

# Guiding Principles and Best Practice Recommendations for Kinship Adoptions

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Children have been coming into the custody of child welfare agencies at an ever-increasing rate over the past several years due to increases in single parent homes, substance abuse, HIV/AIDS, increased parental incarceration, welfare reform, and mandatory child abuse and neglect reporting laws (Testa 1997; Burnette 1997; Courtney 1995). With the implementation of the Adoption and Safe Families Act of 1997 (ASFA) -- designed to reduce the length of a child's stay in foster care by enforcing strict timeframes for movement to permanency -- and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) -- which decreases the number of families receiving welfare assistance -- an even larger number of children is expected to enter care in the near future. In fact, in an interim report studying the impact of welfare reform on foster care and child welfare in Cuyahoga County, Wells and Guo found that "reduction in cash assistance from AFDC were linked to negative child welfare outcomes" and that when single mothers receive income from work, their children stayed in custody longer and are more likely to be placed with relatives instead of being reunified (Wells & Guo, 2000).

When children must be separated from their biological parents through the intervention of the child welfare system, several laws including ASFA, the Indian Child Welfare Act of 1978, the Adoption Assistance and Child Welfare Act of 1980, and the PRWORA view kin as the preferred placement resource for children. Kinship care offers several benefits to children, including providing familiar caregivers and continuity in familial patterns, reducing the trauma of separation, reinforcing children's sense of identity and self esteem, offering more stability in placement, reducing the stigma of foster care, and promoting sibling relationships (Wilson & Chipungu 1996; Berrick, et al. 1998; Beeman & Boisen 1999). Consequently, kinship foster care is the fastest growing form of out-of-home placement (Bonecutter & Gleeson 1998). Needell and Gilbert reported (1997) that about one-third of all children in legal custody were placed with kin, a percentage that will have to grow as more children need placement.

### **I. VALUES**

One of the underlying goals of KAP was to effect system reform so children in kinship care can achieve permanency as soon as possible. In order to begin such a large process, it is necessary first to identify the underlying attitudes and values about kinship caregivers and to understand how those values impact the

delivery of services to these families. For example, what an administrator believes about kin will impact the development of agency policy. Agency policy will ultimately impact practice decisions and options presented to families at every step of the process. Following is a discussion about how personal and professional values impact relative caregivers and their decisions to adopt.

### **A. Improve sensitivity to the needs of kinship families**

Underlying any discussion of best practices and guiding principles is a set of values. Based on our experiences, as offensive as it may sound, we heard one refrain more frequently here and other places in various forms than any other: “The apple doesn’t fall far from the tree.” Many social workers and administrators struggle with their beliefs that relatives may be the underlying cause of children being abused or neglected by their birthparents. This belief is often cited as an implicit or explicit argument against using kin as placement resources for children and to prevent them from receiving needed social services and financial subsidies. At the beginning of our project, many child welfare professionals expressed surprise that relatives were “allowed” to adopt, and then, when finding out that adoption was possible, they expressed ambivalence about such a practice. They questioned that if the grandparents are responsible for creating or participating in the problematic behavior by having raised adult children who abused or neglected their children, why should we then support them with financial or other help and let them raise this new generation of children?

In actuality, our experiences have shown us that most often the abusive birthparent is the exception within the family. Our argument is that “one bad apple doesn’t necessarily spoil the whole bunch.” While a few kin families did have a history with CCDCFS, the overwhelming majority of our participants exhibited none of the same problematic behaviors as the birthparents. Even for those families who had some problems in the past, it is possible that life experiences and learning from past mistakes will actually make poor or mediocre parents more effective the second time around.

In addition, it is too simple an explanation to blame abusiveness on poor parenting. Many other social factors such as drug abuse, lack of housing, lack of education, criminal behavior, financial problems, mental illness, and mental retardation or developmental disabilities are better predictors of whether a parent will abuse or neglect their child (Gleeson, O’Donnell & Bonecutter 1997). It is myopic to automatically blame a whole family for the actions of one or two individuals. To counteract such misconceptions about kin, social workers need to take a strengths-based approach to appreciate and enhance each family member’s unique strengths and thus become more sensitive to the legitimate needs of the family system as they take on the role of caring for their relatives.

Another issue that arose early in our work was that of defining who is kin. The Child Welfare League of America (1994) expands the definition of kin to include both blood and “fictive” kin – those people who are considered part of a family but are not related by blood or law. Often in our work -- consistent with the legal definition of kin -- we found that the social service system defined kin as strictly blood relatives or those formed through formal legal relationships. To give an extreme example of insisting on such a narrow definition, one family had to produce four birth certificates to prove that she was related by blood to the child she was willing to adopt. In such cases, the legal definition of kin is too restrictive and could result in children being placed with strangers or in another foster home that has no connection with the biological family. In addition, several of our families were adopting sibling groups in which only some of the children were related to them by blood. For example, paternal grandparents were adopting four children, two of whom were their son’s children. The other two had the same birthmother but different fathers and thus were not related to the adopting grandparents. However, because the children had always lived together and were siblings, the grandparents wanted to adopt all four. Such flexible definitions of kin are necessary to help maintain significant bonds for children and to increase sensitivity to different definitions of whom comprises the family.

Drawing from empowerment and cultural competence perspectives -- a dominant practice orientation in social work -- means allowing families to determine whom they consider a family member rather than imposing definitions of family and kin. It recognizes that not all relationships are defined by blood or legal ties, and gives power to families to allow them to tell the professionals who they consider family.

The policy implication of taking this perspective is that we must allow for broader definitions of family than are prescribed by law or policy mandates. It is very clear from the example of the siblings how

narrowly defined legal definitions do not fit the reality of the lives of many of our families. In addition, social workers need to examine their personal values about who is appropriate for adoption among kin. We need to allow the families to define who is kin and be more circumspect about the enormous amounts of paperwork required for “proof” of kinship ties.

## **B. Increase kinship advocacy in child welfare practice**

When discussing advocacy for kin in the child welfare system, two levels of intervention emerge. The first is the micro or individual case level where workers need to advocate for each family and their unique needs and circumstances. The second level is the mezzo or macro level where workers must help the community and child welfare system understand the needs of kinship families. To intervene at the second level requires moving advocacy from case to cause.

ASFA clearly states that reunification with birthparents is the primary case plan goal but that agencies can use concurrent planning methods to pursue an alternate placement plan if reunification is not possible within the required timeframes or if reunification does not result in safety. In addition, ASFA states that adoption is the next best permanency option for children who cannot remain with their birthparents because it represents stability. Since relatives are the first choice for placement, it stands to reason that kin adoption should be a preferred method to achieve timely permanency for children. However, many cultural values and ethical principles collide over the issues of whether kin should be licensed as foster families, and if they truly are the best permanent placement option for children. As stated above, many believe that parenting practices are responsible for how children “turn out” and are used as an argument against permanent placement with the same kin who raised the neglectful or abusive birthparents (Davidson, 1997). Additionally, values that kin should “take care of their own” support arguments that kin should receive less or no support than nonkin who are raising the children who come in contact with the child welfare system. Questions of “deserving” and “undeserving” families are raised when discussing whether a family should receive a subsidy or financial assistance to adopt their kin. To date, it is clear that kin are seen as “undeserving” for many of the reasons already discussed, while most child welfare professionals agree that financial support should be given to strangers who adopt children to help meet the special needs of the child. If we view this issue through the eyes of a child, it doesn’t matter who we consider “deserving” or “undeserving,” what matters is what is in the best interest of the child.

Currently in Ohio, there is no distinction between kin and nonkin when determining adoption subsidy rates. However, we do not have in place a subsidized guardianship program for the cases where a relative is not able to adopt but could provide an otherwise safe, stable and permanent home for the child. For example, current Ohio law states that only persons who are legally single or married can finalize an adoption. In several KAP cases we encountered families whose marital/relationship status did not meet that criterion. Some families had two, never-married adults who were raising the children together but only one of whom could legally adopt. More often, single people who were previously married but never officially divorced even after years of separation due to religious, cultural or other personal reasons could not adopt unless they located the former spouse and either legally separated, divorced or adopted as a couple. In those cases where adoption would be appropriate but unlikely because the kin is unwilling or unable to adopt, social workers need to weigh the benefits of non-kin adoption against the benefits of kin placement and decide which is the better plan for the child. This decision must be consistent with ASFA (1997) and the best interest of the child both in the short and long term. In those cases where families meet clear criteria for maintaining the relative placement, subsidized guardianship could offer the needed support to the family and ensure that children would achieve permanency and stability with relatives who could best meet their needs.

Again, we return to the argument that relatives should “take care of their own” regardless of the price to the family. If we want to achieve permanency for children, and if we agree that subsidy is a legitimate and necessary way to reduce barriers to permanency for children with special needs, then the question of parity

for relatives is moot. **We must focus on parity and support for children and ignore whether it is a relative or a stranger who is adopting the child.** To qualify for Title IV-E subsidy, the child must meet the federal definition of special needs. Beyond the baseline, the subsidy amount is determined based on the severity of the child's special needs -- regardless of adoptive family income or assets -- and may be renegotiated as the child's needs change. So, if a child has a qualifying special need, the child should receive a subsidy. Thus we achieve parity and permanency for children. The child becomes the organizing principle for making decisions about monetary support rather than linking financial support issues to the caregiver.

In addition, we would support extending this logic to subsidized guardianship. If relatives are an appropriate placement resource for children but cannot complete the adoption process, we are currently faced with two alternatives. The system is forced to either maintain the relative placement with the family applying for TANF funds at a lower rate than foster care per diem or adoption subsidy, or place the child with strangers who would receive adoption subsidy. We propose two other alternatives: 1) modify the homestudy requirements for relatives who want to adopt, and/or 2) provide subsidies for children who are in the legal custody of their relatives. If we continue with the current practice and policy alternatives, we are essentially supporting stranger adoption as the preferred permanency option over kin placement – a statement in direct contradiction to ASFA regulations and the Child Welfare League of America's policy recommendations for standards in adoption (CWLA, 2000).

The theoretical basis supporting this approach comes from a family systems perspective, the resource and stressor model of family functioning. Stressors in the kinship adoptive family include those from the community, those imposed by the service system, those that the child as a subsystem brings to the family as well as those the family system brings to the new adoptive family system (Barth & Berry, 1988).

Regarding the community, a stressor for some adoptive families is the lack of community support. Building a family through adoption lacks the rituals from the larger community that support and strengthen the family. In addition to community rituals, informal support from family, friends and neighbors for the adoption is important. The lack of informal support is often expressed in subtle ways. It includes suggestions that families "give the children back" when there are difficulties instead of recognizing that difficulties are part of family life and these children may present some unique difficulties. It includes feeling that no one is there who understands or supports you.

The service system is often a stressor to kin families. Like all other adoptive applicants, the kin family must deal over an extended period with a child welfare agency in order to become adoptive parents. One difference, however, is that kin are sometimes treated with suspicion regarding their motives, so they do not experience the system as helpful. In addition, if they are going to adopt, they must complete a home study. Home studies are intruding and stressful and the approach to home studies has drifted away from a strength-based perspective that uses the home study to explore areas in which the family needs assistance to be successful in adopting. Instead, it has become a vehicle for screening people out of the adoption process, a practice that discourages and disqualifies many families who would be good adoptive families. Inherent in this process has been a white, middle class bias on what is an "appropriate" adoptive family.

The family brings their own unique history and issues to this transaction. While there are specific family characteristics such as high expectations and lack of flexibility that put all adoptive families at risk for difficulties, the kin families have unique issues. Often, the parents are older, single, and have limited income. Many kin have health difficulties. These issues as well as any family history of problems bring unique stressors to the situation.

Finally, many of these children have an extensive history with a problematic birth family as well as the child welfare system. Attachment difficulties, behavior problems, and learning problems are the result of spending formative years in an abusive or neglectful family. These difficulties are stressors to the kin-adoptive family system.

To keep perspective, it is important to recognize that stress occurs in all families. Crisis occurs in a family when existing resources are not sufficient to meet current demands. Crisis is characterized by family disorganization or disruptiveness where old patterns and capabilities are no longer adequate and change is necessary (Patterson, 1988). Crisis is very uncomfortable to families and may threaten the integrity of the

family system (i.e., the family may break up). The Family Adjustment and Adaptation Response (FAAR) Model, developed out of crisis theory (Patterson, 1988), is one way to think about the stressors outlined above. This is a family system model that posits that all families use capabilities (resources and coping behaviors) to meet its demands (stressors and strains) to maintain family balance. When stress occurs, the family musters the resource to deal with it. In a sense, it balances the stressor with a resource. Crisis occurs when there are too many stresses and not enough resources, or when there is a build of stressors such that the family can't accommodate quickly enough to garner its resources. So, both the lack of resources or an overload of stressors can place a family in crisis.

It is from this perspective that the KAP develop and refined practices with families—practices that both increased resources and decreased stressors to the family as well as facilitated adoption and eliminated barriers (whenever possible). The next section discusses these practices and approaches.

## **II. PRACTICE**

### **A. Strengthen and support kinship families to care for children in their home**

In nonkin adoption, agencies offer a range of free pre-placement and post-placement services to families to increase their skills in identifying and coping with children's behavioral and emotional problems, helping them to become more flexible, and help them develop realistic expectations and resources to use when crises arise. Such interventions at the family systems level are meant to reduce adoption disruptions, dissolution, and out-of-home placement in adoption and have applications to kin families as well (Groze, 1996). Providing such services to kin families is essential if we want to reduce stress on the family system as well as help preserve placements within the child's kin network.

Nationally, kin caregivers are most often African American maternal grandmothers who are older, less educated, in poorer health, and poorer economically than nonkin caregivers (Bonecutter & Gleeson, 1997; Scannapieco, Hegar & McAlpine, 1997; Stelmaszuk, 1999). Our participants generally reflect a similar pattern. Of the primary caregivers in our kinship project, 88% are African American, 40% are single or divorced, 90% are female, and 52% are maternal relatives, with an average age of 45.5 years and an average household size of 4.4. All of these characteristics can add stress to the family system, which can lead to instability within the family. To add an unplanned placement to a home with limited resources can exacerbate this already stressful situation. Thus, while kin can be the best permanency option for children, it is important to assess the need and then provide necessary financial and social service support to these families as we do in stranger adoptions to decrease the likelihood of the child coming back into the child welfare system.

When we first began the KAP project, most cases in which a relative came forward to be a placement resource for a child were advised to go to Juvenile Court and take legal custody of the child. Guiding kin cases toward this option holds many advantages and disadvantages. First, the family only has to undergo a brief "interested individual" assessment, which involves a local criminal clearance and a check of CCDCFS records to see if there was ever an open case for the relative. This shortens the length of time involved when compared to undergoing a full homestudy assessment. Sometimes the kin caregiver and the overburdened child welfare and court systems achieve satisfaction with this outcome because each is able to terminate involvement with each other more quickly. However, this timeliness may be achieved at the cost of the long-term stability of the placement.

On the other hand, by taking legal custody of the child the family loses the financial support of foster care stipends or adoption subsidies and can only apply for much lower TANF funds for the children. In addition, kin families – who often are already stressed as stated above – lose access to case management services that can help them access financial and other concrete resources as needed. Remember that these children are the exact same children who would receive such services in foster care if a family member had not come forward to take custody of them.

In our surveys of KAP families, we asked whether families needed services now or expected to need in the future in seven categories: Financial/housing information or help; information about child and services; medical, health, or mental health services; educational resources for child; parent education or

counseling; support group information; and other concrete services such as transportation, babysitting, or legal services. While at least a few kin needed services in each of these categories, families overwhelmingly responded that they needed financial help like subsidy, health insurance, and paying for medical and other services. Kin families said they wanted information about and help accessing available services. KAP families also said they needed support groups for themselves and the children and they wanted informal contact with other kinship caregivers. All of these services – information, financial assistance, and access to support groups -- could be provided and accessed through effective case management.

Providing concrete case management services as a way to support kin caregivers worked in the KAP project. For example, one single elderly woman did not have room for all of the children moving into her home and needed to move. She located more appropriate and safe housing while KAP staff accessed special funds to help pay moving expenses and purchase beds for the children. This woman was able to finalize the adoption of these children and provide a more stable permanent placement than if she had received legal custody early in the case and lost access to case management services.

As stated above, our kin families said they wanted complete and accurate information about all of their options. In addition to taking an empowerment perspective, our observations convinced us that knowing about the advantages and disadvantages of legal custody, becoming a licensed foster home, or adoption as soon as possible in the case helps kin caregivers to make better choices earlier and provides informed consent. Hopefully, this also means that children move to permanency sooner. Many are afraid that if we give families the decision-making power, they will all opt for foster care or adoption and overwhelm an already overburdened system. Our experience tells us differently. As CCDCFS staff began telling families about all of their options, some still chose to take legal custody and a few said they felt that adoption was “pushed” as the better option even when they preferred to take legal custody. In fact, one of our KAP families who were already in the process of completing an adoption homestudy decided to go back and take legal custody to avoid the intrusiveness and complexity of the process or because they had other legal barriers to adoption. In these, as in many legal custody situations, legal custody works for the adults and/or the system but the child’s perspective is unknown. Our hope is that these decisions are made because they also have the child’s best interest in mind. The bottom line is that adoption research shows us that families with accurate and complete information are more successful in the long run (see Nelson, 1985; Schmidt, Rosenthal, & Bombeck, 1988; Groze, 1994). Whether the information was withheld, poorly recorded or unavailable, the lack of complete information serves as a stressor and can place a family at risk for crisis or other negative outcomes (Groze, 1996).

In general, we have also found several other factors that support kin caregivers to care for the children living in their homes. Flexibility of when and where meetings take place is very important to ensure families can access needed services. For example, agencies should work with community centers to provide services in the neighborhoods where the families live and should have policies that give social workers flexibility in scheduling appointments after traditional work hours. Staff should be knowledgeable about and provide education and/or family therapy regarding basic issues in adoption like name changes (i.e. child does not have to change their name), dealing with role conflicts for child and caregiver, and dealing with transitions within the family.

Our recommendation is that agencies have policies that support flexibility for staff and families and provide adequate training and supervision of workers about family system issues, adoption issues and the needs of kin caregivers. In addition, all kinship families should be provided with adequate information and access to resources to make informed decisions to maintain a stable placement for children.

## **B. Increase access to and identification of services and programs for kinship families**

When we first began KAP, CCDCFS staff were unaware of the numbers of kin families in the system. As the project continued, awareness of the existence of kin families in the CCDCFS system increased. As word of mouth spread in the community about KAP, CCDCFS and Bellefaire JCB started getting unsolicited calls from relatives who had taken legal custody of their kin in past years. These families were stressed and now wanted to know how to access services, receive financial support and/or adopt the

children in their homes.

Those kin caregivers who remained engaged with CCDCFS because the children remained in CCDCFS custody had access to basic case management. Dubowitz, Feigelman and Zuravin (1993) suggested that many caregivers (and case managers) failed to recognize children's problems and needed help in doing so in order for the children to receive necessary services. In addition, De Acosta et al (1998) conducted focus groups where caregivers fully recognized their children's problems, but felt they had no experience with the "new" problems they exhibited, like Attention Deficit Hyperactivity Disorder. As stated above, children in kin care have as many needs as those in nonkin care. However, the literature documents that they and their families receive fewer services, experience more delays in receiving material necessities and Medicaid cards, and are monitored less frequently than other families (Davidson, 1997; Needell & Gilbert, 1997). As noted above, kin caregivers tend to be older, minority, poorer, and in poorer health than nonkin caregivers, all of which may compromise the care they are able to provide or add stress to the family system due to the social problems associated with these characteristics. In our experience, some kin were forgoing medical care for themselves so that they could afford prescriptions or other necessities for the children in their homes, thus destabilizing the home as the parent succumbs to illness. For these reasons, it is even more important that staff members are educated about available services and kinship families are assessed accurately to determine what services are needed. Social workers must provide the same attention to the kin families as the nonkin, and be flexible about providing services.

At the midpoint of the project, we found that the majority of our kinship families needed a wide diversity of services including: financial support (100%); support groups for children (88%); medical subsidy (76%); child and services (73%); individual counseling for child (73%); support group for parents (65%); parent education or counseling (55%); educational assessments (54%); housing information or help (38%); information about dental care (38%); and other concrete services like after school programs (43%), regular daycare (38%) or evening babysitting (26%). These services cross many systems at once, and kin caregivers may have trouble accessing all of the needed services due to cumbersome paperwork, transportation issues, costs, and/or inflexible office hours.

Partly in response to these issues and with foresight, Cuyahoga County developed a Legal Custody Education Forum independent from the KAP program but related because many of the same staff overlapped and were involved in coordinating it. This Forum was comprised of a consortium of County Commissioners, staff from Juvenile and Probate Courts, Child Support Enforcement Agency, Health and Nutrition, Work and Training, CCDCFS Adoption & Foster Care, neighborhood site managers, legal services (agency and private attorneys and Guardian Ad Litem), and KAP. The plan is to come together on one Saturday each quarter in different areas of Cleveland to provide basic information and services to families with legal custody of their children.

We propose that such a cross-section of services should be offered and accessible in community centers on a regular basis so that all kin families can have an easily accessible "one stop" approach to accessing services for the children in their care. Short of that, case managers need to understand the barriers to kin and help them navigate the system and negotiate some of the system barriers by becoming an advocate for them. Support groups for kin adopters – held in neighborhood centers – need to be developed to help reduce feelings of isolation and to provide social support – one factor that has been effective in reducing disruption or dissolution in nonkin adoption (Groze, 1996).

It should be noted that CCDCFS did not have an information system that tracks whether a family is a kinship or stranger caregiver at the time the project began. In addition, they do not have an operational system for tracking families that have been granted legal custody since that is done entirely through the Juvenile Court system. If a birthparent changes her/his mind about legal custody, s/he is able to contest that legal status in the court system and potentially receive custody of the child again, which may place the child at risk for re-entry into the system. In addition, if the kin caregiver family becomes too stressed and enters a

crisis, and does not have access to sufficient social services, it increases the risk that the child will return to the child welfare system. Whatever the reasons for the return, currently we have no way of tracking how the fragility of a legal custody status for children because we lack an adequate information tracking system. We propose that agencies develop assessment tools that identify kin families and then track that information to become better informed about the numbers of kin and assess their needs.

At this point, we do not know for certain how kinship families enter the system or access adoption. It is likely that they follow many different paths to obtaining services and that word of mouth in certain communities can help families identify available services. The dissemination of accurate information is essential to providing a comprehensive program of services for kin caregivers. Again, partnering with the community centers or other local places like libraries, grocery stores, hair salons and churches where families frequent can serve as an effective way of communicating with kin who are not currently aware of or utilizing all of the available services and resources. In addition, written information should be available to social workers at hospitals, Juvenile and Probate Court, counseling offices, or other places where kin might access services. Lastly, families need to know that they can ask for and even expect services for the children in their care.

### **C. Assist and engage families in permanency planning for their child or children (both birth and adoptive families)**

Based on BJCB staff's experiences with other types of adoption and in the spirit of promoting non-adversarial approaches to working with birthparents in any adoption, we propose that birthparents should be given the opportunity to choose the out-of-home placement resource for their children whenever possible. Short of that, social workers need to work with birthparents to identify relatives and investigate their interest and ability to become the caregivers. In fact, the way in which a kin caregiver initially comes into the system often is a result of the birthparents stating that they wanted their children to live with them. Giving birthparents the opportunity to name their preferences in out-of-home caregivers is the first step to a nonadversarial approach in working with birthfamilies.

Right now the child welfare system is designed to be adversarial. The birthparent is accused of abusing or neglecting their child and must prove to the courts that s/he is a fit parent. S/he is required to work a case plan or risk losing the child – a decision outside of her direct control. Some parents know that they are not adequate and can be engaged to make plans for their children. Instead, the system is currently set up to make birthparents fight to get their children back or risk looking like they don't love or care about the child. We propose that the definition of responsible birthparenting be reframed to include engaging birthparents in the process of making a safe and permanent plan for a child – through placement with an appropriate relative – when birthparents know they cannot or do not want to resume caretaking responsibilities again. Explaining and appreciating the subtleties of counseling birthparents who want to voluntarily terminate their rights takes a good deal of skill and sensitivity. It also takes an empowerment perspective to believe that birthparents can make good choices for their children and a belief in client self-determination. For example, while social workers understand that beating addiction often takes many attempts and sometimes much longer than ASFA timeframes allow, we often don't realize that clients recognize this reality too. Allowing birthparents to make informed decisions and plans for their children – especially when they are allowed to choose where the child will live – can help them cope with the grief and losses they experience in addition to allowing them to help the children move on.

Although allowing birthparents to choose or identify placement resources for their children is the ideal, we acknowledge that this practice is not always easy or possible. As Robin Martin-Black of CCDCFS states,

“Parents are often reluctant to share information about relatives because they do not want others to ‘know their business.’ We are often well into the case plan with the ASFA clock ticking before we find out the identifying information for mother's parents, brothers, sisters, aunts and uncles (including paternal relatives). There are many reasons why we cannot place children with relatives [at the outset]. For example, child support [issues] -- some birthmothers protect fathers so we do not have father's names, which means we



cannot locate paternal relatives. Some relatives also have a history with CCDCFS [and would not be appropriate placement resources].”

As stated above, providing birthfamilies and kin caregivers complete and accurate information is essential to achieving permanency for children. They must all be made aware of all of the permanency options and their advantages and disadvantages, including explanations of all the legal processes and approximate timeframes for each option. In addition, both birth and adoptive families must be given an opportunity to understand the realities of adoption and dispel any myths they may have. Kin caregivers must also be made aware of the requirements of becoming an adoptive family and should be educated about subsidies, fees and reimbursement possibilities.

With the implementation of ASFA, agencies and families are required to make many decisions and changes within a short period of time. Workers can also help families move toward permanency by being respectful of the family’s sense of time, which may be very different from the system’s sense of time. We found from our experiences that helping everyone involved – workers, birthparents, and kin caregivers – begin to understand and empathize with the child’s sense of time about adoption often helped the process to move more quickly and smoothly. Everyone was more responsive to each other and willing to compromise on difficult issues when they understood that children were anxious to be adopted and understanding from a child development perspective that even a month is a very long time to a child. The most important practice for social workers is to try to understand the child and family’s definition of time and their expectations and how those ideas might conflict with those timelines imposed by agency policy or federal legislation. It is the worker who needs to mediate a compromise between all involved when necessary.

Another time when it is important to have a strengths-based perspective when working with kin is while they are going through the adoption homestudy assessment process. Adoption can be complicated and hard to understand even for social workers that interact with the process on a daily basis. Families rely on their social workers to give them complete and accurate information about requirements and expectations as well as options. Doing so early in the case is a way to engage families in the decision making process for the children and can help build trust between the family and the worker and agency.

Because all of our kin families were referred to the project only after they had expressed an interest in adopting, we were faced with several issues that could be avoided if they had been addressed when the family came into the system. The kin caregivers who participated in our project mostly live in the city of Cleveland or in the inner ring suburbs – all with high rates of poverty and myriad social problems. As part of the homestudy assessment process, families are fingerprinted and agencies perform a background check through Ohio’s centralized Bureau of Criminal Investigation and Identification (BCII). We soon found that some of our kin families had criminal backgrounds. While several had adult household members with criminal backgrounds that could prevent the adoption from finalizing unless that person moved from the house, we also found that at the end of the project, almost a quarter of the adopting adults had a criminal background. The most common single offense committed was welfare fraud – at the midpoint of the project, almost half of those with a criminal background had committed fraud. These families were usually headed by single women who had been single parents to their biological children and had failed to report additional income to their caseworkers when they found a job. Depending on the amount of money they received before reporting their employment, families were charged with either petty theft or grand theft by fraud. In addition to an administrative review of any adoption involving a criminal record, CCDCFS policy is that if a person has committed welfare fraud, they cannot receive adoptive placement or finalize an adoption until they have apologized for their actions and made significant progress toward restitution to the agency – which in the cases of those charged with grand theft could take years. When we discussed the charges with one of the families, she was unapologetic. She said that she did what she needed to do to put food on the table for her children. In the end, she agreed to pay restitution and signed a letter stating that she had made a mistake by committing fraud, but only because she wanted to keep her grandchildren with her.

One way to avoid delays at the end of the adoption process is to inform families at the beginning about the agency’s policy about welfare fraud and other criminal convictions. Not only is being direct with families about their criminal backgrounds good social work practice, it also allows them to participate in making the best and most timely permanency plan for the child – especially if their background check will delay or disqualify them from adoption. In addition, it is expected that such delays will be rare once agencies

conduct background checks earlier in the case to help identify problem areas and begin the restitution process if necessary. There must also be a mechanism for making case-by-case decisions for families who had convictions.

In addition to the difficulties that arise with criminal backgrounds, there are other issues that can make completing a homestudy assessment for kin difficult. At the midpoint of our project, 40% of kin caregivers had housing issues that could delay adoption, including inadequate space and difficulty finding affordable housing. Some relatives also expressed concerns about safety issues in their neighborhood that made them reluctant to proceed with the adoption. In a few of these cases, KAP staff were able to work with families to help them locate affordable housing and helped pay moving expenses and/or buy needed furniture for the children. The more access caseworkers have to flexible funds to help relatives with such issues, the better off children will be in the long run. These relatives are otherwise appropriate placement resources, thus it is worth a relatively small financial cost to ensure a safe and permanent home for children who would otherwise need to be placed in nonkin foster homes.

In addition, some kin caregivers experienced health problems significant enough to cause problems in completing the adoption homestudy or cause concern about the agency's ability to finalize an adoption in Probate Court. We also know from conversations with families that many are delaying their own healthcare in order to provide basic care for the children in their homes, thus exacerbating some already existing chronic health problems. Again, identification of significant problems at placement can help identify needed services and help all involved make realistic choices about long term placements. Agencies must work with families to provide necessary supports when kin are willing and otherwise able to take care of the children. Otherwise, we are threatening the stability of the family and increasing the likelihood that the child will return to the child welfare system.

Another option for addressing barriers to completing the homestudy process is to develop a system with different requirements for kin adopters. For the State of Ohio, CCDCFS experimented with a pilot homestudy that was significantly shorter for foster parents who are adopting the children in their home. While the paperwork requirements remained the same, the actual interview process focused more on the adjustment of the child and the family's ability to meet the needs of that specific child rather than talking about the general background of the adoptive family. This has proven successful enough that Ohio is contemplating implementation of this revised homestudy format for the rest of the state. We would suggest that those relatives who are not already licensed foster parents should be given the same opportunity to complete a revised and shortened homestudy assessment that more accurately addresses their circumstances and evaluates their needs.

### **III. SYSTEM**

One of the goals of KAP was to increase public-private agency collaboration and coordination of services to kinship families. Although Bellefaire JCB had established a working partnership with CCDCFS in a previous demonstration project and through our ongoing contract to complete foster parent homestudies, KAP was staffed by social workers and administrators from different departments within the CCDCFS and other county agency systems. Much has been written about the difficulties associated with public-private collaboration, specifically around issues of trust and control (Das & Sheng, 1998). Following is a discussion of some of the issues we faced in building a relationship between BJCB and CCDCFS.

#### **A. Increase collaboration and coordination between public and private agencies**

There are many specific practices we employed to enhance our partnership with CCDCFS. First, we all shared a common value and goal of becoming more knowledgeable about the needs of kin caregivers and the children in their care. We clarified roles early in the process and shared power in terms of running meetings and making decisions. We established a regular meeting schedule, held the meetings at CCDCFS to make it easily accessible to their staff, developed an agenda with flexibility built in, and took, distributed and approved minutes of each meeting. BJCB invited CCDCFS staff to the grantees meetings in Washington D.C. and to the CWLA conference in Atlanta. We also attempted to engage the Juvenile and Probate Court system personnel as well as other appropriate service providers and departments within CCDCFS. In

hindsight, because kinship adoption issues affect so many elderly persons, we should have invited the Department of Aging to be part of the group as well. Although there were several staff changes over the course of the project, both CCDCFS and BJC B committed staff to the project and had relatively stable staffing and good transitions when new staff did join the project.

One of the most helpful and successful approaches in KAP was to team a BJC B worker (housed in the adoption department) with a CCDCFS Kinship Care Coordinator to conduct the home visits and interviews with kinship families. While the CCDCFS worker could help motivate the family and access needed services, the BJC B worker could share expertise about the adoption process and associated issues and could also complete the homestudy if the family wanted. The team approach, while having the potential to overwhelm families with too many social workers, actually proved to be especially helpful to the completion of the project and most likely enhanced services to clients.

It is clear that without cooperation from both agencies, many of the successes of the project could not have happened. For example, BJC B staff, used to working within a smaller system, had the flexibility to think creatively when addressing barriers for families or to meet the families on their own terms. In addition, BJC B staff had the ability to emphasize that they were separate from CCDCFS, which sometimes was viewed by the family as the “bad guy” because they bore the responsibility for removing the child from the birthfamily in the first place. On the other hand, CCDCFS staff had access to financial resources in addition to having a greater understanding of what the County system in general had available in terms of support services. Thus, it is important that private agencies understand the realities, pressure and culture of the public system as well as appreciate the resources available within a larger agency. Alternatively, public agencies must begin to view the private agencies as partners in the child welfare system instead of just resources to be used and accessed.

In sum, it takes good social work skills to establish relationships within the public-private partnership. By appreciating strengths, developing trust and common goals, and taking a team approach to working with clients, we were able to eventually work through most resistance and misunderstandings. In the end, the participants in the project benefited when we were able to work together.

## **B. Increase skills of public human service workers to work with kinship families**

Another goal of the KAP project was to increase the skills of CCDCFS social workers to work more effectively with kinship families. As mentioned above, the KAP project created Kinship Care Coordinators (KCC) who were CCDCFS staff that served as a resource to other staff and families regarding kinship care issues. While the KCC did not provide regular direct or case management services to the family, they were available to link them to resources within and outside the agency. In addition, once the word spread within CCDCFS about the KCC, they were viewed as a resource to staff when they were faced with particularly challenging cases. If CCDCFS chooses to continue funding these positions beyond the project, they could use them to help identify and explore relatives as placement resources when a child comes into care. They could alleviate one responsibility of the overburdened case managers and fulfill the agency’s obligation to explore placement with relatives by being creative in their search techniques – they could attend weddings and funerals as one way to locate family members. At CCDCFS, some staff have already incorporated this method into their practice. In addition, identifying relatives early in the case can prevent kin from showing up at the last minute, which often delays adoptive placement decisions until both families can be evaluated for appropriateness. If a relative is an appropriate resource, it is preferable to place the child with them from the beginning instead of making a placement with a stranger. In addition, the KCC could help implement the recommendations of this document, including providing information to and evaluation of families early in the process.

Beyond creating permanent kinship care coordinators, public agencies must provide training to their staff about kinship care issues. First and foremost, staff needs to know that relatives can and do adopt. Also, as noted above, considerable skill is necessary to know when and how to use non-adversarial methods with birth and kinship care families to mediate a favorable outcome for children. Knowing how to help families

make decisions about which options are best for them – and to quickly and accurately assess whether their decisions are realistic – is essential to prevent families from being lumped into the legal custody route without adequate services or supports or having them waste a lot of time and energy only to find out they aren't eligible to adopt.

In addition, because so many of the needs for kin caregivers cross many different departments and agencies, workers must be aware of the available services and resources for the families. Equally important is helping staff to identify their own values about kinship adoption and understand how those values impact their service delivery and ultimately the lives of children. Finally, staff needs to understand how the process might be different for kin than for nonkin, especially as it relates to subsidy eligibility.

These training objectives can be achieved in a variety of ways. Agencies can offer training to staff within their scheduled ongoing training and publish a list of policies specific to working with kinship families. In addition, states could add a component to their training for social work professionals – especially if, like Ohio, they have adoption assessor certification requirements for those working in adoption and foster care licensing. By making training about kinship care issues a priority, agencies could save themselves and families a lot of time and frustration and speed up the time to permanency for children if they have staff who are adequately trained and knowledgeable about how to work with kin caregivers.

#### **IV. Summary**

In their recent interim report, Wells and Guo found that over half of all initial placements for children in Cuyahoga County Department of Children and Family Services custody were made with relatives (2000). So if more relatives are going to take care of kin, the question is how is the child welfare system going to support these families to ensure that children go into stable and permanent homes? One option is to license all kinship families as foster parents. The benefit of this policy is that it ensures that families are evaluated for and receive needed social services and financial support like counseling, case management or health care for the child. Licensing kin as foster parents also can speed up the adoption process later because many of the problematic issues will have already been addressed. In addition, the licensing process brings the kin caregivers into the decision-making process and gives them access to information about their options.

Among the reasons that agencies do not license relatives as foster parents is that many believe that kin should take care of their own and be kept out of the child welfare system. In addition, by not licensing kin agencies prevent the creation of a kinship caregiver tier of foster care, a strategy that is often deliberately employed to reduce the burden on an already overwhelmed system. Even though recruitment costs are negligible compared to recruiting nonkin foster homes, the licensing process can be very expensive in addition to the costs of providing ongoing case management and foster care per diems to families. However, if relatives are not able to take care of the children, agencies have to place the children with nonkin foster homes anyway, so it may be more cost effective in the long run to license relatives and provide the supports they need to care for the child.

Ultimately we support whatever system works for children. It is clear that kin families need access to financial supports and services to maintain stability. We need to either have a valid subsidized guardianship program in place or utilize foster care and adoption as a way to ensure stability, permanency, and safety for children. While legal custody has been the avenue of choice in recent years to move kin caregivers through the system quickly, we know from the numbers of calls we receive at BJCB and at CCDCFS that many of these placements are unstable and the children are re-entering the system. What we are finding is that giving legal custody to relatives without access to resources does not work for children.

In addition, we haven't even begun to tackle how we are going to handle these cases as more of them come back into the system. A primary issue right now is the battle between wanting to do the right thing for children and families and figuring out a way for the services to be paid for. For example, if a relative wants to adopt a child that they have legal custody of, they can approach the Probate Court to file a petition to adopt as long as they get the consent of the birthparents and they complete an adoption homestudy. The primary question then, is who will conduct the homestudy for the family? Private agencies in Ohio can get paid for the placement of an older child with special needs only when a public agency has custody of them. So, for legal custody cases, private agencies could provide the necessary services to the family except that under the

current system they will not get paid. Public agencies are already overwhelmed with the number of children coming into care and the prospect of conducting hundreds more homestudies for relatives is daunting. Even more frightening is the prospect of hundreds more children coming into agency custody when their kin placement disrupts due to lack of resources.

An even more fundamental issue is whether legal custody represents permanency for children in the first place. What we hear from adults who were raised by kin and passed from relative to relative as the resources in each family ran out is that legal custody does not mean permanency for children. We hear that they always felt like they didn't have a home. However, going from relative to relative is always preferable to being moved from foster home to foster home.

In short, there are no easy answers to the dilemmas we face in child welfare today. We need to evaluate and examine our values and practices and change those that inhibit or prevent the best permanency outcomes for children. We need to implement policy changes that support kinship adoption and to train staff to recognize unique kinship care issues and intervene on children's behalf. Ultimately, we must be creative and resourceful when working with kin families because they are by mandate our first best placement resources for children and in practice may be our only hope to adequately meet the needs of the growing number of children coming into care. Finally, we must respect each family's right and ability to create the best permanency plan for their children and provide necessary supports to ensure their plans work for children.

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