



## Critical Issues in Foster Care: Kinship Caregivers

Many children and youth in Michigan are being raised by grandparents and other relatives when their own parents are unwilling or unable to care for them. In some situations, this “kinship care” with grandparents, aunts and uncles, older siblings and other relatives is informally arranged. In other situations, the child welfare or court systems get involved and relatives are given legal status as guardians or licensed as foster parents. There is ample evidence showing that in many circumstances, children thrive in the stable environments created through kinship care, which is why child welfare systems have stated priorities that include placing children with suitable relatives when possible.

In Michigan, over 4,000 children live with a relative who is a licensed foster parent, and according to Generations United, it is estimated that more than ten times that many children outside the foster care system live with a grandparent or other relative. However, the full picture of Michigan children in informal living arrangements with relatives is not well known.

### Why is kinship care so often the best placement for children and youth?

Prior to leaving or being removed from their homes, many maltreated children experience high rates of trauma and have significant mental and physical health needs. The uncertainty that comes with removal itself, including possible separation from siblings, can create additional trauma. Considering this exposure, placement with a supportive relative is often more beneficial to children than placement with a non-relative foster parent. Children living with the support of trusted family members in a familiar and safe environment with familiar routines and family traditions have a greater sense of safety and stability. Additionally, kinship care placement may allow children to stay with their siblings and maintain their cultural identity. Many studies have confirmed that these situations result in better social, behavioral, and mental health outcomes for children and youth separated from their biological parents (Generations United, 2017).

### What challenges do kinship caregivers face?

*Limited access to services.* Children removed from their homes have experienced the same types of trauma and have the same needs for trauma-informed mental health and support services, and access to healthcare coverage regardless of who is caring for them. While these desperately-needed services are part of the foster care system, when relatives take on responsibilities without having the children officially enter the foster care system, these services are not paid for, and without legal status, “informal” kinship caregivers may have difficulty enrolling the children in school and providing consent for medical or mental health services.

*Financial hardships.* Suddenly having to care for a relative’s child can be a significant financial strain on any caregiver, especially those with lower incomes. There are a few different ways for relative caregivers to get financial support for the children in their care, but many aren’t accessing resources at all. The caregivers can be licensed foster parents, allowing them access to the payments given any other foster parent. If their caregivers aren’t licensed foster parents, they may qualify for guardian assistance

payments. If they become “approved” kinship caregivers through the foster care system without being licensed, they are able to access payment for services, but not income supports. And some children may qualify for child-only cash assistance through the Family Independence Program (FIP), where payments are significantly less than the maintenance payments provided to licensed foster parents. Many caregivers aren’t aware of their options, aren’t eligible due to income or asset restrictions, or are denied because forms are completed incorrectly (Generations United, 2017). According to the Census, in 2016, while nearly one third of grandparents raising grandchildren in Michigan had incomes below the poverty level, fewer than one in ten of them received any type of cash assistance for the children in their care (Generations United, 2017).

*Added vulnerability of caregivers themselves.* Older relatives providing care may be especially vulnerable: many are retired, on a fixed income, and have their own health issues. Many older adults live in senior housing where children are not permitted, or their home may be too small to accommodate the child. The added expense of finding and moving to suitable housing may be especially burdensome. Caregivers may also risk isolation, with caregiving limiting their opportunities to socialize with friends and receiving much-needed respite and emotional support as they learn to parent again with ever-changing technology and new educational practices. Their isolation can lead to loneliness and depression which directly affects the well-being of children in their care.

### **Why don’t relatives become the child’s legal guardian or get licensed as a foster parent?**

Relatives don’t allow the children in their care to become wards of the court and become licensed foster parents to care for them, or obtain legal guardianship of the children in their care for many reasons. Legal guardianship is often a lengthy and expensive process. Without legal or financial assistance, obtaining legal guardianship may be unrealistic for anyone on a fixed income.

Allowing the child and their parents to be connected to the welfare system has risks. If the caregiver goes through the process but then does not qualify for a foster care license, the child may be taken away from them and placed elsewhere. Despite the benefits for children staying with family, there are a variety of reasons that a kinship caregiver could be denied a foster care license; the majority of denials for licensure for kinship caregivers are because of non-safety related restrictions. Additionally, licensing can take 2 months or more, during which time children may be required to stay with a non-relative foster parent. Placement in a home with a stranger re-traumatizes children who have already endured a significant amount of trauma.

### **Recent Policy Changes:**

*Providing maintenance payments for approved kinship caregivers.* As a result of the Sixth Circuit U.S. Court of Appeals ruling in the D.O. vs. Glisson case, states under the court’s jurisdiction (Michigan is included) are required to make maintenance payments to “approved” kinship caregivers, meaning unlicensed relative caregivers with whom the child was placed by the state. The ruling mandated that these payments be made at the same rate as foster care maintenance payments. The state has an obligation to appropriate funds to support the ruling, and they appropriated \$10 million in the current budget earlier in 2018 to do that. However, the costs of foster care payments are covered in partnership between the state and counties, who were not willing to put in their share of the additional costs. As a result, a supplemental appropriation signed into law by the Governor in late December

included an additional \$10 million of state funds to cover the county share. Full funding for these maintenance payments needs to be continued and increased on an annual basis. We would expect additional caregivers who may feel it is worth coming into the child welfare system once they are aware of this financial benefit without getting licensed. We hope that Michigan will consider similar payments to informal relative caregivers as well in light of what we know about the low incomes of those caregivers. Children have the same basic needs regardless of whether they are being raised by a relative foster parent, an approved relative caregiver, or an informal kinship caregiver, so it makes sense to provide maintenance payments to these families.

*Implementing a kinship navigator program.* Michigan has received federal funding to set up a kinship navigator program and is required to fund it to continue to draw down federal dollars. The program is meant to provide kinship caregivers with information and connect them with resources in their community. To be effective, this needs to be more than just a phone number for caregivers to call for a list of resources in their area. Kinship families need access to direct services such as one-on-one conversations with a navigator who can guide them through the maze of resources, applications, and steps to establishing permanency, mental health services and family therapy with a licensed therapist, parenting classes to help caregivers raise a new generation of children, support groups, and respite services. The program should provide peer-to-peer support using navigators who are or have been kinship caregivers. Who would better understand what caregivers are going through than someone who has been down the same road? These individuals should be located throughout the state, understand the community they serve, and know what local resources are available. Additionally, cultivating a working relationship between navigators and DHHS and allowing navigators to advocate for the families would help alleviate the frustration caregivers experience when they try to access services. Emergency funding should be available to help with necessities such as clothing, formula, diapers, cribs, beds, car seats, etc. when the children arrive with nothing but the clothes they are wearing and to help with home repairs needed to ensure the safety of the children or to make the home accessible to a child with special needs.

At this point, there is not enough funding in the kinship navigator program to facilitate a comprehensive navigator program, but Michigan could invest in a program that provides these much-needed services and support to caregivers. Additional investment in assisting relatives is much less burdensome than the cost of placing all the children currently being raised by relatives into the foster care system. If program coordinators build relationships with organizations within the community who are already equipped to provide many of the needed services, the cost of funding the kinship navigator program would be less prohibitive, and the program would be more sustainable.

#### **Next Steps:**

- **Design a kinship navigator program that provides the services and support kinship families need using the best methods possible:** Design the program to offer direct services such as peer-to-peer support and guidance, advocates to act as liaisons with DHHS to help families access services and benefits, clinical therapists to provide family therapy and mental health services, parenting classes, support groups, respite services, and more.
- **Select navigators who are or have been kinship caregivers and make them available in different counties:** Place trained peer navigators in counties throughout the state. If navigators

are familiar with the community, they will understand the unique challenges caregivers in their county face and will know what resources are available in the area.

- **Establish an emergency fund for kinship families:** Make appropriations for an emergency fund for caregivers to use when the children or infants arrive without necessities such as a change of clothes, formula, diapers, car seats, cribs, etc., or to help with home repairs to make the home safe for children or accessible for children with special needs.
- **Make ongoing appropriations to support the kinship navigator program:** Annually appropriate and increase funding to support the program and expand the types of service available to kinship families.
- **Provide continued and increasing appropriations to fund the maintenance payments required by the lawsuit:** Annually appropriate enough funding to cover the maintenance payments to all approved kinship caregivers. Increase appropriations to allow informal kinship caregivers to receive maintenance payments to meet the needs of the children in their care.
- **Modify licensing guidelines to reduce barriers for kinship caregivers who want to obtain a foster care license.** Allow for more variances to non-safety-related regulations and avoid placing restrictions on the number of variances allowed for each county. Assist with home repairs needed to make the home safe for the child or accessible for a child with special needs. Allow caregivers to use other relatives outside the home as a back up for transporting the child to doctors appointments, school, and other activities. Make licensing training more accessible by providing more online training.

#### References

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