



Developing consistent and transparent kinship care policy and practice: State mandated, mediated, and independent care



Jill Duerr Berrick*, Julia Hernandez

School of Social Welfare, U.C. Berkeley, 120 Haviland Hall, Berkeley, CA, United States

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ABSTRACT

To date, the large majority of the research literature on kinship care in the United States has focused on the similarities and differences between children and caregivers in “public” or “formal” vs. “private” or “informal” care. Our understanding of children’s living arrangements in the homes of their relatives, however, is becoming more nuanced and complex. The stark differences between public and private care are increasingly mediated by hybrid kinship models that may be government facilitated, but are not considered fully public in nature. This paper lays out a framework for understanding the multiple custodial options available to non-indigenous children in the United States who need alternative care from a related adult. We introduce a taxonomy in which care arrangements are characterized as state mandated, state mediated, or state independent. The variability in custodial arrangements raises questions about the routes by which children arrive to care, and the sorting process that shuttles children into arrangements that may offer more or fewer services and supports. Policies that promote consistency within care types are recommended. Practices that make more transparent access across models and a research agenda to fill gaps in knowledge are discussed.

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1. Introduction

More children are being raised by their grandparents, today, than at any time in recent U.S. history. According to the U.S. Census, the number of children raised by relatives increased by 18% from 2000 to 2010, while the growth in the overall child population increased by only 3% (U.S. Census Bureau, 2011). During the Great Recession it appears that large numbers of children moved into their relatives’ homes, though this trend stabilized once the economy regained strength (Pew Research Center, 2013). Recent estimates indicate that over 7.7 million children are being raised in the home of a relative (about 10% of all U.S. children); of these, about 3 million (4% of the U.S. child population) live with a relative with no parent present (Federal Interagency Forum on Child and Family Statistics, 2011; Pew Research Center, 2013). These shifts in parenting practices have been most pronounced in communities of color where, according to the Annie E. Casey Foundation (2012), an estimated one in five African American children will spend some portion of their childhood living in the home of a relative. Some of these familial child-sharing practices reflect longstanding cultural responses to extreme hardship imposed on communities of color, hardships such as slavery, incarceration, or poverty (Roberts, 2003; Stack,

1983). Relative or kinship caregiving today is also associated with family displacement (e.g., parental military service or job relocation) or hardships relating to health or mental health, substance abuse, incarceration, or death of the child’s parent (Gleeson & Seryak, 2009; Gleeson et al., 2009; Goodman, Potts, Pasztor, & Scorzo, 2004; Sands & Goldberg-Glen, 2000).

Kinship care has been referred to as the “full-time protecting and nurturing of children by grandparents, aunts, uncles, godparents, older siblings, non-related extended family members, and anyone to whom children and parents ascribe a family relationship, or who ‘go for kin’” (Child Welfare League of American, 2013, para. 1). Kin caregivers can be differentiated from the general population of parents in that they are older, poorer, less well educated, more likely to be single, and less likely to be employed (Annie E. Casey Foundation, 2012). Many studies point to the skewed racial/ethnic distribution of kin caregivers (Annie E. Casey Foundation, 2012; Minkler & Fuller-Thomson, 2005). African American and Native American families are especially likely to care for their relative children. Compared to the general population, kin caregivers are more likely to have been born in a country other than the U.S. and thus, English may not be their primary language (Humes, Jones, & Ramirez, 2011). Additionally, poverty rates among kin caregivers are high, at almost twice the U.S. average (Pew Research Center, 2013). The large majority of relatives raising children in the U.S. are maternal grandparents (Federal Interagency Forum on Child and Family Statistics, 2011), many under age 60 (Bryson & Casper, 1999; Strozier

* Corresponding author.

E-mail address: dberrick@berkeley.edu (J.D. Berrick).

& Krisman, 2007). The children in their care are relatively young; children ages six or younger are about one-third more likely to be cared for by a grandparent than children in any other age group (Pew Research Center, 2013). Furthermore, almost one-quarter of grandparent caregivers in the U.S. report struggling with a significant disabling condition (Pew Research Center, 2013). As a result of their considerable challenges, the research literature indicates that kinship caregivers experience high rates of need for services, supports, and financial assistance (Cox, 2009; Sakai, Lin, & Flores, 2011). Their vulnerabilities may be due, in part, to the path by which they came to caregiving; kinship caregivers are often faced with the need to step in as children's caregivers with little advance notice or planning (Hayslip & Patrick, 2005).

Although the research literature cited above suggests that we know a great deal about kinship care in general terms, the research community has been insufficiently precise in differentiating kinship care arrangements. Children may live in the home of their relative under any number of different arrangements, some formalized with government support and/or supervision, and others arranged privately and informally outside of government auspices. Many studies of kinship care refer to public and private care (see, for example: Geen & Berrick, 2002; Chipungu, Everett, Verdick, & Jones, 1998; Hegar & Scannapieco, 1995). Included in public care are those families where the caregiver self-identified as a foster parent or where dependency or juvenile courts were involved in the placement (Ehrle, Geen, & Main, 2003). In contrast, private care may include any arrangement where government agents are not currently involved. As useful as these distinctions are in helping to understand and delineate the scope and characteristics of families, neither definition fully accounts for the variability in kinship types that may occur.

Our understanding of children's living arrangements in the homes of their relatives is becoming more nuanced and complex. The stark differences between public and private are increasingly mediated by hybrid kinship types that may be government facilitated, but are not considered fully public in nature. The policy community could benefit from a framework for understanding child welfare-related kinship care so that policy guidance within types can be more uniform. Features that differentiate kinship types within a larger framework would also provide greater transparency to child welfare workers and, most importantly, to the families at the center of kinship practice.¹

We review the range of kinship caregiving types typically found in the U.S. for non-indigenous children and offer a broad-brush interpretation of the main differences between each type of care, acknowledging that there exists considerable variation between states in policy and practice, and sometimes even variation between jurisdictions within states. We propose a new framework for considering kinship care types that we refer to as *state mandated*, *state mediated*, and *state independent*. Each caregiving type is discussed and explained in detail below.

Some caregiving arrangements (e.g., kinship foster care, kinship guardianship, and kinship adoption) are mandated by government agents; others are mediated by government agents as in the example of kinship diversion or legal guardianship (sometimes referred to as probate kinship guardianship or civil kinship guardianship). In order to account for this variability and yet provide a structure to consider policy, practice, and research implications we suggest greater definitional clarity. We lay out some of the similarities and differences in processes and experiences below, followed by a review of what is known about the caregivers and children served within each of these categorical approaches. The figures and examples presented focus predominantly on kinship care in California, as data are more readily available from that state. However, the framework, with some translation across individual

¹ Although we attempt to create greater definitional clarity between kinship types in this paper we recognize that we have not attended to the topic of caregiver relationship within kinship types. That is, a growing body of research suggests that the kin caregiver's degree of relatedness and type of relatedness may correspond to different outcomes for children. Although an important issue, we are unable to attend to this degree of specificity here. (For more information see: Daly & Perry, 2011; Herring, 2008; Perry, Daly, & Macfarlan, 2014).

states, can be applied nationally. What remains unknown serves as our call for a review of the policy, research, and practice considerations revealed by this diversity of caregiving options.

2. Independent, Mediated, and Mandated Kinship Care

2.1. State-independent kinship care

2.1.1. Informal kinship care

The large majority of children living with a relative caregiver do so informally and privately. These arrangements may occur temporarily or permanently as children are shifted from their parent's household to the home of their relative for any number of reasons. Of the approximately 3 million children living with a relative without a parent present, it is estimated that upwards of 1.8 million are living in these private family constellations (Main, Macomber, & Geen, 2006). Caregivers in informal living arrangements are not required to submit to screening or licensing procedures, of course, because their care falls outside of the auspices or the supervision of any government entity. Because typically there is no documentation to verify a legally binding custodial relationship, these caregivers cannot consent to major medical treatment and usually do not hold children's educational rights. Under some limited circumstances, caregivers may access public aid for the child in their care (TANF child-only grants and Medicaid), but are often disallowed from accessing TANF family grants for themselves (Golden & Hawkins, 2011). In recent years, some states and local jurisdictions have developed Kinship Navigator programs that allow these and other caregivers to access information, referrals, and limited support services (Hernandez, Magana, Zuniga, James, & Lee, 2014), but such programs are not universal (Child Welfare Information Gateway, 2013a).

Although private kin have only limited rights and children's access to benefits are curtailed, some evidence indicates that caregivers are reluctant to call public notice to their situation to avoid unwarranted family intrusions, and to maintain full control of their family; some caregivers fear that engagement with the state through the juvenile or probate courts or child welfare agencies may see the child placed in a non-relative's home (Gibbs et al., 2004, June; Schwartz, 2002).

This caregiving arrangement has been variously referred to as informal care or private care. Because many of the policy debates concerning kinship care typically center on issues of state involvement, we suggest another term, *state-independent kinship care*, which attempts to capture the policy dimension associated with this type of care. Some of the characteristics associated with state-independent kinship care are summarized in Table 1.

2.2. State-mediated care

Care arrangements that are less well-understood by the research community and that are typically absent from policy discussions fall between *independent* and *mandated care*. These mediated arrangements may occur because a child welfare worker or other professional, acting on behalf of the state, has facilitated the relocation of a child from a parent's to a relative's home (e.g., kinship diversion). Other mediated arrangements may be pursued by the relative, sometimes facilitated by a legal representative, and recognized by the state through the decision of a probate or civil court judge who grants legal guardianship. These various arrangements are outlined below.

2.2.1. Kinship diversion

Although U.S. child welfare policy has promoted the utilization of kin as children's foster care providers for well over three decades, children are sometimes brought to the attention of child welfare agents but are not taken into care under court supervision. Concern over the child's well-being may be at issue, but children are essentially "diverted" to kin as an alternative to formal foster care. Data on the extent of these practices – sometimes referred to as kinship diversion and elsewhere

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