

Kinship Care:

A South Carolina Perspective



What is Kinship Care

All children deserve a safe and nurturing place they consider home and a place to belong. Families stepping up to care for another family member's child in times of hardship is a time-honored tradition, centuries old in many cultures. According to the Annie E. Casey Foundation, over the last decade in the United States, the prevalence of children living with relatives when family members can no longer care for them has increased by 18 percent.¹ Today, there are more than 2.7 million children in kinship care nationally.² One in 11 children live in kinship families for at least three consecutive months before reaching their 18th birthday.³ Cultural attitudes about the importance of kin as a resource for children have also made this form of care particularly prevalent among some demographic groups. One in five African-American children live in kinship care at some point during their childhood⁴, and the highest percentage of grandparent caregivers live in the South.⁵ Although these grandparents take on children at a moment's notice in times of crisis, more than one-third report having continually cared for relative children for more than five years.⁶

Kinship caregivers want to see the children they love healed, healthy, happy and whole. In times of stress, it may not be in a child's best interest to live with their biological parent.⁷ There are many reasons why children may not be able to safely live with their parents, including parental abuse and neglect, death, alcohol, drug or substance abuse/addiction, domestic violence, physical illness, mental health challenges, disability, incarceration or homelessness.⁸ For children at substantial risk of maltreatment, kinship care can prevent negative outcomes by providing a safe environment. In order to create stability in difficult times of family crisis, relative family members and kinship caregivers take on primary responsibility for the child's care and well-being. Kinship caregivers can include grandparents and other family members as well as close family friends or fictive kin (e.g. godparents or other non-related adults) who take on the full-time responsibility of caring for children not their own with no parent present in the home.⁹

Kinship foster care is a subset of child welfare-involved children who are placed with relatives by the Department of Social Services and remain in legal custody of the state.¹⁰ Nationally, for every one child in foster care with relatives, 20 children are raised by grandparents or other relatives



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outside of the foster care system.¹¹ In 2010, seven percent of children placed in foster care in South Carolina were placed in state-supervised kinship foster care (totaling 294 children).¹² This number is significantly lower than the national average of twenty-six percent.¹³ Licensing of kinship caregivers in South Carolina is rare. Due to children being diverted to kin as an alternative to foster care, South Carolina has the second lowest percentage nationally of children in licensed foster care living with kin.¹⁴

In South Carolina, 54,000 children live in public and private kinship care at any given time, representing five percent of the total child population who live with grandparents or other family members.¹⁵ Only four other states have a higher percent of children in kinship care than South Carolina – Kentucky, Louisiana, Oklahoma and Mississippi.¹⁶ The vast majority of South Carolina's 54,000 children in kinship care do not have direct ongoing involvement with the Child Protective Services (CPS) division of South Carolina Department of Social Services (DSS). These relative caregivers step forward without CPS involvement to help family members in need, in an arrangement known as private or informal kinship care.¹⁷

When kinship caregivers step in before a family becomes involved with the child welfare system, they must navigate a complex system of community services with little to no formal assistance. Kinship caregivers are more likely to experience poverty; often living on low or fixed incomes, experiencing food insecurity, having only a high school diploma, working part time or lacking adequate health care. They are more likely to be elderly or retired, many with physical challenges and health care needs of their own.¹⁸ Many kin families are eligible for some government benefits, but quite often don't know the benefits exist or are denied access to apply for them.

Public kinship care describes situations in which families care for children involved with the child welfare system.¹⁹ In some instances, children rise to the attention of child welfare systems and need a new place to call home because there is probable cause to believe they are in imminent and substantial danger from child abuse and neglect. In addition to the trauma of suspected abuse or neglect and pending separation from parents, children in sibling groups may be at risk of being separated when there is no one willing to take them in as a unit.

When children do become involved with the child welfare system, DSS often finds kin and places children with them as an alternative to foster care. Kinship diversion is when a child welfare agency investigates a report of child abuse or neglect, determines that a child cannot remain safely with parents/guardians, and helps to facilitate that child's care by a relative instead of bringing the child into state custody.²⁰ Nationally, the prevalence of this practice of diversion is not well documented, but South Carolina is one of two states currently collecting data to determine how many children are placed with kin as an alternative to foster care and monitoring their outcomes over time.²¹

In The Anne E. Casey Foundation Stepping Up for Kids report, kinship care is defined in the following ways:

"Private, or informal, kinship care is an arrangement in which extended family members raise children without child protective services involvement. **Public kinship care** describes situations in which families care for children involved with the child welfare system. **Kinship foster care** describes the subset of child welfare-involved children who are placed with relatives, but remain in the legal custody of the state."

HALOS (Helping And Lending Outreach Support), is a non-profit that provides assistance to abused and neglected children in Charleston County and to their caregivers through a variety of programs and advocacy initiatives. Learn more at <http://charlestonhalos.org>.

When children are diverted by DSS and kin caregivers do not become licensed foster care parents, they do not receive services that foster parents receive, such as respite care, a foster care support worker or a foster parent stipend.²² In the beginning, kinship families often don't know how long the child will be with them or understand what their obligations are to the CPS division of DSS. Many are uncertain of the next steps to ensure the child can safely return to their parents. Kinship caregivers also often lack legal services to help them understand their various options, including legal authority in making daily caregiving decisions for children or for keeping children with them permanently when they can't go home (e.g. adoption or guardianship).²³

Kinship Care in South Carolina

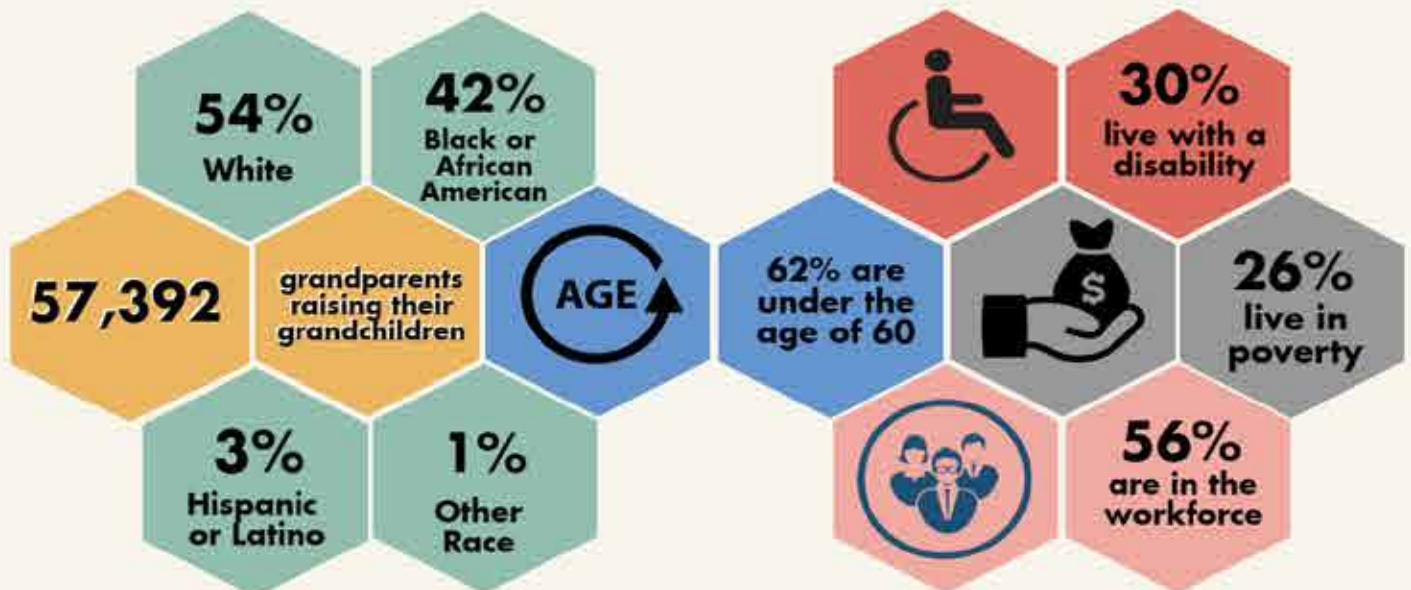
There is a growing number of extended family members or close family friends who care for a relative's child. This practice is often referred to as kinship care and in recent years has become known as a better alternative to placing children in the foster care system. Kinship caregivers bring stability to the lives of the children that are in their care.

Children in Kinship Care



Grandparents Caregivers

A large number of kinship caregivers are grandparents who step in at a moments notice to care for the child of a loved one, regardless of their own circumstances.



Contributing Factors to South Carolina's Kinship Placements

Each family's story is unique and presents its own reasons that lead to children being placed in kinship care. The data represented here describe circumstances that affect the lives of all South Carolinians, which may have a particular impact on kinship families.



South Carolina Ranks
39th
In Overall Child Well-Being



256,000
Children Live in Crowded Households



Adverse Childhood Experiences (ACEs)

62% of Adults Report At Least One ACE. Adverse childhood experiences (ACEs) are traumatic events that occur in a child's life. There is a relationship between traumatic experiences as a child and negative health and well-being outcomes as an adult. The childhood experience of, or exposure to, ACEs can increase the adult risk of substance misuse, depression, unintended pregnancies, obesity, heart disease and missed work days. For children, recurrent experience of or exposure to ACEs can also significantly impact their brain development

Note: These are adults who reported experiencing or living in households with adversity

Experienced Abuse

% of children who have experienced abuse



20%

Domestic Violence in the home



15%

Physical Abuse



13%

Sexual Abuse



30%

Verbal Abuse

Household Dysfunction

% of children that lived with someone who...



25%

Misuse Alcohol



16%

Mentally Ill, Depressed



12%

Use Drugs



9%

Served Time In Jail

Source:

Adverse Childhood Experiences (ACEs) | Children's Trust of South Carolina. (n.d.). Retrieved August 13, 2017, from https://tscchildren.org/prevention_learning_center/adverse-childhood-experiences-aces/
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Benefits and Challenges of Kinship Care

Kinship families often face numerous obstacles and challenges due to the unanticipated responsibilities of raising the children they welcome into their home, along with a range of feelings from guilt to shame.²⁴ Most private kinship caregivers take on these new responsibilities without any government assistance or support, even if they are already struggling financially. Too often, community and government systems do not understand or are adequately prepared to meet the unique challenges kinship caregivers face.²⁵ As a result, caregivers need assistance in navigating systems with intensive outreach and support from experts with an understanding of the complexities of kinship families.



Research shows kinship foster care can be a better alternative than placing children in foster care with strangers by providing the improvements in stability, security, positive identity and belonging needed to strengthen and heal following trauma and parental separation.²⁶ Placement with family can promote resilience and belonging in children, helping them maintain connections with their extended family, community and culture.²⁷ These impacts result in higher levels of permanency for children in kinship foster care placements as well as fewer behavior problems and school disruptions.²⁸

Most kinship caregivers take on the responsibilities of caring for family members' children out of a deeply rooted desire to keep family together and prevent placement into foster care. Some take on multiple siblings to prevent further family separation, change and loss. Children living in informal or private kinship care have often experienced the same trauma of abuse or neglect as those who are in public foster care, yet the support they receive to address the impact of this trauma is significantly less than what a child in foster care would receive.²⁹ Kinship families must cope with other nuanced considerations as well, including risk factors such as loss, guilt, embarrassment, anger and resentment that kinship caregivers may experience.³⁰

More should be done to help kinship families access information about services and supports to help them provide for children in their care. Additional community-based

programs and services are needed to help these families so children can thrive.³¹ One South Carolina community-based model effectively supporting kinship families is Helping And Lending Outreach Support (HALOS). HALOS provides resources and advocacy for abused and neglected children and kinship caregivers, including assisting caregivers through their Kinship Care Program serving the tri-county region of Charleston, Dorchester and Berkeley Counties. The program, launched in 2007, provides comprehensive services for more than 300 HALOS families – grandparents and other relatives – who have stepped in to raise their children so that they will not have to enter foster care. Services for HALOS kinship families include home visits, referrals for services, advocacy and support groups. A select number of HALOS kinship families also receive intensive family support. The program works with families to address obstacles and challenges that are unique to kinship care. HALOS staff has worked with more than 800 kinship families since the program's inception.

In September 2014, the Sisters of Charity Foundation of South Carolina launched a Kinship Care Initiative to help kinship families live out of poverty. This initiative was an

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outgrowth of supporting HALOS financially since 2008, listening to HALOS kinship caregivers and conducting additional research.³² The Kinship Care Initiative is dedicated to improving kinship families' well-being, resources and services through grantmaking and strategic partnerships with organizations committed to improving outcomes for children. In 2015, the Foundation formed a Statewide Kinship Care Advisory Council of organizational champions who work together to raise awareness about kinship care as well as offer practice and policy recommendations to strengthen resources, engagement and supports for kinship families.

Kinship Caregiver Allies

Support for kinship caregivers can come in many forms. Often those working in and around the child welfare field may not be aware of actions they can take or resources available for families. The following are considerations for those whose paths may cross with kinship care families.

Teachers/Social Workers. One issue kinship caregivers face when they agree to take in and care for their grandchildren is navigating an often-unfamiliar school system, particularly when they find themselves overwhelmed and exhausted in meeting basic needs. Communicating about the family situation is something that must be handled sensitively. Teachers and social workers are ideal facilitators of information



and resources for kinship care families. As stewards of child development and observers of behaviors outside of the home, these professionals have the capacity to connect families with resources that strengthen and fortify the environment of children in transition. Children going through the kinship care process may be experiencing emotional peaks and valleys, and these professionals are poised to serve as advocates, supports and resources, helping facilitate communication among children and kinship caregivers.

One example in South Carolina is Grandparents Raising Grandchildren (GRG), a school-based kinship care support group offered for the past six years through the Child Development Center of Richland School District Two. Led by trained Richland Two parent educators and social workers, this once-a-month school-based support group offers information about community-based resources and provides a safe place for grandparents to work on improving the physical and emotional well-being of their families. Facilitators also inform caregivers on how to be better advocates for their children, work on communication skills, and help to establish working relationships with their child's educational institution. For many grandparents enrolled in the program, GRG became a beacon of hope. Enrollees expressed that the support groups gave them a space to speak openly about the issues that they have faced on a daily basis. For many grandparents, the social aspect of their lives were often forgotten, and having this group gave them lifelong friends. This program is an outgrowth of the professional community's desire to aid the kinship caregiver population, and it continues to thrive through family referrals from guidance counselors, parent educators, and family intervention services.

Physicians and Medical Providers. Physicians and medical providers have the unique opportunity to assess the social determinants of kinship families. Social determinants of health are “the structural determinants and conditions in which people are born, grow, live, work and age.”³³ As kinship care providers are socioeconomically impacted by taking in one or more children they hadn't planned on, the related stressors of economic insecurity and increased demands for the kinship child's care can adversely affect their health. Medical professionals, including physicians, provide referrals to resources and information to alleviate financial and health-related strains that kinship caregivers face.

Guardians Ad Litem. Guardians Ad Litem (GALs), sometimes known as Court Appointed Special Advocates (CASA), are the voice in the court system for children with child welfare court involvement. They are the primary legal advocate to make recommendations about what is best for the child's growth and development. Kinship families can strengthen their support system by actively involving GALs in their planning and decision making. GALs meet with the children to learn about their wishes and can speak for them in and out of court to solidify the kin care unit and serve as a buffer during transition.³⁴

Policy Makers. Kinship caregivers often lack the support of the foster care system or a legal relationship formalized by courts and subsequently face significant challenges not only in financing the care of children, but also in enrolling them in school, advocating for educational services and consenting to health care.³⁵ The landmark 2008 *Fostering Connections to Success and Increasing Adoptions Act* allows states to develop subsidized guardianship programs to provide financial support to eligible caregivers of children through a variety of sources, including Title IV-E of the *Child Welfare and Adoption Assistance Act*. The federal government's Guardianship Assistance Program (GAP) provides federal subsidies for kinship families who agree to permanently care for foster children when they cannot return home or be adopted. Research of GAP has shown children in families given the option of subsidized guardianship were more likely to achieve legal permanence and that the program helped states save in administrative costs.³⁶ Thirty-two states have taken advantage of this option; South Carolina, however, has not.

Three broad policy-level strategies can aid the hundreds of families in South Carolina who have stepped up to care for children. First, increase the financial stability of kinship families. To increase incentives for and awareness of kinship caregiving, and to ensure that families receive the benefits to which they are eligible³⁷, South Carolina could broaden the legal definition of kinship care and opt into federal subsidized guardianship programs that help children in kinship families achieve permanence. A more comprehensive definition of kinship family would include not only those related by blood,

marriage or adoption, but also fictive kin who are regarded as family members despite having no biological or legal family status.³⁸

Second, reduce barriers facing kinship foster families. Kinship licensing standards are not currently streamlined or easy to navigate, and courts are often at odds with DSS policies regarding how to address informal kinship families, kinship foster families, and fictive kin families. A Kinship Care Task Force could be created within DSS (with involvement from supporting organizations) to align services and supports and to develop, monitor, and implement new initiatives aiding kinship families. Finally, enhance other community-based and government responses. Kin caregivers often face difficulty in obtaining stable housing, accessible health care and affordable legal representation³⁹ To combat these circumstances, regional kinship family programs and services should be developed that are customized to meet the needs of this special population. Other states have primarily supported such programs using federally available Temporary Assistance for Needy Families (TANF) funding.⁴⁰ To aid families in accessing and navigating all available resources, these programs should be staffed by case workers specialized in supporting the kinship population.



Faith Community. Many kinship caregivers rely on their faith and religious community members as they take on the responsibilities of caring for children. As a result, one of the first community resources that kinship caregivers may turn to is their church and faith community. The faith community serves as a key place for spiritual and emotional support to help reduce isolation. Pastors and congregants should be aware of others within their congregation who have accepted the care of children into their home. Some kinship caregivers don't know what to say when asked if there is anything they need. Offering to help with simple, concrete tasks can alleviate some of the daily worries that accompany caregiving – from a rotating schedule to bring a meal for the family, to helping with laundry and cleaning, buying school supplies or clothing for the children or providing assistance during the holidays when funds may be stretched. Congregations may choose to

host kinship caregiver appreciation days, which could be held throughout the year or in celebration of National Kinship Care Month in September.

Family Lawyers. There is a significant need to strengthen legal support options for kinship families when navigating custody, guardianship and/or other legal statuses. Access to low-income legal services across the nation is incredibly limited for families. Because of limited ability to respond to overwhelming demand, there are often not enough services available to meet the need. More pro bono and low-income legal services are needed to assist kinship families across the state. Family lawyers and other legal agencies need to be informed about programs that may assist families with their legal needs.

Nonprofit Organizations. Many national and local organizations have taken an interest in supporting kinship families. For example, the national Foster Family-based Treatment Association (FFTA) has a strategic goal that includes promoting kinship foster care as a valued part of the child welfare continuum. Additional organizations such as Adopt US Kids, Casey Family Programs, Generations United, AARP, the Child Welfare League of America, the Children's Defense Fund, the American Bar Association Center on Children and the Law, Advocates for Families First and others give attention to the unique needs of kinship care providers.

As providers of direct service and funding resources, nonprofits can play an important role in elevating kinship care issues and helping to meet needs of kin families.⁴¹ Nonprofits can engage many strategies to support kin families, including: data collection to understand needs and unique dynamics of kinship caregivers within the community; organizational assessment to review kinship care-related policies and practices; training of front line staff to work closely with kinship care providers, understanding the many system dynamics that may be impacting families (e.g. mental health, incarceration, etc.) as well as the need to meet families where they are and when they are ready; and maintenance of open communication and flexible scheduling, which is key when providing direct support.

In summary, family connections are important for all children, and kinship care plays an important role in the child welfare continuum by enabling children to stay connected with those they consider family. Research shows kinship care is as safe and more stable than non-kin care and less costly than placing a child in foster care.⁴² It is a practice that is effective at increasing stability and keeping children connected to their communities. Although many kinship caregivers struggle and are unsure what the future holds, most express that they would open their homes for family if they were asked to do it over again, despite the challenges.⁴³ When kinship families are supported, children thrive, communities flourish and South Carolina prospers.

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