REPRINT

REPORT OF THE
DEPARTMENT OF SOCIAL SERVICES ON

KINSHIP CARE IN VIRGINIA

TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA

HOUSE DOCUMENT NO. 71

COMMONWEALTH OF VIRGINIA
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COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

January 14, 1994

TO: The Honorable L. Douglas Wilder
Governor of Virginia

and

The General Assembly of Virginia

The 1993 General Assembly, through House Joint Resolution 642, requested that the Department of Social Services examine the issue of kinship foster care and ways to provide assistance to kinship caregivers. Other issues outlined in the resolution related impact of substance abuse, safety of children, frequency of parental visits, access to needed services, permanency planning, standards for approval of relative foster homes, clarification of current policies, and use of prevention or other funds to provide services and assistance to kinship caregivers.

Enclosed for your review and consideration is the report which has been prepared in response to this request.

Cordially,

Larry D. Jackson

Larry D. Jackson
Commissioner

VSSH
PEOPLE HELPING PEOPLE

KINSHIP CARE IN VIRGINIA

Prepared by the
Virginia Department
of
Social Services

January 1994

PREFACE

House Joint Resolution 642 requests the Virginia Department of Social Services to examine the issue of kinship foster care and ways to provide assistance to kinship caregivers. The resolution specifically asked the Department to consider the Child Welfare League of America's report on kinship care and to study other issues outlined in the report related to:

- impacts of substance abuse
- safety of children
- frequency of parental visitation
- access to needed services
- permanency planning for these children
- standards for approval of relative foster homes
- clarification of current policies
- use of prevention funds or other funds to provide a range of services and/or assistance to kinsahip caregivers

This document was prepared in response to HJR 642. The full text of the legislation is provided in Appendix A.

To assist with the study, the Department of Social Services formed a work group composed of kinship caregivers as well as public and private agencies, local and state staff. Social Services staff assigned: Rick Pond, Barbara Cotter, and Betty Jo Zarris.

ACKNOWLEDGEMENTS

This study was conducted by staff from the Department of Social Services with assistance from the Kinship Care Work Group which was formed as a result of the resolution. The Department also gratefully acknowledges the information provided by kinship caregivers around the state and by local social services agencies.

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Appreciation is expressed to the Child Welfare League of America for their support in this project and to Marianne Takas whose writings greatly influenced it.

Special thanks to Gloria Hollar for her patience and diligence in typing this report.

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Study Charge and Objectives

Kinship care is the provision of full-time parenting care to children by any relative or other person with close personal ties. House Joint Resolution 642 requested the Virginia Department of Social Services (VDSS) to *examine the issue of kinship foster care and ways to provide assistance to kinship caregivers.* The resolution asked the department to examine the following issues in the study: impact of substance abuse on the use of kinship care, safety of children, frequency of parental visits, access to needed services, permanency planning (possibly a separate goal for children in kinship care situations), and standards for approval of relative foster homes. The resolution also specifically asked the department to consider the Child Welfare League of America's report on kinship care.

Approach And Scope

The study focused on kin who were receiving monthly payments from local social service agencies for the care of children placed in their home. These caregivers received funds from one of three sources: foster care (either federal Title IV-E or Pool Funds from the Comprehensive Services Act), Aid to Families with Dependent Children (AFDC --federal Title IV-A), or state/local General Relief for "unattached children." VDSS used surveys to collect data from local social service agencies and the three kinship caregiver groups receiving payments from these agencies.

Kinship Care in Virginia

The 1990 census showed that 78,000 households (5%) out of 1,629,490 in the state have minor kin (other than their own children). Though the child population declined, children in kinship care increased 16.5% from 1980. One-fourth of kinship care households were at or below the poverty level, compared to only 8% of all families.

Children in Kinship Care: About 15,000 children residing with kin were receiving financial support from local social services agencies at a point in time in 1993. Over 14,000 children were residing with a relative and receiving AFDC; about 1000 children with friends or distant relatives were receiving General Relief benefits; and 228 children were in foster care and placed with a relative (about the same as five years ago).

Kinship Caregivers: About 11,000 caregivers were identified for the study, and most caregivers were receiving AFDC. Figure 1 shows the distribution of caregivers by program. Over half of the caregivers were caring for only one kinship child and another one-fourth were caring for two.

Most caregivers responding were women from ages 22 to 82 - mostly aunts for foster care, grandmothers for AFDC, and friends for General Relief. About half the AFDC and General Relief caregivers and one-third of relative foster parents had incomes under $15,000, while one-fourth of foster parents and only one-tenth of AFDC and General Relief

caregivers had incomes over $25,000.

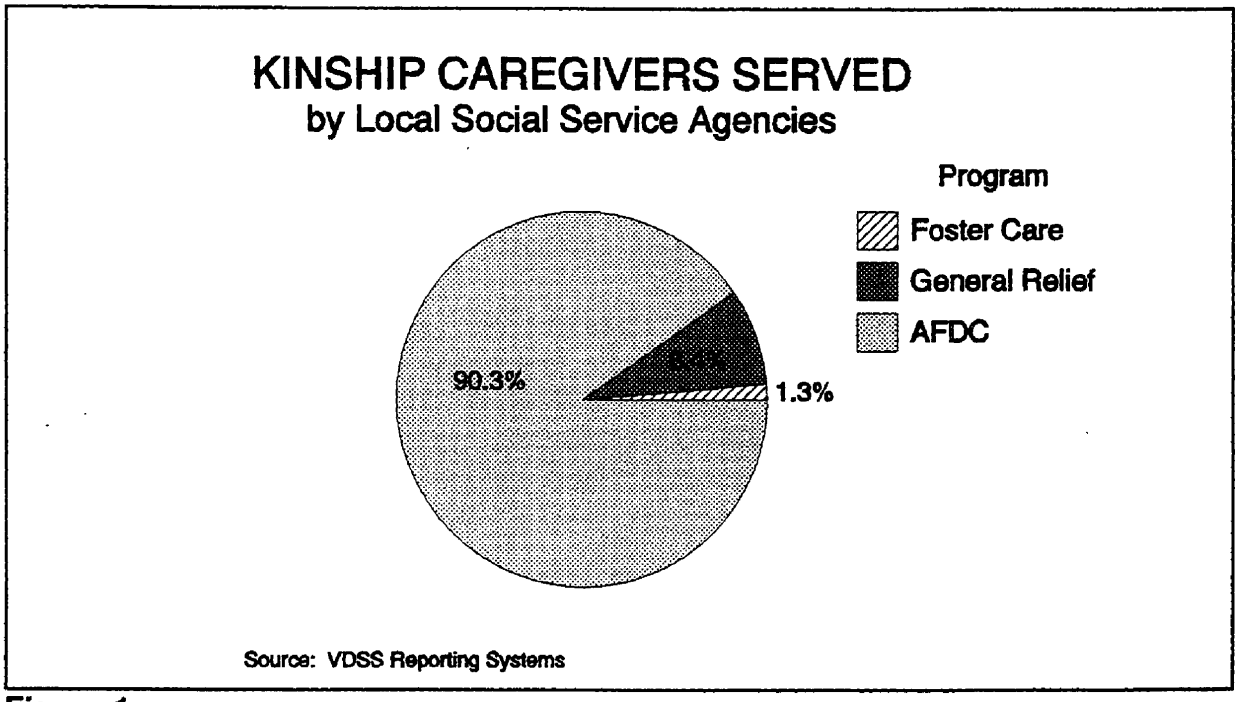

Figure 1

Caregivers' major reason for taking a child into their care was wanting to take care of their own relatives. The agency's assistance mattered to 30% of the foster parents, but only to 11% of General Relief caregivers and 12% of AFDC caregivers. Love, enjoyment and concern for the safety and security of the child were important considerations for caregivers:

> *"Just knowing that they are safe from harm (and) the drug scene that they were exposed to before I got them"*
>
> *"For the child, love and security of being with family instead of growing up in foster homes with strangers."*

Conditions of the parent often caused the children's placement with kin. The following were most frequently specified:

- lack of housing
- inability to provide for other basic needs
- abuse of drugs
- abuse of alcohol
- incarceration, with the parents in jail, prison or a detention center
- abuse and neglect of children

The survey responses indicated that children who are living with kin as a result of substance abuse presented a more difficult task for caregivers than those who are not.

Financial Support and Other Basic Needs

The caregivers in the study usually receive a monthly payment for the maintenance and care of the child placed in their home. All localities provide payments for foster care and AFDC, but only 32 have a General Relief program for "unattached children." Providers may also receive other assistance to supplement or substitute for monthly payments. Medicaid can cover medical needs of children, and food stamps can supplement the household's income for food. Caregivers may also receive parental child support, social security or supplemental security income for a child.

Kinship foster care providers may receive two to three times as much cash assistance as private kinship care providers. Figure 2 shows the average maximum payment that a kinship caregiver in each group could receive monthly for one child. The difference among the groups increases when a caregiver has more than one child. While foster care payments are on a per child basis and the same across the state, AFDC and

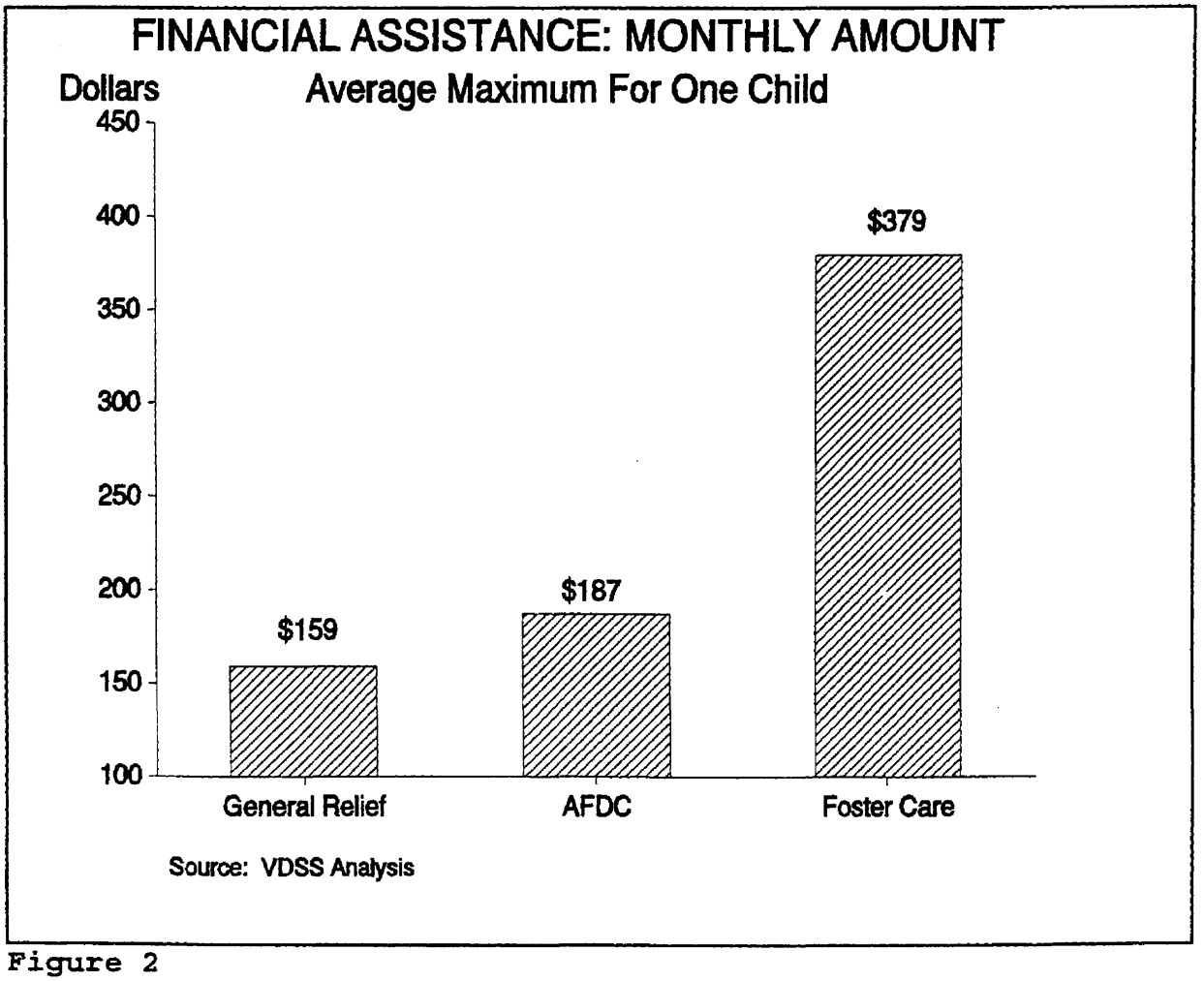

Figure 2

General Relief payments are based on three geographic groupings and increase only incrementally for additional children.

All caregiver groups identified insufficient financial assistance as a problem. AFDC and General Relief caregivers found financial problems as the greatest difficulty about caring for the child of a relative or friend, as expressed by some:

> *"Not enough money. Dental bills alone have been over $1000. School clothing, food are very expensive. I receive $249 per month which in these days of high food costs (is) nothing. I pay for his health insurance through my work, but I have no dental coverage and that was one area that was terribly neglected in his life."*

Not surprisingly, those receiving the lowest monthly payment expressed the most concern about financial assistance and were more likely to use their own resources to meet the children's needs. Major needs were: clothing, school expenses, school activities, health care (dental care, eye glasses, health services) and recreation.

Services

If a local agency is involved in a kinship care case, the agency may provide services directly, purchase them for the child or caregiver, or help them locate needed services and provide the referral. In almost every service category, agencies reported providing more services for children in their custody. Overall, agencies reported case management and counseling as the services most commonly provided for all children and caregivers.

Only a small proportion of caregivers reported a need for services, primarily for counseling and child day care. However, the caregivers' responses about their difficulties in caring for the children suggest a possible understatement of the needs. Currently, children in foster care or those designated at risk of entering care are mandated to receive many services, while other children with kinship families are not.

Permanency and Safety for Children

Permanency planning focuses on the long-term situation of children in foster care with the aim of promoting the healthy development of every child through a caring, legally recognized and continuous family. Several widely recognized indicators of permanency planning are: length of stay with caregiver, frequency of parental visitation, and goal or legal status. Over the last 15 years, permanency planning has been a major issue in foster care. For AFDC and General Relief caregivers, these issues have received much less attention because the child's placement is often a private and informal arrangement.

Children's Length of Stay with the Caregiver: Generally, the longer children have been in an alternate placement, the less likely they are to return to a parent. The majority of the caregivers surveyed thought the children were going to stay with them indefinitely.

Parental Visitation: Frequent contact with parent is often a strong indicator of the child's possible return to the family. About one-third of the foster care group reported at least weekly visitation, but many caregivers stated that the children never visit their parents. Caregivers also reported problems with parent visits, and some identified visits as

upsetting and a safety risk.

Goals for Children: Most agencies consider current foster care goals adequate to address kinship foster care situations. From their perspective, kinship caregivers usually offer a stable, consistent placement when children cannot be with their parents.

Adoption: Many kinship caregivers have considered adopting children in their care, but experienced barriers:

> *"Mother would not give her consent"*
>
> *"Can't find father so he can sign papers. It's been four years. Want to adopt very much."*
>
> *"I could not afford to adopt without getting the ADC of $131 a month I get now."*

Guardianship: Florida and other states have instituted "standby guardianship" where a parent facing death can retain some responsibilities as long as possible; then the guardian/custodian takes over as needed. Given HIV/AIDS and other health problems, this is an option that Virginia needs to evaluate as a possibility for families.

Training: Most local departments identified the need for training for both workers and caregivers on such issues as permanency planning with relatives, family dynamics in kinship care, parenting someone else's children, and managing contacts between parents and children.

Foster Home Approval Process: Current VDSS policy requires that families providing kinship foster care meet the standards for all foster homes, but permit the waiver of a standard. The waiver process allows the inclusion of more relatives as foster parents.

Recommendations

Virginia should consider appropriate financial assistance, services, safeguards and permanency planning for children in kinship care as part of the state's family preservation efforts. Provision of needed assistance and services can prevent increases in kinship foster care experienced in other states. Specific recommendations to support this are:

1. VDSS should evaluate the low utilization of relatives in kinship foster care. If these numbers are proportionately lower in Virginia than in other states because family and friends agreed to care for these children and thus avoided foster care altogether, then Virginia can concentrate on supporting these strengths. However, if an evaluation reveals that caregivers have not been informed of their options for payments and services, those situations must be remedied.

2. VDSS should work cooperatively with a university to conduct a more in depth assessment of the needs of children in private kinship care and determine the best approaches for meeting needs with the least intrusion into situations which are working well for the children involved.

3. VDSS should develop and distribute an informational packet for kinship care providers explaining possible assistance and services, including how and where to apply. It should also include such information as legal remedies, information on caring for HIV positive children, and local free or low cost resources.

4. VDSS should assess the feasibility and cost of providing additional financial support and services to private kinship caregivers, including:

(a) Modifying the AFDC plan to include an annual school clothing allotment for children in AFDC.

(b) Incorporating into the AFDC plan a special needs supplement for Child Protective Service cases for emergency needs at time of placement, transportation to service appointments, and other services.

(c) Setting aside some Foster Care Prevention funds or new Family Preservation money for direct services to help caregivers secure available services and assistance.

(d) Targeting some child day care funds for kinship caregivers who must work.

5. VDSS should evaluate the need for additional funding to support non-relative care by friends and neighbors, in order to provide a safety net to children through kinship care, and prevent foster care.

6. VDSS should study new permanency options for children who cannot return to a parent such as kinship adoption, open adoption, and "standby guardianship" for ill parents and should evaluate other states' legislation for these areas.

7. State and local departments of social services should develop and provide training for both local social services staff and kinship caregivers on such topics as Family Dynamics in Kinship Care and Permanency Planning with Kin, utilizing existing resources and exploring additional sources.

8. VDSS should analyze the impact of the proposed definition of kinship care used in the report on child protective services, prevention, foster care and adoption policies and, if necessary, modify child welfare policies.

9. VDSS should examine local agency reports of difficulties in recruiting kinship foster homes due to "red tape" of the foster home approval process to identify and remove barriers to relative placements for children in foster care.

10. VDSS should develop guidelines for emergency placements with kin that will ensure at least minimal safeguards until further assessment can be completed for emergency situations in child protective services.

I. INTRODUCTION

Care by relatives and friends in times of family difficulty is a time-honored American tradition. Ours is by no means a tradition limited to respect for the bonds uniting members of the nuclear family.

Supreme Court Justice Powell

STUDY CHARGE

House Joint Resolution 642 requested the Virginia Department of Social Services (VDSS) to *examine the issue of kinship foster care and ways to provide assistance to kinship caregivers.* The resolution, which is in Appendix A, specifically asked the department to consider the Child Welfare League of America's report on kinship care and to examine other issues outlined in the resolution related to:

- impact of substance abuse,
- safety of children,
- frequency of parental visits,
- access to needed services,
- permanency planning, including a possible separate goal for children in kinship care situations,
- standards for approval of relative foster homes,
- clarification of current policies, and
- use of prevention funds or other funds to provide a range of services and/or assistance to kinship caregivers.

STUDY OBJECTIVES

The study objectives were to:

- determine the extent and nature of kinship care in Virginia,
- assess the kinship caregivers' need for assistance,
- clarify current state policies related to kinship care, and
- evaluate resources available to provide assistance and services to kinship caregivers.

DEFINITIONS

Kinship care is the provision of full-time parenting care to children by any relative or other person with close personal ties. This care is called private kinship care or kinship foster care. Private kinship care is an arrangement made formally or informally by the family, with either the parent or caregiver having legal custody of the child. Kinship foster care is the care provided a child in the legal custody of a public or licensed child welfare

agency when the agency places the child with a relative.

The study focuses on kinship caregivers associated with local social service agencies who receive monthly payments for the maintenance and care of children placed in their homes. These three funding sources are: foster care (either federal Title IV-E or Pool Funds from the Comprehensive Services Act), Aid to Families with Dependent Children (AFDC--federal Title IV-A), or state/local General Relief.

The definitions and terms used in the study are derived from the writings of Marianne Takas for the American Bar Association Center on Children and the Law:

- **Kin:** Any relative by blood, marriage or legal action, or any person with close personal ties to another.

- **Kinship:** Of or relating to kin.

- **Kinship Care:** A form of parenting. It is the full time nurturing and protection of children by kin.

- **Private Kinship Care:** Kinship care entered by private family arrangement, wherein either the parent or the caregiver has legal custody of the child.

- **Kinship Foster Care:** Kinship care provided for a child who is in the legal custody of a public or licensed child welfare agency.

APPROACH AND SCOPE

Two approaches were used in the study: surveys and review of literature, with assistance throughout the study from an advisory work group. The group included kinship caregivers, public and private agency representatives and state staff. The department used surveys to collect data from local social services agencies and kinship caregivers who received payments from social service agencies. The methodology is described in Appendix B. Review of literature and other states' programs was also conducted to establish the foundation for Virginia's study and facilitate comparison with other states.

Access to all kinship caregivers in Virginia was not possible. VDSS could only identify kinship caregivers, through its reporting and information systems, who received financial assistance or relatives who provided care for children in foster care.

Kinship Caregiver Survey

VDSS and the local social service agencies provide financial support and services to three kinship care groups:

- **Relative Foster Parent Caregivers:** Out of approximately 2,800 foster parents active in May 1993, 142 were caring for 228 children in the custody of a local department of social services who were related to them by blood or marriage.

(Non-relative foster parents who take in a child due to emotional ties and would be considered kinship foster care could not be identified in the system.)

- **General Relief Caregivers:** Of 8,794 general relief cases, 912 (10.4%) were identified as receiving support for unattached children through a review of one month of warrant registers (mostly April's) submitted by the 32 local departments with a General Relief-Unattached Child program. The caregivers are adults who have an emotional tie, but are not necessarily related to the "unattached children" for whom they are providing care. If related, they could not provide the required documentation for AFDC.

- **AFDC Caregivers:** Of the 72,375 AFDC cases on or about July 1, 1993 in VACIS, 9,847 (13.6%) were identified as having members with the relationship of grandchild, niece/nephew, other relative, or, in a few instances, others identified as essential for the well-being of the child. The caregiver must be related to the child by blood or marriage up to the fifth degree (second cousins).

Child Protective Services Survey

This survey requested local child protective service (CPS) workers across the state to identify the number of children placed with kin as a result of an initial CPS intervention during the month of August, 1993. The focus was to determine immediate needs of children in these situations, services or assistance usually available, and probable length of placements. Workers could also make general comments about the usefulness of kinship placements. The 93 forms returned showed that in August, 1993 at least 167 children had an emergency placement with 58 placed with friends or relatives as a result of the initial assessment of child abuse and neglect.

Local Agency Survey

This survey to 124 local directors of social services agencies requested information on the agencies' use of kinship care, provision of assistance and services in these situations, and needs. The survey had two parts with similar questions; one part focused on kinship foster care and the other, private kinship care (AFDC and General Relief caregivers). Local directors were asked about increases in kinship care, reasons children enter kinship care, services and assistance both needed and available, and other issues related to benefits and difficulties in utilizing these placements. Finally, directors were asked if they would support the broad definition of kinship care proposed by the work group. Eighty-six agencies responded, and often more than one person in the agency helped prepare the response.

BACKGROUND

National work on kinship care and initiatives in other states provide the backdrop for understanding kinship care in Virginia and the impetus for Virginia's study. The Joint Subcommittee Studying Maternal and Perinatal Drug Exposure requesting this study has shown a longstanding interest in drug abuse and its impact on children and families.

Other states have witnessed a growth in kinship foster care as a result of parents using drugs and relinquishing the care of their children to relatives or close friends. Thus, a study of kinship care is a logical outgrowth of the committee's interest.

Nationally, kinship care has recently attained recognition as an option for placement of children in need of substitute care. Though Virginia did not use the term "kinship care" for child welfare placements before this legislative study, many children were residing with relatives and friends due to strong, philosophical statements supporting use of "kin" in the state's child welfare policies. The state's child protective services policy has required that this option be explored fully before taking a child into foster care with possible placement with strangers. Placement with relatives has also been a goal of foster care for years.

National Interest in Kinship Care

The National Commission on Family Foster Care outlined kinship care issues in its report, **A Blueprint for Fostering Infants, Children and Youths in the 1990s**. The term kinship care was coined in this report. The Commission was inspired by the work of Carol Stack, a sociologist who wrote **All Our Kin**. As a result of this commission's work, the Child Welfare League of America (CWLA) established a committee to provide national leadership on this topic.

Almost two years ago, CWLA convened the North American Kinship Care Policy and Practice Committee. Its goal is to *provide leadership in the development of child welfare policy and practice to respond to those situations when children must be separated from their parents as a result of abuse or neglect and who have kin who are willing and able to care for them.* The CWLA categorized kinship care into four groups, differentiated by the type of assistance needed.

- ***Group 1:*** Kin who are able to maintain the child with their own financial and social supports.

- ***Group 2:*** Kin who may not need financial help but may run into difficulties in legal or medical matters or enrolling a child in school.

- ***Group 3:*** Kin who are willing and able to be responsible for a child but need financial assistance.

- ***Group 4:*** Kin who are approved as foster parents and are providing a placement for children in a child welfare agency's custody.

With the national committee, the League is examining roles, services, funding, safeguards, and permanency planning issues. Given the complexities of these issues, the group is still completing its draft report.

Other States

The national focus on kinship care has focused largely on foster care due to significant increases in the number of children entering foster care in large metropolitan cities like New York, Philadelphia, and Chicago. Many of these children entered care as drug exposed infants, and this is expected to become a trend nationwide.

New York: The state's reports refer to kinship care largely as reaction to a mid-80s "explosion" in foster care. Currently, approximately 62,000 children (8000 in New York City alone) are in foster care, and 22,000 children are in kinship foster homes. A lawsuit, known as the Eugene F. lawsuit, was filed because relative foster parents were not receiving foster care rates or Medicaid. After this lawsuit New York developed emergency placement regulations to allow relative placements with "full approval" later, loosening some standards for approval of kin as foster parents. The state also began providing Medicaid and foster care payments to relative foster parents.

Illinois: This state's experience nearly parallels New York's rapidly rising use of kin for child welfare placements. According to one report, foster children in relative care homes has tripled from 5,500 to over 17,000 over the last six years. The foster care system was originally designed for children who needed placement outside the family system. However, currently more children are in relative placements than regular foster care, and relatives are considered the "placement of choice." The state is in the process of revising all child care rules to address issues emerging from the increased numbers of kinship foster care providers.

California: This state's foster care caseload increased 81% from 1984 to 1989, and two-thirds of the increased child population have relative providers. The state conducted a survey of all foster parents and confirmed that "relatives would be older, more likely to be single parents, have less formal education, and include a larger proportion of African-Americans than non-relatives." Now California is conducting a more in-depth study of the differences between relative and non-relative foster parents.

Maryland: In the early 80s, this less populated state chose to address kinship care differently. Currently, 3100 children are in foster care, 500 with kinship foster parents. The caregiver has a choice between receiving a higher foster care rate which requires licensure, or a lower AFDC payment. This program is called "Services to Extended Families with Children" and serves 2,600 children. For cases where the caregiver or parent retains custody and an AFDC payment is made, the agency also offers case management and some services.

District of Columbia: According to a report from this city's Kinship Care Coalition, over 27,000 children under age 18 in the District are living in households headed by grandparents. The Coalition was formed in 1992 with the help of the D.C. Commission for Women using a grant from the Office of Aging. They advocate for "redefining the social welfare system" to address problems that, they believe, account for the dramatic growth in kinship care. These problems include drug abuse, increased abandonment of infants, teen-age pregnancy, rising incarceration of women, and increased abuse and

neglect of children.

Pennsylvania: This state has 62,000 children in foster care, with the majority in kinship care. In November, 1993, Philadelphia sponsored a national kinship care conference because of concerns about the many families involved in kinship care. Due to their large numbers many support groups and services have been developed in Philadelphia. One demonstration project, **Kids 'n' Kin**, noted that 70% of the caregivers served were grandparents, and in 80% of the cases, drug abuse was one reason a child required care. They had also developed a program for incarcerated parents.

ORGANIZATION OF REPORT

This report is organized into five chapters. Chapter II presents information on the children and caregivers involved in kinship care in Virginia. Chapter III discusses the types of services and assistance available in kinship care situations, as well as the gaps. Chapter IV addresses permanency planning issues for children placed with kin, and Chapter V addresses safeguards for children in kinship care in terms of the approval process for caregivers and other safety issues. Appendices offer further detail on information presented in the body of the report.

II. KINSHIP CARE IN VIRGINIA

This chapter identifies the number of children in Virginia who are living with kin and describes those who are receiving financial assistance from local social service agencies. The description includes information about the children's characteristics, needs, their kinship caregivers and the major contributing factors for living with kin.

VIRGINIA'S CHILDREN LIVING WITH KIN

The 1990 census provides information on the children and caregivers in kinship care situations in Virginia:

- 78,000 households (5%) out of 1,629,490 families in the state have minor kin (other than own children).

- 115,489 children are living with relatives, compared to 99,160 in 1980, an increase of 16.5% between 1980 and 1990.

- 24% of kinship care households are at or below the poverty level, compared with around 8% of the families or 10% of the overall population.

- 45% of the kinship care families are white; 52%, African-American; and 3%, other, compared to 79%, white; 17%, African-American; and 4% other for all families.

Compared to 1980, the increase in children who are "other relations" to the head of household is most likely larger as the 1980 census included children up to age 19, whereas the 1990 census included children only up to age 17.

The majority of kinship situations do not require government involvement. In Virginia, most people at all socio-economic levels have experienced or know of a family which has taken in an extended family member for either a brief or indefinite period of time. It is not unusual for children to spend part or most of their lives in the homes of grandparents, cousins, aunts, or other kin. These kinship care situations have occurred due to death, serious mental or physical illnesses of a parent, divorce or temporary absence of a parent, or a parent's inability to handle and support the special needs of a particular child. These families are able to meet the child's needs with very little, if any, outside assistance.

Other families have generally become involved in kinship care as a result of one or more chronic societal problems confronting families today. Poverty, substance abuse, AIDS, mental illness, and incarceration are some critical problems which have impaired parents' ability to adequately care for their children. Child abuse and neglect is another. Some children have been placed in foster care under the custody of a social service agency, and the agency, in turn, has placed some children with relatives approved as foster parents. Relatives and friends have taken in other children and then sought the financial support of a local social services agency. The majority of caregivers supported by the

local social service agencies are part of private kinship care.

CHILDREN WITH KIN RECEIVING AGENCY ASSISTANCE

The study identified about 11,000 kinship caregivers and 15,000 children in kinship care who were receiving financial support from local social services agencies. Over 14,000 children were residing with a relative and receiving AFDC in July, 1993,. About 1000 children were with friends or distant relatives and receiving General Relief benefits in April, 1993. The smallest group was the 228 children in foster care who were placed with a relative.

Unlike several other states, Virginia has not had dramatic growth in kinship foster care. As of September 30, 1993, 228 children were in relative foster homes, compared to 221 five years ago. Although Virginia's foster care population increased from 5,863 to 6,229 in this period, the proportion in kinship care remained at 4%. However, the selection of the goal of "placement with relative" as the permanent plan for the child has increased slightly (.5%) from 212 to 261.

Characteristics Of The Children in Kinship Care

Caregivers from all populations provided information about the children in their care. See Table I. Most children are from within Virginia, but 62 caregivers (12%) reported one or more children came from out of state. The children in kinship care associated with VDSS are more likely to be:

- African-American. About three-fourths of those receiving General Relief and AFDC were African-American, while about half the children in foster care were of this race.

- Either gender. The children were generally evenly divided between female and male, across groups.

- In ages ranging from less than one year to 21, with a higher proportion of foster care children over 12, compared to the other two populations.

- In preschool or first to fifth grade for almost two-thirds in each group.

Special Needs of the Children

According to kinship caregivers surveyed, a large percentage of children in their care do not have special needs such as a physical, mental or emotional disability, with a higher proportion of AFDC and General Relief kinship caregivers reporting no special need. This is surprising considering that many children come from situations where they experienced poverty, neglect, substance abuse in the home, or other factors which are known to cause problems for children. In foster care, children may be more likely to have had a professional diagnosis of their needs and kinship foster parents are aware of the results.

Table I

CHARACTERISTICS OF CHILDREN LIVING WITH KIN

		Foster Care	General Relief	AFDC
Race:	Black	54%	85%	74%
	White	37%	7%	21%
	Oriental	3%	2%	0%
	Other	6%	6%	4%
Sex:	Female	54%	52%	50%
	Male	46%	48%	50%
Age:	Less than two	8%	8%	6%
	Two to five	25%	29%	26%
	Six to twelve	34%	41%	43%
	Over twelve	34%	22%	24%
School Grade:	Preschool	32%	38%	34%
	First to fifth	32%	32%	33%
	Sixth to eighth	15%	17%	18%
	Above eighth	21%	13%	14%

Source: VDSS Kinship Caregiver Survey

Other relatives and friends may be unaware of special needs and may also be reluctant to identify such needs of children in their care. Clearly, further study is needed to obtain empirical evidence regarding needs of children in private kinship care.

Caregivers identified some special needs of children. The most frequently reported special need for children in foster care was emotional disturbances. Learning disabilities and acting out behaviors were most frequently reported for children receiving General Relief, while acting out behaviors were for children receiving AFDC. Table II provides more specific information. Some concerns expressed were:

> *"He has ADHD [Attention Deficit & Hyperactivity Disorder] and sometimes it is hard to handle him with his temper."*

> *"Child does not want to mind. Slips out of the house while everyone else is (a)sleep."*

A recent state study, **Building Services for Foster Children with Developmental Disabilities through Foster Parent-Professional Collaborations**, identified that 25% of the foster care population has a developmental disability. These children are more likely to have placement with a relative as their foster care goal (20% compared to only 4% in the total foster care population).

Table II

SPECIAL CONDITIONS AND NEEDS OF CHILDREN WITH KIN

SPECIAL CONDITION	Foster Care	General Relief	AFDC
Mental retardation	4%	1%	1%
Substance Abuse	3%	3%	1%
Emotional disturbance	26%	17%	11%
Delinquency	3%	2%	1%
Acting out behavior	22%	20%	15%
Truancy	3%	1%	1%
Developmental disturbance	12%	5%	4%
Learning disability	20%	17%	12%
Physical disability	4%	2%	3%
Chronic health problems	8%	4%	7%
Other	9%	10%	8%
None	27%	49%	47%

Note: More than one response could be indicated by caregivers
Source: VDSS Kinship Caregiver Survey

KINSHIP CAREGIVERS

Most kinship caregivers were receiving AFDC and the smallest group was relative foster caregivers as shown in Figure 1. (See Appendix C for the numbers by locality.) Over half of all caregivers were providing care for only one child, and another one-fourth were caring for two. Only 10% were caring for three and 3%, four. At least nine caregivers provided care to five or more kinship care children. Caregivers gave information about themselves and their reasons for caring for children of relatives and friends.

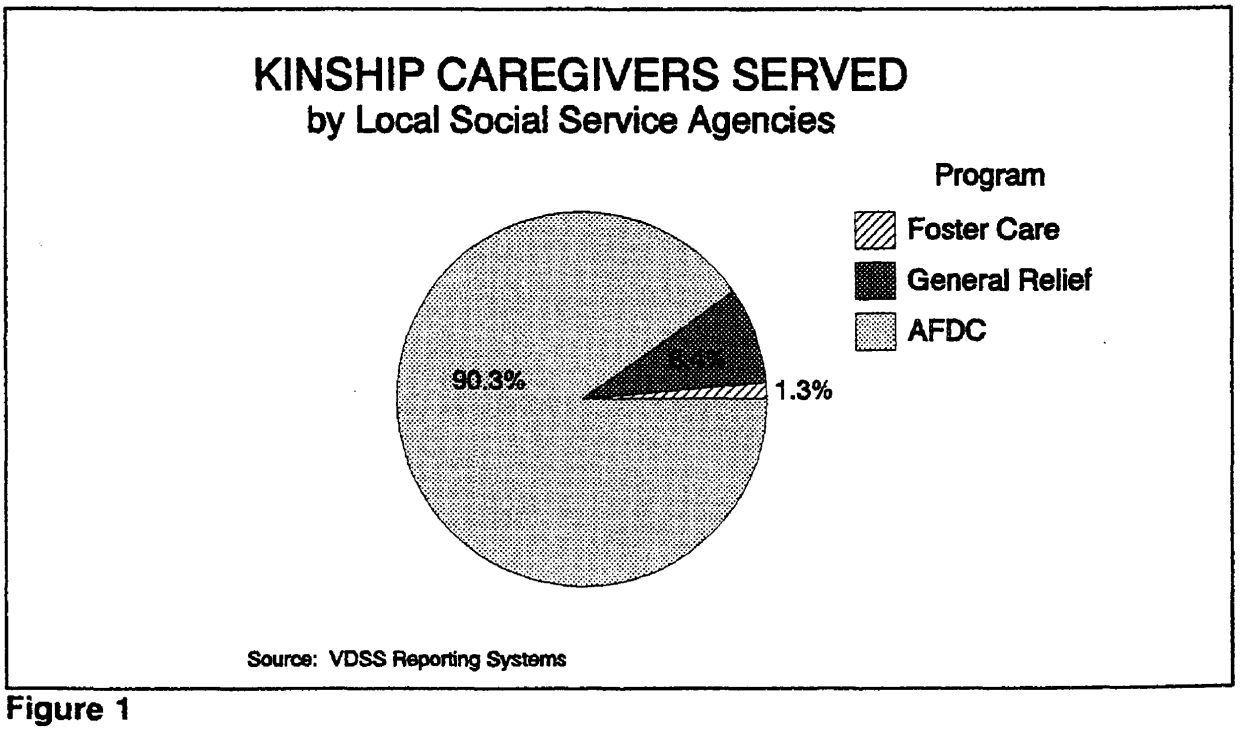

Figure 1

Characteristics

Table III provides specific information on the three groups. Most respondents to the caregiver survey were women. Characteristics of these caregivers were:

- Mostly aunts for foster care, grandmothers for AFDC, and friends for General Relief
- From age 22 to 82
- Mostly African-American, in AFDC and General Relief. In foster care, 54% were African-American and 42%, white
- Married, for almost three-fourths of foster parent caregivers and over one-third of AFDC, and about one-fourth of General Relief caregivers
- Frequently at least one other adult in the home
- Usually at least two children in the home
- Incomes under $15,000 for about half of the AFDC and General Relief providers and one-third of the relative foster parents. Incomes over $25,000 for one-fourth of foster parents and only one-tenth of AFDC and General Relief caregivers.

Reasons For Caring For Children

Caregivers often gave more than one reason for taking a child into their care. For 72% of the AFDC population and 65% of kinship foster parents, the primary reason was wanting to take care of their own relatives. About half of the AFDC group cited their close relationship with the child and knowing the parent. The General Relief group most often expressed knowing the parent (65%) or close relationship with the child (55%) as their reasons. The agency's assistance mattered to 30% of the foster parents, but only to 11% of General Relief caregivers and 12% of AFDC caregivers.

Love, enjoyment and concern for the safety and security of the child were important considerations for caregivers. These are expressed by their comments on kinship care's benefits to them personally and to the children.

> *"She loves me and I love her, so the rough times aren't so bad and that's what (is) so great."*
>
> *"Just knowing that they are safe from harm (and) the drug scene that they were exposed to before I got them"*
>
> *"For the child, love and security of being with family instead of growing up in foster homes with strangers."*

Parents, caregivers, and at other times the local social service agency initiated the kinship care placement. Sometimes respondents gave more than one reason. Kinship foster caregivers most frequently stated, "agency asked me" (45%), and "I asked for child" (42%). In the General Relief population, 49% said the parent asked them to care for the

Table III

CAREGIVER CHARACTERISTICS BY PROVIDER GROUP

		Foster Care	General Relief	AFDC
Relationship:	Grandmother	26%	17%	68%
	Grandfather	12%	2%	11%
	Aunt	42%	15%	27%
	Uncle	18%	2%	5%
	Sibling	1%	1%	1%
	Cousin	18%	9%	1%
	Friend	1%	41%	1%
	Other	4%	26%	4%
Age:	20-29	6%	9%	2%
	30-39	28%	33%	17%
	40-49	34%	28%	28%
	50-59	24%	16%	37%
	60-	9%	14%	17%
Race:	African-American	56%	89%	72%
	White	43%	9%	26%
	Oriental	1%	2%	1%
	Other	0%	1%	1%
Marital Status:	Married	71%	29%	42%
	Divorced	10%	19%	15%
	Separated	10%	17%	16%
	Widowed	7%	16%	16%
	Never married	3%	19%	11%
Income Level:	<$10,000	17%	36%	39%
	$10 - 15,000	17%	17%	10%
	$15 - 20,000	14%	8%	7%
	$20 - 25,000	9%	6%	7%
	>$25,000	30%	11%	13%
	Unknown	13%	22%	23%

NOTE: Respondents with more than one child could report multiple relationships. Plus, the total is greater than 100%. Percentages are rounded.

Source: VDSS Kinship Caregivers Survey

child, and 26% requested the child. For AFDC, the children came because of: court custody (58%), parent's request (39%), and their own request for the child (24%).

REASONS CARE IS PROVIDED

Surveyed caregivers identified the major contributing parental factors that led to the children's placement with kin as:

- lack of housing
- inability to provide for other basic needs
- abuse of drugs
- abuse of alcohol
- incarceration
- neglected or abused the child

Caregivers frequently gave more than one reason. See Table IV for the difference among the three caregiver groups. Some of these causes are discussed below.

Table IV

FACTORS CONTRIBUTING TO KINSHIP CARE REPORTED BY CAREGIVER GROUP

		Foster Care	General Relief	AFDC
Child Was:	Abandoned	12%	28%	15%
	Neglected or abused	73%	39%	29%
	Exposed or in contact with drug users	15%	25%	25%
Parent:	Died	7%	8%	5%
	Abused Drugs	23%	34%	25%
	Abused alcohol	18%	14%	11%
	Was in poor health	9%	8%	7%
	Lacked housing	20%	26%	17%
	Could not provide for other basic needs	27%	38%	29%
	Could not handle child's problems	16%	14%	12%
	Feared for child's safety	7%	11%	10%
Parent is in:	Jail, prison, or detention center	16%	22%	21%
	Drug treatment program	7%	7%	6%
	Alcohol treatment program	4%	1%	3%
	Hospital, nursing home, or other facility	5%	1%	1%
Other		30%	28%	25%

NOTE: Caregivers could indicate more than one reason.

Source: VDSS Caregivers Survey

Incarceration

A high 22% of AFDC and 21% of General Relief caregivers reported that the parent was

in jail, prison or a detention center. This was also a factor for 10% of the kinship foster caregivers.

In 1992, responding to House Joint Resolution 218, the Virginia Commission on Youth issued a report on incarceration of parents and the effects on children. As part of the study, the Commission studied children on AFDC whose parents were incarcerated and found that 22% of these children were in kinship care. The study also discussed the unclear legal status in terms of the children's custody and the question of who has authority to make decisions on the parent's behalf.

In 1993, the Department of Youth and Family Services, concerned about the suspected high numbers of children affected, surveyed 522 youth (47 females and 475 males) in learning centers and identified 21% of the females and 28% of the males as being a parent. Of the 14 children reported by females, 71% were in the care of the mother's family; of the 142 children reported by the males, about one-third were in the care of the father or mother's family.

HIV and AIDS

Caregivers were not asked about HIV and AIDS, but several sources indicate increases that will affect the use of kinship care. According to two support groups in Virginia, mothers infected with HIV are increasing the numbers of children placed with relatives and friends. While individuals are living longer with the disease, mothers may still be ill and unable at some point to care for their children. In the study on services for foster children with disabilities, foster parents reported 11 children in foster care with HIV/AIDS.

According to Health Department statistics of September 30, 1993, 12,082 females in Virginia are known to be infected with HIV, and 692 have AIDS, but the number with children is unknown. The kinship care survey to caregivers did not request specific information about individuals infected with HIV and AIDS. Social work professionals familiar with HIV/AIDS situations from the metropolitan areas of Richmond, Tidewater and northern Virginia indicate an increase in HIV among mothers who will eventually need to make arrangements for the care of their children.

Child Abuse and Neglect

Child protective service staff identified child abuse and neglect as a major reason that children are cared for by kin. Of 167 emergency placements in August 1993 reported by staff, 58 were placed with friends or relatives as a result of the initial protective service investigation. Specific reasons for the child's placement were: alcohol abuse by the parent (33%), parents' inability to handle child's problems (22%), and child's exposure or contact with drug users (19%).

Almost all kinship foster parents (73%) identified child abuse and neglect as a reason for children coming into care. A much smaller percentage of AFDC and General Relief caregivers identified this as a reason, 29% and 39% respectively.

Substance Abuse

The study charge specifically asked that substance abuse as a factor in kinship care be examined. In survey responses, 40% indicated that the child was placed with kin due to one or more of the following reasons related to substance abuse:

- Child was exposed to drugs,
- Parent abused drugs,
- Parent is in a drug treatment program,
- Parent abused alcohol, and/or
- Parent is in an alcohol treatment program.

Alcohol apparently had less impact than drugs. Only 3% indicated alcohol without drugs while 27% indicated drugs without alcohol. The remaining 10% included drugs and alcohol. The percentage indicating substance abuse varied by population group:

- 34% in foster care,
- 46% in General Relief, and
- 38% in AFDC.

The children exposed to substance abuse were compared to the children for whom no exposure was indicated. The survey responses indicated that children who came into kinship care as a result of substance abuse presented a more difficult task for caregivers than those who did not. Some clear differences between the groups were noted:

- A court was more likely to have committed the drug-exposed child to the custody of the kinship caregiver.
- The drug-exposed children were more likely to need kinship care because of neglect, lack of housing of the parent, or incarceration of a parent. Whereas, children not exposed were more likely to be cared for in kinship care because of the death of the parent(s) or other reasons.
- Drug-exposed children were more likely to have emotional problems and acting out behavior.
- With regard to financial assistance, the caregivers of drug-exposed children were more likely to indicate a need for financial assistance for counseling. Also, their caregivers indicated that they had more frequently used personal funds to provide clothing and personal items to the children than had the caregivers of children not exposed.

- Parents' visits were more upsetting to drug-exposed children. The visits were also viewed as a greater risk to the safety of the children than the parents' visits to children not exposed.

- No significant difference existed in the length of time that drug-exposed children had stayed with the caregivers, but there was a significant difference between the groups as to whether the child's length of stay had been as long as expected. The caregivers of drug-exposed children apparently had not anticipated the required length of stay as had other caregivers.

REASONS LOCAL AGENCIES CHOOSE KINSHIP CARE

Local agencies usually make the decision about the placement of children in foster care and also may facilitate the placement of a child in a private kinship situation. In their surveys agencies stated both the conditions which lead to kinship placements and the factors that determine their choice of a kinship situation.

Kinship Foster Care: Many local agencies expressed a preference for using kin as foster parents if relatives are available and capable of taking the child. Parental conditions which often lead to placement with kin include substance abuse, poor health, child neglect, and parent's absence (in jail, hospital, etc.). Local agencies will most often use relatives as foster parents when they are: available (88%), requesting placement (84%), and/or related by blood or marriage (83%).

Private kinship care: Parental conditions most frequently leading to local agency involvement are parental absence, parental neglect of child due to personal or psychological reasons, and drug and/or alcohol abuse. Similar to foster care placements, availability of the relative was the most frequently cited factor for placing a child with a relative (84%). They noted 70% of the caregivers were requesting the placement.

Child protective service workers provide further insight into a local agency's selection of a relative for placement. The following comments convey well the local staff's considerations in using kinship caregivers for emergency protective service placements:

> *"Relatives are used frequently for substitute caretakers - long term and for cooling off periods. These resources are invaluable."*

> *"It's an appropriate alternative to foster care which gives parents some part in the planning, is less of an adjustment for the child as he or she is with someone familiar, and is thus less intimidating for the parents and fewer hoops for the worker as custody does not have to be transferred (usually)."*

CONCLUSION

Kinship care in the general population in Virginia has grown over the last decade. This growth is expected to increase, as will probably the number of children and caregivers receiving public assistance. The numbers of children in foster care and placed with a

relative has not increased over the past five years even though Virginia has problems similar to other states with an increased population in kinship foster care.

> **Recommendation 1:** VDSS should evaluate the low utilization of relatives in kinship foster care. If these numbers are proportionately lower in Virginia than in other states because family and friends agreed to care for these children and thus avoided foster care altogether, then Virginia can concentrate on supporting these strengths. However, if an evaluation reveals that caregivers have not been informed of their options for payments and services, those situations must be remedied.

The next chapter addresses assistance and services available and needed for children with kinship caregivers.

III. ASSISTANCE AND SERVICES

This chapter describes the types of financial and other assistance which kinship caregivers may receive and may need, as well as a brief description of the eligibility requirements and funding sources. It also discusses services which may be available across the state, as well as service needs.

FINANCIAL SUPPORT

Kinship caregivers associated with local social services agencies usually receive a monthly payment for the maintenance and care of the children placed in their home and may also receive other assistance. Medicaid may cover medical needs of children, and food stamps may supplement the household's income for food if the caregiver qualifies for food stamps. Caregivers may also receive parental child support, social security or Supplemental Security Income (SSI) for a child.

Foster Care Payments

Kinship foster caregivers in Virginia are eligible to receive a monthly foster care payment for each child in their care if they are approved as foster parents. The rate of payment is determined by the child's age; it covers maintenance (including personal needs) and is uniform across the state. The local agency may also allow up to $300 additional each year for a child's clothing. For a child 0 to 4 years old, the kinship foster parent will receive $256 monthly; for the 5 to 12 year old, $300; and for the child 13 and older, $379, based on new rates effective December 1, 1993. Thus, if a kinship foster parent cared for two teenagers and a ten year old, the caregiver would receive $1,058 for the children in care.

AFDC Payments

On assuming the full-time care of a child eligible for AFDC, a relative may receive an AFDC payment. Those without income may also be included in the grant. The monthly payment for one child is $131 in Group I localities (generally rural) , $157 in Group II (metropolitan areas) and $220 for Group III (northern Virginia). Additional children raise the payment incrementally, rather than a per child basis. For example, a caregiver in Richmond will receive $157 for one child and $231 for two, an increase of $74 for the second child.

General Relief

General Relief is an optional state and locally funded program that provides assistance for individuals and families who are not eligible for AFDC or the total federally funded program Supplemental Security Income (SSI). Local agencies decide whether or not to establish a program and the extent of services offered, including the selection of the Assistance for Unattached Children component which serves children under age 18. In November, 1993, 32 localities provided this component, with payments ranging from 53%

to 100% of need. The state reimburses 62.5% of expenses, and localities pay the remaining 37.5%.

While these recipients are also categorized into three groups, payments can vary even within a group. Based on **average** payments, Group I localities pay $122 for one child; Group II, $132; and Group III; $159. For three children the average payment would increase to $248 in Group I, $246 in Group II, and $322 in Group III.

Differences In Financial Payments

Kinship foster care providers may receive more than twice as much cash assistance as private kinship care providers. Figure 2 shows the average maximum payment received monthly for one child by a kinship caregiver in each group and illustrates the inequity of financial assistance currently available to kinship care providers in Virginia; AFDC and General Relief payments are lower and the gap increases due to differences among the three geographic groupings and only incremental increases for additional children. Local agency staff often cited inequities:

> *"[There is a] discrepancy between what they can receive each month (amount) as a foster care maintenance payment and the amount of monthly ADC payment. Relative earnings are considered for ADC payment but not for foster care payment. Automatic free services through county and state agencies and the school, i.e., free lunch, free books available to foster children but not necessarily to kinship situations."*

Medicaid

AFDC children and most children in foster care are eligible for Medicaid unless other resources will pay for most of their medical needs. Only 56% of the General Relief recipients surveyed reported receiving Medicaid. Since only the child's income is counted in determining eligibility, a higher proportion of children receiving General Relief may be eligible for Medicaid.

Food Stamps

The proportion of caregivers receiving food stamps varied across the three groups: 44% of the General Relief, 37% of the AFDC, and 7% of the foster care providers reported receiving food stamps. The proportion of families receiving food stamps might be higher if federal policy did not require that all members of the household be included in the application. Kinship care providers do not have the option (as they do with Medicaid) to apply for food stamps solely on behalf of the children in their care.

Parental Child Support

In kinship foster care situations any parental financial support to the child is expected to go to the custodial agency to be used as reimbursement for funds expended. Private kinship care providers, on the other hand, may receive such support directly or through

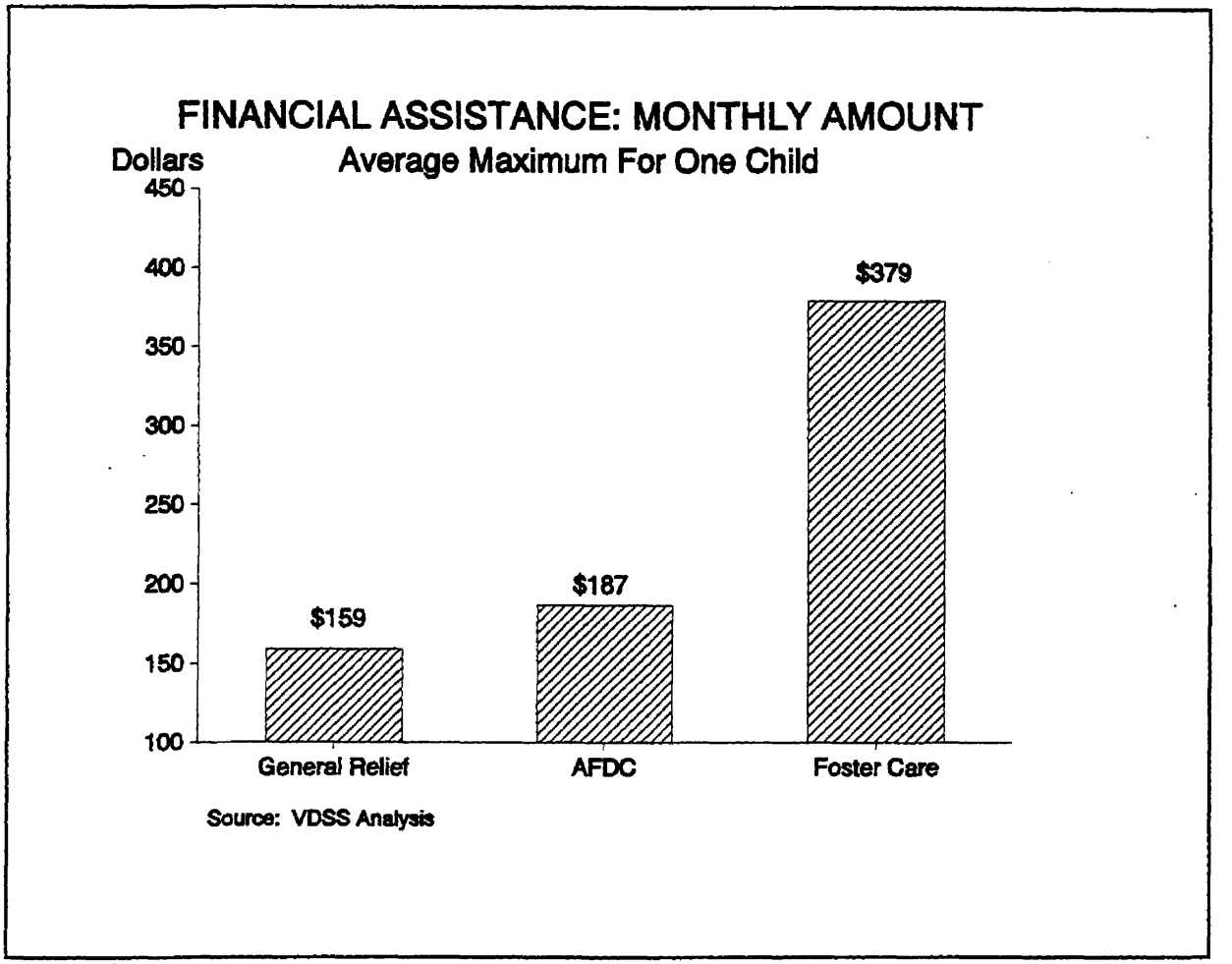

Figure 2

the court if it is court ordered. It may be counted as income and reduce other benefits. Only 2% of foster care and General Relief and 8% of AFDC caregivers reported receiving parental child support.

Social Security and SSI

Social security benefits and SSI for disabled individuals may reduce the agency payment for a child but usually give caregivers more than the agency payment. In addition, a child receiving SSI has automatic eligibility for Medicaid. According to survey responses, SSI was received by 7% of foster care; 8% of General Relief and 4% of AFDC providers; social security benefits were received by up to 3% of each group. Any benefit related to the parent's death or to the child or parent's disability counts as income for AFDC or General Relief. Private kinship care providers may apply directly to the Social Security Administration on behalf of the child for either social security benefits or SSI.

Need For Financial Support and Other Basic Needs

All caregiver groups identified insufficient assistance as a problem. Private kinship caregivers found financial problems as the greatest difficulty in caring for the child of a

relative or friend, as expressed by some:

> *"Not enough money. Dental bills alone have been over $1000. School clothing, food are very expensive. I receive $249 per month which in these days of high food costs (is) nothing. I pay for his health insurance through my work, but I have no dental coverage and that was one area that was terribly neglected in his life."*

> *"The most difficult thing is that the General Relief cut her check from $148 to $110. It (is) not enough to take care of her, and she need(s) a medical card so that she can go to the doctor."*

Not surprisingly, those receiving the lowest monthly payment expressed the most concern about financial assistance and were more likely to use their own resources to meet the children's needs. The largest proportion of caregivers ranked their needs as: clothing, school expenses, school activities, health care (dental care, eye glasses, health services) and recreation. (See Table V.) Of the group receiving AFDC, 52% indicated inadequate support to meet the children's clothing needs as did 61% of those receiving General Relief. In contrast, only 34% of relative foster parents identified this as a problem.

In their survey responses, local departments recognized the gaps in supporting the children in kinship care and their caregivers:

> *"Many of these families were in need of financial or other assistance before they took the child, but often they are not eligible for services the child may need or they may not know how to go about getting the services their community does have to offer."*

> *"Financial assistance is not always possible, for example, if caregiver is not actually related to child."*

Some caregivers also indicated a need for financial assistance to secure some services. These included counseling, day care, tutoring, transportation, recreation and legal services. Caregivers also indicated use of personal funds to obtain some of these services.

Clearly, the kinship caregivers who only qualify for General Relief face the greatest hardship in caring for another's child. These families receive financial assistance in only 32 localities; 92 local social service agencies do not offer a General Relief program with a component for unattached children. Among all caregivers, General Relief providers most often identified all health related items as needs, especially dental care. This may be attributed to their limited access to Medicaid due to income eligibility or lack of knowledge about applying for the program.

SERVICES FOR CHILDREN

Caregivers may also need services for the children such as day care. Without legal responsibility for the children and adequate resources, kin may become financially and emotionally overwhelmed by the children's needs. Further changes in family dynamics

Table V

NEEDS OF CHILDREN IN KINSHIP CARE REPORTED BY CAREGIVERS

	MORE FINANCIAL ASSISTANCE NEEDED			PAID FROM CAREGIVER'S POCKET		
	Foster Care	General Relief	AFDC	Foster Care	General Relief	AFDC
School expenses	12%	39%	34%	48%	38%	38%
Clothing	34%	61%	52%	46%	70%	52%
Personal items	19%	35%	30%	28%	53%	42%
School activities	4%	29%	25%	20%	36%	32%
Eye glasses	5%	13%	9%	8%	7%	7%
Dental care	7%	22%	12%	7%	13%	8%
Counseling	5%	15%	6%	3%	4%	2%
Day care	3%	14%	11%	5%	19%	13%
Tutoring	3%	10%	6%	0%	4%	3%
Health services	1%	15%	7%	7%	14%	5%
Respite care	3%	1%	1%	0%	1%	1%
Transportation	4%	14%	14%	20%	26%	24%
Legal services	3%	5%	2%	3%	5%	3%
Recreation	9%	20%	16%	24%	30%	32%
Other	4%	4%	4%	4%	7%	5%

Source: VDSS Kinship Caregiver Survey

and roles caused by the kinship care situation often create a need for services, because relationships may become confusing or possibly conflictual when someone new assumes the parenting role.

Kinship care providers may also need to locate resources not previously needed or known. For example, the working aunt whose children are teenagers now needs to find and pay for day care for her two-year-old niece. She also determines that some therapy may be needed by the six year old nephew because he is acting out about the recent change to her home by being very aggressive at home and school.

Funding Sources for Services

Major funding sources for services to children in kinship care and caregivers include the Social Services Block Grant, Comprehensive Services Act's State Pool Funds, Title IV-B, Prevention funds and diverse funding sources for child day care.

Social Services Block Grant and Title IV-B: These major funding streams are used for children in foster care but are often not available to all children in private kinship care. As the block grant's purchasing power has declined, most local social service agencies have had to reduce or eliminate optional services and discontinue serving non-mandated

groups. Further complicating the caregivers' access to services are different eligibility requirements across jurisdictions, as well as waiting lists. If a caregiver (particularly a private kinship provider) moves, the kinship family may not be eligible for day care and other services received in the previous locality.

Comprehensive Services Act: Its Pool Funds are a source of funding for social services, as well as foster care payments. Localities can access the pool for an array of services to meet the needs of all foster care children or those determined to be at risk of foster care. Even though these children are mandated to be served, the amount of available funds and services vary widely. Lack of local match or unavailability of needed services are barriers to providing services.

Prevention Funds: Local departments have a very limited amount of foster care prevention funds to use at their discretion for services to children who appear likely to enter foster care within six months. These funds allow flexibility in both services provided and populations served.

Child Day Care Funds: These funds are from Title IV-A for AFDC families and the Child Day Care Block Grant for other families. However, only caregivers who are themselves eligible for AFDC are able to access Title IV-A child care. Virginia's block grant has an allocation far smaller than the need of low-income families for this service.

Services Provided To Kinship Caregivers

If a local agency is involved in a kinship care case, the agency may provide services directly, purchase them for the child or caregiver, or help them locate needed services and provide the referral. The array of services available to kinship caregivers from local social service agencies varies across localities. Some offer a variety of services, while others can only serve mandated customers due to lack of funds and staff. Localities with limited resources may not offer services unless the kinship care situation relates to a substantiated complaint of abuse/neglect or the child is at imminent risk of being placed in foster care.

In almost every service category, agencies reported providing more services for children in their custody. While services for children are mandated in foster care or those designated at risk of entering such care, services to children receiving AFDC or General Relief are optional, and their caregivers must request services. Case management and counseling were the services most commonly provided for all children and caregivers. A significantly higher proportion of agencies reported providing or arranging health-related service for children in foster care. See Table VI.

For children in foster care, their caregivers reported receiving more services than those on AFDC and General Relief. Foster care providers identified counseling (34%), special education (22%), and day care (14%) as the more frequently received services. One-tenth of other caregivers identified receiving these services. One-third of the foster

Table VI

PERCENT OF LOCAL AGENCIES PROVIDING SERVICES TO CHILDREN IN KINSHIP CARE

	For Children in Agency Custody	For Children Not in Agency Custody
Case management	93%	52%
Transportation	58%	19%
Health related	74%	26%
Legal	51%	14%
Counseling	81%	51%
Child day care	40%	27%
Home-based	16%	9%
Respite care	17%	0%
Physical therapy	14%	6%
Special Education	35%	15%
Other	6%	5%

Note: These are services provided "in most cases"; however, for children not in DSS custody, services are usually provided only when requested.
Source: Local Agency Survey

parents and over half of the AFDC and General Relief caregivers reported that they did not receive any services. See Table VII.

Table VII

SERVICES RECEIVED BY CHILDREN IN KINSHIP CARE AS REPORTED BY CAREGIVERS

	Foster Care	General Relief	AFDC
Counseling	34%	11%	12%
Day Care	14%	9%	13%
Respite Care	5%	1%	0%
Physical Therapy	4%	3%	2%
Special Education	22%	12%	11%
Other	5%	9%	4%
None	32%	53%	55%

Source: VDSS Kinship Survey

SERVICE NEEDS

Some caregivers expressed a need for more services, primarily counseling and child day care, as indicated in Table VIII. While many did not indicate a high need for most services, the caregivers' responses about their difficulties in caring for children indicated a possible understatement of needs:

> *"Handling behavior problems; child is very strong-willed and stubborn."*
>
> *"Dealing with the hurt and anger the children have."*
>
> *"Sometimes it's difficult because they are very hyper, one has a hearing problem. Both cannot express or explain themselves. Seems like what they want to say, comes out backwards."*

Table VIII

ADDITIONAL SERVICES NEEDED BY CHILDREN AS REPORTED BY CAREGIVERS

	Foster Care	***General Relief***	***AFDC***
Counseling	*19%*	*21%*	*13%*
Day Care	*4%*	*14%*	*12%*
Respite Care	*1%*	*1%*	*1%*
Physical Therapy	*1%*	*1%*	*2%*
Special Education	*4%*	*10%*	*6%*
Other	*8%*	*8%*	*5%*
None	*47%*	*38%*	*51%*

Source: VDSS Kinship Care Survey

Other responses indicated a need for legal services:

> *"The most difficult thing would be the custody. Virginia has custody, but I have the child. I can't add the child on my health policy without full custody papers. The child also needs counseling for her mental needs which I am having a very, very difficult time in obtaining....."*
>
> *"The most difficult dealing with a friend's child is going back and forth to court where mother does not come to court at all."*

BARRIERS TO SERVICE DELIVERY BY LOCAL AGENCIES

Accessing services can be complicated without a case manager to guide caregivers through the varied agencies services, policies, and eligibility requirements and, only the

kinship foster caregiver is guaranteed case management support. Lack of case management for private kinship caregivers is a probable factor in their low utilization of services. Case managers locate and obtain services needed by the child and even provide some services directly such as mediating with parents on visitation issues and transportation.

Child day care is an expensive, optional service all kinship providers can request from the local department of social services. While many working kinship care providers are eligible for day care assistance, it is usually provided only to the extent that funding is available in the locality, and the caregiver may be charged a fee. Due to the overwhelming number of low income families eligible for day care, applicants often face long waiting lists. A few localities give priority to kinship care families for these limited funds.

Local departments of social services identified another gap:

> *"There is a lack of follow-up services once custody is given to a relative because of lack of funding for prevention."*
>
> *"The greatest gap is in not being able to provide child care if the caretaker is not on the AFDC grant since we do not have any fee system money available and have such long waiting lists for this type of day care if someone does go off fee system day care."*

Assistance or services ought to 'follow the child". Most of these children, whether in private kinship or kinship foster care situations, are children from families in poverty. No matter whether they are living with a parent or a caregiver, if they need counseling in one setting, they need it in another. If the parent needs help in order to provide adequate day care, the employed caregiver will as well.

Parental needs should also be considered to help return children to their parents. Services provided or needed by caregivers could possibly be the same services required to keep the family together. Tangible services such as help with school expenses, day care or transportation may enable children to remain with their parents. However, for some cases other factors such as child abuse could have been present that would have caused removal of a child. Providing services or assistance to the children while in kinship care may help maintain a consistent, secure placement, while those same services may not have been enough to maintain the parental home because of other risk factors.

CONCLUSION

Caregivers expressed a need for more financial assistance and services to be available in kinship care situations, especially private kinship providers whose income level was often less than $10,000 and below the poverty level. Service and economic needs are intertwined because more cash assistance could reduce the need for a service, or receipt of a service could reduce the need for more money. For example, many caregivers spoke of surviving financially if they could have day care services. Many also need help

spoke of surviving financially if they could have day care services. Many also need help in identifying and accessing available assistance and services.

Recommendation 2: VDSS should work cooperatively with a university to conduct a more in depth assessment of the needs of children in private kinship care and determine the best approaches for meeting needs with the least intrusion into situations which are working well for the children involved.

Recommendation 3: VDSS should develop and distribute an informational packet for kinship care providers explaining possible assistance and services, including how and where to apply. It should also include such information as legal remedies, information on caring for HIV positive children, and local free or low cost resources.

Recommendation 4: VDSS should assess the feasibility and cost of providing additional financial support and services to private kinship caregivers, including:

(a) Modifying the AFDC plan to include an annual school clothing allotment for children in AFDC.

(b) Incorporating into the AFDC plan a special needs supplement for Child Protective Service cases for emergency needs at time of placement, transportation to service appointments, and other services.

(c) Setting aside some Foster Care Prevention funds or new Family Preservation money for direct services to help caregivers secure available services and assistance.

(d) Targeting some child day care funds for kinship caregivers who must work.

Recommendation 5: VDSS should evaluate the need for additional funding to support non-relative care by friends and neighbors, in order to provide a safety net to children through kinship care, and prevent foster care.

The next chapter addresses issues related to the long-term situation of children developing and maturing in kinship families.

IV. PERMANENCY PLANNING ISSUES

Permanency planning focuses on the long-term situation of children in foster care. The thrust is to provide every child a caring, legally recognized and continuous family which promotes the child's healthy development. This chapter examines several widely recognized indicators of permanency planning addressed in the kinship care surveys: length of stay with caregiver, frequency of parental visitation, and goal or legal status.

KINSHIP FOSTER CARE AND PERMANENCY PLANNING

In Virginia, as in all states, child welfare laws and policies exist to support the "most permanent" living arrangement possible for a child in foster care at any given point in time. The current goals for children in foster care are return home, placement with a relative, adoption, and permanent foster care. A child in kinship foster care may have any of these goals.

The agency is responsible for providing regular reviews of the progress made toward reaching the goal and for facilitating progress. Whatever the goal, services provided to the child, parent, or caretaker focus on achievement of the goal.

If the goal of return home seems unrealistic after a reasonable length of time and/or reasonable efforts have been made toward return, then placement with relative may be the next goal chosen. This goal is achieved when custody is transferred to the relative. Adoption is considered next if no relative is able or willing to take custody; it is the only goal which requires termination of parental rights. If there is a relative foster parent who cannot or will not take custody but is willing to provide continued foster care, **and** the more permanent option of adoption has been ruled out, permanent foster care which requires a court order is possible.

Most agencies (73%) thought that current foster care goals were adequate to address kinship foster care situations. Those not in agreement most frequently suggested that kinship foster care or kinship care should be a goal. However, it was unclear whether the local department of social services or the kinship care provider should have custody.

PRIVATE KINSHIP CARE AND PERMANENCY PLANNING

In many of the kinship care situations in Virginia where people have assumed care of children outside the foster care system, no service plan or agency oversight exists to promote a permanent and secure living arrangement for the child. Permanency planning laws and policies have related only to children in the custody of a state or local agency.

In private kinship care, agency services are provided only when a caregiver requests this service and staff resources are available. Usually no professional is involved, except when children are referred to the Child Protective Service system or through the court when the judge requests a home study in a custody dispute. Monitoring the permanency of a private placement is outside the purview of a local agency. Due to high caseloads

in child welfare services, most agencies are able to give only minimal attention to children not in protective service situations.

Less than half of the local agencies stated that there should be a new or different legal status considered to provide a greater degree of permanence for children in long-term kinship care situations who are not in local agencies' custody. Their most frequent recommendation was that some form of guardianship should be considered.

Increased attention in Virginia is shifting to the permanency needs of **all** children placed "out of home." This attention has come because more localities during the initial months of implementation of the Comprehensive Services Act have been trying to leave custody with responsible parents whenever possible even if an out-of-home placement seems necessary. VDSS has proposed legislation to allow such parental placements and permit the use of Pool Funds and court oversight.

Permanency options for private kinship care are limited at this time. Private kinship care providers can obtain custody, which is always considered temporary, or they can pursue adoption if the parent and/or court support the necessary legal procedures.

Adoption

Kinship caregivers cited termination of parental rights and financial difficulties as the major barriers to adoption. Many kinship caregivers expressed much interest in adoption: 44% of AFDC and 44% of General Relief respondents; 57% of foster caregivers had considered adoption. However, many were unsuccessful because:

> *"Mother would not give her consent"*
>
> *"Can't find father so he can sign papers. It's been four years. Want to adopt very much."*
>
> *"I could not afford to adopt without getting the ADC of $131 a month I get now."*

The requirements of adoption, especially termination of parental rights, can be problematic. Due to perceived barriers to adoption, a new option has recently been proposed by Marianne Takas: kinship adoption. It "would require at a minimum the permanent relinquishment or termination of the custodial rights of both parents." Other parental rights would be determined by agreement of the parties.(M. Takas)

Another innovative option is in Florida's "standby guardianship" or New York's "springing guardianship." For the parent who is facing illness and death, this option offers the parent a way to select and arrange a permanent plan for her children. While still providing adequate care, the parent can "execute a document which grants both limited immediate rights and more extensive future rights in a named caregiver." (M. Takas)

Since the foster care system was designed for non-relatives several sources have cited the need for unique permanency options for kinship care. Ten states have developed a

the need for unique permanency options for kinship care. Ten states have developed a form of subsidized guardianship with state funds. This subsidy is over and above the AFDC grant and goes to relatives who are willing to take custody and provide long-term homes for children who cannot be with their parents.

LENGTH OF STAY

The findings in other states have indicated that children stay in kinship foster care longer than non-relative foster care.

Figure 3 depicts caregiver responses regarding how long the children had been with them at the time the survey was administered. The median length of stay for all children in foster care is currently 2 years whereas only 36% of the kinship foster care children had stayed for more than two years. However, for AFDC and General Relief, 69% and 64%, respectively, had stayed for more than two years. Thus, private kinship care appeared to be a longer term, more permanent situation than foster care. Further analysis is needed on length of stay.

There was no significant difference in the length of time that drug-exposed children had stayed with the caregivers, but there was a significant difference between the groups as to whether the length of stay had been expected. The caregivers of drug-exposed children apparently had not anticipated the required length of stay as had other caregivers.

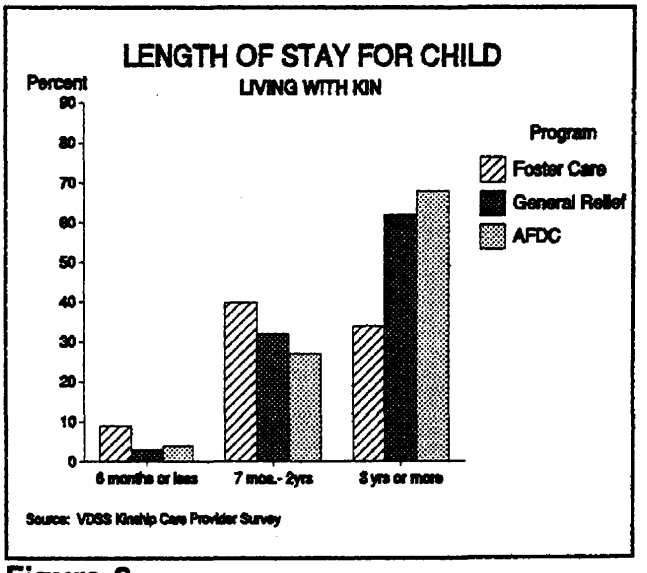

Figure 3

The length of stay has had definite implications on the life the caregivers, according to survey responses. For some, having the child for years has caused them to restructure their family and "own" this child; they admittedly would erect barriers to any attempts by the parent to resume parenting this child. At the other extreme are caregivers who are unhappy about the changes in their lifestyle, possibly their plans for retirement, and are dealing with feelings of anger and frustration. Some common concerns were having to "start over" and having "no time for myself".

If children are staying in kinship care long periods of time because the placement is in the child's best interest, then the focus should be simply how to support this plan. However, when no plan exists and the placement is unsatisfactory, it can be detrimental to the child and may require intervention.

Across the three groups surveyed, the largest percentage of caregivers stated that the children never visit their parents. The largest percentage citing at least weekly visitation was one-third of the foster care group.

Local social services staff perceived kinship care as offering the most stable, consistent placement when children cannot be with their parents. Local agencies (71%) viewed kinship care as providing more permanence than regular foster care and as encouraging more frequent visitation by parents, kinship foster care(49%) and private kinship care (48%).

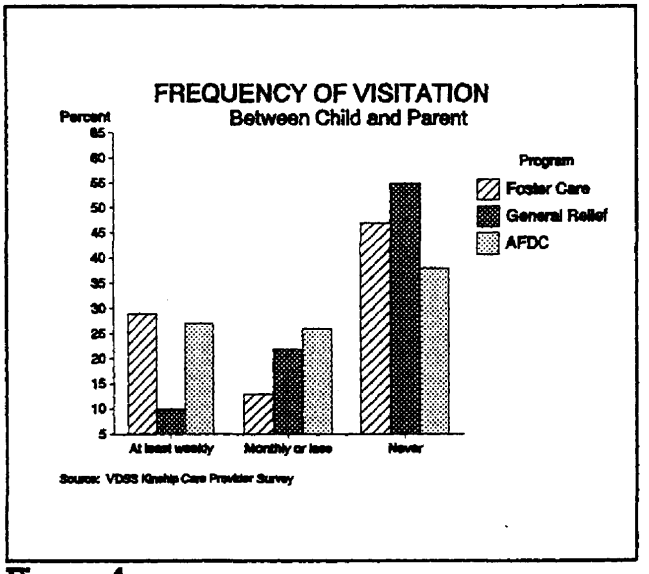

Figure 4

When asked about difficulties of kinship foster care, 30% of the agencies cited these caregivers as having or causing visitation problems, and 51% said the parents have or cause visitation problems. In private kinship care situations 36% attributed visitation problems to caregivers, and 57% attributed these problems to the parents.

A common assumption in the studies on kinship care is that staying with relatives or family friends will facilitate frequent contact with parents, but many survey responses do not support that assumption:

> *"Having to have contact with relatives whom you feel should take care of his own children."* *(foster care caregiver)*

> *"Children not seeing parents for long periods of times and parents reacting to this in negative way. Children not wanting to go to these parents they don't know."* *(foster care caregiver)*

> *"Failure of the parents to contact and find out about the child, leaving you with the entire responsibility."* *(General Relief caregiver)*

> *"Parents not coming around and helping. When one of them do come around he (child) cries and that upsets me a lot because I have to deal with that child."* *(General Relief caregiver)*

> *"When the children visit with their other family members they are influenced with things that are not taught in this house."* *(General Relief caregiver)*

> *"The 2 boys are scared their mom might come and take them away."* *(AFDC careagiver)*

> *"The visits with her mother and the problems they cause. Her mother tells her*

when she is 15 she can come live with her. The court says different so it causes problems." *(AFDC caregiver)*

TRAINING NEEDS

Most local departments agreed that training is needed for both workers and caregivers on such issues as permanency planning with relatives, family dynamics in kinship care, parenting someone else's children, and managing contacts between parents and children.

Caregivers' comments reflect their desire for help with these issues. Other states and cities which have been studying kinship care have either already added such topics to their existing foster parent training or are developing staff training at the request of staff.

Virginia could address social services' staff training needs related to kinship care through training currently available to local staff and foster care providers. It may require enhancing existing curricula or developing some additional ones. A curriculum and a delivery system for the training of private kinship care providers would need to be developed, possibly through a collaboration between Area Agencies on Aging and child welfare staff.

Considering the challenges faced by most caregivers in providing adequate care to these children, it is expected that many would participate in training and/or information-sharing sessions if they were planned and executed in a flexible way. They would need to be offered when and where the caretakers could have easy access to them.

CONCLUSION

The results of all the kinship care surveys indicate that the vast majority of kinship care situations are private, and many lack a formal goal or plan for return to parent or establishing other permanent legal status for these children. In private kinship care, children are staying in this situation many years with no expectation on the caregivers part that the child will be leaving. Even contact with the parents seems very limited or non-existent for many.

Considering the large number of private kinship care children identified (over 15,000), the lack of permanency planning warrants further study in order for these children to avoid remaining in legal limbo. Results of the survey also show that both the families and professionals involved in kinship care need help in understanding these situations and planning for the children.

Recommendation 6: VDSS should study new permanency options for children who cannot return to a parent such as kinship adoption, open adoption, and "standby guardianship" for ill parents and should evaluate other states' legislation for these areas.

Recommendation 7: State and local departments of social services should

Recommendation 7: State and local departments of social services should develop and provide training for both local social services staff and kinship caregivers on such topics as Family Dynamics in Kinship Care and Permanency Planning with Kin, utilizing existing resources and exploring additional sources.

The next chapter addresses safeguards to ensure that the children are living with kin in a safe, nuturing environment.

V. SAFEGUARDS FOR CHILDREN

This chapter examines safeguards for children in terms of approval/licensure, safety/ protection, and oversight for planning and service provision. A frequently expressed reservation about kinship care is that it places children with family or friends who may have been part of the dysfunctional patterns which caused the child to be at risk. However, studies in other states and our surveys indicate that the adults who ask for or agree to take these children are usually responsible and want to provide a safe, nurturing environment.

Children are entitled to certain safeguards, especially if the child has experienced a family crisis which resulted in separation from his or her parent. It is not always easy to determine why the child's parent may have become involved with drugs or engaged in other problematic behavior. If the grandparent, for example, indicates that her daughter was engulfed in the local drug culture in spite of her best efforts to prevent it, and grandmother is still living in that neighborhood, how will she protect the grandchild?

FOSTER HOME APPROVAL PROCESS

Currently, Virginia policy requires that families providing kinship foster care meet the standards that any foster home must meet to be approved. A social worker will visit the home, perform record and reference checks, and required TB tests, and other procedures. If the worker believes that it would be in the best interest of the child to reside with a relative's family, but one of the standards cannot be met, the agency may seek a waiver.

The waivers most frequently requested are for space or numbers of children in the home. The worker simply asks for the waiver from the appropriate regional coordinator, documenting that the waiver would not endanger the child and is in his best interest. Waivers can be quickly granted.

In Virginia corporal punishment by foster parents is not permitted. If physical discipline is a family tradition in the kinship foster home, problems can arise. Decisions regarding this and other child raising issues are among the most difficult faced by agencies utilizing kinship care opportunities for children in their custody. As one local social worker stated:

> *"I am a new Family Preservation Service Worker. I have found out that placement with relatives requires close supervision of the home as it would with the natural parents. Although they volunteered help quite often they are reluctant to comply with the norm of care we require."*

It is also difficult for a kinship foster parent to think about and abide by such agency rules as always notifying the agency regarding trips out of town. They may not think about notifying the agency about matters which feel as if they are within the family system, but for which the agency bears some responsibility due to having legal custody.

Once approved, these kinship foster homes are recertified every two years. The agency also is required to visit the child at least every three months, unless the goal is permanent foster care for which the minimum visitation is every six months.

A significant number of the local agencies surveyed identified difficulties in recruiting and approving kinship (relative) foster homes because of the "red tape." Relatives were deterred by such requirements as providing personal information, filling out forms, and taking time from work for a TB test. Several agencies noted that usually the CPS worker had explored possible alternatives to the agency taking custody and encouraged the relative or friend to seek custody themselves, if suitable. This information may help explain why only 3% of children in foster care in Virginia are in a relative (kinship) foster home.

APPROVAL PROCESS FOR PRIVATE KINSHIP CARE

In private kinship care it is important to realize that a parent who has custody of a child has the legal right to place that child without any external approval or oversight of the kinship family. If an agency is already involved in assessing risk of abuse or neglect or is requested by court to do a home study, it is incumbent upon that agency to assess the child's safety in the new arrangement. Then, if necessary, they can seek court intervention.

Our surveys revealed that many of the private kinship care arrangements do not receive any services from a child welfare agency. Although all the families surveyed were receiving some type of financial assistance, they may not have gone through any type of approval process in order to qualify for that assistance. Some localities that provide General Relief-Unattached Child do a brief home study, but there is not even a home visit required for AFDC. Some of the caregivers who have legal custody may have had a home study ordered by the court, but most did not.

SUPERVISION/OVERSIGHT OF KINSHIP PLACEMENTS

Many caregivers view some oversight by an agency as a positive factor if it helps to provide some planning and support to the child, parent and caregiver. Several factors specific to kinship placements, and delineated by M. Takas in a monograph on kinship care law and policy, can impact the supervision of these cases:

- Emergency or crisis related placements may have been made with little, if any, initial assessment of the caregiver's needs/resources
- Family privacy needs may be stronger;
- Existing family relationships may mean parents will have greater continuing access to the children; and
- Existing relationships between the parents and kinship caregivers create either strengths that services can build upon, barriers that need to be addressed, or a combination of both.

Some caregivers expressed concerns about the safety of children during parental visitation. Even if only a small percentage of private kinship care providers (8% AFDC and 5% General Relief) expressed concern about the safety of children during parental visits. However, several noted concerns about how to handle the parents, calling or writing in comments to ask specifically for help in dealing with the parent(s).

There is an inherent struggle between acting responsibly and not wanting to be too intrusive into families whenever agencies are aware of private kinship care situations. Maryland has dealt with this struggle by setting up a separate program called Services to Extended Families with Children (SEFC). For these providers they use the Child Protective Services standards of child care, basically the same as those applied to parents. The state then provides services and some oversight to the ongoing needs of these children.

If Virginia is to offer support in the form of some type of supervision/support to the 15,000 children identified in this report, all these factors plus the ambivalence many caregivers may feel about their roles must be taken into account. These same factors are some of the reasons caregivers in many cases are asking for the support of a social worker. Any treatment and guidance for kinship families must be coordinated among all the "agencies" involved: health department, social services, mental health, school, court, and others.

CONCLUSION

As in so many of the other issues related to children in this report, in regard to safeguards, there appears to be inequity between the kinship foster care and private kinship care populations. All the children have been separated from their parents, all are with relatives or friends, but completion of an approval process, supervision, and sometimes caregiver training are required only in foster care cases. Generally, service planning is only required in those cases, also, unless the placement is made after initial CPS or court ordered contacts.

Whether this is alarming or not depends on whether one believes that children in private kinship care are usually there by internal family arrangements and should not have to bear government "interference." However, it is significant that many of the Virginia caregivers and those at a national conference asked for more oversight and seemed to view it as supportive. Considering the high risk situations from which many of these children come, some assessment of their planning and safety needs seems warranted.

> **Recommendation 8:** VDSS should analyze the impact of the proposed definition of kinship care used in the report on child protective services, prevention, foster care and adoption policies and, if necessary, modify child welfare policies.
>
> **Recommendation 9:** VDSS should examine local agency reports of difficulties in recruiting kinship foster homes due to "red tape" of the foster home approval process to identify and remove barriers to relative

placements for children in foster care.

Recommendation 10: VDSS should develop guidelines for emergency placements with kin that will ensure at least minimal safeguards until further assessment can be completed for emergency situations in child protective services.

APPENDICES

LD9217476

HOUSE JOINT RESOLUTION NO. 642

Offered January 26, 1993

Requesting the Department of Social Services, in cooperation with the Joint Subcommittee Studying Maternal and Perinatal Drug Exposure and Abuse and the Impact on Subsidized Adoption and Foster Care, to examine the issue of kinship foster care and ways to provide assistance to kinship caregivers.

Patrons—Van Landingham, Christian, Darner, Grayson, Martin and Moore; Senators: Calhoun, Colgan, Gartlan and Miller, Y.B.

Referred to the Committee on Rules

WHEREAS, nationally, substance abuse has become a major health problem which affects the lives of many thousands; and

WHEREAS, substance abusers frequently cannot fulfill socially accepted roles or concentrate on the needs of other family members; and

WHEREAS, individuals who are addicted may have difficulties facing the responsibilities of parenthood and may be unable to provide their children with care; and

WHEREAS, there is a strong nexus between child abuse and neglect and substance abuse among parents; and

WHEREAS, in the Commonwealth and the nation, a phenomenon known as kinship care is often the result of substance abuse by the parents whose personal problems and needs render it necessary for someone else to assume the responsibilities for their children; and

WHEREAS, frequently kinship caregivers are older than the average parent because they are the grandparents of the children for whom they are caring; and

WHEREAS, kinship caregivers are also often members of the working poor who have few resources and low incomes; and

WHEREAS, individuals who are older, have low paying jobs, or are poor, may need child care, financial assistance, and health care; and

WHEREAS, most frequently, kinship caregivers are in need of assistance although they seldom are eligible for or have access to public programs providing health care or financial assistance; and

WHEREAS, in some states, programs of kinship foster care have been implemented; and

WHEREAS, based on the permanency planning premise that every child deserves a caring, legally recognized and continuous family in which to mature, the foster care program is focused on services to prevent removal of children from their homes and, when a child must be removed, to reunite the child with his birth parents/prior custodians; and

WHEREAS, kinship or relative care, when custody is assumed by the state and the child is placed with a relative, can be described as a challenge created by societial changes, which are most apparent in large metropolitan cities; and

WHEREAS, issues related to kinship care demonstrate a double edged dilemma, with positive and potentially negative components; and

WHEREAS, although a kinship care placement is more likely to be with a familiar person with whom the child has a bond and the parent may feel free to visit the child in a familiar setting, a physically abusive parent may have direct access to the child or family relations may break down due to difficulties created by drug abuse; and

WHEREAS, unresolved questions related to kinship care include issues related to the safety of the children, the frequency of parental visits, access to needed services, permanency planning or a separate goal for children in kinship care situations, an standards for approval as foster homes; and

WHEREAS, current policies may need to be clarified to ensure that local agencies are aware of the scope of services that can be offered to children in kinship care placements through the use of prevention funds; and

WHEREAS, there is a need to clarify and define the Commonwealth's policy vis-a-vis

APPENDIX B

SAMPLE METHODOLOGY AND RESPONSE RATES

Sample Methodology: Three separate samples were identified from the three data bases: foster care, AFDC and general relief. Two separate random samples were drawn from the general relief and AFDC population groups at the 95% confidence level of accuracy within 5%. In the case of the foster care group, the sample size required was so near the population no sample was drawn; the population itself was used. The sample sizes were:

- foster care - 142
- general relief - 272
- AFDC - 369

Response Rates: Initial questionnaires were sent in early August to persons identified in the samples. The cover letter requested return in about two weeks. A follow up reminder post card was sent to those who had not responded after that time. Then in September, a second copy of the questionnaire was sent to those still not responding. The final response rate for each of the three population groups were:

- foster care - 83 responses or 58%
- general relief - 187 responses or 69%
- AFDC - 278 responses or 75%

Of the total responding to the survey, 15.1% were kinship foster care, 34.1% were general relief, and 50.7% were AFDC (both private kinship care).

Accuracy Of Inferences Drawn From The Data: The response rates are all over 50%. In analyzing the data, a basic assumption was made that those who did not return the questionnaires were as representative of the population as those who did.

Original samples were made large enough to at least reflect a 95% surety of being accurate to within 5%. The minimum accuracy levels were recalculated given the number of responses received.

- foster care - 95% certainty of being within 6.9%
- general relief - 95% certainty of being within 6.4%
- AFDC - 95% certainty of being within 5.9%

APPENDIX C

KINSHIP CAREGIVERS BY LOCALITY

LOCALITY	FOSTER CARE	AFDC	GENERAL RELIEF
Counties			
Accomack		69	11
Albemarle	1	61	2
Alleghany/ Covington		21	
Amelia	1	8	
Amherst	2	26	
Appomattox		19	
Arlington	1	135	16
Augusta/Staunton		86	
Bath		4	
Bedford	1	58	
Bland		8	
Botetourt		3	
Brunswick		28	
Buchanan		32	
Buckingham		41	
Campbell	1	68	
Caroline		37	
Carroll			
Charles City		21	2
Charlotte		28	
Chesterfield/Colonial Heights	2	200	16
Clarke		12	
Craig		1	
Culpeper	1	40	

LOCALITY	FOSTER CARE	AFDC	GENERAL RELIEF
Cumberland		26	
Dickenson	4	26	
Dinwiddie		53	
Essex		15	
Fairfax	21	490	85
Fauquier		40	4
Floyd		5	
Fluvanna		14	2
Franklin		37	
Frederick	3	22	
Giles	1	8	
Gloucester		33	
Goochland	1	15	
Grayson		15	
Greene	1	15	
Greensville/ Emporia	1	49	
Halifax		81	
Hanover		46	
Henrico	1	248	33
Henry		74	
Highland		2	
Isle of Wight		51	
James City		39	
King & Queen		17	
King George	1	12	
King William		17	2
Lancaster		18	

LOCALITY	FOSTER CARE	AFDC	GENERAL RELIEF
Lee	5	58	
Loudoun	1	45	5
Louisa		35	
Lunenburg		19	
Madison	1	10	
Mathews		12	5
Mecklenburg		26	
Middlesex		18	
Montgomery		64	
Nelson	1	28	2
New Kent		7	
Northampton		46	1
Northumberland	1	21	
Nottoway		28	
Orange		34	
Page	1	22	
Patrick		26	
Pittsylvania		81	
Powhatan	1	11	
Prince Edward		31	
Prince George	1	32	1
Prince William	5	238	
Pulaski		52	
Rappahannock	1	3	
Richmond		15	
Roanoke		75	
Rockbridge		42	

LOCALITY	FOSTER CARE	AFDC	GENERAL RELIEF
Rockingham	1	38	
Russell		49	
Scott		24	
Shenandoah		34	
Smyth		6	
Southhampton		37	
Spotsylvania		45	
Stafford	2	52	
Surry		15	
Sussex	1	28	4
Tazewell	1	46	
Warren	1	37	
Washington		38	
Westmoreland		28	
Wise		74	
Wythe		20	
York/Poquoson		50	5
Cities			
Alexandria	1	247	25
Bristol	2	24	
Charlottesville	7	92	16
Chesapeake	1	390	44
Clifton Forge		12	
Danville	4	123	2
Franklin City		27	
Fredericksburg		45	
Galax	1	10	
Hampton	5	374	59

LOCALITY	FOSTER CARE	AFDC	GENERAL RELIEF
Harrisonburg	4	22	
Hopewell	1	63	
Lynchburg	3	15	
Manassas City	2	32	4
Manassas Park	2	11	
Martinsville		42	
Newport News	7	492	44
Norfolk	4	919	205
Norton	1	3	
Petersburg	1	208	
Portsmouth	3	433	38
Radford		8	
Richmond City	16	1001	213
Roanoke City	1	292	10
Suffolk	5	171	
Virginia Beach		425	56
Waynesboro		27	
Williamsburg		10	
Winchester	2	17	
TOTALS	140	9847	912