Kinship Care in Washington State:
Prevalence, Policy, and Needs

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June 2002

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EXECUTIVE SUMMARY

Background

The 2001 Washington State Legislature directed the Washington State Institute for Public Policy (Institute) to:

> *… study the prevalence and needs of families who are raising related children. The study shall compare services and policies of Washington state with other states that have a high rate of kinship care placements in lieu of foster care placements. The study shall identify possible changes in services and policies that are likely to increase appropriate kinship care placements.*[1]

This report describes the prevalence and characteristics of kinship care, needs of kinship care providers in Washington State, policies and services available in Washington and other states, and policy options that may increase appropriate kinship care placements.

Kinship care is the full-time care of children by relatives. Kinship care occurs *informally*, when children are not involved with public child welfare agencies, and *formally*, when public child welfare agencies are involved in placing children with relatives. Informal and formal kinship caregivers are gaining greater recognition by federal and state governments for their roles in the child welfare system.

Prevalence and Characteristics of Kinship Care

Nationwide, an estimated 2.2 million children are cared for by relatives, 58 percent more than in 1990. Washington State has experienced a similar trend over the past decade. Relative caregivers are now rearing approximately 32,000 children in Washington, representing approximately one out of every 50 children in the state. The majority of kinship care is informal: there are nine informal kinship arrangements for every formal arrangement. One-third of children placed in non-institutional, or family, settings by the state live with relatives.

Most relative caregivers are women, usually grandmothers. They tend to be older, poorer, less educated, and have more health problems than the average parent.

Support for Kinship Caregivers in Washington State

Washington State provides financial support to kinship caregivers through the Temporary Assistance for Needy Families (TANF) child-only grant or foster care payments (if caregivers are licensed). The state offers kinship caregivers several legal custody options; however, informal caregivers have little legal authority unless they pursue one of these

[1] ESSB 6153, Section 608(5), Chapter 7, Laws of 2001.

options in court. Formal kinship caregivers, because they care for children in state custody, have access to more state-provided services than do informal caregivers. Other resources are available through public, private, and community-based programs.

Challenges and Needs of Kinship Caregivers

To gather information for this report, the Institute convened a series of kinship caregiver focus groups and analyzed the results of a statewide survey of kinship caregivers conducted by the Department of Social and Health Services (DSHS) and private stakeholder groups. This research identified a number of key challenges and needs faced by kinship caregivers.

- **Financial Needs:** Kinship caregivers most frequently reported the need for more financial assistance for the children in their care. Caregivers stated that the TANF child-only grant is inadequate, and they continue to need help providing basic necessities as well as accessing medical care, affordable housing, and adequate transportation in order to be able to care for their relatives' children.

- **Legal Barriers:** Many kinship caregivers indicated that the complexity and costs of the legal system present a significant challenge when they attempt to establish a permanent legal relationship with the children in their care. Caregivers also noted that they lack legal standing in custody cases and are sometimes excluded from placement decision-making processes.

- **Bureaucratic Barriers:** Kinship caregivers reported that public agencies and caseworkers do not respect the contribution of relative caregivers in assuming responsibility for children. Caregivers described agencies as uncoordinated and caseworkers as interpreting rules incorrectly.

- **Social Service Needs:** Both informal and formal kinship caregivers expressed the need for easier access to a variety of support services, particularly respite care, child care, and counseling.

- **Information Gaps:** Kinship caregivers often stated that there is little information readily available about services, policies, and laws relating to kinship care. According to caregivers, this can make obtaining assistance more difficult.

Changes in Services and Policies to Consider

The Legislature directed the Institute to identify possible changes in policy to *increase* kinship care placements where appropriate. To encourage more relative placements, Washington State could consider addressing the five policy areas identified in this report. Because most kinship-relevant policies and programs have not been rigorously evaluated, the specific actions provided should be viewed as examples rather than research-based recommendations.

- **Increase Financial Assistance:** In response to caregivers' expressed financial needs, the state could provide more financial assistance by increasing the TANF child-only grant or creating a special subsidy for unlicensed kinship caregivers (for formal only or including informal caregivers). The state could also offer the current guardianship subsidy to unlicensed relative caregivers who assume guardianship of children in state custody.

- **Reduce Legal Barriers:** The legislature could establish a clear priority for relative placements and enact consent or custody laws so informal kinship caregivers can more easily access legal services and assistance for establishing custody.

- **Reduce Bureaucratic Barriers:** To make public agencies more responsive to the specific needs of kinship caregivers, DSHS could create specialized "kinship care" caseworkers and coordinate social service agencies for easier access to information.

- **Increase Social Services:** Many kinship caregivers requested that social services be more easily accessible. In response, the state could provide foster care services to informal relative caregivers and create or strengthen public-private partnerships to enhance services at the community level.

- **Improve Availability of Information:** Many kinship caregivers noted that they would have taken advantage of more services had they known they existed. In response, the state could create a "Kinship Navigator" position, establish a toll-free hotline, or collaborate with support groups to improve the distribution of information to caregivers.

There are bound to be considerable variations in the relative costs and benefits of these policy options. While cost estimates would be valuable to policymakers, they were beyond the scope of this study.

I. BACKGROUND

Legislative Direction

The 2001 Washington State Legislature directed the Washington State Institute for Public Policy (Institute) to:

> *… study the prevalence and needs of families who are raising related children. The study shall compare services and policies of Washington state with other states that have a high rate of kinship care placements in lieu of foster care placements. The study shall identify possible changes in services and policies that are likely to increase appropriate kinship care placements.*[2]

This report provides answers to the following key questions about kinship care (also known as relative care):

- What is the prevalence of kinship care in Washington State?
- What are the characteristics of relative caregivers and their children?
- What are the needs of kinship care providers in Washington State?
- How do Washington State's kinship care policies and services compare with other states?

Study Methods

To conduct the study, the Institute relied on a variety of existing and primary sources of information:

- Research literature and recently published descriptions of kinship care policies in Washington and other states;
- Administrative data from the Washington State Children's Administration Management Information System (CAMIS);
- DSHS analysts and program staff;
- Three relative caregiver focus groups in Washington State; and
- A statewide survey of relative caregivers in Washington.

[2] ESSB 6153, Section 608(5), Chapter 7, Laws of 2001.

Affected Agencies

The Division of Children and Family Services (DCFS), part of the Children's Administration in the Washington State Department of Social and Health Services (DSHS), is responsible for statewide child protection, family reconciliation, foster care, and adoption services for children from birth to age 18. DCFS established permanency planning (the long-term plan for a child's living arrangement and legal status) for almost 16,000 children during fiscal year 2000–2001 and oversaw over 8,400 new out-of-home placements during that time. DCFS placed 3,808 children with relatives during fiscal year 2000–2001.

The Children's Administration budget for 2001–03 is $852 million, 44 percent of which is derived from federal funds. Fifty-six percent of the budget is slated for the following: out-of-home care (35 percent),[3] family-support services (9 percent), and adoption support (12 percent). The remainder of the budget is spent on staffing (32 percent) and special projects, victim's assistance, transitional services for youth, headquarter operations, and information systems (12 percent).[4]

Support for kinship caregivers—such as medical assistance for the child, Temporary Assistance for Needy Families (TANF), Working Connections child care, legal information, family counseling, and support groups—is provided through a number of other DSHS agencies: Economic Services, Aging and Adult Services, Health and Rehabilitative Services Administration, and Medical Assistance Administration.

[3] Does not include expenditures on TANF grants.
[4] Department of Social and Health Services, *Children's Administration Performance Report 2001* (Olympia, WA: DSHS, 2001).

II. OVERVIEW OF KINSHIP CARE

What Is Kinship Care?

Kinship care is the full-time care of children in the home of a relative. When parents are unavailable, care-giving responsibilities are assumed by extended family, child welfare agencies, or a combination of both. Over the last few decades, an increasing number of relatives have taken both temporary and permanent responsibility for rearing children, with and without the involvement of child welfare agencies.[5]

Many relatives take in children on an informal basis, often in times of family crisis and for indefinite periods of time. Others assume legal guardianship, become foster parents, or even adopt the children. There are two types of kinship care: informal and formal.

- **Informal Kinship Care.** Informal kinship care refers to situations in which children living with relatives are *not* in state custody. Under these arrangements, relatives independently take responsibility for children, without the involvement of child welfare agencies. Sometimes, kinship arrangements are made by relatives or social workers to avoid a custody action by the state.[6] Informal kinship care is the most common type of kinship care.

- **Formal Kinship Care.** Though far less prevalent, formal kinship care has drawn the most attention by policymakers because it involves children in state custody. It is also referred to as "relative placements" by the Children's Administration to distinguish it from informal kinship care. Some formal kinship caregivers become licensed foster parents of their relatives' children. Children who are in state custody, however, may also be placed with relatives who are not licensed foster parents. Child welfare agencies monitor formal kinship placements and usually provide financial support and other services for licensed kinship foster parents and, under certain conditions, for unlicensed kinship caregivers.

Kinship Care Policy: A National History

Origins. Kinship care arrangements have almost always been private concerns. Extended families are a crucial "first line of defense" when parents die or become ill or when there is a risk that child welfare agencies will remove the children from the parent's home due to abuse or neglect.[7] Despite this role in diverting children from the public welfare system, relatives were not formally recognized in public child welfare policy until recently.

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[5] Rebecca Hegar and Maria Scannapieco, "From Family Duty to Family Policy: The Evolution of Kinship Care," *Child Welfare* 74 (1995): 200.
[6] Jennifer Ehrle, Rob Geen, and Rebecca Clark, *Children Cared for by Relatives: Who Are They and How Are They Faring?* (The Urban Institute, February 2001), 2-3.
[7] Hegar, "From Family Duty," 201-202.

Formerly, child welfare policy in the United States emphasized child safety, calling for the removal of children from the home in cases of poverty or neglect. As the federal foster care system evolved, the emphasis switched to family preservation, accompanied by welfare policies that provided direct financial support to parents. Kinship caregivers, however, were excluded from the full range of assistance available to birth parents or licensed foster parents.[8]

Developments. Over the last 30 years, policy has shifted from excluding relatives from supports and services provided in the formal child welfare system to establishing preferences and supports for kinship caregivers.

In addition to changes in federal policy, increases in a number of social and economic ills, particularly during the 1980s and 1990s, contributed to the recent growth in kinship care:[9]

- Substance abuse
- AIDS
- Teen pregnancies and single-headed households
- Incarceration
- Poverty
- Homelessness
- Mental illness

These factors have contributed to increases in out-of-home placements in general, but kinship care in particular. Parental drug and alcohol abuse is the most cited reason why children live with relatives.[10]

As social trends increased the demand for out-of-home placements, the number of licensed foster homes decreased, prompting some child welfare experts to refer to foster care as "a system in crisis."[11] The lack of available foster care placements gave further momentum to the growing use of relative placements. A number of key regulatory, legal, and social changes have contributed to this shift.

1978 Indian Child Welfare Act. The federal Indian Child Welfare Act (ICWA) of 1978 was the first federal law to formally recognize kinship care.[12] The ICWA requires states to place a Native American foster child within "reasonable proximity to his or her home…" with "a member of the Indian child's extended family."[13]

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[8] Unless they qualified for welfare themselves, relatives only received a smaller "child-only" Aid to Families with Dependent Children (AFDC) grant or, today, Temporary Assistance for Needy Families (TANF) grant on behalf of the children in their care. For a time, even if they qualified for licensure, relatives received lower or no foster care payments. "Report to the Congress on Kinship Foster Care," (Washington, D.C.: U.S. Department of Health and Human Services, Administration for Children and Families, 2000), 13-17.
[9] Kathleen M. Roe and Meredith Minkler, "Grandparents Raising Grandchildren: Challenges and Responses," *Generations* (Winter 1998-99): 26.
[10] U.S. Department of Health and Human Services, "Report to the Congress," 34.
[11] Annie Woodley Brown and Barbara Bailey-Etta, "An Out-of-Home Care System in Crisis: Implications for African American Children in the Child Welfare System," *Child Welfare* 76, no. 1 (1997): 65.
[12] Terry A. Cross, Kathleen A. Earle, and David Simmons, "Child Abuse and Neglect in Indian Country: Policy Issues," *Families in Society: The Journal of Contemporary Human Services* 81, no. 1 (2000): 51.
[13] 25 USC 1915 (P.L. 95-608)

1979 ***Miller v. Youakim.*** The ICWA was followed by a landmark case, *Miller v. Youakim* (1979), in which the United States Supreme Court ruled that relative caregivers who care for Title IV-E eligible children and meet licensing standards can receive foster care payments.[14] States can no longer exclude licensed relatives from the support offered to foster parents.

1980 ***Adoption Assistance and Child Welfare Act.*** The federal Adoption Assistance and Child Welfare Act (AACWA) of 1980 directs states to place foster children in the "least restrictive, most family-like setting available located in close proximity to the parent's home."[15] Many states interpreted this as a preference for placing children in foster care with relatives and enacted laws to formally establish this preference.[16]

1996 ***Personal Responsibility and Work Opportunity Reconciliation Act.*** The federal Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 reformed the federal welfare program known as Aid to Families with Dependent Children (AFDC). In addition to reforming the welfare system, PRWORA also required states to consider giving preference to relatives when placing children and provided states the flexibility of using Temporary Assistance for Needy Families (TANF) funds to support kinship caregivers.[17] States may use TANF funds to provide financial support to unlicensed kinship caregivers, whether or not the child is eligible for federal foster care payments.

1997 ***Adoption and Safe Families Act.*** The federal Adoption and Safe Families Act (ASFA) of 1997 asserts that "a fit and willing relative" can provide a "planned permanent living arrangement" for children.[18] Relatives are exempt from many of ASFA's requirements, including time frames for the termination of parental rights.

2000 ***Older Americans Act.*** The National Family Caregiver Support Program (NFCSP), established by the reauthorization of the Older Americans Act (OAA) of 2000, provides funds to states for their Area Agencies on Aging (AAAs). Approximately $113 million had been allocated to states' AAAs as of May 2001.[19] The money is used to support relatives and other unpaid caregivers who care for the elderly as well as relatives over the age of 60 caring for children.[20]

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[14] *Miller v. Youakim*, 440 U.S. 125 (1979).
[15] P.L. 96-272.
[16] Rob Geen, "In the Interest of Children: Rethinking Federal and State Policies Affecting Kinship Care," *Policy & Practice of Public Human Services* 58, no. 1 (2000): 22.
[17] P.L. 104-193.
[18] P.L. 105-89.
[19] U.S. Department of Health and Human Services, "The Many Faces of Aging: Family Caregiving," (Washington, D.C.: Administration on Aging, May 17, 2001), <http://www.aoa.gov/may2001/factsheets/family-caregiving.html>.
[20] Only 10 percent of the NFCSP funds can be allocated to relatives over the age of 60 caring for children under the age of 19. Administration on Aging, "State Guidance to Implement Title III, Part E: National Family Caregiver Support Program," AoA-PI-01-02, (Washington, D.C.: Department of Health and Human Services, January 8, 2001), <http://www.aoa.gov/pi/pi-01-02.html>, Accessed June 19, 2002.

Summary

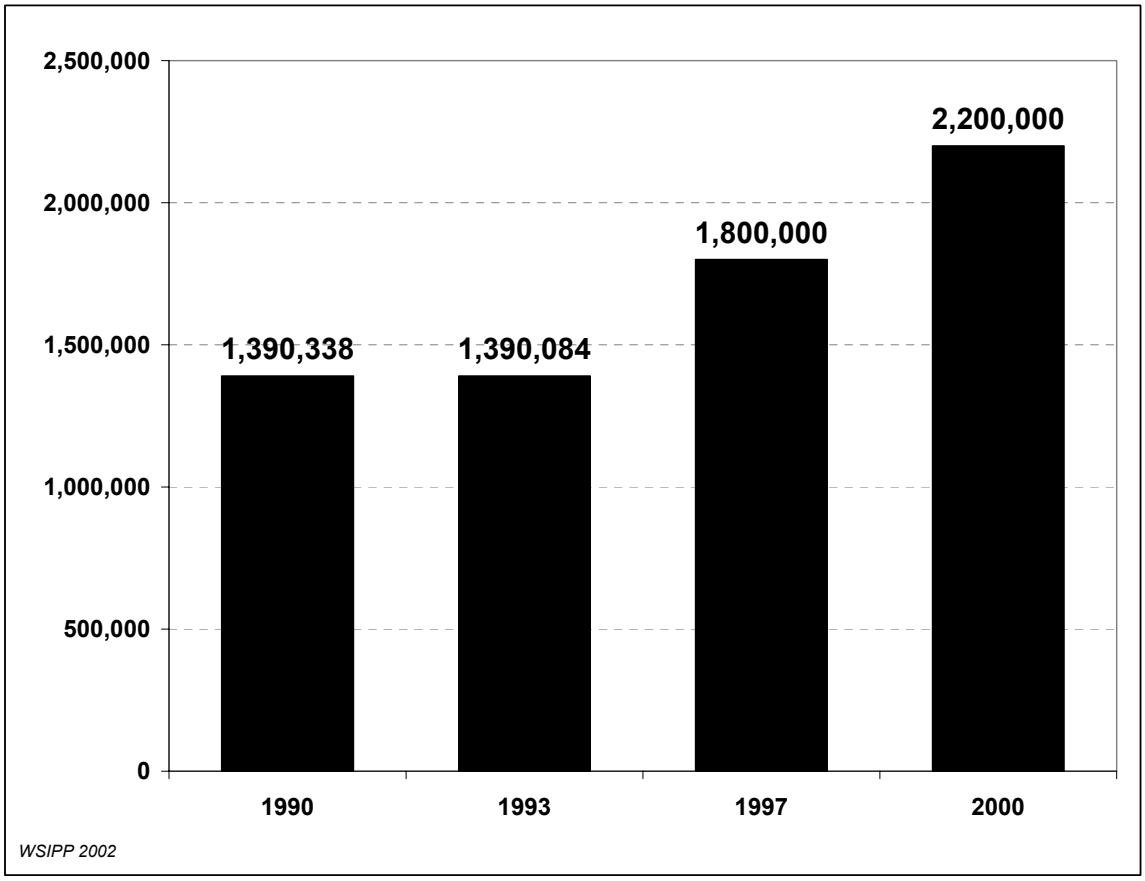
Kinship care is gaining greater recognition for its role in the child welfare system. While formal kinship care has been the primary concern of policymakers, recent policy developments and social trends increased the profile of both formal and informal kinship care arrangements. Federal policies now treat relatives as a preferred placement for children and include provisions for supporting such placements. Washington and other state kinship care policies are discussed in Sections IV and V.

III. PREVALENCE OF KINSHIP CARE

Growth in Kinship Care Is a National Trend

Nearly 2.2 million children in the United States are cared for by relatives.[21] Since 1990, the number of children in kinship care has grown by 58 percent, from approximately 1.4 to 2.2 million in 2000 (see Exhibit 1).[22] Over the same period, the total number of children in the United States increased by only 12 percent.[23] Three percent of all children are currently in kinship care compared with 2 percent in 1990.

Exhibit 1
Number of Children in Kinship Care in the United States, 1990–2000



[21] U.S. Department of Health and Human Services, *On Their Own Terms: Supporting Kinship Care Outside of TANF and Foster Care* (U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, September 2001), 1.
[22] 1990–1993 data from Allen Harden, Rebecca Clark, and Karen Maguire, *Formal and Informal Kinship Care* (Washington, D.C.: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, June 20, 1997), <http://aspe.os.dhhs.gov/hsp/cyp/kincare/execsum.htm>; 1997 data from Ehrle, *Children Cared for by Relatives*, 1; 2000 data from U.S. Department of Health and Human Services, "On Their Own Terms," 1.
[23] U.S. Census 1990 and 2000, Summary Tape File 1.

The majority of kinship care living arrangements are informal. In 1998, 1.6 million children, or approximately 90 percent of children in kinship care in the United States, were in informal care. Approximately 200,000 children, or 10 percent, were in formal kinship care placements involving child welfare agencies.[24] Nationally, children in formal kinship care represent nearly one-third of all children placed by state child welfare agencies. The use of kin by child welfare agencies has grown considerably in recent decades. In some states, nearly half of children in state custody are placed with relatives.[25]

Characteristics of Kinship Care in the United States

Little information about kinship care, particularly informal care, is available at the state level. National research, however, provides a detailed profile of relative caregivers and their children:

- Approximately two-thirds of kinship caregivers are grandparents.[26]
- Over 75 percent of kinship caregivers are women.[27]
- Kinship caregivers tend to be older than the average parent: approximately one-quarter are over the age of 60.[28] As a result, kinship caregivers are more likely to have health-related problems than most parents.
- Nearly 40 percent of kinship families live below the federal poverty level compared with 20 percent of families overall.[29]
- Nearly half (42 percent) of kinship caregivers have not completed high school compared with 15 percent of parents.[30]
- Children usually enter kinship care because of their parents' alcohol or drug abuse, physical abuse, neglect, or a combination of the three.[31] Consequently, children in kinship care tend to experience more emotional and behavioral difficulties than most children.[32]
- Kinship care is most common among African-American families: approximately 7 percent of African-American children in the United States live with relatives compared with nearly 3 percent of children overall. Native Americans have the second highest rate, with over 5 percent of children living with kin.[33]

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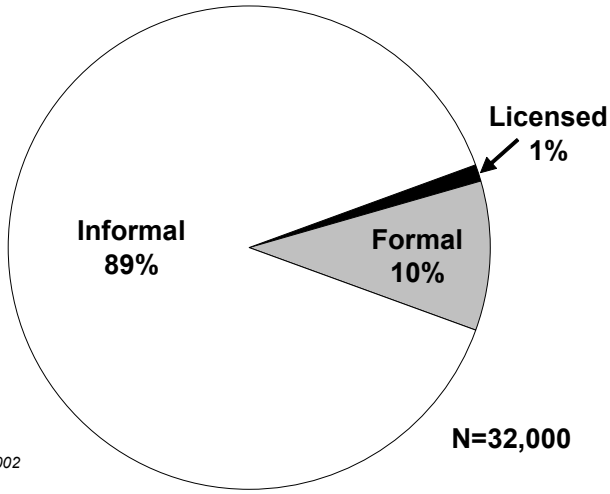
[24] Jacob Leos-Urbel et al., *State Policies for Assessing and Supporting Kinship Foster Parents* (Washington, D.C.: Urban Institute, 1999), 3.
[25] U.S. Department of Health and Human Services, "Report to the Congress," 7-9.
[26] Harden, *Formal and Informal Kinship Care*, <http://aspe.hhs.gov/hsp/cyp/kincare/sect1.htm>.
[27] Roe, "Grandparents Raising Grandchildren," 26.
[28] U.S. Department of Health and Human Services, "Report to the Congress," 35.
[29] Harden, *Formal and Informal Kinship Care*, <http://aspe.hhs.gov/hsp/cyp/kincare/t1-5.htm>.
[30] Harden, *Formal and Informal Kinship Care*, <http://aspe.hhs.gov/hsp/cyp/kincare/fig1_9.gif>.
[31] U.S. Department of Health and Human Services, "Report to the Congress," 33-34.
[32] Amy Billing, Jennifer Ehrle, and Katherine Kortenkamp, *Children Cared for by Relatives: What Do We Know about Their Well-Being?* (Washington, D.C.: Urban Institute, May 2002).
[33] U.S. Census, Survey of Income and Program Participation, "Internet Table 1. Detailed Living Arrangements of Children by Race and Hispanic Origin, 1996," <http://www.census.gov/population/socdemo/child/p70-74/tab01.xls>.

Kinship Care in Washington State

Prevalence. In 2000, the United States Census estimated that approximately 86,000 children in Washington State lived in households that included relatives, with or without immediate family (parents and siblings).[34] This is a 56 percent increase over the estimated 55,000 children living in such households in 1990.[35] Nationally, both parents are absent in 37 percent of these living arrangements.[36] If this holds true in Washington, then approximately 32,000 children are in formal or informal kinship care arrangements. This means that roughly one of every 50 (2 percent) children in Washington State is being raised by relatives.

Exhibit 2
Children in Kinship Care in Washington State



Informal and Formal Kinship Care. The majority of kinship living arrangements in Washington do not involve the state's child welfare system. Out of the estimated 32,000 children in kinship care in 2000, approximately 220 (1 percent) lived with relatives who were licensed foster care parents, 3,200 (10 percent) were in formal relative placements, and approximately 28,600 were in informal kinship care.[37] Consistent with what we know about the rest of the country, nearly 90 percent of children in kinship care are in informal arrangements.

Characteristics of Formal and Informal Kinship Care in Washington State

There is little information about the characteristics of kinship care in Washington State, particularly about the informal arrangements that do not involve the child welfare system. A recent survey of formal and informal relative caregivers, conducted jointly by the Department of Social and Health Services and private stakeholder groups and analyzed by the Institute, provides some detail (see Appendix A). The Washington State relative caregiver survey data are not directly comparable with the U.S. Census, but the results are consistent with the national picture provided by Census data.

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[34] U.S. 2000 Census, Summary File 1, Table P28: Relationship by Household Type for the Population Under 18 Years.
[35] U.S. 1990 Census, Summary Tape File 1, Table P021: Household Type and Relationship – Universe: Persons Under 18 Years.
[36] Ken Bryson and Lynne M. Casper, "Coresident Grandparents and Grandchildren," in *Current Population Reports, Special Studies* (Washington, D.C.: U.S. Department of Commerce, Economics and Statistics Administration, May 1999), 3.
[37] Based on Institute analysis of 1998 and 2001 CAMIS data. The "type" of placement for each child is the placement type in which the child spent the longest period of time during the first half of 1998 or 2001.

In Washington State:

- 76 percent of survey respondents are grandparents.
- 87 percent of survey respondents are women.
- The average age of survey respondents is 54 years old; a quarter are older than 60.
- Over one-third of survey respondents earn less than $20,000 per year. Approximately half are employed.
- The average age of children living with relatives is 9.
- Approximately half the survey respondents indicate they care for two or more children; many are co-placed with their siblings.
- Caregivers have been responsible for the children for an average of nearly six years.
- The kinship care arrangement is considered either permanent or likely to be permanent by over 80 percent of caregivers.
- Over three-fourths (77 percent) of survey respondents identify themselves as white. Eleven percent are Native American, and 7 percent are African-American.
- 43 percent of children in informal kinship care receive child-only TANF grants.[38]

Formal Kinship Care in Washington State

More information is available about children in formal kinship care than those in informal care because of records maintained by the Children's Administration. Analysis of these records makes it possible to describe some key characteristics of children in formal kinship care in Washington State.[39]

In the first half of 2001:

- 12,628 children in Washington State were in out-of-home placements (licensed foster care, relative placements, group homes, institutions, and other arrangements).
- 85 percent of out-of-home placements were in "family settings"—that is, licensed foster care or formal kinship care.
- Over 30 percent of children in family settings were in relative placements.
- Proportionally, DSHS Regions 3 and 4 (see Exhibit 3) rely more heavily on formal kinship care placements than the rest of the state (see Exhibit 4).[40]

[38] Based on a count of child-only TANF recipients living with non-parental relatives. Data provided by DSHS Research and Data Analysis.
[39] Records are maintained in the Children's Administration Management Information System (CAMIS).
[40] Differences are significant ($p<.05$) based on chi-square tests or a multivariate logistic model used to predict the probability of placement in formal kinship versus foster care.

Exhibit 3

DSHS Regions

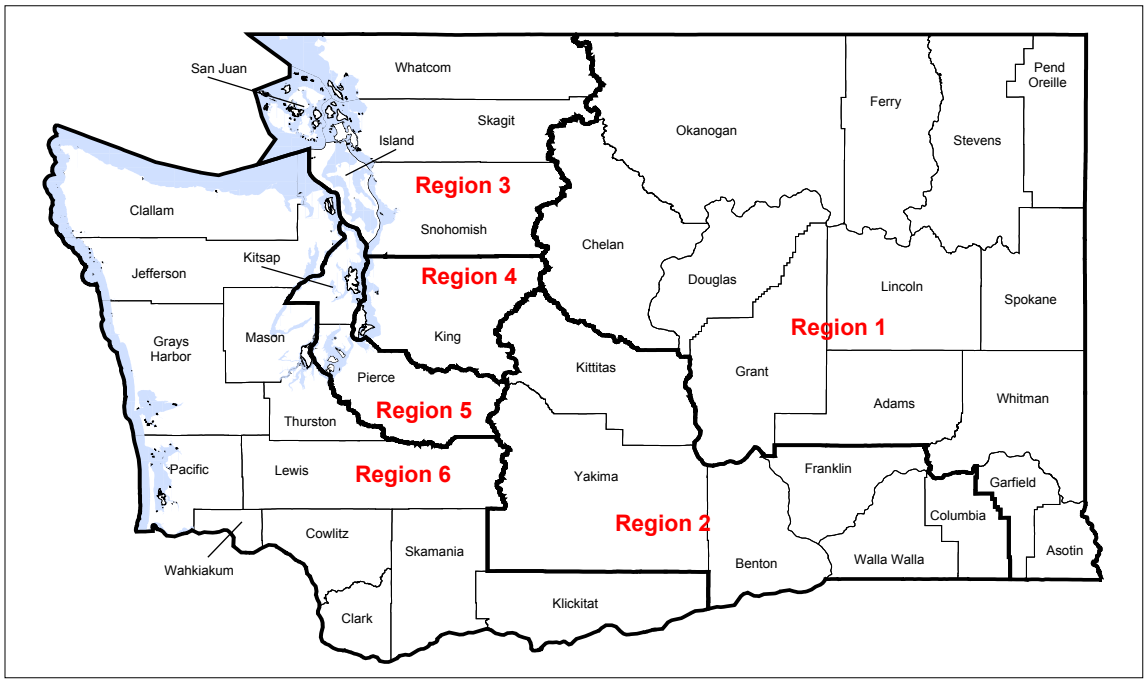
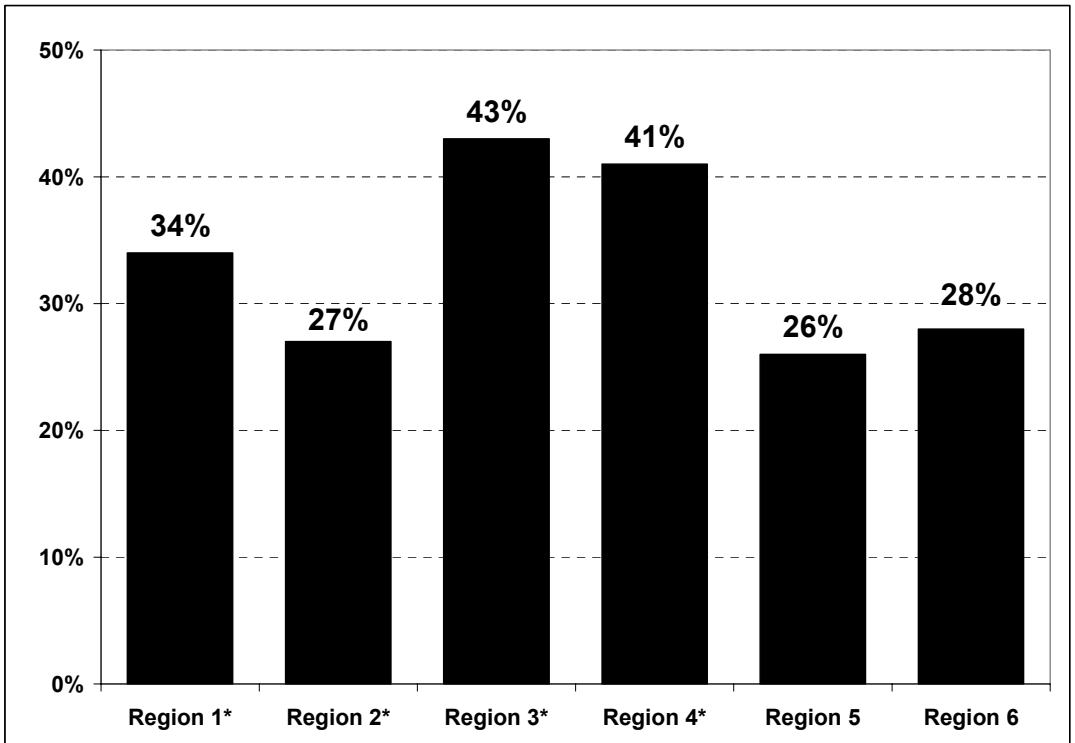


Exhibit 4

Formal Kinship Care Placements by Region as a Percentage of Children Placed in Family Settings

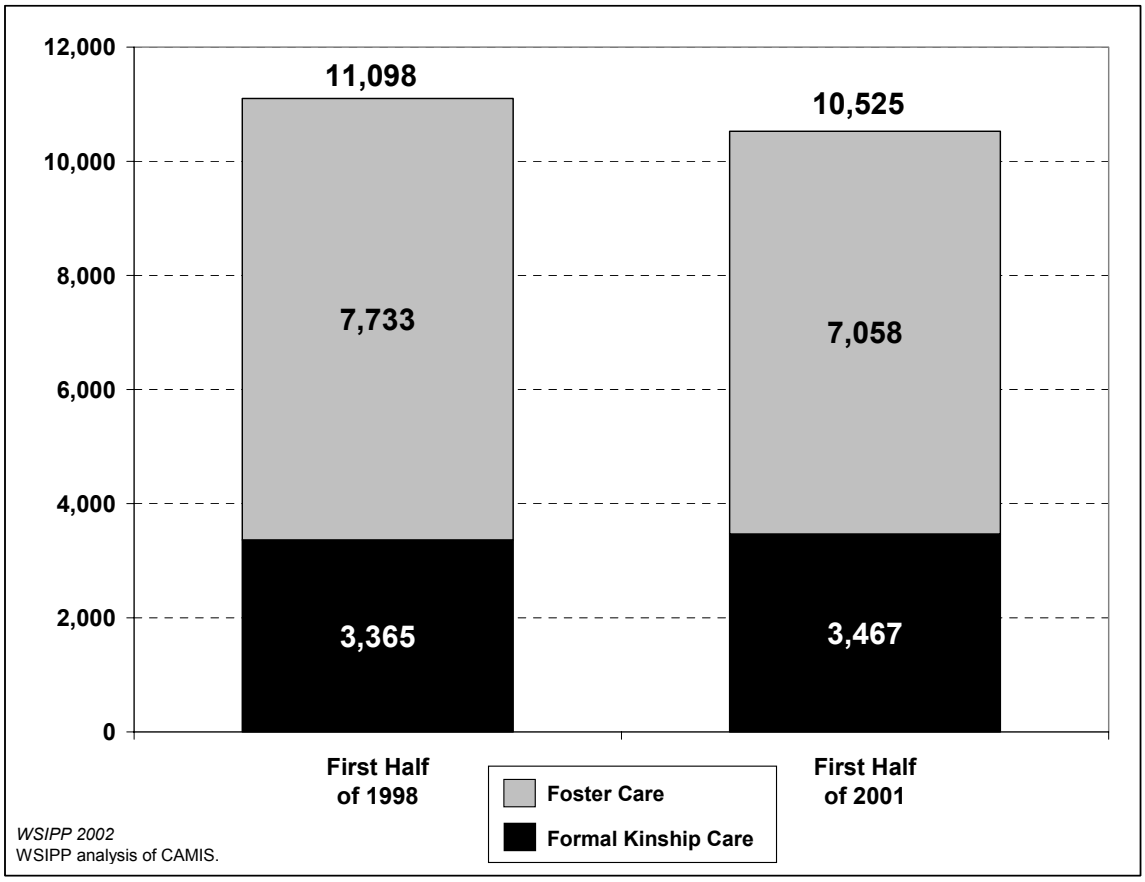


WSIPP 2002
WSIPP analysis of CAMIS. * Indicates statistically significant difference (p<.05).
Regions are not adjusted for differences in demographic chararcterisitcs.

- Hispanics, African Americans, and Native Americans were more likely to be in out-of-home placements than other ethnic groups. Ethnicity, however, was not associated with a higher use of formal kinship care versus foster care.
- 56 percent of children in formal kinship care received a child-only TANF grant.[41]
- Formal kinship placements were more likely to be associated with substance abuse or neglect than with physical or sexual abuse, family conflict, parents' inability to provide care, or incarceration.
- Between 1998 and 2001, the number of children in formal relative placements[42] *increased* from 30 to 33 percent of all placements in family settings (see Exhibit 5). During that time, total placements into family settings *decreased*.

Exhibit 5

Foster Care and Formal Relative Placements in Washington State



[41] An August 2001 estimate by Washington State DSHS Division of Children and Family Services.
[42] The formal kinship care total includes 215 (1998) and 242 (2001) relatives and unrelated "kin" who were licensed foster care providers.

- The average age of children in formal relative placements was 7 years compared with 8 years for those in licensed foster care.
- Boys and girls are equally as likely to be in foster care as in formal kinship care placements.
- Children with siblings are more likely to be in formal kinship care placements than foster care.

Summary

The rapid growth of kinship care in Washington State over the last decade reflects a national trend. Approximately 32,000 children (2 percent of all children in Washington) are being reared by relatives. Approximately 44 percent of these children receive child-only TANF grants.

Eleven percent of children in kinship care are placed there by the state, often because of parental substance abuse, neglect, or physical abuse. Most formal and informal kinship caregivers are older, female grandparents who have lower incomes and less education than average. African-American and Native-American children are more likely to live with relatives than children from other ethnic groups. Over 80 percent of kinship caregivers report that the living arrangement is likely to be permanent.

Approximately one-third of children in Washington who are placed into family settings are living with relatives rather than foster parents. The state increasingly relies on kinship caregivers. Central and northern Puget Sound counties use formal kinship care arrangements more frequently than the rest of the state. Children in formal relative placements are more likely to receive a child-only TANF grant (56 percent) than children in informal kinship care (43 percent).

IV. KINSHIP CARE IN WASHINGTON STATE

This section describes existing custodial options, financial supports, and services available to kinship caregivers in Washington State.

Custodial Arrangements

Custodial arrangements allow kinship caregivers to make decisions for children in their care. Most kinship care occurs informally without the involvement of state agencies or the legal system. Those seeking a more formal arrangement have five options.

1. Placement by Written Agreement: Kinship caregivers and parents may enter into a written agreement documenting the caregiver's commitment to the child and giving the caregiver authority over minor decisions (such as school enrollment). In cases where the state is involved, a DCFS caseworker also signs the written agreement for a long-term relative placement. Caseworkers periodically check on the child's well-being and provide support services as needed.[43]

2. Dependency Guardianship: For children in state custody, relatives, in conjunction with DCFS, may petition juvenile court for a dependency guardianship. The child remains in state custody, but case reviews are less frequent. Dependency guardians have control over minor decisions.[44]

3. Guardianship: Relatives may independently petition superior court for guardianship. If initially dependent, the child leaves state custody, and relatives gain legal authority for all medical, educational, and other decisions.[45]

4. Third Party (Permanent Legal) Custody: Relatives may seek permanent legal custody of the child in superior court. If custody is granted, the child is no longer under state care, and the relatives gain legal authority for all medical, educational, and other decisions affecting the child.[46]

5. Adoption: Relatives may file for adoption, which gives them full legal rights over the children's care. Once adopted, children are no longer dependents of the state and most are not eligible for financial support or services.[47] When parents voluntarily relinquish their

[43] Children's Administration, *A Relative's Guide to Child Welfare Services* (Olympia, WA: Department of Social and Health Services, May 2001), 11.
[44] Northwest Women's Law Center, *Grandparents Raising Grandchildren: A Legal Guide for Washington State* (Seattle: Northwest Women's Law Center, 1998), 39-42.
[45] Children's Administration, *A Relative's Guide*, 10.
[46] Ibid, 9; Northwest Women's Law Center, *Grandparent's Raising Grandchildren*, 12-13.
[47] Children with special needs are eligible for post-adoption support services. Children's Administration, *A Relative's Guide*, 9.

rights, an "open adoption" may be established to allow contact between parent and child. Relatives account for 30 percent of all adoptions in Washington.[48]

Exhibit 6 summarizes custodial arrangements available to relative caregivers.

Exhibit 6
Summary of Custodial Arrangements

Custodial Arrangement	Dependent Child Remains in State Custody	Return to Parents Possible	Caregiver Has Legal Authority
Informal (no state involvement)	Not Applicable	Yes	No
Written Agreement	Yes	Yes	Minor decisions
Dependency Guardianship	Yes	Yes	Minor decisions
Guardianship	No	Yes	Yes
Third Party Custody	No	Yes	Yes
Adoption	No	No	Yes

Adapted from "A Relatives Guide to Child Welfare Resources."

Process for Establishing Custody. Establishing legal custody can be complex, time consuming, and costly for relative caregivers. In contested cases, relatives must prove in court that they are fit caregivers. This may involve extensive paperwork and multiple court hearings, which usually requires legal counsel as well as filing and other court fees. Native-American children fall under different and more complicated federal regulations, often involving two jurisdictions (state and tribal).

For children who are in state custody, DCFS provides family group conferencing and convenes meetings with all involved parties to create a long-term permanency plan that facilitates the placement and legal decision-making processes.[49] A juvenile court guardian ad litem or court-appointed special advocate represents the child. Indigent parents may receive legal assistance from the state. However, relative caregivers must petition the court to be formally involved in these cases and must provide for their own legal representation.

State-Provided Financial Assistance and Services

Several sources of assistance are available to relative caregivers who qualify. Formal and informal kinship caregivers may receive cash assistance through the state's welfare program (TANF). If the child is in state custody and the caregiver is licensed, they receive foster payments. Some relatives and their children may also receive help with transportation, counseling, or other needs associated with caring for a child.

TANF Child-Only Grant. Caregivers who meet the definition of "kin" as established under TANF guidelines are eligible to receive a monthly grant for the child. The monthly grant

[48] Families for Kids Partnership, *Washington Permanency Report: Planning for 2002* (Seattle, WA: Families for Kids Partnership, 2001), 9.
[49] Children's Administration, *A Relative's Guide*, 5.

begins at $349 for one child and increases for each additional child (see Exhibit 7).[50] TANF child-only grants are available to formal and informal relative caregivers and are not dependent on the caretaker's income. Unlike a TANF family grant, TANF child-only grants do not have work requirements or time limits. In August 2001, approximately 14,000 children in Washington State in formal and informal kinship care received child-only grants (there may be more than one child per case).

Foster Care Payment. Relatives caring for children in state custody can become licensed foster parents and receive approximately $410 per month for each child.[51] Caseworkers routinely assess and monitor such placements. Licensed relative caregivers who become guardians are eligible for a guardianship subsidy that is equal to the monthly foster payment. Exhibit 7 compares the monthly payments provided to formal and informal kinship caregivers through the TANF child-only grant with foster care payments for up to three children.

Exhibit 7
Comparison of TANF Child-Only and Foster Care Payments

Number of Children	TANF Child-Only	Foster Care
1	$349	$410
2	$440	$820
3	$546	$1,230

Other financial supports and services are provided for formal kinship care placements on a case-by-case basis as determined by the DCFS case plan:[52]

- One-time clothing allowance upon placement;
- Transportation reimbursement;
- Counseling;
- Respite care;
- Individualized services for children with special needs; and
- Emergency assistance.[53]

[50] RCW 74.15.020.
[51] Foster care payments vary according to the age of the child; the amount presented here is for a 9-year-old. Close family friends or "fictive kin" can become licensed caregivers and receive foster care supports, but not the TANF child-only grant. WAC 388-25-0445.
[52] Children's Administration, *A Relative's Guide*, 14-15.
[53] The 2001 Legislature provided the Children's Administration $1 million in TANF funding to support relative placements (ESSB 6153, Section 202(7), Chapter 7, Laws of 2001). The funds can be distributed to unlicensed caregivers for emergent needs such as moving expenses, purchase of necessities for children, and respite care. Children's Administration, "Relative Support Services," (Olympia, WA: Department of Social and Health Services, Children's Administration, mailing dated March 11, 2002).

Informal and formal relative caregivers may also be eligible for other public welfare supports, such as the TANF family grant, food stamps, child care subsidy, and medical assistance. However, these services are not specific to kinship care; all families who meet eligibility requirements can receive these supports.

In addition to the resources listed above, the Children's Administration produced and distributed *A Relative's Guide to Child Welfare Services*. Another guide, *Grandparents Raising Grandchildren: A Legal Guide for Washington State*, is available from the Northwest Women's Law Center.

Caregiver support groups are available to kinship caregivers regardless of the child's custody status. However, formal relative caregivers have access to more financial support and services than informal relative caregivers (see Exhibit 8).

Exhibit 8
Financial Support and Services Available to Relative Caregivers: Formal Versus Informal Kinship Care

Financial Support and Services	Formal	Informal
Assistance with legal process	✓	
TANF child-only grant	✓	✓
Foster care payment	✓	
Clothing allowance	✓	
Transportation reimbursement	✓	
Counseling	✓	
Respite care	✓	
Individualized services	✓	
Case management	✓	
Emergency assistance	✓	
Support groups	✓	✓

Other Kinship Care Resources

In addition to the direct assistance provided by TANF and DCFS, several other resources are available for kinship caregivers in Washington State.

- **Relatives as Parents Program (RAPP):** In 1998, the Aging and Adult Services Administration (AASA), the Southwest Washington Area Agency on Aging (AAA), and three private organizations[54] received grants from the Brookdale foundation, which supports kinship care initiatives nationwide. The funds have been used for supports such as:

[54] Children's Home Society, Family Counseling Services of Tacoma & Pierce County, and Atlantic Street Center. For more information, see <http://parenting.wsu.edu/relative/about.htm>, Accessed June 19, 2002.

- Statewide RAPP Coalition
- Support groups, parenting education, information and referrals
- Resource guides and informational videos
- RAPP website[55]

- **National Family Caregiver Support Program (NFCSP):** The majority of NFCSP funds provide outreach, information and access to services, respite care, caregiver training, counseling, and support groups for family members who care for elderly relatives. A portion (up to 10 percent) of these funds may be used to serve kinship caregivers over the age of 60. In 2001, AASA distributed $2.2 million in NFCSP funds to Washington's 13 AAAs.[56]

- **Native American Kinship Care Program:** The Yakima office of Casey Family Programs, in conjunction with the Yakama Nation, created a program to provide relative caregivers with case management, emotional support, and help with housing, food, legal assistance, and clothing.[57]

- **Other Community-Based Programs:** There are a number of public-private community-based organizations in Washington that assist formal and informal relative caregivers. They include organizations such as Children's Home Society Relatives Raising Relatives, Pierce County Relatives Raising Children, and the Casey Family Programs.

Summary

Custodial arrangements available to kinship caregivers in Washington State are distinguished by the degree of involvement with DCFS, the permanency of the arrangement, and rights conferred to the caregiver. Establishing custodial arrangements through the court system usually requires considerable time and resources. When needed, parents and children are provided legal representation. In contrast, kinship caregivers must pay their own legal costs.

Formal relative caregivers have access to more state-supported financial assistance and social services than informal kinship caregivers. Informal caregivers have no legal authority over children's care and have limited access to public services. Washington State provides financial support to kinship caregivers through the TANF child-only grant or foster care payments (if the caregiver is licensed). Support services are available on a case-by-case basis if the children are in state custody.

Other kinship care resources in Washington State include the AASA's National Caregiver Family Support Program (NCFSP), Relatives as Parents Program (RAPP), resource guides, the Native American Kinship Care program, and other community-based programs.

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[55] Washington State University's Parenting Cooperative Extension hosts the RAPP website: <http://parenting.wsu.edu/relative/index.htm>.
[56] Aging and Adult Services Administration, "National Family Caregiver Support Program (NFCSP) Grandparents and Other Relatives Raising Children Component," (Information provided by Hilari Hauptman, Department of Social and Health Services, March 18, 2002).
[57] Yakima Division of Casey Family Programs, *The Native American Kinship Care Program* (Yakima, WA: Casey Family Programs, 2000), 4.

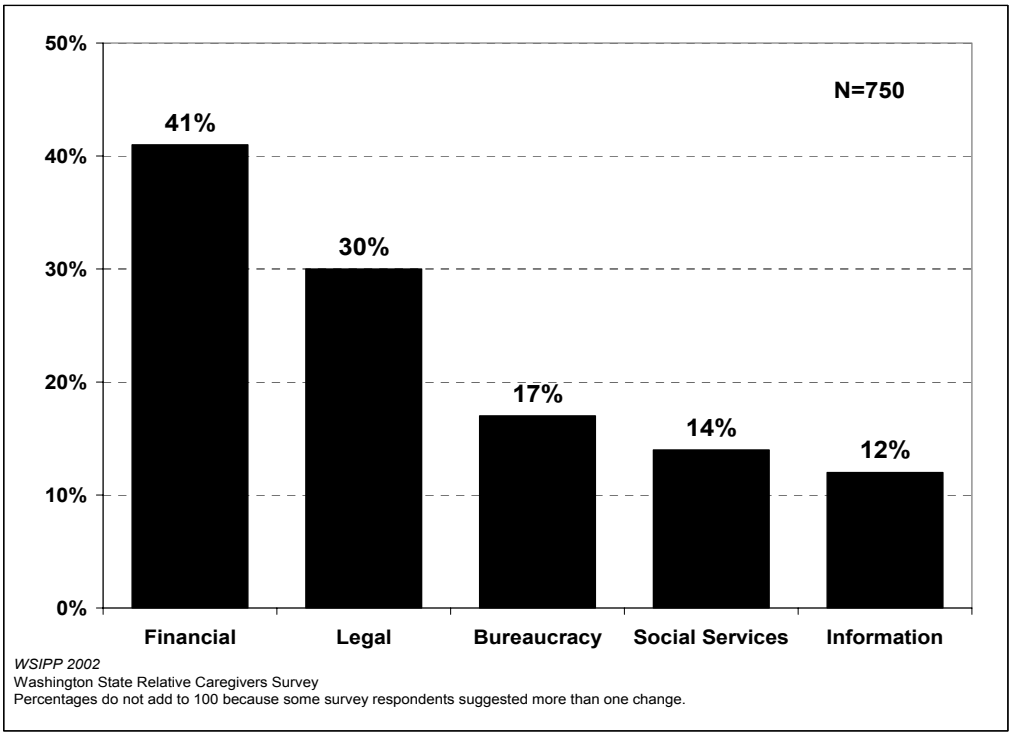
V. KINSHIP CAREGIVER CHALLENGES AND NEEDS

Common Challenges and Needs

This section presents the challenges and needs identified by kinship caregivers in Washington State. These findings are based on (1) focus groups[58] convened by the Institute, held in Olympia, Wapato, and Seattle, and (2) a statewide survey of 750 kinship caregivers conducted jointly by the Department of Social and Health Services (DSHS) and private stakeholder groups.[59] Both included formal and informal kinship caregivers. Information was gathered from relative caregivers who receive services from DSHS or who are members of a RAPP support group. Their views may not represent the views of all caregivers.

When asked to identify one policy or service that would be most helpful, kinship caregivers most frequently responded "financial assistance" (see Exhibit 9). Other often-cited responses included policies or services that address the legal, bureaucratic, social service, and information needs of relative caregivers.

Exhibit 9
Where Is a Change in Policy or Services Most Needed?
Percentage of Survey Respondents Suggesting Needed Change



[58] A copy of the focus group report is available by contacting the Institute or by accessing the Institute's website: <http://www.wsipp.wa.gov>; Social and Economic Sciences Research Center (SESRC), *Kinship Care Needs Assessment: Focus Group Results*.
[59] See Appendix A for details on the survey. A summary of survey responses is available by contacting the Institute or by accessing the Institute's website: <http://www.wsipp.wa.gov>.

Financial Needs

The financial burden of rearing children presents a challenge for many kinship families, who are twice as likely as other families to live below the federal poverty line.[60] Grandparents, many of whom have recently retired and are living on fixed incomes, face even greater challenges: 15 percent of survey respondents reported delaying their retirement to care for relatives' children, and 14 percent rely at least partly on their pensions for income.

Survey respondents and focus group participants described a variety of issues related to the financial needs associated with rearing relatives' children:

- Meeting basic financial needs;
- Inadequate public assistance;
- Access to medical care;
- Housing needs; and
- Transportation needs.

Meeting Basic Financial Needs. Some kinship caregivers reported needing help just "putting food on the table." Others reported that they continually struggle to cover the frequent expenditures for clothing, school supplies, recreational activities, and other necessities, especially as children get older. In addition, caregivers cited the need for one-time "emergency" assistance. When kinship placements are made unexpectedly, as is often the case, the children may arrive with no change of clothes, toiletries, toys, or other personal items. Caregivers in such circumstances reported needing immediate assistance.

Inadequate Public Assistance. More than half the survey respondents and many focus group participants indicated they receive the TANF child-only grant to help with expenses. Few respondents (less than 10 percent) receive TANF family grants or foster care payments. Focus group participants and survey respondents identified two challenges related to receiving public assistance:

- **TANF Grants Are Insufficient:** TANF child-only grants are too small and do not increase enough for each additional child. In addition, TANF grants do not increase with the cost of living.
- **Eligibility Rules Are Strict and Complex:** Applying for assistance can be confusing, and caseworkers sometimes apply the rules inconsistently or incorrectly.[61]

Medical Care. Accessing and paying for medical care was mentioned as a challenge by some focus group participants. Nearly 60 percent of survey respondents reported that the

[60] Harden, *Formal and Informal Kinship Care*, <http://aspe.hhs.gov/hsp/cyp/kincare/sect1.htm>.
[61] For example, a number of focus group participants in the Wapato area reported that some caseworkers included the caregiver's income or assets when applying for a TANF child-only grant. The child-only grant is based on the child's income.

children in their care received state medical assistance (Medicaid), but some commented they have difficulty finding doctors, and especially dentists, who accept Medicaid payments.

Housing. Caregivers also reported that finding affordable housing or obtaining help in paying for utilities and repairs is a challenge. Some focus group participants noted that "[t]he house that might be an adequate retirement home for one or two adults is insufficient when the children move in—yet there is neither enough Section 8 housing nor the funding to afford the extra bedrooms."[62]

Transportation. Adequate transportation, which can mean having a dependable vehicle, a vehicle large enough, or even a vehicle at all was a need cited by a number of focus group participants. Some participants who care for multiple children explained that they simply need help driving all the children to school, to after-school activities, and home again.

Legal Issues

Kinship caregivers described two major challenges related to the legal system:

- Complexity and costs; and
- Lack of relative caregiver rights.

Complexity and Cost. Relative caregivers must consider an array of legal options when formalizing their relationship with the child they are rearing. Caregivers reported that they often do not have access to information or counsel regarding those legal options. Legal processes can be time consuming and costly when custody is contested by the parents. Many survey respondents requested affordable or free legal representation to help them understand the system and represent them in court. One respondent wrote that her greatest need is:

> *… for me to obtain some type of legal custody of this child. I cannot afford attorney fees. I tried to fill out the papers but need help.*

Kinship caregivers explained that in some custody cases, the ongoing uncertainty of the outcome can create considerable stress for the children and the caregiver. Focus group participants remarked that judges and other court personnel need to be more aware of the issues surrounding kinship care in order to help caregivers make the right decisions for the children in a timely fashion.

Legal Rights of Relatives. Many focus group participants and survey respondents stated that relatives need to have stronger legal rights in custody cases. Many suggested the law needs to recognize the "best interests of the children" as paramount, over and above parental rights or family preservation.

Many kinship caregivers believe that relatives should be given the right to participate in, or at least be informed of, decisions affecting the children's care, particularly custody hearings.

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[62] SESRC, *Kinship Care Needs Assessment*, 8.

They stated that they should not have to pay for legal representation while parents can receive free legal assistance in attempts to regain custody.

One survey respondent summed up the demand for legal rights:

> *Our rights and responsibilities need to be spelled out. Our rights need to be taken into consideration at least as much as biological parents. They choose to do drugs rather than take care of their children. We have put our life on hold to give [the kids a] home.*

Bureaucratic Barriers

Almost 20 percent of survey respondents indicated that their primary concerns are the procedures and culture of DSHS. They suggested that DSHS should change to better serve relative caregivers. Focus group participants and survey respondents identified three factors that make navigating public welfare systems difficult:

- Complexity;
- Lack of respect; and
- Kinship/foster parent disparity.

Complexity. Focus group participants expressed frustration over the complexity of public social services. Many spoke of various uncoordinated agencies where "people get bounced around, or they find out years later that they could have gotten some services if they had known who or what to ask."[63] Many caregivers interact with federal, state, local, and/or tribal agencies and do not know where to turn or what services are available.

Many caregivers noted they simply do not have the time to travel to the state office to complete paperwork to ensure that they continue to receive various services. Some suggested case reviews should occur with less frequency for stable kinship placements, as illustrated by one survey comment:

> *Because I am a working person, it is sometimes hard to keep appointments with case workers and fill out the same information every three months in order to receive any financial aid. If nothing changes, why do the paperwork over and over again?*

According to focus group participants, some caseworkers are effective in helping caregivers navigate these complex systems, but many are not. Participants described "inconsistent interpretation of rules by caseworkers," or "caseworkers that 'gave them the runaround.'"[64]

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[63] SESRC, *Kinship Care Needs Assessment*, 12.
[64] SESRC, *Kinship Care Needs Assessment*, 7.

Some deplored the impersonality of recorded telephone systems as the primary means of contact. One survey respondent wrote that DSHS needs

> *…a way to get social services in a more streamlined manner. I have been frustrated with the hoops I have to jump to receive less than $200 per month and medical benefits. Case managers never return calls until I make a fuss.*

Respect. Lack of respect for kinship caregivers was cited as a critical issue by many focus group participants. The focus group report explains:

> *[M]ost of the caregivers in the focus groups are individuals who would probably never have had a reason to interact with social service agencies or receive payments from "the system" had they not become kinship caregivers. As such, they were not prepared to be subjected to the kind of "scrutiny" and inquiry required to receive aid. They are required to stand in lines, be put on hold, answer personal questions and otherwise be treated in ways that make them feel they are not respected. Where "their word" has not been doubted before, now they feel that they must justify decisions and preferences that to them seem quite logical."*[65]

Parity With Foster Parents. Children in foster care usually have more access to social services and more state financial support than children in unlicensed kinship care.[66] A refrain in both the survey and focus groups was a demand for equal financial assistance and support services between foster parents and relative caregivers. One survey respondent stated:

> *I feel that relatives raising a relative's child should be entitled to the same financial services and payments that foster parents receive. If not for us, these kids would be in foster care.*

Another respondent noted the financial disparity:

> *If this was a foster home, we'd receive a minimum of $900 a month. As relative placement, we get less than $550, and that's through welfare—that's not right!*

Many focus group participants, at least one of whom had experience as a licensed foster parent, stated that the child welfare system affords non-kin foster parents more respect. The focus group report notes "[t]hey felt that caseworkers made assumptions about the family circumstances … that they were being 'punished for the sins of the parents' instead of being appreciated for filling the gap."[67]

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[65] SESRC, *Kinship Care Needs Assessment*, 12.
[66] U.S. Department of Health and Human Services, *Report to the Congress*, 42.
[67] SESRC, *Kinship Care Needs Assessment*, 6-7.

Social Service Needs

When asked what three things would help meet their current unmet needs, more than half (57 percent) of survey respondents chose social services. Child care, respite care, and counseling were the most frequently requested services by survey respondents and focus group participants. They noted that these services are already provided to some caregivers, but many need help accessing them.

Child Care. Caregivers, particularly those who work, indicated that child care is a critical need, saying they need help finding and paying for quality care.

Respite Care. One survey respondent provided a definition of respite care:

> *Respite care: Having a provider that can come for an entire day so you can go shopping, to dinner and a show without having a time frame of 5 hours. When you rarely get a break, you feel like there is no hope to meet others or enjoy adult life anymore.*

Respite care was requested by many focus group participants, who viewed it as "a vital service, providing time off to recharge personal batteries and tend to other business."[68] However, caregivers noted that respite care is difficult to obtain, particularly for large families or children with special needs. One survey response illustrates the need for respite care:

> *I retired 3 1/2 years early to take care of my grandson's [intensive] needs… Could not afford respite care; have not have a break in 3 years.*

Counseling. Nearly two-thirds (65 percent) of survey respondents expressed concern about the children's emotional or physical health, behavior, and/or school performance. Survey respondents and focus group participants indicated that counseling is a critical need for many kinship children because of their parents' negligent and abusive behaviors, often the result of drug or alcohol abuse.

Caregivers who are responsible for "special needs children" frequently requested counseling and other individualized services. Special needs range from behavioral disorders to physical disabilities. Some focus group participants contended that all kinship children should be considered "special needs" and be provided with individualized services because they are dealing with emotional losses resulting from their parents' inability to care for them.

Kinship caregivers also expressed concern about their own well-being. Forty-one percent of survey respondents reported that meeting their own needs is one of their greatest challenges. Some focus group participants explained that "caregivers experience significant grief and loss issues on many fronts: loss of the 'retirement' they had envisioned, grief about the child they have lost to drugs or alcohol, and ambivalence about the responsibilities they have taken on."[69]

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[68] SESRC, *Kinship Care Needs Assessment*, 10.
[69] SESRC, *Kinship Care Needs Assessment*, 15.

Some older caregivers facing deteriorating health indicated they need help to ensure they receive adequate medical care. Many focus group participants expressed a need for counseling and support services for themselves as well as for the children.

Other Services. Other services requested by focus group participants and survey respondents include educational assistance (tutoring or help with special education planning), recreational activities, and parenting education (particularly for those who have not previously been a parent or have not parented for a long time).

Information Gaps

Many caregivers reported that the lack of information about available services, policies, and laws is a major barrier to being able to provide for the children. The following statements are typical of survey respondents:

> *Grandparents and relative caregivers need to know upfront what services, resources, and laws/policies can assist them. The booklet we just received needs to be given to them immediately—not [one and a half] years later.*
>
> *More information on where to obtain the information on aid and services…. It does not need to be like pulling teeth for people to obtain the correct information.*

The importance of these information gaps depends partly on the caregiver's relationship with DSHS: Are they caring for a child in state custody, receiving a TANF child-only grant, or are they outside of the state system entirely? Survey respondents who were involved with the child welfare system were more likely to indicate that they need more information about available programs than those who had little or no contact with DSHS.

Caregivers outside the state system relied almost exclusively on RAPP support groups. Focus group participants described support groups as a source of information and personal support: "Support groups provide information and emotional support, refer members to resources, help members deal with different situations, and normalize their experiences."[70]

Many focus group participants also commented that a lack of awareness of kinship care issues in the state's social service system and society in general makes their challenges even more difficult to overcome. If, for example, caseworkers, school administrators, and health care workers were more knowledgeable about kinship care, they might respond more quickly and effectively to caregivers' specific needs.

[70] SESRC, *Kinship Care Needs Assessment*, 11.

Summary

Kinship caregivers in the focus groups and those responding to the statewide survey described a wide variety of challenges and needs they experience as they attempt to provide a home for related children. The information gathered draws heavily on the experiences of relative caregivers who are "in the system" or who are members of a RAPP support group. It is beyond the scope of this report to conclude if their views represent the views of all caregivers.

The following challenges and needs are most often cited by kinship caregivers:

Financial Needs Reported by Kinship Caregivers

- Basic needs, such as food and clothing.
- Inadequate public assistance, including insufficient grants and strict and confusing eligibility rules.
- Access to medical care, affordable housing, and adequate transportation.

Legal Issues Identified by Kinship Caregivers

- Complex and expensive court processes.
- Caregivers feel they have limited rights, and stated that custody cases should focus primarily on the best interests of the children.

Bureaucratic Barriers Reported by Kinship Caregivers

- Uncoordinated public agencies and rules that are complex and interpreted inconsistently.
- Lack of respect for relative caregivers by DSHS.
- Disparity in the resources provided to kinship caregivers versus foster parents.

Social Service Needs Identified by Kinship Caregivers

- Child care and respite care.
- Counseling for the children and the caregivers.
- Other support services, including educational assistance, recreational activities, and parenting education.

Information Gaps Reported by Kinship Caregivers

- Little readily available information about services, policies, and laws relating to kinship care.
- Lack of community awareness of kinship care.

VI. OTHER STATES' APPROACHES TO KINSHIP CARE

Part of the legislative direction for this study was to "compare services and policies of Washington state with other states that have a high rate of kinship care placements in lieu of foster care placements."[71] Kinship care policies in other states were examined to identify policies and programs that may increase kinship care in lieu of foster care in Washington State.

States offer differing levels of support to kinship caregivers. Some states provide virtually no support, even for children in state custody who are living with relatives, while other states provide a variety of supports to kinship caregivers, including those caring for children outside the state system.

Five states with exceptionally high rates of formal kinship care were examined: Florida, Maryland, California, Mississippi, and Illinois. High kinship care rates, however, are not necessarily a consequence of effective kinship care policy; high kinship care rates may be due to factors outside the effect of public policy. Therefore, policies in other states with new, and perhaps more promising kinship care initiatives, were also examined. Research reveals a range of policies and programs for Washington State policymakers to consider. Key differences between Washington and other state policies are summarized in Exhibit 10.

Exhibit 10

Policies and Programs for Kinship Caregivers: Washington Versus Other States

		Washington State	Other States
Financial Support	**Relative Caregiver Grants**	TANF child-only grant.	Some states offer kinship caregiver grants that are larger than TANF child-only grants.
	Subsidized Guardianship	Monthly subsidy equal to foster care payment provided to licensed guardians.	29 states offer a subsidy near or equal to the foster care payment for unlicensed guardians.
Regulations and Laws	**Relative Search**	Mandated relative search, but a rigorous process is not specified in law.	Many states mandate relative search. Some states have laws that specify the process.
	TANF Work Requirements and Time Limits	TANF work requirements and time limits for family grants apply to relative caregivers.	A few states exempt relative caregivers from TANF requirements for family grants.

(continued)

[71] ESSB 6153, Section 608(5), Chapter 7, Laws of 2001.

Exhibit 10 (continued)

Policies and Programs for Kinship Caregivers: Washington Versus Other States

Regulations and Laws	**Consent Laws, Educational and Medical**	No explicit consent laws.	6 states have educational consent laws. 23 states have medical consent laws. 4 have both consent laws.
	De Facto Custody	None	3 states have passed de facto custody laws.
	Standby Guardianship	None	18 states offer standby guardianship.
Social Services and Information	**State-Supported Services for Informal Caregivers**	• Resource guides • Support groups • RAPP website	• Resource guides • Support groups • Websites • Hotlines • Specialized caseworkers • Kinship resource centers with comprehensive services

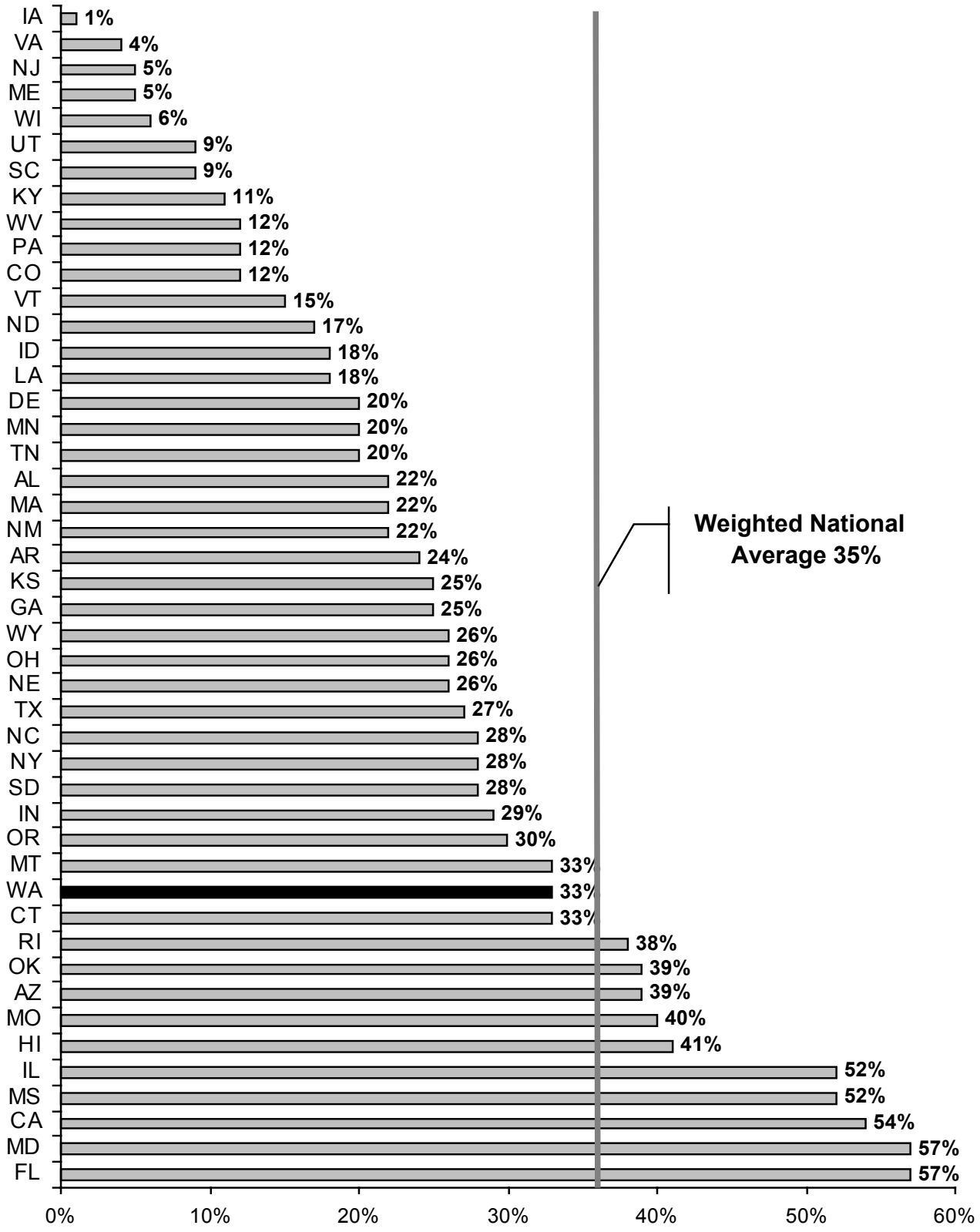
Key Policies and Practices in States With High Rates of Formal Kinship Care

All states provide a minimum level of assistance to relative caregivers through federal welfare programs. Most states pay relative caregivers a child-only TANF grant for a TANF-eligible child in their care even if the child is not in state custody. Eligible children also qualify for food stamps and medical assistance. Even in states where no other assistance is available, networks of community-based support groups are often available for relatives who are fortunate enough to have one nearby and are able to attend the meetings.

Exhibit 11 shows the percentage of children in state custody who were placed with relatives as of September 1999 (the most recent year comparable state-level data are available). Nationally, 35 percent of children in state custody were in formal kinship care. The rate of formal kinship care in Washington at that time was 33 percent.

Exhibit 11

Kinship Care as a Percent of Children in State Custody, 1999



According to federal data, Florida, Maryland, California, Mississippi, and Illinois have formal kinship rates at or above 52 percent (see Exhibit 11), considerably higher than other states. In total, these five states account for over one-third of the nation's children who are in state custody and living with foster parents or relatives. These states are examined more closely to identify key policies that may be associated with their high rates of kinship care. Summaries of their approaches to kinship care follow; more detailed descriptions are provided in Appendix B.

Florida. The Florida Relative Caregiver Program offers financial assistance, case management, child care, and other support services to relatives caring for children in state custody. Eligible caregivers receive a monthly grant ($249 per child) that is larger than the state's child-only TANF grant but lower than the state foster care grant. Financial assistance continues for relatives who become legal guardians. The program is funded by TANF dollars.

Assistance to informal kinship caregivers is limited to community-based programs and state-funded information and referral services through a toll-free hotline and a university-run kinship support center. Kinship caregivers may make medical decisions for the children in their care.

Maryland. A monthly TANF child-only grant ($177 for one child), support services, and case management are provided to relatives rearing children in state custody. Eligible caregivers may participate in the state's subsidized guardianship federal Title IV-E waiver demonstration and receive a $300 monthly grant per child and case management services. The demonstration project is nearing its end.

TANF is the only public assistance available to informal kinship caregivers in Maryland. However, relative caregivers are not subject to TANF work requirements when the caretaker—not just the child—qualifies for welfare. Kinship caregivers have the authority to make medical decisions. Maryland is encouraging the formation of new support groups and has created a kinship care resource center that serves both informal and formal kinship care providers. An information and referral hotline is also available.

California. Through its TANF-funded Kinship Care Guardian Assistance Program (Kin-GAP), California provides relative caregivers a monthly payment equal to the state's foster care rate. In selected counties, the California Kinship Support Services Program (KSSP) provides an array of services to informal and formal kinship caregivers. KSSP is modeled after the Edgewood Kinship Support Network, a public-private collaboration serving relative caregivers in San Francisco (see inset). Other programs based on the Edgewood model are in place or under development in Tennessee, Arizona, New Jersey, Illinois, Philadelphia, Atlanta, New York, and other locations.[72]

California's relative caregivers have other advantages: they are exempt from California's 24-month TANF time limit for needy family grant recipients, they do not have to prove they are permitted to make decisions about the child's medical care or education, and, when a child is removed from home, courts must order parents to disclose all known relatives.

[72] Conversation with Kenneth S. Epstein, Director of Program Services and Kinship Support Networks, Edgewood Center for Children and Families, May 10, 2002.

The Edgewood Kinship Support Network Model

A Public-Private Collaboration. The Edgewood Kinship Support Network (KSN) is a program of the Edgewood Center for Children and Families in San Francisco, California. This public-private collaboration started in 1994 to fill gaps in publicly provided social services for relative caregivers and their children. About half of the KSN clients are referred by either child welfare or TANF divisions of the California Department of Human Services (DHS).[73] Other programs based on the Edgewood model are in place or under development in Tennessee, Arizona, New Jersey, Illinois, Philadelphia, Atlanta, New York, and other locations.

The KSN provides or links clients with an array of services and supports through formal and informal arrangements with numerous public and private agencies, including:

- Child Abuse Council
- Department of Human Services
- Legal Services for Children
- San Francisco Boys and Girls Club
- San Francisco Parks and Recreation
- Law Enforcement
- School Districts

Services Offered. In addition to providing a safe and accessible space for support groups and community meetings, the KSN provides kinship caregivers a range of services, including:

- Needs assessment and case management
- Respite care and recreation
- Bilingual services
- Legal services, advocacy, and education
- Family counseling
- Health care services and referrals
- Housing assistance, a food bank, and clothing
- Senior camp and youth programs

Operation and Funding. Approximately 40 staff run the Edgewood Center, including 11 community workers who provide intensive, individualized case management to kinship caregivers. Two state welfare workers are also located at the KSN site. Public and private collaborating agencies provide clients services that are not available on-site.

The KSN annual budget is approximately $2.5 million. The DHS, using Family Preservation, Title IV-E, and TANF dollars, is the largest source of funding. The KSN also receives support from the Edgewood Center, the California Kinship Support Services Program, and grants from the County Children's Fund, the United Way, and the U.S. Department of Health and Human Services. The program serves approximately 3,500 children a year.[74]

Mississippi. Mississippi provides little state support for relative caregivers. The state relies heavily on federal funding and community-based organizations. Mississippi has a small program—which does not directly target relative caregivers—that emphasizes family preservation and reunification through case management, information, and referral. Termination of parental rights is required to begin within six to nine months of placement unless the child is with a relative. By law, relative caregivers have limited decision-making authority over children in their care.

Illinois. Previous policies and social trends contributed to Illinois' large kinship care population. Reforms since 1995—including subsidized guardianship, judicial reforms, and

[73] U.S. Department of Health and Human Services, *On Their Own Terms*, 76.
[74] Brochure from the Edgewood Center for Children and Families, *Nurturing Children, Empowering Caregivers, Strengthening Families* (San Francisco, CA: Edgewood Center for Children and Families, 2001).

family group counseling—have reduced the frequency of kinship care placements, but the total numbers remain high.

The state offers two financial assistance options to formal relative caregivers, both of which pay more than the TANF child-only grant: subsidized guardianship (a federal Title IV-E waiver demonstration) and "standard of care" payments that use TANF dollars and other funds. To assist informal caregivers, the Illinois Department of Aging helps fund numerous support groups and provides information through brochures and toll-free hotlines.

Summary of High-Rate States. With the exception of Mississippi, states that have the highest kinship care rates offer more assistance to kinship caregivers than the baseline of TANF child-only grants and support groups. Most supports target formal kinship caregivers. Assistance for informal kinship caregivers is usually provided in the form of information and referral services, community-based efforts, favorable TANF work requirements, or consent laws. California funds county-based programs that provide a variety of services for both formal and informal relative caregivers.

Other Policies and Practices

Other states use a number of approaches not currently practiced in Washington that address the needs of kinship caregivers. Focus is placed on financial supports, regulations and laws, and social services and information. Because a comprehensive examination and evaluation of all states was not possible for this study, the examples provided are illustrative and should not be assumed to be "best practices."

Kinship care policies described here can be separated into three broad areas:

1. **Financial Supports:** Foster care payments, TANF grants, and guardianship subsidies.

2. **Regulations and Laws:** Placement preferences, medical and educational consent, legal options, and TANF work requirements.

3. **Social Services and Information:** System navigators, support services, resource guides, hotlines, support groups, and specialized caseworkers.

1. Financial Supports

All states provide foster care payments to relatives who become licensed foster parents of eligible children. Few kinship caregivers become licensed, however, and for those rearing children who are not in state custody, foster care is not an option. The majority of direct financial assistance for kinship caregivers (formal and informal) comes from state TANF programs in the form of child-only grants. Many states go a step further to assist formal kinship caregivers. Kinship caregiver grants and guardianship subsidies are two examples:

- **Kinship Caregiver Grants:** In a few states, formal relative caregivers may qualify for financial assistance that amounts to more than the TANF child-only grant but less than a foster payment. Examples of such programs are the Illinois "standard of care" grant and Florida's Relative Caregiver Program (see Appendix B).

- **Subsidized Guardianships:** At least 22 states use state funds, discretionary TANF funds, or a combination of the two to provide a monthly subsidy for relatives who become guardians of children in state custody. Guardianship subsidies exceed TANF child-only grants and are often equal to foster care payments. Four of the five high-rate states have subsidized guardianship programs.

Depending on the state, relative caregivers must meet certain requirements to be eligible for these assistance programs. Currently, Washington provides guardianship subsidies to relatives who meet foster care licensing requirements. In most states, the child must be in state custody or at risk of becoming dependent to qualify. Other eligibility requirements include the following: the child must have "special needs" or meet a minimum age requirement (usually 12 to 14), the caregiver or child must meet income or asset limits, the placement must include two or more siblings, and the child must first live with the relative for six months to two years.

Title IV-E Waivers. Title IV-E, part of the federal Social Security Act, allows states to be reimbursed by the federal government for foster care expenditures for TANF-eligible children. Any out-of-home placement that is supported by Title IV-E funds must be licensed by the state.[75] The federal Department of Health and Human Services (DHHS) may grant states waivers for certain Title IV-E requirements for innovative child welfare projects. Eighteen states, including Washington, are currently implementing Title IV-E waiver demonstrations; seven states are using the demonstrations to examine "assisted" (or subsidized) guardianship. The waivers allow the states to use federal foster care (Title IV-E) dollars to subsidize relative guardians.[76]

Assisted Guardianship Demonstration Projects. Seven states have implemented demonstration projects that provide a monthly payment to unlicensed relative caregivers who assume guardianship of the children in their care: Delaware, Illinois, Maryland, Montana, New Mexico, North Carolina, and Oregon. The waivers allow states to draw on Title IV-E funds for the monthly subsidy, which is usually equal to the foster care monthly payment or at least more than the TANF child-only grant.[77] Benefits of assisted guardianship are summarized in Exhibit 12.

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[75] Federal Register 65(16), January 25, 2000, 4019-4093.
[76] James Bell Associates, *Profiles of Child Welfare Waiver Demonstration Projects: Draft* (Arlington, Virginia: James Bell Associates, 2002).
[77] Administration for Children and Families, *Summary of Title IV-E Waiver Demonstrations* (Washington, D.C.: U.S. Department of Health and Human Services, February 1998), <http://www.acf.dhhs.gov/programs/cb/laws/im/im9801a3.htm>.

Exhibit 12
Benefits of Assisted Guardianship

Benefits for Caregivers	Benefits to the State
• Parental rights do not have to be terminated, eliminating the necessity to set relatives against parents. • Caregiver assumes legal responsibility for the child and has the authority to make important medical and educational decisions. • Caregiver receives financial assistance.	• Child welfare agencies are no longer involved in the care, supervision, or custody of the child and do not have to intrude into the lives of the child and the guardian. • Child welfare agencies no longer have the administrative burden and cost of keeping the case open.

Information adapted from James Bell Associates, "Profiles of Child Welfare Waiver Demonstration Projects: Draft."

In all seven states, family reunification and adoption must be ruled out as permanency options before children are eligible for the program. Other eligibility requirements are similar to those for TANF and state-funded programs. Some states provide support services and legal assistance in addition to the monthly subsidy. Usually, infrequent or no supervision of the placement is provided by the courts because the children are no longer in state custody.[78]

2. Regulations and Laws

Policies regarding issues such as placement preferences for relatives, TANF requirements, consent, and legal relationships may help or hinder the ability of kinship caregivers to care for their children or access services.

Placement Preferences and Relative Search. Forty-eight states, including Washington, give preference to relatives when making out-of-home placements.[79] This preference may be established in law, child welfare agency policy, or just in practice. In some states, "relative preference" may simply mean that relatives who identify themselves as willing and able caregivers are given first consideration for placement.

Other state agencies conduct extensive searches for available relatives for every child in custody. For example, Minnesota's administrative rules detail specific steps and timelines for relative searches whenever a child requires an out-of-home placement. Washington State requires caseworkers to search for relatives but does not specify the process in law.[80]

TANF Work Requirements and Time Limits. A relative caregiver who meets a state's definition of "kin" may receive a TANF child-only grant if the child is eligible or a larger

[78] James Bell Associates, *Profiles of Child Welfare.*
[79] Only Vermont and Maine report not having a specific preference for relatives. U.S. Department of Health and Human Services, *Report to the Congress*, 18.
[80] WAC 388-25-0445.

"needy family" grant if the relative is also eligible. In the latter case, TANF work requirements and time limits usually apply. Most adult recipients of TANF grants, including those in Washington State, are required to participate in approved work activities as specified by the state. Some states, California and Maryland for example, waive work and/or time requirements specifically for relative caregivers.

Consent Laws. In many states, relatives must show proof of legal custody or guardianship to enroll children in school or authorize medical treatment. Twenty-five states have passed educational or medical consent laws that enable relative caregivers to make such decisions more easily. Six states enable educational consent, 23 states authorize medical consent, and four enable both. Only one of the high-rate states did not enable educational or medical consent (see Appendix C).

These laws allow relatives to submit a signed affidavit to schools and health professionals attesting to their role as caregiver. Schools and health professionals may be prohibited from forcing caregivers to prove their status unless there is a dispute over custody. Washington State does not have a law that explicitly grants relative caregivers this privilege.

Optional Legal Relationships. As described earlier, custody options available to kinship caregivers in Washington include relative placement with written agreement, dependency or superior court guardianship, third party custody, and adoption. At least two alternative legal arrangements between the relative caregiver and child are provided in other states:

- **De Facto Custody:** Three states recognize informal kinship caregivers as "de facto custodians," giving caregivers the same legal standing as parents in custody cases. Courts recognize de facto custodians as the child's primary caregiver based on the criterion that they have lived with the child for at least six months, if the child is under age three, or at least one year, if over age three.[81]

- **Standby Guardianship:** Terminally ill parents may arrange a standby guardianship, prior to death or incapacitation, to ensure their children will have someone to care for them. At least 18 states allow parents to designate a standby guardian for their children.[82]

3. Social Services and Information

Most states, including Washington, extend support services provided in foster care to formal relative caregivers. In addition, some states and localities have established programs to support formal and informal kinship caregivers. These programs often focus on providing information to caregivers regarding existing services and are usually funded by TANF dollars.

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[81] University of Wisconsin Cooperative Extension, *Grandparents and Other Relatives Raising Children – Legislative Update*, <http://www.uwex.edu/grg/helpart.html>.
[82] Infants Assistance Resource Center, *Standby Guardianship: AIA Fact Sheet*, <http://socrates.berkeley.edu/~aiarc/standby/sgfactsheet.htm>, August 2000.

Using TANF dollars, New Jersey funds a statewide "Kinship Navigator" program that uses a toll-free hotline to provide kinship caregivers with information regarding available services, public and private.[83] Other states, including Washington, have developed printed resource guides to serve a similar function.

The Colorado Department of Health and Human Services created a specialized social worker position to help kinship families determine what services are needed and connect them to community-based resources. Caregivers may also receive a special financial grant, access to support groups, and legal assistance. The aim of the program is to improve families' ability to care for the children by providing support services, thus avoiding taking the children into state custody.[84]

New York City's Department of Aging created a Grandparent Resource Center (GRC) supported by TANF discretionary funds. The GRC operates a toll-free hotline to answer questions and direct grandparents to community-based resources. In addition, the GRC provides city-wide trainings, workshops, and conferences for grandparents and social service professionals, as well as providing recreational activities for families and building support group coalitions.[85]

Summary

In following legislative direction to identify practices in other states that may increase kinship care placements in Washington State, the Institute found considerable variation in other states' approaches to kinship care. Many states offer examples of policies or programs for Washington State policymakers to consider. While this report does not identify research-based best practices, these policies focus on the areas identified in the needs assessment: financial assistance, regulations and laws, and services and information.

Four out of the five states with the highest rates of formal kinship care provide relative caregivers monthly subsidies that are larger than TANF child-only grants. These four states and others also provide additional support services and assistance in navigating public welfare systems—for both formal and informal kinship caregivers. Other states offer alternatives Washington State policymakers could consider regarding the financial assistance and services available to kinship caregivers, and some have enacted laws and regulations to benefit kinship caregivers.

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[83] New Jersey Department of Human Services, *Kinship Care*, <http://www.state.nj.us/humanservices/sp&i/Kinnav.html>.
[84] Woolverton et al., *Welfare Reform: Exploring Opportunities for Addressing Children's Mental Health and Child Welfare Issues* (National Technical Assistance Center for Children's Mental Health, Center for Child Health and Mental Health Policy, Georgetown University Child Development Center, 2000) <http://www.georgetown.edu/research/gucdc/wfpub.html>.
[85] Brookdale Foundation Group, *Brookdale Relatives As Parents Program: RAPP Reporter* (New York: Brookdale Foundation Group, August 2001), 4-6.

CONCLUSION: POLICY OPTIONS FOR WASHINGTON STATE

Kinship care—when relatives take responsibility for rearing children when parents cannot or will not—is a growing trend Washington State. Over the last decade, relatives have more frequently taken responsibility for children *informally*, without the involvement of the Department of Social and Health Services (DSHS), and *formally*, with increasing reliance on relatives in out-of-home placements by DSHS. Both formal and informal kinship caregivers in Washington State report that they face significant challenges in caring for their relatives' children.

The 2001 Legislature requested the Institute to "identify possible changes in services or policies that are likely to increase appropriate kinship care placements."[86] In addition to the financial support and services currently provided to kinship caregivers, there are a number of actions the state could take if policymakers wish to increase kinship care in lieu of foster care. These actions—based on a relative caregiver survey and focus group responses, kinship care stakeholder recommendations, and the experiences of other states—can be organized under five policy goals:

- Increase financial assistance;
- Reduce legal barriers;
- Reduce bureaucratic barriers;
- Increase social services; and
- Improve availability of information.

Increase Financial Assistance

Kinship caregivers surveyed for this report most frequently requested more financial assistance. There are several mechanisms the state could use to increase the financial support provided to kinship caregivers:

- **Increase the TANF Child-Only Grant.** There are approximately 14,000 child-only TANF recipients who are in situations fitting the definition of formal or informal kinship care. Increasing the child-only grant would benefit eligible kinship caregivers. It would, however, also increase costs associated with approximately 21,000 child-only grant recipients not in kinship care. Increasing TANF child-only grants will also increase the demand for that program.

- **Create a Kinship Care Grant.** Using state or TANF discretionary dollars, Washington could provide a means-tested subsidy specifically for unlicensed kinship caregivers. The subsidy could be higher than the TANF child-only grant and lower than the foster care payment (between $349 and $410 a month for one child). Other states that do so

[86] ESSB 6153, Section 608(5), Chapter 7, Laws of 2001.

usually limit eligibility to children in formal kinship placements (approximately 3,200 children in Washington State).

- **Expand Subsidized Guardianship Eligibility.** Another option would be to expand eligibility for the state's subsidized guardianship to include unlicensed relative caregivers who become guardians of children in state custody. Currently, the monthly subsidy (equal to a foster care payment) is available only to relatives who meet foster care licensing standards.

Reduce Legal Barriers

Legal issues were the second most frequently identified challenge faced by kinship caregivers. To mitigate the complexity and costs of the legal system, the state could enact laws or change court processes to make it easier for kinship caregivers to obtain custody and access services on the children's behalf. Examples from other states include the following:

- **Mandated Relative Search.** The legislature could specify a standard process that caseworkers would use to more aggressively locate willing and able relatives to ensure that rigorous efforts are undertaken to recruit relative caregivers.

- **De Facto Custody and Consent Laws.** The legislature could remove legal barriers to the decision-making authority of relative caregivers by providing relatives with a legal status that can be established outside of the courts.

Reduce Bureaucratic Barriers

Approximately one-fifth of kinship caregivers surveyed indicated that their primary difficulty in caring for their relatives' children was navigating the public social service system, partly due to its complexity, but also due to the lack of respect for kinship caregivers. DSHS could tailor certain agency practices to fit the needs of kinship caregivers and to acknowledge that caregivers are providing a service to the state.

- **Specialized Caseworkers.** Using existing staff, DSHS could train "Kinship Care" specialists within each DSHS region and at Community Service Offices (CSO) where needed. This could reduce confusion about the services and assistance available to kinship caregivers and help establish stable, respectful relationships between caregivers and agency staff.

- **One-Stop Shops.** DSHS could provide all relevant kinship care information in one location and mandate that agencies coordinate with one another so that kinship caregivers could more easily learn about and access the variety of services they need.

- **TANF Requirements.** The state could consider exempting relative caregivers who are eligible for a needy-family grant from TANF time limits and work requirements.

Increase Social Services

More than half of kinship caregivers surveyed indicated a need for more social services to help them care for the children. The state could expand support services (such as emergency assistance, counseling, and respite care) to informal kinship caregivers, but the cost may be prohibitive. However, the state could also strengthen and develop public-private partnerships to leverage existing resources with the goal of serving more kinship caregivers at the community level.

The state could provide funding, office or meeting space, and/or staff for local and statewide kinship care programs in partnership with new or existing nonprofit service agencies. The partnerships could provide formal and informal kinship caregivers information, case management, emergency assistance, respite care, counseling, transportation, and recreational activities.

Improve Availability of Information

Kinship caregivers surveyed frequently mentioned the difficultly they have trying to obtain information about available services and supports. Agencies within DSHS (Children's Administration, Aging and Adult Services) have recently developed handbooks and other resources to assist caregivers in locating services. However, information about available support services and kinship care could be made more readily available.

- **Kinship Navigators.** The state could fund a position devoted to providing kinship caregivers information regarding available services. "Kinship Navigators" in other states generally serve as a statewide resource for caregivers just entering "the system."

- **Toll-Free Hotlines.** Other states have successfully implemented hotlines to provide formal and informal kinship caregivers with information regarding services, parenting and moral support.

- **Kinship Care Website.** DSHS could develop a website that caregivers with Internet access could use to obtain information regarding kinship care services and related issues.

Providing additional support to kinship caregivers in the form of financial, legal, and social service assistance could improve the ability of families to care for their relatives' children when needed. The policy areas and suggestions described here are based on caregiver surveys and focus groups, review of other states' policies and programs, and the advice of stakeholders who participated in this study. No rigorous evaluations have been completed on the effectiveness of these suggested approaches. As such, the suggestions provided under each policy area should be viewed as concrete examples of policy rather than research-based recommendations.

APPENDIX A. WASHINGTON STATE RELATIVE CAREGIVER SURVEY

Survey Design and Methods

In March 2002, in collaboration with private stakeholders, three administrative offices within the Department of Social and Health Services (DSHS) conducted a survey of relative caregivers to obtain information regarding the challenges caregivers face and determine which services or policies might alleviate those challenges. The three offices are Aging and Adult Services, Economic Services Administration, and Children's Administration.

Children's Home Society of Washington collected and entered survey responses into a computer database. The Institute performed a preliminary analysis of the first 750 surveys received for this report and will complete a final analysis of all responses for the Kinship Care Work Group[87] that convenes in July 2002.

The survey included questions on the following issues:

- Caregiver characteristics (e.g., age, employment status, gender);
- Characteristics of the care-giving situation (e.g., caregivers' relationship to the children, legal status, number and ages of children);
- Challenges and needs experienced by kinship caregiver families; and
- What supports or services kinship caregivers currently receive and those they would like to receive.

The survey was distributed to three different groups of caregivers:

- Surveys were distributed to members of **support groups** (N=232) during regular meetings (group coordinators were provided copies of the survey through the Relatives as Parents Program (RAPP) network).
- Surveys were mailed to all families headed by relative caregivers who receive a **TANF child-only grant** (N=435).
- Surveys were mailed to all **open child welfare cases** (N=83) in which children are placed with relatives.

[87] The work group was created by the 2002 Legislature to identify and prioritize policy issues related to kinship care. SHB 1397, Chapter 144(2), Laws of 2002.

APPENDIX B. STATES WITH HIGH KINSHIP CARE RATES

This appendix examines in-depth five states with the highest rates of formal kinship care to determine if certain policies or services are associated with the higher prevalence. Florida and Maryland have the highest rate at 57 percent; California's rate is 54 percent; and Mississippi and Illinois follow with 52 percent.

Florida

Relative Caregiver Program

Florida has the second largest formal relative caregiver population in the country. In 1998, the Florida Relative Caregiver Program (RCP) was implemented when state statutes were rewritten to conform to Adoption and Safe Families Act (ASFA) requirements. The RCP serves children who would otherwise be in foster care and has two primary components: (1) a relative caregiver payment, and (2) case management services. A major goal of the program is to permanently place dependent children with relatives.

RCP Administration. In Florida, all child welfare policy is developed by the Department of Children and Families (DCF) and administered by 15 districts. The DCF intentionally designed the program to allow flexibility, and each district implements the program in a slightly different manner. Approximately 12,800 children are served by the RCP, which is supported entirely with TANF funds. There is no administrative budget for staffing, and there is no special funding at the district level.[88]

To be eligible for the program, the child and the relative caregiver must meet specific criteria. For instance, the child must be in state custody, and the relative must undergo a home inspection.[89] Relatives seeking assistance prior to obtaining a court order receive a TANF child-only grant in the interim, which "rolls over" to the RCP grant once necessary legal steps are completed.[90] Families in the RCP are monitored by the child welfare system for a minimum of six months. Once a long-term relative placement is achieved, the caseworker can terminate supervision of the family. The court retains jurisdiction in these cases until the child reaches 18.

RCP Assistance. The RCP grant is $249 a month per child, larger than the $180 TANF child-only grant, yet smaller than the basic foster care payment ($355). Families in the RCP continue to receive payments until the child is 18 years old. Relatives who assume legal guardianship of the children in their care continue to be eligible for the relative caregiver payment. Children are eligible for Medicaid, and caregivers are eligible for child care, family preservation and support services, case management services, and other services a foster

[88] Children First Project, *Relative Caregiver Program Eligibility Rules* (Ft. Lauderdale, FL: Nova Southeastern University, Shepard Broad Law Center), <http://www.nsulaw.nova.edu/children_first/kinrules.htm>, Accessed February 3, 2002.
[89] Geen et al., "On Their Own Terms," 70.
[90] Children First Project, *Relative Caregiver Program Eligibility Rules*.

parent might receive. Regardless of income, working RCP caregivers may obtain subsidized child care until the child reaches age 12.[91]

Other Support Services and Information

The University of South Florida's School of Social Work operates a Kinship Support Center. The center provides kinship care information, training, and direct services to relative caregivers through funds provided by a private donation. The center also facilitates support groups and conducts research on kinship care.

In January 2000, the center received $100,000 from the Florida State Legislature to increase services to relative caregivers. As a result of these state funds, in February 2000, the toll-free kinship care *Warmline* was established to provide emotional support and answer questions regarding medical services, child care, support groups, housing, and educational services. The *Warmline* also provides information about local resources that may be useful to kinship caregivers.[92]

Maryland

Maryland has the fifth largest formal relative caregiver population in the country. Along with Florida, Maryland has the highest rate of formal relative placements of children in out-of-home care: 57 percent of children in out-of-home care live with relatives. Between 1993 and 1998, the number of children in Maryland placed in formal relative care grew by 45 percent.

Prior to 1995, local agencies served children placed with relatives through a program known as Services to Extended Families with Children. In 1995, Maryland passed legislation (House Bill 308) designed to preserve families, promote permanency, and reduce the use of foster care. It mandated that the Department of Human Resources' Social Services Administration establish a kinship care program and give priority to relatives when placing children.

Kinship Care Program. When children in state custody are placed with unlicensed relatives (after home assessment and criminal background checks), the families receive a TANF child-only grant and the same support services provided to licensed foster care providers.[93] Approximately 5,700 children are served in the Kinship Care Program each year.

Kinship Care Is an Urban Phenomenon. In Maryland, relative care is almost exclusively an urban phenomenon. Areas such as Baltimore City report considerably higher proportions of kinship care compared with suburban and rural areas. In 1998, 93 percent of

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[91] Geen et al., "On Their Own Terms," 71.
[92] University of South Florida School of Social Work, "Kinship Support Center," <http://www.cas.usf.edu/~krisman/index.html>. Accessed June 20, 2002
[93] Conversation with Mildred Gee, Manager, Special Projects Unit, Social Services Administration, Maryland Department of Human Resources, February 28, 2002.

children in Maryland's kinship care program received services from the Baltimore City Department of Social Services.[94]

TANF Policies. Maryland TANF and foster care policies may encourage higher rates of kinship care. Policies regarding foster care payment rates, TANF child-only grant amounts, and TANF work requirements may induce more relatives to care for children or apply for state financial assistance:

- *Wide gap between TANF child-only grant and foster care payments.* Maryland has one of the largest differences ($358) between the TANF child-only grant and the foster care payment.[95] This sizable difference may encourage more relatives to seek foster care licenses. Each year, approximately 800 relatives in the kinship care program elect to become "relative" or "restrictive" foster parents, qualified to care only for the related child in their home. These conversions contribute to Maryland's growing foster care population.[96]

- *Less stringent TANF requirements for relatives.* Maryland is one of only a few states that do not subject kinship caregivers who are receiving family grants (instead of the smaller, child-only grants) to TANF work participation requirements or time limits.[97]

Other Maryland Kinship Care Initiatives

Maryland published a Kinship Care Resource Manual for relative caregivers and developed a resource directory for grandparents and other relatives rearing related children. In addition, the state initiated other efforts to assist kinship caregivers and provide better permanency options for children in state custody and for some children in informal arrangements. These efforts include a Title IV-E Waiver Demonstration Project, Kinship Care Support Groups, and a Kinship Care Resource Center.

Title IV-E Demonstration Project. Maryland operates a federal Title IV-E waiver assisted guardianship demonstration project that provides a subsidy for relative caregivers who become guardians. Eligible families receive a subsidy until the child reaches 18 (or 21 if enrolled in school). A guardian receives a monthly subsidy of $300 per child. The payment rate is higher than the TANF child-only grant but lower than the state's foster care payment.

Relatives who become guardians through the demonstration project lose support services normally provided when children are in state custody.[98] They continue, however, to receive

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[94] Social Services Administration, *Monthly Management Report* (Baltimore: Maryland Department of Human Resources, June 1998).
[95] $535 foster care payment minus $177 TANF child-only grant.
[96] Social Services Administration, "Preventing, Protecting & Assisting Maryland's Children and Families, 1999 Annual Report," (Baltimore: Maryland Department of Human Resources, 1999), 13.
[97] Steven Anderson and Kelly Righton, *Impact of TANF on State Kinship Foster Care Programs* (University of Illinois at Urbana-Champaign: Children and Family Research Center, School of Social Work, February 2001), 29.
[98] Maryland Department of Human Resources, FIA Action Transmittal, Control #01-02, Effective August 7, 2000, <http://www.law.umaryland.edu/edocs/dhr/0102.pdf>.

case management services through the Adult and Family Services Department if necessary, and their children remain eligible for Medical Assistance.[99]

The demonstration project, which began in April 1997, addresses a "chronic shortage" of foster homes by shifting the burden of care to relatives using federal foster care dollars.[100] Approximately 1,800 children are targeted for the demonstration.[101] To qualify, children must be in state custody and meet other specific requirements, and the child must be randomly selected through an automated computer system.[102]

Kinship Support Groups. In July 1998, Maryland received its second year of funding from the Brookdale Foundation to develop five community-based kinship care support groups. Two groups have been selected for funding in Baltimore City, and three additional support groups are planned. Maryland has also provided funding to kinship care support groups for respite and day care services and is considering funding at least 13 support groups attached to the Baltimore City school system.[103]

Kinship Care Resource Center. In 1999, $75,000 was allocated by the state Department of Human Resources to develop a Kinship Care Resource Center to serve families in both informal and formal kinship care arrangements. The center offers a hotline for information and referral services, collects information on the service needs of kinship families, and is developing a directory of kinship care services to distribute to the public.[104]

California

California has the largest relative caregiver population in the country. A number of legal and regulatory changes and public and private kinship initiatives appear to have resulted in an increase in services and resources for relative caregivers.

TANF Exemption. Kinship caregivers caring for children who are dependent or at risk of becoming foster children are exempt from the 24-month time limit on receipt of TANF. California also exempts older relative caregivers from TANF work requirements.

Medical and Educational Consent. California also makes it easier for relatives to make medical decisions and enroll children in school. Relatives can complete a Caregivers

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[99] Conversation with Mildred Gee, Manager, Special Projects Unit, Social Services Administration, Maryland Department of Human Resources, February 28, 2002.
[100] U.S. Department of Health and Human Services, "HHS Approves Child Welfare Waiver for Maryland," <http://www.hhs.gov/news/press/1997pres/970417.html>, press release April 17, 1997.
[101] James Bell Associates, "Profiles of Child Welfare."
[102] Pamela L. Smith, *Maryland's Subsidized Guardianship Demonstration Project: Implications for Youth's Well Being*, <http://www.rhycenter.umaryland.edu/pp1_files/frame.htm>, Accessed June 20, 2002.
[103] CityScape, "Kinship Care: An Unmet Challenge for the Greater D.C. Area," Interview transcript, <http://www.urban.org/cityscape/cityscape_043001.html>, April 30, 2001.
[104] Social Services Administration, Maryland Department of Human Resources, <http://www.dhr.state.md.us/download/section4.pdf>, IV-7, Accessed March 1, 2002.

Authorization Affidavit, which provides the same right to medical and education consent conferred on a legal guardian. The affidavit, however, is valid for only one year.[105]

Mandated Relative Search. When a child is placed in foster care by a county, courts must order the parent to disclose all known relatives. County social workers contact relatives given preferential consideration (grandparent, aunt, uncle, or sibling), and those desiring placement are then assessed.[106]

Public Kinship Programs

In addition to such regulatory changes, California launched two major initiatives to address the needs of relative caregivers: the Kinship Guardian Assistance Payment program (Kin-GAP) and the Kinship Support Services Program (KSSP).

Kinship Guardian Assistance Payment Program (Kin-GAP). In response to the recent shift toward more relative placements, the California Partnership for Children launched the California Kinship Care Initiative in the mid-1990s to identify issues related to kinship care. This led to the formation of a statewide Kinship Advisory Committee and, ultimately, to the 1998 legislation that created Kin-GAP.[107]

In January 2000, California implemented Kin-GAP, an alternative financial support system for relative caretakers who provide long-term, stable homes for children for whom adoption is not an option. Eligible families who no longer need state services or court supervision may enter into an agreement with the state that terminates dependency and results in the relative caregivers becoming guardians. The program is funded by a combination of TANF, state, and county dollars.[108]

Under Kin-GAP, eligible relatives receive monthly payments equal to what they would receive if they were licensed foster parents: $436 per child.[109] In contrast, the child-only TANF grant in California is $336 per month for one child and $551 for two. In addition to a monthly Kin-GAP payment and continued eligibility for medical assistance, children are eligible for the state's Independent Living Program once they reach age 16. To be eligible for Kin-GAP, relatives must care for a child in the child welfare system for longer than 12 months, pass an assessment by county child welfare social workers, and meet other specific requirements.

Kin-GAP has grown quickly, and the growth coincides with recent reductions in California's foster care caseload. Between its implementation in January 2000 and April 2001, 6,299

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[105]California Legal Code, Sections 6550 and 6552.
[106] California Department of Social Services, Children and Family Services Division, *Kinship Care*, <http://www.childsworld.ca.gov/KinshipCar_343.htm>, Accessed June 20, 2002.
[107] SB 1901, Section 1(d), Chapter 1055.
[108] California Partnership for Children, "The Kin-GAP Guardianship Assistance Payment Program," (Sacramento: California Department of Social Health Services, August 2000), 4.
[109]The rate is for a 9-year-old child. U.S. Department of Health and Human Services, National Survey of Child and Adolescent Well-Being, "State Child Welfare Agency Survey: Report, <http://www.acf.dhhs.gov/programs/core/ongoing_research/afc/wellbeing_state_child/wellbeing_state.pdf>, Accessed February 4, 2002.

children exited the foster care system through Kin-GAP.[110] Another 15,000 children are expected to exit during fiscal year 2002–03.

Kin-GAP is expected to cost $99.3 million in 2002–03. The cost of the program, however, is expected to be offset by $72.2 million in savings in welfare and foster care payments, child welfare services, and administrative costs.[111] The program is being evaluated by the University of California, Berkeley, Center for Social Services Research.

Kinship Support Services Program (KSSP). Established in 1997, this program is modeled after the well-regarded public-private collaboration, the Edgewood Kinship Support Network. The KSSP helps counties establish community-based programs to serve relatives caring for abused and neglected children as well as children who are at risk of becoming dependents of the state. Counties where relatives care for at least 40 percent of the children in foster care as of January 1998 are eligible for state KSSP funds.

Facilitated by the Edgewood Kinship Support Network, participating counties and non-profit organizations have created 22 KSSP sites across California.[112] The KSSPs served approximately 3,100 families (with 5,000 children) during the 2000–2001 fiscal year, providing a variety of services:

- Respite care
- Support groups
- Recreation
- Mental health services
- Transportation
- Emergency food
- Mentorship
- Assistance navigating the education system

The state's contribution to all the county KSSPs is $1.5 million per year. The cost of a county KSSP is approximately $500,000 annually. On average, the state contributes $135,000 to each county. The counties (many using excess TANF funds) and participating non-profit organizations contribute the remaining $365,000 annually.[113]

Mississippi

In 1999, over half the children in out-of-home placements in Mississippi were with relatives. Mississippi, however, has a relatively small number (1,337 in 1999) of children in formal kinship placements. Relative caregivers receive little or no direct state assistance. An administrator for the Mississippi Department of Human Services attributed the high kinship care rate, in part, to the state's increased emphasis on federally funded family preservation and permanency services.[114] However, there is no rigorous research to support this claim.

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[110] Aron Shlonsky et al., "KSSIP and KinGAP: University, State, County, and Advocacy Partnership for Kinship Care Policy in California," Presented at the 23rd Annual APPAM Conference (Berkeley, CA: University of California, Berkeley, November 2001), 9.
[111] California Department of Social and Health Services, "Highlights of the 2002–03 Governor's Budget," (January 2002), <http://www.dss.cahwnet.gov/pdf/highlights0203.pdf>, 6, Accessed February 2002.
[112] Shlonsky, "KSSIP and KinGAP," 17-18.
[113] Ibid, 6.
[114] Conversation with Gail Young, Director of Placement, Children and Family Services, April 26, 2002.

Assistance for Relative Caregivers. If a child is not in state custody, a kinship caregiver may receive the TANF child-only grant of $60 per month for one child. If a child *is* in state custody, however, an unlicensed relative caregiver is eligible only for child support collected for the child. Kinship caregivers in Mississippi can make limited medical decisions for the children in their care.[115]

Recent Developments. There have been several policy changes directly or indirectly related to kinship care since the mid-1990s: a federal Title IV-E waiver demonstration project with emphasis on family preservation, a shift toward family preservation, and legislation calling for earlier termination of parental rights.

- ***Title IV-E Demonstration Project.*** Under a federal Title IV-E waiver, Mississippi is implementing a demonstration project that extends newly created services to selected families (including, but not specifically for, kinship caregivers). The state sets the core services (such as family counseling), and counties choose from a list of service options to develop customized local programs. The range of services includes such things as respite, in-kind assistance (such as clothing or furniture), transportation, child care, medical care, and counseling.

Case management teams work across agency lines to provide these services. Children must be involved in the child welfare system to qualify. The project will eventually serve up to 1,700 children. The pilot began in April 2001 and is expected to last five years.[116]

- ***Family Preservation.*** The state's Division of Children and Family Services has switched its emphasis away from child protection and toward family preservation and family reunification. Using federal funding for family preservation and support, Mississippi has created partnerships with community organizations to increase its delivery of family preservation services in a style similar to the Title IV-E demonstration project. These family preservation efforts were funded (excluding contributions of community organizations) with 1.5 million federal dollars in 2001.

- ***Earlier Termination of Parental Rights.*** Mississippi passed legislation in 1997 requiring the state to review child status reports more frequently so children do not remain in foster care for extended periods. The law also calls for the state to begin to terminate parental rights within six months of removal from the home for children under age three and within nine months for older children. The state can choose *not* to terminate parental rights if the child is living with a relative, in effect, making relative placements a convenient and inexpensive permanency option.[117]

Other Factors That May Induce More Relative Placements

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[115] Mississippi Code SEC. 41-41-3.
[116] U.S. Department of Health and Human Services, Administration for Children and Families, *Mississippi Intensive Service Options*, <http://www.acf.dhhs.gov/programs/cb/initiatives/waivers/ms_r.htm>, Accessed April 25, 2002.
[117] Miss. Code Ann. Sec. 43-15-13(2)-(5); Gretchen G. Kirby et al., *Income Support and Social Services for Low-Income People in Mississippi* (Washington, D.C.: Urban Institute, 1998), 7, <http://newfederalism.urban.org/html/Highlights/isss_miss.html>, Accessed May 8, 2002.

In addition to having a high kinship care rate, Mississippi stands out in a number of respects. It is a predominantly rural state: approximately three-quarters of its population live in non-metropolitan areas. Mississippi's overall poverty rate and its poverty rate for children are 60 percent higher than national averages. The rate of births to teen mothers is the nation's highest. Mississippi also ranks poorly with respect to low birth-weight babies, infant mortality, and child death rates. The Mississippi per capita income is nearly 30 percent below the national average. These factors, rather than state policy, may be the reason for the prevalence of kinship care in Mississippi.

Illinois

Illinois has the third largest formal relative caregiver population in the country. It was also among the first states to legislate preference for kinship placements and to enact policies related to the formal placement of children with relatives.[118] It is where, after *Youakim v. Miller* (1979), relatives earned the right to full foster care payments if they meet foster care licensing standards.

Kinship Care Policy and Reforms. Previously, according to an Illinois court ruling, leaving a child with relatives constituted neglect. As a result, children living with relatives were removed from their relative caregiver homes, often to be returned to the same home under a long-term foster care agreement. At that time, Illinois relative caregivers did not have to be licensed to receive foster care payments, which—along with increasing poverty, drug abuse, the war on drugs, and other policy changes—initiated a rapid increase in out-of-home placements to relatives.

In 1995, Illinois instituted relative caregiver reforms. Children were no longer taken into state custody merely for living with a relative. Instead, the state conducted home visits and background checks to assure the safety of children living with relatives and supported the arrangements through the Aid to Families with Dependent Children (AFDC) program. Foster care licensing for kin and non-kin became uniform, so unlicensed kinship caregivers had to become licensed to receive the larger foster care payment. Relative preference was also repealed during this time and is now only considered when "in the child's best interest."[119] These reforms reduced formal relative placements, but the number of relative placements remains high due to past policies.

Assisted Guardianship Demonstration Project. The Illinois assisted guardianship Title IV-E demonstration project provides unlicensed relative caregivers a monthly payment equal to the Illinois foster care payment (approximately $410 per month). They are also eligible for support services. The program is available to relative caregivers and dependent children who meet specific eligibility criteria.[120]

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[118] Mark Testa and Kristen Shook, "Permanency Planning Options for Children in Formal Kinship Care," *Child Welfare* 75, no. 5 (1996): 451-69.
[119] Ibid, 419-449.
[120] GrandsPlace, Resource and Information: Guardianship Subsidies, <http://www.grandsplace.com/gp1/guardsub2.html>, Accessed February 26, 2002.

The guardianship program is operated under a federal Title IV-E waiver that allows Illinois to spend federal foster care dollars to provide financial assistance to guardians. As a condition of the waiver, the state must conduct a rigorous evaluation of the program; therefore, entry into the program is tightly controlled. For this reason, not all children who meet the eligibility criteria enter the program.

In addition to monthly payments equal to foster care rates, relatives becoming guardians of children in state custody may receive other services and financial assistance, such as counseling services for the family and child, therapeutic day care, reimbursement for costs associated with guardianship (i.e., attorney fees and court costs), and assistance until the child is no longer the legal responsibility of the guardian.

Approximately 6,000 children have entered permanent placements, partly because of the guardianship subsidies.[121] According to an interim evaluation of the project, the availability of guardian subsidies boosted overall permanency rates (reunification, adoption, and guardianship) for Title IV-E eligible children by approximately 15 percent over what it would have been in the absence of the program.[122]

The apparent success of the assisted guardianship demonstration project in Illinois may have been facilitated by two factors: judicial reforms and the introduction of Family Group Conferencing.[123] The state worked with the courts to speed up the process of awarding guardianships, making guardianship a more feasible option for relative caregivers. Family Group Conferencing brings together relevant family members to discuss and make decisions about the future status of children. The conferences allow caseworkers to explain guardianship, adoption, and other permanency options.

The Title IV-E waiver expires in 2002, but Illinois will continue to support existing cases if the waiver is not renewed.

Financial Support for Unlicensed Kinship Caregivers. Relatives who do not meet foster care licensing standards or do not participate in the assisted guardianship demonstration may receive a "standard of care" (TANF) payment. Standard of care payments ($270 to $292 per month for one child) are somewhere between a licensed foster care payment ($410) and a TANF child-only grant ($102). A standard of care payment is a combination of a TANF child-only grant, a special-needs supplement, and Illinois Department of Children

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[121] Illinois Department of Children and Family Services, "Subsidized Guardianship Permanency Experiment Continues, *Fostering Illinois* 4 (Summer 2001): 1, <http://www.state.il.us/dcfs/fiv42001.pdf>, Accessed April 30, 2002.

[122] Westat, *Evaluation of the Illinois Subsidized Guardianship Waiver Demonstration, Preliminary Findings* (Prepared for the Illinois Department of Children and Family Services, December 15, 1999); Illinois Department of Children and Family Services, *Illinois Subsidized Guardianship Waiver Demonstration, Interim Evaluation Report* (Chicago: Illinois Department of Children and Family Services, Office of the Research Director, February 2000).

[123] Cornerstone, *Child Welfare Waivers: Appendix II: State Waiver Program Descriptions*, <http://www.aphsa.org/cornerstone/cwwappendix2.asp#Illinois>, Accessed February 22, 2002.

and Family Services (DCFS) funds.[124] Relatives and the child must meet specific conditions to qualify for the standard of care payment.[125]

Support Groups and Information for Relative Caregivers. Illinois continues to aggressively address issues related to grandparents rearing children, which began with the award of a two-year Brookdale Foundation grant in October 1996. Additional financial support totaling over $300,000 has allowed the Department on Aging to establish new support groups, provide financial and technical assistance to existing support groups, provide information and referral assistance to grandparents, and offer training to professionals and facilitators. Presently, there are 64 statewide support groups for grandparent caregivers. Funds received in fiscal year 2001 will establish 25 new support groups.

At legislative request, DCFS has established an informational and educational program for grandparents and other relatives who provide primary care for children who are at risk of child abuse, neglect, or abandonment or who were born to substance-abusing mothers. The department has since published and distributed an informational brochure specifically for relative caregivers. Several toll-free hotlines offer statewide legal aid and information on relative caregiver support groups.

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[124] James P. Gleeson, "Kinship Care as a Child Welfare Service: The Policy Debate in an Era of Welfare Reform," *Child Welfare* 75, no. 5 (1996): 419-449.

[125] Illinois Administrative Code 889.301.A. DCFS rules - Title 89 (Social Services), Chapter III (Children & Family Services), Subchapter a (Service Delivery), Part 301 (Placement and Visitation Services), Subpart A (Placement Services), Section 301.80 (Relative Home Placement).

APPENDIX C. STATE KINSHIP CARE POLICIES AND SERVICES

Only subsidies, laws, and regulations known for all 50 states are listed below.

Exhibit C-1
State Kinship Care Policies and Services

State	Guardianship Subsidy	Educational Consent	Medical Consent	De Facto Custody	Standby Guardianship
Alabama					
Alaska	✓				
Arizona	✓				
Arkansas			✓		✓
California	✓	✓	✓		✓
Colorado			✓		
Connecticut	✓	✓			✓
Delaware	Title IV-E waiver	✓	✓		
Florida	✓		✓		✓
Georgia			✓		
Hawaii	✓				
Idaho			✓		
Illinois	Title IV-E waiver				✓
Indiana	✓		✓	✓	
Iowa					✓
Kansas	✓		✓		
Kentucky	✓			✓	
Louisiana	✓		✓		
Maine					
Maryland	Title IV-E waiver		✓		✓
Massachusetts	✓				✓
Michigan					
Minnesota	✓			✓	✓
Mississippi			✓		
Missouri	✓		✓		
Montana	Title IV-E waiver				
Nebraska	✓				✓

State	Guardianship Subsidy	Educational Consent	Medical Consent	De Facto Custody	Standby Guardianship
Nevada	✓		✓		
New Hampshire					
New Jersey					✓
New Mexico	Title IV-E waiver		✓		
New York			✓		✓
North Carolina	Title IV-E waiver	✓	✓		✓
North Dakota			✓		
Ohio		✓			
Oklahoma		✓	✓		
Oregon	Title IV-E waiver				
Pennsylvania	✓		✓		✓
Rhode Island	✓				
South Carolina					
South Dakota	✓				
Tennessee					
Texas			✓		
Utah	✓		✓		
Vermont					
Virginia			✓		✓
Washington	Licensed Foster Care Only				
West Virginia	✓				✓
Wisconsin	✓				✓
Wyoming	✓				✓

Sources:

Guardianship subsidy: Generations United, *Grandparents and Other Relatives Raising Children: Subsidized Guardianship Programs* (July 2001), <http://www.gu.org/Files/Subsidized%20New%207_10_2001.pdf>.

Educational Consent, Medical Consent, and Standby Guardianship: AARP and Generations United, "In the Best Interest of the Child: State Laws and Regulations Affecting Grandparent- and Other Relative-Headed Families," (Washington, D.C., Poster published September 2000); Generations United, *Grandparents and Other Relatives Raising Children*.

De facto custody: AARP and Generations United, "In the Best Interest of the Child." Minnesota Senate Bill 2673 of the 2001–02 session.