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## Evaluation of Region 4 Kinship Support Unit

### Washington Department of Social and Health Services Children's Administration

*Partners for Our Children is committed to improving the lives of Washington state foster children through rigorous research, analysis and evidence-based innovation. The organization, founded in 2007, is a collaborative effort of the University of Washington School of Social Work, Washington State Department of Social and Health Services and private funders.*

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## EXECUTIVE SUMMARY

Relatives are the preferred placement option of public child welfare systems for children in out of home care. Though the majority of children are served through licensed foster care, kinship placements in Washington comprise 39% of the out of home care caseload.<sup>1</sup> The Kinship Support Unit was formed in May 2008 to achieve permanency for children in long term placements with kin. Partners for Our Children conducted an evaluation of the program to describe structure and functions of the Kinship Support Unit, gather feedback on the contributions of the program, describe barriers to permanency for children in kinship care, and examine regional case outcomes and program tracking data.

This evaluation employed primarily qualitative methods and incorporates program tracking data regarding the services of the Kinship Support Unit. Interviews were conducted from June to December 2009 with Kinship Support Unit staff and with key stakeholders. To understand the case level activities of the team, evaluators examined and summarized tracking data provided by the Kinship Support Unit.

## Findings

### Program model

The Kinship Support Unit includes a relative search specialist, five kinship support social workers deployed to each of the offices in the region, and a unit manager who reports to the Regional Permanency Planning manager. The social workers in the unit serve in a variety of ways to meet the needs of relative caregivers and to improve timely and safe permanency for children in kinship care who have been in care for two or more years who are unlikely to return home. The Kinship Support Unit provides advanced relative searches based on region-wide referrals, conducts relative home studies, and support Child Welfare Services (CWS) social workers to expedite the transfer of cases to the Adoption Unit. The Kinship Support social workers also communicate to relatives about permanency options and participate in Family Team Decision-Making meetings (FTDMs), Local Indian Child Welfare Advisory Committees (LICWACS), and other shared planning meetings. Some members of the team have expertise in non-parental or third party custody agreements.

### Barriers to permanency encountered by relatives:

Respondents identified several barriers to permanency encountered by relatives related to poverty, perceptions

**“I think they are awesome. We’d struggle without them. (The Kinship Care Unit social worker) finds information and can address questions that the family may have. Once she resolves the family’s concerns, the case can move to permanency more quickly.”**

—CWS Social Worker

of and intergenerational involvement with the child welfare system, and the challenges of navigating the licensing process and meeting foster care licensing standards. The Kinship Support Unit partners with CWS social workers, Casey Family Programs, the Kinship Navigator program and others to reduce these barriers to the extent that their programs, policies, and resources allow, but these remain issues of concern for families.

### System barriers for kinship permanency

Respondents were asked about system barriers in moving cases to permanency. Two strong themes emerged from the analysis. The first was the limited capacity for permanency practice among CWS social workers attributed to competing workload demands and lack of permanency expertise. The second barrier identified was related to the lack of clarity regarding the pathway to non-parental custody as a permanency exit, due to the lack of practice guidelines for CA staff, its separation from the dependency court process, and the inadequate financial support it provides to guardians. Training, collaboration, and procedural changes within CA could help to address these barriers, though some of these issues must be resolved in the legal and judicial arenas.

### Outputs and Outcomes of the Kinship Support Unit:

Fifteen months of KSU tracking data were available for the evaluation. The table below highlights the early work of the team to move children to permanency.

Kinship Support Unit Activities

TASKS	15 MONTH TOTAL OCT 08- DEC 09
Non Parental Custody cases completed	36
Cases Transferred to Adoption Unit	170
Home Studies Completed/closed	198
Relative Search Completed	67
Shared Planning Meetings (FTDM, Permanency Planning etc.)	400

## Discussion

### Efforts to Improve Permanency

The Kinship Support Unit was created to play a key role in a regional strategy to reduce the number of children in care by focusing on safe and timely permanency. Since most relative caregivers are not licensed, this unit fills a unique role within Children's Administration by focusing its efforts on certifying relative placements through the home study process and by addressing the needs of relatives in meeting the temporary and, at times, long-term needs of children in out of home care.

### Capacity for 3<sup>rd</sup> Party Custody developed in Region 4

The Kinship Support Unit, in partnership with Casey Family Programs, has developed capacity within Region 4 for non-parental custody agreements. While these agreements do provide a timely permanency exit and an alternative to adoption for families, they essentially establish guardianship agreements outside of the child welfare system. Thus, the financial support that caregivers are eligible for through TANF and Medicaid can be significantly less than the per child benefits they would be eligible for through the Adoption Support Program. This issue is of particular concern for the many low income relatives who care for sibling groups.

### Limitations of R-GAP for unlicensed relatives and other suitable persons

In accordance with provisions of the Fostering Connections to Success and Increasing Adoptions Act (2008),<sup>2</sup> the state's new Relative Guardianship Assistance Program (R-GAP)<sup>3</sup> has the potential to provide more robust financial support matched by federal Title IV-E funds to relatives who are willing to become legal guardians of children through the age of 18. However, this program requires that the relative home be licensed as a foster home for at least six months prior to establishing the guardianship. This is a significant hurdle in our state since only 8% of all current relative caregivers in Washington are licensed<sup>4</sup> This evaluation has found that practitioners do not perceive foster licensing and adoption as reasonable options for many relatives due to the intrusive inquiries and stringent standards required by the licensing process. Yet, nearby Oregon and many other states require licensure for relative caregivers and do indeed license a higher proportion of relative caregivers as compared to Washington.<sup>5</sup> This suggests that there may be opportunities to help relatives learn about the benefits of licensure, and to enhance the capacity of Children's Administration to support relatives through the licensing process.

Recent legislative and agency policy changes in Washington State have allowed for a number of children to be placed in unlicensed placements with caregivers defined as "other suitable persons", that is, persons with a relationship history with the child.<sup>6</sup> These caregivers do not meet the eligibility criteria for R-GAP because they are not relatives. Further alignment of policies for child placement and permanency planning is needed so that children in Washington do not linger in long term placements without viable exit options.

### Strengthening Kinship Practice

Historically, licensing and adoption standards have been developed for the model of non-relative foster care. In light of the unique strengths and challenges faced by kin, there may be opportunities for the agency to strengthen kinship practice across the continuum of program services from Child Protective Services (CPS), Child Welfare Services (CWS), Division of Licensed Resources (DLR), to Adoption Services. For instance, increased training and support at the front line is needed for:

- relative searching
- appropriate use of waivers for child placement with kin
- presenting licensure as an option and improving the application experience for kin
- recognizing the familial, cultural, and economic contexts that relatives bring to their caregiving role and how these intersect with licensing and adoption practices and policies of the agency.

Given that relative care is the preferred placement option for children requiring out-of-home care, the skills and experience of the Kinship Support team could potentially be leveraged to develop stronger kinship practice and to reconsider licensing and permanency options through a kinship lens.

### Areas for Further Study

This evaluation indicates that the Kinship Support Unit provides unique and valued support in an effort to improve permanency outcomes for children in protracted kinship care. As Children's Administration moves forward with its commitment to kinship care and the implementation of R-GAP, the insights and expertise from community constituents, other CA regions and offices, and public and private agencies beyond Washington may also help to inform and improve kinship practice and policy.

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## I. INTRODUCTION

Partners for Our Children conducted a formative program evaluation of the Kinship Support Unit, a unit serving Children's Administration Region 4, operating under the Adoption and Permanency Planning Office. The purpose of this unit is to support relative caregivers through completion of home studies, and expediting permanency for children in the care of relatives.

To better understand the contributions of and challenges addressed by the Kinship Support Unit, it may be helpful to understand the current contexts of kinship care nationally and in Washington State. Relatives are the preferred placement option of public child welfare systems for children in out of home care. Out of home placement with relatives is helpful to the child in that it may minimize the trauma of being removed from home and provide access to the support of extended family members during the child's separation from their biological parents<sup>7</sup> Though the majority of children are served through licensed foster care, kinship placements now comprise a sizable portion of the out of home care caseload<sup>8</sup>. Kinship care tends to provide stability for children and helps to keep siblings together in care<sup>9</sup>). Licensure and payment policies for relative caregivers vary widely across the U.S.<sup>10</sup>. Some states require all relatives to be licensed and paid under the same guidelines as foster parents, some set less rigorous licensing requirements and provide lower payments to relatives, and some states, like Washington, rarely license relatives and provide support to them only through the Temporary Aid to Needy Families (TANF) program.

Relatives come to the caregiving role from a very different place than non-relative caregivers. The choice to provide care comes not from a deliberate choice, but from a response to a family crisis. Kinship caregivers are more likely to be low income and single as compared to licensed foster parents.<sup>11</sup> These caregivers often must navigate familial boundary issues with the child's biological parents as they step in to provide temporary or longer term care for their own grandchild or other related child.<sup>12</sup>

Historically and around the world, communities have utilized extended family for the care of children. Within the African American, Native American, and Latino communities in the United States extended family, along with fictive kin, and tribal members have often provided for children when biological parents were unable to parent due to illness, financial hardship, or death.<sup>13</sup> As informal agreements, these placements were mainly without the financial support, scrutiny, or timeframes associated with the child welfare agency or other government agencies.

Child welfare agencies have only recently come to rely on these familial and tribal networks as placement resources for children in out of home care. The policies of the formal system for caregiver compensation, safety standards, and exits from care are far more complicated and may conflict with the longstanding practices within these communities of color for raising children and keeping them safe.

### **Kinship Permanency Practice/Policy Context**

Oftentimes, a relative agrees to provide temporary care for a child, yet if family reunification is not possible, the situation evolves into a need for a permanent home for the child. The child welfare agency frequently looks to the relative to make a long term commitment to the child. If the relative agrees, the permanent plan is typically established through an adoption or a guardianship. Research has found that relatives are more likely to choose adoption with younger children, while guardianships are more often favored for older children, who may have deeper knowledge of and relationships with their parents.<sup>14</sup>

A new federal law, the Fostering Connections to Success and Increasing Adoptions Act<sup>15</sup> (2008) allows for all states to enact subsidized guardianships for relatives caring for children who have come into their care through the child welfare system. The law allows for licensed relative caregivers who have cared for the child for at least six months to be eligible for a subsidized guardianship. The guardianship provides custodial rights until age 18 and a monthly payment for each child through age 21 if the youth is enrolled in school.

As compared to Washington, some other states are ahead in terms of policy and practice to support timely permanence with relatives. The dependency guardianship that has been used for some time in Washington is limited as a permanent exit, in that the case remains open in the eyes of the dependency court, and is subject to annual review hearings. Recent policy changes have resulted in a dependency guardianship that is no longer financially supported exclusively by the state. Under a dependency guardianship most relatives had been eligible for TANF and Medicaid benefits for the child and unrelated licensed caregivers would have continued receiving foster care payments paid exclusively from state funds. In 2009, Children's Administration restricted the use of dependency guardianships through a policy change that no longer allows for "paid" guardianships for licensed caregivers.<sup>16</sup> In 2010, the Washington State Legislature followed suit, repealing those dependency

guardianships and directing Children's Administration to implement the Relative Guardianship Assistance Program as allowed under the federal Fostering Connections Act.<sup>17</sup>

Meanwhile in other states, through federal IV-E waiver demonstration projects and the creative use of state funding, several child welfare systems have begun to provide subsidized guardianships to relatives who agree to provide a permanent home to the children in their care.<sup>18</sup> These guardianships are true exits from the child welfare and judicial systems and provide the relative with a monthly allocation for each child in their care through the age of 18. These monthly payments are eligible for federal match under the Title IV-E program.

### **Washington Relative Care Permanency Context**

Washington has a relatively high rate of placement with kin with 39% of children in kinship care at any point in time.<sup>19</sup> In 2007, Washington broadened its relative placement policy to allow placement of children with "other suitable persons."<sup>20</sup> These placements are allowed with a social worker walk-through of the home and a National Crime Information Center (NCIC) criminal background check of the primary caregiver(s). At 120 days, the placement is to be reviewed through a more comprehensive relative home study, which includes fingerprinting of all adults in the household. In accordance with the Adam Walsh Child Protection and Safety Act,<sup>21</sup> these fingerprints are run through the Federal Bureau of Investigation for a thorough review of criminal background and child welfare history.

As mentioned earlier, some state systems have required licensure of all relative caregivers, but Washington has not. It is estimated that 8% of all relative caregivers are licensed.<sup>22</sup> Washington's Relative Guardianship Assistance Program (R-GAP) policy introduced in 2009<sup>23</sup> provides a framework for a subsidized guardianship in accordance with the federal Fostering Connections legislation. The Washington State Legislature enacted legislation to implement R-GAP in 2010.<sup>24</sup> The low rate of relative licensure is a significant barrier to the implementation of R-GAP in Washington State. Most relative caregivers in Washington complete the less rigorous relative home study process and apply for a non-needy relative or child-only TANF grant. With a TANF child-only grant the caregiver receives about \$350 per month for the first child and only incremental increases for additional children. Licensed foster parents receive a monthly payment for each child in their care. The base rate for

a preschool child is \$424 and for a school age child is approximately \$500.<sup>25</sup> This rate is adjusted higher for older youth and children with special needs. Thus, relatives caring for large sibling groups who receive TANF are at a significant financial disadvantage to licensed foster parents.

Since very few relatives are licensed in Washington and since an adoption home study is quite a rigorous process, some relatives have opted to finalize permanency through a non-parental or third party custody agreement. Likewise, Children's Administration has increased its use of non-parental custody agreements as a permanency option for relatives and other unlicensed caregivers who may not be willing to adopt or who may not meet the criteria for adoption. These agreements are finalized outside of the dependency process in Superior Court. In these cases, guardians are entitled to ongoing TANF child-only payments and Medicaid until the child reaches age 18. Non-parental custody agreements are generally used with older children, while adoption is encouraged for younger children, especially those in sibling groups, since adoption allows the family to access Adoption Support funds which are monthly subsidies designated to meet the special needs of each adopted child. Also, Adoption Support allows for reassessment of the child's needs over time. This is important because children adopted at a young age may experience challenging learning, behavioral-emotional and/or mental health needs as they progress in school and through adolescence.

Figure 1 is a flowchart showing the Kinship Permanency Planning process. This figure highlights decision points such as: the initial placement of the child into relative or non-relative care, the relative's choice to care for the child through an approved relative home study or via foster care licensure, and the permanency planning decision where a child may be reunified or may achieve permanency through a relative adoption, non-parental custody, or relative guardianship (R-GAP). Figure 1 is included here to provide a context for the work of the Kinship Support Unit in Region 4.

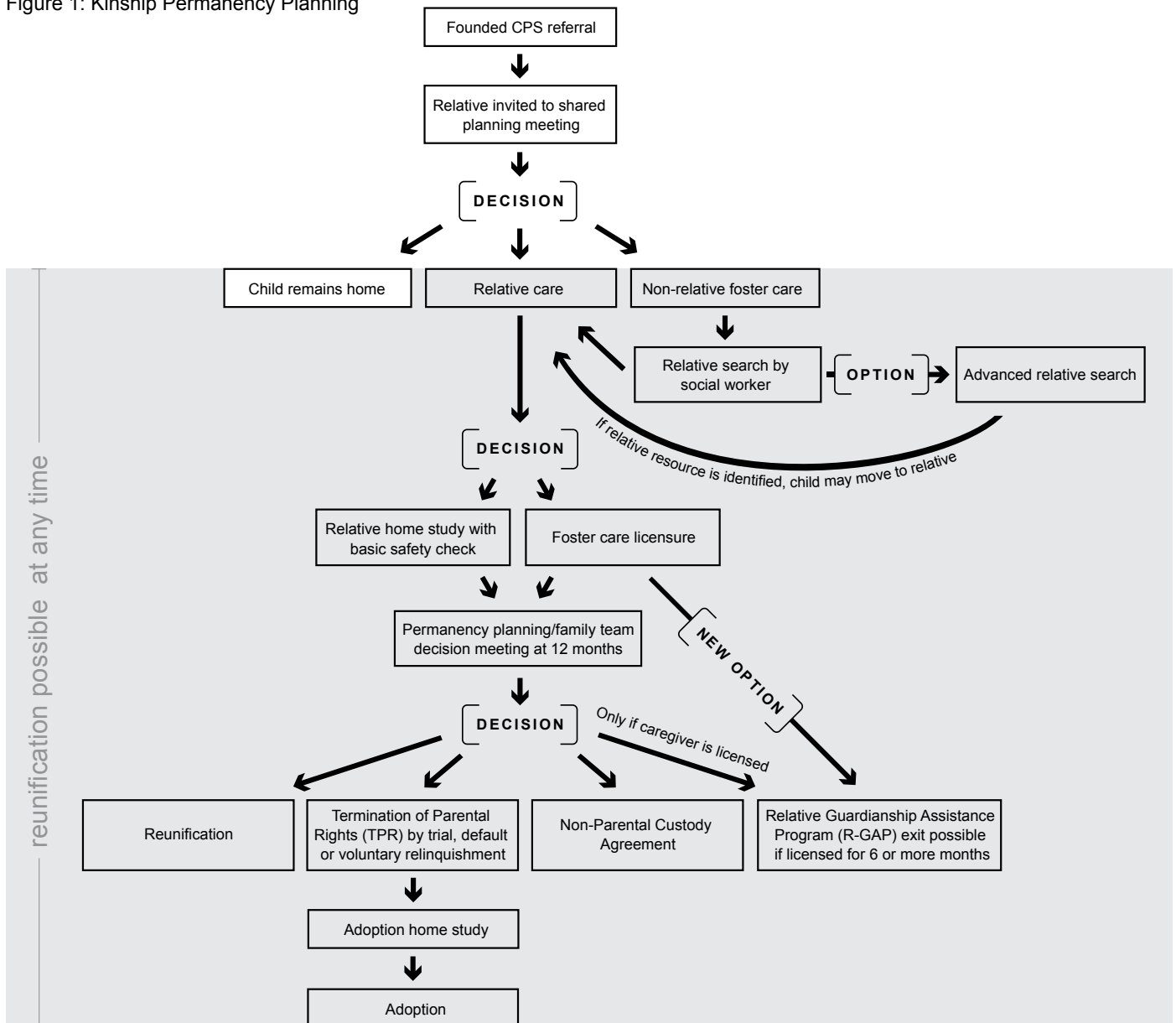
A description of permanency policies relevant to relative caregivers in Washington State can be found in Appendix A. The table has been adapted from a CA training material called "Permanency Planning Options; Benefits and Limitations" and it highlights permanency policies and options available to relative caregivers in Washington. It outlines the legal definitions, the rights of caregivers, children and birth parents, the financial and other services available to the child through age 18 and beyond.

## Region 4 created Kinship Support Unit (KSU)

Children's Administration Region 4 encompasses King County and, compared to the rest of the state, serves the most racially diverse children in care. This region has had a strong commitment to relative placement and this has helped children to retain important cultural, familial, tribal and community bonds. Yet, this has created pressure over time at the back end of the system as children in kinship care have tended to have slower exits from care. In recognition of this challenge, the administration in Region 4 created the Kinship Support Unit (KSU) in 2008.

The Kinship Support Unit is organized under the Permanency Planning Program and functions as a unit with a supervisor and a kinship support social worker deployed at each of the five offices within the region. There is also a social worker in the unit who focuses on advanced relative searches using multiple national search engines. The main focus of the Kinship Support Unit is to complete relative home studies and to improve permanency outcomes for children in relative placements. The cases targeted are typically those of children who have been in care for two or more years and for whom the likelihood of reunification is low. Therefore, the Kinship Support Unit social workers engage relatives in considering permanency options such as adoption or non-parental custody agreements.

Figure 1: Kinship Permanency Planning



## **Purpose of the Evaluation**

The purpose of this evaluation was to describe how the Kinship Support Unit functions to achieve permanency for children who have been in long-term relative care. This report will summarize both qualitative and quantitative findings derived from the following questions regarding the Kinship Support Unit and permanency with kin.

1. What is the intended contribution of the Kinship Support Unit (KSU) in expediting permanency for children in the care of relatives?
2. How does the unit function? What are the day to day practices and tasks of the team? How does the KSU enhance permanency with kin in Region 4?
3. What are the barriers to permanency for relative caregivers?
4. What are the system barriers in achieving permanency for children in kinship care? For case carrying (CWS) social workers and in terms of policy?
5. What recommendations are made from the field to improve the KSU and supports to relative caregivers?

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## **II. METHODS**

This was primarily a qualitative evaluation but it also incorporated some quantitative program tracking data. The evaluators first met with the Kinship Support Unit supervisor and team for an overview of the unit and its work. A logic model for the program was developed based on discussions with staff (See Table 1). Interview protocols were created for individual staff and key informant interviews, including colleagues and relative caregivers to address the evaluation questions (See Appendix B). Contact information for key informants was provided by the Kinship Support Unit staff.

The Kinship Support Unit has been operating in Region 4 since May 2008. The team includes six social workers and a unit supervisor. Evaluators met with the Kinship

Support Unit supervisor, and attended the unit team meeting for a facilitated group discussion. Follow up questions were developed and individual interviews were conducted with each staff member in their field offices. Including the unit supervisor, this is a team of seasoned social workers with practice experience ranging from CPS, CWS, licensing, adoption, court units, and units focusing specifically on services to Native American and African American children in care. Each team member had at least seven years of experience working within Children's Administration and at least one team member had worked in two other regions prior to working in Region 4.

Stakeholder interviews were conducted with ten individuals representing CWS social workers, supervisors from within and beyond Region 4, staff at partner agencies, and caregivers. Among these stakeholders, the CWS social workers had the most frequent contact with and familiarity with the Kinship Support Unit social workers. The other informants had more limited knowledge of the day to day work of the Kinship Support Unit, but a broad perspective on the experiences of kinship caregivers served by Children's Administration. A content analysis was conducted to identify the strongest themes emerging from the qualitative data.

To further understand the contributions of the Kinship Support Unit in expediting permanency for children in kinship care in Region 4, the evaluators obtained monthly reports from the Kinship Unit supervisor. These reports track the activities of the team such as the number of home studies completed and the number of cases transferred to the adoption unit over the past 15 months. The Permanency Program Manager also provided region-wide permanency outcome data. These data allow for comparisons of permanency outcomes before and after the formation of the Kinship Support Unit.

Table 1: Kinship Support Unit Logic Model

**Long Range Goal: More timely permanence for children in long term kinship placements when reunification is no longer an option**

<b>ORGANIZATIONAL RESOURCES/STRUCTURE</b>	<b>TARGET POPULATION</b>	<b>OUTPUTS/SERVICES PROVIDED</b>	<b>PROXIMAL OUTCOMES</b>
Kinship Support Unit with ties to local offices	Caregivers of children in care for two years or more currently in an unlicensed placement	conduct relative placement home studies	Increased number of third party custody agreements finalized
Outreach to SWs to identify cases early	Caregivers of any child placed in an unlicensed placement	refer to Casey attorney for third party agreements	Increased number of kinship cases transferred to the adoption unit
Referral system/forms for advanced relative searches		secure parental agreement(s) to third party custody exit from dependency	Increased number of child placements into safe homes of relatives through the relative home study process
Partnership with Casey Family Programs		work with AAG to petition court for removal of exclusive jurisdiction	
		prepare cases for adoption unit (medical records, 13-041 forms, address child and family issues)	
		conduct advanced relative searches	
		provide consultation to CWS social workers	
		present permanency options to kinship caregivers	
		attend shared planning meetings (FTDM's, Permanency Planning Staffings, etc)	
		attend LICWAC meetings, notify tribes obtain cultural agreements for Indian children	
		secure concrete supports and services for kinship caregivers	
		attend court hearings	
		conduct child health and safety visits for co-assigned cases	

**III. FINDINGS**

**Qualitative Interview Themes**

In this section, findings have been analyzed and grouped into four major categories/answering four key research questions.

1. How does the unit function? What are the day to day practices and tasks of the team? How does the KSU enhance permanency with kin in Region 4?
2. What is the contribution of the KSU in expediting permanency for children in the care of relatives?
3. What are the barriers to permanency for relative caregivers?
4. What are the system barriers in achieving permanency for children in kinship care? for case carrying (CWS) social workers and in terms of policy?
5. What recommendations are made from the field to improve the KSU and supports to relative caregivers?

## **1. The roles/contributions of the Kinship Support Unit (KSU): How does the KSU enhance practice?**

What is unique about the newly formed Kinship Support Unit in Region 4 is that their practice focus is meeting and engaging with kin, recognizing the strengths and the needs of this growing group of caregivers. Agency policies and practices are generally oriented to a non-relative foster care model, so the Kinship Support Unit contributes to an emerging model of kinship care. There are three key functions of the Kinship Support Unit. They search for relatives, conduct home studies of relative homes for child placement, and support relatives in providing permanency when children cannot safely return home.

### **a) Advanced Relative Searches:**

One member of the kinship support team provides advanced relative searches based on region-wide referrals. Children's Administration policy requires that relatives be located and notified within 30 days of a child's placement in out of home care. Advanced searches are requested when a social worker has completed their own interviews and initial contacts with schools, tribes, etc. and has been unable to identify the child's extended family. Once referred to the Kinship Support Unit search specialist, each advanced search takes about one week to complete using various statewide and national databases. A summary narrative of the search is entered into Famlink and relative phone numbers and addresses are sent to the CWS social worker.

### **b) Relative Home Studies:**

Five social workers on the Kinship Support team are assigned to different field offices and they spend most of their time conducting relative home studies. These home studies are required to be completed within 120 days of a child's placement, but in Region 4 there has been backlog of cases needing home studies. The team has been addressing the backlog and is gradually shifting to responding to new "on time" requests made at the time of a child's removal. The relative home study ensures that the residence has been reviewed for safety while the child is in out of home care. KSU team members feel that the home study process also helps to stabilize the child in the placement because through the home study the KSU social worker shares information and may respond to needs of the caregiver and of the child that previously had not been addressed. Though not as comprehensive, the relative home study includes many of the same components of the foster care and adoption home study. A common element of the three home studies is the federal criminal background check required for all adult members of the household.

### **c) Laying the foundation for Permanency Planning with Relatives:**

The Kinship Support Unit addresses permanency planning with relatives by conducting home studies, visiting and sharing information with caregivers, by attending shared planning meetings such as Family Team Decision-Making meetings, and by participating in Local Indian Child Welfare Advisory Committee meetings and other staffings for Native American children.

KSU social workers report that many relatives agree to a placement thinking it will be temporary. However, when children cannot safely return home, relatives often must decide if they can make a long-term commitment to the child. Good social work case planning involves laying out these possible outcomes early in the case. KSU social workers educate families about permanency, having multiple conversations over time, to help explain the permanency options and also to help relatives process their own experience. As one KSU social worker described it, *"Families don't know what 12 months looks like- the dual track. We need to have the conversation every 30 days to answer their questions and address their concerns."* Another frames it this way, *"I think we need to get better at asking all the questions of relatives. We have to think about the child's safety, and if they can handle the child's behavior, and their ability to make a long term commitment."*

The KSU team is faced with different challenges when working on backlog cases, where children have been in a relative placement for two or more years. After months or years where a relative has seen little movement on a case, it can be difficult for the KSU social worker to convey a sense of urgency on behalf of the agency to resolve the case. Relatives may not be well-informed about permanency and they may not realize that they can exercise choices to get out of the system. The KSU social workers counsel caregivers about the pathways to each of the permanency options. The most common permanency option for relatives is adoption. However recent efforts of the Kinship Support Unit include educating relatives about the option of a guardianship through a non-parental custody agreement, also called a third party custody agreement. Some caregivers do not want to adopt since it requires termination of parental rights and legally severs the child's relationship with their parent(s). Other caregivers may choose a non-parental custody agreement to avoid the additional scrutiny of familial relationships and personal lifestyle associated with an adoption home study.

**d) Family Team Decision-Making Meetings and Local Indian Child Welfare Advisory Committee:**

In Region 4 there are FTDM facilitators in every office working under the Family to Family initiative. Each facilitator organizes 20-25 FTDMs a month. KSU social workers participate at the invitation of the CWS social worker and if the family members are comfortable with their involvement. KSU social workers are involved in these meetings to varying degrees in the different offices around the region. One stakeholder shared some concern for the balance between the number of professionals and family members at these meetings. Since the meetings are designed to empower families to plan for the child's needs, there was concern that when too many professionals are at the table, the family members may not voice their perspectives and may defer the decision-making to the professionals. A suggestion was offered that KSU social workers might best share information with the family members prior to the FTDM. In fact, CWS workers shared that in some offices KSU staff are getting involved prior to meetings to consult with family members and prepare them for the FTDM. One KSU social worker stated, *"I try to do a walk through with the family before the meeting. It's the family who decides who is the best (placement) resource, and it takes time."* The KSU social workers' knowledge of the permanency process combined with their supportive role for the caregiver serve them well as they provide information and support prior to and at FTDMs. One CWS worker shared the following perspective on teaming, *"The KSU worker is very seasoned, she participated in the meetings, provides clarity by stating the facts, and coming from a different place than the CWS social worker."* Another reflected the support from the KSU worker this way, *"The family gets to meet the kinship worker and answer their questions. We have more cohesion as a team."*

The Indian Child Welfare KSU social worker attends additional LICWAC staffings, and takes on tribal notifications and additional requirements in ICW cases regarding placement and permanency planning for Native children. Strong teaming with CWS on cases is evident in the comments of the KSU social workers; as one social worker described it, *"In this job I'm not just supporting cases, but case workers."*

**e) Teaming to Expedite Permanency – Bridge to Adoption Unit:**

The Kinship Support Unit serves as a bridge to prepare cases for transfer from CWS to the adoption unit. This may involve gathering the child's medical records and their birth family's medical history (13-041 form), tribal

consent forms and cultural contracts. Sometimes they convene staffings and perform other tasks to expedite case closures.

Stakeholders who partnered with the Kinship Support Unit (KSU) to expedite permanency on specific cases reported that the support provided by the KSU social worker was both warranted and quite helpful to CWS social workers. As one social worker stated, *"There is so much work on the plate of CWS workers. The KSU social worker in our office is knowledgeable in whatever needs to be done to get the case to the adoptions unit."* Another described the specific support the KSU social worker provides on cases, *"She assists with waivers for the criminal history, helps with the home study, and gets the case history. She usually reviews the ISSP, and gets the relative's information, their finances, medical history, and the relationship history between the child and the parents."* Another CWS social worker commented on the Kinship social worker's approach and contribution to moving cases to permanency, *"They are so willing to help. I have a guardianship case in which the Kinship social worker facilitated the staffing and got the necessary approval."*

The CWS social workers attributed the success of the KSU social workers to their depth of experience and familiarity with their assigned office and the department in general. As one CWS social worker described it, *"There are so many little pieces to address in permanency, it can be too much. Who do I go to? So we have the Kinship Support staff."*

According to staff and stakeholders, some families served by the agency have experienced intergenerational involvement with CPS and even if they have not, relatives may feel that it is stigmatizing to be involved with the child welfare agency. Some families may be unwilling to communicate with the case carrying social worker due to their own distrust of the agency or due to their fear that sharing certain family information may lead to the removal of the child from their care. To ease the resistance and apprehension of relative caregivers, some Kinship social workers report that it is helpful for them to not be the assigned CWS case worker. The focus of the Kinship Support social worker's practice is the caregiver, so they can more easily serve as a resource to hear the family's concerns, respond to their needs, and help them advocate for themselves.

The teaming approach of the Kinship Support Unit with CWS units was described as a positive contribution to the agency's work with relative caregivers. The case carrying CWS social workers have found that the Kinship

Support social workers can build rapport and play a unique role in supporting caregivers. As one CWS social worker shared:

**“I think they are awesome. We’d struggle without them. (The Kinship Care Unit social worker) finds information and can address questions that the family may have. Once she resolves the family’s concerns, the case can move to permanency more quickly.”**

**f) Non-parental custody or Third party custody:**

Some members of the Kinship Support Unit are developing knowledge of a guardianship option known as non-parental custody (NPC) or third party custody. In this type of case, the dependency is vacated and a guardianship is established in Superior Court. Typically relatives who want to pursue this permanency option must hire their own attorneys and pay court filing fees. At a minimum this costs about \$350 if the petition is agreed upon by all parties, but it can cost much more if an absent or unwilling birthparent must be notified of the process. In 2009, the Kinship Support Unit partnered with Casey family programs to provide social work and legal support to finalize non-parental custody agreements. The project prioritized cases originating from the Martin Luther King Jr. (MLK) and Indian Child Welfare (ICW) offices that had been open for two or more years. In other words, the cases were primarily those of African American and Native American children who had been in long term relative care or other unlicensed placements.

One stakeholder described the third party custody exit as an emerging best practice in Region 4. Some other regions have been using third party custody as an exit strategy to a greater extent than Region 4. One stakeholder estimated that there are 50-100 cases within the region that have non-parental custody as the permanency plan. These permanency plans might have been dependency (paid) guardianships a few years ago, but the policy shift within Children’s Administration and the Attorney General’s office has restricted the use of dependency guardianships to a much narrower category of cases. While non-parental custody may be the best option for certain cases, this type of exit can be difficult in light of the support the family may need to meet the child’s needs after the agreement is finalized. Among the permanency options available to social workers at this time, the choices come down to either non-parental custody or adoption for these families. Another stakeholder shared their perspective on non-parental custody agreements, describing them as more appropriate for

older children and youth, acknowledging that opting for a non-parental custody denies the family the funding that is available through Adoption Support, *“We do third parties more often with older kids. These shouldn’t be used to avoid filing for a TPR and moving to adoption (if that is more appropriate). We don’t want to deny Adoption Support to younger children who may need it over time.”*

One stakeholder felt that in King County a fairly broad array of services such as counseling and primary health care through Medicaid is available to relatives who choose non-parental custody,. However, the financial reimbursement provided through TANF was definitely viewed as a drawback for families who take custody of more than one child.

**“What we have now is a Band-Aid solution (referring to non-parental custody). We need to be implementing something more consistent for kin in accordance with the Fostering Connections Act. We need to have a subsidized guardianship policy that pays per child. We have one case of grandparents taking on a sibling group of seven. With adoption support they would get about \$3500 per month and with TANF child-only they will get about \$1000 per month.”**

The timeline for completion of a non-parental custody agreement varies considerably, according to KSU staff. In Region 4, some of the cases that have been open for a long time involve children who are legally free. If this is the case, and the relative chooses to pursue a non-parental custody agreement, the exit may be possible within one month. However in most cases, where there has been no termination of parental rights (TPR), parents must agree to the plan or be notified of the relative’s filing for the third party custody. Given that this notification process and other legal and financial issues may impact a case, some third party custody agreements may take several months to finalize.

**2. Barriers encountered by kin in moving towards permanency**

Respondents identified several barriers to permanency encountered by relatives: 1) limited family income and resources to meet the child’s daily needs, 2) criminal background checks, especially in communities of color, 3) families’ negative feelings about the child welfare system, 4) the foster care licensing process, and 5) lack of legal and financial support for those pursuing non-parental custody. The Kinship Support Unit, Casey

Family Programs, and the Kinship Navigator Program in Region 4 work to address these barriers to the extent that their programs, policies, and resources allow, but these remain issues of concern for families.

**a) Limited family income and resources to meet the child's daily needs:**

Stakeholders and KSU staff most often mentioned the financial challenges of families to meet children's needs when asked about barriers to permanency faced by relative caregivers. Relative caregivers are eligible for TANF child-only grants, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Medicaid, and possibly Food Stamps, referrals to counseling, school advocacy etc. Some caregivers may be caring for children who have developmental disabilities, and thereby may be eligible for Supplemental Security Income (SSI) which provides a greater level of financial support than TANF. Some relatives receive one time help for moving costs, or to obtain cribs, beds or dressers when children are placed with them. However, not all relatives who are in need and eligible for public assistance or community based supports are necessarily receiving this support. This may be due to lack of awareness regarding resources, the complexity of accessing the support, or feelings of pride or fear that keep some caregivers from asking for help. KSU staff and stakeholders agreed that even if families are receiving financial assistance, they may still be living in impoverished or overcrowded home environments and struggling to provide for the material needs of the children.

In spite of the financial challenges, respondents clearly see the benefits that kinship care offers children in terms of the continuity and connection it provides to their own family and community. These are nurturing placements for the children. As one respondent shared, *"Relatives often have marginal homes, but the kids are doing well there."* Respondents widely agreed that there should be more financial support and resources available for kin. One respondent shared this perspective regarding the need for financial support to Native American relative caregivers:

**"The services provided for kin are not equal to those available to non-kin caregivers. Some people think, 'Why don't families take care of their own?'"**

In the Native American community the whole family and community is marginalized. We need to change the mindset to see that if there is family caring for the child and we don't help them, the child might end up in foster care or even in group care, which is quite costly."

**b) Criminal background checks for all adults in the home:**

While the criminal background check requirement aims to improve child safety in care, it can be a barrier for relative households for a variety of reasons. The potential to discover exclusionary felony convictions from many years ago is another barrier, especially in communities of color where a disproportionate number of individuals may have had problems with the law at some point in their lives. Respondents shared case examples where the background check might exclude a caregiver who may have been convicted of a crime as a young adult, but who is currently a loving and responsible grandparent who presents a safe and logical placement resource for the child. At other times, the person with the felony conviction may not be the primary caregiver of the child, but a young adult family member who also needs support and shelter from their aunt or grandparent to get their life on the right path.

Some criminal convictions exclude the person from being a placement resource for five years, while other serious crimes exclude the person for the rest of their life. The FBI criminal background check is relatively new, and the agency has granted administrative waivers to override these rules when it is in the best interest of the child. However each case is reviewed on an individual basis and the exceptions are not necessarily codified or well known. Therefore practitioners may not know how to advise families, and families may self-select out of the home study process to avoid scrutiny, embarrassment and potential denial of their case.

Respondents also shared feedback regarding the procedural aspects of the FBI fingerprint background checks. The process of obtaining fingerprints from each adult household member can be challenging when households include many extended family members. KSU staff also shared anecdotes regarding delays because a family member might have no discernable fingerprints, for example, due to old age. The current fingerprinting process requires three failed attempts to take prints before an exception is allowed. These procedures can cause delay and frustration in the home study process for agency staff and caregivers alike.

**c) Negative feelings about the system:**

Respondents shared that caregiver feelings of fear, distrust, and embarrassment regarding the child welfare system are barriers to permanency. Relatives may fear the courts and the child welfare agency because it is through these systems that the child was first taken from the care of their birthparents. Relatives may have mixed feelings about the decision to remove the child and may

perceive that involvement with the system opens the chance that the children will be taken from them as well. The dependency process is often lengthy and complex and families may be anxious because they simply don't understand the court process. Additionally there is a stigma attached to being involved with the system. Families may not openly seek help because they are feeling judged and scrutinized.

**d) Intrusiveness of licensing process for relative caregivers:**

Respondents were asked about their views on relatives pursuing licensure as foster parents and the implications for permanency. Many respondents felt that foster licensing formalizes a relationship in a way that does not fit with how caregivers view themselves in the life of their grandchild or other relative. The licensing process seems too invasive to many caregivers, even though it would provide them with more money to meet the child's needs. One stakeholder described the conflicting values this way:

**“The family would get a check per child if they were licensed, but we need new rules (for families). Many children end up in long stays, but families don't need adoption. If the child has issues, they are still your child.”**

This respondent observes that a family's connection to a child is binding and lasting and defined within a family context. The child welfare system generally formalizes the caregiving relationship through licensure or adoption with rules and financial incentives that are better suited to non-relative caregivers. This model may not suit a family's sense of responsibility and commitment to the child and to the child's parents. Thus, the perception of some agency workers is that families often opt out of licensure and accept the financial consequences.

**e) Lack of legal representation and fees for Non-parental custody agreements:**

Respondents agreed that relatives need access to legal representation and reimbursement for court fees in non-parental custody cases. Since non-parental custody agreements are not heard in dependency courts, and since the relative caregiver is not a party to the dependency case, the state's Attorney General's (AG) office does not provide representation to relatives to file for

non-parental custody. However, many relatives may not meet the agency's criteria for adoption or they may not agree that adoption is the best plan for them. Therefore, if non-parental custody is the agreed upon permanent plan, it seems it would be in the agency's interest to close these cases out. As with the AGs, parents' attorneys do not think they should or can help with third party custodies, even if they are agreed upon by the parents, because third party agreements are not part of the dependency process. As a result, relatives must file for non-parental custody on their own behalf and this presents both legal and financial barriers for the family.

**3. System barriers to permanency with kin**

Respondents were asked about system barriers in moving cases to permanency. The themes that emerged included: a) Workload demands keep CWS workers from addressing permanency in a timely way, b) Limited permanency planning expertise and knowledge among CWS social workers, c) Lack of practice guidelines and legal support, and separate court jurisdiction for non-parental custody, d) Inadequate funding to meet the long-term needs of children in relative care, and e) Need for improved coordination among DSHS agencies and f) Mental health and dental service gaps.

**a) Workload demands keep CWS from addressing permanency in a timely way:**

Respondents mentioned that workload pressures such as court hearings, visits to the children on their caseload every 30 days and maintaining them in stable placements keep CWS staff stretched for time. Recent elimination of clerical support in the region has left the task of scheduling and inviting parties to the permanency staffings to the CWS social workers. Prior to this cut, clerical staff would maintain databases to prompt scheduling and invitations to required meetings. KSU staff report that permanency staffings are not always happening in a timely way because these meetings may not be viewed as the most urgent aspect of the case. *“CWS should be focusing on permanency from the start of the case, but that is not happening. We have an emergency-based system.”*

**b) Limited permanency planning expertise and knowledge among CWS social workers:**

There was agreement among respondents that CWS social workers often have limited expertise and knowledge of permanency options, such as the details of TANF child-only grants, the Adoption Support Program and the legal differences between guardianships and adoptions.

**“For social workers, adoption and permanency planning is pretty specialized, and not known by CPS/CWS staff. The Permanency Planning Unit was separated from the field staff. Now we’re (KSU social workers) in each office.”**

Some respondents noted that turnover and attrition within the agency also mean that there is a lack of continuity on CWS cases and therefore a lack of experience among staff in exiting cases to permanency.

**c) Lack of practice guidelines and legal support, and separate court jurisdiction for Non-parental custody:**

Respondents shared that practice guidelines and legal support are lacking for non-parental custody exits. Neither the Attorney General’s office nor the public defenders for parents will file non-parental custody petitions, even when it is in a child’s best interest and agreed upon by the birth parent. The fact that these cases are not heard in dependency court is also problematic. Staff within the Kinship Support Unit provide information but may not directly act on behalf of relatives who wish to file for non-parental custody. If non-parental custody is a permanent plan for some number of children in care, and the goal of the system is to close out cases in a timely manner, the lack of practice guidelines and legal support for relatives, and the separate court jurisdiction are system barriers that shared across CA, the legal agencies, and the courts.

**d) Inadequate funding to meet the long-term needs of children in relative care – R-GAP out of reach for most relatives:**

Respondents shared that many relatives in Region 4 apply for and receive a TANF child-only grant for a placement they see as temporary. But the relative may not see the TANF grant as adequate to meet the child’s needs long term. In order to be eligible for a higher per child payment, the relative would need to become licensed as a foster parent. If the child is unable to return home, the new R-GAP policy would provide a subsidized guardianship payment to licensed relative caregivers for each child until the age of 18. However, Washington does not currently require licensing to place a child with a relative, and most relative caregivers do not meet the licensing standards or do not choose to become licensed. Since the vast majority of Washington’s relative caregivers are not licensed, the financial benefit of R-GAP does not appear to provide a viable pathway to permanency for them.

**e) Need for improved coordination among DSHS agencies:**

Some respondents mentioned that in their work with relatives they see a need for improved coordination among DSHS agencies, including the Economic Services- Community Services Offices (CSO) and Child Support. Some of the anecdotal evidence provided included this experience from a KSU social worker:

**“As a Children’s Administration social worker, I cannot turn in paperwork in person next door at the CSO. I have to mail it in. Also the TANF application form does not address child only grants. The caregiver must show all their income, and it’s intrusive, but the form is really designed for a parent applicant. Our unit should be able to work as liaisons for the caregivers. Sometimes families have to miss work to bring paperwork here and they are often waiting months to receive their benefits. They’re struggling financially!”**

Another respondent shared concerns regarding the coordination of effort among Child Support and TANF programs:

**“I know of a case in which the relative caregiver was receiving a TANF child only grant and receiving threatening letters that the grant will be cut off if the relative didn’t provide information as to where the father of the child was living. (The caregiver did not have this information). When contacted, Child Support said the father was actually paying as he was required, but you can’t get Child Support to call or send a letter to TANF (with the contact information).”**

**f) Mental health and dental service gaps**

One respondent who provides referrals for caregivers described service gaps for mental health and dental care as system barriers. This respondent finds there can be two month waits for counseling to get started for children. For those who need orthodontics there are virtually no providers available to serve Medicaid patients.

#### 4. Recommendations from respondents to improve kinship policy and practice

Respondents were asked to suggest policy and practice enhancements if there were additional resources to support kinship care. They suggested providing:

- Increased financial and concrete supports to kin, e.g. ensuring every relative is at least receiving a TANF child-only grant, provide more transportation assistance, holiday gifts.
- Legal representation and reimburse expenses associated with filing for non-parental custody
- More respite care
- Caregiver support groups organized by the age of the child
- More flexible licensing requirements for kin to facilitate guardianships via R-GAP
- Database within CWS to prompt planning meetings (Child Protection Teams, Permanency Planning, Annual Permanency Reviews)
- Improved access to orthodontics for Medicaid patients through a dedicated contract
- Improved access to children’s mental health services through a dedicated contract

Some of these recommendations could be addressed by Children’s Administration while others would require coordinated efforts among various administrative divisions within DSHS, with the courts, and with community-based service providers.

#### Quantitative Findings

##### Adoptions

The number of adoptions finalized in Region 4 increased by 72% between FY 2007 and FY 2008. Among children placed with relatives, adoptions increased more than two-fold between FY 2007 and FY 2008. Since adoptions can take three to nine months to finalize, some of the relative adoptions finalized in FY 2008 were likely initiated prior to the formation of the Kinship Support Unit. Based on data from the first six months of FY 2009, the rates of total adoptions and relative adoptions are tapering off somewhat as compared to FY 2008. See Figure 2.

Figure 2: Total Adoptions and Adoptions by Relatives in Region 4

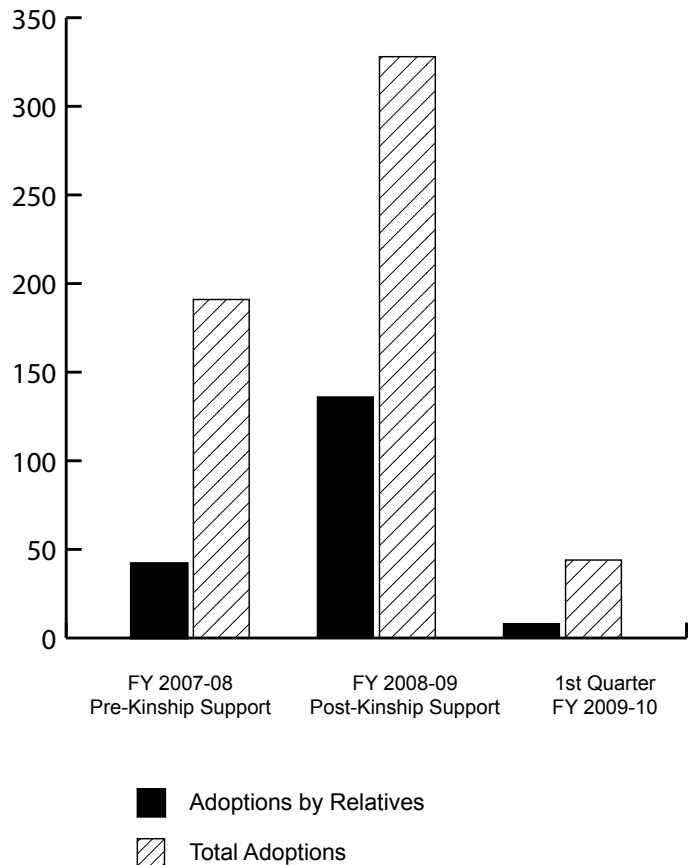
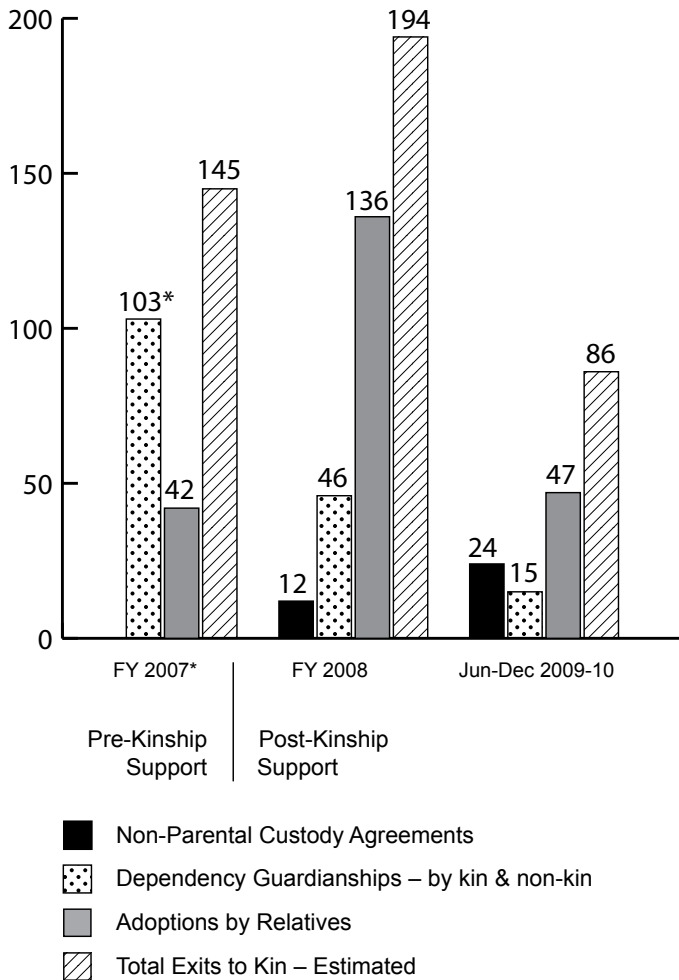


Figure 3: Permanency with Relatives in Region 4



\* CAMIS data on dependency guardianships in FY 2007-08 includes non-parental custody agreements.

### Guardianships and Relative Adoptions

Figure 3 illustrates outcome trends for permanency with relatives. In FY 2007, Region 4 had a total of 103 guardianships. This number includes relatives and non-relatives who entered into dependency and non-parental custody agreements. There were 42 relative adoptions finalized that same year. The combined total of relative adoptions and kin and non-kin guardianship exits for 2007 was 145.

As the Kinship Support Unit was formed in FY 2008, there was an increased emphasis on finalizing relative adoptions, while dependency guardianships were approved less often. The collaboration with Casey Family Programs began in this year and finalized 12 non-parental custody agreements with relatives or other unlicensed caregivers. While the number of relative adoptions more than doubled, the number of dependency guardianships declined by half. Thus the number of combined exits to relative adoption, non-parental custody and dependency guardianships was 194, representing an increase of 34% from the previous year.

In the first half of FY 2009, the rate of non-parental custody exits increased, but still comprises less than a third of the 86 combined estimated exits to kin. Dependency guardianships have continued to decline, and the number of relative adoptions based on the first half of the year's data has not kept pace with that of FY 2008.

### Kinship Support Unit Activities

The Kinship Support Unit developed its own monthly reporting system to track the activities of the team related to kinship practice and particularly those that lead to permanency for children in kinship care. Table 2, on page 16, summarizes the activities of the team that were available from the monthly reports over a 15 month period from October 2008 through December 2009. The Kinship Support Unit assisted relatives and other suitable persons in completing 36 exits through Non-Parental Custody agreements. They prepared and transferred 170 cases to the Region 4 Adoption Unit, and conducted 198 relative home studies. The relative search specialist completed 67 advanced relative searches, and the team participated in 400 Shared Planning meetings with relatives and professionals. The remaining activities in the table include other tasks that reflect the various ways that the Kinship Support Unit teams with CWS units to support children in kinship care.

Table 2: Kinship Support Unit Activities

TASKS	OCT 08-JUN 09	JUL 09- DEC 09	15 MONTH TOTAL OCT 08- DEC 09
Non Parental Custody cases completed	12	24	36
Cases Transferred to Adoption Unit	82	88	170
Home Studies Completed/closed	80	118	198
Relative Search Completed	28	39	67
Shared Planning Meetings (FTDM, Permanency Planning etc.)	231	169	400
13-041 Forms	30	27	57
Medical Records	33	51	84
Court	*	23	23
Consultations	*	80	80
Health and Safety visits/Case Assigned	10	39	49

\* Not counted until July 2009

#### IV. DISCUSSION

The efforts of the Kinship Support Unit, the barriers to permanency for caregivers and for the system, recommendations for practice and policy improvements, and case level activities of the team have been examined in this evaluation. The Kinship Support team has initially focused on children in care two or more years, and especially children of color in the Indian Child Welfare and Martin Luther King Jr. offices. Since most relative caregivers are not licensed, this unit fills a unique role within Children’s Administration by focusing its efforts on certifying relative placements through the home study process and by addressing the needs of relatives in meeting the temporary and sometimes long-term needs of children in out of home care.

Through a partnership with Casey Family Programs, the Kinship Support Unit has helped to develop capacity within Region 4 for non-parental custody exits from care. The team is also engaging relatives at the early stages of case planning at FTDMs and through relative home studies.

The relative search specialist in the team has completed nearly 70 advanced relative searches based on a half-time allocation to this role. Each of the advanced searches can take up to a week of effort to complete, and there is often a delay in responding to these requests. As the mandates of the agency for early relative searching and notification are being enacted, there may be justification to expand this role. To evaluate the need across the region and the benefit of advanced relative searching, it may be helpful to obtain feedback and increase awareness of the types of cases that have yielded positive results from advanced searches.

Interview findings from the Kinship Support team and stakeholders highlight the challenges for relative caregivers. Many relatives are poor and African American and Native American communities are disproportionately affected by poverty. Lack of income and resources present significant barriers for families in terms of meeting the basic needs of children, becoming licensed as foster parents, and achieving permanency through adoption or non-parental custody. In addition, negative feelings and perceptions of caregivers regarding the child welfare system and the foster care licensing process are barriers to kinship placements and permanency. With regard to criminal background checks, some households may indeed be excluded as placement resources due to criminal convictions, but there may be opportunities to increase awareness among families and social workers about what types of convictions exclude individuals from caregiving and for how long, and the appropriate use of administrative waivers to allow child placements in certain instances. The Kinship Support Unit, Casey Family Programs, and the Kinship Navigator Program in Region 4 work to help families successfully navigate the system to the extent that their programs, policies, and resources allow, but these remain issues of concern for families.

Those interviewed for this evaluation identified several systemic barriers to permanency including issues related to CA practice and policy, legal representation and the courts. Both workload demands and lack of permanency expertise among CWS social workers were described as obstacles to timely permanency. Among these respondents there was a sense that the urgency of court appearances, thirty day visits to children in care, and other responsibilities tend to take priority over the permanency planning work that is also expected of CWS social workers.

With regard to non-parental custody, the lack of practice guidelines within CA, the absence of legal support to relatives, and the separate court jurisdiction for these proceedings were named as barriers to permanency. Among the recommendations of those interviewed there was strong concurrence that there should be legal representation and improved pathways for relatives seeking non-parental custody agreements from the dependency system. It should be noted that while the non-parental custody process is indeed problematic for relative caregivers, this permanency exit is utilized for a fairly small portion of all children exiting care.

To make a broad and lasting impact on the financial support available to relative caregivers in Washington, the new Relative Guardianship Assistance Program (R-GAP) must become viable. With more financial resources at their disposal, relatives will be more able to access the supports needed for themselves and the children in their care through the age of 18. However, this program requires that the relative home be licensed as a foster home for at least six months prior to establishing the guardianship. This is a significant hurdle in our state since about 8% of all current relative caregivers in Washington are licensed.<sup>26</sup> This evaluation has found that practitioners do not perceive foster licensing and adoption as reasonable options for many relatives due to the intrusive inquiries and stringent standards. There is a need to educate relatives about the benefits of licensure, and to enhance the capacity of Children's Administration to support relatives through the licensing process.

Recent legislative and agency policy changes in Washington have allowed for a number of children to be placed in unlicensed placements with caregivers defined as "other suitable persons."<sup>27</sup> These caregivers do not meet the eligibility criteria for R-GAP because they are not relatives. Further alignment of policies for child placement and permanency planning is needed so that children in Washington do not linger in long term placements without viable exit options.

Historically, licensing and adoption standards have been developed for the model of non-relative foster care. There may be opportunities for the agency to strengthen kinship practice, recognizing the unique strengths and challenges faced by kin, across the continuum of program services from CPS, to CWS, to DLR, and to Adoption. For instance increased training and support at the front line is needed in several areas.

Relative searching and notification of kin is required within 30 days after a child enters care and this may be difficult to accomplish especially if paternity has not established in the case. Support is needed for timelier establishment of paternity and notification and engagement of relatives.

The concerns about criminal background checks for relative caregiver households are many. In communities of color, the inequities of the criminal justice system mean that a disproportionate number of persons may have felony convictions on their record. The fear of criminal background checks may keep some families from entering into a relative home study. There are some felony crimes which exclude the applicant from caregiving for five years and others, the most serious felony crimes, which exclude the applicant for life. Families should be fully informed about these guidelines so that they can make informed choices. Also if the social worker finds that an applicant can provide a safe and caring placement for a child despite a criminal conviction in their past, they may submit a waiver to request that the child be placed in the home. The waiver might explain, for instance, how the individual's current family role, social supports or employment situation demonstrate that they have matured and can be a safe and responsible placement resource for a child. The appropriate use of waivers is not widely embedded in practice in Region 4.

Based on the number of relatives who have children in their care, Washington state has a very low rate of licensure. California, for instance, requires relatives to be licensed, and allows for waivers of certain space and training requirements and has a relative placement rate of almost 30%.<sup>28</sup> At early shared planning meetings and through the home study process, it is not clear that the benefits of licensure are being presented as a viable option for kin. While the foster licensing process is certainly more rigorous than the relative home study, the financial benefits and other resources available to the caregiver are significant, especially for those who are caring for large sibling groups.

The familial, cultural, tribal, and economic contexts that relatives bring to their caregiving role are quite distinct from those of traditional foster parents. The current licensing and adoption practices and policies of the agency were crafted in a non-relative caregiver framework. Moving forward, it will be important to reconsider the licensing and adoption processes through a kinship lens. The skills and experience of the Kinship Support team could potentially be leveraged to develop stronger kinship practice throughout the region.

This study is limited in that it examines kinship practice and permanency planning only within Region 4 over the past 18 months. Region 4 is comprised of a largely urban King County with the most racially and ethnically diverse population in care in Washington state. More input from African American, Native American and refugee and immigrant communities regarding their experiences over

time would further inform practice and policy improvements. As Children's Administration moves forward with its commitment to kinship care and the implementation of R-GAP, the expertise from different regions of the state and from agencies beyond Washington may also help to inform and improve kinship practice and policy.

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**APPENDIX A: PERMANENCY OPTIONS FOR RELATIVES**

	<b>ADOPTION</b>	<b>3RD PARTY CUSTODY/ UNLICENSED RELATIVE GUARDIAN</b>	<b>RELATIVE GUARDIANSHIP ASSISTANCE PROGRAM (R-GAP)</b>
<b>PURPOSE/INTENT</b>	Provides children that are not able to be reunified with the parent the opportunity to be a permanent and legal member of a family	Provides children to be raised by court appointed non-parent custodian until the child reaches the age of 18.	Grants legal custody and care and authority to a relative of the child when return home and adoption have been determined not appropriate and provides for a monthly subsidy payment to the relative guardian until the youth reaches age 18. (There are additional eligibility requirements)
<b>LEGAL</b>	Parental rights of parents are terminated unless it is a customary adoption established through Tribal court.	Parent continues to be the legal parent of the child but has no right to care, custody or control of the child.	Parent continues to be the legal parent of the child but has no right to care, custody or control of the child.
<b>LEGAL CUSTODY AFTER PERM PLAN ACHIEVED</b>	Upon entry of adoption decree, all care, custody and legal rights belong to the adoptive parents.	All care, custody and legal rights belong to the legal custodian.	All care, custody and legal rights belong to the dependency guardian.
<b>CAREGIVER RIGHTS</b>	Full parental (legal rights) and responsibility post adoption	Full parent responsibility including liable for child's misconduct, and as specified in the court order.	Full parent responsibility including liable for child's misconduct, and as specified in the court order.
<b>CHILD RIGHTS</b>	Child becomes a legal heir of adoptive family.	None	None
<b>BIRTH/ADOPTIVE PARENT RIGHTS</b>	No parental rights after termination unless there is an open communication agreement granting contact. Then the right is a contractual right.	Right to visitation and responsibility for child support remains. In order to modify the custody order, the parents would have to prove that their circumstances have changed in a way that was not foreseen at the time the order was entered and that it is in the child's best interest to change custody of the child to the parent.	Visitation rights as specified in the court order.  Guardianship may be modified in limited circumstances, if in the best interests of the child. Department has right to notice of any motion to modify or terminate guardianship.
<b>FINANCIAL SERVICES AVAILABLE</b>	Family may be eligible for a monthly subsidy and medical assistance through the adoption support program and as specified on the agreement.	May be eligible for financial support through local community service office that may include medical, financial and food voucher dependent upon program requirements.	Upon meeting certain requirements, a monthly subsidy and medical assistance through the R-GAP and as specified on the agreement.
<b>SERVICES POST 18</b>  <b>FINANCIAL</b>  <b>MEDICAL</b>  <b>EDUCATION</b>	Financial/Medical: Adoption support benefits will automatically stop on the child's eighteenth birthday unless the parent(s) requests and have provided documentation of the child's continuation in school.  Education: Youth may be eligible for additional post- high school grants and scholarships.  Note: To prevent disruption in services the parent should contact the adoption support program at least ninety days prior to the child's eighteenth birthday if continued services are to be requested.	Financial: a child is eligible for TANF or SFA if he/she is under age 19 attending school (participating full-time and progressing toward secondary education). WAC 388-404-0005,  Medical: A child under age 21 may qualify for state-funded cash (without benefit of medical assistance) if she/he participates full time in a secondary education program or equivalent and is progressing toward secondary education completion.  Education: Youth do not qualify for some secondary education scholarships or grants for youth in foster care.	Financial/Medical: R-GAP support benefits will automatically stop on the child's eighteenth birthday unless the parent(s) requests continuation and have provided documentation of the child's continuation in school. Any services provided must be in writing in an R-GAP agreement.  Education: Youth do not qualify for some secondary education scholarships or grants for youth in foster care.  Note: To prevent disruption in services the parent should contact the R-GAP program at least ninety days prior to the child's eighteenth birthday if continued services are to be requested.

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## **APPENDIX B: INTERVIEW INSTRUMENTS**

### **Kinship Support Unit Staff Interview**

#### **Pathways and barriers to permanency for children, caregivers, and the system**

1. What is the role of the Kinship Support Unit in improving permanency for children in unlicensed care? Could you give me a recent example of a case you helped move to adoption or third party custody or reunification? What was your contribution?
2. What barriers do caregivers/families encounter in the process of finalizing permanency?
3. What barriers do social workers experience finalizing permanency?
4. Tell me about resource limitations (legal representation, court backlog, ICPC etc.) that impact the flow of kinship dependency cases to their final resolution?
5. Can each of you suggest a supervisor or two in your office who I could speak to about their work with the KSU?

#### **Description of the Kinship Support Unit permanency focused service model**

1. Tell me about your work with children in care two or more years. How do you work with CWS, attending FTDM's, readying cases for Adoption, working with ICPC, Kinship Navigators, and community agencies and organizations?

Probe: What is your role earlier on in the case?

2. I understand that you share cases with CWS? What aspects of the case are you responsible for as compared to the CWS social worker?
3. Tell me about your involvement in FTDM's? (frequency of involvement, results in terms of permanence?)
4. What barriers do you face in terms of resources or policies in improving permanency for children and youth in kinship care?

Probe: If you could develop resources for kin beyond this unit to improve permanency for children, what would you suggest? (legal resources, health, mental health, educational supports)?

If you could develop this unit further to improve permanency for children, by adding resources/staffing, what would you suggest? Ex: more focus on a particular office? Additional resources for outreach?

5. Are there some functions of the Kinship Support Unit that could or are accomplished within other units? (eg: relative searches within CFWS) How does it work in other regions?
6. How could policies and practices be strengthened to improve permanency outcomes?
7. How do you track the progress of the KSU? Health and Safety visits, quarterly stats or documentation, case counts, transfers to adoption unit, 3<sup>rd</sup> party custody agreements achieved?
8. Are there others I should speak to in order to understand this work?

#### **Relative Search Staff Interview**

1. Do you have a policy which guides social workers regarding relative searches. Can you tell me about the process by which social workers request advanced relative searches.
2. How are these searches different from those that the social workers can conduct?
3. Once you generate some new data on relatives, what happens to it?
4. Tell me about the uptake of these enhanced searches across the region. Are there certain work groups that are making better use of your services?
5. Any success stories? Do you get to hear about the impact on cases?
6. If you could develop resources for kin beyond this unit to improve permanency for children, what would you suggest? (legal resources, health, mental health, educational supports)? If you could develop this unit further to improve permanency for children, by adding resources/staffing, what would you suggest? Ex: more focus on a particular office?
7. Are there others I should speak to in order to understand this work?

### **Interview Questions for Other Key Informants – Colleagues within and beyond CA**

1. What is your role in the child welfare system?
2. How long have you been in this role? In the field of child welfare?
3. What is your experience in partnering with the Kinship Support Unit on permanency focused cases?
4. What are the strengths or contributions of the Kinship Support Unit to practice in Region 4?
5. Are there any suggestions to improve access to/ or functionality of the Kinship Support Unit? If applicable, do you have any suggestions for how enhanced relative searches could be more accessible/useful to supervisors and social workers?
6. Are there some functions of the Kinship Support Unit that could or are accomplished within other units (eg: relative searches within CFWS)?
7. If applicable, how are Kinship Support social workers serving as a resource in FTDM's?
8. How do other regions tackle the permanency process for unlicensed caregivers?

### **Pathways and barriers to permanency for children, caregivers, and the system**

1. What barriers do caregivers/families encounter in the process of finalizing permanency?
2. What barriers do social workers experience finalizing permanency?
3. How have policies and practices evolved to facilitate permanency?
4. How could policies and practices be strengthened to improve permanency outcomes?
5. Tell me about resource limitations (legal representation, court backlog, ICPC etc.) that impact the flow of kinship dependency cases to their final resolution?

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