

**REPORT OF THE  
VIRGINIA COMMISSION ON YOUTH**

# **Kinship Care**

**TO THE GOVERNOR AND  
THE GENERAL ASSEMBLY OF VIRGINIA**



**SENATE DOCUMENT NO. 23**

**COMMONWEALTH OF VIRGINIA  
RICHMOND  
2001**





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January 10, 2001

TO: The Honorable James S. Gilmore, III, Governor of Virginia

and

Members of the Virginia General Assembly

The 2000 General Assembly, through Senate Joint Resolution 208, requested that the Virginia Commission on Youth be directed "to study kinship care."

Enclosed for your review and consideration is the report, which has been prepared in response to this request. The Commission received support from all affected agencies and gratefully acknowledges their input into this report.

Respectfully submitted,

A handwritten signature in black ink that reads "Phillip A. Hamilton". The signature is fluid and cursive, with a large initial "P".

Phillip A. Hamilton  
Chairman

Delegate L. Karen Darner  
Senator R. Edward Houck  
Delegate Jerrauld C. Jones

Delegate Robert F. McDonnell  
Senator Yvonne B. Miller  
Delegate John S. Reid  
Senator D. Nick Rerras

Delegate Robert Tata  
Mr. Steven V. Cannizzaro  
Mr. Douglas F. Jones



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## **I. Authority for Study**

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§ 9-292 of the *Code of Virginia* establishes the Commission on Youth and directs it to " . . . study and provide recommendations addressing the needs of and services to the Commonwealth's youth and their families." § 9-294 provides the Commission the power to " . . . undertake studies and gather information and data in order to accomplish its purpose . . . and to formulate and present its recommendations to the Governor and members of the General Assembly."

The 2000 General Assembly passed Senate Joint Resolution 208, directing the Commission to study kinship care. In fulfilling its legislative mandate, the Commission undertook the study.

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## **II. Members Appointed to Serve**

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The authorizing legislation required the Commission on Youth to study kinship care. The Commission received briefings and presentations during the spring and fall of 2000. Members of the Commission on Youth are:

The Hon. Phillip Hamilton, Chair, Newport News  
Mr. Gary Close, Vice-Chair, Culpeper  
The Hon. L. Karen Darner, Arlington  
The Hon. Jerrauld C. Jones, Norfolk  
The Hon. Robert F. McDonnell, Virginia Beach  
The Hon. Yvonne B. Miller, Norfolk  
The Hon. R. Edward Houck, Spotsylvania  
The Hon. John S. Reid, Chesterfield  
The Hon. D. Nick Rerras, Norfolk  
The Hon. Robert Tata, Virginia Beach  
Mr. Steve Cannizzaro, Norfolk  
Mr. Douglas Jones, Alexandria

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### **III. Executive Summary**

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Senate Joint Resolution 208 directed the Commission on Youth to identify legal and financial obstacles to kinship care in Virginia. The resolution identified four issues as a mandate: the role of kinship care in the child welfare system; Virginia policy and practice; other states' experience; and constituents' perceptions. The Commission conducted a literature review of both federal and state policy; created and administered a survey for local agency workers and kinship care participants; assembled an advisory group of those closest to the kinship care experience both in private and public sector; conducted two focus groups of kinship caregivers; and analyzed survey results from the Department of Social Services. All of these actions were taken in an attempt to completely canvas the topic of kinship care.

Kinship care is defined as the full-time care, nurturing, and protection of children by relatives, members of their tribes or clans, godparents, stepparents, or any adult who has a kinship bond with a child.<sup>1</sup> There are two widely recognized sub-sections used to define kinship care arrangements: informal kinship care and formal kinship care. The most revealing finding was the difference in the services and financial assistance received between those kinship caregivers in foster kinship care arrangements and those outside the foster care system.

In Virginia there are at least 18 times more children in kinship care arrangements outside the foster care system than within it. Those in the foster care system, called formal kinship care, enjoy the benefits of a monthly foster care payment and support service from the local Department of Social Services. According to a 1994 Department of Social Services' study of kinship care (House Document No. 71), at that time there were 228 children in kinship foster care, in Virginia. In March 2000, there were 532 children in these arrangements, more than double the number in 1994.<sup>2</sup> The Commission did not have the information to find if that increase is reflected also in the number of children in informal kinship care. Data from the state Department of Social Services shows that there are at least 9,061 who are in informal kinship care arrangements and receive Temporary Assistance to Needy Families (TANF). At the time of this report, the Commission did not have the benefit of the 2000 Census statistics compiled in response to the specifically asked question about "minor kin in the household." The Commission did not attempt to make an estimate about the number of children in kinship care arrangements. However in 1990, the Census reported that 115,489 children were in the care of relatives.

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<sup>1</sup> Child Welfare League of America. Kinship Care in Child Welfare Fact Sheet. 1999.

<sup>2</sup> Virginia Department of Social Services. 2000.



According to 1998 Census data nationally, it is estimated that between 2.5 and 4 million children are raised by kin. In 1998, it was estimated that grandparents led the 2.5 million families raising minor kin. That same year, in 85% of the cases of children raised by single caregiver, the caregiver was a female.<sup>3</sup> The 1997 National Survey of American Families done by the Urban Institute identified roughly 194,000 children in kinship foster care.

We have seen an explosion in the kinship care population nationally between the late 1980s and the 1990s. There are many reasons for this situation including welfare reform, both at the federal and state levels, and the crack-cocaine epidemic.

While kinship care exists in Virginia in the nature of the relationship, it is not codified in *Virginia Code*, nor in the Department of Social Services (DSS) Policy Manual. However, there are certain sections of the *Code* that do offer preferential treatment to relatives caring for minor kin, and the DSS Policy Manual does specify that a child has a right to be reared by the parents or, in the absence of parents, by a relative.

According to 2000 survey results, abuse and neglect by the parent is the most prevalent cause for removing a child from their home and place him/her in a kinship care arrangement. Compared with children in foster care, there is a significantly higher percentage of children in informal kinship care arrangements who were reported to have been abused, not protected from abuse, and/or lacking sufficient housing.

Grandparents and aunts make up the largest percentage of kinship caregivers. Clothing, personal items, health services, and childcares were identified as significant needs by most caregivers. Consequently, a majority of the kinship caregivers spent a majority of their money on clothing and personal items.

Counseling was listed as the greatest service needed for a child in kinship care, followed by day care. The survey showed that foster care arrangements have their needs met more frequently than kinship caregivers in non-foster care arrangements. There is no formal support available that recognizes the unique relationship between the kinship caregiver and minor kin. If they meet approval standards, the relative foster caregiver is eligible to receive the same foster care rate as non-relative foster caregivers, if they meet approval standards. Informal kinship caregivers and their minor kin, if eligible, may receive assistance from Social Security, SSI, Medicaid, Food Stamps, and TANF.

The kinship care relationship between the caregiver and the minor kin is unique. Often the caregivers are grandparents unfamiliar with the modern school

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<sup>3</sup> U.S. Census Bureau. March 1998.

system and the everyday concerns and issues of the children for whom they are providing care. Many kinship caregivers have a distrust of government systems and/or are must deal with issues unique to their situation; for example, potential conflict within their own families.

### **Recommendation**

Amend the *Virginia Code* to include the following definition:

Kinship Care - The full-time care, nurturing, and protection of children by relatives, members of their tribes or clans, godparents, stepparents, or any adult who has a kinship bond with a child.

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## **IV. Study Goals and Objectives**

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In developing goals for the study of kinship care, the staff of the Virginia Commission on Youth reviewed the authorizing legislation and previous study efforts, as well as recent literature from the field. The following goals for the study were drafted and approved by the Commission in May of 2000:

- I. Define and describe the role of kinship care within the child welfare system
- II. Identify issues unique to kinship caregiving in Virginia
- III. Identify barriers to kinship care
- IV. Recommend strategies for overcoming barriers

In response to the stated study goals, the following activities were undertaken:

1. Literature review
2. Statutory and policy analysis of kinship care in other states
3. Analysis of previous study of kinship care in Virginia
4. Analysis of the *Code of Virginia* and the Department of Social Services Policy Manual
5. Collection and analysis of data from social workers
6. Collection and analysis of data from kinship caregivers
7. Development and facilitation of study advisory group to discuss issues and develop recommendations to present to the full Commission.

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## **V. Methodology**

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### **A. Advisory Group**

Commission staff identified and convened a group of experts from the fields of child welfare and family services to provide guidance and feedback to

the study. The Advisory Group met twice during the summer of 2000. Advisory Group membership may be found in the Appendix.

#### **B. Literature Review**

A great deal of research has been completed on Kinship care in the United States over the last five years. The commission conducted an extensive search of both Internet and library sources and then reviewed and analyzed the large body of research that was compiled.

#### **C. Analysis of Other States' Legislation and Policy**

Several other states have taken legislative and/or policy action related to Kinship care in the past decade. The Commission staff contacted eight states and received information from seven of them. All of this information was reviewed and analyzed.

#### **D. Survey of Local Departments of Social Services**

Local Departments of Social Services were asked to provide information on children for whom they had facilitated out-of-home placement during June 2000. Placements were to include both foster care and non-foster care. The purpose of the survey was to determine the characteristics of the kinship caregiver and their minor kin as well as to identify specific areas of need, as reported by the local agency worker.

#### **E. Analysis of Data from VDSS Study of TANF Recipients**

The Virginia Department of Social Services (VDSS) provided the Commission with data from their exploratory study of Temporary Assistance for Needy Families (TANF) cases in which an adult, other than the parent, receives TANF benefits on behalf of a child. Such cases represent approximately 30% of all TANF cases, and 47% of TANF cases exempt from the Virginia Initiative for Employment not Welfare (VIEW) program work requirement. The Virginia Tech Center for Survey Research conducted the study for the Department through both a phone survey of caretakers and a review of VDSS administrative databases.

#### **F. Focus Groups**

Commission staff conducted focus groups of kinship caregivers in Norfolk and Big Stone Gap, Virginia in the summer of 2000. Participants provided information about the unique needs of kinship caregivers. Because participant numbers were small, focus group data was used to provide anecdotal support to other sources, but is not presented as a discrete data source.

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## **VI. Background**

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Relatives and extended family have long played a role in caring for children when parents were unable to do so. This practice has come to be referred to as "kinship care." Kinship care is defined as the full time care,

nurturing and protection of children by relatives, members of their tribes or clans, godparents, stepparents, or any adult who has a kinship bond with a child.

During a time of national and state welfare reform, some states have found legislative solutions to caring for children in kinship care. While a relative has always been the primary option for parents unable to care for their children, the foster care system now is making that option a priority. A number of federal and state court rulings have recognized the rights of relatives to act as foster parents and to be compensated financially for doing so.<sup>4</sup> Many child welfare experts believe that the placement of a child with a relative will help achieve the desired end-result of foster care: reunification of the child with the parent. In Virginia, a relative who wishes to care for minor kin in the foster care system and receive financial assistance must follow the same licensing requirements as a non-relative foster parent. This financial incentive has led many to join the ranks of foster parents while participating in kin relationships that have been considered normal in many cultures for generations. While the number of children in kinship foster care has increased over the past 10 years, there is a greater number of children in kinship care arrangements outside the foster care system.<sup>5</sup>

This report will look at the following questions: Does the initiative of relative placement, mandated by federal legislation and state guidelines, work against the goal of reducing foster care and welfare participation? Additionally, does the support of the foster care system deter the reunification of the parent and the child, if the parent sees no immediate reason to be involved in the child's life?

#### **A. History of Kinship Care**

Since kinship care takes many forms, it is helpful to begin thinking about it as a continuum of supports and interventions. The distinctions along the continuum are found in custody of the child, support for the caregivers and the requirements demanded of the caregiver.

At one end of the continuum is formal kinship care, also known as kinship foster care. This involves the parenting of children by kin as a result of a determination by the court and the child protective service agency. The child is removed from his/her parents' home and is placed in the legal custody of the local agency. The relative provides the full time care of the child. This form of care is tied to state and federal child welfare laws. In Virginia, in this arrangement, the relative can meet foster care requirements and thus receive of services and financial assistance to help care for the child.

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<sup>4</sup> Leos-Urbel, J. Bess, R., and Green, R. State Policies for Assessing and Supporting Kinship Foster Parents. *The Urban Institute*. 2000.

<sup>5</sup> U.S. Census Bureau. National Survey of American Families. *The Urban Institute*. 1998.

At the other end of the continuum are private or informal kinship families in which the family decides that the child will live with relatives or other kin with no contact with the child welfare system. In the middle are kinship families (sometimes referred to as "voluntary") who are known by the system but not formally a part of the system. In these situations, a social worker may have helped to facilitate the placement of the children, and some of these families may receive support services.

In many cultures, kinship care arrangements have existed outside of the foster care system for several generations. A study in Minnesota found that the acceptance of informal adoption dates back to the kinship structures of ancient African cultures.<sup>6</sup> The majority of kinship care arrangements today still exist outside the foster care system. In 1998, grandparents who had one or more of their grandchildren living with them, led 2.5 million of the nation's families. This number is up 19% since 1990.<sup>7</sup> Of the 2.5 million children in the U.S. living in kinship care arrangements in 1998, only 200,000 were in foster care.<sup>8</sup>

In the United States, the majority of the kinship caregivers are over 50-years old and the majority of the children participating in these relationships are younger than 12-years old. In 1997, African-American children were four to five times more likely to live in kinship care than white or non-Hispanic children. Of single kinship caregivers, 85% were women.<sup>9</sup>

Kinship care has gained national attention in the past decade as these arrangements become more prevalent within the foster care system and as kinship caregivers turn to the state for assistance. As pictured in Figure 1, approximately 1.3 million children were living in private kinship care in 1997 and another 194,000 children were in kinship foster care.<sup>10</sup> There are a number of reasons for the increase in attention to relatives caring for minor kin. The crack-cocaine epidemic of the late 1980s and early 1990s is but one reason many of this generation will be raised, not by their parents, but by other relatives. In a majority of cases, parents are found guilty of abuse or neglect. Some of these parents are incarcerated or otherwise unable to provide for the basic needs of their child. Changing state and federal policy have also contributed to the increase in the number of children in the care of relatives.

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<sup>6</sup> School of Public Health. Minnesota.

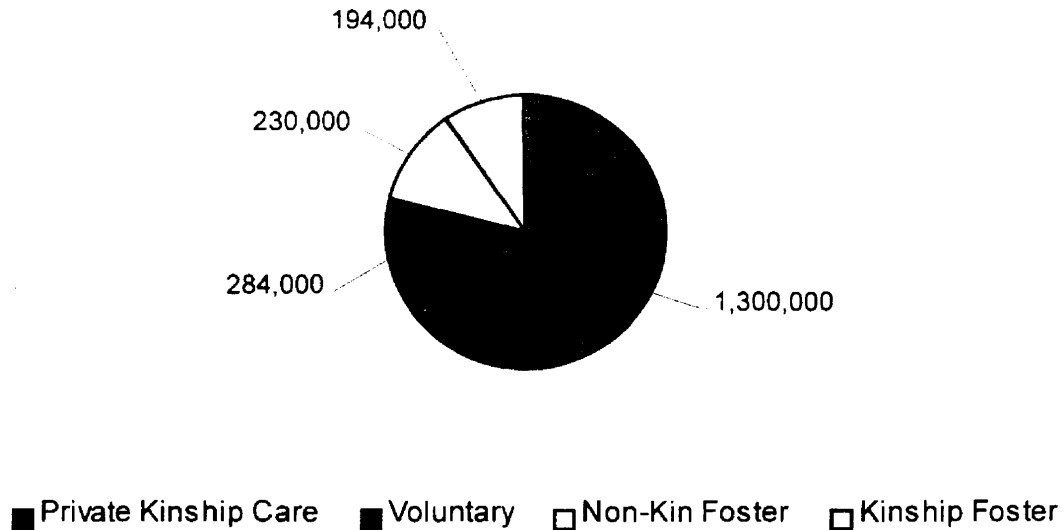
<sup>7</sup> Child Welfare League of America. Kinship Care in Child Welfare Fact Sheet. 1998.

<sup>8</sup> U.S. Census Bureau. March 1998.

<sup>9</sup> Clark and Harden, Formal and Informal Kinship Care for Office of the Assistant Secretary for Planning and Evaluation of the U.S. Department of Health and Human Services. Chapin Hall for Children at University of Chicago and The Urban Institute. June 1997.

<sup>10</sup> U.S. Census Bureau. National Survey of American Families. The Urban Institute. 1998.

*Figure 1*  
**Children Living with Neither of Their Parents**



Source: 1997 National Survey of America's Families.

### **B. The Debate About Kinship Care**

There are a number of areas of debate and disagreement about the role and responsibility of both government and family in kinship care. As demonstrated by varying state requirements described later in this report, one debate is concerning the level and nature of assessment of kinship homes. Some states require that kinship caregivers meet the same licensing requirements as non-kin foster parents, and yet others waive one or more of these requirements or offer an entirely different approval standard.<sup>11</sup>

There is also disagreement about payment for kinship caregivers. Some argue that paying kinship caregivers may encourage families to enter the child welfare system, and further contend that it is inappropriate for relatives to receive money for what is seen as family responsibility. Others counter that the basic needs of children are the same whether they are cared for by a relative or by a foster parent, and that government should ensure that these needs are met.

Another debate is over the impact of kinship care on a child's well being. While kinship care may provide the continuity and comfort of a known relative, some people are concerned that relatives share the same family history of abuse. Limited data indicates that kinship foster families face some unique challenges in their roles as caregivers. Often the kinship families have had little,

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<sup>11</sup> Boots, S. and Green, R. *Family Care or Foster Care? How State Policies Affect Kinship Caregivers*. *The Urban Institute*. Number A-34. 1999.

if any, advance preparation. Kin foster parents tend to be older, are more likely to be single, and have less education and lower incomes than non-kin foster parents.<sup>12</sup>

Advocates of kinship care argue that, despite these challenges, children fare better when placed with relatives. Some suggest these placements are less traumatic and disruptive and thus children may maintain stronger relationships with siblings, birth parents and their community.<sup>13</sup> Finally, research has shown that children in kinship foster care are less likely to experience multiple placements than children in non-kin foster care.<sup>14</sup>

Children placed in kinship placements tend to stay for relatively long periods of time. They are also less likely to be reunited with their parents, and are less likely to be adopted by their caregivers than children in non-kin foster placements.<sup>15</sup>

### C. Federal Policy and Kinship Care

Within the context of these growing debates, federal child welfare policy in support of kinship caregivers, as well as reliance by child welfare agencies on kin to act as foster parents, are a relatively recent phenomena. When the Adoption Assistance and Child Welfare Act was passed in 1980, forming the basis for federal foster care policy, placement of a child with relatives was very rare. Kinship foster care increased substantially in the late 1980s and 1990s, and from 1986 to 1990 the percentage of relative caregivers providing foster care grew from 18% to 31%.<sup>16</sup>

Today, federal policy supports kinship placements. The landmark welfare reform legislation of 1996, the Personal Responsibility and Work Opportunity Act (PRWORA), required states to consider preference for a relative when considering placement of a child. Also, in 1997, the Adoption and Safe Families Act (ASFA) acknowledged the unique role of relatives by indicating that a "fit and willing relative" could provide a "permanent planned living arrangement" and that time limits for termination of parental rights could be waived if a child is being cared for by a relative.<sup>17</sup> In a 1999 survey by the Urban Institute, states were asked if they gave preference to kin over non-kin foster parents when placing a child. Forty-five states and the District of Columbia replied that they *always* seek

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<sup>12</sup> Barth, R., Courtney, M., Berrick, J., and Albert, V. From Child Abuse to Permanency Planning. Aldine de Gruyter. New York. 1994.

<sup>13</sup> Gleeson, J. and Craig, L. Kinship Care in Child Welfare: An Analysis of States' Policies. *Children and Youth Services Review*. 1994.

<sup>14</sup> Beeman, S., Wattenberg, E., Boisen, L. and Bullerdick, S. Kinship Foster Care in Minnesota. Center for Advanced Studies in Child Welfare. University of Minnesota School of Social Work. September 1996.

<sup>15</sup> Berrick, J. and Barth, R. Research on Kinship Foster Care: What do we Know? Where Do we Go from Here?. *Children and Youth Services Review*. 16 (1-2). 1994.

<sup>16</sup> Boots, and Green, Family or Foster Care?: How State Policies Affect Kinship Caregivers. Urban Institute. Assessing the New Federalism. 1999.

<sup>17</sup> Christian, S. 1998 State Legislative Responses to the Adoption and Safe Families Act of 1997. Denver, CO: National Conference of State Legislatures. 1999.

kin prior to placing a child with non-kin. Three states, including Virginia, replied *sometimes*, and 2 states did not report giving preferences to kin.<sup>18</sup>

Payments to foster caregivers are federally subsidized under Title IV-E of the Social Security Act. States maintain licensing standards for caregivers in the foster care system, and kinship caregivers desiring to obtain these payments must meet the state's standards. Across the country states vary in their regulation, monitoring and financial assistance to kinship caregivers. Figure 2 presents these variations.

Eight states have separate and distinct foster care licensing standards for kin and non-kin. Sixteen states mandate that kin must meet non-kin licensing standards, but some standards are waived or modified. In 27 states, including the District of Columbia, kin must meet full non-kin foster care standards in order to receive foster care payment. However 24 states and the District of Columbia have separate approval processes for kin and do not provide foster care payments to kin assessed by this process.

PRWORA replaced the Aid to Families with Dependent Children (AFDC) program with Temporary Assistance for Needy Families (TANF). Informal kinship families may receive cash assistance under TANF, if they meet their state's eligibility requirements. However, TANF recipients are limited to 5 years of benefits in a lifetime, and cannot receive benefits for more than 2 years without participating in work activities, unless the state plans allow for an exception. Thirty-eight states reported that they help place children who are not in state custody with kin. Of these states 22 have an agency policy that requires workers to inform kin of their eligibility for TANF payments and in 21 of these states, caseworkers must refer kin to the appropriate TANF office. Further, in eight states, caseworkers are required to help arrange for kin to receive TANF payments.<sup>19</sup>

Some states offer just a TANF payment to kinship families, while others offer payment greater than TANF, but less than the foster care rate. Here the kin have the option of receiving less money, and at the same time less government intervention.<sup>20</sup> While the child who is being cared for in the foster care system must have come from a family previously eligible for AFDC funding to receive federally-funded foster care payments, relatives not eligible by this standard can apply for state-funded foster care payments, depending on each state's policies.

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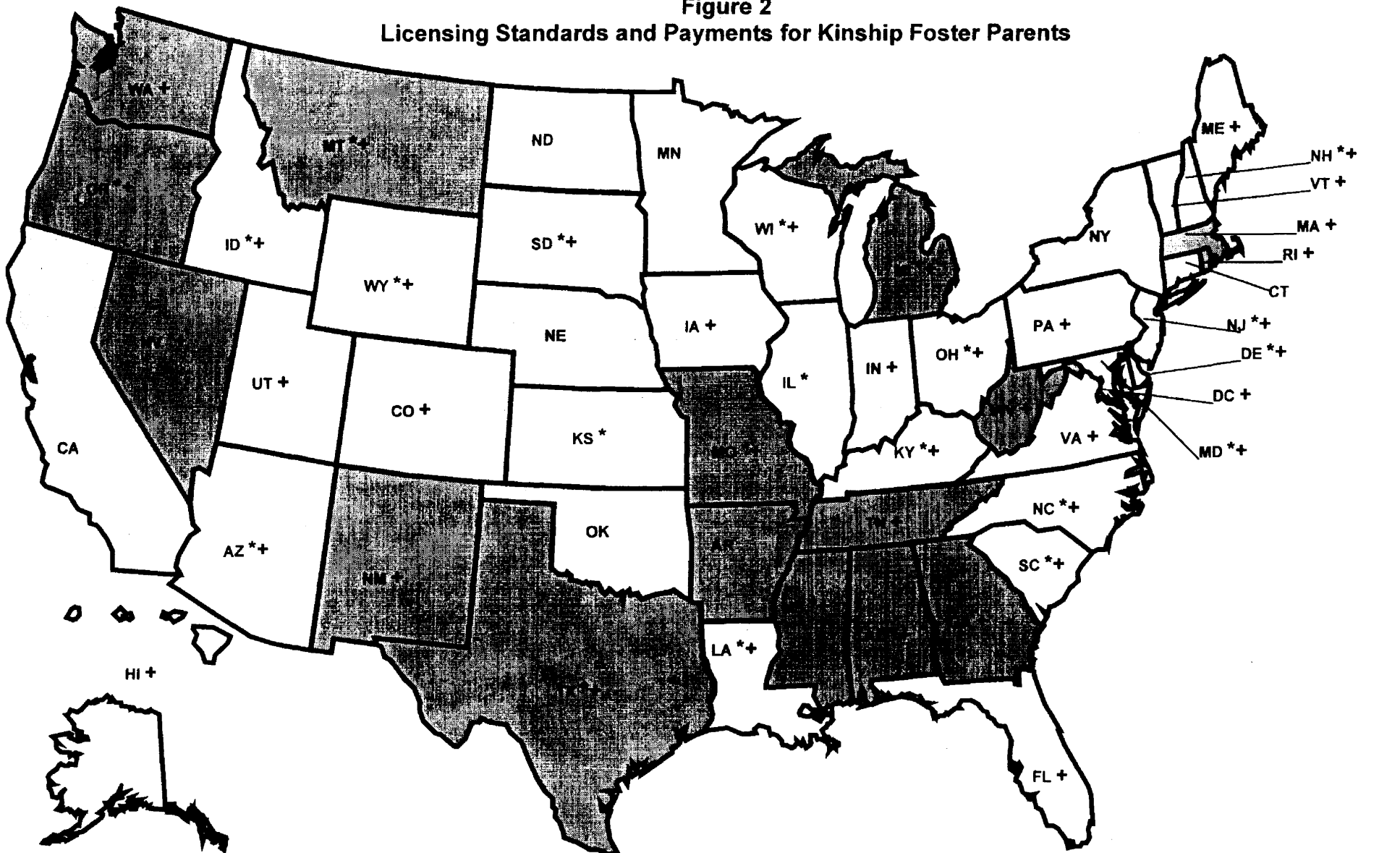
<sup>18</sup> Leos-Urbel, J., Bess, R., Green, R. State Policies for Assessing and Supporting Kinship Foster Parents. *Urban Institute. Assessing the New Federalism.* 2000.

<sup>19</sup> *ibid.*

<sup>20</sup> *ibid.*



**Figure 2**  
**Licensing Standards and Payments for Kinship Foster Parents**



○	Kin may meet a less stringent licensing standard and receive the foster care rate (n=8).	◐	Kin must meet non-kin licensing standard to receive foster care, but some standards are waived or modified	○	Kin must meet full non-kin foster care standards in order to receive foster care payment (n=27).	* Kin may meet a less stringent standard and receive a lower payment (usually TANF).	+ State may help place children with kin without taking state custody.
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A 2000 report done by the Urban Institute as part of their series "Assessing the New Federalism,"<sup>21</sup> suggests that when relative caregivers are given the choice of financial assistance, there is not an overwhelming reception of foster care payments. Table 1 describes the licensing and payment options offered to kinship caregivers in each state. Of the 26 states and the District of Columbia that offer kin more than one payment option, 15 states and the District of Columbia were able to estimate the share of kin receiving either foster care or TANF. In eight states and the District of Columbia, the majority of kinship caregivers did not receive foster care payments. In four states, all or most kin received a foster care payment. In three states, about half of the kin receive foster care payments. The Urban Institute notes that in states where most kin caring for children in state custody receive TANF instead of foster care payments, the TANF definition of kin is narrower than the definition used by the child welfare system. They point out that there is a risk a child may not receive any assistance payments, if their caregivers are unable to meet the requirements for foster care and do not meet the definition of relative.

The Department of Health and Human Services (DHHS), under section 1130 of the Social Security Act, is permitting as many as 10 states per year to conduct demonstration projects which involve the waiver of certain requirements of Titles IV-B and IV-E. Demonstration projects like "subsidized guardianship" allow for relatives to care for children who had previously been in state custody. To receive ongoing monthly subsidies, comparable to foster care or adoption assistance payments, but the children are no longer regarded as foster care participants.

These funds are not generally reimbursed by the federal government, although DHHS has issued Title IV-E waivers to Delaware, Illinois, Maryland, Montana, New Mexico, North Carolina, and Oregon, to test the effectiveness of these programs. Some states applied for these waiver projects as early as 1995 and their five-year interim review will be conducted in the year 2000.

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<sup>21</sup> Leos-Urbel, J., Bess, R., Green, R. State Policies for Assessing and Supporting Kinship Foster Parents. *Urban Institute. Assessing the New Federalism.* 2000.

*Table 1*  
**Licensing Options Offered to Kin and Payment Provided**

State	Foster Care	Waived	Kin Approval Process	Notes
Alabama	Foster Care	Foster Care	TANF	
Alaska	Foster Care			
Arizona	Foster Care		TANF & Other	In addition to TANF, provides auxiliary payments for one-time expenses.
Arkansas		Foster Care		
California			Foster Care or TANF	Provides foster care payments to caregivers caring for IV-E eligible children. Kinship caregivers caring for non-IV-E-eligible children may receive TANF.
Colorado	Foster Care		Foster Care	
Connecticut			Foster Care	
Delaware	Foster Care		TANF	
District of Columbia	Foster Care		Foster Care / TANF	Offers two separate kin standards; the more comprehensive of which provides foster care payment, kin assessed by the less comprehensive process receive TANF.
Florida	Foster Care			
Georgia		Foster Care or TANF		Kin choose to receive either foster care or TANF. Kin who choose to receive TANF receive less child welfare supervision.
Hawaii	Foster Care			
Idaho	Foster Care		TANF	
Illinois	Foster Care		Other	Provides a payment from state funds greater than TANF but less than foster care.
Indiana	Foster Care			
Iowa	Foster Care			
Kansas	Foster Care		TANF	
Kentucky	Foster Care		TANF	
Louisiana	Foster Care		TANF	
Maine	Foster Care		Foster Care	
Maryland	Foster Care		TANF	
Massachusetts		Foster Care		
Michigan		Foster Care	TANF	
Minnesota	Foster Care			
Mississippi		Foster Care	TANF	
Missouri	Foster Care	It Depends		All grandparents receive foster care payment regardless of the child's IV-E status. If the child is IV-E eligible, other related kin also receive foster care. If the child is not IV-E eligible, the related kin receive TANF.
Montana		Foster Care	TANF	
Nebraska	Foster Care		Foster Care & TANF	Kin may choose to receive either foster care or TANF.
Nevada		Foster Care	TANF	
New Hampshire	Foster Care			
New Jersey	Foster Care		TANF	Child welfare agency provides some kin with the equivalent of a TANF payment.
New Mexico	Foster Care	Foster Care		
New York			Foster Care	
North Carolina	Foster Care		TANF	
North Dakota	Foster Care			
Ohio	Foster Care		TANF & Other	Counties may provide support to kin out of local revenues.
Oklahoma			Foster Care	
Oregon		Foster Care	TANF	
Pennsylvania	Foster Care			
Rhode Island		Foster Care		
South Carolina	Foster Care		TANF	
South Dakota	Foster Care		TANF	
Tennessee		Foster Care		
Texas		Foster Care	TANF	
Utah	Foster Care			
Vermont	Foster Care		Foster Care	
Virginia	Foster Care			
Washington		Foster Care		
West Virginia	Foster Care	Foster Care		
Wisconsin	Foster Care		TANF	
Wyoming	Foster Care		TANF	

Source: State Policies for Assessing and Supporting Kinship Foster Parents. *The Urban Institute*, 2000.

### D. Kinship Care and Achieving Permanency

Within the child welfare system, permanency refers to the achievement of a safe, stable living arrangement as quickly as possible for children who must be permanently removed from their parents' homes. States offer varying permanency options to kin caring for children in state custody. These include adoption, guardianship, and long-term foster care (see Table 2, Permanency Options Available to Kin).

Table 2  
Permanency Options Available to Kin

State	Subsidized Adoption	Guardianship	Subsidized Guardianship	Long-Term Kinship Foster Care
Alabama				•
Alaska	•	•	•	•
Arizona	•	•	•	•
Arkansas	•	•		•
California	•	•	•	
Colorado	•	•		•
Connecticut	•	•	•	•
Delaware	•		•	•
District of Columbia	•	•		
Florida	•	•		•
Georgia	•	•		•
Hawaii	•	•	•	•
Idaho	•	•		•
Illinois	•	•	•	
Indiana	•		•	•
Iowa	•	•		
Kansas	•	•	•	•
Kentucky	•		•	•
Louisiana	•	•	•	
Maine	•	•		•
Maryland	•	•	•	
Massachusetts	•	•	•	•
Michigan	•			•
Minnesota	•		•	•
Mississippi	•	•		•
Missouri	•	•	•	•
Montana	•	•	•	•
Nebraska	•	•	•	•
Nevada	•			
New Hampshire	•	•		•
New Jersey	•	•		•
New Mexico	•	•		
New York	•	•		•
North Carolina	•	•	•	•
North Dakota	•	•	•	•
Ohio	•	•		
Oklahoma	•	•		•
Oregon	•	•	•	•
Pennsylvania	•	•		•
Rhode Island	•	•		•
South Carolina	•	•		•
South Dakota	•	•	•	•
Tennessee	•	•		•
Texas	•	•		•
Utah	•	•	•	•
Vermont	•	•		•
Virginia	•	•		•
Washington	•	•	•	
West Virginia	•	•	•	•
Wisconsin	•	•		•
Wyoming	•	•	•	•

Source: State Policies for Assessing and Supporting Kinship Foster Parents. The Urban Institute. 2000.

Adoption is generally considered the most desirable permanency option for children in foster care. This may not, however, be an acceptable goal for all kinship families. Some may perceive adoption as unnecessary, since the child is already "part of the family." Also, adoption would require terminating the parental rights of the birth parents, which may cause conflict in the family. Some kin caregivers also have expressed hope that the birth parents may someday be able to resume caring for the child.

Kin may adopt foster children whose parental rights have been terminated. If the child is determined to have special needs, he/she may qualify for an adoption subsidy. Special needs may include disabilities, age, minority status, or membership in a sibling group. Subsidy payments may not exceed the amount the child would have received in foster care.

Many states use guardianship as a permanent living arrangement for children in foster care. This enables kin to assume long-term care without severing the parent-child relationship. Because parental rights do not have to be terminated, guardianship generally requires less court involvement and less agency supervision. Guardianship does not provide the same protections against later, unexpected changes as adoption, and may be seen as a less than total commitment to permanent parenting. Some states offer subsidized guardianship, providing a stipend that can be as much as a foster care payment.<sup>22</sup>

Finally, some states offer long-term foster care as a permanency option when reunification is not possible. This is often used only for older children or for those who have been in foster care for a number of years. This option does not provide the legal safeguards of adoption or guardianship.

#### **E. Kinship Care in Selected Other States**

Only three states, Florida, Illinois, and Wisconsin, have formal programs for kin who are caring for children not in state custody. Illinois' Extended Family Support Program provides kinship families with a three-month assignment to a caseworker, assistance in getting aid, assistance in attaining guardianship, and access to limited funding for bedding, food, school uniforms, and other daily necessities. Florida's Relative Caregiver Program offers their participants payments from TANF, as well as Medicaid, childcare assistance, and a clothing allowance. Unlike Illinois, there is no time limit for the payments, and benefits continue after guardianship is achieved or if the child remains in long-term foster care. A child is eligible for the program if adjudicated dependent by the court, while the caregiver must be approved through a home study, and record checks. Wisconsin's Kinship Care Program is not limited to just those children placed by courts or other public agencies. It also is available to children placed with

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<sup>22</sup> Boots, and Green, *Family or Foster Care?: How State Policies Affect Kinship Caregivers*. *Urban Institute*. *Assessing the New Federalism*. 1999.

relatives voluntarily by the family. Further description of each of these state programs is found in the Appendix.

## **F. Kinship Care in Virginia**

### **I. Previous Study Efforts**

In 1994, pursuant to House Joint Resolution 642, the Virginia Department of Social Services (VDSS) presented House Document No. 71<sup>23</sup> to the Virginia General Assembly. VDSS examined kinship foster care and ways to provide assistance to kinship caregivers within the foster care system. Among the issues examined were:

- Factors influencing the increasing need for kinship care
- Access to needed services
- Safety of children
- Permanency planning and the relationship of the child and parent
- Clarification of policy
- Use of funds to provide services and assistance to kinship caregivers

The study focused on kin who were receiving monthly payments from local social service agencies for the care of children placed in their home. VDSS used surveys to collect data from local agencies and caregiver groups. Additionally, their methodology included literature review and work with an advisory group consisting of kinship caregivers, public and private agency representatives and state staff. VDSS conducted a survey of kinship caregivers in three categories: Relative Foster Parent Caregivers, General Relief Caregivers, and AFDC Recipient Caregivers. They also conducted separate surveys of child protective service workers and local social service agency foster care workers.

VDSS concluded that the number of kinship caregivers in the general population in Virginia had grown in the past decade and would probably increase, although the number of children in relative foster care had not increased. Most kinship caregivers agreed that they could use additional financial and service assistance and that they are intertwined. Several caregivers noted that they could meet most of their financial needs if they were receiving additional support through services like child day care. VDSS' survey results noted that the majority of kinship care arrangements were private and informal, and for the most part lacked sufficient permanency planning regarding the reunification of the parent and the child. Finally, there is a large disparity between the safeguards in place for children in private kinship care and those in kinship foster care. The requirements to become a foster parent do not apply when the arrangement is private (informal) and made between family members.

The recommendations made in House Document No. 71, based on the findings of the study, center around the state's plan for family preservation services. The plan includes provisions for financial assistance services safeguards and permanency planning, in addition to preventive actions to avoid

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<sup>23</sup> Virginia Department of Social Services. Study of Kinship Care. House Document 71. 1994.

an increase in kinship foster care in Virginia. VDSS recommended reviewing the foster care approval process when examining the low utilization of relatives as kinship foster caregivers. Additionally they recommended finding funding to support non-relative care by friends and neighbors in order to maintain a safety net of care for the child. VDSS proposed finding better ways to educate kinship caregivers about the services available to them, in addition to educating local agency staff on the unique dynamics of kinship care relationships. Further, VDSS recommended a partnership with a local university to assess the needs of children in private kinship care and to address the feasibility of providing additional financial support to private kinship caregivers. Finally, VDSS proposed the study of new permanency options for children who cannot return to a parent such as kinship adoption and "standby guardianship."

**II. Formal Kinship Care in Virginia**

The latest census totals from 1990 identified approximately 78,000 households with minor kin, representing 5% of all Virginia families. There were 115,489 children living with relatives other than their parents. According to the Virginia Department of Social Services in March 2000, 532 children in Virginia were living in kinship foster care arrangements.

Today, in compliance with ASFA, relatives are given priority in placement decisions of children in agency custody. Virginia is one of ten states that does not have a separate licensing standard for relative/non-relative foster care.<sup>24</sup> However, when a child is placed with kin in an emergency, some of the licensing standards to become a foster parent are temporarily waived. Otherwise, kinship caregivers must meet the same licensing standards as non-relative foster parents. The rate of the monthly foster care payment is determined by the age of the child.

<u>Age of child</u>	<u>Amount of payment</u>
0-4 years	Up to \$294 per month
5-12 years	Up to \$344 per month
13-18 years	Up to \$436 per month

**III. Resources in Virginia for Informal Kinship Caregivers**

As noted earlier, informal kinship care arrangements have existed in many communities for generations. Often the arrangement is unexpected and no advance plans have been made. Many caregivers seek help, whether asking a neighbor to keep a child for a night of respite, or receiving financial assistance from the state. In Virginia, kinship caregivers can apply to become foster parents and must meet the same licensing requirements as non-relative foster parents. However, the majority of the kinship care population is outside of the foster care system, so no formal arrangements have been made for financial support or assistance.

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<sup>24</sup> Boots, and Green, *Family or Foster Care?: How State Policies Affect Kinship Caregivers*. Urban Institute. *Assessing the New Federalism*. 1999.

#### **IV. Temporary Assistance to Needy Families (TANF)**

Virginia instituted its Virginia Independence Program/Virginia Initiative for Employment not Welfare (VIEW) program in 1995 in response to the passage of the federal PRWORA and the establishment of TANF. VIEW does not mandate different sums of assistance to kinship caregivers. Kinship caregiver eligibility is determined with the same formula as the non-kinship caregiver. The eligibility is determined by the monthly income of the family assistance unit. A family assistance unit is comprised of the caregivers and minor children, those children under the age of 18, or who are 18, and full-time students who will graduate by the time they are 19. For kinship caregivers that would include their own children in addition to the minor kin for whom they are providing care. According to the Department of Social Services, 9,061 children receiving TANF benefits were in the primary care of relatives in June of 2000.

Amount of TANF assistance is determined based on the comparison of family income and federal poverty guidelines. "Countable income" equals gross monthly income, less deductions in the following order:

- Up to \$50 of child support
- \$120 and one-third of remaining earnings for four months, then \$120 of earnings for eight months, and then \$90 of earnings in subsequent months
- Deduction for out of pocket child care expenses if family works at least 120 hours per month:
  - Up to \$200 per month for children age 2 and under; and
  - Up to \$175 a month for children over 2; and
- If the family works less than 120 hours per month, the maximum child care deduction is over \$120 per child.

If countable income is more than the poverty level, the family is ineligible for assistance. If countable income is less than the poverty level, the family's benefit is the lower of the maximum benefit or the difference between the countable income and the poverty level. The federal mandate regarding TANF demands that states pay a rate determined as the Standard of Need. States that cannot pay this rate completely must pay at least 90% of the rate, referred to as the Standard of Assistance. In Virginia the state pays about 99% of the Standard of Need rate. However, Virginia does have a maximum reimbursement payment of assistance that normally falls between the rate for a five and six person family assistance unit. A family assistance unit of eight would receive the same amount as a unit of six. Loudoun County is the only locality which pays the full Standard of Need rate by providing the difference between the Standard of Assistance sum provided by the state, and the Standard of Need rate. Figure 3 presents the Standards of Need and Assistance in localities around Virginia.<sup>25</sup>

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<sup>25</sup> Department of Social Services. TANF Fact Sheet. 2000.





*Table 2*  
**Need and Payment Standards**

**Group I**

Size of Assistance Unit	Standard of Need	Standard of Assistance
1	\$ 146	\$ 144
2	229	228
3	295	292
4	358	354
5	422	418
6	473	470
7	535	530
8	602	595
9	657	650
10	718	712

**Group II**

Size of Assistance Unit	Standard of Need	Standard of Assistance
1	\$ 174	\$ 173
2	257	254
3	322	320
4	386	382
5	457	451
6	509	504
7	570	563
8	636	629
9	692	685
10	754	746

**Group III**

Size of Assistance Unit	Standard of Need	Standard of Assistance
1	\$ 243	\$ 242
2	327	323
3	393	389
4	457	451
5	542	537
6	593	587
7	655	649
8	721	715
9	779	771
10	838	831

Source: Commission on Youth analysis of data provided by the Department of Social Services, 2000.

**V. Informal and Non-Governmental Support for Kinship Caregivers**

As discussed earlier, part of the debate surrounding kinship care relates to the role of the government in family relationships that have been maintained for generations without government interference. Families provide support to each other and also may rely on informal supports within their communities to meet their needs and the needs of the minor kin for whom they have assumed responsibility.

In Virginia caregivers may find assistance and advice from community organizations, the faith community, and through the use of technology. Often these organizations, primarily not-for-profit service groups, act as a compass for caregivers, directing them to support in the form of legal advice, respite care, day care, and other supports related to caring for minor kin.

Catholic Charities of Hampton Roads is one organization that provides services to kinship caregivers. Program staff organize and facilitate support groups, provide clinical counseling, offer family life enrichment programs, provide consumer protection information, and help to arrange transportation.

Mountain Empire Older Citizens, Inc., was organized in 1974 and serves individuals in Southwest Virginia. Their KinCare program provides services and assistance to grandparents or other relative caregivers in conjunction with Child Care Connect. Like Catholic Charities they have routine meetings with caregivers and facilitate group activities. They distribute literature to help these caregivers connect with the local school system, legal system, housing system and other services. Mountain Empire's KinCare Project is partially funded by the Brookdale Foundation in New York.

The Brookdale Foundation is one of a number of philanthropic institutions that provide grants to states, localities, and organizations in support of grandparents and other kinship caregivers. Currently the Brookdale Institute's Relatives As Parents Program has 60 local programs and 20 state agencies participating in the network.

Area agencies on aging, local departments of social services, local information and referral networks, and local not-for-profit agencies may distribute information to kinship caregivers about supports available in local communities. Many caregivers report that the largest barrier they face in providing care to their minor kin is lack of information. Resources are not available in every part of Virginia and the distribution of information is inconsistent at best.

#### **VI. Support for Relative Caregivers in the *Code of Virginia***

The term "Kinship Care" does not appear in *Code of Virginia*. However, a preference is given to relative caregivers in several notable sections.

In the event that a child welfare agency determines that it is not reasonably likely that a child, who has been removed from his home, can be returned to his prior family within a practicable time, consistent with the best interests of the child, the *Code* requires the agency to "determine the opportunities for placing the child with a relative or in an adoptive home," and to include the description of such opportunities and plans for placement in the foster care plan (§16.1-281).

When a child is placed by his birth parents for adoption by a relative, the *Code* waives certain requirements. In the course of the pre-adoption home study,

a social worker is required to meet at least once with the birth parent(s) and prospective adoptive parents simultaneously. When the child has been placed with prospective adoptive parents who are related to the child, this meeting is not required (§63.1-219.38). Additionally when a child has been placed by the birth parent(s) with prospective adoptive parents who are related, consent to the adoption by the birth parent does not have to be executed in court in the presence of prospective adoptive parents. The court may accept written consent that has been signed and acknowledged before an officer authorized by law to take acknowledgements (§63.1-219.40).

Section 16.1-251 authorizes the emergency placement of an abused or neglected child, pursuant to an emergency removal order. In such an order, the Court is required to give consideration to placement of the child with a relative, under the supervision of the local department of social services, until such time as the required hearing is held. If the court determines that removal of the child from his home is proper, it shall order that the child be placed in the temporary care and custody of a "suitable person... with consideration given to a relative or other interested individual, including grandparents..." (§16.1-252).

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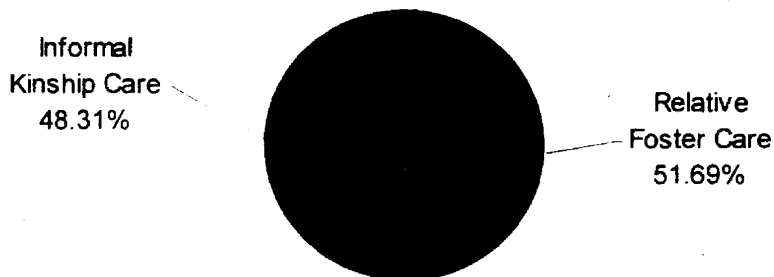
## **VII. Findings and Recommendations**

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In conducting the study of kinship care, the Commission gathered information from a variety of sources. The issue of kinship care is one of great interest to Virginia's child welfare community and the population at large. More than 9,000 children receiving TANF benefits in June 2000, were in the primary care of relatives. According to the 1990 Census, 115,489 children were in the care of relatives. Census data from the 2000 census, not available at the time of our report, is expected to reveal even larger numbers of children in the care of kin.

Eighty percent (99 of 123) local departments of Social Services responded to the Commission's survey. During the month of June 2000, these agencies facilitated placement with relatives for 118 children. Fifty-seven children (48%) were placed in informal kinship care and 61 children (52%) were placed in relative foster care.

**Chart 1**  
**Type of Kinship Care Placement**



Source: Commission on Youth analysis of information provided by local departments of Social Services, 2000.

#### **A. Reasons for Placement**

Children were removed from their homes and placed with relatives for a variety of reasons. Most children were removed from their homes for more than one reason, as multiple factors often contribute to this decision. In almost 75% of the total cases reported, the child was placed out of home because of abuse and/or neglect. In approximately one-fifth of the cases, the parent lacked sufficient housing and in more than one-third, the parent was reportedly unable to provide for the child's basic needs. In 36% of the cases, parent's abuse of drugs/alcohol was a factor in the decision to place the child out of the home.

In 78 kinship care arrangements in which the parent's inability to care for the child or to provide for basic needs was reported as the reason for the child's removal, 53 of those cases also reported that the child was neglected. In 18 of the 78 cases it was reported that the child had been abused. Of the 43 Kinship care arrangements in which the parent's abuse of alcohol or drugs was the reason for the child's removal, 25 of those children were reported to be neglected. In 10 of the 43 cases it was reported that the child was abused.

A significantly higher percentage of children in informal Kinship care arrangements were reported to have been abused, to have not been protected from abuse, and to have lacked sufficient housing than those children who were placed in relative foster care.

In informal Kinship care arrangements the child being neglected was a reason for removal in 52% of the cases. In 29% of the informal Kinship care arrangements the child being abused was a reason for the removal. In 43% of the informal Kinship care arrangements the parents' inability to provide for basic needs was a reason for the child's removal while the inability of the parent to care for the child was a reason in 29% of the cases. In 33% of the cases the parent's abuse of drugs or alcohol was a reason for the child's removal.

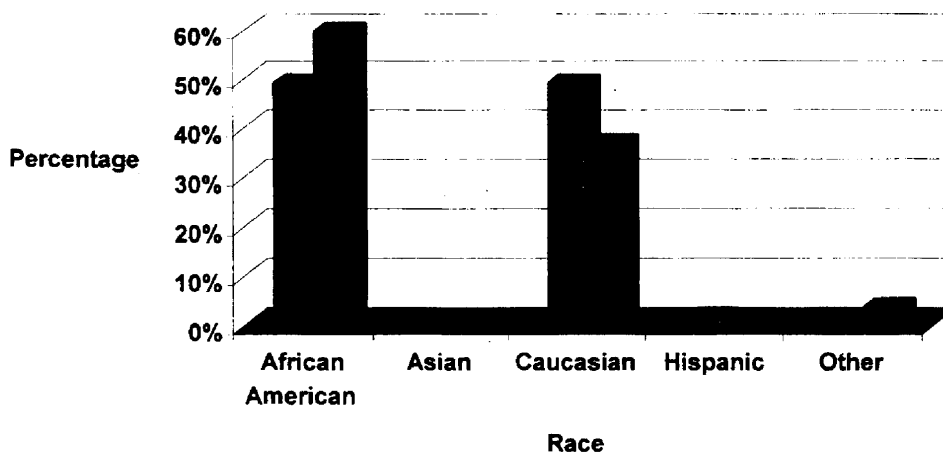
## B. Demographics

There were some slight differences between the ages of children placed in relative foster care and those placed informally with relatives. Approximately 44% of the children in informal kinship care were between the ages of 6-12, while 31% of the children in formal kinship care arrangements (relative foster care) were aged 6-12 years. An almost equal number of the children in relative foster care were between the ages of 13-19 years. Additionally, there were more than three times the number of children between 3-5 years old who were in relative foster care than in informal kinship care.

In the VDSS survey of TANF recipients, the average age of the child in the TANF household was nine years old, with 52% of the children being between 6 and 16 years old.

Fifty-four percent of the children in the kinship care arrangements identified in the survey were African-American. Children in relative foster care were evenly divided along racial lines, while a slightly higher percentage (60%) of African American children than Caucasian children were found in the informal kinship care arrangements.

**Chart 2**  
**Ethnicity of Children in Kinship Care**

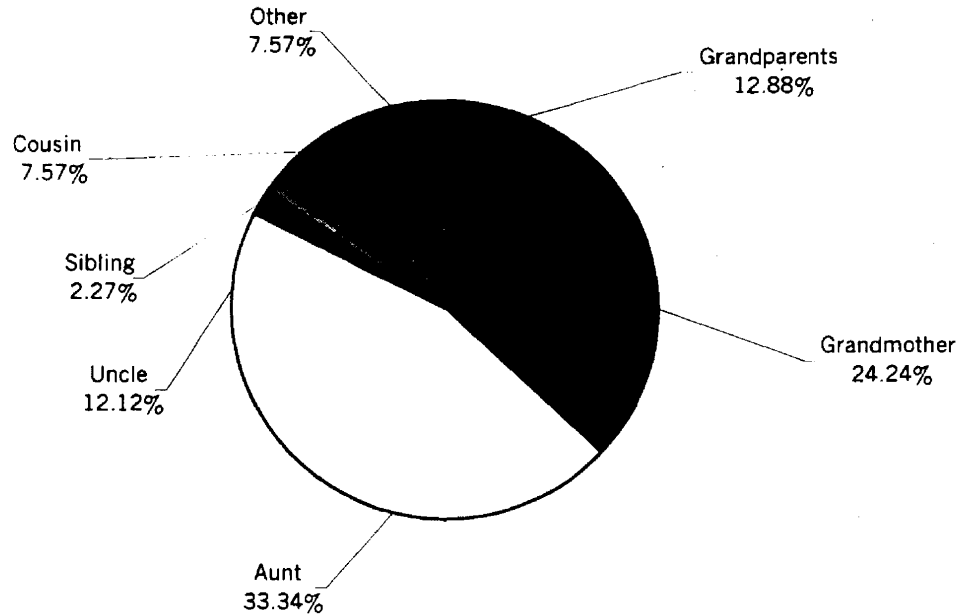


■ Relative Foster Care Percentage ■ Informal Kinship Care Percentage

Source: Commission on Youth analysis of information provided by local departments of Social Services, 2000.

Grandparents and aunts made up the largest percentage of caregivers. Forty percent of the children in kinship care arrangements were being cared for by one or both of their grandparents. In 37% of the cases an aunt was the primary kinship caregiver.

**Chart 3**  
**Relationship of the Kinship Caregiver to Child**

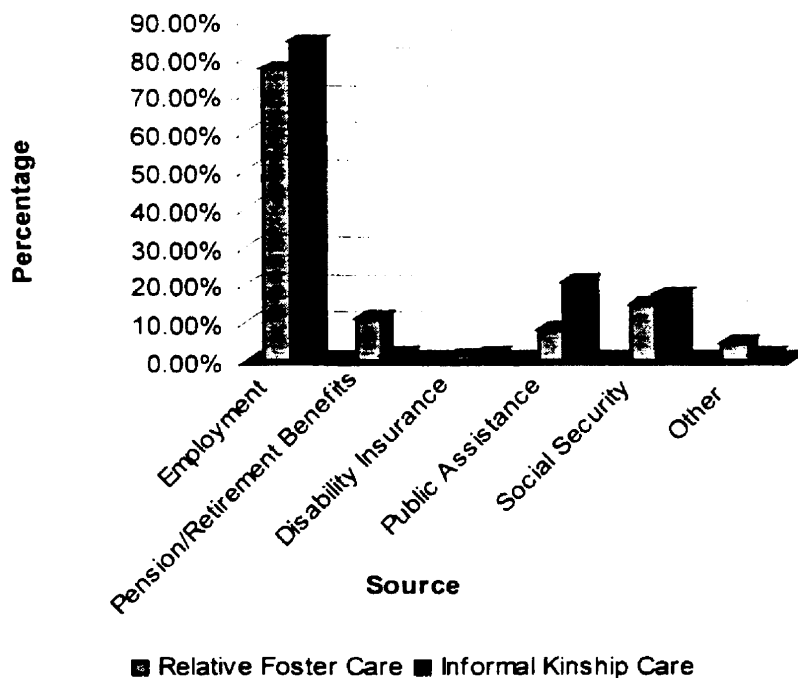


Source: Commission on Youth analysis of information provided by local departments of Social Services, 2000.

In the TANF survey, 70% of the minor kin were being cared for by grandparent(s) and in 56% of these cases it was a maternal grandparent. Twenty-six percent of the minor kin identified were being raised by their aunt or uncle.

Social workers provided information on income sources for caregivers. In 80% of the total cases, employment was the primary source of income. The largest percentage of the remaining sources were Social Security (16%) and Public Assistance (14%). While in 47 relative foster care cases and 48 informal kinship care cases, employment is the leading source of income, twice as many informal kinship caregivers received public assistance than relative kinship caregivers. In the TANF survey employment was the primary source of the kinship caregiver with child support (27%), and social security (24%).

**Chart 4**  
**Source of Caregiver's Income**

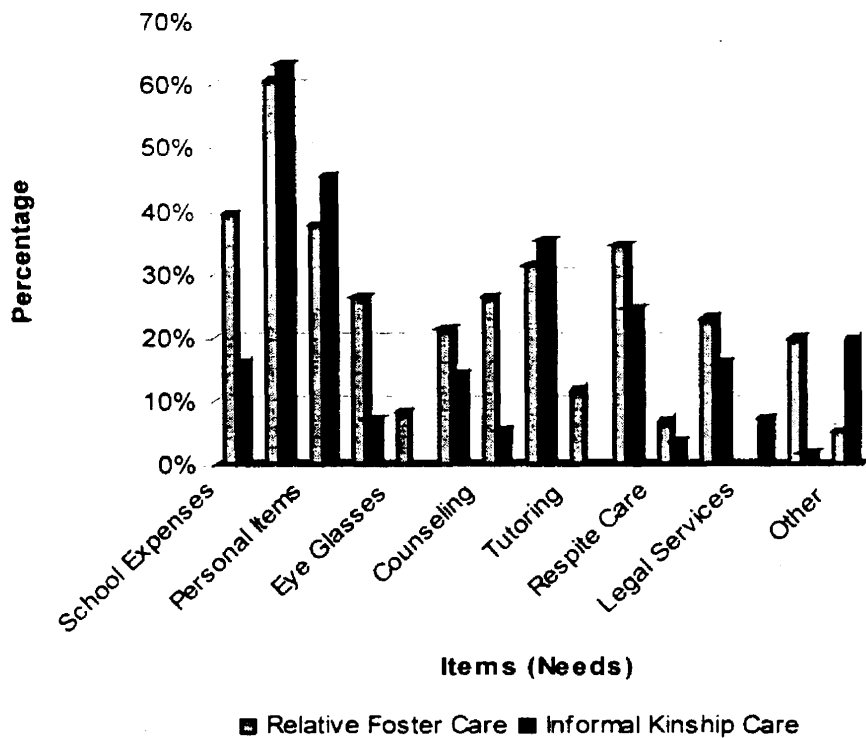


Source: Commission on Youth analysis of information provided by local departments of Social Services, 2000.

Commission staff was interested in the financial needs of relatives caring for minor kin. Clothing, personal items, health services, and childcare were identified as significant needs by most caregivers.



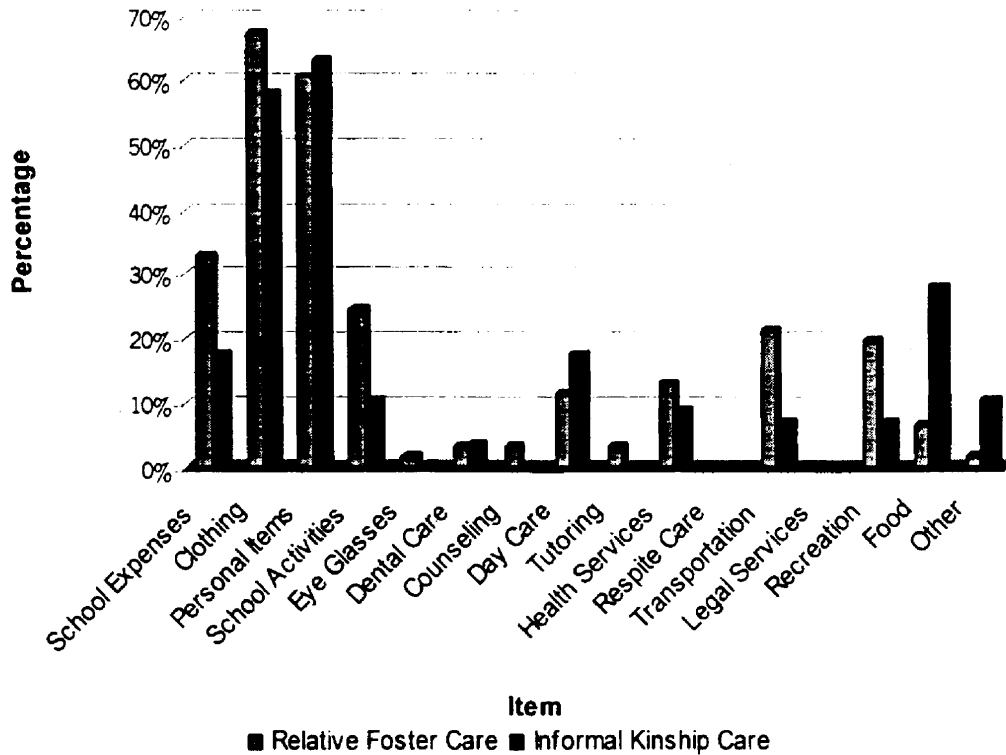
**Chart 5  
Greatest Needs of Child (Caregiver)**



Source: Commission on Youth analysis of information provided by local departments of Social Services, 2000.

A majority of the caregivers reported spending the most money on clothing (62%) and personal items (61%). Twice as many relative foster caregivers as informal kinship caregivers had school expenses as a spending priority, and three times as many spent more money on transportation than did informal kinship caregivers. Over twice as many relative foster caregivers spent money on school activities than did informal kinship caregivers; and three times as many spent more money on recreation than did informal kinship caregivers. One reason for the difference may be the availability of foster care payments to support basic expenses, allowing caregivers' other resources to be spent on school activities and recreation.

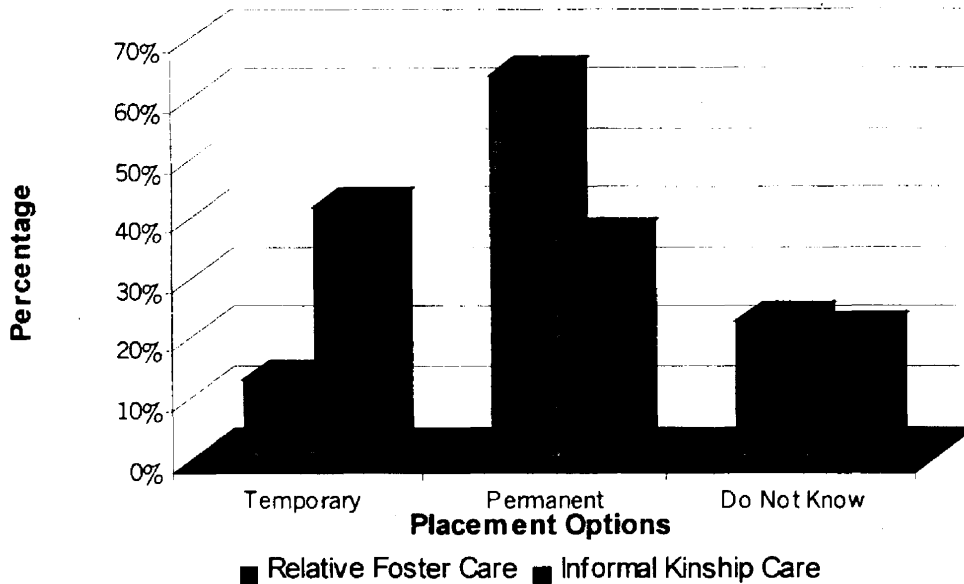
**Chart 6**  
**Caregiver Spends the Most Financial Resources On**



Source: Commission on Youth analysis of information provided by local departments of Social Services, 2000.

Approximately 51% of the local agency workers reported that they expected the kinship care arrangement would be permanent. Twenty-two percent did not know whether the placements would be permanent or temporary. Many more placements in informal kinship care were expected to be temporary than those in kinship foster care. Approximately two-thirds of the relative foster care placements were expected to be permanent. It is important to note that social workers were providing information in the very early stages of the placement. In many cases, decisions about the permanency of the placement had not yet been made.

**Chart 7  
Permanency of Placement**



Source: Commission on Youth analysis of information provided by local departments of Social Services, 2000.

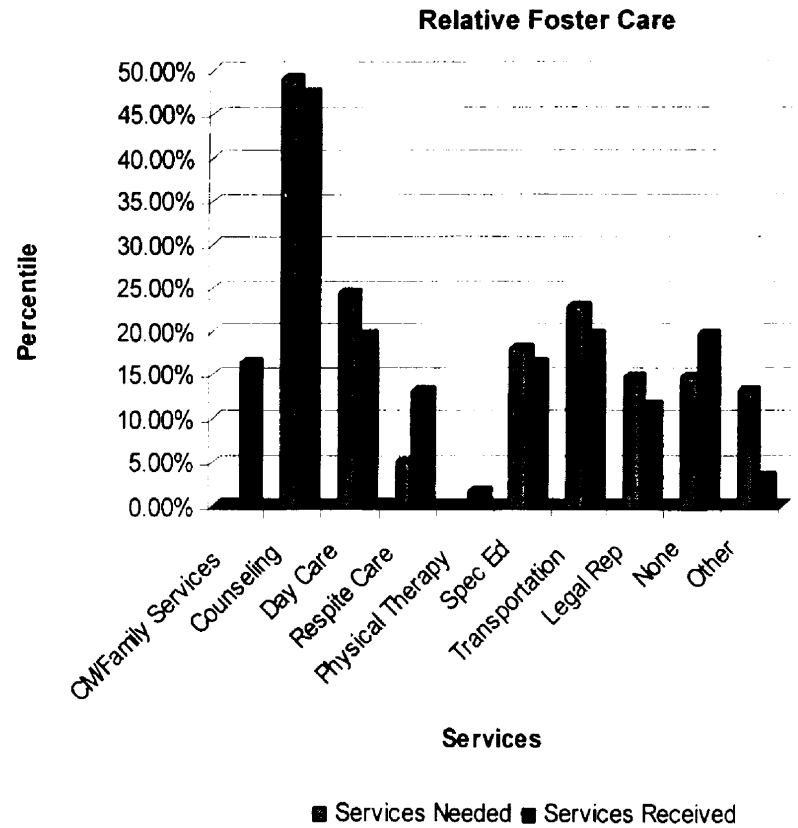
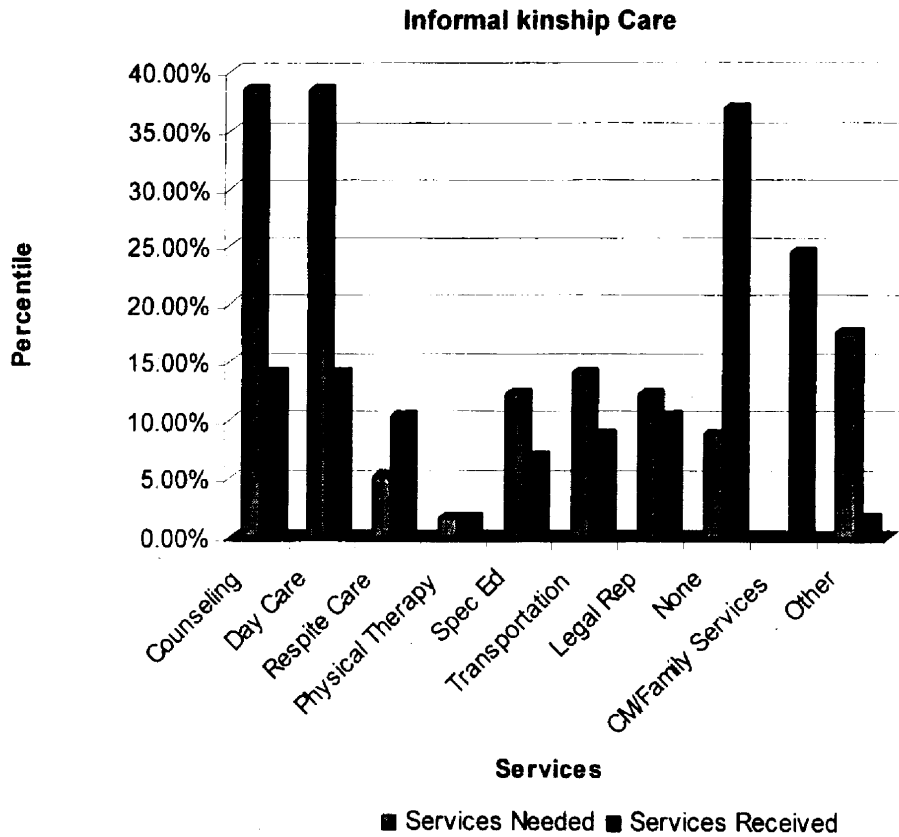
**C. Services Needed and Services Provided**

Social workers were asked to report on the services that caregivers said they needed for their minor kin and on the services that children in kinship care were receiving. Counseling was reported as the greatest service need for children (44%) in kinship care arrangements, followed by day care (31%) and transportation (18%). Eleven percent indicated that no services were needed. When the two groups were analyzed separately, counseling (49%), day care (24%) and transportation (23%) were the greatest service needs reported by caregivers in relative foster care arrangements. Caregivers in informal arrangements also identified counseling and childcare at a significantly higher rate than any other needs.

While similar results were found among the two groups of caregivers related to their reported needs, much greater differences were found when comparing expressed needs and services received. Children in formal kinship care arrangements (foster care) appeared to receive services consistent with identified needs at a higher rate than did those children in informal arrangements.

**Chart 8**

**Comparison of Relative Foster Care and Informal Kinship Care Services Needed and Services Received**



Source: Commission on Youth analysis of information provided by local departments of Social Services, 2000.

Both groups identified counseling and childcare, as service needs. Most of the children in relative foster care who identified these as needs also appeared to be receiving those services. While 38% of the informal kinship caregivers identified the need for counseling for their minor kin, only 14% were receiving these services. Similarly, while 38% of these same informal caregivers identified the need for childcare services, only 14% were receiving them. At least in the early stages of these relationships, it would appear those formal kinship care providers (relative foster caregivers) and their minor kin have greater access to services to meet their needs than informal kinship caregivers and the children in their care.

Finding

*The term **kinship care** does not appear in the Department of Social Services Policy Manual, or in the Code of Virginia. Department of Social Services Guidelines specify that a child has a right to be reared by the parents or, in the absence of parents, by a relative. In addition, the Code gives particular distinction to the role of relatives in several child welfare sections.*

**Recommendation 1**

**Amend the *Virginia Code* to include the following definition:**

**Kinship Care -     The full time care, nurturing, and protection of children by relatives, members of their tribes or clans, godparents, stepparents, or any adult who has a kinship bond with a child.**

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**VIII. Acknowledgments**

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In addition to the advisory group members, the Virginia Commission on Youth extends its appreciation to the following individuals and agencies for their assistance and cooperation on this study:

*Catholic Charities of Hampton Roads, Inc., Norfolk Office*  
Minnie Thomas  
Participants in Caregiver Focus Group

*Local Agencies of the Department of Social Services participating in Local Agency Surveys*

*Mountain Empire Older Citizens, Inc.*  
Carol Moore, KinCare Program  
Participants in Caregiver Focus Group

*Virginia Commission on Youth*  
Judith Cash, Interim Executive Director

*Virginia Department of Social Services*

**Chuck Baldwin, Foster Care Service Programs**

**Carol Baron, Director, Research and Statistics**

**Mark Golden, Acting Program Manager, TANF**

**Mike Theis, Research and Statistics**

**Appendix A: Senate Joint Resolution 208**

Directing the Virginia Commission on Youth to study Kinship Care.

Agreed to by the Senate, February 15, 2000

Agreed to by the House of Delegates, March 8, 2000

WHEREAS, although the foster care program attempts to assist in maintaining family unity, in some cases in which parents are unable to change conditions in the home, the placement of children in foster care may be necessary; and

WHEREAS, in most cultures, the practice of relatives, or kin, caring for children when their parents cannot is a time-honored tradition; and

WHEREAS, kinship care provides an opportunity to protect children and to meet their needs separate from their parents, yet with their families, while providing an extra measure of continuity and permanence; and

WHEREAS, kinship care must assure the safety and well-being of children and may encompass a variety of arrangements; and

WHEREAS, in some cases, grandparents and other suitable relatives may not pursue kinship care because they perceive obstacles, such as the need to have children declared wards of the state or financial restraints that preclude assuming additional expenses; and

WHEREAS, several states, including Wisconsin, Oregon and New York, have developed and evaluated kinship care programs and options; and

WHEREAS, some existing kinship care programs may contain options that may be mirrored successfully in the Commonwealth; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the Virginia Commission on Youth be directed to study kinship care. In conducting its study, the Commission shall consider means to eliminate obstacles to appropriate kinship care while ensuring necessary monitoring.

All agencies of the Commonwealth shall provide assistance to the Commission subcommittee, upon request.

The Virginia Commission on Youth shall complete its work in time to submit its findings and recommendations to the Governor and the 2001 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

## Appendix B: Study of Kinship Care Work Group

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## Appendix C: Kinship Care in Selected States

### A. Florida

It is estimated that the total number of children in kinship care arrangements in Florida exceeds 230,000. Florida established the Relative Caregiver Program in 1998 as an expansion of the state's TANF assistance. Florida has 8,656 participants in this program and they are eligible to receive monthly payments equal to approximately 70% of the monthly foster care payment, in addition to Medicaid. Depending on the age of the child, a kinship caregiver in this program may receive up to \$298 per month. The criteria for participation in the Relative Caregiver Program is both technical and financial. The technical criteria include a completed and approved home study, an adjudication of dependency, and court ordered custody to the relative caregiver. Additionally the caregiver must be a relative, no more than a first cousin once removed. The financial criteria are related to the income and assets of the child. This program requires the cooperation of the Family Safety Office and the Economic Self-Sufficiency Office, both of the Department of Children and Families. One concern voiced by caregivers is that the monthly payment often makes them ineligible for other services such as food stamps. The effect of the benefit is diminished.

There are an additional 5,493 Florida children living with relatives in the Protective Supervision Program. These children do not receive a foster care payment. However, a kinship caregiver can choose to meet the requirements to become a foster parent and receive up to \$389 a month per child, depending on the child's age. In addition, a non-relative foster parent may receive up to \$66 per month, depending on the child's age for the child's allowance, incidentals and clothing. There is no disparity in financial assistance for kinship foster parents and non-relative foster parents. Further assistance is provided by the state in a partnership of the University of South Florida, Nova Southeastern University, Florida International University and the Department of Children and Families through the establishment of a kinship care Warmline. The line is toll-free and is staffed daily. It provides answers to caregivers' questions about medical services, childcare, support groups, housing, and educational services. The Warmline also serves as a link for kinship caregivers, by informing them of local private and public resources that serve kinship caregivers in their own communities.<sup>26</sup>

### B. Illinois

Between 1986 and 1995 Illinois experienced an increase of approximately 34,000 children in state legal custody.<sup>27</sup> Illinois, like many states, turned to relatives to care for children taken into custody. The state had kept the formal foster care system

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<sup>26</sup> Florida Department of Child and Families, Survey Response, July 2000.

<sup>27</sup> Testa, Shook, Cohen, and Woods. Permanency Planning Options for Children in Formal Kinship Care. *Child Welfare*, Volume LXXV, #5. September-October 1996.

separate from its AFDC program when providing assistance to kinship caregivers. As a response to the 1979 U.S. Supreme Court ruling, *Miller vs. Youakim*, Illinois DCFS extended full monthly boarding payments to all kinship caregivers regardless of whether they become licensed or not.<sup>28</sup> When Illinois created separate but less stringent certification standards for kinship foster homes, the number of children in foster care grew between 1986-1991 at an average annual rate of 23% from 3,718 in "home of relative" (HMR) care to 10,477. Conversely the count of children in non-relative foster care during the same period rose by only 6% from 10,016 children to 13,300 children.<sup>29</sup> In 1992 the Cook County Juvenile Court issued an injunction against the Department's alleged practice of over-encouraging private guardianship responsibilities over relative foster care in a move that amounted to less money for the caregiver. This ruling created a buildup in the number of children in long-term foster care. Then, the state added to its relative foster care numbers by taking into custody children who were already staying with relatives (non-removal placements) and whose parents were being charged with neglect in their absence. When the child remained in the relative's care while in the state's custody, the caregiver became automatically eligible for full foster boarding payments. This resulted in some caregivers being given two to six times the amount that the family was eligible to receive in child only AFDC benefits.

In 1995, Illinois implemented reform of their HMR Program that cut back kinship care entries in the foster care program. They stopped taking into custody children who were already in placements with a relative. As part of the newly established Extended Family Support the state began giving these relatives support services to address financial and legal problems that threatened the early stability of the living arrangement. Illinois then removed the separate licensing process for foster care but continued to give children in unlicensed homes financial assistance that amounts to 150% of the TANF grant the Department of Health Services pays parents with dependent children.<sup>30</sup> Illinois has stopped the uncontrollable growth of the kinship care population with foster care and no longer leads the nation in that category as they did in 1995. However, they were left with the problem of the children who were in long-term relative care, starting during the period of high intake. Many children had been receiving benefits for five years and their time had run out for receiving additional services. In 1995 they applied to the federal Department of Health and Human Services for a waiver to implement a "standby guardianship" demonstration.

### **C. Wisconsin**

Wisconsin supports relative placements both in the formal child welfare system and outside the system.

Wisconsin reported the formal child welfare system covers children who have been removed from their homes under a Child in Need of Protection or Services

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<sup>28</sup> *Miller vs. Youakin*, 440 U.S. 125, 1979.

<sup>29</sup> Illinois Department of Children and Family Services. Interim Evaluation Report of Illinois' Subsidized Guardianship Waiver Demonstration. February 2000.

<sup>30</sup> *ibid*

(CHIPS) court order. These children may be placed in a licensed foster home or in the home of an unlicensed relative. The licensed foster care provider may be a stranger or relative. It is the discretion of the local child welfare agency whether to offer to license a relative if the court places the child with a relative. The licensing standards are the same for relatives and for non-relatives. If the relatives obtain licensure, they receive the same foster care rate as non-relatives. Depending on the age of the child, the relative foster caregiver can receive up to \$387 per child. There is additional funding for children with special needs and the caregiver is given a one-time sum of up to \$200 for clothing.

Child welfare agencies also may use the Wisconsin kinship care Program (WKCP) when placing children who are under CHIPS orders. The Kinship Care Program pays \$215 per month per child. The rate does not change with the age of the child nor is there additional funding for clothing or to address a child's special needs. The agency must determine that the placement is in the best interest of the child but there are no licensing requirements for the relative caretaker placed through court orders.

The Wisconsin Kinship Care Program was developed as part of the Wisconsin welfare reform process. The kinship care program was created by the 1995 Wisconsin Act 289 and was designed in part to replace the AFDC Non-Legally Responsible Relative Program. WKCP covers private relative placements that are arranged by the family absent the involvement of the child welfare agency. This program supports about 8,200 children of which 20% are under court orders. It is uncertain how many children are participating in an informal kinship arrangement outside of this program. The caregiver also must undergo a criminal background check and cannot have any criminal record that could adversely affect the child. Most counties run the program out of their child welfare agencies, but some run it out of their economic support divisions. The rate is \$215 per month per child.<sup>31</sup>

#### **D. California**

In the early 1990s California had the largest population of children living with substitute caregivers in the country. Approximately 18% of the total U.S. substitute care population live in California. In 1994, 45% of California's child welfare caseload were placed with kin.<sup>32</sup> California offers financial assistance to both informal caregivers and caregivers within the foster care system. Additionally, they have developed a kinship subsidized guardianship program.

As of August 1999, there were 103,722 welfare-supervised children in out-of-home care.<sup>33</sup> When a child is placed in foster care by a county, the county social worker as well as the court must give preferential consideration to certain relatives:

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<sup>31</sup> Ryan, Robins, Survey Response, Wisconsin DHFS. July 2000.

<sup>32</sup> Courtney, M.E., and Needel, B., Outcomes of Kinship Foster Care: Lessons from California. *Child Welfare Research Review, Volume 2*. Columbia University Press.

<sup>33</sup> California Children and Family Services Division, Eight Counties Funded for Continuation of Kinship Support Service Program, October 1999.

grandparent, aunt, uncle or sibling. The parent is ordered by the court to disclose all known relatives, and the social worker then contacts those relatives given preferential consideration to determine if they would care for the child. There is a separate licensure process for non-relative and relative foster caregivers. A relative's home is exempt from foster home licensure, although it must be assessed and approved by a county social worker. Relatives also must be assessed to decide whether or not a child may be placed with them. The court may authorize a relative providing long-term foster care to provide legal consent for the child's medical, surgical, dental care and education. A relative who is caring for a child who is eligible for federal foster care receives a foster care payment of up to \$528 per month, depending on the age of the child.<sup>34</sup>

For those caregivers in participating localities, assistance from California's Kinship Support Services Programs (KSSP) is available. Eight counties received grants for KSSP programs that provide community-based family support services to relative caregivers and the dependent children placed in their homes by the juvenile court, and those who are at risk of dependency or delinquency. The KSSP also will provide post permanency services to relative caregivers that have become the legal guardian or adoptive parent of formerly dependent children. Some of the programs can include:

- Support groups
- Respite
- Information and referral
- Recreation
- Mentoring/tutoring
- Provision of furniture, clothing, and food
- Transportation
- Legal assistance
- Many other support services.

Currently 8 counties in California are participating in KSSP. California law limits the eligibility for state funds to start a KSSP to those counties that have 40% or more of their dependent children living with relatives.<sup>35</sup>

For caregivers participating in informal kinship care arrangements TANF assistance is available. The TANF rate for those eligible in an informal kinship care arrangement is up to \$325 per month per child.

Legislation in 1998 created the Kinship Guardianship Assistance Payment (Kin-Gap) program. Under the Kin-Gap program, relatives caring for a dependent child may receive a subsidy on behalf of that child if he/she assumes guardianship and the dependency is extinguished. Those receiving assistance under the Kin-Gap program receive payments up to, but not exceeding 85% of the foster care grant payment rate. Unlike the kinship foster care program, the funding for Kin-Gap comes from TANF and

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<sup>34</sup> *ibid*

<sup>35</sup> *ibid*

from state and county funds. This allows children to participate regardless of their Title IV-E eligibility.<sup>36</sup>

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<sup>36</sup> California State Senate Health and Human Services Committee. April 1999.



## VIRGINIA COMMISSION ON YOUTH

### Local Social Services Agency Survey Kinship Care

Pursuant to SJR 208 the Commission on Youth is conducting a study of **Kinship Care**, defined as the *full time parenting of children by a relative or other person with close personal ties*. The following survey was developed to help the Commission on Youth learn more about Kinship Care in Virginia.

Please take time to fill out a survey for each child for whom you provided or facilitated placement with kin, after the initial assessment, during the month of **June 2000**.

### SECTION 1: CHILDREN IN THE CARE OF KIN

1. This child who is cared for by kin was placed in a:

Relative Foster Care Arrangement

Informal Kinship Care Arrangement

2. What is the age of the child placed with kin?

0 - 12 months

1 - 2 years

3-5 years

6-12 years

13 - 18 years

3. What is the sex of the child?

Female

Male

4. What is the race of the child?

African-American

Asian

Caucasian

Hispanic

Other (specify) \_\_\_\_\_

5. Why did the child need to be placed out of home? (*Check all that apply*)

**Child was:**

Abandoned

Neglected

Abused

Exposed to drugs or alcohol

Other (*explain*) \_\_\_\_\_

**Parent:**

Died

Abused Child

Failed to protect child from abuse

Was in poor health

Lacked Housing

Could not provide for basic needs

Was not able to care for child

Abused drugs or alcohol

Is Incarcerated

Other (*explain*) \_\_\_\_\_

6. Has the child resided in out of home care before?  Yes  No

7. Do you expect the current placement to be:  
 Temporary  Permanent  Do not know

**SECTION 2: KINSHIP CAREGIVERS**

8. Why was placement with relative chosen for this case? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. What is the relationship of the Kinship Caregiver to the child?  
 Grandparents  Grandmother  Grandfather  Aunt  Uncle  Sibling  
 Friend  Other \_\_\_\_\_

10. What is the age of the Kinship Caregiver?  
 18-29  30-39  40-49  
 50-59  60 and over

11. What is the gender of the Kinship Caregiver? (Check either or both)  
 Female  Male

12. What is the race of the Kinship Caregiver?  
 African-American  Asian  Caucasian  Hispanic  Other (specify) \_\_\_\_\_

13. What is the household income level of the Kinship Caregiver(s)?  
 Under \$10,000  \$10,000-\$15,000  \$15,000-\$20,000  \$20,000-\$25,000  
 Over \$25,000  Do not know

14. What are the sources of caregivers' income? (Check all that apply).  
 Employment  Pension/Retirement Benefits  Disability Insurance  Public Assistance  
 Social Security  Other \_\_\_\_\_



15. How many children, other than this one, live in the home?

- 0     1     2     more than 2

16. How many adults, other than the Kinship Caregiver, live in the home?

- 0     1     2     more than 2

17. Has the Kinship Caregiver provided Kinship Care to other children before this arrangement?

- Yes     No

### SECTION 3: NEEDS OF CHILD AND CAREGIVER

18. What, if any, are the special needs of the child? *(Check all that apply)*

- |   |   |
|---|---|
| <input type="checkbox"/> Mental Retardation                   | <input type="checkbox"/> Substance Abuse by Child |
| <input type="checkbox"/> Emotional Disturbance                | <input type="checkbox"/> Developmental Disability |
| <input type="checkbox"/> Learning Disability                  | <input type="checkbox"/> Physical Disability      |
| <input type="checkbox"/> Chronic Health Problems              | <input type="checkbox"/> None                     |
| <input type="checkbox"/> Other <i>(Please specify.)</i> _____ |   |

19. In your opinion, what are the greatest financial needs of the child? *(Check all that apply)*

- |   |  |
|---|--|
| <input type="checkbox"/> School Expenses                      | <input type="checkbox"/> Clothing          |
| <input type="checkbox"/> Personal items                       | <input type="checkbox"/> School Activities |
| <input type="checkbox"/> Eye Glasses                          | <input type="checkbox"/> Dental Care       |
| <input type="checkbox"/> Counseling                           | <input type="checkbox"/> Day Care          |
| <input type="checkbox"/> Tutoring                             | <input type="checkbox"/> Health Services   |
| <input type="checkbox"/> Respite Care                         | <input type="checkbox"/> Transportation    |
| <input type="checkbox"/> Legal Services                       | <input type="checkbox"/> Recreation        |
| <input type="checkbox"/> Other <i>(Please specify.)</i> _____ |  |

20. What are the greatest financial needs as reported by the Kinship Caregiver(s)? *(Check all that apply)*

- |   |  |
|---|--|
| <input type="checkbox"/> School Expenses                      | <input type="checkbox"/> Clothing          |
| <input type="checkbox"/> Personal items                       | <input type="checkbox"/> School Activities |
| <input type="checkbox"/> Eye Glasses                          | <input type="checkbox"/> Dental Care       |
| <input type="checkbox"/> Counseling                           | <input type="checkbox"/> Day Care          |
| <input type="checkbox"/> Tutoring                             | <input type="checkbox"/> Health Services   |
| <input type="checkbox"/> Respite Care                         | <input type="checkbox"/> Transportation    |
| <input type="checkbox"/> Legal Services                       | <input type="checkbox"/> Recreation        |
| <input type="checkbox"/> Other <i>(Please specify.)</i> _____ |  |

21. What does the Kinship Caregiver spend the most financial resources on? (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> School Expenses               | <input type="checkbox"/> Clothing          |
| <input type="checkbox"/> Personal items                | <input type="checkbox"/> School Activities |
| <input type="checkbox"/> Eye Glasses                   | <input type="checkbox"/> Dental Care       |
| <input type="checkbox"/> Counseling                    | <input type="checkbox"/> Day Care          |
| <input type="checkbox"/> Tutoring                      | <input type="checkbox"/> Health Services   |
| <input type="checkbox"/> Respite Care                  | <input type="checkbox"/> Transportation    |
| <input type="checkbox"/> Legal Services                | <input type="checkbox"/> Recreation        |
| <input type="checkbox"/> Other (Please specify.) _____ |  |

22. What, if any financial assistance is the child receiving? (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Social Security               | <input type="checkbox"/> Supplemental Security Income |
| <input type="checkbox"/> Medicaid                      | <input type="checkbox"/> Food Stamps                  |
| <input type="checkbox"/> TANF                          | <input type="checkbox"/> General Relief               |
| <input type="checkbox"/> Foster Care Payment           | <input type="checkbox"/> Child Support.               |
| <input type="checkbox"/> Other (Please specify.) _____ |   |
| <input type="checkbox"/> None                          |   |

23. If none, please identify why:

- |   |  |
|---|--|
| <input type="checkbox"/> Do not have need of financial assistance         | <input type="checkbox"/> Do not know of financial assistance available |
| <input type="checkbox"/> Are not eligible to receive financial assistance | <input type="checkbox"/> Other (Please specify.) _____                 |

24. What is the monthly amount of the financial assistance the child receives?

- Less than \$100     \$100-\$150     \$150-200     \$200-\$250     \$250-\$300  
 More than \$300

25. What are the greatest service needs of the child? (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Counseling                    | <input type="checkbox"/> Day Care         |
| <input type="checkbox"/> Respite Care                  | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Special Education             | <input type="checkbox"/> Transportation   |
| <input type="checkbox"/> Legal Representation          | <input type="checkbox"/> None             |
| <input type="checkbox"/> Other (Please specify.) _____ |   |

26. What services are the Kinship Caregivers receiving for the child? (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Counseling                    | <input type="checkbox"/> Day Care         |
| <input type="checkbox"/> Respite Care                  | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Special Education             | <input type="checkbox"/> Transportation   |
| <input type="checkbox"/> Legal Representation          | <input type="checkbox"/> None             |
| <input type="checkbox"/> Other (Please specify.) _____ |   |

27. How do the Kinship Caregivers receive information about available services?

- |  |   |
|--|---|
| <input type="checkbox"/> Local Agency Worker           | <input type="checkbox"/> Support Group  |
| <input type="checkbox"/> Friends/Relatives             | <input type="checkbox"/> Advertisements |
| <input type="checkbox"/> Other (Please specify.) _____ |   |

**SECTION 4: IDENTIFICATION OF PERMANENCY PLAN FOR CHILD**

28. How often is a review of the Kinship Care arrangement completed?

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Monthly                       | <input type="checkbox"/> Bi-Monthly |
| <input type="checkbox"/> 6 Months                      | <input type="checkbox"/> Yearly     |
| <input type="checkbox"/> Other (Please specify.) _____ |                                     |

29. Where will the child go when he/she leaves the care of the Kinship Caregiver?

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Parent            | <input type="checkbox"/> Grandparent |
| <input type="checkbox"/> Other Relative    | <input type="checkbox"/> Friend      |
| <input type="checkbox"/> No Plans to Leave | <input type="checkbox"/> Do Not Know |

30. Have parents' visitation rights been established by the courts? (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Yes, for the mother      | <input type="checkbox"/> Yes, for the father       |
| <input type="checkbox"/> Yes, for other relatives | <input type="checkbox"/> Yes, for the grandparents |
| <input type="checkbox"/> No                       | <input type="checkbox"/> Do Not Know               |

31. How often does the child visit his/her parent(s)?

Mother:

- Daily
- Several Times Weekly
- Weekly
- Monthly
- Never
- Don't Know
- Other (specify) \_\_\_\_\_

Father:

- Daily
- Several Times Weekly
- Weekly
- Monthly
- Never
- Don't Know
- Other (Specify) \_\_\_\_\_

32. Would the Kinship Caregiver consider adopting the child?

- Yes
- No

If no, please describe the perceived objections to adoptions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return all surveys by August 9 to  
Ian Little  
Policy Intern  
Virginia Commission on Youth  
Suite 517 B – General Assembly Building  
Richmond, VA 23219



## VIRGINIA COMMISSION ON YOUTH

### Kinship / Relative Caregiver Survey Kinship Care

Pursuant to SJR 208 the Commission on Youth is conducting a study of **Kinship Care**, defined as the *full time parenting of children by a relative or other person with close personal ties*. The following survey was developed to help the Commission on Youth learn more about Kinship Care in Virginia.

Please read and answer each question. You do **not** have to include your name, and all responses will be confidential.

#### SECTION 1: CHARACTERISTICS OF RELATIONSHIPS

1. Are you participating in a:

Relative Foster Care Arrangement

Informal Kinship Care Arrangement

2. How many minor kin are you currently taking care of full time?

1 Child  More than one child

3. What is your relationship to the child/children?

Grandparents  Grandmother  Grandfather  Aunt  Uncle  Sibling

Friend  Other \_\_\_\_\_

4. For what reason did the child/children come into your care? (Check all that apply)

**Child was:**

Abandoned  Neglected  Abused  Exposed to drugs or alcohol

Other (explain) \_\_\_\_\_

**Parent:**

Died  Feared for child's/children's safety  Was in poor health

Lacked Housing  Could not provide for basic needs  Abused drugs or alcohol

Could not handle child's/children's physical, mental or behavioral problems

Is Incarcerated  Other (explain) \_\_\_\_\_

5. Why did you accept or request care for the child/children? (Check all that apply)

- Parent(s) asked you to care for the child       Agency asked you to care for the child  
 You wanted to take care of your own relatives       You felt an obligation to care for the child/children  
 You had/have a close relationship with the child /children       You knew the parent(s) of the child/children  
 You were not aware of other alternatives       Agency provided financial assistance for the child/children  
 Other (please specify) \_\_\_\_\_

6. Do you know others who are caring for minor kin?

- Yes       No

7. Do you expect the current placement to be:

- Temporary       Permanent       Do not know

## SECTION 2: NEEDS OF KINSHIP CAREGIVERS

8. Do you receive any financial assistance to care for the child/children?

- Yes       No

9. If yes, what financial assistance do you receive? (Check all that apply)

- Social Security       Supplemental Security Income  
 Medicaid       Food Stamps  
 TANF       General Relief  
 Foster Care Payment       Child Support/Parental Support.  
 Other (Please specify.) \_\_\_\_\_  
 None

10. If no, identify why:

- Do not have need of financial assistance       Do not know of financial assistance available  
 Am not eligible to receive financial assistance       Other \_\_\_\_\_

11. If yes, what is the monthly payment amount per child?

- Less than \$100       \$100-\$150       \$150-200       \$200-\$250       \$250-\$300  
 More than \$300

12. Are you receiving enough financial assistance for the child/children?

- Yes       No

*If you answered yes, proceed to question 14.*

13. If no, what do you need more financial assistance for? (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> School Expenses               | <input type="checkbox"/> Clothing          |
| <input type="checkbox"/> Personal items                | <input type="checkbox"/> School Activities |
| <input type="checkbox"/> Eye Glasses                   | <input type="checkbox"/> Dental Care       |
| <input type="checkbox"/> Counseling                    | <input type="checkbox"/> Day Care          |
| <input type="checkbox"/> Tutoring                      | <input type="checkbox"/> Health Services   |
| <input type="checkbox"/> Respite Care                  | <input type="checkbox"/> Transportation    |
| <input type="checkbox"/> Legal Services                | <input type="checkbox"/> Recreation        |
| <input type="checkbox"/> Other (Please specify.) _____ |  |

14. What do you have to bear as costs from your own pocket?

- |  |  |
|--|--|
| <input type="checkbox"/> School Expenses               | <input type="checkbox"/> Clothing          |
| <input type="checkbox"/> Personal items                | <input type="checkbox"/> School Activities |
| <input type="checkbox"/> Eye Glasses                   | <input type="checkbox"/> Dental Care       |
| <input type="checkbox"/> Counseling                    | <input type="checkbox"/> Day Care          |
| <input type="checkbox"/> Tutoring                      | <input type="checkbox"/> Health Services   |
| <input type="checkbox"/> Respite Care                  | <input type="checkbox"/> Transportation    |
| <input type="checkbox"/> Legal Services                | <input type="checkbox"/> Recreation        |
| <input type="checkbox"/> Other (Please specify.) _____ |  |

15. What, if any restrictions are there to how you spend your financial assistance? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. How did you hear about opportunities for financial assistance?

- |  |                                   |  |  |
|--|-----------------------------------|--|--|
| <input type="checkbox"/> Social Worker                 | <input type="checkbox"/> Church   | <input type="checkbox"/> AARP                | <input type="checkbox"/> Other Kinship Caregiver |
| <input type="checkbox"/> Support Group                 | <input type="checkbox"/> Internet | <input type="checkbox"/> Previous Experience |  |
| <input type="checkbox"/> Other (Please specify.) _____ |                                   |  |  |

17. Have you participated in a support group for Kinship/Relative Caregivers?

- Yes  No

If you answered **no**, proceed to question 19.

18. If yes, how did you hear about the support group?

- Social Worker  Church  AARP  Other Support Group  
 Other Kinship Caregiver  Internet  Previous Experience  
 Other (Please specify.) \_\_\_\_\_

19. What services, if any are you receiving for this child?

- Counseling  Day Care (Subsidized or Assistance)  
 Respite Care  Occupational Therapy  
 Physical Therapy  Speech Therapy  
 Special Education  Transportation  
 Legal Representation  None  
 Other (Please specify.) \_\_\_\_\_

20. What additional services would be most helpful to you in the care of the child/children?

- Counseling  Day Care (Subsidized or Assistance)  
 Respite Care  Occupational Therapy  
 Physical Therapy  Speech Therapy  
 Special Education  Transportation  
 Legal Representation  None  
 Other (Please specify.) \_\_\_\_\_

21. Please identify any difficulties you have had caring for another's child/children: (Check all that apply)

- Not understanding agency rules  Difficulty handling young children  
 Difficulty handling older children  Acting out behavior of child/children  
 Feel overburdened by the responsibility  Housing is too overcrowded  
 Not enough money or services  No access to services  
 Not enough visits by parents  Parental visits are a risk to the safety of the child  
 Parents' visits upset the child/children  Payments cannot continue if parents join household  
 Conflict over termination of parental rights  Negative effects on your own child/children  
 School Enrollment  Obtaining Medical Care  
 Other (Please specify.) \_\_\_\_\_



**SECTION 3: CHILDREN IN THE CARE OF KIN**

22. Complete the following for **each** relative child in your care:

**Child 1:**

What is the sex of the child?

- Female     Male

What is the race of the child?

- African American     Asian     Caucasian     Hispanic     Other \_\_\_\_\_

How old is the child? (Years) \_\_\_\_\_

How long has the child been under your primary care? (Months)

- Less Than 3     3 - 6     6 - 12     12 - 24     More Than 24

**Child 2:**

What is the sex of the child?

- Female     Male

What is the race of the child?

- African American     Asian     Caucasian     Hispanic     Other \_\_\_\_\_

How old is the child? (Years) \_\_\_\_\_

How long has the child been under your primary care? (Months)

- Less Than 3     3 - 6     6 - 12     12 - 24     More Than 24

**Child 3:**

What is the sex of the child?

- Female     Male

What is the race of the child?

- African American     Asian     Caucasian     Hispanic     Other \_\_\_\_\_

How old is the child? (Years) \_\_\_\_\_

How long has the child been under your primary care? (Months)

- Less Than 3     3 - 6     6 - 12     12 - 24     More Than 24

**Child 4:**

What is the sex of the child?

- Female     Male

What is the race of the child?

- African American     Asian     Caucasian     Hispanic     Other \_\_\_\_\_

How old is the child? (Years) \_\_\_\_\_

How long has the child been under your primary care? (Months)

- Less Than 3     3 - 6     6 - 12     12 - 24     More Than 24

**Child 5:**

What is the sex of the child?

- Female     Male

What is the race of the child?

- African American     Asian     Caucasian     Hispanic     Other \_\_\_\_\_

How old is the child? (Years) \_\_\_\_\_

How long has the child been under your primary care? (Months)

- Less Than 3     3 - 6     6 - 12     12 - 24     More Than 24

23. Has the child/children been under the full time care of someone other than you or his parent(s)? (Check all that apply)

- No     Grandparents     Grandmother     Grandfather     Aunt     Uncle     Sibling
- Friend     Group Home     Foster Parents     Other \_\_\_\_\_

24. What are the special needs of the child/children?

- |  |  |
|--|--|
| <input type="checkbox"/> Mental Retardation            | <input type="checkbox"/> Substance Abuse by Child  |
| <input type="checkbox"/> Emotional Disturbance         | <input type="checkbox"/> Behavior Disorder         |
| <input type="checkbox"/> Developmental Disability      | <input type="checkbox"/> Learning Disability       |
| <input type="checkbox"/> Physical Disability           | <input type="checkbox"/> Chronic Health Impairment |
| <input type="checkbox"/> None                          |  |
| <input type="checkbox"/> Other (Please specify.) _____ |  |

*If you selected **None**, please proceed to question 26.*

25. Because of the special needs of the child/children do you need help with any of the following? (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> School Expenses               | <input type="checkbox"/> Clothing                   |
| <input type="checkbox"/> Personal items                | <input type="checkbox"/> Extracurricular Activities |
| <input type="checkbox"/> Eye Glasses                   | <input type="checkbox"/> Dental Care                |
| <input type="checkbox"/> Counseling                    | <input type="checkbox"/> Day Care                   |
| <input type="checkbox"/> Tutoring                      | <input type="checkbox"/> Health Services            |
| <input type="checkbox"/> Respite Care                  | <input type="checkbox"/> Transportation             |
| <input type="checkbox"/> Legal Services                |   |
| <input type="checkbox"/> Other (Please specify.) _____ |   |

**SECTION 4: PARENTS WHOSE CHILDREN ARE RECEIVING CARE BY RELATIVES**

26. What is the age of the mother?

- Under 20    20 - 29    30 - 39    40 - 49    50 - 59    60 and over

27. What is the age of the father?

- Under 20    20 - 29    30 - 39    40 - 49    50 - 59    60 and over

28. What race is the mother?

- African American    Asian    Caucasian    Hispanic    Other \_\_\_\_\_

29. What race is the father?

- African American    Asian    Caucasian    Hispanic    Other \_\_\_\_\_

30. What is the income level of the mother?

- Under \$10,000    \$10,000-\$15,000    \$15,000-\$25,000    \$25,000-\$40,000  
 Over \$40,000    Do not know

31. What is the income level of the father?

- Under \$10,000    \$10,000-\$15,000    \$15,000-\$25,000    \$25,000-\$40,000  
 Over \$40,000    Do not know

32. What is the marital status of the child's/children's parents?

- Married    Divorced    Separated    Widowed    Never Married    Do not know

33. If the parents are not together, who was the primary caregiver of the child/children before giving up full time parenting of the child/children?

- Mother    Father

**SECTION 5: CHILD'S/CHILDREN'S RELATIONSHIPS TO CAREGIVER AND PARENT(S)**

34. How has having the child/children most changed your life? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

35. Would you consider adopting the child/children?

- Yes     No

36. If no, what obstacles would you identify to adopting the child/children? \_\_\_\_\_

- Financial Concerns     Parent Unwilling to Terminate Rights     Potential Conflict with Child's Parent(s)  
 Child Does Not Wish To Be Adopted     Other \_\_\_\_\_

37. If you have custody, what obstacles did you face in gaining custody? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

38. Do you have an arrangement with the parents about visitation?

- Yes     No

39. If yes, is the arrangement a/an:

- Informal Arrangement     Foster Care Plan     Court Order  
 Other (Please specify.) \_\_\_\_\_

40. How often does the parent visit?

**Mother:**

- Daily  
 Several Times Weekly  
 Weekly  
 Monthly  
 Never  
 Don't Know  
 Other(specify) \_\_\_\_\_

**Father:**

- Daily  
 Several Times Weekly  
 Weekly  
 Monthly  
 Never  
 Don't Know  
 Other(Specify) \_\_\_\_\_

41. What effect does the parental visit have on the child/children? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

42. What effect does the parental visit have on you? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## SECTION 5: CHARACTERISTICS OF KINSHIP CAREGIVERS

3. How many adults are living with you?

- 1     2     3     4 or more

44. Is this your first experience with Kinship Care?

- Yes     No

45. What is your gender?

- Female     Male

46. What is your race?

- African American     Asian     Caucasian     Hispanic     Other \_\_\_\_\_

47. What is your marital status?

- Married     Divorced     Separated     Widowed     Never Married

48. What is the household income level?

- Under \$10,000     \$10,000-\$15,000     \$15,000-\$25,000     \$25,000-\$40,000  
 Over \$40,000

49. Is this the income of one individual?

- Yes     No

50. Please identify your age:

- Under 20     20 - 29     30 - 39     40 - 49     50 - 59     60 and over

Return all surveys  
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