Finding Permanent Homes for Foster Children: Issues Raised by Kinship Care

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Kinship care has a far-reaching impact on child welfare agencies’ permanency planning efforts and the permanency outcomes of foster children.

I think sometimes biological parents are not pushing for reunification as strongly because the child’s with family, they think ‘I can see the child whenever I want, I know the child’s taken care of when they’re with grandma.’ And it almost gives [birth parents] permission to go and continue their behavior and not straighten out what created the problem to begin with because they know the child’s with family and they’re perfectly content with that and comfortable.

—Connecticut administrator

Most kin are willing to adopt. Some that apply for the guardianship program only do so because that is what they have been told is available. Court people speak with the families and often find out that the agency worker has never even discussed adoption with them.

—Indiana court official

One of the primary goals of our nation’s child welfare system is to ensure that children who have been removed from their parents’ homes are reunified or placed in another permanent situation (i.e., adoption or legal guardianship) in a timely manner. Research shows that children placed with foster parents who are related to them (kinship foster care) tend to remain in foster care significantly longer than children placed in non-kin foster care (Cook and Ciarico 1998; Courtney 1994). Compared with children placed in non-kin foster care, children placed with kin are less likely to be reunified with their parents (AFCARS 1998; Berrick, Needell, and Barth 1995; Testa 1997) and less likely to be adopted (Berrick and Needell 1999; Berrick et al. 1995).

Some research indicates that kinship foster parents are reluctant or unwilling to adopt children in their care (Gleeson 1999; Thornton 1991). However, other studies show that if they are properly informed, the majority of kin are willing to consider adoption (Beeman et al. 1996; Testa 2001; Testa et al. 1996; Zimmerman et al. 1998).

Several studies document that child welfare agencies and workers approach kinship care differently with kin than non-kin foster parents. Studies indicate that workers believe that kin see adoption as unnecessary, and even when kin may be willing to adopt, caseworkers often fail to speak to them about the option of adopting (Beeman and Boisen 1999; Beeman et al. 1996; Berrick, Minkler, and Needell 1999; Chipungu et al. 1998; Thornton 1991).

In recent years, many states have implemented subsidized guardianship programs, providing kin with an alternative to adoption that provides ongoing financial assistance similar to the subsidies offered to people who adopt special-needs children from foster care. Data from a 2001 Urban Institute survey indicate that 35 states had implemented subsidized guardianship programs (Jantz et al. 2002).

This brief encapsulates findings from Kinship Care: Making the Most of a Valuable Resource, an upcoming UI Press book edited by Rob Geen. Kinship Care is scheduled for release in late 2003. For more information about this title, please visit http://www.uipress.org.
birth parents are significantly less motivated to complete case plan requirements when their children are placed with kin. In addition, guardianship as opposed to adoption is the most common permanency outcome as well as the outcome most stressed by caseworkers. Most relatives we spoke to said they were willing to adopt. However, there are many reasons, including financial disincentives, why kin may not be willing to adopt. Findings in this brief are based on intensive case studies of local kinship care policies and frontline practices conducted by the Urban Institute during the spring and summer of 2001 in 13 counties in four states—Alabama, California, Connecticut, and Indiana.¹

**Kinship Care Alters the Permanency Planning Process**

Administrators and workers reported that permanency planning is different when children are placed with kin. When children are placed with non-kin and reunification is ruled out, workers seek termination of parental rights (TPR) and then adoption. When children are placed with kin, TPR is often seen as less necessary and adoption is not viewed as the only acceptable or even preferred permanency option. In some sites, child welfare agencies often help arrange a transfer of custody from the birth parent to the kinship caregiver and consider this a permanent outcome. Allowing children to remain in long-term foster care is generally prohibited when children are placed in non-kin foster care. Although long-term foster care is discouraged for children in kinship foster care as well, administrators and workers reported that it is a common permanency outcome when children are placed with kin.

The extent to which agencies encourage kin to adopt varies greatly depending upon the local office, the individual caseworker, and the specific child. In all the sites we visited, kin may become legal guardians instead of adoptive parents of the foster children in their care. Moreover, in almost all the sites we visited, respondents noted that kin more often take guardianship than adopt. Agency workers push kin to adopt most when they are caring for young children. Workers did not feel that they push kin too hard and noted that they rarely, if ever, threaten to remove a child if the kin will not adopt. Many kin, however, said they felt pressured to adopt. Other kin noted that they would be willing to adopt but that this option was never offered. Workers reported that they often assume kin will not be interested in adoption and thus it is not even discussed. In addition, workers, administrators, judges, and kinship caregivers all noted that when child welfare agency staff do discuss adoption with kin, they do a poor job of explaining how adoption differs from guardianship.

Many administrators, workers, and judges noted the problem of relatives who are identified late in the process when a child has bonded with a non-kin foster parent who is willing to adopt. Different judges have different perspectives on whether to give preference to these relatives. Most argue that relatives should not be punished due to the failure of the agency to identify them and will still give them preference. Others question why the relatives were unaware of the child’s situation. Workers expressed similar concerns of the intentions of relatives who show up late in the process. Some questioned whether the relatives would simply give the children back to the birth parents. Overall, workers and administrators noted that this is an area where specific policies are lacking, prompting case-by-case decisions.

**Kinship Care May Reduce Birth Parent Motivation**

We found overwhelming consensus from administrators, workers, and kinship caregivers in every site we visited that birth parents are less motivated to meet case plan goals required for reunification when children are in kinship care. Many reasons were offered for birth parents’ lack of motivation. When children are with kin, birth parents tend to have much greater access to their children. They can typically visit or call their children frequently, when they want (as opposed to at a scheduled time), and where they want (as opposed to at the child welfare office or a visitation center). Many kinship caregivers noted that birth parents are happy to have their freedom back and to pass along the responsibilities...
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of parenthood. This is particularly true of substance-abusing parents who can continue their addiction without being concerned with how it affects their children.

Many caregivers also commented that birth parents do not feel shame when their children are placed with kin. Many children are raised by relatives and this has less stigma associated with it than having children raised by foster parents. Birth parents are typically less likely to fight a transfer of custody or even TPR when children are with kin. In fact, workers suggested that birth parents may welcome TPR and permanency so that the agency is out of the picture.

**Kin May Be Willing but Face Disincentives to Adopt**

In contrast to some prior research and the commonly held perception, the majority of kin we spoke to were willing to adopt. Workers reported that aunts and uncles are much more likely than grandparents to adopt and that all relatives are more likely to adopt young children. Some grandparents feel it is unnatural to become a child’s legal parent when you are already the child’s grandparent. Some older grandparents are reluctant to adopt because they do not know what will happen to their health as they and their kids get older. Workers and kinship caregivers agreed that the agency does not do a good job of explaining the differences between adoption, guardianship, and long-term foster care. Many kin do not see guardianship as different from adoption.

There are a variety of other reasons why some kin may be disinclined to adopt. Some kin feel that adoption punishes the parent too much. Many kin hold out hope that parents will eventually get better. Some kin see taking guardianship as a challenge to parents to get their kids back. Other kin fear that adoption will push already troubled birth parents over the edge. If kin have a good relationship with birth parents, they will do anything not to upset this relationship, including refusing to adopt. Workers reported that birth parents fight guardianship less than TPR and adoption and this is why many kin refuse to adopt. Many kin fear that adoption will not only upset the birth parent, but also cause a rift among the larger extended family.

One major incentive that workers and kinship caregivers noted for pursuing guardianship is that the process is much quicker than TPR and adoption. At the same time, while many kin want the child welfare agency out of their lives, many others want the agency to stay involved. Kin may be concerned about the long-term needs of the children in their care and accessing needed services following adoption. Kin noted that they want the court to remain involved so that the child welfare agency will continue to help them. Some kin expressed fear of being legally responsible for the actions of children with severe behavioral problems.

Depending upon the state and the specific child and family circumstances, there may be a variety of financial disincentives for kin to adopt or take guardianship. Some kin are not eligible for subsidized adoption or guardianship. In addition, kin often receive greater support if they choose long-term foster care or guardianship instead of adoption.

Some kin who can pass the licensing requirements to receive foster care payments cannot pass the requirements for subsidized guardianship or adoption or do not meet eligibility requirements. For example, in Connecticut, there is no drug screening for kin to become foster parents, but there is for subsidized guardianship and adoption. Interestingly, kin are still permitted to take guardianship or adopt if they fail a drug screen, but are not eligible to receive a subsidy. Workers in California noted that the criteria for adoption are more stringent than the foster parent licensing standards and thus kin who are licensed foster parents may not be able to receive adoption subsidies. In both Indiana and Connecticut, only blood-related kin (i.e., not godparents or other family friends) can receive a guardianship subsidy. And in Indiana and California, kin may only receive guardianship subsidies if they care for young children or a sibling group. In Alabama, state law prohibits kin from receiving an adoption subsidy, and the state has no subsidized guardianship program.

In addition to the barriers to accessing an ongoing monthly subsidy, kin in
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Alabama, California, and Connecticut may also lose access to other financial supports and services if they adopt or take guardianship. For example, kin who adopt or take guardianship may not receive clothing allowances, school supplies, free summer camp, or other miscellaneous supports the agency provides for children in foster care. In Connecticut, foster children receive free college tuition. Kin who take guardianship receive similar tuition assistance for the children in their care but are not eligible if they adopt. Workers in Connecticut also noted that kin caregivers’ income is not considered for Supplement Security Income (SSI) benefits for a child if kin take guardianship, but their income is considered if they adopt. SSI benefits are considerably more than basic foster care or adoption assistance subsidies. Similarly, workers in California pointed out that kin who become guardians of foster children are eligible for a basic foster care rate, but not a specialized rate. Many kin care for foster children with special needs and receive specialized foster care payments that may be two or three times the basic foster care rate. Workers in California also noted that kin receive child care assistance as long as the agency maintains an open case, but if kin adopt or take guardianship and a case is closed, they are no longer eligible for such assistance.

Summary and Discussion

Kinship care has a far-reaching impact on child welfare agencies’ permanency planning efforts and the permanency outcomes of foster children. While long-term foster care is discouraged, workers feel much less urgency to terminate parental rights, close a case, or push for adoption when children are living with kin. Birth parents may also feel less urgency to take the necessary steps for reunification when their children are placed with kin. Kinship foster children are also less likely to be adopted. Many agencies do not encourage kin to adopt and others do a poor job of explaining the need for adoption or how adoption differs from other permanency options. While we find that kin may be less opposed to adoption than previously thought, they may have legitimate reasons and financial incentives for not wanting to adopt.

While most people acknowledge that adoption is more permanent than guardianship or long-term foster care, few sites are making a strong push to have kin adopt the children in their care. Many workers do not think adoption is necessary for children cared for by relatives, while others do not think many kin would consider adoption. If all things were equal, workers generally agree that most kin would consider adoption. But things are typically not equal. Workers acknowledge that kin are very concerned about how adoption would affect their relationship not only with the birth parents, but also the child’s extended family. Moreover, many kin would lose considerable financial or other supports if they chose to adopt.

Permanency may be conceptually appealing to plan and strive for, but it is very difficult to measure. Although we can assess how stable arrangements are, a child’s perception of permanency is also critical. Do children in kinship care feel that their living arrangement is less permanent if their caregiver does not adopt them? Do kin feel a greater sense of commitment to the children if they adopt? And while we can measure the stability of placements, research is severely limited on how the stability of children in long-term foster care and guardianship differs from those who have been adopted.

It appears nonsensical to deny ongoing financial assistance to relatives who cannot meet subsidized adoption or guardianship requirements, yet still allow these same kin to permanently care for children. If kin caregivers are acceptable adoptive parents, they should be acceptable subsidized adoptive parents. If not being able to meet requirements means that kin are somehow not acceptable caretakers, then they should not be permitted to have permanent custody. If they are acceptable caretakers, then they should not be denied ongoing financial support—such denial only serves to punish the children.

This discrepancy points to the larger issue of the inconsistencies in requirements and support provided by different permanency options available to kinship caregivers. Child welfare agencies may want to rethink how they approach permanency planning for children in kinship care.
Agencies may want to experiment with methods to better assess kinship caregivers’ commitment as well as how children in kinship care feel about the permanency of their living arrangement, rather than focusing solely on legal permanence. Both the adoption and the guardianship process are difficult for kin (not to mention workers) to understand, and kin may simply get hung up over the word adoption. Agencies need to do a better job of articulating how a legal change in permanency affects the responsibilities of the kinship caregiver and the rights of the birth parents. Agencies may want to work with their state courts to design a permanency option that is sensitive to concerns of kinship caregivers but allows for greater stability than guardianship. In addition, greater commitment to permanence, regardless of how it is measured, should not be rewarded with less assistance.

Notes
1. Alabama: Jefferson (Birmingham), Mobile, and Taladega Counties; California: Los Angeles, San Diego, Santa Clara (San Jose), and Santa Cruz Counties; Connecticut: Bridgeport, Hartford, and Torrington Counties; and Indiana: Lake (Gary), La Porte, and Marion (Indianapolis) Counties.
2. Administrators report being able to license some kin as foster parents and offer them adoption assistance as foster parents, but note that this is uncommon.

References

About the Author
Rob Geen is a senior research associate in the Urban Institute’s Population Studies Center, specializing in child welfare and related child, youth, and family issues.
This series is a product of Assessing the New Federalism, a multiyear project to monitor and assess the devolution of social programs from the federal to the state and local levels. Alan Weil is the project director. The project analyzes changes in income support, social services, and health programs. In collaboration with Child Trends, the project studies child and family well-being.

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