

Empowering Kinship Caregivers in Texas: A Call to Action for Policy Change



Rees-Jones Center for
Foster Care Excellence

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(Inside front cover)

Kinship care refers to the care of children and adolescents by relatives or close family friends, who are referred to as *fictive kin*. These relationships can be formal, meaning the child has been removed from a parent and placed by Child Protective Services (CPS) into the care of a relative or family friend, or informal, meaning the relationship occurs without any involvement from CPS. This brief focuses on the former and uses the term *kinship care* to refer to formal kinship caregiving.²

In Texas, about 32% of children in care are in kinship placements.ⁱ Findings from some studies have suggested that children and adolescents in kinship placements, compared to those in non-relative foster placements, have better behavioral and mental health functioning, better well-being, and less placement disruption.ⁱⁱ Further, kinship care is often viewed as being less disruptive and able to promote better connections to family, community and culture for children and adolescents.^{iii,iv} As such, kinship care is often viewed as a preferred placement to non-relative foster care when safety concerns prevent children from remaining in their parents' homes.

Providing kinship care, however, can be a significant disruption – and challenge – to caregivers' lives. Whereas non-relative foster caregivers have actively sought to bring children and/or adolescents into their homes – thus having time and opportunity to receive training, prepare their homes and seek support from child-placing agencies (CPAs) – kinship caregivers typically have not. Oftentimes, a child is brought to a kinship caregiver with little or no advanced notice and without immediate access to material supports and other resources. This point is particularly important when taking into account data that suggest that formal kinship caregivers tend to be older and have low economic status, poor physical and mental health, and inadequate housing.^{v,vi} Indeed, results from our survey of kinship caregivers showed that 57% of respondents had an annual household income of less than \$50,000, the majority were 45 or older and many had difficulty accessing behavioral health services and reported needing food benefits, childcare and respite care. Kinship caregivers may also be wary of accepting public assistance to help them in their caregiving role because of stigma associated with public assistance and/or out of fear of losing the child in their care if they “admit” to needing help.

¹ Recommendations provided in this paper stem from our experiences working with kinship caregivers in our Center and a mixed-methods study we conducted involving interviewing and conducting focus groups of kinship caregivers (N=7), child-placing agency employees (N=13), child welfare advocates (N=10), and health care providers (N=22) and surveying kinship caregivers (N=57) residing and/or working in Texas. Kinship caregivers were recruited using flyers placed at Children's HealthSM Children's Medical Center Dallas and various child-placing agencies, along with emails sent to child welfare organizations. All other participants were recruited through email. This study was approved by the The University of Texas Health Science Center at Houston Institutional Review Board.

² For more information about informal kinship care, see *Kinship Care and the Child Welfare System*, https://www.childwelfare.gov/pubpdfs/f_kinshi.pdf

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Understanding and navigating the multiple systems involved in the child's life and identifying and accessing potential supports can tax even the most seasoned of foster caregivers who often have well-developed formal and informal support networks. For kinship caregivers, who may or may not have children of their own or may not have parented a child in decades, being thrust into the role of primary caregiver can be overwhelming. In addition to the financial burden, kinship caregivers often must figure out childcare and school, identify health care resources, participate in judicial proceedings, negotiate complicated family dynamics, complete paperwork and quickly meet the obligations set forth by CPS (e.g., car seats, furnishings, home inspection). Indeed, as a focus group participant who both worked for a CPA and was herself a kinship caregiver stated: *"...it would've been really nice to have someone that I could talk to and that could advocate for me.... I just needed one person to come to me and tell me where to start and what to do, and just follow me through the journey..."*

One option available to CPS-approved kinship caregivers is licensure. In Texas, choosing to become licensed provides kinship caregivers access to additional resources. For unlicensed kinship caregivers, monetary compensation is capped at 50% of the daily rate for licensed providers. Further, becoming licensed provides access to permanency care assistance, which can range from \$400 to \$545 per month once the child has been in the kinship caregiver's home for six months and permanent custody has been obtained; this payment can continue until the child is age 18 or 21, depending on when they leave care. Licensure also enables kinship caregivers to take advantage of case management, training, support networks and respite care resources provided by CPAs.

Licensed kinship caregivers, however, make up only a small portion of the formal kinship caregiver population in Texas. A number of barriers exist that make obtaining a license difficult. First and foremost, kinship caregivers have to know that becoming licensed is an option and understand the process for and benefits to doing so. Some kinship caregivers can get discouraged by the length and difficulty of the process, while others struggle to meet the eligibility criteria, such as passing a home study or criminal records check. Having access to financial resources and having time to go through the process can also serve as barriers. Still, others have had bad experiences with CPS and want to minimize engagement with the agency. Indeed, a little over half (52%) of kinship caregivers participating in our survey were not licensed, though this percentage is well-over the statewide percentages (In FY 2021, there were 11,839 formal kinship placements. Of those, 10,438 (88%) were unlicensed, and 1,401 (12%) were licensed).

Legislative Efforts in Texas to Support Kinship Caregivers

Over the last several years, Texas has made strides in increasing supports available to formal kinship caregivers. In the 85th Legislative Session (2017), the following legislation was passed:

- HB 4, which provides eligible³ kinship caregivers with \$350 per month per child. (Prior to HB 4, kinship caregivers received an initial payment of \$1,000 and an addition \$500 annually. In September 2022, the Department of Family and Protective Services [DFPS] increased the monthly payment to \$380.10).
- SB 879, which requires the establishment of a regional appeals process for kinship providers convicted of low-risk criminal offenses, if deemed to be in the best interest of the child.

During the 86th Legislative Session (2019), lawmakers passed:

- HB 1884, which requires that a relative or other designated caregiver be informed early and often about the opportunity to become licensed by a CPA and of the availability of permanency care assistance.
- HB 3390, which ensures that adequate steps are taken to identify any potential caregiver for a child before that child is placed in foster care. The bill also expands the definition of a designated caregiver to include a person who has had a longstanding and significant relationship with the family of the child and requires that the child and parent both be asked to share names of any relatives or potential caregivers.

The 87th Legislative Session (2021) saw the passage of:

- HB 1896, which obligates the Department of Health and Human Services (HHSC) to allow a CPA to issue a provisional license for a kinship provider who meets the basic safety requirements provided by commission rule and the kinship provider issued a provisional license to complete all licensing requirements within the time provided by rule.
- SB 263, which provides financial support for kinship caregivers who are informally caring for a child at risk of entering the foster care system.
- HB 2926, which expands DFPS requirements to notify relatives of a child's removal from the third degree of blood relation to the fourth degree.
- HB 3041, which requires DFPS to, when a child is taken into state custody, provide information to relatives *in writing* explaining their options to participate in the care and placement of the child and the support of the child's family, the ways in which relatives can exercise those options and any requirements relatives must satisfy to participate in the child's care and placement.

³ Eligibility requirements include: CPS has conservatorship of the child, CPS has approved the home, Kinship Caregiver Agreement has been signed, household income does not exceed 300% of the federal poverty limit and kinship training has begun.

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Recommendations

Several advancements have been made in supporting kinship caregivers, and thus, the children and adolescents in their care. Further, there has been a growing recognition of the need to promote kinship placement and to support kinship caregivers at both the national and state levels. As legislators and administrators continue to explore strategies to promote kinship caregiving and the well-being of children and adolescents in kinship placements, we offer the following recommendations:

Increase access to financial and material supports.

We support the recommendations from the expert panel appointed under the collaboration agreement of DFPS, HHSC and *M.D. v. Abbott* plaintiffs^{vii} to increase rates for unlicensed kinship care so they are equivalent to rates for foster care; to extend the length of time for which unlicensed kinship caregivers can receive monthly payments; to loosen the eligibility requirements for receiving Permanency Care Assistance; and to improve access to mental health services.

It strikes me as so counterintuitive from a public policy standpoint that we put more money into the option that's not our first option: We pay kinship care providers less, but we want children to be in kinship homes.
- Child welfare advocate

Improve efforts to connect kinship caregivers with resources and training.

Kinship caregivers may be less prepared to assume childcare responsibilities than non-relative foster parents because it is often a crisis that prompts the need for kinship care. Non-relative foster parents,

Just your every basic need, there's just not much help.

- Kinship caregiver

however, have been prepared through education and training and have elected to raise a foster child. Unlike kinship caregivers, they have been through training and been made aware of resources. *Kinship navigator programs* have been suggested as a strategy

to address these challenges. Such efforts can offer essential formal and informal supports for relative caregivers by facilitating connections to state and community resources and benefits, financial and legal assistance, and social and peer support networks.

Research suggests that connecting parents with navigators that help them find and access resources – and tell caregivers that it is okay to seek help – can have a transformational impact.^{viii}

Just trying to navigate the system has been a job in and of itself – trying to find providers that will take his insurance... trying to navigate the waters with him with the lack of trust. It's been a journey.

-Kinship caregiver



Streamline process for kinship caregivers to obtain licensure.

Kinship care providers have the option to become licensed, but only about 12% were licensed in Texas in FY 2021. We are encouraged by the federal governments proposed rule, issued in February 2023,

Our traditional foster parents have thought about it and have a community of support, and they're in a place where they feel ready to go. Our kinship caregivers don't always have that luxury of being prepared, and so, what is already hard and stressful for our traditional foster families is amplified with kinship caregivers.

- CPS staff member

that would allow for licensing standards for kinship caregivers that differ from non-relative foster homes. We support allowing states to develop separate licensing standards for kinship caregivers, and if and when the federal rule changes, we recommend that Texas adopt standards that ensure the safety of young people but that are not unduly burdensome for kinship caregivers.

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Recommendations (continued)

Shift norms around kinship caregiver and strengthen community supports.

Awareness of the benefits of family connections for children and adolescents has grown, and as a result, states are increasingly identifying relatives to support children and adolescents who cannot safely stay with their parents. In turn, we need to do more in our communities to recognize and support kinship caregivers. As Texas continues to roll out Community-Based Care, a system designed to give local communities greater flexibility in meeting the needs of children and families, attention should be paid to increasing formal and informal supports for kinship caregivers. Civic, faith, social services and other community organizations can play an important role in helping to provide the emotional and material supports needed to strengthen a family's ability to maintain a supportive and stable environment for a child in their care.

I think there's a struggle between allowing kinship caregivers to be kinship caregivers, but yet holding them to the same expectation that we do verified [licensed] foster parents. We say, "Okay, you don't have to have all the qualifications of a verified foster parent," but then we end up putting all the same regulations on them as a verified foster parent. I think that's very confusing.
—Child welfare advocate

I think that there should be resources available... like the community helping build a true village. Because it's like we're supposed to be building villages for people like me; taking in kiddos or even – you know, just period.
— Kinship caregiver



Rees-Jones Center for Foster Care Excellence

The only clinic of its kind in North Texas, the Rees-Jones Center for Foster Care Excellence at Children's Health brings together experts in pediatrics, behavioral health, research and child welfare to benefit children and families currently or previously involved in the child welfare system. The Center is dedicated to addressing the complex needs of children with experience in the child welfare system while also advocating for increased and improved access and resources for children and their families in the Dallas-Fort Worth area and throughout the state of Texas. From 2014 through midyear 2022, the Center provided integrated, trauma-informed pediatric primary and behavioral health care to approximately 15,000 patients.

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DFPS

Kinship manual, https://www.dfps.state.tx.us/Child_Protection/Kinship_Care/documents/KinshipManual.pdf

Services to kinship caregivers resource guide, http://www.dfps.state.tx.us/handbooks/CPS/Resource_Guides/Services_to_Kinship_Caregivers_Resource_Guide.pdf

ⁱ Muth, S. (2023, Feb. 10). Presentation to the Senate Finance Committee: Senate Bill 1. https://www.dfps.texas.gov/About_DFPS/Reports_and_Presentations/Agencywide/documents/2023/2023-02-10-SB1-Senate-Finance-Committee-Hearing.pdf

ⁱⁱ Winokur, M., Holtan, A., & Batchelder, K. (2018). Systematic review of kinship care effects on safety, permanency and well-being outcomes. *Research on Social Work Practice*, 28, 19-32. <https://doi.org/10.1177/1049731515620843>

ⁱⁱⁱ Berrick, J. D., Barth, R. P., & Needell, B. (1994). A comparison of kinship foster homes and foster family homes: Implications for kinship foster care as family preservation. *Children and Youth Services Review*, 16(1-2), 33-63. [https://doi.org/10.1016/0190-7409\(94\)90015-9](https://doi.org/10.1016/0190-7409(94)90015-9)

^{iv} Connolly, M., Kiraly, M., McCrae, L., & Mitchell, G. (2017). A kinship care practice framework: Using a life course approach. *The British Journal of Social Work*, 47(1), 87-105. <https://doi.org/10.1093/bjsw/bcw041>

^v Fruhauf, C. A., Pevney, B., & Bundy-Fazioli, K. (2015). The needs and use of programs by service providers working with grandparents raising grandchildren. *Journal of Applied Gerontology*, 34(2), 138-157. <https://doi.org/10.1177/0733464812463983>

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^{vii} Stanley, A., Vincent, P., & Meltzer, J. (2022). *Recommendations for improving Texas' safe placement and services for children, youth and families: A report of the expert panel appointed under the collaboration agreement of the Texas Department of Family and Protective Services, Texas Health and Human Services Commission and the M.D. v. Abbott Plaintiffs*. Retrieved from <https://www.courthousenews.com/wp-content/uploads/2022/01/tx-foster-expert-panel-report.pdf>

^{viii} Lin, C-H. (2014). Evaluating services for kinship care families: A systematic review. *Children and Youth Services Review*, 36, 32-41. <https://doi.org/10.1016/j.childyouth.2013.10.026>

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