Placement Practices

By Annie Hawkins

Goal of Workgroup

The original goals of the 2001 Placement Practices workgroup were: (1) to examine current placement and assessment practices as they relate to children being raised by relative caregivers, (2) to determine any appropriate policy or practice changes based on unique and special needs of kinship families and (3) to develop a methodology for enacting these changes. Five years after the first Kinship Summit, these remain goals of our workgroup. In addition, we turn our focus to the objective of recruiting and retaining with staff knowledgeable about concerns specific to relative caregivers. A further purpose of the Workgroup is to assess information sharing in the placement process in order to determine the most effective methods of conveying information on relative caregiver placements to all involved parties.

Current Placement Practices in Tennessee

Tennessee has one of the highest percentages of households headed by kinship caregivers in the nation. The 2000 census figures indicate that 101,510 children, 7.3 per cent of the state's children, live in grandparent-headed households.[41] Another 24,774 children live in households headed by other relatives. The vast majority of these kinship placement arrangements are **private and informal**. As noted in the 2000 Placement Practices Workgroup, most families will take drastic measures to avoid involvement of public and

private agencies in their family arrangements. The impact on placement practices is that most kinship care arrangements are not on the radar of public and private agencies.

Many of these informal kinship "placements" do rely on specific services, such as "Child Only" grants available through Tennessee's Families First Program. These grants are available to support children who reside with non-parent relatives. In order to qualify for the grants, a relative caregiver must demonstrate that the child is within his or her primary care and control. Kinship care families may also be eligible for food stamps to help meet their children's food and nutrition needs. Also, relative caregivers may apply for free or low-cost health insurance on behalf of children they are raising through the Tennessee Medicaid and TENNCARE programs. In some cases, caregivers may also be eligible for free coverage under Medicaid.

Informal relative caregiver families may also turn to the Family Support Services for assistance. These services are available through Community Service Agencies (CSA) under the Tennessee Department of Children's Services (DCS). Also, informal kinship placements may find Family Assistance Service Centers, under the Department of Human Services, to be a useful resource for relative caregivers enrolled in TennCare Medicaid, TennCare Standard, Food Stamp and Families First programs.[42]

A second type of kinship placement under current placement practices is **private legal custody or guardianship** through the court system. Custody or guardianship placements can take many legal forms. Navigating the different

courts and laws in order to determine which legal relationship best suits relative caregivers and the children in their care can be extremely difficult. The need for straightforward information to educate relative caregivers and placement systems of the legal options available is critical.

In most Tennessee counties, family members can petition the juvenile or general session court to obtain legal custody of the child. What is required is a showing that the child's parents are unavailable or unable to take care of the child.

Some families turn to the Probate Court to obtain a temporary guardianship. The Court often will involve CSA or DCS in assessing the home of the relative for the purpose of the private custody petition. For example, Davidson County Court may grant temporary legal custody when the child is already living in a relative's home and the parents are unavailable to care for the child. In this situation, the Court will simultaneously order CSA to conduct a home study.

In 2003, the Tennessee General Assembly passed the **Power of Attorney for Care of a Minor Child** Act. This Act provides a simple and inexpensive way for relative caregivers to obtain the decision-making authority they need to enroll children under their care in school, consent to medical care, and obtain other vital services. The new Power of Attorney law promises to be a useful tool for relative caregivers in Tennessee.

On May 25, 2005, the Tennessee Legislature passed a **permanent guardianship** statute, authorizing the juvenile courts of Tennessee to appoint a

permanent guardian for a child at any hearing in which a permanent legal disposition of the child can be made, as in a DCS permanent planning hearing.[43] The Court must determine that the child has previously been adjudicated dependent and neglected, unruly or delinquent and has been living with the proposed permanent guardian for at least 6 months. The Court must also find that permanent guardianship is in the child's best interests and that reunification with the child's parents is not.

A permanent guardianship order does not terminate parental rights. Nor does it extinguish certain other rights attached to the parent-child relationship, such as the right of parents to consent to the child's adoption. A permanent guardianship order specifies the frequency and nature of visitation. The Court may order the child's parents to pay for support and medical treatment for the child. The permanent guardian is required to assume responsibility for raising the child, to consent to the child's enrollment in school and to consent to the provision of health care services to the child.

After a court has approved a private custody arrangement, the state and the courts will generally avoid interfering with the kinship family. Instead, families seeking further assistance must take affirmative steps to seek out state resources.

DCS established the **Relative Caregiver Program** (RCP) in May 2001 to provide support for kinship caregivers who are raising children in their physical or legal custody. Funded by the Temporary Assistance to Needy Families (TANF)

program, qualified relative caregivers may be eligible to receive funds for up to four months, depending on the family's needs.

In order to be eligible to participate in the Relative Caregiver Program, the relative caregiver must be related to the child by blood, marriage or adoption and must be raising the child informally or have a legal relationship with the child through custody or guardianship. When originally established, the RCP required relative caregivers to obtain legal custody by court appointment to be eligible for the program. Now, relative caregivers need only demonstrate that they have primary care and control over the child. The family must meet financial requirements (200% of the federal poverty level) and must not be receiving any type of kinship payment or subsidy such as a Families First Kinship Care Payment. The relative caregiver must agree to accept support services for the children. Lastly, the caregiver must be able to provide a safe home for the children in their care and must be willing to partake in an at-home assessment by DCS.

Services available to relative caregiver families include information and referral, caregiver support groups, activity and support groups for children and teens, educational workshops, respite and recreation, family advocacy, outreach, and emergency financial aid or start-up assistance.

Statewide expansion of the Relative Caregiver Program began its first Phase in July 2005. Phase I expanded the RCP from the existing regions of Shelby, Davidson and the 14 Upper Cumberland Counties to four new regions: Knox County, Hamilton County, East Region and Northwest Region. Phase II of

the RCP Expansion will begin at an as-yet undetermined date and will complete the statewide expansion to all twelve regions in the state.

Finally, a third type of placement is known as **kinship foster care**. As of January 2005, of the 9,914 children in foster care in Tennessee, 1,329 were placed with relatives. Tennessee state policy requires that relatives be considered first when an out-of-home placement is set as the goal for a child in DCS's care. Children placed with relatives are afforded an expedited placement process; however, kinship foster caregivers do not receive foster care board payments until they have completed all requirements necessary for them to become foster parents. These requirements include completion of a 10-week PATH (Parents As Tender Healers) training program, criminal background check and a home study.

Once a placement plan is approved under kinship foster care, the relative caregiver will receive a monthly stipend based on the age and special needs of each kin foster child. Because kinship foster children remain in DCS custody, a permanency plan will be developed outlining the goals and responsibilities of the agency and the other involved parties, which may include the child's biological parents. The relative caregiver will be expected to participate in carrying out each child's permanency plan, similar to any other foster parent.

Court review of each foster care placement will occur at regular intervals. If reunification is not an appropriate goal, DCS may set as a goal Planned Permanent Living Arrangement (PPLA) with the relative caregiver. The PPLA placement allows for a permanent living arrangement with a relative without

requiring relative caregivers to undertake a particular legal relationship with the child. For relative caregivers that do not desire to obtain legal custody of the children or who do not wish to adopt the child, PPLA is a useful option.

Kinship foster caregivers who adopt children out of the foster care system are eligible for federal adoption subsidies, which may include a monthly stipend for similar to the foster care board payment. Although these payments used to be limited to children defined as having "special needs", Tennessee now offers adoption subsidies for all children adopted out of foster care.

Best Practices

Kinship foster care is now the preferred placement option for foster children. Despite this trend, kinship care policies have developed in an inconsistent manner. Below are three trends in kinship foster care bear on the development of best practices:[44]

> (1) Kinship foster parents tend to be older than non-relative foster caregivers. Kinship foster parents also tend to have poorer health, less education, and lower incomes than non-kin foster parents.
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> (2) The haphazard evolution of licensing procedures for kin foster care parents and poor systems for disseminating information about the placement and support options has made efforts to provide financial and other support for relative caregivers difficult and less effective.
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> (3) Although the needs of kin caregivers may be greater than those of non-kin foster caregivers, services and support needed to may not be as readily available to kinship caregivers. This is, in part, due to

institutional biases towards relative caregivers as safer placements in less need of support and supervision.

Instead of simply a placement option, kinship care is part of the on-going debate about what will create the best outcome for foster children. Although foster children are placed with relative caregivers in increasing numbers, the long-term effects of kinship care on foster children is largely unknown. Foster children placed with relative caregivers tend to maintain more contact with their parents, extended families, culture and communities than children in non-kin placements. These children also may face more difficult family dynamics than those faced by children in non-kin foster families. Our understanding of the impact of these difficulties on the child's welfare, reunification and permanency outcomes is limited.

Every state in the nation has developed a policy for treating kinship foster care separately from non-relative foster care. States vary widely in crafting kinship foster care policies; however, states in general have stepped up efforts to place children in the foster care system with relatives. Kinship foster care programs have grappled with policy and practice difficulties arising from identifying and recruiting related caregivers, creating licensure and financial support options, and balancing the increased reliance on related caregivers with permanency efforts.

State and federal policy indicates that relative caregivers are eligible to receive services identical to those available to non-related foster caregivers. However, research shows that kinship foster caregivers often receive fewer

services than those provided to non-kin foster parents. Many relative caregivers do not want to receive a handout, wish to avoid the involvement of public or private agencies or are simply not informed of possible support. Eligibility workers may not be trained to recognize the support options available to kinship care families.

States have responded to the difficulties facing kinship foster caregivers in various ways. Several states, such as California, provide relatives who do not receive support through the foster care system with state welfare payments that exceed those available through TANF. In response to the tension between long-term kinship foster care placements and federal laws placing emphasis on permanency and adoption, some states, including Illinois, have created subsidized guardianship as a placement option. Foster guardianship in Illinois is a form of subsidized guardianship available to any non-parent caregiver. Foster guardianship allows for relative caregivers to undertake a permanent commitment to raising a child outside of the child welfare system and free from pressure to adopt.

Some states have created comprehensive kinship support centers providing kinship care families with an array of services, including information, support, and case management services. For example, The Grandparents Raising Grandchildren Project of the Illinois State Department on Aging operates a Senior Help Line, publishes a resource guide and offers a statewide newsletter. In addition to these services, the state of Illinois offers a Guardianship Help Desk, and a “grandparent guardian” training project.

California, a state that has always been on the forefront in the kinship foster care movement, provides a wide array of support and services to kinship foster caregivers. Like other successful kinship caregiver programs, California's most effective programs have allowed relative caregivers to participate in decision making and have arranged for adequate provision of information to relative caregivers. For example, the Grandparent Resource Center provides comprehensive year-round kinship care services in Santa Clara County, including a "warm-line," case management, health screening, a resource library, educational seminars, recreation and respite activities, resource referrals and legal assistance.

The most effective kinship caregiver programs focus on working with kinship caregivers and informing relative caregivers of the various options. Further, well-administered kinship foster care programs provide education to personnel within the placement system and to relative caregivers as to the legal options and services available to relative caregivers.

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[41] State Fact Sheets for Grandparents and Other Relatives Raising Children, AARP, *available at* www.aarp.org/research/family/grandparenting/aresearch-import-488.html (last visited December 23, 2005).
[42] The toll-free phone number for information regarding Family Assistance Service Centers is (866) 311-4287. Information about the Centers, which opened in December 2004, may be found at www.state.tn.us/humanserv/service-center-update.htm (last visited December 23, 2005).
[43] This Act has not yet been codified. Information about the Act is available from:
State Fact Sheets for Grandparents and Other Relatives Raising Children, AARP, *available at* www.aarp.org/research/family/grandparenting/aresearch-import-488.html (last visited December 23, 2005).
[44] Rob Green, "The Evolution of Kinship Care Policy and Practice," *Journal of Children, Families and Foster Care*, available at http://www.futureofchildren.org/information2826/information_show.htm?doc_id=209553 (last visited December 26, 2005).

“Permanency Bill”

State of New York

In December 2005 New York Governor George Pataki signed into law the “Permanency Bill”.[44] The new legislation encourages the placement of children removed from their homes with relative caregivers.

The law encourages relative caregiver placements by several provisions:[44]

(1) Social Services must now "consider giving preference to placement of a child with an adult relative over a non-related caregiver.”

(2) Family Court must now inquire about children removed from their home about relatives who play a significant role in their lives.

(3) Family Court now has the authority to direct social services to search for potential relative caregivers and to notify relatives of the opportunity to serve as kinship foster parents.

(4) The law expedites the foster parent certification procedures for relatives and other suitable caregivers.

(5) The law creates a new method by which relatives can petition to become foster parents, for up to 6 months after notification of the child’s removal.

In reviewing these two documents, we want to assess:

A. How does the Department’s current policy *16:59*: Disclosure of Legal Options and Available Services for Relative Caregivers compare to NY law that makes DCS more accountable in locating potential relative caregivers and informing Relative Caregivers of placement/legal options?

B. How can we ensure that best practice mirrors *Policy 16:59*?

C: Suggestions we can offer so that the courts and DCS are more accountable in locating potential relative caregivers as placement resources, when appropriate?