moving kinship care forward in Massachusetts

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Massachusetts Citizens for Children

Massachusetts Citizens for Children (MCC) is a statewide child advocacy organization with a 52year history of effective work on behalf of the state's most vulnerable children. It was founded in 1959 by pediatrician Martha May Eliot who served as Chief of the U.S Children's Bureau. With active support from Governor Foster Furculo, they established MCC as a permanent, independent citizens' voice for children. The organization's work has been driven by the belief that all Massachusetts children have a fundamental right –

- To be safe from abuse, neglect and violence;
- To be economically secure and free from poverty;
- To receive quality medical and preventive care;
- To learn in quality child care and school settings; and
- To live in caring families and healthy communities.

MCC directs Massachusetts KIDS COUNT and the KIDS COUNT Data Center that provide information about the status of our state's children in areas of educational, social, economic and physical well-being. It uses the information to educate policymakers and the public about critical issues affecting children and to engage them in actions to improve their lives. Data reports and Issue Briefs, including the report *"Child Poverty in Massachusetts: A Tale of Two States,"* (2008) and *"Child Poverty in Massachusetts: A Tale of Three Cities – Lawrence, New Bedford and Springfield"* (2010) are available at www.masskids.org.

Massachusetts KIDS COUNT and the KIDS COUNT Data Center are funded by the Annie E. Casey Foundation, a private charitable organization, whose primary mission is to foster public policies, human service reforms, and community supports that more effectively meet the needs of today's vulnerable children and families. For more information, visit **www.aecf.org**.

MCC is a member of the New England Consortium to Reduce Poverty, a project that advocates on a set of strategic federal priorities affecting the six-state region. Since 1986, MCC has served as the Massachusetts Chapter of Prevent Child Abuse America. It is the Massachusetts member of Voices for America's Children, a national network of state and city multi-issue child advocacy organizations.

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Kinship Care in Massachusetts.

All children need stability, permanency and safety in order to develop and thrive. The Massachusetts Department of Children and Families (DCF) is charged with ensuring safety, strengthening families to care for their children successfully, and achieving permanency when parents cannot provide a safe home. If the Juvenile Court determines that parents are unable to provide for their children's safety and welfare, the Department is mandated by the Commonwealth to intervene to protect these children from further abuse, neglect or dangerous situations by providing them with "safe homes and compassionate foster parents."¹ As such, DCF provides some of the most important and challenging services of state government.

Kinship Care through the Juvenile Court/DCF

Kinship Foster Care Guardianship Adoption Kinship Care through the Probate and Family Court

Temporary/Permanent Legal Guardianship Adoption

Kinship Care Informally, Not through the Courts

Informal Caregiver Caregive Affidavit No Court Filing

This report focuses on kinship care placement, a segment of the child welfare system that is growing in importance and practice in Massachusetts. This placement option deserves more attention because it can offer more stability for children who cannot live with their parents. As is the case with 30 other states², Massachusetts defines "kin" broadly, extending beyond blood relatives to include adults to whom a child, the child's parents, and family members attribute a family relationship "based on blood, marriage or adoption as well as family ties based on culture, affection or family values"³.

Yet, research on the Massachusetts kinship care system shows room for improvement. There is more work to do to identify kin caregivers, place children in the most appropriate kinship arrangements, and provide their relative caregivers with financial, legal, education and health supports to adequately help the children in their care thrive.

What are the Kinship Care Options for Massachusetts Families?

There are several possible kinship care arrangements for Massachusetts kinship care providers when a child is removed from her parents, each of which comes

with different custodial and financial ramifications.

They include kinship care through 1) the *Juvenile Court* via DCF, 2) the *Probate and Family Court*, with no/little DCF oversight, and 3) *Informal kinship* care where kin are not involved with either Court or other state authorities. Each has different consequences for the types of services families receive. These arrangements encompass temporary (e.g. foster care) to more permanent (e.g. guardianship and adoption) placements.⁴

Kinship care arrangements through the Juvenile Court and DCF

With kinship care through the Juvenile Court, kinship care providers care for an abused or neglected child who has been brought into DCF custody after a report of abuse or neglect.⁵ Mental illness, addiction to drugs and alcohol, incarceration, violence, and death are the leading reasons why parents are unavailable to care for their children.⁶ If abuse is substantiated, DCF is charged with first making reasonable efforts to provide services in the child's home, if they can do so without compromising the child's safety.

Kinship foster care is a temporary placement that gives parents time to get help before being reunified with their children.⁷ In

these cases, birth parents receive reunification services while DCF provides ongoing supervision and case planning for the children. If the parents fail to improve enough to provide a safe home for the children, the permanency plan may change to adoption or guardianship, preferably with the foster care kin caregiver.⁸ DCF provides kin foster parents with the same supports as traditional foster parents, including monthly foster care subsidies, eligibility for membership in the Massachusetts Alliance for Families (MAFF) - a support association of adoptive and foster parents,⁹ access to a monthly stipend to cover board, a clothing allowance, WIC nutritional program for children under five years old, and health and mental health care, regardless of the kin foster parents' income.¹⁰ Other benefits include the Kid's Net program, operated by the Massachusetts Society for the Prevention of Cruelty to Children (MSPCC) under contract from DCF. It provides kin foster families with respite/child care, camps, parenting education, support groups, and a 24/7 Kid's Net Connection Help Line for emergency after-hours support.

Kinship care providers may seek permanent custody through **guardianship**. Kin often prefer guardianship to adoption because it does not alter the legal relationship between the child and her parents, and the arrangement allows the biological parents to petition the Probate and Family Court for reunification in the future. Kin in DCF-sponsored guardianships do not receive all of the services that kinship foster parents receive, but they are entitled to subsidized guardianship benefits, which are the same as the kin foster care payments. Many of the Kid's Net services for foster parents also are available to guardians through the Adoption Journeys program operated by the non-profit Children and Family Services. Older youth in DCF guardianship or adoption may be eligible for benefits until age 22 if they stay in school.¹¹

With **kinship adoption**, kin assume permanent, legal responsibility for a child, and parental rights are terminated before an adoption is granted. A significant benefit for families who have decided to be guardians or adopt through DCF is the Tuition Waiver Program. The Program's budget is currently under-funded, but it provides tuition-free access and college fees to most Massachusetts public colleges.¹²

Kinship care through the Probate and Family Court

Kin who elect not to have DCF involved, or whom DCF decides not to sponsor, can petition the Probate and Family Court to obtain legal guardianship of the child. The reasons for placing children with kin through the Probate and Family Court are similar to those through Juvenile Court, including parents' drug abuse, mental instability, incarceration, domestic violence, abandonment, and homelessness.¹³

With kinship care through the Probate and Family Court, the state does not license kin, and kin are not subject to ongoing supervision from DCF, although an annual written report is now required to be submitted to the Probate and Family Court by the kin.¹⁴

While kin retain more control over the choices they make, they do not receive the state-sponsored support services available to licensed DCF kin foster families of monthly financial support, child care, and mental health treatment.¹⁵ Only six states — Massachusetts is not one of them — make these programs available to people outside the child welfare system.¹⁶

Unlike the Juvenile Court, the Probate and Family Court does not provide legal representation to families, although the judge can appoint an attorney to represent the child if requested, or if the judge sees the need. Without legal representation, the parents, children and kin caregivers may not understand the implications of their choice or advocate for the legal protections that are available to kin in Juvenile Court in child custody matters. Also, parents do not receive the mandated reunification efforts DCF would have to provide if they were engaged with the Juvenile Court.¹⁷

Informal kinship care arrangements

In this arrangement, informal caregivers do not go to court to get custody, and the parent(s) still have legal custody. A new option being implemented as a result of a 2008 Children's Law Center of Massachusetts' suggestion, is a Caregiver Affidavit, which reduces unnecessary court activity and allows relatives to make important medical and educational decisions on the children's behalf, including enrolling the child in school, without the need of any formal court action. The Affidavit must be signed by both the kin caregivers and the parents and be notarized. It can be cancelled by the parent at any time.¹⁸



Why Permanency Matters.

Placement instability – defined as three or more out-of-home placements during a 12-month period, undermines a child's ability to develop emotional attachments, increases the likelihood of changing schools, and disrupts educational instruction and social relationships. It is associated with poor academic performance and truancy, and reduces the likelihood of permanent placement through reunification or adoption.¹⁹ It also results in foster children's behavioral problems, and increases mental health costs during the first year in foster care.²⁰

Research and demonstration programs in the 1960s and 1970s brought attention to the need for permanency in children's lives, particularly for children who have been abused or neglected. The landmark federally-funded Oregon Project, begun in 1973, demonstrated that intensive services and aggressive planning could result in the reunification or adoption of children who had been adrift in long-term foster care. The groundbreaking Adoption Assistance and Child Welfare Act (AACWA) of 1980 re-conceptualized foster care as a temporary service. Family involvement, assessment, planning, and permanency became core elements of child welfare practice.²¹ Later, the Federal Adoption and Safe Families Act of 1997 aimed to ensure that children removed from their homes and placed in foster care would exit to a permanent placement (e.g. reunification, adoption or guardianship) as quickly as possible without jeopardizing their safety.²²

Like other child welfare agencies across the nation, the permanency goal drives much of DCF service planning and placement, so that "children have safe, caring, stable, lifetime families in which to mature".²³ In 2009, 39% of the children in the Massachusetts DCF caseload had a service plan goal to be reunited with parents. In cases where reunification was not possible, permanency was the goal through other avenues, including adoption or permanent guardianship with kin.²⁴

Massachusetts DCF Service Plan Goal 2009

Service Plan	Number	Percent
Family Reunification	3,102	39%
Adoption	2,348	29%
Permanent Care with Kin	715	9%
Alternative Planned Permanent Living Arrangement (APPLA) for youth	644	8%
Guardianship	573	7%
Stabilize Intact Family	415	5%
Other	1	NA
Unspecified	226	3%
Total Children	8,024	100%

Source: DCF Annual Profile, Calendar Year 2009

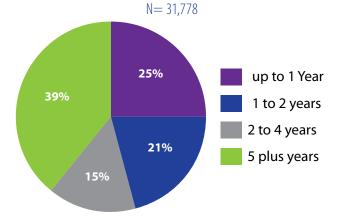
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Why Kinship Care Matters.

Research finds that children are more stable and less traumatized when they are placed with kin than with families who are not related to them.²⁵ A 2004 Illinois study found that children in guardianship arrangements – those that provide financial support for children living in safe and loving homes of legal guardians – reported high rates of stability. Most of the children (92%) felt that their home was stable and that they were part of a family. The caregivers themselves were often unaware of the legal differences between legal guardianship and adoption, and were focused instead on agreeing to take on permanent responsibility for the child.²⁶

American Community Survey (ACS) data show that grandparents who claim responsibility for their grandchildren are committed to their grandchildren for the long haul.^a Over half (54%) of Massachusetts grandparents were responsible for their grandchildren for more than two years, with most having responsibility for more than five years. Many work hard to reunify the children with the parents.²⁷

Length of Time Massachusetts Grandparents are Responsible for Grandchildren



Source: 2007–2009 American Community Survey. Table B10050

Kin caregivers were not always considered an important alternative to foster care or adoption. Prior to the 1980's, family was seldom considered either for temporary or permanent placement when children were unable to live safely in their own homes. Many child welfare officials advocated removing children as far as possible from existing family members, appealing to the adage that "the apple does not fall far from the tree".²⁸ But foster placements with kin nearly quadrupled between 1986 and 1991 as child protective services across the country increasingly looked to kin as the preferred providers when a child was removed from her parents.²⁹ The decline in traditional foster care placements coincided with changes in demographics. More potential foster parents were participating in the workforce, more were divorcing or living in single-parent households, and higher costs of child-rearing, low foster care reimbursements, and a declining image of foster care all reduced the pool of traditional foster parents.³⁰

At the same time, views of kinship care as a placement option evolved as an important way to preserve families. Experts recognize the benefits of keeping children with a family member, including facilitating secure emotional attachments, reducing children's trauma from being placed with strangers, reinforcing children's sense of identity and self-esteem, and maintaining connections with their family culture and with siblings.³¹ Child welfare agencies now look toward kin first as potential caregivers when children cannot be with their parents.

The 2008 Fostering Connections to Success and Increasing Adoptions Acts.

The most recent legislation to encourage permanent arrangements is the Fostering Connections to Success and Increasing Adoptions Act of 2008. As of July 2011, 28 states submitted Title IV-E plan amendments to enable them to make claims for federal support of eligible guardianship assistance. To date, 20 states have been given final approval of those guardian assistance programs (GAP) amendments: Alabama, Alaska, Colorado, District of Columbia, Hawaii, Illinois, Maine, Maryland, Michigan, Missouri, Montana, Nebraska, New Jersey, New York, Oregon, Pennsylvania, Rhode Island, South Dakota, Tennessee, and Texas. The amendments from the remaining eight states (California, Connecticut, Idaho, Louisiana, Massachusetts, Oklahoma, Vermont, and Washington) are under review, with

^aThe American Community Survey provides information on grandparents only. While grandparents represent the majority of the relatives providing kinship care to children in Massachusetts, ACS data does not include information on other caregivers who may be aunts and uncles, etc.

states able to draw down funds as soon as approved. Currently 37 states, including Massachusetts, have state-supported guardianship programs. However, federal support through Fostering Connections would help reach more children.³²

The Act contains a number of provisions that promote kinship care. It requires DCF to identify relatives as soon as an out-of-home placement needs to be made, and inform them of the possibility of foster care placement with relatives. It allows child welfare agencies to obtain state and federal child support data to help locate children's parents and other relatives. It requires agencies to explain the options kin caregivers have, including informal care options outside of the child welfare system. It promotes kinship quardianship as a permanency option because it allows states to claim federal reimbursement for a portion of the costs to subsidize relative caregivers, regardless of their income.³³ Studies have found that when subsidized guardianships are offered as an option in combination with adoption and reunification, more permanent placements are made than when adoption and reunification are the only available options.³⁴

The ACT also gives states discretion to waive some non-safety licensing standards, such as minimum square footage per person and separate bedrooms for each child, for relatives willing to become foster parents.³⁵ Finally, Family Connection Grants help link kin caregivers, both in and out of foster care, to a broad range of services and supports.³⁶



Doing Better in Massachusetts.

Massachusetts recognizes kinship care's potential for safety and stability for children facing the disruptions caused by out-of-home placement.³⁷ In fact, Massachusetts pioneered the use of kinship care in 1983 when it became the first state in the nation to offer a subsidized guardianship program so that relative caregivers willing to provide a more permanent home for children through DCF guardianship would get the same monthly subsidies as foster parents to help them support the children.³⁸ However, data indicate more potential for DCF to identify kin caregivers, place children in the most appropriate kinship arrangements, find kinship care placements for more children of color, and provide kin caregivers with financial, parenting and other support to effectively care for the children.

a Kinship care in Massachusetts comprises 50% of all out-of-home placements when not including group homes and institutions.

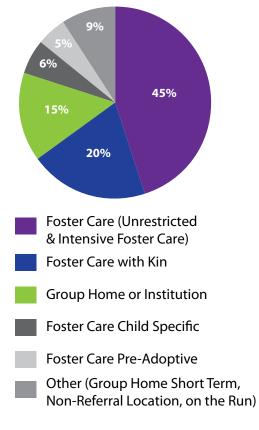
b Intensive foster care provide therapeutic services and supports in a family based placement setting to children and youth for whom a traditional foster care environment is not sufficiently supportive, or are transitioning from a group home or hospital. In Child-specific foster care, the foster caregiver is only licensed for that child. Pre-adoptive care usually applies to transitional foster care for infants.

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Data indicate potential for identifying more DCF- sponsored kinship care placements.

A smaller percentage of Massachusetts children are placed with kin than children in most other states

across the nation. Of the 40,095 Massachusetts children under age 17 in the DCF caseload in FY 2009, 20%, or 8,024 children, were in some type of out-of-home placement. Of these children 20% (1,618) were placed in Kinship Foster Care settings.³⁹ This rate is less than the national average of 24%^b, and it indicates potential to expand kinship care in the Commonwealth.⁴⁰



DCF Out-of-Home Placements 2009c

Source: DCF Annual Profile, Calendar Year 2009

Massachusetts ranks 43rd out of 51 states on

placement instability. Placement instability is defined as three or more out-of-home placements during a 12-month period. The need to expand the rate of kinship care providers, therefore, is especially important in our state where more than 50% of children who remain in out-of-home care for more than 12 months experience three or more different placements, and 75% of children who remain in out-of-home care for more than 24 months experience three or more different placements.⁴¹ While measures of placement stability are not uniform among states, the ranking speaks to the need for more efforts to prevent and reduce unstable placements, as well as for more post-permanency support.⁴²

Kin caregivers are often ill-advised about what options to take, which can put a child's safety and financial well-being at risk.

"A key juncture for deciding where to place the children is after DCF receives a report of abuse and neglect. The social worker may ask the mother if she wants the children placed with a grandparent, or to be in foster care. The mother typically prefers the grandparent. Or, if a grandmother who appears not to be neglectful comes forward, then Probate and Family Court emerges as a best course. The decision is made informally by the social worker without judicial input. The social worker should not be making the decision as to whether to send the petitioner to Probate and Family Court or to Juvenile Court"

Massachusetts Family Lawyer

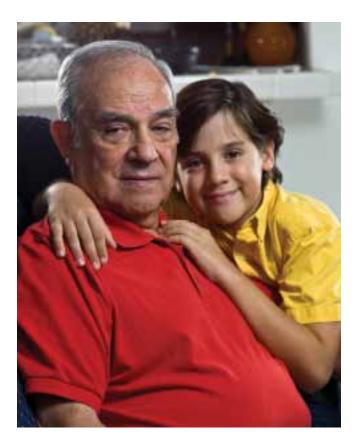
In their role as advocates, child welfare leaders and workers make countless decisions that affect the lives of children in care. The most critical of these decisions involves placement, or where a child will live while in foster care because each path has ramifications for the financial, legal, medical, educational, safety, and reunification support that children and families receive.⁴³ For a number of reasons, state child protection workers frequently refer caregivers to Probate and Family Court, as seen in the growing number of kinship care providers who go through that system. The number of petitions to the Probate and Family Court – which does not provide families and children with the same level of support as the Juvenile Court – has increased over time compared with DCF Care and Protection petitions. The Children's Law Center of Massachusetts reports that from 1997 to 2006, the number of guardianship of minor (GM) petitions filed in Probate and Family Court increased by 38% compared with a 14% increase in Care and Protection petitions that the child be placed in the custody of DCF.⁴⁴ There were 3,956 GM cases filed in 2010 (not all filings result from abuse and neglect), with many more children in guardianship in a given year than the number of petitions filed.⁴⁵ By comparison, the number of children in DCF kinship foster care in 2009 was 1,618.

A 2008 Children's Law Center of Massachusetts study found that half of the cases reviewed by the Center involved substantiated abuse and neglect at the time they were referred to Probate and Family Court. In

the study cohort of 401 GM cases filed in three counties (99 from 1997 and 302 from 2006), DCF was asked to determine whether the child/parent or petitioner in each case was involved with DCF prior to or subsequent to the filing of the GM petition. Of the 401 children:

- 276 children (68%) were found to be in the DCF database. Of these, 217 were involved with DCF prior to the filing of the GM petition in the Probate and Family Court. In addition, 189 of the 276 children were the subject of supported reports of abuse and neglect and 46 children had been placed in the custody of DCF.
- 129 children (32%) were found to be in the DCF database after the filing of the GM petition in the Probate and Family Court. Seventy-six (76) of these children were subjects of supported reports of abuse and neglect, and 51 children had been placed in the custody of DCF.⁴⁶

Some of these diversions to Probate and Family Court are appropriate. In many cases, children may be better off not going into the DCF system. Diversions can take place at the request of family members, caseworkers, or pursuant to a court order placing a child with or transferring the child's legal custody to family members.⁴⁷ Diversions also may result from regulatory hurdles (such as relatives not living in homes that qualify for foster care), or from parents and kin petitioning the Probate and Family Court



to avoid a foster care placement and/or DCF oversight. Some diversions are the result of insufficient time to make careful decisions on the most appropriate placement.

Unlike some other states, Massachusetts is not dependent on going to the Juvenile Court even in findings of abuse and neglect. The family may need help, and DCF will provide it, but may not find the risk high enough to remove the child and take custody. Only one third of the DCF caseload is Juvenile Court-involved.⁴⁸

Massachusetts, like other states, may be overusing the Probate and Family Court system because financial resources for child welfare are tight. While the mandate to find kinship placement is a good one, doing the appropriate screening and considering the necessary waivers takes personnel resources and time. DCF's budget has been severely reduced over the past four years with over \$100 million in funding cuts.⁴⁹ The Probate and Family Court does not inquire about the fitness of kin caregivers. Yet, when a child has been abused, there are times when social workers may have no choice — it's either emergency foster care or a relative who might not be the perfect solution.⁵⁰ As a result, some children may be placed in unsafe situations or bounced around between kin caregivers and parents. **The type of kinship care placement has an impact on reunification with birth parents.** With the Juvenile Court, the law is to make an effort to reunify children with their families. Social workers must show that they have tried to keep the child safely in his or her home by providing family support services. In contrast, the Probate and Family Court does not have to ensure that DCF is providing those services and is not responsible for holding parents accountable for changing.⁵¹ Diversions that are made to avoid offering services are not unique to Massachusetts, and child welfare experts believe the practice needs to be better understood.⁵²

Kin caregivers might be familiar with the children's likes and dislikes, but they all need adequate training that focuses on how best to care for a traumatized child and to secure services. Failure to supervise relatives adequately can lead to dangerous situations. The case of 14-yearold Acia Reispoulos-Johnson, who was supposed to be living with her guardian — her paternal grandmother — brought this issue to the forefront in Massachusetts. Acia perished in April 2008 with her three-year-old sister in a fire at her mother's home, where she frequently stayed.⁵³

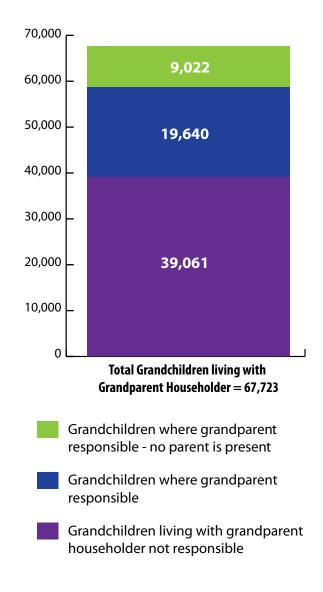
Data indicate the need to better support more kinship care providers.

"Because the aunt went to Probate and Family Court for guardianship, the children only qualified for welfare benefits which were much lower than the monthly supplement for each child whether in guardianship or adoption".

Massachusetts Family Lawyer

Most kin caregivers in Massachusetts are not licensed as foster parents, and receive little financial support to care for their relative's children. While DCF reported 1,618 children in its kinship foster care system in 2009, the ACS identifies a much larger number on children living in households where the grandparent has primary responsibility for them without a parent present, and this figure does not include other types of relatives or kin. In 2007-2009, there were 67,723 grandchildren under age 18 living with a grandparent householder, or 4.7% of the 1.4 million children in the state. Of these children, nearly 20,000 were living with grandparents who claimed responsibility for their care, of which 9,000 lived with a grandparent responsible for their care *with no parent present*.⁵⁴

Number of Massachusetts Children under 18 in Households where Grandparents are Responsible for Them



Source: 2007–2009 American Community Survey, B10002

^d As a step toward improving kinship care in Massachusetts, the Commission on the Status of Grandparents Raising Grandchildren was established by the Legislature as part of the 2008 Child Abuse Prevention and Treatment Act (CAPTA) to be a "resource to the Commonwealth on issues affecting grandparents raising grandchildren". In 2009, the Commission conducted a seven-town Listening Tour of grandparents. **Economic support for kin is important because it can provide more stability for them and the children in their care, and most of these families – both in and out of the system – are poor.** Studies show that inadequate financial support discourages kin from becoming permanent guardians or adoptive parents.⁵⁵ ACS data show that:

- Nearly one quarter (24%) of children under 18 living with grandparents where no parent is present in that child's household live at the federal poverty level, compared with the statewide average of 13%.⁵⁶
- In grandparent households where no parent is present, the median household income is \$39,814, a figure similar to the median household income of \$37,782 earned by a single-parent, female-headed household in Massachusetts, and well below the average median family income in Massachusetts of \$81,231.⁵⁷

Economic Indicators	Children living with Grandparent Householders (n=67,723)	Grandchildren living with Grandparent Responsible for them (n=28,662)	Grandchildren living with Grandparent responsible for them - no parent present (n=9,022)
Income in the past 12 months below poverty level	11%	16%	24%
Grandchildren living in households with Supplemental Security Income, cash public assistance income, or Food Stamp/SNAP	33%	40%	42%

Characteristics of Grandchildren under 18 Living with Grandparents

Source: 2007-2009 American Community Survey. Table S1001

Given the challenges that DCF faces in keeping sibling groups together in foster care, kinship care provides an important source of stability for siblings who can remain together. However, sibling groups can place a greater burden on caregivers. A 2002 Massachusetts study found that 25% percent of kin were caring for sibling groups, with more than a third of these also caring for at least one of their own children under the age of 18 living at home.⁵⁸ Grandparents care for children of multiple ages. Of the 9,022 children living with grandparents with no parent present, 16% were under age 6; 41% were ages 6 to 11, and 43% were between ages 12 and 17.⁵⁹

Not surprisingly, Massachusetts kin caregivers say they need more help with child care. ACS data show that 54% of grandparent caregivers are between 30 to 59 years old and still in their working years.⁶⁰ The need for support is made more critical because kin often take on the responsibility alone. Of grandparents responsible for their grandchildren (with and without a parent present), 30% are unmarried (9,423 out of 31,778).⁶¹ Kinship caregivers have questions about meeting new expectations of parenting, after-school programs, and getting extra help at school – especially for children who have experienced parental substance abuse, mental illness, abandonment, domestic violence, homelessness and incarceration.⁶² They are worried about how the birth parents are doing, and about the effect of the arrangement on their own physical and mental health. They confront stigma and guilt associated with their arrangement.⁶³

Grandparent caregivers who are not native English speakers face the challenge of navigating support systems with limited language skills. Of grandparent householders living with children under 18 who are responsible for their own grandchildren, more than 20% (6,656 out of 31,778) speak English "less than very well".⁶⁴

Data show disproportionately low rates of placement of minority children with kin.

African-American and Hispanic/Latino children are overrepresented among the children whom DCF removes from the parents, but are underrepresented among those placed in kinship care. While 30.1% of all White children in foster care are in kinship placements, only 18.6% of Aftrican-American children and 21.5% of Hispanic/Latino children are placed with kin. This means children of color are more likely to be taken from their parents, but less likely to be placed with kin than their White counterparts.⁶⁵ Massachusetts has more racial disproportionality than the nation. In Massachusetts, a White child is 14% less likely to be placed with kin, an African-American child is 42% less likely to be placed with kin, and a Hispanic child is 50% less likely to be placed with kin than if they lived elsewhere in the United States.⁶⁶

Massachusetts grandparents need more information on custody options and associated benefits.

"DCF said that we could apply for TAFDC (Transitional Aid to Families with Dependent Children). However, we didn't know how much was possible to get. It would be good for DCF caseworkers to have a better understanding of these benefits".

Massachusetts Kin Caregiver

An Aunt's Experience in Western Massachusetts

We were relative caregivers for our niece and nephew on two different occasions. The first time was when the children were three and six years old; their mother overdosed, and DCF was involved. The caseworker encouraged us to go through the Probate and Family Court.



approved as the foster parents.

Inere were no definitions for the options once we got involved. What is a permanent guardianship, a temporary guardianship? What forms do we need to bring with us when

applying? Do we need a notary? We had to wait in line for hours, only to find out that we did not have all of the right documents with us. In the meantime, we were shuffling the kids to school and to the hospital to see their mother, all while she was on life support and dying.

The system could be improved. The Juvenile and Probate and Family Courts each know their own domain but neither knows the other's. DCF may urge kin caregivers to go to the Court and apply for guardianship, but they're not able to provide us with information on who to talk to, what forms to fill out, and what guardianship involves.

Eventually, the children were returned to their mother. After they went back to her, there was a period of time when she was sober and getting treatment, and DCF followed-up for a year. After a year, she started using again, but DCF had closed their case. It wasn't until my sister was in intensive care and about to die several years later that the level of risk was deemed sufficient enough to reopen an investigation.

The second time we took custody of the children was while their mother was in the hospital. There was no time for any planning. The DCF caseworker encouraged us to be guardians of the Probate and Family Court again rather than DCF foster parents, saying there was no A 2009 seven-town Listening Tour of grandparent caregivers conducted by the Massachusetts Commission on the Status of Grandparents Raising Grandchildren^d found that kin wanted more clarity on financial and other ramifications of pursuing different forms of custody, such as temporary or permanent guardianship or adoption. While many in the Listening Tour who had involvement with DCF reported positive relationships, 39% of the comments were about DCF being unhelpful and unsympathetic with custody options.⁶⁷ Parents may fail to recognize, for example, that caring for the child may not be a temporary situation.⁶⁸

In a Massachusetts study of hundreds of Probate and Family Court petitions, nearly all guardians who had been referred by DCF were not told by social workers about the benefits available for children placed in foster care, or eventual guardianship or adoption, compared with the more limited benefits available through Probate and Family Court.⁶⁹ Thus, petitioners seeking guardianship through Probate and Family Court may have the best of intentions, only to discover after the issuance of the decree that the child requires services beyond their means to provide.⁷⁰

Other petitioners in the study reported being surprised that services the children had been receiving through DCF were terminated as soon as they obtained guardianship in Probate and Family Court.⁷¹ Others were not aware that nearly all children in kinship care are eligible for child-only TAFDC payments regardless of their household's income level. Still others were not aware that children who are eligible for SSI or TAFDC also are eligible for MassHealth.⁷²

"All kinship homes need support. The support you get shouldn't depend on the door you just happen to knock on. We could serve families better if we had a cadre of advocates to support and guide and mentor that were trained by one agency".

OCF Social Worker

Steps toward Improving Kinship Care in Massachusetts.

Reform-minded state child welfare administrators are seeking to make children's lives safer and more stable by asking whether children, parents and potential kin caregivers receive optimal financial, legal and emotional support before, during, and after placement transitions.⁷³ Funding for family stabilization, unification, permanency, guardianship, and foster care fuel progress. The following five recommendations for continuing on this path are proposed:

1. Direct children and kin to the most appropriate Court based on the need of each child and family.

Under state and federal law, DCF is charged with investigating cases, and when abuse or neglect are substantiated, making sure children get the services they need. Part of that responsibility may be making sure that kin go to Juvenile Court. The Juvenile Court – not the Probate and Family Court – has the capacity to provide support and services for children and families, and can consider the trauma children may have experienced.⁷⁴ It would be important to revisit the practice of routing families to the Probate and Family Court. Many of the services children and kin caregivers need, such as reunification services, financial subsidies and specialized child care, are not available there.

DCF is working to improve the agency's perception among potential kin caregivers.⁷⁵ The agency is considering family

advocacy partners to help guide kinship care families through the labyrinth of agencies and decisions they face. More training for social workers on what supports kinship care families can and cannot receive from Probate and Family Court should be supported.

The Children's Law Center of Massachusetts recommends that the Juvenile Court judge, enforceable by statute, be the person to determine in what kinship care arrangement to place the child. For example in California, the Probate Code mandates that in guardianship cases alleging parental unfitness, a referral must be made to their Department of Children and Families so that it can decide whether to initiate proceedings in Juvenile Court. The California Probate Court works with the Juvenile Court as a cohesive statutory structure that aims to subject all cases alleging parental unfitness to the rigors of a DCF investigation, subject to uniform standards. If the investigation indicates that the child should be removed from the parents, then the statutes suggests that reunification services be offered to the family through DCF.⁷⁶

2. Continue to reduce administrative barriers to kinship placements.

DCF should continue to explore ways to eliminate hurdles to provide more stability for children. Families may need assistance to make their homes meet the standards required for foster homes. They may need to be given smoke detectors, more beds, other housing items, or move to a larger apartment.

DCF can explore redistributing resources to help social workers stabilize families who go through its system, more consistently incorporate birth parents in decision-making, and engage birth parents and relative kinship care providers in meetings early on to talk about children's needs. DCF is identifying the impact of personal and institutional biases with regard to placing children in families of color, and uneven practices with regard to approving emergency waivers.⁷⁷

Probate and Family Court and DCF could work together to develop a protocol to coordinate service delivery and support for kinship care providers. One Massachusetts study found that petitioners to the Probate and Family Court, appearing without legal counsel, required assistance from probate and judicial case managers, court clerks, as well as attorneys—of-the-day to complete the necessary forms and prepare for court hearings.⁷⁸ A video for use in the different Courts and for the many service providers who touch the lives of these families could be a useful tool.

3. Improve the network of supports for all kin caregivers. Maximize the capacity of programs in Area Offices to reach more caregivers.

Workers throughout the system have suggested extending the scope of service models that are working throughout the state for all kinship care providers. An advantage to having DCF implement a general support network for all kin caregivers is that the agency can bring its substantial outreach into local communities to more people who need it. One model worth examining is in place in the Weymouth DCF Area Office, where a social worker focuses solely on the needs of grandparents and other kinship care providers inside and outside of DCF. The social worker runs a weekly meeting on topics ranging from legal issues and how substance abuse impacts families to how to advocate for your grandchild in school, what's an IEP, and how to encourage positive friendships.⁷⁹

The Grandparents Commission is exploring extending the Weymouth model into each DCF Area Office. Some have suggested reorganizing DCF staff resources to do this. A Support Group Subcommittee of the Commission is identifying where the kin caregiver support groups are – such as those run by the Council on Aging and Catholic Charities – and which ones are doing well and why. The Subcommittee is determining how success will be measured and what outcomes to achieve through them.

4. Provide access to financial, legal, health, education and kinship care options and resources.

People throughout the system should be equipped to provide clear direction, intervention, and ongoing information to all types of kinship care families.⁸⁰ A Kinship Navigator program, for example, could serve as a clearinghouse to connect all types of kinship families to benefits and services, from overcoming barriers to receiving TANF, Medicaid, food stamps and legal assistance to accessing specialized services such as respite care, support groups, and parent education. Kinship Navigator programs have been endorsed at the federal level as part of the 2008 Fostering Connections to Success and Increasing Adoptions Act.⁸¹ DCF submitted a proposal for a Navigator program that was not selected for funding. Moving forward, that proposal along with others developed by advocates in the state, could serve as a basis for developing a Navigator Program for Massachusetts kinship families, with DCF possibly subcontracting the function of hosting and leading the program.⁸²

The Grandparents Commission has recommended a Warmline, a toll-free hotline where families communicate questions on child care, health care, transportation, and financial assistance.⁸³ Some states employ an ombudsman to provide advocacy and assistance. The Commission also is exploring a user-friendly website for kin caregivers along with becoming a 501c3 to allow tax-deductible donations from individuals and grants from private foundations.⁸⁴ An Information and Referral subcommittee of the Commission has written a one-page quick reference guide on where to get different types of assistance for kin. DCF and the Children's Law Center also have developed new guides for kin caregivers.

5. Implement the Fostering Connections Act to fully support kin caregivers in the Commonwealth.

Fostering Connections allows the state to provide subsidies to guardians from federal as well as state funds. The foster care supplement is larger than the welfare benefits that may go to Probate and Family Court kin caregivers, especially if more than one child is involved. This additional income alleviates the costs of adding children to the home. For example, monthly subsidies may help defray higher rental costs for larger homes. Placement disruption rates among kin caregivers are sensitive to levels of financial support and post-discharge services provided.⁸⁵

As DCF follows the Fostering Connection Act mandate to identify and notify relative caregivers as soon as the children are removed from the parents, more relatives and more racial and ethnic minorities may become interested in serving as foster parents. Children will benefit because they may end up in foster care for a shorter amount of time if the required efforts toward reunification are made and kin are given the support they need. While strides have been made to increase the use of DCF kinship foster care placements when appropriate, advocates and policy makers should support and monitor improvements.

Conclusion.

Every child has a fundamental right to a stable and safe home where they are more likely to thrive and meet their full potential. Systems that make good placement decisions for children help to ensure that right.

With the passage of the Fostering Connections Act of 2008, DCF, like other child welfare agencies across the country, has refocused its efforts to promote the use of relatives as priority placement resources for children. These efforts and associated reforms must be recognized and supported so that lifelong family connections can be achieved for all our children.



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