



INFORMATION PACKET

STRONG FAMILIES

How can we prioritize kin in the home study and licensure process, and make placement with relatives the norm?

When children cannot remain safely in their homes, placing them with kin not only minimizes the trauma of removal, but increases their likelihood of remaining connected to siblings, families of origin, and community, which improves their overall well-being. When compared to children in non-relative foster care, [children in kinship care](#) have been found to experience fewer behavioral and mental health challenges, lower rates of re-abuse, and less placement disruption. Despite these findings, only about [one in three children is placed with kin](#).

If child well-being is truly a priority, increasing that ratio is essential. Prioritizing kinship placements starts with child welfare agencies [establishing a kin-first philosophy](#), underscored in written policies and reflected in all aspects of practice. A kin-first agency makes the child's first — and hopefully only — placement with kin, prioritizing the licensing of relative caregivers whenever possible and providing them with other supports, such as [kinship navigators](#).

There often is a significant disparity between the resources provided to traditional foster parents and what kinship caregivers receive, which decreases both the



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availability of kinship providers and their ability to effectively meet the needs of the children in their care. One way to increase parity is to **ensure that home study and licensure processes are redesigned to prioritize kin, making non-kin foster care placements the exception rather than the rule** (see [How did A Second Chance Inc. transform kinship care in Allegheny County?](#)). Doing so would significantly increase the services and financial resources available to kin caregivers.

Putting kin first

All states and the District of Columbia require that any family wishing to adopt or foster a child complete a home study. Home studies include reviews of the safety and suitability of the home itself, as well as background checks, financial reviews, and interviews with household members. Agencies' routine processes for home studies and licensing are normed on non-relative caregivers rather than kin. Therefore, [kinship care providers experience significantly more barriers](#) than traditional foster parents.

Caregivers who elect to participate in non-kin foster care have the advantage of months or years of planning before a child is placed in their care. However, **kinship providers often step into the role of caregiver in emergency situations, without adequate time to prepare for a child's arrival.** Caring for a relative child often means taking on unanticipated expenses, which can create new financial challenges or exacerbate existing ones. This is particularly true for grandparents, who are more likely to be on a fixed income. [One study](#) found that of the more than 2.5 million grandparents

formally and informally caring for their grandchildren in the U.S., 20% lived in poverty, 25% had a disability, and 40% were over the age of 60. **Regardless of their willingness, many relatives cannot financially afford to care for their kin in the child welfare system unless they receive support.**

In order for states to receive federal Title IV-E reimbursement for foster care payments, providers have to be licensed. State laws require that all non-relative foster caregivers be licensed, but only 20 states and the District of Columbia [require kinship providers to be licensed](#). States can elect to use local funds to make foster care payments to non-licensed kinship care providers, but whether and how much to pay them is at the state's discretion. Consequently, state licensing policies can dramatically affect the financial resources relatives have available to care for children.

Non-licensed relatives who have to rely on financial assistance from Temporary Assistance for Needy Families (TANF) typically receive less than half of the monthly support that licensed foster caregivers receive.¹ [Lower foster care payments for kinship care providers have been found to negatively affect the number of relatives that can care for children and the quality of care that relatives can provide.](#) [Studies have shown](#) that when relative caregivers participate in Guardianship Assistance Programs (GAP), and the GAP payments are equitable with foster care maintenance payments, the number of children placed with kin guardians doubled or tripled, without any additional interventions. However, non-licensed kin providers are not eligible to participate in Guardianship Assistance Programs.

The more support relative caregivers receive, the more likely relatives will be able to step up for their family members. This will help to lower the number of foster homes needed and decrease the number of children in foster care.

— YESHI VAUGHAN,
ALUMNA OF FOSTER CARE IN WASHINGTON STATE²

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When state policies do require licensing for kin, the home study requirement can present additional challenges. Requirements vary by state, but they typically include minimum standards such as “the home needs to be clean and in good repair” and “there have to be enough bedrooms” to sufficiently accommodate each child’s safety, privacy, and comfort. The suddenness of a kinship placement and limited financial resources may create barriers for some kinship families to meet certain home study standards. The majority of these barriers are not related to safety, however. One research study noted that a lack of adequate space was a barrier for some relatives when the child welfare agency required that each child has his or her own bedroom.³

A lack of communication between child welfare staff and relatives about the home study process is another common barrier. [Licensure options](#) often are not explained to relatives, who may not know to ask for the additional supports that come with licensure. **Failing the home study due to strict licensing standards and inadequate information places relatives at a disadvantage and reduces the positive effects associated with kinship care.**

Kin-first home study and licensure practices

Fortunately, states have significant latitude in determining their foster care licensing standards. As long as licensing standards are consistent with nationally recognized safety and well-being standards (for example, child safety and sanitation recommendations), the federal government does not require states to adhere to any particular guidelines.

In addition, states are allowed to grant **waivers that exempt kinship care providers from compliance with non-safety related licensure requirements.**

The philosophy of a kin-first agency must be to license families in, not rule them out.⁴

States also can allow for **variances between kinship care** providers and traditional foster care placements when meeting certain licensing and home study standards. A study examining foster care licensing standards around the U.S. and their effect on kinship providers highlights a **significant number of licensing standards that are non-safety related and could be reviewed and systematically waived** by states in order to facilitate the licensure of appropriate kinship caregivers. These include requirements related to owning a vehicle, paying for outside health and safety inspections, sleeping arrangements, and proximate location to certain facilities, among others.⁵ Utilizing waivers and providing targeted supports to relative caregivers allow child protection agencies to prioritize kinship placements and address the unique needs of relatives without risking or losing Title IV-E funding.

Jurisdictional examples and tools

A number of [states and jurisdictions have ramped up supports for kin providers](#). They’ve done so by using waivers, variance allowances, and their authority to establish licensing standards and implement policies and practices that facilitate successful home studies and subsequent licensing for relative caregivers. For example:

Caregivers need support, including financial assistance, respite care, legal advice, and understanding. Our employers need to understand we are taking on a responsibility we didn’t ask for, and have compassion for grandparents who find themselves in this role.

— ROBERTA EDGAR,
RELATIVE CAREGIVER IN PENNSYLVANIA²

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- **Provisional licenses:** Arkansas, Connecticut, Maryland, Massachusetts, Minnesota, Montana, North Dakota, and Rhode Island provide relatives with provisional licenses while they complete the requirements to obtain full licensure. This ensures that kinship caregivers at the outset can adequately care for the children placed with them, especially since the licensing process is often lengthy. In some cases, the home study process can take between four and six months.⁶
- **Expedited home studies:** Some states — including Missouri, New York, and Texas — systematically expedite the home study process for kinship care providers, reducing the likelihood of relatives withdrawing from the process. [A Second Chance Inc.](#) in Pennsylvania is able to license 96% of kin families in 60 days or less.⁷ Its culturally appropriate approach identifies ways to remove barriers for willing families, including routinely providing required equipment and furnishings, such as a smoke detector or additional beds. During those first 60 days, the state commits reimbursement of the per diems.
- **Waivers and variances for non-safety related requirements:** A number of states — including Connecticut, Louisiana, Mississippi, Missouri, Nebraska, and Virginia — provide waivers and variances for non-safety related licensing requirements if the requirements impose hardships on the kinship care provider. For example, child protection agencies in Nebraska can waive all or part of the licensure training requirements for kinship providers, while Louisiana’s statutes allow the Office of Children and Family Services to

establish different minimum training requirements for kinship caregivers and non-kin foster parents in order to facilitate placements with kin.

- **Increased supports for kin care providers:** In Pennsylvania, [A Second Chance Inc.’s model](#) for supporting kinship caregivers centers around personalized support for kin families, including transportation, in-home clinical services, access to a legal clinic, enrichment activities, social events, and support groups. As part of their Title IV-E Child Welfare Waiver Demonstrations, several other states — California, Colorado, Ohio, and Tennessee — also provide increased and intentional support to kin caregivers. For example, 15 counties in Ohio provide core activities for relative caregivers that include a needs assessment, support planning, and service referrals and provisions. These [targeted supports are part of an intervention strategy](#) to support relative caregivers and increase kinship care.
- **Equitable financial resources to support kin caregivers:** When relatives have the financial means to care for their kin, they usually are willing to do so. In October 2017, a U.S. Sixth Circuit Court of Appeals ruling required Kentucky’s Cabinet for Health and Family Services to compensate relatives approved as foster parents in the same manner as it pays licensed foster parents. [The ruling](#) applies to children who have been placed into custody with a relative or “fictive kin” caregiver. However, since the U.S. Supreme Court chose not to hear the case, this ruling currently applies only to Sixth Circuit states, which include Kentucky, Ohio, Tennessee, and Michigan.

Kinship providers need a one-stop information center to ask questions, present their situation, and get advice on how to act. The biggest problem faced by most kinship providers is that they don’t know how the ‘system’ works, and what is available.

— AMY FRANCIS,
RELATIVE CAREGIVER IN OHIO²

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- **Tools for prioritizing licensing of kin caregivers:**

A number of national organizations have developed [tools to help child protection agencies adopt kin-friendly practices](#), and help facilitate the priority licensing of relative caregivers:

- » Grandfamilies.org provides a comprehensive checklist [Family First Prevention Services Act: Implementing the Provisions that Support Kinship Families](#) that outlines the concrete steps that are necessary for child welfare agencies to effectively incorporate and implement key provisions of the Family First Act that impact kinship caregivers. This includes actions for revising licensing standards and processes to ensure increased placement with kin.
- » [The Model Family Foster Home Licensing Standards](#) outline reasonable and achievable licensing standards that are flexible enough to respond to individual circumstances, while ensuring safety.

- » [The Foster and Kinship Parent Recruitment and Support Best Practice Inventory](#) highlights innovative and practical approaches for finding and retaining kin and non-kin foster parents.
- » The Foster Family-based Treatment Association’s [Kinship Treatment Foster Care Initiative Toolkit](#) offers home study and licensing resources and strategies to engage and support kin who are caring for children and youth with treatment needs.
- » [The California Resource Family Approval Toolkit](#) helps relative caregivers understand the process of requesting placement of a child, being approved as a resource parent, and becoming a licensed kinship care provider, including guidance on next steps after each phase of the process and suggestions on what to ask the social worker.

- 1 Beltran, A. & Epstein, H. (2013). The standards to license kinship foster parents around the United States: Using research findings to effect change. *Journal of Family Social Work*, 16(5), 364-381.
- 2 [Family Voices United Campaign](#), survey response March 2019.
- 3 Riley-Behringer, M., & Cage, J. (2014). Barriers experienced by kinship and non-relative caregivers during the foster and adoptive parent licensure and home study process (LHSP). *Journal of Public Child Welfare*, 8(2), 1-40.
- 4 Personal communication, March 19, 2019, with Dr. Sharon McDaniel, Founder, President & CEO, A Second Chance Inc.
- 5 Beltran & Epstein, 2013
- 6 Riley-Behringer & Cage, 2014
- 7 Personal communication, October 18, 2018, with Yakiciwey Mitchell, A Second Chance Inc. consultant and trainer.

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