



A Critical Resource at Risk: Supporting Kinship Care During the COVID-19 Pandemic and Beyond

May 2020

The Critical Role of Kinship Caregivers

As the current pandemic upends daily lives, families, communities, and the economy, among the families suffering the most are *kinship caregivers*—many who have been historically and systematically denied the supports they need—highlighting shortcomings within our most basic institutions and systems of support.

Among the most vulnerable are the millions of kinship caregivers, many of whom are grandparents, who step in to care for children when parents are unable.¹ Currently, 2.6 million children are being raised by a grandparent, relative, or close family friend with no parent in the home. Nearly 128,000 children are being raised by kin caregivers who are also licensed foster parents, having been removed from their homes by the public child welfare system and placed in state custody.²

In this brief, we highlight challenges faced by three categories of kinship caregivers who may need economic and other supports in the current pandemic: caregivers who voluntarily step in to help their family members, often with little or few benefits or supports; unlicensed kinship caregivers who step in after child welfare involvement but are sometimes unaware of their eligibility for, or are

excluded from, receiving available benefits through the child welfare system; and kin who become licensed foster parents in child welfare systems.

Who are Kinship Caregivers?

Kinship caregiver is a term used to describe a broad group of grandparents, relatives, and non-relatives with close or family-like relationships who take on the role of primary caregiver for a child. Most kinship caregivers operate outside the formal child welfare system. In these *informal (or private) kinship care* arrangements, a grandparent, other relative or family friend steps in and agrees to care for a child—without involvement from either the child welfare agency or the juvenile court because a parent is unable to, or the family decides that is what is best for the child at that time.

A smaller group of kinship caregivers are involved with child welfare. In *voluntary or diversion kinship*, a child lives with kin often as a result of a child welfare agency investigation of alleged abuse or neglect, but the state does not take legal custody of the child. In *formal kinship care (which may be licensed or unlicensed)*, a child is placed in the legal custody of the state or jurisdiction by a judge, and the child is physically placed with a kin caregiver.



Licensed kinship caregivers typically receive the same foster care stipends and benefits as unrelated foster parents and are generally required to meet the same licensing standards as foster parents, with some provisions for selective waivers of non-safety requirements. *Unlicensed kinship caregivers* are typically not eligible to receive foster care subsidies or many of the benefits available to licensed foster parents.

While there are important differences in these types of kinship arrangements, kinship care is better understood as a continuum; the boundaries between *informal, voluntary, and formal kinship care* are fluid and often blurred as many caregivers move in and out of these groups. Kinship caregivers—whether they are involved with or unrelated to the foster care system—provide a vital service as a safety net for children when their parents are not able to care for them.

Kinship Caregivers in the Current Pandemic

Grandparents and relatives caring for children are now living with tremendous fear and uncertainty. Already feeling the economic repercussions of the current pandemic, many are older and have underlying medical conditions which place them at high risk for exposure to the virus. They are also facing the day-to-day challenges of having infants, toddlers, and school-aged children at home, many in states that have stay-at-home or shelter-in-place orders. School and daycare closures—essential to protecting children and the family members they live with and flattening the virus' curve - have only increased the pressure on grandparents and other relatives who care for children.

Kinship caregivers play a vital role in children's lives—helping to ensure that children in their care are safe, healthy, and able to thrive.³ Kin help children maintain connections with family, friends, culture, and community. Even before the pandemic, they did this while overcoming structural barriers to economic security and connected health issues. Research suggests that grandparents raising their grandchildren are more likely to have incomes at or below the federal poverty line, lower levels of education, and health conditions.⁴

While not all kinship caregivers are older, many are. For these individuals—and for caregivers with pre-existing health conditions—the risks of exposure are even greater. The Centers for Disease Control and Prevention (CDC) have recommended that people older than 60 and those with compromised immune systems self-isolate to limit risk of exposure to COVID-19. For many caregivers, this may be an impossible challenge, as they venture out to buy groceries and other necessities to care for children.

For those living in low-income communities, factors including living in close quarters, such as dense apartment buildings or public housing; having limited access to basic necessities such as food, formula, and diapers; relying on public transportation; and working in front line and service sector jobs that require them to show up in person also increase the risk of exposure to COVID-19.

Many kinship caregivers—whether informal, voluntary, or licensed foster parents—receive little to no financial assistance.⁵ More than half of all children in kinship care live in families with incomes below 200 percent of the federal poverty level,⁶ yet less than half of kinship caregivers receive Medicaid or Supplemental Nutrition Assistance Program (SNAP) benefits, and less than 12 percent receive Temporary Assistance for Needy Families (TANF). Only 17 percent of working caregivers receive child care assistance and only 15 percent of caregivers obtain housing assistance.⁷ With many kinship caregivers more susceptible to contracting COVID-19 and more likely to experience economic hardship as a result of the pandemic, it is more important than ever that we strengthen our system of supports for the millions of kin caring for children.

Kinship Families in Child Welfare

Child welfare systems in many states rely heavily on kinship caregivers to care for children who cannot safely remain at home. Promoting the placement of children with kin is now viewed as a national best practice. In fact, 32 percent of children in foster care live with kin.⁸ Federal and state child welfare policy and best practices promote increasing the placement of children with kin based on research evidence of better outcomes for children. Children in kinship care in the child welfare system have increased stability, fewer placement changes, better





behavioral and mental health outcomes, and are less likely to re-enter foster care after returning to their birth parent, adoptive resource, or guardian.⁹ Kinship care also promotes sibling ties, as children are more likely to be placed together, and reinforces children's cultural identity and community connections.¹⁰

At the same time, we know that kinship caregivers involved with state and local child welfare systems face many of the same structural barriers to economic security and health and well-being as those who are not, putting them at high risk during this pandemic. The children in their care may also have trauma to overcome, adding another stressor to caregivers' lives as they confront those arising from the pandemic.

Many state child welfare systems, even as they recognize the value of kinship care and prioritize it as a permanency option, have not reduced the often unnecessary hurdles to accessing supports and services for kinship caregivers.¹¹ These hurdles derive, at least in part, from the unfortunate history of institutionalized racism in the child welfare system, and the way it has shaped its policies and practices. Early social services were segregated, and formal child welfare systems were originally developed to provide services and supports to White families. When the child welfare system began to "serve" Black families and other families of color in the mid-twentieth century, its focus shifted from providing services to keep families together to removing

children from their families' homes.¹² In the decades since, as the harmful consequences of this practice have become clear, the child welfare system has tried to adapt its practice to provide services for families so children can remain safely at home, and be placed with kin if removal is necessary—learning, in part, from Black, Native American, and Hispanic communities, where the informal practice of kinship care is more common.¹³ To this day, children of color are more likely to be placed with kin than White children.¹⁴ Black and Hispanic children in child welfare systems are almost twice as likely as White children to be placed with kin.¹⁵

But child welfare policies and practices have not caught up with this shift toward recognizing the value of kinship care, and in fact, barriers for kin that especially harm kin of color and the children in their care persist. Research has shown that kinship caregivers are offered and receive fewer services from child welfare agencies and have less contact with child welfare workers than non-kin foster parents.¹⁶ Kin caregivers are also less likely than non-kin foster parents to receive foster parent training, peer support groups, respite care, or supports for children in their care including educational or mental health services.^{17,18}

Additionally, most child welfare systems use kinship diversion practices to informally place children with relatives, but systemic barriers to licensing kin of color as foster parents prevent many kinship



families from accessing needed benefits and supports.¹⁹ Although this varies across states, unlicensed kinship caregivers do not receive equal benefits and services when compared to non-kin or licensed kinship caregivers. Formal, licensed kinship caregivers receive a foster care stipend, in addition to child care costs, medical and dental costs for children in their care, clothing vouchers, and liability plans.²⁰ In contrast, aside from a child's Medicaid or CHIP coverage, the only resources available to unlicensed kin are typically the TANF Child-Only Grant and locally funded programs.²¹

Federal laws²² largely leave foster care licensing to states and jurisdictions. As such, states have flexibility in what they require of kin and non-kin to become licensed foster parents. Federal law now provides that states can specifically elect to waive requirements that are not related to safety, such as income requirements, age limitations, and space considerations. In practice, these non-safety requirements are not consistently waived, with some states requiring all kin to meet the same standards as non-kin foster parents, others waiving or modifying some requirements for kin, and some requiring a separate approval process specifically for kin.^{23,24} Non-safety requirements, including such things as the size of a home, often make it difficult for many kinship caregivers with lower income to become licensed. They also have a discriminatory impact on kin of color.

As an example, a GAO study²⁵ found that one state's licensing requirement that foster families have houses with a certain number of bedrooms was a factor preventing a disproportionate share of Black families with low incomes from being able to meet licensing requirements. The fact that Black families have more difficulty becoming licensed kinship caregivers may help to explain in part why Black children in foster care tend to receive fewer services than White children.²⁶ Black children are placed with kin at high rates, but due to challenges in becoming licensed, those kin do not have access to the same services and supports as other foster parents.²⁷

Caregivers without legal status in the U.S. also experience unique challenges and additional barriers to becoming licensed kinship caregivers. According to the American Bar Association (ABA), 20 states

have explicit foster care licensing standards that require U.S. citizenship or some form of documented immigration status.²⁸ In practice, some states will not license or provide stipends to kinship caregivers who do not have a Social Security number, thereby excluding caregivers who are undocumented. Other requirements, such as state residency requirements or requests for immigration-related information on foster care licensing applications or during home studies, add to the obstacles faced by many caregivers.²⁹

Recommendations

The current pandemic is throwing into sharp relief the challenges kinship caregivers face, and the critical role they play in supporting children and families. Kinship caregivers are diverse families living in communities across the country. To effectively support kinship caregivers, and the children they care for, requires making fundamental changes to the way we support all low-income families. We should be increasing access to income supports and cash assistance by establishing programs like a national child allowance, expanding access to health coverage for children and families through Medicaid and the Children's Health Insurance Program (CHIP), and streamlining access and application processes for major safety net programs.

In addition to making foundational changes to better support all families, which would have a profound impact on kinship families, there are some kinship-specific policy changes that would strengthen supports for kinship caregivers both during this unprecedented public health and financial crisis and in the future. Below we outline a range of policy solutions to support kinship families including waiving non-safety licensing requirements for kin, providing additional supports such as financial assistance for kin families in response to the current crisis, and specific policy solutions to address the needs of American Indian and Alaskan Native (AI/AN) kin and children who are disproportionately represented in child welfare systems.

- **Increase funding for Kinship Navigator Programs.** Kinship Navigator Programs,³⁰ especially during a crisis like the current pandemic, can provide caregivers with critical





information, education, and referrals to a wide range of services and supports. Congress should provide additional emergency funding for Kinship Navigator Programs to meet increased demand for help. The Family First Transition Act included \$20 million in grants for developing, enhancing, or evaluating Kinship Navigator Programs. At a minimum all states should take full advantage of this funding opportunity.

- **Increase funding for the National Family Caregiver Support Program (NFCSP).** NFCSP provides grants to states and territories, based on their share of the population age 70 and over, to fund a range of supports that assist family and informal caregivers to care for their loved ones at home. It enables state Area Agencies on Aging³¹ to use up to 10 percent of their funding to support grandparents and other relatives age 55 and older who are raising children. State Area Agencies on Aging leaders should be urged to allocate 10 percent of their funds to support kin caregivers and Congress should increase funding for NFCSP specifically to respond to the needs of kinship families during a crisis.
- **Utilize Medicaid waivers to support kinship caregivers and the children in their care.** States can request authority through a Medicaid Section 1115 waiver, to provide an additional monthly payment to all foster caregivers (licensed foster parents, relative caregivers, and fictive kin) for

providing at-home care and connections to health care services for children in their care. During this pandemic, Medicaid has emerged as a rapid and effective approach for states to respond to the needs of families, including kinship caregivers. States should utilize Medicaid Section 1115 waivers to safeguard access to care and enhance supports for kinship caregivers and the children they care for during this crisis. Using the 1115 waiver template created by the Centers for Medicare & Medicaid Services (CMS),³² states can request authority to address the impact of COVID-19 on their Medicaid programs. If approved, these waivers would be retroactive to March 1, 2020, expiring “no later than 60 days after the end of the public health emergency.”

- **Utilize temporary licensing authority.** Child welfare systems can provide temporary or provisional licensure for kinship homes, which can facilitate the immediate placement of children in the least restrictive, most familial settings. The Administration for Children and Families (ACF) has authorized, through recent program instruction,³³ that states can both modify licensing requirements and pay provisionally or conditionally licensed kinship placements when the current emergency is the reason for the delay in licensure. Temporary or provisional licensing for kin is an important strategy as states look to facilitate placement with relatives during this crisis when children



need family most. States should take advantage of these emergency provisions and also provide targeted supports to kin who receive temporary licenses throughout the full licensing process, including: 1) necessary and supportive training (e.g., trauma-informed parenting) in their homes—at a time that is convenient for them; 2) stipends using state dollars; and 3) connection to a peer kin foster parent who can help them navigate services, supports, and challenges. Providing these supports can help to ensure the placement is the safest and most supportive for children and youth now and in the future.

- **Require states to waive non-safety standards for licensing kin.** As states continue expedited efforts at family finding and kin placement beyond the pandemic, strategies to facilitate placement with kin by waiving non-safety standards and providing necessary supports should be expanded and sustained. The federal government should require that states meet the minimum guidelines outlined in the National Model Foster Family Home Licensing Standards³⁴ and further incentivize title IV-E agencies to waive non-safety requirements in the interest of preserving safe family connections. In the absence of federal action, states should elect to waive non-safety standards for licensing kinship caregivers to eliminate any unnecessary barriers for kin when safety is not a concern.
- **Provide financial support to kinship caregivers outside of the child welfare system.** Some states have begun to provide larger stipends to foster parents (both kin and non-kin) during this time, recognizing the need for greater financial supports for kin during an economic and public health emergency. Programs can also be developed to support kin caregivers outside of the child welfare system. Programs, like grandparent subsidy programs³⁵ or close relative caregiver programs provide monthly financial assistance to help grandparents, aunts, and other kin caregivers provide for the children in their care. These programs provide funding that can be used for a number of child-related expenses, including school clothes, groceries, and portions of rent or utilities.

- **Provide access to technology to ensure that children and kinship caregivers can stay connected to family.** Access to technology (i.e., internet, data and devices) can help kinship caregivers and children stay connected with families, schools and social workers. However, for some kin caregivers, internet access, limited phone plan coverage, and the technological literacy needed to navigate these services can be barriers. Many companies are now offering free or discounted services, including free internet, and agencies should make sure families are aware of these resources. Where possible, agencies should provide direct access to internet, data and devices and facilitate virtual visits with family for kinship caregivers and children in their care. When needed, child welfare agencies or their community partners should connect kin families with supports to promote the technological literacy needed to take advantage of these resources.
- **Ensure full compliance with the Indian Child Welfare Act (ICWA)³⁶ and provide additional funding to tribes.** ICWA protects AI/AN children in state child welfare systems and helps them remain connected to their families, cultures, and communities. ICWA outlines specific priorities for where children should be placed—prioritizing kin and members of a child’s tribe. States should continue to follow ICWA placement guidelines during this crisis even when finding placements willing to accept new children into their homes may become more challenging.³⁷ Supporting AI/ AN children within their tribal communities also requires ensuring tribal communities have adequate funding. Tribal child welfare programs have historically been underfunded. Native American communities have been hit hard by this pandemic, and tribes need additional funding now to respond to the needs of children and families, including kinship families.³⁸
- **Support immigrant kinship caregivers through licensing policies and state subsidies.** There are a number of strategies states can use to better support immigrant kinship caregivers, many of which can be provided regardless of documentation status. While states cannot use federal dollars to pay undocumented kin they





can proactively implement policies to promote placement with these caregivers and provide stipends with state dollars. While some choose to do so,³⁹ most do not. States can also exempt kin from the immigration status licensing standard when it is present, thereby allowing eligible undocumented relatives to obtain full licensure.

In the event that social security numbers or state issued identification is not available, state child welfare agencies should engage with the family to consider other means of gathering information about the individual's caregiving capacity and involvement in the community.⁴⁰

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Endnotes

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⁸ Williams-Mbengue, Nina. “Supporting Kinship Caregivers.” National Conference of State Legislatures, March 2020. Available at: <https://www.ncsl.org/research/human-services/supporting-kinship-caregivers-tabbed-page.aspx>.

⁹ Epstein, “Kinship Care is Better for Children and Families.”

¹⁰ *Ibid.*; Scannapieco, Maria and Jackson, S. “Kinship Care: The African American Response to Family Preservation.” *Social work*, 41 no. 2, April 1996.; Brown, S., Cohon, D. and Wheeler, R. “African American Extended Families and Kinship Care: How relevant is the foster care model for kinship care?” *Children and Youth Services Review*, 24, no. 1.2, pp. 55-79; Hill, Robert, B. “Synthesis of Research on Disproportionality in Child Welfare: An Update.” Annie E. Casey Foundation, October 2006. Available at: <https://www.aecf.org/resources/synthesis-of-research-on-disproportionality-in-child-welfare-an-update/>.

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¹⁹ Sakai, Christina et al. “Health Outcomes and Family Services in Kinship Care: Analysis of a National Sample of Children in the Child Welfare System.” *Arch Pediatr Adolesc Med*, 156, no. 2, pp. 159-165.

²⁰ Liability Plans provides insurance coverage for licensed foster parents. This coverage typically includes personal injury and property damage caused by foster parents or children in their care that occurred while the children were in foster care and assist foster parents in obtaining legal defense when claims have been filed against them resulting from the performance of their official duties.

²¹ As an example, in Washington DC., the Grandparent Caregiver Program provides monthly financial assistance to help grandparents care for a child living with them. The program is only for caregivers not involved in the child welfare system.

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²⁴ The National Foster Home Licensing Standards (part of FFPSA) may encourage states to revisit their licensing policies; states are required to submit response as to how their own licensing policies are different but does not require states to come into compliance with the national standards. However, it opens up a window for advocacy in states and an opportunity to come into alignment with federal best practice.

²⁵ *Ibid.*

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²⁹ *Ibid.*

³⁰ For more information, see “Kinship Navigator Programs—Summary & Analysis.” Grandfamilies State Law and Policy Resource Center. Available at: <http://www.grandfamilies.org/Topics/Kinship-Navigator-Programs/Kinship-Navigator-Programs-Summary-Analysis>.

³¹ An Area Agency on Aging (AAA) is a public or private non-profit agency, designated by the state to address the needs and concerns of all older persons at the regional and local levels.

³² <https://www.medicaid.gov/medicaid/section-1115-demonstrations/1115-application-process/index.html>

³³ Administration for Children and Families. U.S. Department of Health and Human Services. ACYF-CB-PI-20-10.

³⁴ Administration for Children and Families. U.S. Department of Health and Human Services. Information Memorandum: National Model Foster Family Home Licensing Standards. Available at: <https://www.acf.hhs.gov/sites/default/files/cb/im1901.pdf>.

³⁵ The District of Columbia, Child and Family Service Administration. Grandparent Subsidy Program. Available at: <https://cfsa.dc.gov/service/grandparent-program>.

³⁶ For more information, see “Indian Child Welfare Act.” U.S. Department of the Interior Indian Affairs. Available at: <https://www.bia.gov/bia/ois/dhs/icwa>.

³⁷ “A Guide to Compliance with the Indian Child Welfare Act.” National Indian Child Welfare Association, 2018. Available at: <https://www.nicwa.org/wp-content/uploads/2018/01/Guide-to-ICWA-Compliance-2018.pdf>.

³⁸ <https://www.npr.org/2020/04/24/842945050/navajo-nation-sees-high-rate-of-covid-19-and-contact-tracing-is-a-challenge>

³⁹ States and jurisdictions including California and New York City have laws and policies that ensure immigration status does not prevent kinship foster placements. Specifically, California’s The Reuniting Immigrant Families Act provides that children in foster care may be placed with an approved relative, regardless of that relative’s immigration status. The law also permits relative caregivers to use identification from a foreign consulate or a foreign passport for the purposes of running background checks.

⁴⁰ Cooper, Cristina Ritchie and Elizabeth Christy. “Promising Practices When Working with Immigrant Kinship Caregivers.” American Bar Association, July 01, 2017. Available at: https://www.americanbar.org/groups/public_interest/child_law/resources/child_law_practiceonline/child_law_practice/vol-36/july-aug-2017/promising-practices-when-working-with-immigrant-kinship-caregive/

