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Grandparents in Kinship Care: Help or Hindrance to Family Preservation

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Grandparents raising grandchildren have received a tremendous amount of attention within the past decades. There has been a 30% increase since 1990 in the number of children living in grandparent-headed households (U.S. Census Bureau, 2000). In 1997, 5.5 million grandparents reported raising their grandchildren (Hegar & Scannapieco, 1999; 2005).

Billingsley (1998) emphasized that, in the African American community, a long-standing tradition has been informal adoption in which grandparents and relatives, neighbors, or fictive kin take on the responsibility of raising children whose parents are unable to care for them. Child welfare policy requires that, if parents cannot take care of their children, primary consideration should be given to placing them with relatives or others with emotional ties to children (i.e., kinship care) (Lorkovich, Piccola, Groza, Brindo, & Marks, 2004; Scannapieco & Jackson, 1996). Although kinship care is a tradition rooted in the African American culture, lately it has drawn attention in the child welfare system (Kelch-Oliver, 2008; Scannapieco & Jackson, 1996). Despite the common stereotype of the single, African American grandmother raising grandchildren in the inner city, the phenomenon transcends all socioeconomic groups, geographic areas, and ethnicities. Kinship is a cultural phenomenon not limited to families of color (Hegar, 1999; Kelch-Oliver, 2008). Members of the child's extended family (usually the grandparents) provide formal kinship care as surrogate parents.

Regardless of the circumstances, grandparents and/or other kin have become the safety net for society (Hayslip & Kaminski, 2005; Goldberg-Glen, Sands, Cole, & Cristofalo, 1998). As an organized social service, large-scale kinship foster care is less than 20 years old and came into existence due to unanticipated increases in the number of children entering foster care. Also, the substantial decline in numbers of traditional foster homes led to the formal arrangement of placing children in relatives' homes. Furthermore, in the 1980s, legal mandates and related changes in child welfare reimbursement policies and practices significantly increased placement with relatives (Berrick, 1997). Current kinship care policy and practice are shaped by federal and state policy and poses considerable debate for development and implementation for the child welfare system (Bratteli, Bjelde, & Pigatti, 2008; Pabustan-Claar, 2007).

Kinship Care Policy Context

Children whose parents are unable to care for them rely on relatives or family friends to do so—a practice commonly referred to as kinship care. The Child Welfare League of America (1994; 2002) defined kinship care

as “the fulltime nurturing and protection of children who must be separated from their parents by relatives, members of their tribes or clans, god-parents, stepparents, or other adults who have a kinship bond with a child.” Many of the situations are privately arranged between parent and kin, without contact from a child welfare agency. Sometimes an agency is involved to plan the child’s care but does not assume legal custody (Warde, 2008; Harden, Clark, & Maguire, 1997). This arrangement is one of the newest phenomena in the child welfare system.

In the 1980s, child welfare agencies began to turn to kinship caregivers to act as foster parents for abused and neglected children (Harden, Clark, & Maguire, 1997). Non-kinship foster parents remained the common placement until the number of children needing placements exceeded the available homes. Current data suggest that about one-quarter of children in state custody are placed in kinship foster homes (Children’s Bureau, 2000). There are two types of kinship care arrangements: 1) informal (i.e., family members decide that a child lives with a selected relative and no child welfare agency is involved); and 2) formal (i.e., an agency retains custody of a child while he or she is raised by a relative). The literature distinguishes the difference between the formal and informal care giving arrangements by referring to the formal arrangement as kinship foster care (Child Welfare League of America, 1994; 2002).

Although states use of kinship care increased rapidly in the 1980s and 1990s, the federal government and state legislatures have a difficult time responding to this phenomenon (Jantz, Geen, Bess, Scarcella, & Russell, 2002). Many questions remain as to how to use kin most effectively and to what extent kin should be treated differently than non-kin foster parents. Debate continues on how kin who act as foster parents should be financially assisted, how they should be assessed as caregivers, and how child welfare agencies should approach permanency planning when children are placed with kin (Bratteli, Bjelde, & Pigatti, 2008; Jantz et al., 2002; Pabustan-Claar, 2007).

The initial public policies interpreted, as guides, for governing the service provisions of kinship care do not adequately address the phenomenon of grandparents and other relatives raising grandchildren or children. For example, many of the problems confronting grandparents and other relatives involve income, legal, health insurance, and housing issues. More recent initiatives of policies affecting children and families, such as Temporary Assistance to Needy Families (TANF), formerly Aid to Families with Dependent Children (AFDC), Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), and the Adoption and

Safe Families Act (ASFA), present serious challenges and dissonance for kinship caregivers. Under TANF, persons caring for children are faced with the same work responsibilities as someone who received AFDC under PRWORA. If a caregiver exhausts the 60-month cumulative time period for receiving services, he or she is ineligible for assistance if he or she later assumes responsibilities for other related children (Jantz et al., 2002; Lepper, 2008; Raphael, 2008). Exceptions to the work requirements are made for those who are unable to work, who are aged 59 or older, or who are the primary caregiver of an incapacitated household member. ASFA sets a new time frame for permanency hearings. The new law establishes a permanency planning hearing for children in care that occurs within 12 months of a child's entry into care. However, states may make exceptions for kinship placements.

For the most part, federal financial support for kin population stems from child welfare and income assistance policies. A 1950 Social Security Act amendment offered eligible relative caregivers financial assistance for children in their care through the Aid to Dependent Children (ADC) program (Jantz et al., 2002; Lepper, 2008; Raphael, 2008). They could apply to receive welfare benefits as a family unit if they were poor, or they could apply and receive payment for the related child regardless of their income (a child-only grant). Temporary Assistance for Needy Families (TANF) replaced Aid to Families with Dependent Children (AFDC), and states were given the option to continue providing child-only grants for non-needy relatives (Jantz et al., 2002). Legal precedence and policy changes resulted in increasing numbers of kinship caregivers becoming eligible for kinship foster care payments, which can be considerably higher than basic payments under the federal program, TANF. However, some states have managed to circumvent these policies and maintain payments at the level of TANF. Many households headed by kin caregivers fail to receive support for which they are eligible or experience delay, red tape, and other difficulties in trying to gain access to financial assistance (Bratteli, Bjelde, & Pigatti, 2008; Burnette, 1997; Crewe & Wilson, 2006; Hayslip & Kiminski 2005; Roe & Minkler, 1993).

Kin who are foster parents initially received financial assistance through AFDC. However, in 1979, the United States Supreme Court found in *Miller v. Youakim* that states must make the same foster care maintenance payments to kin caring for Title IV-E–eligible children (those eligible for federal reimbursement under IV-E of the Social Security Act) as they provide to non-kin foster parents, provided that kin meet the state foster care licensing standards (Jantz et al., 2002). States were left with

decisions as to how to assist kin caring for non-IV-E–eligible children and those who do not meet certain licensing requirements.

There is an ongoing debate about how child welfare agencies should financially assist kin and how kin should be assessed. Some argue that kin have a familial responsibility for the related child and should not be paid (Christian, 2000). Others contend that foster care payments (usually higher than TANF child-only grants) provide an incentive for private kinship caregivers to become part of the child welfare system (Schwartz, 2002). Yet others argue that it is the government's responsibility to support the children, regardless of who is caring for them (Geen, 2000; Hegar & Scannapieco, 2005; Geen & Berrick, 2002).

While each state sets its own foster care licensing standards, the federal government provides financial reimbursement to states to cover certain costs associated with foster care placements. States must meet certain procedural guidelines in order to receive financial reimbursement. In 1997, Congress passed ASFA, which clarified conditions under which the federal government provides financial reimbursement (Schwartz, 2002). The ASFA Final Rule of January 2000 documents how the Department of Health and Human Services (HHS) implements the Act and includes numerous provisions that affect or clarify the federal reimbursement of foster care payments made to children placed with kin (Schwartz, 2002). States may not collect federal reimbursement for all kin caring for IV-E–eligible children. Instead, “relatives must meet the same licensing/approval standard as nonrelative foster family homes” (Geen & Berrick, 2002; Hegar & Scannapieco, 2005). In some instances, waivers may be granted, but no waivers are granted for safety issues.

ASFA also clarifies federal policy related to permanency planning that allows states to make exceptions for kin. While ASFA specifically disallows long-term foster care and imposes tough new standards for termination of parental rights for children placed with non-relatives, it indicates that a “fit and willing relative” can provide a “planned permanent living arrangement.” Further, the termination of parental rights does not have to occur within the allotted time frame if, “at the option of the State, the child is being cared for by a relative” (Lorkovich et al., 2004, p. 160).

There are conflicting views on how to treat permanency planning for children placed with kin. Conventional wisdom, supported by past research, held that kin are unwilling to adopt their related children (Berrick, 1997; Bratteli, Bjelde, & Pigatti, 2008; Gleeson, 1999). More recent research, however, suggests that kin can and will adopt if they are provided accurate information and are reassured about ongoing payments (Bratteli, Bjelde, & Pigatti, 2008; Geen & Berrick, 2002; Testa, 2001;

Testa, Shook, Cohen, & Woods, 1996). Still, many kinship advocates question whether adoptions are necessary for children in kinship care to feel permanency. Adoption has been an area of significant controversy for children placed with kin; therefore, many states began to experiment with subsidized guardianship programs. That is, programs that provide ongoing financial support to kin who accept permanent legal guardianship of related children instead of adoption (Lorkovich et al., 2004). The federal government provides reimbursement for adoption subsidies under Title IV-E; however, guardianship is not typically subsidized and payments are not reimbursable under Title IV-E (Hegar & Scannapieco, 2005; Lorkovich et al., 2004).

Social Issues That Perpetuated the Need for Kinship Care Policy

A wide range of social factors are cited as contributing to the increase of grandparents and relative households; consequently, most of the factors are interwoven with the continued problem of poverty in our nation (Farmer, 2009; Hayslip & Kaminski, 2005; Hegar & Scannapieco, 2005; Testa et. al, 1996). Divorce, teen pregnancy, drugs, and rapid growth in single-parent households are cited as instrumental in the growing number of intergenerational and/or multigenerational households (Hegar & Scannapieco, 1999; Goldberg-Glen et al., 1998; Hayslip & Kaminski, 2005; Kelch-Oliver, 2008; Raphael, 2008). More recently, deploying parents abroad for military duty have added to the phenomenon of intergenerational households.

In conjunction with the war on drugs and other criminal policies, drug and alcohol abuse affects grandparent and relative care giving indirectly. Grandparents are the primary caregivers to well over half of children of imprisoned mothers in the United States. Increases of imprisonment of mothers are linked to tougher laws for drug-related crimes (Alstein & McRoy, 2000; Berrick, 1997; Hayslip & Goldberg-Glen, 2000; Petr, 1998; Raphael, 2008). Consequently, the number of women, most of whom are mothers of minor children, imprisoned for drug offenses increased more than fourfold (432%) between 1986 and 1991 alone (Petr, 1998; Scannapieco & Jackson, 1996). Goldberg-Glen, Sand, Cole, and Cristofalo (1998) further supported the causes and noted that the adults are likely to be poor and are located in or near cities; the majority of the kin caregivers are African American grandparents.

Numerous studies support the above factors and indicate that many grandparents and relatives who assume the role of primary caregivers of children cite various reasons for taking on the responsibilities (Farmer, 2009; Hayslip & Kaminski, 2005; Hegar & Scannapieco, 2005; Testa et. al,

1996). The reasons include concern that the child will enter foster care, parental abuse and/or neglect, parental substance abuse, divorce, incarceration, AIDS, and parental death (Downs et al., 2000; Farmer, 2009; Hayslip & Goldberg-Glen, 2000; Harden et al., 1997; Hegar & Scannapieco, 1999; Pabustan-Claar, 2007). The placing of children who are in state custody within the care of relatives as foster parents is common practice in child welfare. The majority of states consider kinship care to be a type of family foster care guided by federal policies on out-of-home care (Pabustan-Claar, 2007; Testa, 2001; Warde, 2008). These policies stress achievement of permanent homes for children through rapid reunification of children with the parents or adoption of children by the foster parents or some other suitable adult (Schwartz, 2002). Kinship care and the appropriate role for the state in monitoring children in this type of care are controversial (Warde, 2008).

Critics suggest that, aside from monetary issues, children placed in kinship care are often left to linger, and in fact, the arrangement hampers the family reunification efforts with biological families. In cases where the child will not be reunified with the biological parent and where adoption is the recommended goal, many kinship foster parents have mixed feelings regarding termination of the biological parent's rights (Berrick, 1997; Goldberg-Glen, Sand, Cole, & Cristofalo, 1998). Kinship caregivers are more likely to oppose adoption for financial reasons or for being required to dissolve the relationship with the child (Hegar, 1999).

States face the issue of developing new approaches to kinship care that revolves around the traditional linkage that existed between the level of support and the level of supervision for children and families in the system (Harden et al., 1997; Rosa, 2009). For example, the question is often raised as to whether kinship caregivers should be treated as family members or should be licensed, trained, and reimbursed as foster parents. What is evident in all of the concerns is the lack of clear-cut policies on the state and federal level concerning kinship care. As previously noted, TANF, PRWORA, and ASFA are punitively designed and appear to have little or no regard for kinship caregivers (Bratteli, Bjelde, & Pigatti, 2008; Geen, 2000; Warde, 2008).

As indicated above, these grandmothers and caregivers are poorer, less educated, and less likely to be employed than non-kinship foster parents. Foster parent training requirements are often waived for relative caregivers, which contributes to kin caregivers having fewer resources (Harden et al., 1997; Pabustan-Claar, 2007; Scannapieco & Jackson, 1996). According to Schwartz (2002), "Although kin caregivers are raising

children in record numbers, they face outdated policies and laws that keep the children from receiving healthcare, education, and other services.”

Society, Social Changes, and Tendencies

In our society, social changes are primarily determined by economic tendencies. Family preservation became an explicit part of federal policy in 1993 with the passage of P.L. 103-66-Family Preservation and Support Program. The emphasis was on family continuity or attempting to strengthen or preserve the family unit while recognizing that foster/kinship care is a necessary alternative (Dolgoff & Feldstein, 2003). The family preservation policy and practice are contingent upon how well it will help manage the child welfare crisis by reducing the population in placement, thus leading to the huge and rapidly increasing cost of services (Dolgoff & Feldstein, 2003).

Within the same period, social welfare cuts affected families who are overrepresented in the child welfare system. The efforts related to the reunification of children with parents were no longer considered in “the best interest of the children.” Courtney (1995) purported that current permanency planning philosophy in child welfare places emphasis on keeping children with family, even when they are removed from the home of the birth parents. From this perspective, placing children with relatives preserves families and provides permanency for children. The potential benefits attributed to kinship care involves less disruption to the child placement with strangers, in that placement is connected to the existing personal support network, community, and cultural background (Goldberg-Glen et al., 1998; Harden et al., 1997; Koh & Testa, 2008; Pabustan-Claar 2007).

These kin caregivers are motivated primarily by a sense of familial responsibility that provides a nurturing environment for children in time of stress (Hegar, 1999; Murphy, Hunter, & Johnson, 2008; Warde, 2008). Most family preservation programs work from family strengths and include use of extended family, community, and neighborhood resources (Alstein & McRoy, 2000; Hegar & Scannapieco, 2005). While the arrangement appears best suited for the child, concern for the cost detracts from its benefit. As noted, a large number of kin caregivers rely primarily on TANF and other programs that were utilized by the children’s parents; consequently, they are subjected to the new policies’ guidelines (Alstein & McRoy, 2000; Bratteli, Bjelde, & Pigatti, 2008; Hegar & Scannapieco, 2005).

Paradoxically, recent proposals and initiatives set forth within the Adoption and Safe Families Act (ASFA) address concerns that states will

create child-only grant cases to circumvent work and time-limit requirements (Child Welfare League of America, 2002). TANF child-only grants helped caregiver relatives to keep children with family rather than place them in foster care. Nonetheless, the proposed rule requires that states must report child-only grant cases and explain why they do not include an adult. Furthermore, the final decision to determine whether the case is a justifiable child-only grant rests with the U.S. Department of Health and Human Services (cited in Child Welfare League of America, 2002).

Permanency planning is a prerequisite to “reasonable efforts” set forth in the 1980 Adoption Assistance Child Welfare Act (AACWA). AACWA requires reasonable efforts be made to strengthen families by preventing placement outside the home and reuniting children in foster care quickly with their families. Reasonable effort precludes that if a child is placed in out-of-home care he or she is placed in the least restrictive environment within close proximity to the parent(s) (Fiermonte, Renne, & Sandt, 2002; Hegar & Scannapieco, 2005). ASFA does not prevent an agency from making reasonable efforts when a child enters care; however, under certain circumstances it merely states that such efforts “shall be required to be made” (Fiermonte et al., 2002). ASFA seeks to promote adoptions and shorten foster care stays through promoting quicker termination of parental rights (TPR), shortening the time frame for permanency planning, seeking adoptions across state and county lines, and promoting the Multiethnic Placement Act (MEPA) (Fiermonte et al., 2002). ASFA highlights the laws governing the indefinite-ineligibility receipt of TANF families and food stamps for persons “who have violated probation or parole” or “persons convicted of certain drug felonies”; consequently, the situation is more difficult for relatives caring for children while the parent is incarcerated as well as more difficult for mothers to reunite with the children when released (Alstein & McRoy, 2000; Hegar & Scannapieco, 2005).

Welfare Provision, Including the Role of Social Work (Professional or Nonprofessional)

Although the number of kinship placements has climbed dramatically in recent years, the phenomenon has always been an integral part of the American fabric. The dedicated grandparent and relative caregivers step forward to care for children whose own parents are unable or unwilling to do so—often at a tremendous sacrifice. Unlike the image of the “extended family” so firmly rooted in our American tradition, grandparents and other relative caregivers are older individuals raising a second family without

extended family or community supports (Crewe & Wilson, 2007; Murphy, Hunter, & Johnson, 2008). Relative caregivers recognize that maintaining the family is a powerful mechanism for survival of families in rural and urban areas.

Scannapieco and Jackson (1996) describe kinship care in the African American community as the response to family preservation. From this point of view, the African American family's ability to overcome disintegration of the family at a time of multiple environmental stressors is representative of kinship care. To cope with contemporary challenges of increased poverty, AIDS, reduction in formal service supports, and increased drug abuse, the traditional informal kinship care arrangements are being supplemented by more formal kinship care arrangements (Crewe & Wilson, 2007; Murphy, Hunter, & Johnson, 2008; Petr, 1998). To view kinship care simply as another form of foster care ignores the unique dynamic and varied definition of family within a multicultural context and places the kinship caregiver in a conflictual role (Koh & Testa, 2008; Petr, 1998; Pabustan-Claar, 2007; Warde, 2008).

The lack of monitoring and inept service provisions are cited as major discrepancies in formal and informal kinship care arrangements. Monitoring kinship caregivers involves components of screening and provides pre- and post-placement services. The services are integral to certifying and licensing non-relative foster homes, which would require foster parent training and higher board payments. Coincidentally, being licensed and certified are the grounds set forth in a judicial hearing that affords relative caregivers full board payment for foster care (Bratteli, Bjelde, & Pigatti, 2008; Burnette, 1997; Roe & Minkler, 1993; Warde, 2007).

Informal kinship care relationships are operated without oversight and support of publically funded child welfare systems (Farmer, 2009; Geen, 2004). However, there is remarkable resemblance of families in informal kinship care to families in formal kinship care. Geen (2004) further reports that children in informal kinship caregivers home have similar needs—behavioral, medical, developmental, therapeutic—and place demands on relatives who care for them. However, Alstein and McRoy (2000) report that several studies conducted with kinship caregivers found that there were significant differences in the amount of services received compared to those provided to non-relative foster homes. Minority foster children were found to receive fewer services than Caucasian counterparts (National Black Child Development Institute, cited in Alstein & McRoy, 2000).

Hornby, Zeller, and Karraker (1996) suggest that many problems linked to service differences may be related to the question of whether children placed with kin are included or excluded in the child welfare system. The debate has special implications for families of color. For example, since the majority of children in kin care are African Americans, it is anticipated that kin would take care of the children because they are of the same family and ethnic identity (Harden et al., 1997; Hegar & Scannapieco, 2005; Warde, 2008). Arguably, because there are many families of color, the inclusion of families in the system would further the perception that families of color are unable to take care of their own children and thus need the intervention and supervision of the state. Such an argument could be used to support the exclusion of kinship care families from the system. In contrast, it can be argued that deflecting kinship care families from the system is a way to withhold support from families of color, who are more likely to assume care for the related children than the larger community irrespective of assistance from the state (Hornby et al., 1996).

Today, there are more African American children in kinship care than in traditional foster care (Harden et al., 1997; Hegar & Scannapieco, 2005; Warde, 2008). In the 1970s, child welfare policies and practices discouraged relative placements, opted to remove children from their homes, and placed them with non-relative families. Generally speaking, these non-relative families were two-parented with higher education and income levels; additionally, they were paid foster care board payments for their services. Toward the end of the decade, agencies began to use relatives as an alternative placement and interpreted the policy that authorized foster care payments as not including foster care relatives for full board payments. The *Miller v. Youakim (1979)* case overturned the decision and set precedence for relatives' inclusion in the foster care system (Schwartz, 2002).

In the 1980s, the passage of the Adoption Assistance Child Welfare Act (AACWA) legally sanctioned the concept of "permanency planning"; the act consequently mandated that children be placed in the least restrictive environment within close proximity to the parents and that they be placed in families that offered continuity of relationships with nurturing parents or caretakers and the opportunity to establish lifetime relationship (Downs et al., 2000). Ideally, the policy appeared to have the best interest of the child at heart; however, the activities of the law were directed toward decreasing the number of children in foster care. The 1974 Child Abuse Protection and Treatment Act (CAPTA) increased the number of children in care due to heightened awareness and reports of child abuse

and neglect. The children and families, however, are often representative of children and families living in poverty, which is linked to circumstances that result in out-of-home placement. In essence, poor children are at risk of permanent removal from their families because of their economic position in society (Schwartz, 2002). The surge in children being removed from their families and placed in out-of-home care far exceeds the number of traditional foster homes that prompted increases in use of relatives. Hence, the use of relative placement is a common child welfare policy practice; however, the major discrepancies are in the services and payment rendered to the families.

Prevailing Ideologies, Philosophies, and Values

Various conflicting values and ideologies underpin public policies in the United States, including work ethic, family ethic, bias toward the nuclear family, and faith in the capitalist system (Allen-Meares & Robert, as cited in Burnette, 1997). Agencies providing foster care services reflect ideologies of the political decision-making and funding sources. The ideologies are beliefs held as to why people need assistance and the form that assistance should take (Hegar & Scannapieco, 2005; Koh & Testa, 2008; Schwartz, 2002). It is conceivable that foster care placement rates for ethnic minorities are more reflective of the ideologies of the service delivery systems and not of the behavior of the families themselves. Dolgoff and Feldstein (2003) suggest that kinship care is appealing to policy-makers because it appeals to pro-family sentiment and that informal kinship care arrangements are cheaper than family foster care. Relatives who assume relative caregiver duties are often the family members who have served as a family resource for years, successfully meeting various family crises and needs of children without the involvement of the child welfare system (Crewe & Wilson, 2007; Hegar & Scannapieco, 1999; Warde, 2008). For relatives of a child in need of service, the child welfare system's broad policies and practices seem ill-fitted to the strengths and needs of individual families (Crewe & Wilson, 2007; Hegar & Scannapieco, 2005).

Future Trends and Recommendations

On the surface, recent trends in policy tend to favor kinship placement; however, many of the foster care systems' policies and public assistance programs are not designed for kinship caregivers. The past decade has been a period of change in funding for kinship care. Welfare reform altered the funding of kinship care on the federal level, and state policies regulating the issue are in flux. Between 1997 and 1998, 18 states

modified their policies regarding the definition, assessment, and payment of kin caregivers (Leos-Urbel, Bess, & Geen, 2000). Nationwide, about 25% of formal care is provided by kin (Generations United, 2006). Although states are using increasing numbers of relatives to care for children in their custody, policies do not reflect an accurate understanding of the needs of kin caregivers or the benefits of kinship care. No consistent public policy rationale exists for the use and valuation of kinship care (Crumbley & Little, 1997; Bratteli, Bjelde, & Pigatti, 2008; Murphy, Hunter, & Johnson, 2008).

There are currently few mechanisms to adequately support kinship caregivers under existing funding streams and federal programs. The No Child Left Behind Act is one recent attempt to secure federal funding for kinship guardianship (Schwartz, 2002, U.S. House, 2001). This comprehensive child welfare act was introduced in the House of Representatives in May 2001 and amends Title IV-E to direct the federal government to assist states in providing kinship guardianship assistance payments at least equal to the amount of foster care maintenance payments for which the child would have been eligible if the child had remained in foster care (Schwartz, 2002). The act was referred to subcommittees in July 2001, and no further action has been taken.

Many kin caregivers are denied benefits based on the blood relation to the child, even though they may be in just as much need (Wilkerson, 1999). Such inadequate assistance only compounds economic difficulties and in a sense penalizes caregivers for their willingness to care for children (Alstein & McRoy, 2000; Murphy, Hunter, & Johnson, 2008). Hornby et al. (1996, p. 411) propose a number of funding policy recommendations that includes the “level of support provided to anyone caring for a child should be in inverse proportion to that person’s legal and social obligation to care for the child.” They argue that, while relatives do not have legal responsibility for related children as parents do, they have a social obligation to care for them. By linking the responsibility to funding, however, the authors discount the value of the public good that caregivers provide.

In contrast, others suggest that relative caregivers should receive even higher financial support than non-relative caregivers. Gleeson (1999) favors this idea because relative caregivers face greater needs. Using a different argument, Leos-Urbel et al. (1999, p. 58) propose that, if care is as good, then perhaps kinship care should “demand a higher price” since children seem to receive greater benefits in kinship care compared with non-kin arrangements. The policies suggest a perspective that

values the work of kin caregivers and not equivalent funding of kin and non-kin caregivers but greater funding for kin caregivers.

In November 2000, the National Family Caregiver Support Program, included in the reauthorization of the Older American Act, allotted \$113 million to states to fund support services for older relative caregivers (Beltran, 2001). With the funds, counseling, respite care, and other services are made available to relatives 60 years or older caring for a child. The relative may have legal custody or guardianship of the child or simply be raising the child informally. Older persons who are economically vulnerable have the first priority to receive the funds. According to Beltran (2001, p. 2), to be effective, the support program “will need increased funding and a younger age restriction in order to reach more caregivers.”

Policy Recommendations

Policies should consider greater compensation for kin caregivers over non-kin caregivers because of the benefits of kin care as well as the needs of caregivers. Public policies are intent on ensuring the welfare of all children and providing assistance that brings kinship families reasonably above the poverty line and gives caregivers adequate support resources to carry out the caregiving tasks.

Research Recommendations

Currently, data are not sufficient to document current financing of kinship care or the cost of funding kin care providers at the foster care rate (U.S. Department of Health and Human Services, 2000). It is also not possible to determine the breakdown of kinship families receiving foster care payments, TANF grants, or even government assistance. There is lack of information regarding the length of kin and non-kin caregivers receiving financial support. Research is needed to assess the current cost of kinship care and make projections regarding the cost of policy suggestions.

Practice Recommendations

The rise of caregiving by relatives requires social workers/child welfare workers to adopt new approaches to care that strengthen a child’s kinship network (Bonecutter & Gleeson, 2001). In particular, practitioners must operate with a view of family that goes beyond the nuclear definition. They must consider the strengths of kinship arrangements and how such strengths are embedded in certain cultural practices (Jackson, 1999; Murphy, Hunter, & Johnson, 2008).

Eligibility workers must be informed that kinship families are able to receive certain services. Workers need a basic understanding of federal and state policies related to kinship care (Bonecutter & Gleeson, 2001). Child welfare workers doing case management and making referrals need to be well versed in the ever-changing policies relating to kinship care.

Existing kinship care policies and practices do not fully address a number of critical issues. The change from viewing kinship care as an alternative placement to the child welfare system to a service encouraged and funded is problematic (Koh & Testa, 2008). Therefore, child welfare policy and program developers as well as practitioners continue to struggle with solutions to a range of concerns that impact kinship care policies and practices. If parents, kinship caregivers, and foster parents were equally eligible for such benefits and services, many troublesome questions about kinship care leading to unnecessary state custody or leaving foster children in poverty would be moot (Hegar & Scannapieco, 1999).

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