) services, were positioned together administratively was a decision that was made very purposefully. This organization reflected the value that children who are being raised by relatives, for whatever length of time was indicated and whatever their legal status, were connected by their family relationships, and the agency regarded this as an important consideration. In terms of planning for permanence, children in kinship care were acknowledged as being part of relationally permanent families. This administrative decision was in no small measure a result of advocacy efforts on the part of my supervisor and mentor, Johnnie Smith, who was the program chief. Johnnie and I discussed the importance of defining a formalized approach to serving families in which children were placed with extended family and kin that explicitly stated the value of keeping children with relatives whenever it was determined to be safe and appropriate. This approach reflected a consistent perspective across both service programs. As I developed handbooks for both the family service program, which was voluntary, and the extended family services program, which had myriad federal, state, and local requirements, I approached

each with the value of preserving families, and of serving children and families through a family preservation lens. The concept of family or kin is defined broadly, and caregivers may be considered “kin” not only by blood but through close familial relationships. These could be godparents or trusted family friends—“fictive kin,” as designated by the family.

This approach seemed natural to me, as I had become very familiar with the families in Baltimore City who were served by our program. They were predominantly African American, comprising about 90% of the caseload. For most of these families, a child protective service report had been filed and the assessment revealed that while there was a risk, the child should not be separated from their home at that point—and that the family should be connected with services for counseling, case planning, assistance with parenting, substance use treatment, emergency assistance with utility bills, and other needs. While this was not an intensive family preservation program with low caseloads and frequent visits, it did assist families with structuring a plan for working through their immediate, emergent needs. It was not unusual, when one or both parents were in crisis, for the social worker to participate in the family discussion and to decide, together, that the best place for the children was with a relative. Most often, the decision was made to move the children to their grandparent’s care. Typically, grandparents had a few adult children, most of whom were doing well, and the family wanted very much to keep the children within the family. Generally, it was only the parent of the children in question who had been experiencing problems with life skills and parenting. Grandparent caregivers were regarded by our program as having strengths and resources, being capable of caring for the children while the parents were receiving the services they needed.

At this point, I had only anecdotal observations rather than formal research on which to rely. But it seemed that keeping children with their relatives or kin whenever possible was best for the children and for the families. The families were also invested in keeping their relatives’ children out of the public foster care system,

if possible, to maintain a sense of family connection, obligation, and belonging—even though it often meant that the grandparents took on a financial hardship.

In the State of Maryland, in situations in which a child protective services investigation resulted in the decision that a child's well-being was at risk and that they must be placed in state custody, the option existed to formally place the children with a relative under the services to extended families program. The values and philosophy were the same as the voluntary family services program; however, there were more stringent approval guidelines. For this program, the foster parent/foster home approval guidelines were substantively followed but were adjusted to accommodate extended family situations; for example, children had to be provided with their own beds, but they were allowed to share a bedroom with their cousins of the same sex; the kinship caregivers were required to attend training sessions on topics provided for foster parents, but there was special attention given in their training.

Racial and Cultural Dimensions

The values and philosophical perspectives of these family service programs clearly reflected Robert Hill's work on the strengths of Black families. Hill described the Black extended family and kinship networks as an "enduring cultural strength" that was brought with them from Africa (Hill, 1999, p. 147). While child welfare programs were segregated and often unavailable to Black families until the 1960s, Black families stepping forward to raise the children of members of their extended families remains prevalent in the African American community; indeed, Hill recommended that Black families be viewed as resources for child placements (Hill, 1999). In the early 1990s the number of children in kinship care who were African American was larger than the number of children of any other race (U.S. Department of Health and Human Services, 1997). This proportion was much larger in urban areas, particularly in Illinois, New York, and California. I was also personally familiar

with Black children being raised by kin; I had spent the first half of my childhood in the all-Black incorporated town of North Brentwood, Maryland, where it was normal for relatives and fictive kin to care for children when their parents were unable to do so. A few of my friends were raised by their grandparents, and I lived in a multi-generation household with my grandmother. It was natural for me to view families in various configurations; the nuclear family was not the only normal family makeup.

Consideration of Afrocentricity as a cultural and theoretical base may provide insights, as well. Afrocentricity is a term used to describe the cultural values of people of African descent and using these values to develop practice models rather than adapting Eurocentric models to serve people of color (Schiele, 2017). This perspective promotes a paradigm that more closely reflects African American cultural and political reality. Rather than the individualistic worldview that we have been taught reflects American culture, the Afrocentric perspective assumes that human identity is collective, that human beings have a spiritual component that is interdependent with the mind and body, and that the major source of problems that the people we serve face, are external: oppression and alienation (Schiele, 2017). Components of the helping relationship fit well with critical social work theories and strength-based approaches, and our knowledge as social workers is continually being expanded to include the various culturally based values in our society. Mills and Usher report that there have been efforts to build on traditional strengths of African American families and the history of community-based care of children. This approach to child welfare is grounded in self-help and family support, and can be connected to family group decision-making as well as kinship care (Mills & Usher, 2004).

In my conversations with kinship caregivers, both as a program administrator and later as a colleague and partner in seminars and conferences, I observed a common theme in their view of what contributed to their relative's (usually their sons and daughters)

need for them to care for their children. Although the parents were encumbered by the burdens of substance use, incarceration, or toxic relationships, the grandparents and kin had committed to be there for them—and for their children—as long as was needed, supporting them and praying for the time that they were healthy and able to take back their parenting responsibilities. Kin caregivers did not see the children as being “placed” with them, but as belonging to them.

Family Connections as a Value in State Kinship Care Policy

Moving from the Baltimore City experience to a position managing the program at the state level in Maryland, I continued to embrace an approach to the kinship care program that was more aligned with family preservation and support services than with formal foster care models. Grounded in environmental and family systems theories and strength-based perspectives, I developed program manuals and guidelines for the State of Maryland that sought to preserve families through the Services to Extended Families with Children program. The interpersonal challenges that individuals sought to overcome were integrated with the planning and interventions utilized with families, community organizations, and social service agencies (Payne, 2014). With this perspective, it also was easier to regard the family as a unit rather than in segments that need to be served separately. In Maryland’s foster care program, for example, the social worker for the children was different from the one serving the biological parents, and from the foster parent service worker. In the extended family service program, it was recommended that the same social worker be assigned to the child, parents, and kinship caregiver to better understand the interconnections between the parties, coordinate the services needed, be aware of day-to-day happenings, and establish a rapport with all of the parties in order to better facilitate communications.

During my time at the State of Maryland Social Services Administration in the early 1990s, there was a major increase in the number of kinship care placements, informal family placements, and formal extended family placements with state custody of the children, which nearly doubled over the previous ten years to 3,300—more than half of the children in care in Maryland. This program did not provide financial resources at the level available through the foster care program; if kinship caregivers wanted to pursue formal approval as foster parents, they could do so, meeting the same requirements, then moving to the foster care program for services. The extended family services program provided financial support through what was then the Aid to Families with Dependent Children program for the children in kinship care, with medical assistance and often funding for day care. Because of this difference, some state administrators had hoped that it would provide a cost savings. While the costs were lower than they would have been if they had been approved as foster parents (per *Miller vs. Youakim*; see Testa, this volume) in the foster care program, there were still services required, and the numbers were continuously increasing. I kept abreast of the statistical information regarding these increases, and provided projections, but at one point I was asked if I could *make it stop*. The crack cocaine epidemic, the number of families affected by HIV/AIDS, and rates of teenage pregnancy had not yet been reduced, as we have seen in recent decades. High unemployment and a housing crisis had led to an ever-increasing number of children needing placement not only in Maryland, but nationally.

At this point, the program that I believed made so much practical sense for children and families was being questioned at its core. If relatives were providing care for children, shouldn't the government stay out of it? Wasn't this something that families should just do for each other, without expecting the state to provide funding? Why were relatives reluctant to share information and seek services from agencies? Why were relatives reluctant to adopt? Great care was taken to report accurately on the relevant numbers and

trends, and to accurately record information related to the decisions made at assessment, placement, least restrictive setting, adjudication, timely review, reunification, and all service-related resolutions.

In fact, the situations that brought children to the attention of the local departments of social services were the same for the children who had relatives as available resources as they were for those who did not. The services needed were comparable, and if the children did not have relatives who were willing and able to provide care, the state would need to find appropriate foster homes for them. The relatives and kin who offered to care for children did so out of love and commitment, but they still needed assistance with the cost of care. I often told my colleagues that if something were to happen that prevented my brother and sister-in-law from parenting my nieces, I would gladly care for them, but I would not be able to afford the day care cost for two additional children—I would need help with that and their medical care. This would be the case, as well, for many families who were middle-income.

The issue of relatives and kin questioning child welfare agencies' foster care requirements may have been associated with differences in perspective: Kinship caregivers had made a commitment to take good care of the children, and believed that social workers should be working with the parents toward eventual reunification; the child welfare agencies, however, were legally obligated to make sure that children were safe, protected, and nurtured, and sought to assist kinship caregivers accordingly. These considerations and the issue of planning for permanence—another complicated and conflictual subject—led to child welfare representatives from different states connecting to find out about the similarities and differences among kinship care programs across the country, share information and service models, and develop practice guidance for kinship services. To this end, I became involved with a newly organized CWLA National Advisory Committee on Kinship Care, which had emerged from the recommendations of the North American Policy and Practice Committee on Foster Care.

Kinship Care Values at the National Level

I was captivated by my experience on the National Kinship Care Advisory committee and found national policy and practice discussions to be fascinating. In talking with representatives from around the country, I learned that my perspectives on kinship care were not shared by everyone; there was deeply rooted skepticism about relatives as positive resources for children at one end of the spectrum, and a belief that all relative caregivers should receive benefits and services equal to those received by foster parents at the other. Committee members came from across the United States, representing state public child welfare agencies, private nonprofit child welfare agencies, schools of social work, national organizations including foster parent and kinship caregiver organizations, consultants, and several members of the CWLA staff, including program directors, policy analysts, and administrators.

I was hired by CWLA to be Program Manager for Foster Care and Kinship Care in 1994. Within a few months, I became the Kinship Care Program Director. I remember vividly my first staff meetings, where my colleagues and I engaged in spirited discussions about our varying perspectives on kinship care, and how startled I was initially that there was a seemingly deficit-based view of families. Some of my colleagues were equally disconcerted that I viewed the child/parent/kinship caregiver family as a unit—what Sondra Jackson referred to as the kinship triad (Jackson, 1996)—instead of viewing the child as the sole focus of services. I loved the fact, however, that staff meetings included a healthy debate on policy and practice issues, and I am pleased to report that we eventually came to understand each other's perspectives and their origins. We were interested in similar outcomes, but our perceptions of the best path to follow clearly were different. Collaboration with an advisory committee provided a distinct advantage: to fully explore the benefits and challenges of kinship care in relation to policy, practice, legal issues, financial concerns, and advocacy for states and the nation to offer a comprehensive, culturally

competent, family-focused and strength-based program of kinship care services. Exploring these complicated issues with social work professionals and kinship caregivers, who had a wide range of perspectives, experiences, and ideas, provided the “reality check” that was needed on a number of interrelated concerns.

As staff director for the Kinship Care Advisory Committee, I was responsible for coordinating the effort to produce the report of the recommendations of the CWLA North American Kinship Care Policy and Practice Committee, which came out of the CWLA Foster Care Advisory Committee with Eileen Pasztor (see Pasztor, this volume) as staff director. In the publication, *Kinship Care: A Natural Bridge*, we addressed kinship care within the array of child welfare services; established the now-common language of *formal* and *informal kinship care*; and reviewed and analyzed federal law and state policy, practice, and litigation related to kinship care. Kinship care is “defined as the full-time nurturing and protection of children who must be separated from their parents by relatives, members of their tribes or clans, godparents, stepparents, or other adults who have a kinship bond with a child” (CWLA, 1994). Informal kinship care refers to the parenting of children by relatives and kin through an arrangement planned by the family, in which the state child welfare agency does not have legal custody of the children (CWLA, 1994). Formal kinship care describes the parenting of children by relatives or kin after a court determination is made and the state child welfare agency has placed a child with a kinship caregiver for full-time care. In formal kinship caregiving situations, children may receive financial assistance through foster care, and the kinship caregivers must be approved as licensed foster parents with the accompanying requirements (CWLA, 1994). Even though there is some disagreement over terminology (see the Recommendations Chapter in this volume), these definitions still are widely utilized—helpful, since there are state-by-state variations in kinship care programs and regulations. The guiding principles for policy and practice provide a set of value statements that characterize an approach to kinship care that acknowledges the

worth of families and the belief that all families have strengths, that it is most desirable for children to grow up in their families when there is a safe and supportive environment, and that child welfare agencies should provide services that support the birth parents, the kinship caregivers, and the children while respecting their racial and cultural diversity (CWLA, 1994).

The sections of *Kinship Care: A Natural Bridge* that I developed, “A Framework for the Future,” included guiding principles, recommendations for policy and practice in kinship care programs and services, and a call to action for child welfare advocates and a research agenda, and provided specific recommendations and action steps. These recommendations addressed kinship care program design, a policy agenda, financial support, training and services for kinship caregivers, permanency planning, administrative issues, and a legislative agenda. The informal response we received revealed that this publication provided a springboard for states to develop their own manuals on how to develop and implement a kinship care service program that fit well in their state systems. At that time, in 1994, little research existed to support our diverse and passionate viewpoints. The advisory committee, made up of highly accomplished professionals, advanced this effort, and, as we moved forward, encouraged continued and expanded partnerships with colleagues in research, practice, and policy—some of whom published their work in CWLA’s academic journal, *Child Welfare*.

National Conferences, Seminars, and Publications

One of the ways in which CWLA brought the issue of kinship care policy and practice to the forefront was through convening national conferences and training seminars. As the kinship care program director, I was invested in and responsible for planning, coordinating, and managing a few of these events, and served as staff director for the conference planning committees. I also was invited to speak at several statewide conferences on kinship care policy and practice. For instance, I served as a panel presenter about the national

perspective on kinship care at the California Policy Summit on Kinship Care, as the staff director and presenter at the CWLA National Conference on Kinship Care in Philadelphia, as a panelist at the City of New York Department of Aging Mayoral Conference on Unplanned Parenthood, as a seminar presenter at the Tulane School of Social Work on Kinship Care as a Child Welfare Service, and as a reception speaker at the National Coalition of Grandparents conference on Grandparents as Parents.

The most memorable conference for me was Kinship Care: A Natural Bridge, held in San Francisco in 1997. Sponsored by CWLA and the Edgewood Center for Children and Families, and co-sponsored by AARP and Generations United, this was a major, multicultural convening of child welfare professionals, legislators, national foster parent and kinship caregiving organizations, foundations, the U.S. Department of Health and Human Services, and others interested in discussing the challenges families face, the benefits of kinship care, the importance of protecting children, and the value of community connections. With more than 1,200 participants and stellar keynote and workshop presenters, the conference sessions explored culture and the need for belonging, the legal maze, child well-being, research-to-practice innovations, collaborative partnerships, permanency planning, family dynamics, kinship caregivers as part of the treatment team, intergenerational issues, and a national policy agenda on kinship care. Many members of the CWLA leadership and policy staff were integral participants in this effort. Most of the conference volunteers were kinship caregivers who were excited to connect with one another and share their experiences. No one walking into the room where we were stuffing the conference bags could suppress a smile as they listened to the caregivers from A Second Chance in Pittsburgh singing gospel songs as they prepared the registration materials.

These national conferences and events provided the opportunity to hear from child welfare administrators, direct service providers, researchers, legislative analysts, kinship caregivers, young people who had lived in kinship care arrangements, and family advocates

to learn, network, and develop plans for the future. The conferences have led to collaborative efforts that have had an impact on kinship care practice, program policy, and legislation. They have led to a broader understanding of the clinical and service issues involved in kinship care arrangements, as well as the legal and financial concerns that have resulted in progress but continue to be complicated. They also helped to influence state and national kinship care policy and legislation. CWLA has continued this effort; I served on the National Kinship Care Conference Planning Committee for the CWLA conference held in 2014 in New Orleans.

In 1996, Sandra Chipungu and I co-edited a special issue of *Child Welfare* journal on kinship care. This special issue incorporated a section on policy, including an article exploring the policy debate by James Gleeson and one on permanency planning options by Mark Testa, Kristen Shook, Leslie Cohen, and Miranda Woods (Testa, Shook, Cohen, and Woods, 1996). There was a research section including an article on adult functioning of children who lived with kin compared to nonrelatives by Mary Benedict, Susan Zuravin, and Rebecca Stallings; a best practice section, including an article on moving from last resort to first choice by Charlene Ingram; and a triad service delivery model by Sondra Jackson. The support and advocacy section highlighted local kinship organizations and included an article by Renee Woodworth from the AARP. This special journal issue was instrumental in helping to move the perspective of child welfare policy leadership toward further understanding the contributions of kin in assisting children; it was instrumental as research-informed practice and practice-informed research literature. In the introduction, Sandra Chipungu and I promoted the idea that kinship care is indeed an essential part of child welfare services that provides the opportunity to protect children and meet their needs while keeping them with their own families (Wilson & Chipungu, 1996). We clarified that the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272), which required the least restrictive, most family-like setting appropriate for children in care, along with a shrinking number of available foster homes,

helped to influence kinship care becoming the fastest-growing child welfare program in the United States (Wilson & Chipungu, 1996). Discussing the policy debate around kinship care, James Gleeson reported that over 69% of the 46,295 children in out-of-home care in Illinois, and more than 40% in California and New York were placed with relatives. He advocated for creating a context for children in state custody that supports protection, permanence and well-being while also supporting cultural continuity and kinship bonds (Gleeson, 1996). He also challenged the child welfare community to highlight the families who benefited from these services, and educate the public, as there was and is the need for broader support for children and families in these situations, who now receive the smallest portion of resources (Gleeson, 1995). Examining permanency options, Testa, Shook, Cohen, and Woods recommended retaining public support for adoption subsidies as well as guardianship subsidies, providing an avenue for moving children from kinship care into family arrangements intended to be permanent (Testa, Shook, Cohen, Woods, 1996).

I also had the opportunity to co-author an article with Cynthia Beatty on legal guardianship in which we examined the roadblocks that informal kinship caregivers face regarding their legal standing, such as problems securing medical care, enrolling the children in school, and obtaining financial aid and other services. We proposed guardianship as a legal solution with flexibility, allowing parents and guardians to share responsibility. At the time, ten states offered subsidized guardianship as a plan for permanence. When adoption was not warranted, guardianship could keep children rooted in their families and lessen the burden on the state foster care system (Beatty, Wilson, 1995).

In 1992, the U.S. Department of Health and Human Services, Office of the Inspector General, published a report on state practices in using relatives for foster care and revealed that most states had policies requiring staff to consider temporary foster care placement with relatives. About half of states expressed this as a preference, with two states discouraging having the state obtain

legal custody (U.S. Department of Health and Human Services, 1992). In CWLA Press's *Relatives Raising Children, An Overview of Kinship Care*, co-editors Joseph Crumbley and Robert Little stated that "family preservation is the most obvious benefit of kinship care. [Kinship care] preserves the continuity of care, relationship, and environment that are essential to a child's overall well-being" (Crumbley & Little, 1997). In terms of challenges, they argued, there can be role confusion and boundary challenges that affect the whole kinship family. It is important for social workers to empower family members to coordinate needed services for the children, as well as help them with financial, legal, medical, and educational needs (Crumbley & Little, 1997).

More recently, I had the opportunity to collaborate with Gaynell Simpson and Belinda Smith on a book chapter in *On Urban Ground: An Integrated Framework for Working with African American Grandparent Caregivers*. Our chapter focuses on grandparents and the children in their care in urban communities that are marginalized. We wrote about expanding kinship care to include multi-generational and skipped generation households and discussed cultural practices that reflect the helping tradition, hoping to provide guidance for social workers and professionals on how to better partner with grandparent caregivers and engage community members in a more strength-based system of services (Simpson, Smith & Wilson, 2016). We cited important elements of historical African American family life and caregiving, case examples for further study, and implications for the future across micro and macro systems (Simpson, Smith & Wilson, 2016).

Where Should We Go from Here?

I believe that kinship care is, or has the potential to, intersect with other areas of social work services, including caregiving, services to communities of color, trauma-informed care, and research-to-practice. The development of kinship care service programs in child welfare agencies has evolved to incorporate many of the

recommendations contained in *Kinship Care: A Natural Bridge*. As we proceed in this positive direction, it seems timely that our kinship care agenda consider practice, policy, and research recommendations for the future.

Our kinship care practice priorities should include continuing the expansion of strength-based services for children, caregivers, and parents in kinship care arrangements, with the goal of more positive outcomes for children and youth: helping youth complete high school and attend college or a specialized educational/training program; supporting healthy lifestyles; and cultivating positive lifetime relationships. Further, more focused, intentional energy and resources should be directed toward participating in and modeling culturally competent approaches to child welfare program evaluation; connecting with schools of social work to ensure competent, relevant, trauma-informed, strength-based preparation of social workers; engaging in self-help and community building efforts; and advocating for legislative priorities that support and enhance the achievement of these outcomes.

Our research priorities should continue to inform practice. They should address whether legal permanence positively affects outcomes for youth in kinship care; whether having kin as caregivers contributes to successful outcomes for biological parents, children, and youth; and whether this type of care contributes to more timely achievement of reunification. Additionally, we should seek continuous feedback and input from kinship caregivers, biological parents, and youth in kinship care, regarding their service needs and the extent to which these needs are met within our current child welfare system. This also is an area in which we can continue collaborating with university schools of social work on the development, implementation, and dissemination of research findings, working together to support research-informed kinship care practice and practice-informed kinship care research.

I look forward to continuing to be connected to this important work and will support CWLA in their ongoing kinship care initiatives.

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8

Kinship Care from a Foster and Adoptive Parent Perspective: Better Together

Eileen Mayers Pasztor

*“The only people who truly know your story are the
ones who help you write it.”*

—Maya Angelou

This chapter is based on the convergence of four major influences in my life: parents who valued family and the importance of caring about others; my experience serving for more than four decades as a social worker with an emphasis on child welfare in general and foster and adoptive parenting specifically, after starting my career largely through happenstance; recognizing the significance of kinship care and the need to support kinship families; and the child welfare and social work students and colleagues who have inspired me with their own stories and commitments to service. I have been positively influenced, as well,

by a caring husband of over 45 years and the humbling experience of being foster and adoptive parents for children who joined our family at the ages of 13 and 10, coming from residential care, and who now, as adults, continue to need our support because of their unique challenges. Together, these forces reinforce my commitment to valuing and advocating for all families, however they are defined.

For too long, family foster care, adoption, and kinship care have been pitted against each other, as if they were contradictory or even antithetical in providing benefits for children and parents. Child welfare literature dates back decades, documenting what might be considered a controversy—or at least an array of misguided assumptions.

For example, while family foster care and adoption each grew out of more than a century of clearly defined policies and practices, it was not until the early 1990s that the name “kinship care” was even coined (see Chapter 11, this volume). That was followed by a proliferation of research seeking to document which arrangement was best for children: kinship care or foster care? Some articles referred to “kinship foster care,” though many caregiving relatives made it clear they did not view themselves as foster parents. Relatives and foster parents picked up some pejorative language from professionals; foster parents were sometimes called “stranger care” and relatives “caretakers”—as though they were groundskeepers—perhaps because children were, and continue to be, objectified and referred to as “placements.”

Foster parents have questioned how it could be safe for children whose parents have abused or neglected them to then leave them with the relatives of those same parents. In some jurisdictions, prospective foster parents and relatives are combined for “preservice” training to save agencies time and money. Facilitators of these trainings report that couples who are LGBTQ, or those experiencing infertility, sometimes are viewed with suspicion by relatives who are perceived as the only source for adoptable infants.

Prospective foster and adoptive parents, knowing there is a board rate (financial support for caregiving needs), in turn wonder why relatives are receiving money to “take care of their own.”

When I had the privilege of being elected in 2013 for two three-year terms on the Board of Directors of the National Foster Parent Association (NFPA), I helped create and then chair a Kinship Care Committee. Its objective was to ensure that no legislative or other endeavors by the NFPA would be detrimental to kinship families. In fact, a board member colleague and chair for one of the NFPA’s upcoming national conferences, herself a nationally recognized kinship care advocate, proposed what became the conference theme: “Better Together.” Plenaries and workshops featured learning and advocacy opportunities beneficial for all parents, from birth to kinship to adoptive, as well as for the agency staff who work with them.

This chapter endeavors to show the value of supporting diverse family arrangements. The intersection of my personal and professional experiences illustrates that when it comes to which families are “best” for which children, I learned from colleagues who created the Kinship Center’s Adoption Clinical Training that the most relevant factor isn’t necessarily who the parents and professionals feel or even the courts determine are best to raise children. Instead, what is most important is who children consider to be significant in their lives.

CWLA has two internationally and nationally implemented training curricula to support family foster care, adoption, and kinship care services: (1) *PRIDE (Parent Resources for Information, Development, and Education) Model of Practice to Develop and Support Foster and Adoptive (Resource) Parents as Team Members in Child Protection and Trauma Informed Care of Children* (Petras & Pasztor, 2019) and (2) *Traditions of Caring and Collaborating, Kinship Family Information, Support, and Assessment: A Trauma Informed Model of Practice* (Petras, Ingram, Pasztor, & Williams, 2020). In both models of practice, implementing agencies

and organizations are respectfully requested to emphasize the following statement:

To be a parent—birth, grand, step, god, kinship, foster, adoptive, and to be a child welfare professional—is a privilege, not a right; but for children to be protected is a right, not a privilege.

Additionally, the significance of the rights of children are documented in CWLA's *National Blueprint for Excellence in Child Welfare Standards of Excellence: Raising the Bar for Children, Families, and Communities* (CWLA, 2013); the Foster Parent Code of Ethics (National Foster Parent Association, n.d.); and the United Nations Convention on the Rights of the Child (United Nations, 1989).

In 1988, Columbia University sociologist Robert K. Merton explained how personal reflections use ideas, research findings, and theoretical concepts to construct and interpret a narrative that purports to tell a person's own history within the context of the larger history of the times (Merton, 1988). In turn, these stories can show how social environments are shaped by people's changing lives. Seven years later, at the California State University, Long Beach (CSULB) School of Social Work, two social work educators, Sonia Leib Abels and Paul Abels, conceptualized and obtained funding for the school to publish a juried quarterly journal, *Reflections: Narratives of Professional Helping*. In the first issue, published in January 1995, the journal's founders wrote:

Reflections will publish professional narratives of practice. Authors are asked not only to tell the story of how they dealt with the service they offered, but how they were personally impacted as the helping process evolved. Volume I, Issue 1 published in January 1995, included an article by renowned Professors Richard Cloward (Columbia University) and Harry Specht (University of California, Berkeley), who wrote thoughtful and

revealing autobiographical pieces of their account of organizing voter registration. (Abels, 1995, p. 1)

In the Salutory by the editor for the first issue, the editor wrote that “the mission of that journal was to publish narratives with good literary quality that contribute knowledge on ways of helping others and creating social change” (Abels, 1995, p. 1). Like this latest CWLA initiative, the CSULB *Reflections* journal aimed to convey a mode of inquiry as a way of knowing practice in a new, yet familiar way: “The purpose of a narrative is to tell a good story, to make things present, and show the meaningfulness of human engagement with professional action. It is not only that truth can only be known through scientific research methodology. It is hoped that passion and commitment to engagement in social change and human development would shape the authors’ narrative structures.”

Some years later, I accepted the invitation to become editor of CSULB’s *Reflections* before it was adopted by the Cleveland State University School of Social Work in 2012. In a poignant article in that last issue, Misty Wall wrote about what she learned from her dual roles of being the adoptive parent of a child with severe, persistent mental illness and a social work educator in a rural, intermountain area. When she knocked on the doors of the few helping agencies in her community, she wondered, was she there first as a parent desperately seeking services for her struggling child or as an educator desperately seeking internships for her students? The compelling title of her article, which seems appropriate for this *Reflections on Kinship Care*, “It did not start with me, it will not end with me.”

Writing the Story

Influence #1: Parents who Value Family and Caring About Others

At what age or stage of development do we learn the definition of “family”? Think back to your childhood; how old were you

when you learned the meaning of “mother” and “father,” or who is defined as a relative? How did you learn the meaning of *brother*, *sister*, *grandparent*, *uncle*, *aunt*, *cousin*? Which did you internalize first: your gender identity, ethnicity, or family relationships?

I grew up with a stay-at-home mother, a father who went to work and came home for dinner every night, a brother four years younger, and a cadre of grandparents, aunts, uncles, and cousins in a small community in Newport News, Virginia. We did not have social contact with anyone outside our extended family and cultural community. By six years old, I knew how everyone was or was not related. However, what I would not learn until many years later was that such definitions not only are shaped by individual families, but also by cultures. Carol Stack, whose pioneering 1974 study *All Our Kin: Strategies for Survival in a Black Community* (Stack, 1974), explained:

Personal kindreds overlap to form clusters of individuals who can each bring others into their domestic network. Participants in domestic networks ... move quite often and hold loyalties to more than one household grouping at a time. The members of the households to which individuals hold loyalties share mutually conceived domestic responsibilities. Children may be cared for by their parents or by other participants in their parents' domestic network. They may be transferred back and forth from the household of their mother to the households of other close female kin. (Stack, 1974, p. 30)

Stack continues, noting that “... women and men who temporarily assume the kinship obligation to care for a child, fostering the child indefinitely, acquire the major cluster of rights and duties ideally associated with ‘parenthood’ ... Consequently, the kin terms “mother,” “father,” “grandmother” and the like are not necessarily appropriate labels for describing the social roles” (Stack, 1974, pp. 62–63).

At what age or stage of development do we learn it is important to be nice to others? Is it modeled by family elders, or teachers, or learned in social work school? Perhaps because I was protected and nurtured as a child, I saw the value of that trait in relating to others.

Influence #2: Serving as a Social Worker with an Emphasis on Child Welfare and Foster and Adoptive Parenting

Some years ago, a colleague and I were selected to contribute to a special issue of *Reflections: Narratives of Professional Helping* titled *Inside Out: The Intersection of Personal and Professional Lives* (Pasztor & McCurdy, 2009). Our article, “When work comes home and home goes to work: Child welfare social workers as foster and adoptive parents,” explained: “If you are both a child welfare social worker and foster and adoptive parent, family members and friends assume you have special parenting skills. Your children think you should be better parents. Whether trying to advocate for macro policy issues, carry a caseload, or manage one’s family, there can be a disquieting disconnect between what textbooks teach, what training programs explain, and what children do. As two child welfare social workers whose collective experience spans two generations, the authors of this narrative became foster and adoptive parents for children with special needs. The goal was to delve into the lessons when workplace knowledge comes home, and family experiences end up influencing workplace dynamics” (Pasztor & McCurdy, 2009, p. 95).

Becoming a child welfare-focused social worker was not a clearly enunciated career goal. I had moved to a Midwestern city because of my marriage. Hoping to use my Stanford University bachelor’s degree in history to find a job where college graduates were wanted, I was hired as a child welfare worker for the county’s “welfare department.” My qualifications were basically the degree plus a driver’s license. A 23-year-old, middle-class White girl whose biggest concern in life until then had been having best friends, boyfriends, and eventually a husband, I didn’t realize there were children who did

not have nurturing families—and I had not confronted the stark realities of White privilege. On my first day at work, I was given a caseload of children in foster care; I didn't know what that meant beyond the fact that these children did not live with their parents. I went to see a foster mother who most likely had started fostering before I was born. We had a disagreement about the age of a child in her care: The case record said the child was born in the previous year. "No," said the foster mother. "She's 3 ½." Returning to the agency, I told my supervisor about this.

Supervisor: Did you see the child?

Me: Yes, you said I had to see the children.

Supervisor: How old did the child look?

Me: (trying not to be frustrated): I'm sorry. I don't really know. I did not learn children's ages as a history major.

Supervisor (trying to be patient): You can tell a lot about the ages of children by their behaviors. What was the child doing?

Me: (hoping to understand): Well, she was riding her tricycle most of the time.

Had it not been for this supervisor and her ability to integrate what Kadushin (1985) would later explain to be essential administrative, educative, and supportive skills, I would not be a social worker today. And based on that inauspicious start, it was impossible to predict I would earn both MSW and DSW degrees, much less become the national program director for family foster care, adoption, and kinship care at the Child Welfare League of America (CWLA).

Years later, I was invited back to the same agency to give a talk at the annual foster parent recognition dinner. The foster mother with whom I had first spoken was still there and talked with me after the event. "I can't believe you became a national speaker and even more, a foster and adoptive parent of children with special needs,"

she told me. “You were the dumbest worker I ever met.” I tell this story at the start of my child welfare classes and workshops, hoping that it serves to remind us of what a gift it is to be part of a profession that lets us “learn for a living” (Rapp & Poertner, 1992, p. 223).

The privilege of being able to write and train for CWLA initiatives were inspired by the organization’s first national program director for foster care, Helen Stone. In the 1960s, Helen worked with a colleague from the U.S. Children’s Bureau, Beatrice Garrett, to create the National Foster Parent Association (NFPA) with the mission of networking, advocacy, and education. Helen Stone also was instrumental in creating our country’s first national training program for foster parents. Named *Parenting Plus*, this 12-hour, six-session training program using 15-millimeter films focused solely on how to support foster parents. While some attention was paid to the importance of birth parents—one session was titled “Walk a Mile in My Shoes”—minimal if any attention was given to relatives.

The activities I developed for foster and adoptive parent training were based on my own experiences as a foster and adoptive parent, what I learned from the literature and, especially, what I learned from many thousands of foster and adoptive parents across the United States and in Europe, where CWLA’s *PRIDE Model of Practice* program eventually was adopted by more than 20 countries. And still, my focus on the strengths and needs of kinship families was not yet fully formed.

Influence #3: Discovering the Significance of Kinship Care and the Need to Support Kinship Families

While children have been cared for informally by kin—especially among families of color—for centuries, it was only in the early 1990s that child welfare professionals began to recognize the need to have a program and policy identity for the hundreds of thousands of relatives raising younger family members. In 1990, CWLA’s executive

director, David Liederman, decided to convene a National Commission on Family Foster Care to address the barrage of media articles and studies claiming that there was no surer way to waste money and harm children than the U.S. foster care system. The 50 members of the Commission included youth in care, state and local child welfare agency administrators, child welfare researchers and educators, and two U.S. Congressmen.

As CWLA's National Program Director for Family Foster Care, I served as the staff director for the Commission, recommending two strategies to start deliberations. First, we invited the NFPA to co-sponsor the Commission. Second, I asked that we change the historical wording of *foster family care* to *family foster care* to emphasize the care of children within families. By the end of the first meeting, the Commissioners—especially those from large cities still reeling from the impact of the crack-cocaine epidemic and economic challenges of the 1980s—asked if the Commission would give some attention to the influx of relatives caring for younger family members. We began to realize there was no consistent or recognized name for this emerging service area. One Commissioner suggested the name “Home of Relative,” but clearly, we couldn’t write about the “HOR” program. Another suggested “de facto foster care” which did not seem strength-based.

Charged with the responsibility of finding possible names that met the Commission’s approval, I remembered reading a book in my MSW program titled *All Our Kin: Strategies for Survival in a Black Community* (Stack, 1974). This seminal work described how families that are economically marginalized survive via strong kinship networks. With the Commission’s approval, CWLA created a new program area called Kinship Care, and my job title was expanded to National Program Director for Family Foster Care, Adoption, and Kinship Care. (Later, CWLA would recognize the need for a Program Director solely for Kinship Care; the co-editor of this *Reflection’s Book*, Charlene Ingram, served in that role.) When CWLA published the Commission’s report, *A Blueprint for*

Fostering Infants, Children, and Youths in the 1990s, it included a chapter titled “The Significance of Kinship Care” in which kinship care and family foster care were differentiated from one another. And of course, the term *kinship care* is still used today, both across the United States and in other countries.

When I retired from CWLA as full-time staff and joined the faculty at California State University, Long Beach School of Social Work in 1999, I was invited by two gerontology department faculty to look at kinship care from the dual perspectives of child welfare and older adult services. The late Professor Cathy Goodman, my current colleague Professor Marilyn Potts, and I received a grant from the California Social Work Education Center (CalSWEC) at the University of California, Berkeley, to develop a research-to-practice curriculum to support relationships between kinship caregivers and child welfare workers. It seemed that while kinship care was being funded as a family foster care program, kinship caregivers did not fit the profile of foster parents who were recruited, developed, and supported as service providers. If kinship caregivers are not foster parents, then what is their role, and what practice model could build on their strengths and meet their needs? What working relationship between caseworkers and kinship caregivers could best contribute to essential outcomes of child safety, well-being, and permanence?

We used focus groups of relatives, direct service workers, and supervisors in public agencies to identify examples of best practices and practice challenges. The goal was to develop an empirically based curriculum designed to: (1) enhance the collaboration between agency-based caregivers and caseworkers serving kinship families; (2) minimize risks that can result from ineffective collaboration; and (3) explore potential service needs of community-based caregivers to inform service planning. Partnerships and teamwork were essential concepts used in national training programs for foster and adoptive parents. For kinship care arrangements, however, we identified collaboration as an approach that might enhance

positive outcomes. We drew upon the work of Bishop, Woll, and Arango, who suggested that collaboration amounts to:

... a way of thinking and relating, a philosophy, a paradigm shift, an attitude change requiring a set of behaviors, beliefs, attitudes, and values. Collaboration involves parent and professional, professional and child, parent and parent, professional and professional, agency and parent.... it will not look the same for all families and professionals ... collaboration will be simple to develop in some relationships, more complex and demanding in others. (Bishop, Woll, & Arango, 1993, p. 12)

One dynamic that we identified as especially different for kinship caregivers compared to foster parents was the “double-A dilemma”: attachment versus authority. Relatives typically assume responsibility for their younger family members because of affectional ties, family bonds, or perhaps a sense of responsibility. Kinship families must comply with rules and restrictions they may neither understand nor see as needed. Child protective workers, by contrast, are mandated to take responsibility for child safety, well-being, and permanence. They are responsible for enforcing policies and regulations but should not have personal attachments to children. As a result, conflicts arise when both caseworkers and kinship caregivers view themselves as responsible for oversight of the children based on different sanctions, obligations, and feelings. This is different for foster parents, who prepare for their role over the span of weeks or months. Relatives may get a call in the middle of the night and must ask themselves: Do I take my grandchild, niece, nephew, or younger sibling, or does my relative go into foster care?

Our curriculum initially was made available throughout the state of California. But recognizing the value of this resource at a national level—and with encouragement from CWLA’s National Kinship Care Advisory Committee and agreement from CWLA’s President and CEO, Christine James-Brown—CWLA received

copyright permission to adapt the curriculum and disseminate it. The curriculum was field tested across the country, then updated several times to what it is currently: *Trauma Informed Model of Practice for Information, Support, and Assessing Kinship Caregiving Families* (Petras, Ingram, Pasztor, & Williams, 2020). The model includes an *Implementation Guide* to help that ensure all staff work toward the same vision and mission, employ strength-based language and best practices, and strive for safety, well-being, and permanence. It includes a *Facilitator's Guide* to lead information and support groups, and a *CAREbook* with handouts for participating relatives.

The curriculum also includes a section that helps relatives and agency staff make an informed decision about whether relatives have the ability, resources, and willingness to address nine issues of concern that research has documented as essential to consider: legal and financial issues, family relationships, children's behavior, health and mental health of children and relatives, school, supports needed, fair and equal treatment, and satisfaction and recommendations. The fair and equal treatment issue has been particularly vexing. One of my kinship caregiver co-facilitators shared the story of assuming care for two nephews who joined her husband and four birth children. When she took the nephews to enroll them in grade school, the front desk secretary looked at my co-facilitator, who is Latina, looked at her redheaded nephews, and said, "A maid can't enroll children in school."

Above all, examples of competence as a foster and adoptive parent take on different meanings when considered through the prism of kinship caregiver perspectives. For example, when my foster daughter joined our family at age 13, she had experienced considerable loss and trauma: separation from her mother and siblings because of parental neglect, multiple foster care and adoption disruptions, and two residential settings. Every night when she got into bed, she put her shoes on her pillow. Some families may have thought that a strange if not unsanitary habit. We assumed it had something to do with feeling safe, so we ignored it. But every night

as we helped her get ready for bed, we would say, “Our family is a safe place for children, no one is going to hurt you here, no one is allowed is your bed but you.”

After three months, she started leaving her shoes on the floor. When we casually mentioned the new “parking place,” she hesitantly shared, “All the places I used to live, you never knew if someone was going to try to ‘get you’ in the middle of the night; so I kept my shoes close by to fight them off or to run.” As a foster parent, I felt outrage and sadness because of her trauma. But I did not feel guilt. Had I been her grandmother or aunt, I might have felt guilt and helplessness that I had not been there earlier to help.

We adopted our son when he was ten years old. He had been in residential programs from the age of six. With both our son and foster daughter, we recognized the need for them to make whatever connections possible with their relatives. We maintained an open adoption with our son and his maternal grandfather and sister—his only family members. We reunited our foster daughter with her birth mother when she was 18. She learned that when her mother went to court for the dependency hearings regarding neglect, she had pleaded with the judge: “Don’t take away my children, just take away my problems.” The judge did not know how to take away mental illness and alcoholism; he only knew how to take away the six children. Again, keeping children with kin—whoever they might be and whatever they might offer—remains paramount.

Influence #4: Working with Child Welfare and Social Work Educator Colleagues and Students

When she was nine, our eventual foster daughter joined an adoptive family with her birth sister, who was seven years old. After a few months, the adoptive parents decided they would keep the younger child but not the older one and asked that she be “removed.” The agency decided to “sacrifice” one for the other and moved our daughter to a residential facility. The family told the younger child that her sister had died. We know this because we

helped our daughter search for and find that sister when they were both in their 30s. We did not know the story about the “death” until the reunification. The younger sister told me, “I’d like to meet the worker who made the decision that this would be a good family for me. I’d like to tell her she made a mistake.”

Every child I had ever separated from their birth families flashed before my eyes. If we were to draw a line down the middle of a page, and name one column “Helping Side” and the other column “Hurting Side,” which column would each of us fit into if children were asked who were the “hurting adults” and who were the “helping adults” in their lives?

In CWLA’s *Traditions of Caring and Collaborating Trauma Informed Model of Practice*, we say that the three most important words are “for the child.” However, CWLA’s *National Blueprint for Excellence in Child Welfare* emphasizes the vision that all children deserve to grow up in nurturing families that are, in turn, supported by safe communities. My child welfare and social work education colleagues, alongside my foster and adoptive parenting and kinship caregiving colleagues, have supported my belief in teamwork and collaboration. In fact, our “mantras” are to minimize trauma, maximize teamwork, minimize competition, and maximize collaboration.

The needs of families today are compelling. So perhaps the three important words are “for the family,” whoever that family may be: birth, kinship, foster, adoptive, or whoever the children claim to be “kin.” The work that my colleagues, students, and I do emphasizes strength-based language. We use the word “family” instead of “home” because family members have feelings—homes do not.

My social work students provide hope for the future. Many of them have experienced loss and trauma. As one of our recent MSW students shared at a speech at graduation, “my parents crossed the border so I could cross this stage.” They understand the value of family. They are committed to the core values of the NASW Code of Ethics. They provide examples of demonstrating those values in our weekly graduate courses in policy analysis, child welfare

practice, leadership, administration, and in their thesis projects. They give examples of being competent, having dignity and integrity, being committed to relationships, providing service, and being advocates for social justice. Reverend Martin Luther King, Jr., said, “The time is always right to do the right thing.” I hope that others will follow CWLA’s lead and advocate for all families. It is the right thing to do and we are better together when we do.

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9

Understanding Child Welfare Practice in Kinship Care:

An Individual Perspective

Charlene Ingram

One day in 1995, while sitting in my office at the Philadelphia Department of Human Services, Children and Youth Division (DHSC&Y), I was visited by the deputy commissioner. I was advised that the Child Welfare League of America (CWLA) was planning to publish a special issue of *Child Welfare* journal devoted to kinship care. The deputy commissioner assigned me the task of writing an article.

A structured concept of kinship care as a unique child welfare service was relatively new to me, so my immediate thought was that perhaps someone else might be more appropriate—and what did I know specifically about kinship care? At the time, the agency did not have a well-defined kinship care program or model of practice. It was exploring the issue by looking at other state kinship care-related initiatives. One such initiative was the 1993 Pennsylvania Department of Children, Youth and Families' convening of a group of stakeholders involved in family foster care to

explore state foster care system enhancements. That effort resulted in the establishment of work groups focusing on various aspects of out-of-home care—including kinship care.

Subsequently, the Philadelphia Task Force on Kinship Care was established to develop strategies for implementation of recommendations resulting from a national conference, *Kinship Care: Across Generations—Across Systems*, that had been held in Philadelphia in 1993. Public and private child welfare agencies, community-based organizations, educational systems, and caregivers participated. My exposure to kinship care policy and practice issues was a result of becoming a participating member of the state's kinship work group, which continued into 1997. Specific recommendations resulting from the workgroup included establishing a definition of kinship care, developing standards of best practice, identifying training needs, and proposing kinship caregiver supports. These are issues that continued nationally into the 2000s and remain relevant today. They stimulated my thinking about practice supportive of connecting children and youth with kin when remaining with their birth parents was not possible.

Although in the Philadelphia system children and youth were being connected to kin as caregivers when biological parents were unable to provide care, this was primarily an informal practice, as was common in many jurisdictions at the time. The value of maintaining family connections in child and youth development was recognized, but the challenge was how best to incorporate policy and practice specific to kinship care within the continuum of services for children, youth, and families. Gleeson and Craig (1994) conducted a review of kinship care policies in 32 states. One striking finding was that most states did not have a clearly stated purpose of kinship care in policy because, in part, kinship care was perceived as a separate child welfare program.

One initial effort for Philadelphia DHSC&Y was to identify kinship care values and fundamental principles of practice. Common values still relevant today include:

- All families have strengths that are the foundation for further development.
- Preservation of family ties supports child development and continuity of relationships.
- Children need consistent relationships with their communities of origin inclusive of friends, schools, and religious affiliation.
- Stability of important relationships is necessary for maximum growth and development.
- Minimal disruption of family relationships is important in a child's life.

State initiatives related to practice standards shared a common set of principles:

- Understand and acknowledge the unique characteristics of unrelated caregivers (foster families) and kinship caregivers.
- Conduct comprehensive family and child assessment to inform identification of areas of needs, strengths, and supportive resources and services.
- Promote and support family feelings of empowerment by viewing members as experts concerning their needs and goals.
- Consider caregiver willingness, capacity, and capability.
- View and treat the biological, foster family and kinship families with dignity and respect.

The comparison between state-related practice enhancement initiatives and kinship care helped establish a conceptual framework for considering kinship care policy and practice within the continuum of services within the agency. The values and principles were and remain foundational to effective practice strategies. A challenge is applying foundational values and principles to the unique qualities and characteristics of different demographic groups. This is a basic skill in social work practice.

Writing an Article

As I considered the focus for my *Child Welfare* article, I saw that a literature review was needed to become familiar with the current research, practice, and policy guidelines as a foundation for identifying relevant issues related to kinship care as a child welfare service. One of my favorite sayings is “You have to know where you have been to determine where you want to go.” It was clear that relatives caring for children was not a new phenomenon but a tradition in many cultures. The exploratory considerations that helped me gain a deeper understanding of kinship care as a child welfare service included:

- Philosophy and values supportive of family connections as related to child growth, development, and well-being.
- Early legal or legislative support and guidelines for kinship care within the child welfare system; and
- Applicable social work principles of practice related to processes such as family engagement, assessment, service planning, and service delivery.

A student doing her field placement at the Philadelphia DHS assisted me in conducting a literature review. Literature during early 1990s provided insight into kinship care-related issues supportive of it as a child welfare service. The value of kinship care to the growth and development of children and as a child welfare service was particularly helpful as articulated in *Kinship Care: A Natural Bridge* (CWLA, 1994). This publication presented a report from the North American Kinship Care Policy and Practice Committee convened by CWLA in 1992 and supported by CWLA staff directors, Dana Burdnell Wilson and Eileen Mayers Pasztor.

Reviewing literature highlighted for me the issues that have a direct impact on kinship care as a child welfare service and informed the content of my article (Ingram, 1996):

- Definition of kin.
- Kinship caregiver demographics.

- Court decisions and legislation.
- Values and philosophy.
- Kinship care purpose and goals.
- Standards of practice.
- Professional knowledge and skill.
- Caregiver support.

Learning from the Literature and Colleagues over Time

The process involved in writing that initial article was exciting (especially when I learned it had been accepted to the *Child Welfare* special kinship care issue), encouraging, and enhanced my interest in effective practice in kinship care as a child welfare service. I learned about key issues related to kinship care practice through opportunities to participate in kinship care-related initiatives and interactions with colleagues. What follows are factors that became important to me after writing that article in 1996.

Influential Judicial Decision

Judicial decisions and legislation influence child welfare policy and practice. Policy is the what should be done, and practice is the how it should be done. However, there have been debates among professionals as to which comes first, the 'policy or the practice. Over the years I have considered this debate and have concluded that they are mutually supportive of each other, but from my perspective clearly it is practice that brings policy to life.

It is impossible to consider kinship policy or practice without acknowledging judicial decisions and legislation. In 1976, the United States Supreme Court in the case of *Miller vs. Youakim* ruled that relatives should have access to foster care benefits available to non-related caregivers if the child was Aid to Families with Dependent Children (AFDC)-eligible (currently Temporary Aid to Needy Families, or TANF) and the relative's home was compliant with licensing standards. This judicial decision is frequently cited as a major contributing factor to the creation of kinship care as a child welfare service (see reflections by Testa and Gleeson,

this volume). It brought attention to the issue of equity in access to resources by relative caregivers available to nonrelative caregivers. One of the beliefs that had impeded progress in recognizing kin as a family resource for children related to the expression “The apple does not fall far from the tree”—especially as it related to grandparents assuming the role of caregiver. Implicit in this belief is that the individual who raised the parent of the child would not “do any better” with their grandchild. More informed understanding of the impact of societal conditions (to which everyone is exposed) is a significant factor affecting parental skill and capacity to adequately care for their children. Over the years this belief has become less prevalent—as well it should be.

Defining Kin

Definitions of “family,” “relative,” and “kin” were (and remain to some degree) important considerations when thinking about kinship care. In the early 1980s and 1990s there was an increase in the number of children who became known to the child welfare system because their parents, at that specific point in time, could not provide adequate and safe care. In 1982 there were 243,000 children in out-of-home care; that number had increased to 429,000 by 1992 (Dubowitz, 1994; Gleeson & Craig, 1994), when the concept of kinship care was beginning to receive more academic and child welfare organizational attention. Many parents were experiencing (and still experience) the negative impact of poverty, homelessness, and substance use. Additionally, many child welfare agencies were experiencing challenges in the recruitment and retention of non-related caregivers capable and willing to foster a non-related child in their family. The definition of kin offered by CWLA’s publication, *Kinship Care: A Natural Bridge* (1994), is broad, and one to which I believe many people can relate:

Kinship care may be defined as the full-time nurturing and protection of children who must be separated from their parents by relatives, members of their tribes

or clans, godparents, step-parents, or other adults who have a kinship bond with the child. (CWLA, 1994, p. 2)

This definition is important because it allows the inclusion of close family friends who have a relationship to the child. How many of us grew up referring to our parents' close friends as "aunt" or "uncle"? For us who did, those close family friends were kin. However, in the early 1990s, the definition of kin could vary among jurisdictions and in some instances was restricted to blood relations. An important practice principle is that families, not the child welfare system, define who is their kin. Today, this broader definition is widely accepted and supported.

Kinship Care Demographics and Profiles

Definitions related to programs and services are essential in developing effective policy and practice. Also, relevant and effective policy and practice cannot be developed without an understanding of the population of individuals and families who will receive services. Early literature provided some insight into kinship family population profiles. Several studies in the 1990s were helpful in considering this issue. Dubowitz and colleagues (1993) studied 524 children living with relatives in the Baltimore Department of Social Services child welfare system. Almost half of the children who were joined with a grandmother were a median age of five and most were African American. The median age of the kinship caregivers was 48 (20% were age 60 or older), most were female, and fewer than half had completed high school. Half of the caregivers were employed (Dubowitz et al., 1993).

Berrick and colleagues (1994) conducted a study in Berkeley, California, comparing kinship families and non-related family foster homes. Findings were similar to those in the Baltimore study. Most of the kinship caregivers were single parents with an average age of 48, were likely to be employed, were more likely not to have a high school diploma, and were most likely to be caring for grandchildren including grandnieces and nephews. Two-fifths

of the children in kinship care and those joined with non-related families had prenatal exposure to substances (Berrick et al., 1994). Both studies (Baltimore and Berkeley) found that the children had health and educational needs requiring attention.

This was foundational information that was used at the time to conduct an initial survey of Philadelphia's kinship families and children and establish initial trends to inform policy and practice—information that was relevant and essential in preparing to write my article. Results were similar. In summary, 979 of the 7,825 children in the Philadelphia child welfare system in 1995 were in kinship family arrangements. Of the children with kinship families, 88% were African American. There were slightly more female (51%) children than male (49%); most of the children ranged in age from eight to 12; 93% of the caregivers were female and ranged in age from 21 to 46 and older (43% age 46 and older). It was recognized that this information represented trends and could be used to engage in further research to inform approaches to practice and caregiver support based on potential needs and areas of strength (Ingram, 1996).

It was estimated in 2017 that 32% of children in family foster care had joined a relative's family. Additionally, 2.7 million children in the United States were being cared for by kin (Stoltzfus & Boyle, 2019). Certain social conditions have continued to challenge parents' caregiving capacity: substance use, poverty, inadequate housing, and parental incarceration. After declining following the passage of the Adoption and Safe Families Act of 1997, in 2012 the number of children entering the child welfare system began increasing; many of these children were placed with kin. Caregiver profiles continue to be consistent over time in certain areas. Most kinship caregivers continue to be grandparents, are older, are the single head of their household, are retired or unemployed, and have financial challenges (The Annie E. Casey Foundation, 2012). These are factors critical in designing an approach to family engagement, service planning, and service delivery.

Understanding Relevant Clinical Issues in Kinship Care Practice

After completing my article in 1996, I was fortunate as a Philadelphia DHSC&Y staff to become a member of CWLA's Committee on Standards of Excellence for Kinship Care Services in 1997. CWLA's *Standards of Excellence for Kinship Care Services* was published in 2000. The *Standards of Excellence* provided insight and guidance related to social work practice in kinship care, supports for kinship families, organizational and management considerations, and community-based support. During that time the importance of understanding clinical concepts related to practice in kinship care became an important consideration. I found that Joseph Crumbley and Robert L. Little's book *Relatives Raising Children: An Overview of Kinship Care* (Crumbley & Little, 1997) was helpful in developing an understanding of factors to consider in establishing practice guidelines in kinship care. While the authors discussed the benefits and challenges of kinship care, they highlighted clinical issues for kinship caregivers (e.g., loss, guilt and embarrassment, transference, anger and resentment, redefining relationships); parents (e.g., loss, role and boundary redefinition, anger, and guilt, sabotage and competition); and the child (e.g., loss, rejection and abandonment, anger, and split loyalty). Recognition of clinical issues family members may experience helped define an approach to engagement and family assessment.

The Philadelphia DHSC&Y had a collaborative relationship with CWLA in the 1990s. One collaborative partnership in which I participated was the development of a case practice manual (City of Philadelphia Department of Human Services Children and Youth Division, 1996). The case practice guide was designed to offer an approach to implementation of principles of permanency planning. I mention this because the Guide included a section on the goal of kinship care that discusses values, roles and responsibilities for the child welfare worker and the caregiver. Although the Guide was focused on permanency for children, it recognized that

kinship care could offer temporary care and permanency options for children. Concepts relevant today were outlined such as: assessing child needs, caregiver ability and capacity, caregiver and parent relationship, caregiver supports, and mediating conflicts among family members, assisting in maintaining child-parent connections. I point this out because it relates to the discussion above concerning understanding clinical issues and how they influence casework processes.

Later, as a member of the CWLA consultation team, I had the opportunity to work with the State of Pennsylvania Department of Public Welfare, Office of Children, Youth and Families on the development of *Pennsylvania Standards for Child Welfare Practice* (2000). Section III of the standards related to the outcome of “Permanence and Well-Being” (III. L.). Kinship care is specifically discussed. The *Standards* states:

The child welfare worker will provide out-of-home care that designates kin as the first option out-of-home care, and as a resource to preserve family ties and culture. The child welfare worker will actively seek out appropriate kin as possible placement and permanency options at the point of intake and throughout the service delivery process. Kin placements must be safe, nurturing resources for the child. (State of Pennsylvania Department of Public Welfare, Office of Children, Youth and Families, 2000, pp. 23–24)

The value of this document was that it provided the knowledge and value base for staff responsibilities and strategies, agency responsibilities and strategies (i.e., benchmarks and measures), These in turn helped define practice—the “how to.”

While these older efforts to define and frame kinship practice have been useful, advanced knowledge has included the need for an understanding of the complexity of trauma, its impact on the

child, caregiver, and parent, and the concept of secondary trauma as it relates to service providers and child welfare workers.

Access to Services

Equal access to information and services was an issue that became important for me. I was able to join the CWLA staff in 1998 and meet colleagues with expertise in kinship care both as a child welfare service and as an informal or private arrangement among family members. Kinship caregivers in informal arrangements have not had equal access to information and resources to help support their caregiving activities. Families in the formal child welfare system (child welfare agency involvement) have the support of public agency caseworkers, as well as support from private agencies in contractual relationships with the public agency. Kinship families in private arrangements (without the involvement of the public child welfare system) frequently are unaware of available information and resources.

This dynamic was recognized in 2011 when CWLA, the National Committee of Grandparents for Children's Rights, and the CWLA National Kinship Care Advisory Committee sponsored a National Kinship Summit with support from the Hagedorn Foundation. As one of the facilitators for the event and co-chair of the Advisory Committee, it was exciting to hear the perspectives of participants and an excellent learning opportunity. Participants in the Summit identified three service needs for kinship families in informal arrangements: centralized source of information, peer mentoring programs, and targeted practice strategies to engage older caregivers, caregivers with immigrant status, caregivers in rural communities, and kinship families with incarcerated families (CWLA, 2012).

Equal access to services is an issue today still being developed, such as the creation of Kinship Navigator Programs designed to connect kinship caregivers with information and supporting resources. The Children's Bureau funded seven five-year Family Connection grants under Child Welfare/TANF Collaboration in

Kinship Navigator Programs (HHS-2012-ACF-ACYF-CF-0510). The purpose was to determine the effectiveness of kinship navigator programs. Grantee synthesis (Child Welfare Information Gateway, 2019) indicated issues like those expressed in previous years. Program implementation challenges included transportation in rural areas, practice issues such as frequency and structure of face-to-face contact with caseworkers, coordinated services to address caregiver multiple challenges, community partner engagement, and licensing requirements. The most common challenges for caregivers included lack of knowledge about public assistance programs, navigating different service providers, inadequate access to legal assistance, accessing affordable childcare and other human services, lack of financial resources for utilities and household repair, and emotional support.

Continued establishment of Kinship Navigators is encouraged in the Family First and Prevention Services Act of 2018, P.L. 115-123. The Act is intended to focus on services to families with the goal of preventing entry into the child welfare system—foster care. The Act provides funding (50% match) for qualified kinship navigator programs (see Chapter 11, this volume).

Staff Training and Development

Staff development is an essential component of effective organizational management and organizational capacity to achieve service and program goals. Over the past year, I have had the opportunity to team with Donna Petras, Eileen Mayers Pasztor, and Eshele Williams to create a model of practice and curriculum for professionals working with kinship caregivers and a resource for kinship caregivers. *Traditions of Caring and Collaborating: Kinship Family Information, Support, and Assessment—Trauma-Informed Model of Practice* (Petras, Ingram, Pasztor, & Williams, 2020) recognizes and discusses nine issues of concern identified by kinship caregivers, child welfare worker competencies, and phases of engagement and services. It offers caregivers a document that serves as a resource

for information and access to supportive services. The model of practice is based on the learnings from service providers, caregivers, and families. It is designed to demonstrate a collaborative approach to engaging kinship caregivers and the service providers that support them in a collaborative partnership.

A View for the Future

It is important to understand kinship care as a child welfare service and a means of maintaining family connections, with the goal of keeping children and youth safe, assuring healthy growth and development, and supporting a sense of stability, identity, and continuity. I look forward to a future in which there is more research to identify issues related to kinship care, such as effective strategies for caregiver support and related outcomes, birth parent support, dynamics related to positive well-being outcomes for children and youth (such as physical and mental health and education), and best practices that incorporate an understanding of trauma and its impact on a short-term and long-term basis. I also look forward to continuing to work with and learn from colleagues and caregivers about what matters and is of importance to them.

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10

Pathways to Permanency:

The Evolution of Child Welfare Policies and Practices and My Personal and Professional Journey to Help More Youth Find Forever Homes

Sharon McDaniel

I was born in 1961. My parents had married young, at age 19. My father was an Air Force serviceman from Coraopolis, a then-rural town not too far from Pittsburgh. He and my mother, a sweet-natured young woman, had settled into a traditional home-keeping life and were happy and moving forward. Then, one summer night in 1963, our world changed when my mother died unexpectedly. My father was left to care for three young children. I was two years old, my sister—a daughter from a relationship my mother had before marrying my father—was four, and my brother was an infant.

Almost immediately, my father recognized that he needed help. Our medical care, food and day-to-day needs exceeded what he or his family could provide. Determined to keep us together, he

sought public assistance. However, the child welfare system and social services in Allegheny County, the Western Pennsylvania jurisdiction where he looked for help, were not equipped to handle male clients, particularly not the needs of single, widowed Black fathers. The system turned him away.

No one told me at the time, but shortly after my mother passed, and with my father's blessing, my brother was sent to live with my mother's sister. Though we had a reunion as young adults, for many years I did not know where he was.

Life as a single parent challenged my father. Caring for his little girls alone strained his finances, his sense of independence, and his role as a provider. To seek help, he would move us in with his girlfriends or temporarily with other family members. For about six years, this was the pattern. As he struggled, we struggled. Just as we were getting settled into one place, we had to leave it for another. Consequently, my family was set adrift. Though my older sister and I would live intermittently with my father and remain a part of his life, he eventually turned us over to the care of people to whom we had no blood relation. Though many of my caregivers were loving, tolerant, and committed to providing a safe home, the notion of having a permanent home was strange for me.

I was not alone. In 1960, there were some 234,000 children in foster care. By 1962, that number had increased to 272,000 (Johnston, 2017). For many of these children, the experience of living away from home was likely troubling. For Black children in particular, it was likely traumatic. Too often for Black children at the time, being taken away from their families and homes also meant being taken away from their communities and culture, the very fabric of life that gives one a sense of pride and belonging.

This is because in the 1960s, America was two societies: one Black and one White. The White, dominant society often looked at Black family life as pathological. When a Black child was away from her parents and lacked a permanent home, she was more likely to face trauma, as most everything in the dominant society characterized Black family and kinship relations as being broken. So when a

girl was thrust into foster care and living away from home, she was also likely to be placed outside her family or culture and put into a situation that was hostile because of her race and/or class.

Furthermore, Black families and their extended kinship patterns were deemed deficient by White society, and this view drove child welfare policies and practices (Roberts, 2002). The guiding philosophy was that Black families in crisis were an orchard of bad apple trees (i.e., if a Black parent was troubled, their family was likely troubled and unfit to care for their child). To fix this problem, Black children were removed from these so-called bad orchards. Society relied on the mostly European model of a nuclear family, with the gold standard being one that comprised a married father and mother raising their biological children. This is what was reflected in the popular culture, too. I consumed these messages early, and they erroneously shaped my vision of what an ideal permanent family must be.

Television shows like *Ozzie and Harriet* and *Leave It to Beaver* did not reflect my family or my reality. But I slowly grew to understand the strengths of Black family bonds and eventually became a part of creating policies to support them, developing practices and influencing ideas about how to give children in foster care permanent homes where they can grow up safe with family and loved ones.

Developing this consciousness took some time. First as a young girl and then into my early adulthood, I had to survive being thrust into the child welfare system. In the 1960s, child welfare permanency practices and related policies were predicated on the belief that something was wrong or bad about parents and that therefore, kids needed to be removed from home to be cared for. The child welfare may have been equipped to offer assistance to mothers and children, but when my father presented himself, it had no answers for him. He was outside the box. To receive proper care, the system believed, my siblings and I needed to be pulled away from our father. In the 50 years since then, the child welfare system has evolved as agencies, professionals, families, and policy-makers have

striven to achieve a balance that keeps children safe—preferably in their own homes or with kin.

To take a close look at my life is to note how my personal and professional pathways have intersected with the evolution of these policies and practices. Following my journey is a way to see how the matrix of these networks and systems not only shaped my life, but also my views on how to address the system's flaws and advocate for its progression.

For example, the year after I was born, landmark research was conducted that transformed how society thought about children's needs. In 1962, the *Journal of the American Medical Association* wrote about Battered-Child Syndrome, characterizing it as a "clinical condition in young children who have received serious physical abuse, generally from a parent or foster parent" (Kempe, Silverman, Steele, Droegemueller, & Silver, 1962). This medical discovery seared into the American consciousness the distinction between child physical abuse and neglect. It provided states and jurisdictions—and the public at large—with the medical and legal framework to have a national conversation about children's need to be in safe spaces and a realization that, unfortunately, family and home may not always be these safe spaces.

This research revealed society's and its institutions' moral obligation to keep children safe. The national conversation soon grew to include how modern child welfare systems could best accomplish that goal, and eventually focused on the trauma children may experience due to insensitive, culturally misinformed, biased systems and policies connected to the child welfare universe.

When the conversation on Battered-Child Syndrome and child safety begun in the early 1960s, it was timely, as America was grappling with the issue of children becoming untethered from their parents because of the continually increasing number of children entering the foster care system. By 1967, the number had grown to 309,000 children in the child welfare system, some 37,000 more than five years earlier (Johnston, 2017). I was one of these children. I was seven years old and my sister was turning nine when

my father decided that his girlfriend's parents, a couple we called Grandma and Gramps, would raise us. We had found what I called a forever home. They had no blood relation to us, but they treated us like kin. In their care, we found a sense of order and belonging. We went to church, established a standard dinner hour, and had chores. We were grateful and felt as if we had a family. Grandma even stopped working as a housekeeper to stay home and care for us. There were limits, though. As much as they had adopted us in their hearts, because they were not biologically linked to us, they had no authority to enroll us in school or determine our medical care. For help with these matters, they still needed the approval and signature of my father.

So, Grandma and Gramps took on the maze of our county child welfare system and became licensed as our formal foster parents. With that distinction, my sister and I became entitled to medical and dental benefits, and Grandma and Gramps received a monthly subsidy to help with the costs of caring for us. But foster care is not necessarily—and too often is not—permanency. And, during the process of becoming foster parents, neither the caseworkers nor the courts talked to Grandma and Gramps about permanency—adoption or legal guardianship—as an option. And, clearly, there was no discussion of how the system could support my father to put us all back under the same roof.

Nevertheless, I thrived in this home. I went to private school. I took music and dance lessons. But as my sister and I became teenagers and reached for more independence, we realized—being in foster care and having no permanent legal attachment—just how fragile connections could be. One night, after coming home late from a party, an argument with Grandma and Gramps grew heated. In the aftermath, in a fit of teenage angst, my sister and I ended up running away. The child welfare system and family court were no help negotiating a resolution that would allow us to remain at “home.” Both agencies seemed so distant and unengaged. For the five years during which we lived with Grandma and Gramps, we never saw a caseworker. There was no standard of practice in

the system to help us stay together. Now, the legal relationship had dissolved.

As I grew up, permanency planning for children like me in foster care was an unfamiliar notion. The system did not know how to put all the pieces together. The idea of the system supporting families in order to care for families did not exist. Long-term foster care, not permanency, was the prescription. Children were voiceless. No one asked them where they wanted to go. No one asked my sister or me if we wanted to remain with Grandma and Gramps. This lack of permanency as an option had cascading negative impacts on my early life.

The 1970s

In the 1970s, the United States was rocked by contrasting social and political transitions. The Vietnam War continued, and President Richard Nixon resigned after facing criminal charges. But there were positive developments: Rights for women escalated. Congresswoman Shirley Chisholm was the first Black person to seek the presidency. *Roe v. Wade*, which protects a woman's right to abortion, was passed by the Supreme Court.

On the child welfare front, there was a mix of good and not-so-good news, too. Sadly, by 1972, the number of children in foster care had jumped to 319,800, expanding to 502,000 by 1977 (Shyne & Schroeder, 1978; Curtis, Dale, & Kendell, 1999). However, see Testa (2009) for state-level data, which disputes the survey methodology used to generate the national estimates. Whatever the facts were on the ground, for too many young lives, permanency remained elusive.

On the positive side, a federal approach to address child abuse was developed. One of the first breakthroughs was the Child Abuse Prevention and Treatment Act of 1974 (CAPTA), which built on Battered-Child Syndrome research and further clarified exactly what constituted child abuse and neglect. It also shifted the focus to empowering child welfare agencies to create and fund state

and local jurisdiction policies and programs that addressed risk, protection, and prevention—rather than simply responding to reported abuse—including efforts to reduce children’s length of time in foster care and the creation of new avenues to permanency.

CAPTA improved the lives of thousands. But for some, its scope was too narrow. Critics argued that the act would never appropriately address child maltreatment until it addressed the larger structural issues of income disparities and poverty, and how those challenges pummeled families and put youth at risk (Pelton, 1989). In that regard, the new law had no bearing on my case. I did not suffer child abuse or neglect. And it did not mention subsidies or other interventions that could have helped my father keep us together and prevent my “drift” among caregivers.

So, in Pittsburgh, I went from being in a very happy place to one that was very distressing. In 1975, at 14 years old, after the altercation with and running away from Grandma and Gramps, my sister and I ended up living with my father and his new family in public housing. It was a very brief and rocky stay. After being there for less than one week, I was sitting on the stoop of his home while he and my sister were at work when, to my surprise, a social worker approached the house. She had come to remove me from my father’s home. I was shocked. No one had informed me or explained to me that this move was imminent or why it was necessary. So, in a matter of hours, I was again separated from my father, my sister, and all that I knew, and checked into a county-administered group shelter. Clearly, at this point in care, the system did not use the “triad,” a process for linking and communicating with foster youth, birth parents, and caregivers to assure the least amount of trauma for children. I was simply torn away as a young teenager from adults and family members.

For what it is worth, the people who ran the group shelter did a fine job with the dependent boys and girls—youth who were “in need of someone to love us”—but the shelter remained a cold and distant place, like a fireplace without a fire. While I was there, I received no visitors—not a family member, a social worker, or a

representative from the courts. No one came to communicate with me about what was next. With no “triad” working for me, I had no way of knowing if I would be in the shelter for months or years. It was like I had been thrown away. And then, six months after being shocked by the social worker who came to carry me away, another showed up (again, without any notice) to tell me I was leaving the group shelter and being embraced by another family.

I was sent to live with Grandma and Gramps’s daughter and son-in-law. I was not sure if the child welfare system had reached out to them or if they had stepped in on their own, but they had agreed to be my caregivers. My foster aunt was a postal worker and my foster uncle was a steamfitter. Their home was welcoming, and I did well there.

But there was no support system in place to help us become a stronger family. All those years of being carted about and the lack of permanency had come with a price. First, I was haunted by the fear that any family situation I was in would not last. By age 14, I had been to seven different schools and was insecure and anxious about always being the outsider. The cycle of upheaval from homes, schools, and community was exhausting; research shows such upheaval can be cognitively and developmentally traumatizing for youth (Lewis, Dozier, Ackerman, & Sepulveda-Kozakowski, 2007; Healy & Fisher, 2011).

Nevertheless, I progressed well with my new family during the latter half of my teen years. I was a good student, I enjoyed my friends, and graduation was looming. I would be a first-generation college student. My joy was tempered by the weariness of asking, What happens for me next? Despite the good times, the threat of another disruption held a tight grip on my heart and mind. I was constantly worried that one day my “forever” home would just be gone.

In the summer of 1979, at age 17, I graduated from high school. It was the same year that the United States implemented the Indian Child Welfare Act, which had been proposed a year earlier. Policies were changing and progressing. This was a good thing, because it

meant there would be plenty of children who would be spared the anxiety I felt. This act swung the pendulum of ideas to include the notion that it was beneficial to keep youth connected to their cultural communities. It provided security to thousands of indigenous children, pushing permanency and reunification for those who had been uprooted from their homes.

However, I did not feel such security for myself. In the fall of 1979, as I stepped onto Penn State University's leafy campus and was moving toward a brighter future, I was plunged into darkness, into a space where I was not sure where I belonged or if I had a home. I had "aged out" of the system.

The 1980s

In the 1980s, AIDS was first diagnosed in the United States, *The Color Purple* won the Pulitzer Prize for fiction, and the nation awakened to hip-hop. Much later in the decade, an epidemic of crack cocaine hit urban areas and minority communities like a plague. Its impact was felt in family and community life as individuals caught in its web were stigmatized and criminalized. Social services failed to offer comprehensive assistance to mitigate the crisis and support the needy population of children affected by it.

Against the backdrop of these events, nationally and in some states, there were breakthroughs in the child welfare system. Before that, the federal government launched the Adoption Assistance and Child Welfare Act of 1980 (AACWA), which strengthened adoption and foster care assistance for children who were needy and dependent. Its major provisions included assistance payments to parents with a child eligible for Aid to Families with Dependent Children (AFDC); reunification and preventive programs for all in foster care; a push to place children in the least restrictive settings and, if possible, close to a parent's home; and opportunity for courts to consider and determine the future status of a child—reunification, adoption, or foster care—within 18 months of initial entry into care. The progressive AACWA changed a multitude of

lives, resulting in a sharp drop in the number of children in foster care. In 1980, the number of children in care was 302,000; 47.3% were children of color. Two years later, that number decreased to 262,000 (Johnston, 2017).

The decade also brought change on the state level. In 1983, Massachusetts became the first state to pass legislation that subsidized legal guardianship, providing funds for children to live permanently under the care of a legal guardian, who could be a relative. Sadly, such policy changes came too late for me. In 1979, I was finishing high school and looking forward to settling into life as a Penn State University student. None of the benefits of the legislation connected to me. I never saw a judge or went to court to achieve permanency. My emancipation from the foster care system was bewildering. I could not help but wonder if I was going to be free of the system or if the system was going to be free of me. It was a confusing, tense time because I was transitioning into adulthood and would soon be without a forever home. Where will I go, I wondered, when most other college kids go home? I felt lost. The idea that guided the system was that at age 18, I no longer needed a family. Neither my caseworker nor my foster kinship family shared any guidance on what to expect when I “aged out.” On weekends and some college breaks, I just showed up at my kinship foster care home. I was uncertain if I would be welcomed, so each time, I was grateful for their open door.

During this time, I was able to suppress some of my anxiety and focus on graduating from college. Achieving this goal helped to make much of the 1980s a progressive time for me. I finished college and returned to Pittsburgh, but it was not the smoothest return. My lack of a plan for permanency left me without many options. I was now 21 years old, but I still needed to have caring adults assist me with my transition. My kinship caregivers, my aunt and her husband, were experiencing their own transition: a dissolving marriage. As a result, I reached out to my father, who now had a home with five bedrooms. I asked if I could stay with him

until I found a job and my own place, and he agreed. I lived with him for about a month before securing an apartment of my own.

The reality of aging out has always struck me as a particularly harsh aspect of the foster care system. You do not age out of family. Whenever you return to the company of those who love and care for you, you are among family. Research has shown that being connected to kin sustains and promotes well-being, stability, and healthy relationships for a lifetime. Research also has shown that youth in foster care who age out but remain connected to permanent families are more likely to avoid homelessness, joblessness, crime, and addiction (Jones, 2011; Cunningham, 2013). They are also more likely to be successful post-high school with college and work, and delay becoming parents. Research from the Annie E. Casey Foundation found that some youth who age out are eventually able to reunify with their birth parents. We are drawn to family because family provides a sense of belonging. It is not something of which young people—no matter how old—can age out (Mohanty, Keokse, & Sales, 2007; Biehal, 2012).

The child welfare system needs to think about and address the nomenclature of this policy, as well as innovate practices that strengthen, not sever, relationships. However, for me, the child welfare system made clear that once I had graduated from high school—at 17—it was done with me.

After college, I began my career in social services, working with seniors, family, and eventually children. Soon, I landed a job with the Allegheny County Office of Children, Youth and Families as a caseworker with Child Protective Services (CPS). My experiences as a youth in the system taught me how important it is to keep families intact as long as the children are safe and their needs related to overall well-being are addressed.

This viewpoint informed my work. I often was the lone voice who advocated to keep children and parents together and strategized about how the child welfare system could be more supportive of families. In 1985, not long into my work with CPS, I worked with a 28-year-old mother and her 10 children who inspired a

breakthrough for me, planting the seeds of my later work in kinship care practice and policy. I quickly saw that living in poverty was the key threat to her children. It was not abuse or willful neglect. One way to help her secure a better life for herself was kinship care: placing her children with relatives who lived nearby as she struggled to advance. The children were able to stay in the same community as their mother and avoid major disruption to their lives.

In this young mother I saw my own past. Growing up, I also was challenged by instability and not having enough food to eat. But I was not unloved. I believe that with thoughtful, individualized intervention and support for the concept of kinship care, my father would have been able to keep his family together. I do not believe that to protect and care for a child means permanently removing them from family.

As I entered the late 1980s, I continued to learn about the child welfare system, advance professionally, and push the policy of “families first” as a solution, but the crack cocaine epidemic lurked around the corner. It quickly hit communities hard—and was particularly devastating to African American families. Soon, the number of children in foster care began to grow at an even swifter pace than it had in the 1960s and 1970s. The number of children in foster care in 1984 was 276,000. By 1987, it had risen to 300,000, and by the decade’s end in 1989, the number of children in foster care was 378,466 (Johnston, 2017). African American youth were disproportionately represented in this number (Knott & Donovan, 2010).

But there were also bright spots leading into the 1990s, a decade brimming with innovation in the child welfare system. In 1988, the Child Abuse Prevention, Adoption, and Family Services Act expanded adoption opportunities for children who are minorities. That same year, President Ronald Reagan issued the first presidential proclamation for national Foster Care Month, an initiative that built awareness and lessened stigma.

The 1990s

Despite advances in legislation, child welfare agencies needed an arsenal of new ideas to address the growing number of children in the system. Fortunately, on the local front, policies and practices in Allegheny County began to counter culturally repressive and racially biased practices that pushed children—particularly children who were Black—into the system. Meanwhile, nationally, society began making huge leaps regarding how it should care for children and provide stable and permanent families. Many states were leading the way by developing policies that supported kinship care.

In 1993, the Family Preservation and Support Services Program Act was launched, providing for family-focused planning for children at risk; improved service coordination across states; and a broadened definition of family to include people who are biological, adoptive, foster, extended or self-defined. Four years later, in 1997, Congress passed the transformative Adoption and Safe Families Act (ASFA), which marked the first time that issues related to permanency were explicitly stated in legislation and completely changed the landscape for child welfare practices. This act pushed kinship placement as a way to reduce the number of children in foster care and highlighted the idea of concurrency (concurrent planning): that agencies should *both* identify and work toward children's reunification with their biological parents and at the same time consider alternative permanent families should reunification fail.

In 1999, the Foster Care Independence Act allowed and encouraged states to create programs supporting youth who age out by addressing their financial, housing, health, educational, and employment needs (Allen & Nixon, 2000). The bill responded to the fact that the system was asking a population of 18-year-olds to be self-sufficient when, on average, American youth who were attached to family were not expected to reach self-sufficiency until age 26. This law was vital. Young adults do not live on islands.

They are embedded in communities. To leave them vulnerable and without access to better lives is to leave families and communities vulnerable and regenerate the cycle of youth who need care. Better-informed policy can break this cycle.

Helping to progress policies during this period were child welfare institutions that served as industry watchdogs and thought leaders. For example, in 1994 the Child Welfare League of America (CWLA) pioneered a report based on recommendations of the CWLA North American Kinship Care Policy and Practice Committee. The report, *Kinship Care: A Natural Bridge*, reflected the best scholarship on the emerging issue of kinship care in the array of child welfare services. The report amplified the conversation, emphasizing the growth and characteristics of formal kinship care, critical policy and practice questions, and focus for future research. It was instrumental in moving forward the issue of kinship care. Clearly, the 1990s were full of emerging, exciting ideas on how to assist and support families and children. And, these ideas were making inroads into more states and local systems—like Allegheny County, where I lived.

At the start of and throughout the early part of the 1990s in Pittsburgh, there were three key moments that created momentum for change. The first was the 1989 *Rivera v. Thomas Carrass Consent Decree*. This particular case sued Allegheny County for discriminating against family members who wanted to become foster parents of their kin. Allegheny County courts ruled—in agreement with the Supreme Court decision in 1979's *Miller v. Youakim*—that local child welfare agencies should pay kinship caregivers the same rate as foster parents, provided they meet foster home licensing requirements.

The second key moment occurred in the mid-1990s when, thanks to the advocacy and leadership of two dynamic women, Mary Young and Marcia Sturdivant, our county's child welfare system was pushed to highlight family strengths and community as essential factors in solutions to challenges experienced by families. This opened a conversation about making kinship a viable

option for children, while also promoting the inclusion of African Americans as providers, acknowledging that they could be proprietors of foster care agencies, group homes, and shelters, as well as foster parents themselves.

The third moment happened around 1996, when Allegheny County hired an innovative new Director of the Department of Human Services, Marc Cherna. He supported and believed in the power of kinship care and moved the county toward kinship care as a permanency option for children.

These three developments made fertile the ground on which I would make my mark. In 1993, I left the county child welfare agency for a position with Pittsburgh's Three Rivers Adoption Council directing Black Adoption Services. I wanted to learn the ins and outs of running a nonprofit. I gained those skills, but I was disillusioned that many believed Black adoption was an act of privilege for the adopting family instead of a necessary undertaking to offer permanency to support the child. I just believed that families, particularly grandparents and children, deserved better.

About seven months later, while still with the adoption agency, I took a leap of faith and put forth two proposals to be an African American provider in Allegheny County. One proposal was to provide family foster care, and the other kinship care. Allegheny County was only interested in traditional family foster care at the time, but my proposal opened the possibility to the kinship care option. I knew this was important and necessary, as the county had been failing with family-related services and had only received a provisional license from the state as a result of its marginal work with kin. Doing things differently and providing different outcomes was and still is critical for African-American children, who right now are represented in foster care at 1.8 times the rate of the general population, according to the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services (Child Welfare Information Gateway, 2016). Additionally, only one in five Black children in the child welfare system spends time in

kinship care at some point during childhood, according to the Annie E. Casey Foundation.

When my proposals were submitted, the then-child welfare director, Mary Garland-Freeland, welcomed my kinship proposal as a viable option to improve the system. I was awarded a contract in May 1994 and, two months later, in July 1994—when I was handed a backlog of family cases from the county—I launched my own nonprofit kinship care organization and went to work.

I called it A Second Chance, Inc. (ASCI) and focused on placing family with family. We opened in a former church rectory in the nearby rust-belt town of Braddock, Pennsylvania, with a staff of eight, and grew from 70 to 350 families by December of that year. We were intentionally a kinship foster care provider, seeking first and primarily to place children and youth with caring relatives when birth parents could not care for them. Based on my years of experience working with kinship families, ASCI advocated for and advanced kinship care by bringing greater attention to the needs of the triad—the child/youth, birth parents and caregiver. It was my personal background and work in the system that informed my way forward.

ASCI had become Allegheny County's newest child welfare provider, its first kinship care provider and only its second African American provider. The first African American provider facilitated traditional family foster care and adoption services, and I was a member of its board for many years.

In 1995, ASCI moved to a larger building in inner-city Pittsburgh. We were still growing, and so was my faith that this was what God had called me to do. We continued to meet a huge need, and it was rewarding to license family members so they could take care of relative children who needed help.

Just six years later, we moved into a new property to accommodate even more growth. ASCI was blossoming in the services and programs we provided. As our reputation and services grew, so did our relationships with the local and national philanthropic groups that supported our work. Over time, the funders knew of

the work we did to strengthen the triad and address and improve the conditions that bring young people to the attention of the child welfare system in the first place. They began to pitch in to support our capital campaign, wellness and education issues, and our social justice efforts. To help bring our organization to that point, I hired people willing to work hard and who could be objective. My motto and expectation: Treat every family with dignity and respect. Our mantra: *Every child touched by A Second Chance, Inc., has a right to be safe and must thrive.*

To deliver these outcomes in the beginning, I had been the driver, janitor and intake worker. I did whatever was necessary to keep us moving. Our capacity to touch the lives in our community was deeply gratifying. And, as the nation made strides in seeing kinship care as a viable permanency option, ASCI steadily marched forward, transforming from a trailblazer in kinship care services to a national model of how it could be done.

Over time, our work providing kinship care and restoring families began resonating in the community and beyond and brought me and our organization to have a direct encounter with the breakthrough Adoption and Safe Families Act (ASFA) passed by Congress in 1997. A year after the transformative measure was passed, in October 1998, I was called upon to tell my story to help advance care for children. I was 35 years old when the U.S. Department of Health and Human Services called me to its marbled halls to testify before the congressional subcommittee on ASFA and to inform its report to Congress on policy and practice regarding permanency in kinship foster care. I beamed as I sat there sharing ASCI's models of success regarding kinship care and making recommendations to members of Congress. I was fortified because I knew I was not just speaking for myself, but for thousands of children and youth in foster care who never got the chance to tell their stories.

Amid our growing operation, the agency would launch regional services in Philadelphia in 2005 and build collaborations with statewide adoption networks. But everything we did—from how we wanted to influence policy to constructing culturally sensitive

initiatives—was to strengthen the triad. This was an absent consideration when I was a child in the system. We did not create these initiatives or take these steps to boast about our growth, but rather to have positive outcomes in the community. When I founded the agency, kinship care was almost a nonexistent option, but through ASCI's leadership it has become a primary consideration.

The 2000s

During the 2000s, we saw monumental breakthroughs in this country. Barack Obama's election as the first African American President of the United States in 2008 was a social and political highlight. But there were important breakthroughs for me, ASCI, and the national child welfare sector, too.

As the previous decade had come to a close, I had thought about other options that might provide permanency to youth. What else could be offered to provide better outcomes through supporting families and keeping children safe? Could subsidized legal guardianship make federal funds available for longer-term relationships between children and caregivers? In other words, without pushing for legal adoption, was there a way to fund the needs of a child in the care of a long-term caregiver? At the time, subsidized guardianship was the law in other jurisdictions, but it was not a policy that existed in Pennsylvania. Yet, I wondered about the possibility. I wanted caregivers to have as many options as possible when choosing what was best for their families if the courts ruled out reunification with birth parents. I thought subsidized legal guardianship could be one of those options and eventually, I took action.

ASCI attorney Tony Sosso Jr., and I engaged in the first-ever research exploring subsidized legal guardianship for Pennsylvania. Our study found that to provide permanency for children and youth, 50 percent of caregivers from both Pittsburgh and Philadelphia would choose to adopt and the other 50 percent would select guardianship. Clearly, there was a need to support guardianship. We believed that if jurisdictions knew of a way that loving

grandparents or other kin caregivers could receive financial assistance and support to become legal guardians of their children—the same services that licensed, non-family caregivers received—they would respond.

I visited six states to gather my data and design a model for Pennsylvania. The findings in the reports, “Subsidized Legal Guardianship: A Permanency Planning Option Study for Children Placed in Kinship Care” and “Subsidized Legal Guardianship Update,” were compelling enough to convince then-Pennsylvania Governor Tom Ridge to fund the practice in our state. In fact, subsidized legal guardianship was funded by state and county appropriations. Remarkably, we were able to achieve this before a federal government mandate made it an available choice for all states.

Our landmark work moved beyond Pennsylvania, informing state and national conversations on what was possible in supporting kinship care as a pathway to permanency, as the number of children in foster care remained high. In 2000, the number of children in foster care was 552,000, and 39.7% of those children were Black (PBS, n.d.). In 2017, there were still more than 442,000 youth in foster care, and 23 % of them Black (Children’s Bureau, 2013). This means that of every 1,000 children in the United States, six are living in foster care.

I believe it is our unique role at ASCI—an organization with an exclusive focus on supporting the triad through kinship care—to address those numbers. There are other organizations providing kinship services, but none are exclusively working to strengthen the triad as a strategy to build awareness, assist youth, and preserve the kinship family unit. We are proud of our distinction as a *kinship* foster care program, not a foster care program. For ASCI, placing children with family is the primary and preferred option to avoid children and youth lingering in family foster care or in group institutions.

Research has shown that kinship foster placements offer greater family, cultural, and community continuity, as well as a greater likelihood that children will be placed with siblings and have continued

contact with their biological parents (Barbell & Freundlich, 2001). We are guided by the belief that when in trouble, children will never request to be placed with a stranger. We put so much focus on the needs of strengthening the kinship triad that our programs and ideas have pushed us into a community of thought leaders who believe in utilizing the “village” to strengthen families.

This elevates our work. Our triad-based services and interventions are comprehensive. For youth, we provide college prep and summer employment programs, as well as athletic and etiquette programs to build confidence and self-esteem. For caregivers, we offer grandparent support groups, mentoring for fathers and free legal assistance. For birth families, we provide reunification group counseling and peer mentoring. In addition, every part of the triad is offered support through transportation, clothing and emergency and mental-wellness services.

We do trailblazing work, advancing ideas of the roundtable, rapid permanency and family group conferencing. As I was working with colleagues and national leaders, in 2008, the federal Fostering Connections to Success and Increasing Adoptions Act was passed. It has helped thousands. The act focused on older youth who age out of the system. For many of these youth, aging out means they no longer have homes, caseworkers pass cases on to homeless shelters and youth are left untethered from much of what they know. The act bolstered efforts aimed at reunification, adoption and guardianship, with family and nonfamily. It supports relative caregivers by providing subsidies so they can assist children in their care.

By 2017, nationally, 32% of children living in foster care were living with kin—a significant victory for our children (NACAC, 2018). In 2018, federal law again bolstered its commitment to support non-adoptive kinship care providers with the Family First Prevention Services Act, enabling states to use federal funds under Title IV of the Social Security Act to “prevent” foster care placements by funding mental health services; substance abuse prevention and treatment interventions; in-home, skill-based parenting

programs; and other services. The goal of Family First is to take preemptive measures to keep children and families from entering the foster care system. This new legislation shows the government is ready to invest in policies that have the same intention as ASCI's work in strengthening the triad.

Amid positive national progress, ASCI continues to flourish. I am very proud to say that now, 25 years later, the work we do enables kinship care to remain a gateway to permanency. In Allegheny County, between January 2003 and June 2018, of the 1,664 children who achieved permanency through a process called Permanent Legal Custodianship, 1,386 of them did so through ASCI. Therefore, our agency is responsible for 83% of Allegheny County youth in care finding forever homes. More impressively, 60% of these children and youth were able to reach permanency within the first six months of service. Allegheny County's goal is to place 70% of its youth involved with the child welfare system in kinship care. Because of ASCI's work, the county is currently able to place 65% of youth in permanent, loving homes.

This success reinforces what I have long come to believe: When you protect the family, you protect the child. Investing in the preservation of family is in the spirit of what ASCI has always advocated.

Epilogue

Since ASCI opened, we have serviced more than 32,000 children between Pittsburgh and Philadelphia. As a result of our work, 93% of them have achieved permanency or found their forever homes. Overwhelmingly, children who achieve permanency via Permanent Legal Custodianship, which ASCI has facilitated for 15 years, have positive outcomes. Data compiled between 2003 and 2018 shows there have been single-digit percentages in the rates of re-entry into the child welfare system and re-encounters with juvenile probation services. Similarly, there have been low rates of involvement with law enforcement and low rates of need for housing or homeless services.

Permanency and reunification are relentless pursuits. But I beat the odds. We operate so that all children may beat the odds and have better outcomes after experiencing trauma that pushed them into a pipeline often resulting in encounters with the criminal justice system, school disruption and mental health challenges. Far too many youth who lack permanency and care suffer these fates.

ASCI continues to expand and carry its model and lessons into other states. We have provided assistance, training, and curriculum in New York City; Washington, DC; Los Angeles County, San Bernardino, and Santa Ana in California; and the state of West Virginia, to name a few. We have found a way to shape critical policies and practices that offer hope and change for so many. ASCI began as a local pioneer for kinship care. Now we are a nationally recognized champion. It is a right and a moral imperative for children to be safe with their families. That is a story we will always share.

It is thrilling to know that the same little girl who was given no voice when she was taken off the stoop and sent to a group home is now lending her voice to progressive ideas about shaping better policies that help children find homes and stay there, forever.

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11

New Directions for Supporting Kinship Care Under Family First

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A quarter of a century ago, the Child Welfare League of America (CWLA) published its landmark volume *Kinship Care: A Natural Bridge* (CWLA, 1994). Building on ideas that the National Commission on Family Foster Care (convened in 1990 by CWLA in collaboration with the National Foster Parent Association) previewed in its report, *A Blueprint for Fostering Infants, Children, and Youth in the 1990s* (CWLA, 1991), *A Natural Bridge* defined kinship care as “the full-time nurturing and protection of children, who must be separated from their parents, by relatives, members of their tribes or clans, godparents, step-parents, or other adults who have a kinship bond with a child” (CWLA, 1994, p. 2). The Child Welfare Information Gateway (2018) indicates that many states and tribes embrace a similar definition. Their designations of “relative” can include grandparents, aunts, uncles, and other relatives to the fifth degree (including relatives by marriage or adoption), tribal kin, family friends, neighbors, godparents, and other “fictive kin” who have a close caring relationship with the child (Child Welfare Information Gateway, 2018).

The most recent estimate is that there are approximately 2.7 million U.S. children living in kinship care arrangements without a birth parent present in the home (Stoltzfus & Boyle, 2017). The practice recommendations in *A Natural Bridge* focused on the smaller segment of children in public kinship care, which accounts for less than 10% of all children in kinship care. The rapid entry of children and relative caregivers into public foster care during the 1980s in response to court rulings, the crack cocaine epidemic, and concentrated neighborhood poverty (Testa, 1992) challenged child welfare policy-makers and strained the existing administrative and fiscal capacity to manage the influx (see Wilson, this volume). At the time, most federal IV-E child welfare funds were restricted to the support and care of children in the formal system. In the decades that followed, CWLA helped to lay the groundwork for expanding federal support to all kinship caregivers through advocacy, book publications, special issues of *Child Welfare* journal, and co-sponsorship of national kinship summits in 2011 and 2014 (CWLA National Kinship Care Advisory Committee and National Committee of Grandparents for Children's Rights, 2012).

The Family First Prevention Services Act (FFPSA, or Family First) of 2018 extends coverage of the federal IV-E program to reimburse states for qualified kinship navigator programs and clinical interventions with the parents and relative caregivers of children who are at risk of removal into public foster care (i.e., candidates). Some of the key policy ingredients and funding mechanisms are now in place for helping more kinship caregivers access the public services and supports they need for ensuring children's safety, permanent care, and social and emotional well-being.

The 2017 special issue of *Child Welfare* journal on kinship care included a position paper developed by the volume's contributors and participants in the Kinship Care Summit hosted by CWLA and New York State Kinship Navigator on the campus of the University at Albany, State University of New York in September of 2016. The position paper included a set of recommendations developed

by participant work groups in seven key issue areas. This chapter organizes the new funding opportunities that the Family First legislation affords kinship caregivers under these seven issue areas. Before discussing these recommendations and corresponding Family First provisions, the next section reviews terminology and provides estimates of the number of children in each type of kinship care based on analyses published in the 2017 special issue (Testa, Lee, & Ingram, 2017).

Terminology

A Natural Bridge distinguished between *formal* and *informal kinship care*. Formal refers to kinship care arrangements made after a court determines that the children must be removed from the custody of their parents because of maltreatment or imminent safety risks and placed in the legal custody of the Child Protective Services (CPS) agency. Informal kinship care involves other child-caring arrangements that are based on a private agreement reached between a parent and relative, even though CPS workers may be involved in helping family members make these private agreements. *A Natural Bridge* subsumed these voluntary arrangements under the general category of informal kinship care because the CPS agency does not take formal custody and assume legal responsibility for the child.

The *Report to the Congress on Kinship Foster Care* (U.S. Department of Health and Human Services, 2000) took exception to the use of the formal-informal dichotomy for categorizing kinship care arrangements. Reacting to the colloquial meaning of “informal” as simple, casual, or “laid-back,” federal staff worried that referring to kinship caregiving outside of the purview of the formal system as informal could mislead the public into believing that such arrangements are short-term or tenuous. They pointed out that kinship arrangements in which caregivers privately acquire legal custody of related children through adoption, guardianship, or custody orders would also fall into the informal category because

legal custody does not reside with the CPS agency. To address these perceived limitations, federal staff replaced the formal-informal distinction with another dichotomy. They categorized all kinship care arrangements, which occur without any child welfare agency's involvement, as *private* kinship care and defined all kinship care arrangements, which occur with child welfare contact—whether or not the placement is voluntary or court-ordered—as *public* kinship care.

Recent research builds on the idea that kinship care can be arrayed along a continuum based on the degree of public involvement in the care of the child (see Berrick, this volume; Bramlett, Radel, & Chow, 2017). However, many experts find the private-public distinction too facile because it groups disparate kinds of child custodial arrangements into public kinship care (see Wallace, this volume). Children who CPS agencies take into public custody and place in licensed or unlicensed kinship foster homes profile differently than children who CPS agencies divert from public custody to voluntary kinship care with little or no follow-up support or services. Data from the second National Survey of Child and Adolescent Wellbeing (NSCAW II) indicate that children diverted to voluntary kinship care fare worse with respect to immunizations, dental care, Medicaid enrollment, TANF grants, and Supplementary Security Income (SSI) than children taken into public custody and placed with kin or non-related foster families (Casanueva, Smith, Ringeisen, Testa, Dolan, & Burfeind, 2020). The differences between children in formal kinship care and nonrelative foster care are far fewer, which suggests that for purposes of policy and practice, it is best to lift out voluntary kinship care as a separate category from public kinship care in which the children are in public custody.

Similarly, the original formal-informal distinction, based on whether the child welfare agency has legal custody of the child, obscures important differences between private kinship arrangements, where legal custody remains with birth parents, versus permanent kinship arrangements, where a court transfers legal custody

to relatives through adoption or guardianship after the court determines that return to parental custody is not an appropriate option for the child. Adoption and guardianship are forms of permanent kinship care—which some would categorize as informal because legal custody and responsibility for the child does not reside with the child welfare agency—that are certainly more formal in terms of legal rights, family autonomy, and sometimes financial subsidies than are other private kinship care custodial arrangements. So again, for purposes of policy and practice, it seems best to lift out permanent kinship care as a separate category from private kinship care.

In this chapter, we use guardianship as an omnibus term for a variety of custodial arrangements that do not involve termination of parental rights. In some states, they are called “conservatorship” or “legal custody.” Even though these other statuses are sometimes regarded as less “permanent” than adoption because parental rights have not been terminated, the proliferation of reinstatement-of-parental-rights laws now allow birth parents, under certain circumstances, to regain control of children. With respect to “relational permanence,” research shows in the case of guardianship it is just as lasting as adoption when same-aged children are compared and other differences are taken into consideration (Testa, 2010; Rolock & White, 2017). Recent scholarship has moved in the direction of broadening the category of formal kinship care to encompass legal processes that establish relatives as the intended permanent caregivers of the child, whether the relationship is formalized through legal proceedings of adoption, guardianship, conservatorship or custodianship (Testa, 2013; Denby, 2016).

Estimates of the Number of Children by Type of Kinship Care

This chapter utilizes the classification scheme from the 2017 special issue of *Child Welfare* to categorize kinship care (Testa, Lee, & Ingram, 2017). It blends together the informal-formal distinction

with the private-public one to define the following four types of kinship care:

- *Private kinship care*: Arranged privately among family members without the mediating help or intervention of a court or child welfare agency.
- *Voluntary kinship care*: Arranged with the mediating help and support of the child welfare agency without the agency's taking legal custody of the child.
- *Public kinship care*: The court places the child in the legal custody of the child welfare agency, who entrusts the child to family members who may be unlicensed or licensed as a foster parent and, if unlicensed, may or may not be assisted with public foster care subsidies.
- *Permanent kinship care*: The court establishes the kinship caregiver as the adoptive parent or permanent legal guardian or custodian of the child. The caregiver may or may not be assisted with public subsidies.

Private kinship care occurs without CPS or court involvement. Approximately 862,000 children, or 39% of all children in kinship care, were estimated to reside in private arrangements from 2013–2014. This estimate is based on the National Survey of Children in Nonparental Care (NSCNC)—the first population-based, nationally representative survey of all children who lived in households with no parents present (Bramlett, Radcliff, & Chow, 2017).

The next degree of public involvement is voluntary kinship care, which can range from simply facilitating the diversion of the child from further child welfare engagement to opening a CPS case plan that specifies the services that must be completed and the conditions that must be met before the child can return to parental custody. Even though removal into public custody always remains a possibility, with voluntary kinship care legal custody stays with the birth parents, who agree to voluntary placement with the relative or fictive kin. Estimates from the 2013 NSCNC are that

approximately 374,000 children or 17% of all children in kinship care reside in voluntary kinship care for whom there is a current or past open CPS case. Another 335,000 children or 15% experienced less active CPS involvement in the kinship care arrangement (Centers for Disease Control and Prevention, National Center for Health Statistics, 2013).

Even though the 2000 *Report to Congress* (U.S. Department of Health and Human Services, 2000) grouped voluntary kinship care with court-ordered kinship placements, recent scholarship reserves the label of *public kinship care* for licensed and non-licensed kinship foster care in which the CPS agency takes formal custody and assumes legal responsibility for the child (Bramlett, Radel, & Chow, 2017; Wu, 2017). The estimates from the NSCNC put the size of the public kinship care population in the vicinity of 196,000 or 9% of all children in kinship care, which is larger than the counts from federal administrative sources (Laura Radel, personal communication, October 3, 2016). The 2013 count from the Adoption and Foster Care Analysis and Reporting System (AFCARS) pegged the number of children in public kinship care at 113,000 (U.S. Department of Health and Human Services, 2014); the 2018 count was 139,000 children (U.S. Department of Health and Human Services, 2019). Possible reasons for the larger estimate from the NSCNC are its two-year data collection period and missing data about kinship status in some state information systems (Testa, 2017; U.S. Department of Health and Human Services, 2011).

By definition, the NSCNC excluded adopted children from its count of children in nonparental households. Therefore, an estimate of the number of children in permanent kinship care has to be generated from other sources. The 2007 National Survey of Adoptive Parents (NSAP) indicated that approximately 436,000 adopted children were previously related to their parents through kinship ties (Vandivere, Malm, & Radel, 2009). Substituting this figure for the missing NSCNC count of children in permanent kinship care suggests that approximately 20% of children in kinship care are living with relatives who adopted them. Estimates of private

guardianship and custody orders are not available but the percentage of children in permanent kinship care would undoubtedly rise if children in relative guardianship (and custodial) arrangements were redistributed from other kinship categories into permanent kinship care.

Position Paper Recommendations and Family First Provisions

This section presents the recommendations from the 2017 special issue of *Child Welfare* on kinship care (Testa, Lee & Ingram, 2017). Contributors to the volume and summit participants organized their recommendations under seven issue areas. This section also identifies the funding opportunities that Family First affords kinship caregivers under these issue areas. Recommendations are verbatim or paraphrased passages from the 2017 special issue. Interpretations of Family First provisions are based, in part, on guidance from the Children's Defense Fund et al. (2019) and Wilson, Price, Kerns, Dastrup, and Brown (2019). Other recommendations not addressed in the legislation are listed in a separate section at the end.

Continuity and Permanence of Kinship Care

Position Paper Recommendation: Support family continuity before and after legal permanence (i.e., private, voluntary, public and permanent kinship care) with a range of services provided by child welfare social workers.

Family First: The Act provides new federal IV-E entitlement funding for the provision of promising and evidence-supported prevention services for up to 12 months per episode of child welfare involvement to candidates for foster care. It offers reimbursements for three types of clinical interventions: (1) mental health prevention and treatment services provided by a qualified clinician; (2) substance abuse prevention and treatment services

provided by a qualified clinician; and (3) in-home parent skill-based programs, which include parenting skills training, parental education and individual and family counseling. The services are available to all foster care candidates regardless of their eligibility for IV-E foster care maintenance payments. The funds can be used to preserve family continuity before a child is taken into public custody (i.e., private and voluntary kinship care) as well as prevent re-entry into foster care after a child has been discharged to relatives through adoption and guardianship (i.e., permanent kinship care). Parents of children who reside in private or voluntary kinship care are eligible for IV-E prevention services as long as a court has not placed them in the legal custody of the IV-E agency.

Child Welfare Engagement with Kinship Caregivers

Position Paper Recommendation: Implement reform to ensure that public kinship caregivers engaged by the child welfare system can, when needed, become licensed or certified foster parents on behalf of the state. Align child welfare agencies' licensing, approval, or certification standards with the unique characteristics of kinship family structure and relationships.

Family First: The act calls for states to review their current licensing requirements and use of case-by-case waivers of non-safety standards with the aim of improving the placement of children in relative foster family homes. Since 2008, federal law has given states the authority to waive non-safety related, licensing requirements for relatives on a case-by-case basis. States and tribes have flexibility in choosing which non-safety standards can be waived, such as training hours and sleeping arrangements. Standards that cannot be waived include provisions of the federal Adam Walsh Child Protection and Safety Act, which requires criminal background and child abuse registry checks on foster parent applicants and other adult household members.

In February of 2019, the Children's Bureau released final National Model Foster Family Home Licensing Standards (U.S. Department

of Health and Human Services, 2019), which conform closely to the model standards disseminated by the National Association for Regulatory Administration (NARA). By March of 2019, states were to submit a Title IV-E plan amendment that accounted for any inconsistencies of state licensing standards with the national model. States were also asked to describe their use of case-by-case waiver authority, which non-safety standards were most commonly waived, how caseworkers were trained to use this waiver authority, and what steps were being taken to improve caseworker training and the tools to assist caseworkers in waiving non-safety standards so they can place children quickly with relatives. As of November 2019, all fifty states and three child welfare jurisdictions (District of Columbia, Puerto Rico, and the U.S. Virgin Islands) submitted the requested documentation. Of these, 34 responded “yes” that it elected to waive standards on a case-by-case basis for relative foster family homes; 5 indicated “no”; and the documentation submitted by 14 states was still under review.

Kinship Navigator Programs

Position Paper Recommendation: Consider Kinship Navigator programs as core components of a system of kinship care, and development in every state. Kinship caregivers should be provided information about TANF child-only grants as well as any other benefits such as SNAP, childcare, and Social Security. Provide funding for kinship navigators that consists of a combination of federal and state dollars, with priority given to establishing statewide core services augmented by local services. Consider housing or locating kinship navigators in facilities with social service agencies and programs. For a description of recommended kinship navigator services, see Wallace (this volume).

Family First: The Act provides funding for qualified kinship navigator programs that can assist private, voluntary, and non-licensed, public kinship caregivers in learning about, finding, and using

existing support services and programs, such as TANF, SNAP, child care, and Social Security to meet their own needs and the needs of the children and youth they are raising. Support services may include any combination of financial supports, training or education, support groups, referrals to other social, behavioral, or health services, and assistance with navigating government and other types of assistance, financial or otherwise. Kinship Navigator programs may be housed either within the IV-E agency or at another social service agency that has a purchase-of-service contract with the IV-E agency to operate the program.

Temporary Assistance for Needy Families (TANF) Child-Only Grants

Position Paper Recommendation: Direct more attention to the low rates of TANF child-only utilization through outreach, facilitated applications, and removal of barriers to eligibility. Reform is needed to set more uniform eligibility rules, cash assistance amounts, and higher utilization rates at the state and local levels. Ensure that all private and voluntary kinship families have better and more uniform access to TANF child-only grants and other basic supports that enable them to sustain their caregiving intentions and commitments.

Family First Act: Across the country, access to TANF grants remains very low with only 12% of eligible kinship families receiving child-only grants (Mauldon, Speiglmán, Sogar, & Stagner, 2012). Reimbursable kinship navigator programs under Family First can help boost TANF participation rates by ensuring that private and voluntary kinship caregivers receive accurate information and help with applying for and receiving TANF cash assistance. Navigator programs can also work with non-licensed, public kinship caregivers who are ineligible for IV-E foster care maintenance payments to apply for and receive TANF cash assistance. Most are eligible for TANF child-only grants because kinship caregivers are

not legally responsible for the support of the children in their care. Their incomes are not taken into account in the determination of the children's eligibility for TANF benefits.

Removal of Barriers to Transition into Public Kinship Care

Position Paper Recommendation: Eliminate the six-month restriction on private and voluntary kinship care prior to judicial or voluntary removal and replace the 1996 AFDC look-back for income-eligibility determination for Title IV-E foster care benefits.

Family First: Private and voluntary kinship caregivers, who become licensed foster parents, are eligible to receive IV-E foster care maintenance benefits only if the children they are caring for have resided in their home for less than six months prior to the date the children were judicially or voluntarily removed. After six months, the children's customary family setting is considered to have shifted to the home of the relative. If after this time legal custody or responsibility for placement and care is given to the IV-E agency, such transfer of responsibility would not constitute removal of the children from the home. Therefore, if the children were retained in the home as a "non-removal" placement, the family would not be eligible for the IV-E supports, services, or funding that might otherwise be available if they were removed and placed in a different home or facility.

Family First modifies the six-month restriction of the duration of private or voluntary care while they are receiving IV-E prevention services. If the children meet IV-E eligibility requirements, they will continue to be eligible for IV-E foster care maintenance payments while receiving IV-E prevention services up to 12 months if they later need to enter foster care. There are provisions to extend the service period beyond 12 months if necessary. Kinship caregivers may pursue licensure during or after the receipt of IV-E prevention services.

While the Act leaves unchanged the 1996 AFDC look-back for eligibility determination for IV-E foster care benefits, it eliminates

the income requirement for the determination of eligibility for IV-E prevention services and kinship navigator programs. Parents and kinship caregivers can access these services and programs without regard to family income.

Utilization of Voluntary Placement Agreements

Position Paper Recommendation: Increase the use of Voluntary Placement Agreements (VPAs) with kin to provide greater access to foster care assistance and services without court-orders. Encourage states to develop best practices and guidelines to use VPAs to aid in helping caregivers transition into the public foster care system when it is in the best interests of the children.

Family First: The availability of federal reimbursement for mental health treatment, substance abuse recovery, and in-home parent training programs for the parents and kinship caregivers of children at imminent risk of placement into public foster care expands the range of options for meeting the needs of families without formally taking the children into public custody. For private and voluntary kinship caregivers, it may be less intrusive and disruptive to access needed services as part of a safety or prevention plan, especially if the only financial support option is TANF, which doesn't require removal of the children from the home.

The 12-month period that a IV-E agency can provide IV-E prevention services and programs without sacrificing IV-E eligibility allows the agency additional time to decide, in consultation with the parents and voluntary kinship caregivers, whether reunification is still viable or an alternative permanency plan is more appropriate for the children. If adoption or guardianship is determined to be the more appropriate option, the family can enter into a VPA in order to qualify for federal adoption or guardianship assistance. The caregiver would still need to become licensed, approved, or certified as a foster parent in order to receive federal guardianship assistance or full IV-E foster care benefits until the adoption has been consummated. Foster parent training can be offered as part of a Family First, in-home parent training program prior to

the family's entering into the VPA. Because the children's living arrangement would not change during the shift from private or voluntary to public kinship care and then from public to permanent kinship care, a VPA should be less disruptive than if they were involuntarily taken into public foster care at the time of initial contact with the CPS system.

Kinship Care Research

Position Paper Recommendation: Increased research on private and voluntary kinship care including implementation of several pilot studies to develop and test the effectiveness of innovative clinical and practice interventions, interventions utilizing voluntary placement agreements, interventions to enhance relational competence between caregivers and children, and interventions addressing children and caregiver trauma. Design studies and service demonstrations to identify factors that enhance or limit access to TANF or other subsidies, programs for children and kinship guardianship, and kinship navigator programs. Multiple data service outputs and intervention outcomes should be tracked including: (1) outcomes variables for kinship children and caregivers; (2) how kinship children and families interface with other child/family serving systems, including education, health, mental health, economic, and legal entities; (3) whether involvement in multiple formal systems helps or hinders kinship families; (4) influence of cultural variances and types of kinship care arrangements on child outcomes; (5) effect of financial support; and (6) outcomes for kinship families diverted from foster care.

Family First: The Children's Bureau (CB) allows a 50% federal match to reimburse states for the cost of evaluating the clinical interventions and kinship navigator programs it provides under Family First. The money can be claimed as administrative costs under IV-E. The *Child Welfare Policy Manual* states that conducting an evaluation is a requirement of the Title IV-E prevention plan. Therefore, the costs of conducting that evaluation are allowable

IV-E administrative costs because it is necessary for the proper and efficient administration of the IV-E prevention plan.

Federal matching funds are available for the evaluation of qualified clinical interventions and kinship navigator programs that the Title IV-E Prevention Services Clearinghouse (Clearinghouse) assigns an evidence rating of promising, supported, or well-supported. Exploratory or formative evaluations of services and program, which do not meet the minimum criteria for a promising practice, are not eligible for reimbursement. Nonetheless, many of the research priorities recommended in the Position Paper can be studied as part of a rigorous evidence-building process of moving promising practices into the upper tiers of supported and well-supported services.

In addition to the child welfare outcomes of safety, family permanence, and well-being, the *Handbook of Standards and Procedures* lists the following kinds of service outputs for evaluating the effectiveness of kinship navigation programs: (1) referrals to any needed financial, legal, social, educational, or health services to support the family; (2) caregiver self-reports, collateral contacts, and administrative records, which indicate knowledge of and ability to access support services; and (3) family satisfaction with the programs and services to which they are referred or which they receive as part of a kinship navigator program. Of particular note, evaluation outcomes for kinship caregiver well-being in addition to parent well-being are allowable under the evidence-based standard requirements.

As of December 2019, the following kinship navigator programs are under review by the Clearinghouse: Ohio's Kinship Supports Intervention/ProtectOHIO; and the YMCA Kinship Support Services, YMCA Youth and Family Services of San Diego County. Two other navigator programs, Children's Home Society of New Jersey Kinship Navigator Model and Kinship Interdisciplinary Navigation Technologically-Advanced Model (KIN-Tech), do not currently meet the criteria of a promising practice.

Other Position Paper Recommendations Not Addressed in Family First

Legal Assistance: Increase kinship caregiver access to attorney representation as part of enhancing legal permanence. Child welfare agencies and court administrations should provide legal assistance programs for kinship caregivers. Increasing access to attorney representation is part of increasing legal permanence. Support and make available kinship navigators, legal services providers, pro bono programs, legal hot lines, and court clinics for kinship caregivers who cannot afford the costs of legal representation. Consider the costs of private court actions for voluntary kinship families and work with kinship navigators, court administrations, and legal service providers to improve legal assistance.

Kinship Care Trainings: Consider specialized trainings such as online FosterParent College.com trainings; in-person training like Caring for Our Own (Center for Development of Human Services, Research Foundation of SUNY Buffalo State College, 2004) or Parenting a Second Time Around (Cornell University, 2002); and child welfare staff training designed to build skill in collaborating with kinship families such as CWLA's Kinship Traditions of Caring and Collaborating Model of Practice.

Accountability: Child welfare agencies should use a similar pattern of performance accountability that is established under the Child and Family Service Review (CFSR) to track how, and the extent to which kinship caregivers are fully informed of their options and have realistic opportunities to become licensed, approved, or certified foster parents before they agree to take custody of children. Enhance the scope of the Child and Family Service Review (CFSR) to account for whether IV-E agencies made concerted efforts to provide information, services and arrange financial support for children who at the close of a child maltreatment investigation were not taken into public custody and were living in the home of a non-parent relative; and whether the agency made concerted efforts to provide information about foster home

licensing, approval, or certification opportunities for kinship caregivers of children who were taken into public custody and placed in the relative's home. Amend the National Child Abuse and Neglect Data System (NCANDS) requirements to identify child protective service cases in which kin become a voluntary family resource, regardless of a formal removal and placement into foster care.

Financial Assistance: Provide financial payments commensurate with foster care payments. Caregiver income and resource should not be considered when determining eligibility and fictive kin should be eligible for child-only TANF grants.

Adoption and Guardianship Assistance: Expand the pathway to federal guardianship assistance by extending eligibility for GAP to a child who transitions from public kinship care to permanent kinship care, regardless of the licensing status of the caregiver's home if the transition satisfies other standards currently required to qualify for federal guardianship assistance. Open up a new pathway to GAP for children who transition from stable voluntary or private kinship care directly to permanent legal guardianship without first requiring their removal and placement into public foster care. Eliminate any foster parent licensing, approval or certification requirements so long as the guardianship arrangement satisfies other standards currently required to qualify for federal guardianship assistance. Encourage states and tribes that have not opted into GAP to consider adopting the program.

Implications for the Future

One of the common themes that cuts across the various reflections in this volume is the call for partnership. The strengths of extended families cannot be taken for granted without the support and assistance of public child welfare systems. The child welfare bureaucracy cannot proceed with indifference to the desires, hopes, and values of the children, families, and communities it watches and serves. The implications for the future are that child welfare bureaucracies must learn to partner with extended families. This begins by co-creating

reciprocal avenues of influence so that the societal goals of child safety, family permanence, and social and emotional well-being become better coordinated with the resources and strengths of extended families and local communities which make possible the accomplishment of these broader collective aims. Family First lays down the statutory foundations for expanding supportive kinship care policies and programs. The lessons shared in in this volume hopefully can help widen the circle of partnership beyond public foster care to the millions of children and their caregivers in private, voluntary, and permanent kinship care.

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APPENDIX

Historical Perspective:

CWLA's Focus on Kinship Care as a Child Welfare Service

- **1990**
 - Created the name “kinship care” during a convening of the National Commission on Family Foster Care in collaboration with the National Foster Parent Association and based on the 1974 work of Dr. Carol Stack, *All Our Kin: Strategies for Survival in the Black Community*.
- **1991**
 - Published *A Blueprint for Fostering Infants, Children, and Youth in the 1990s* with a special chapter on “The Significance of Kinship Care” and defined kinship care as “the full-time protecting and nurturing of children by relatives, members of Tribes or clans, non-related extended family or anyone to whom the child or family ascribes a family relationship.”
 - Issued Biennial Resolutions for CWLA members to address kinship care policies and practices.
 - Created the staff position of National Kinship Program Director to work with a newly convened National Kinship Care Advisory Committee. The position was held over the years by Eileen Mayers Pasztor, Dana Burdneil Wilson, Mattie L. Satterfield, Charlene Ingram, and the late Cassaundra Rainey.

- **1994**

- Published *Kinship Care: A Natural Bridge*, focusing on kinship care in the array of child welfare services, policy and practice; provided a framework for future policy and practice.

- **1996**

- Published a special issue of *Child Welfare* journal, CWLA's peer-reviewed publication, featuring articles on kinship care policy, research, best practice, kinship support, and advocacy.

- **1997**

- Convened the first National Kinship Care Conference in San Francisco featuring Dr. Carol Stack as the keynote speaker. Subsequent national kinship care conferences were held in Philadelphia, Chicago, and New Orleans.

- **2000**

- Published *CWLA Standards of Practice for Kinship Care Services*, providing practice standards related to supports and services for kinship families, organizational and administrative issues, and community-based support.

- **2003**

- Developed and published the training curriculum *Traditions of Caring*, providing guidance in understanding the unique characteristics of kinship care and support to kinship families.

- **2011**

- Sponsored, in partnership with the National Kinship Care Advisory Committee and the National Committee of Grandparents for Children's Rights (with support from the Hagedorn Foundation), the National Kinship Summit: A Voice for the Nation's Informal Kinship Care Community. Published a report on Summit recommendations.

• 2012

- Published *Collaborating with Kinship Caregivers: A Research to Practice Training Program for Child Welfare Workers and Their Supervisors*, offering a 12-hour training program for public and private agency use.

• 2014

- Convened a National Kinship Care Conference in New Orleans with a focus on the future of kinship care policy and practice.

• 2016

- Collaborated with the New York Navigator Program and State University of New York at Albany in planning and hosting a September 2016 Kinship Summit in Albany, New York, that included participants with kinship care policy and practice expertise from various states.

• 2017

- Published, in collaboration with New York Kinship Navigator Program, State University of New York at Albany, and Dr. Mark Testa, the second special issue of *Child Welfare* journal, titled *Kinship Care and Child Welfare: New Directions for Policy and Practice*.

• 2020

- Published *Traditions of Caring and Collaborating: Kinship Family Information, Support, and Assessment—Trauma-Informed Model of Practice*, a curriculum and model of practice for public and private agencies to use in providing information, assessment, and support for kinship caregivers.

ABOUT THE EDITORS

Mark F. Testa

Mark F. Testa is the Sandra Reeves Spears and John B. Turner Distinguished Professor in the School of Social Work at the University of North Carolina at Chapel Hill. He was the architect of the Illinois Subsidized Guardianship Demonstration and led the evaluations of similar IV-E waiver demonstrations in the states of Wisconsin and Tennessee. Professor Testa has received awards for his scholarship and public engagement, including the 2017 Social Policy Award from the Society for Social Work and Research, 2006 Angel in Adoption from the Congressional Coalition on Adoption Institute, and the U.S. Department of Health and Human Services' Adoption 2002 Excellence Award for Applied Scholarship and Research on kinship care and permanence. In 2018, he was elected fellow of the American Academy of Social Work & Social Welfare.

Robert B. Hill

Robert B. Hill is a retired sociologist. His past positions were: Director of Research for the National Urban League; Director of the Institute for Urban Research, Morgan State University; and Senior Researcher, Westat, Inc. His works on black families include: *The strengths of black families* (1972); *Informal adoption among black families* (1977); and *The strengths of African American families: Twenty-five years later* (1999).

Charlene Ingram

Charlene Ingram currently serves as the Child Welfare League of America's (CWLA) Director for Program Development and

Support and has chaired the CWLA Kinship Care Advisory Committee. She has experience in public child welfare that includes child and family assessment and planning, delivery of in-home services to children and families, planning and coordinating community engagement and foster family development, building collaborative partnerships with private child welfare agencies, and directing representation in Juvenile Court. As a CWLA staff member she has served as a senior consultant providing consultation to state and county child welfare agencies, and a Canadian province, in program assessment and practice standard development. She co-authored the CWLA supervisor training curriculum, *Supervising to Advance Success and Excellence*, and co-edited the 2017 special edition of *Child Welfare* journal devoted to kinship care. Most recently she is co-author of the 2020 CWLA kinship curriculum and model of practice, *Traditions of Caring and Collaborating: Kinship Family Information, Support, and Assessment*.

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Jill Duerr Berrick serves as the Zellerbach Family Foundation Professor in the School of Social Welfare at the University of California, Berkeley. Her research focuses on the relationship of the state to families who are vulnerable—particularly those families touched by the child welfare system. She has written or co-written 11 books on topics relating to family poverty, child maltreatment, and child welfare services and has written extensively for academic journals. Berrick's research approach typically relies upon the voices of service system consumers to identify the impacts of social problems and social service solutions in family life. Her newest book, *The Impossible Imperative: Navigating the Competing Principles of Child Protection*, examines child welfare professionals and the morally contentious and intellectually demanding choices they face regularly in their work with children and families.

Sandra Chipungu

Sandra Stukes Chipungu is a retired professor and former Interim Dean and Chair of the PhD program in the School of Social Work at Morgan State University. She received her doctoral degree in Social Work and Sociology in 1979 at the University of Michigan, where she also received her MSW in 1971 and her MA Sociology in 1973. She is a proud member of the first BSW class at Morgan in 1971. She was the recipient of Dr. Iva G. Jones Medallion Mantle Award in 2014–2015. She was also the PI of the Title IVE Public

Child Welfare Program, which has contributed to the graduation of over 100 MSW students, for ten years. Thirty-seven doctoral students graduated under her leadership of the doctoral program. Dr. Chipungu is an expert in child welfare and has published extensively in this area.

James P. Gleeson

James P. Gleeson, PhD, ACSW, is an associate professor emeritus at the Jane Addams College of Social Work, University of Illinois at Chicago. Jim has extensive experience as a child welfare practitioner, administrator, consultant, and researcher. He has been principal investigator for several federal and state-funded child welfare research projects, curriculum development, and training projects. His research and publications focus on informal and formal kinship care, kinship care policy and practice, co-parenting in kinship care, how child welfare workers learn, and evaluation of child welfare programs and practice.

Sharon McDaniel

Dr. Sharon L. McDaniel is the founder, president, and CEO of A Second Chance, Inc. (ASCI), the nation's leading nonprofit voice on kinship care. She has more than 30 years of professional experience as an award-winning child welfare leader in Pennsylvania. Civically, she is the president of Black Administrators in Child Welfare, serves on the board of Coro Pittsburgh, and is the founding president and current treasurer of the African American Strategic Partnership. Dr. McDaniel notably served as a co-investigator and author of "Subsidized Legal Guardianship: A Permanency Planning Option Study for Children Placed in Kinship Care" and "Subsidized Legal Guardianship Update." Her research supported the development of a subsidized legal guardianship proposal for Pennsylvania. As part of a collaboration of scholars from Oxford University, the University of South Africa, and the University of Pittsburgh, she was a guest lecturer at the University of Barcelona on "Examining

the Similarities and Differences of Parenting Grandparents Across Three Continents.” Notable affiliations include: Casey Family Programs; the Jim Casey Youth Opportunity Initiative; the Congressional Caucus on Foster Youth; Quality Improvement Center on Post Permanency Services through HHS and Spaulding for Children; Federal Quality Child and Family Services Review; U.S. Department of Health and Human Services National Advisory Kinship Panel; National Center on Grandfamilies Council for Generations United; Casey National Center for Resource Family Support Advisory Board; Children’s Defense Fund; Pennsylvania Quality Assurance Committee for Child and Family Service Review; and the Allegheny County Children’s Cabinet. Over the past 30 years, Dr. McDaniel has authored several articles and papers on child welfare and has received numerous local and national honors and awards.

Eileen Mayers Pasztor

Eileen Mayers Pasztor is a professor with the California State University, Long Beach, School of Social Work. Prior to joining the faculty in 1999, Dr. Pasztor worked for CWLA, initially as the national program director for family foster care. She advanced national use of the term “kinship care” as staff director for the National Commission on Family Foster Care, which produced CWLA’s first publication relating to kinship care in the chapter, “The Significance of Kinship Care,” in *A Blueprint for Fostering Infants, Children, and Youths in the 1990s* (National Commission on Family Foster Care, 1991). She became CWLA’s first national program director for kinship care. Dr. Pasztor is a principal designer of the *PRIDE Model of Practice to Develop and Support Foster and Adoptive (Resource) Parents as Team Members in Child Protection and Trauma Informed Care of Children*. At CWLA, she also was director of CWLA’s Los Angeles-based Western Office, providing consultation and training on policy and practice issues for over 200 public and voluntary agencies in the 15 Western states.

In 2008, Dr. Pasztor received an award from CWLA for “Outstanding Curricula Design” for her innovations with the PRIDE Model of Practice.” She has authored journal articles and book chapters relating to foster parenting. Dr. Pasztor served for six years on the Board of Directors of the National Foster Parent Association and was the first chair of its Kinship Care Committee as well as its Code of Ethics/Guiding Principles project. Dr. Pasztor is a peer reviewer for *Children and Youth Services Review* and the *Journal of Child Welfare*, and she also serves on the editorial board of *Fostering Families Today*. She is a co-developer of CWLA’s 2020 curriculum *Traditions of Caring and Collaborating: Kinship Family Information, Support, and Assessment Trauma-Informed Model of Practice*. She is experienced as a foster and an adoptive parent.

Gerard Wallace, Esq.

Gerard Wallace, Esq. is the director of the New York State Kinship Navigator since 2006; public service professor at the University of Albany School of Social Welfare; and a member of the Child Welfare League of America’s Policy Commission. He currently also serves as co-chair of the New York State KinCare Coalition. He directed Hunter Colleges’ Grandparent Caregiver Law Center from 1999–2005; served as project consultant for the AARP NY Kincare Project from 2005–2010; and is past director of the National Committee of Grandparents for Children’s Rights. He is principal advocate for enactment of over a dozen laws in New York State related to kinship issues, as well as numerous regulatory and policy changes. He is a proponent of using the term “kinship care” instead of “grandfamilies.” Wallace has written extensively on kinship care policy and practice. Since 2016, he has provided the first drafts to the U.S. Senate and House of the text for proclamations of September as Kinship Care Month. In 2017, he was producer for the documentary film, “The Face of Kinship Care.” He has worked with NYS’s legislature on numerous enactments, and with the NYS Office of Children and Families on initiatives to improve

child welfare kinship practices. Awards have included the 2009 Generations United's National Kinship Advocate Award, the 2010 Brookdale Foundation Janet Sainer Award for outstanding service and dedication to kincare families, the 2011 Presbyterian Senior Services' Maggie Kuhn Award for service to elderly New Yorkers, the 2016 "Grandparents Around the World" award for outstanding advocacy, and the 2018 Families Together New York Advocate of the Year award. In 2017, the Kinship Navigator program received the University at Albany President's Award for Exemplary Public Engagement and in 2019 the Advocate of the Year award from the NYS Court Appointed Special Advocates (CASA).

Dana Burdnell Wilson

Dr. Dana Burdnell Wilson is an Assistant Professor of Social Work at the Morgan State University School of Social Work in Baltimore, MD, teaching social welfare policy and social work research in the BSW Department. Dr. Wilson is Co-Editor-in-Chief of the new Prose Award-winning journal, *Urban Social Work*.

She served as a social worker, community organizer, manager and administrator in the public social service system in the State of Maryland, then came to the Child Welfare League of America, serving as program director for kinship care and cultural competence, Mid-Atlantic region director, membership vice president, and then vice president for professional development and publications. Dana has a rich history of working in the area of kinship care at CWLA. As the first Kinship Care Program Director at CWLA, she was the staff director for the Kinship Care Advisory Committee, and was responsible for the planning and coordination of three national kinship care conferences, and CWLA's seminal work, providing policy and practice guidance: *Kinship Care, A Natural Bridge*. She remains involved with the CWLA Kinship Care Advisory Committee.