

# **UNIT I: THE CONTEXT OF PRACTICE IN KINSHIP FOSTER CARE: FORMAL AND INFORMAL SYSTEM CONSTRAINTS AND OPPORTUNITIES**

## **Overview**

This unit examines the systems involved in kinship foster care. It covers relevant aspects of the child welfare system, the family system, and the caseworker's role as key elements of the context of practice in kinship care. The various types of kinship care are described. The limited research on kinship foster care is reviewed. Child welfare policies relevant to kinship foster care are described and the role of the child welfare caseworker is discussed in relationship to these child welfare policies. The formal child welfare system's involvement presents both constraints and opportunities for extended families that care for related children who have been abused or neglected by their parents (Cimmarusti, 1992; 1989). The formal child welfare system's involvement constrains the healthy growth of extended families when it inadvertently weakens or replaces the informal helping system in an attempt to protect the child. The formal child welfare system's involvement provides opportunities for healthy development of extended families when the resources of the formal child welfare system are used to strengthen and build upon the strengths and resources of the child's informal kinship network.

This unit encourages caseworkers to adopt a broad view of family, one which goes beyond the child, caregiver, parent constellation. Caseworkers are encouraged to identify members of the child's kinship network to facilitate collaboration with the kinship network around the goals of protection, permanency, and well-being of the child. The genogram and eco-map are introduced as instruments to facilitate information gathering, engagement, assessment and service planning, consistent with a broad view of family.

Learning activities are suggested to facilitate understanding of the federal and state policies that guide kinship foster care, development of a commitment to permanency for children in kinship foster care, application of a broader view of family, and development of skill in the use of the genogram and eco-map in kinship foster care.

**Goals for Unit I:      The Context of Practice in Kinship Foster  
Care: Formal and Informal System  
Constraints and Opportunities**

This unit is intended to assist child welfare caseworkers in gaining:

1. understanding of traditional/informal kinship care and formal kinship care;
2. understanding of federal policies related to kinship care;
3. understanding of the role of the child welfare caseworker in relationship to these child welfare policies;
4. commitment to ensuring safety, permanency, and well-being for children in kinship foster care;
5. skills in using the resources of the formal child welfare system to strengthen and build upon the strengths and resources of the child's informal kinship network;
6. a broad view of family; and
7. skills in the use of genograms and eco-maps as relevant tools for information gathering, engagement, assessment, and planning.

# **UNIT I DISCUSSION The Context of Practice in Kinship Foster Care: Formal and Informal System Constraints and Opportunities**

The discussion section for Unit I is designed to facilitate an understanding of the policy context that surrounds kinship foster care and to assist caseworkers in developing a broader view of families. This discussion has six subsections: the development of kinship foster care as a child welfare service; research findings and kinship care; the meaning of permanence for children in kinship care, facilitating permanency for children in kinship care, working with extended families of children in the child welfare system; and genograms and eco-maps: tools for developing a broad view of family.

## ***The Development of Kinship Foster Care as a Child Welfare Service***

Traditionally, care of children by relatives has been an informal service that families provide outside of the legal responsibility of the child welfare system (CWLA, 1994; Hegar & Scannapieco, 1995; Hill, 1987; 1977; Martin & Martin, 1978; Stack, 1974; Timberlake & Chipungu, 1992). Informal kinship care has been both a

**Figure I-A: Types of Kinship Care**

- Traditional/Informal Kinship Care
  - ! Temporary
  - ! Informal Adoption
- Formal Kinship Care:
  - ! Kinship Care as a Diversion from the Child Welfare System
  - ! Kinship Care as a Family-Based In-Home Service--- Family Preservation
  - ! Kinship Foster Care
    - C Licensed and Subsidized at the Foster Care Rate
    - C Unlicensed and not Fully Subsidized
  - ! Guardianship
    - C Subsidized
    - C Not Subsidized
  - ! Kinship Adoption
    - C Subsidized
    - C Not Subsidized

temporary response to crises and a more permanent informal adoption. Historically, child welfare agencies and the courts have also diverted children from state custody to informal kinship care arrangements (Gleeson & Craig, 1994). While diversion of children from state custody to informal kinship care remains common, kinship care has also become a component of the formal child welfare system's array of services (Figure I-A). A few states, like Maryland, consider services to children living with relatives to be part of their home-based services to families. All states also consider kinship care to be a type of foster care, guided by federal foster care policies (Gleeson & Craig, 1994).

When children are placed in kinship foster care, relatives may be licensed as foster parents and therefore receive the same foster care board rates as other licensed foster parents. In most states, children in state custody may be placed with relatives even when their homes are not licensed, as long as the home is considered to be a safe place for the child (Gleeson & Craig, 1994). When children in state custody are placed in unlicensed kinship care, and the child was removed from a poor family, the kinship caregivers are usually eligible to receive the income support from the state's department of public assistance. In some states, like Illinois, when children in state custody are in unlicensed kinship foster care, the caregivers receive a subsidy that is higher than the public assistance child only rate, but is lower than the state's foster care rate (IDCFS, 1995a).

When children exit state custody from kinship foster care and are unable to live with their biological parents, the kinship caregiver may adopt the child, if parental rights are terminated by the court through voluntary surrender or adversarial proceedings, if the kinship care situation ensures the child's safety and well-being, and the kinship caregivers make a commitment to raise the child to the age of majority. In fact, adoption is the permanent living arrangement most preferred for children, if reunification with a biological parent is not possible. If the child is considered a "special needs" child, the adoptive parents may receive an adoption subsidy that usually closely approximates the foster care subsidy received to care for the child in kinship foster care. It is also possible for children to exit state custody through transfer of legal guardianship to a relative.

Legal guardianship may be transferred to a relative who makes a commitment to raise the child to the age of majority, but is unwilling or unable to adopt the child. Some states, like Illinois, are field testing the provision of subsidies similar to the special needs adoption subsidies to kinship caregivers who assume legal guardianship of the child. These subsidies are not available to all children in kinship foster care. In Illinois, for example, a randomly selected group of children in kinship foster care have the option of subsidized guardianship while children randomly assigned to a comparison group do not have this option (IDCFSS, 1995b). If the availability of subsidized guardianship increases the number of children who quickly and safely exit state custody to a permanent home, it is likely that federal policies will encourage all states to provide guardianship subsidies by partially supporting these subsidies with federal funds.

It is important for caseworkers to become familiar with the statutes and the administrative rules and procedures that are specific to the state, county, and city in which they work. For example, in Illinois, the state's Adoption Act, Juvenile Court Act, Department of Children and Family Services Act, Child Care Act, and the Illinois Department of Children and Family Services rules and procedures contain policies regarding licensure and reimbursement of kinship foster care, termination of parental rights, adoption, guardianship, and many other issues relevant to permanency planning for children in kinship foster care. Although states' policies vary, they must be in compliance with federal policies. In this section, the federal policies that guide government involvement in kinship care are briefly discussed. These federal policies are listed in figure I-B and the relationship of each of these policies to kinship care is summarized in figures I-C through I-G.

When children live in informal kinship care arrangements, kinship caregivers are often eligible to receive financial support for the care of the child through the income support program jointly funded by the state and federal governments. This program, formerly the Aid to Families with Dependent Children (AFDC) program and now known as Temporary Assistance to Needy Families (TANF) is defined by policies in IV-A of the Social Security Act (Figure I-C).

### Figure I-B: Federal Policies and Kinship Care

The primary federal policies related to kinship care are found in:

Title IV-A and IV-E of the Social Security Act and their related regulations

The U. S. Supreme Court decision, *Miller v. Youakim* (1979)

The Indian Child Welfare Act (P. L. 95-608)

The Adoption Assistance and Child Welfare Act (P. L. 96-272)

The Adoption and Safe Families Act of 1997 (P. L. 105-89)

Although constitutional law, federal statutes, federal regulations and federal supreme court decisions should affect states similarly, these federal policies related to placement of children with their relatives may be interpreted differently by state as well as county and city child welfare agencies.

When children are taken into state custody and placed in kinship foster care,

### Figure I-C: Title IV

Title IV of the Social Security Act authorized grandparents, siblings, step-siblings, aunts and uncles to receive AFDC grants for the care of dependent children. The 1962 amendments authorized federal reimbursement for children in licensed foster homes, group homes and child care institutions. Title IV and its regulations do not prohibit relatives from becoming licensed foster parents and receiving federally funded foster care boarding rates to care for a child placed in their home by the child welfare system.

federal foster care policies apply, although this was not always clear to states. The *Miller v. Youakim* (1976; 1979) court decisions clarified the ways that federal foster care policies apply to kinship foster care. Prior to 1976, most states placed a portion of the

children taken into state custody with relatives but did not provide foster care rates and rarely provided social services to relative caregivers (Gleeson, 1996; Gleeson & Craig, 1994). In 1976, the Northern Illinois District Court held that the Illinois practice of excluding relatives from the definition of family foster home conflicted with sections 601 and 608 of the Social Security Act and was therefore invalid under the Supremacy Clause of the United States Constitution (*Miller v. Youakim*, 1976). In 1979, the District Court's decision was affirmed by the U.S. Supreme Court (*Miller v. Youakim*, 1979). This decision requires states to provide relatives caring for children in state custody the same financial support and services as nonrelated foster parents, if these relatives meet foster home licensing standards and the case meets all other criteria for claiming federal matching funds (Figure I-D). Federal foster care policies are now contained in Title IV-E of the Social Security Act and the related federal regulations. Cases that meet the criteria for federal funding are referred to as "IV-E eligible."

Other federal policies that have encouraged the use of kinship care as a child welfare service are the Indian Child Welfare Act (Figure I-E) and Public Law 96-272, The Adoption Assistance and

**Figure I-D: *Miller v. Youakim*, 1979**

The *Miller v. Youakim* (1979) Supreme Court decision ruled that relatives are entitled to the same federal foster care benefits received by non-relative foster parents if the placement is eligible for federal reimbursement under the AFDC-Foster Care Program (now Title IV-E). Eligibility for federal reimbursement requires that:

- ! the child was eligible for AFDC prior to placement;
- ! the child was removed from home as a result of a judicial determination or a voluntary agreement between the family and the public child welfare agency;
- ! placement is the responsibility of a state or county agency; and
- ! the relative's home meets the state standards for foster care.

**Figure I-E: P. L. 95-608**

The Indian Child Welfare Act also may have influenced the development of formal kinship foster care. This law "called for preservation of the ethnic heritage of Native American children in foster care through a variety of protections, among them extended family placements" (Kusserow, 1992a, p. 2).

Child Welfare Act of 1980 (Figure I-F). The Indian Child Welfare Act requires placement with a relative be given first consideration when children of Native American heritage must be removed from their biological parents. The importance of family and cultural continuity is embodied in this legislation. While the Adoption Assistance and Child Welfare Act does not require that children be placed with relatives, it does specify that children should be placed in the least restrictive, most family-like setting available, in close proximity to the parent's home, consistent with the best interests and special needs of the child. This mandate has been interpreted by many as a preference for placement with relatives (Kusserow, 1992a; National Commission on Family Foster Care, 1991).

P.L. 96-272 requires states to provide adoption subsidies to encourage adoptions of special needs children, and the federal government shares the cost of these subsidies. Adoption subsidies approximate the foster care payment in most cases. The majority of children in kinship foster care meet the criteria for special needs. Child welfare practitioners must become familiar with the procedures in their state, county, or city for accessing adoption subsidies for the children they serve.

### **Figure I-F: The Adoption Assistance and Child Welfare Act (P. L. 96-272)**

**PURPOSE:** Prevent unnecessary removal of children from their families (family preservation) and ensure that children return home or are living in some other form of "permanent home" in the shortest time period (permanency planning).

**REQUIREMENTS:**

- ! written case plans for every child in the child welfare system
- ! case reviews at least every six months for every child in placement
- ! that "reasonable efforts" be made to maintain children with their families by providing services to them in their own homes prior to removing them to out of home care
- ! when children must be removed from their parents they should be placed in the least restrictive, most family-like setting available located in close proximity to the parent's home, consistent with the best interests and special needs of the child
- ! that "reasonable efforts" be made to remove the harms to the child and return the child to the biological family whenever possible in the shortest time period.

If the child cannot return safely home in a reasonable time period, adoption is the next preference, because it provides the child with a legal status as a "permanent" member of the family. States are required to provide adoption subsidies to encourage adoptions and the federal government shares the cost of these subsidies.

A recent federal law, P.L. 105-89, the Adoption and Safe Families Act of 1997, is even more aggressive in the pursuit of permanent homes for children

(Figure I-G). The law states that reasonable efforts to preserve families are not required on behalf of parents who have murdered or committed felony assault against one of their children, or who would otherwise pose a serious risk to a child's health or safety. The law requires that the safety of the child be included in states' case planning and review systems. Annual permanency hearings are required to speed the permanency planning process. The law also

**Figure I-G: The Adoption and Safe Families Act of 1997 (P.L. 105-89)**

- ! Emphasizes that safety of the child should be of paramount concern when planning for children.
- ! Requires that the child's safety be included in case planning and reviews.
- ! States that reasonable efforts to preserve and reunify the family are not required on behalf of parents who have murdered or committed a felony assault against another child or pose a serious risk to the child's health or safety.
- ! Requires annual permanency hearings, notice of reviews and hearings, and the opportunity for foster parents and relatives to be heard.
- ! Provides incentives to states to increase the number of adoptions that are completed and mandates State documentation of the steps taken to find permanent homes and finalize permanency for children.
- ! Mandates States to initiate termination of parental rights procedures and to expedite the adoption process if:
  - < the court has determined the child to be an abandoned infant;
  - < aggravated circumstances exist that make the parent a serious safety concern;
  - < the child has been in foster care for 15 of the most recent 22 months, unless the child has been placed with a relative by the State.
- ! Mandates the Secretary of Health and Human Services to submit reports on the achievement of child welfare outcomes and on the use of kinship foster care.

mandates notice of reviews and hearings and the opportunity for foster parents and relatives to be heard. It provides incentives to states to increase the number of adoptions that are completed and requires documentation of the steps taken to find permanent homes and finalize permanency for children. States are required to initiate termination of parental rights proceedings and to expedite the adoption process if the court has determined the child to be an abandoned infant or the parent is determined to pose a serious safety risk to the child because of murdering or committing voluntary manslaughter of one of their children or other such serious aggravated circumstances specified in the

law. States are also required to initiate termination of parental rights procedures for children who have been in foster care for 15 of the most recent 22 months, unless the State has approved placement of the child with a relative. The law also expresses congressional concerns about the achievement of permanency in child welfare in general and kinship foster care in particular by mandating that the Secretary of Health and Human Services submit reports on the achievement of child welfare outcomes and on the use of kinship foster care.

### ***Research Findings and Kinship Care***

From the mid-1980's to the mid-1990's, kinship foster care was the fastest growing type of out-of-home placement in the United States. In 1995, nearly 60% of the 46,295 children in out-of-home care in Illinois were placed with kin (McDonald, 1995) and approximately 40% of the children in out-of-home placements in New York and California were in kinship care (Kusserow, 1992a; 1992b; Goerge, Wulczyn & Harden, 1995). The rapid and dramatic increase in the number of children in state custody who are living with relatives has generated considerable interest from child welfare researchers in recent years. The results of several studies suggest that placements with relatives have been less likely to disrupt and tend to last longer than non-relative placements (Goerge, 1990; Testa, 1992; 1997; Wulczyn & Goerge, 1992). These placements have also resulted in lower rates of adoption and lower "return home" rates, but lower re-entry rates after reunification than observed for non-related foster care (Barth, Courtney, Berrick & Albert, 1994).

Across the country, the majority of children in kinship care are children of color, primarily African American children living in major urban centers (Barth et al., 1994; Goerge, Wulczyn & Harden, 1995). While some studies suggest that children placed in kinship care have physical, mental health, behavioral and educational problems similar to children placed in non-related foster care yet receive fewer services, others report that children in kinship care are less likely to display serious mental health and behavioral

problems (Berrick, Barth & Needell, 1994; Dubowitz, Feigelman, Harrington, Starr, Zuravin & Sawyer, 1994; Dubowitz, Feigelman & Zuravin, 1993; Iglehart, 1994). Service needs may be even greater in kinship care, since kinship caregivers tend to be older, have fewer financial resources and more health problems than non-related foster parents (Berrick, Barth & Needell, 1994; Dubowitz, et al., 1993; Dubowitz, et al., 1994; Le Prohn, 1994; Thornton, 1991).

Some have raised concerns about the safety of children placed with relatives, questioning whether greater accessibility to biological parents places them at greater risk of abuse or neglect (Meyer & Link, 1990), yet the available research suggests that most children are at least as safe in relative care as they are in foster care (IDCFS, 1995; Zuravin, Benedict, & Somerfield, 1993). However, the research on kinship care is far from definitive and further research is clearly needed to identify risk factors for children in kinship foster care. Others suggest that formal kinship care may be inappropriately replacing informal kinship care which has traditionally taken place outside of the child welfare system (IDCFS, 1995; Testa, 1992; 1997). Yet, it is not clear how the families served through kinship foster care would have fared if the child welfare system was not involved in their lives.

Results of the *Achieving Permanency for Children in Kinship Foster Care* project identified several barriers to the achievement of permanence for children in state custody, living in kinship foster care (Gleeson, O'Donnell & Bonecutter, 1997; Gleeson & Philbin, 1996). For example, although adoption was being planned for approximately 35% of the 77 children in the first phase of this study, rarely did caseworkers convene extended family members to discuss the most appropriate permanency option for a child. When asked who contributed ideas or recommendations to development of the most recent service plan, caseworkers reported that supervisors contributed in 67% of the cases, other service providers in 45%, the current caregiver in 32%, biological mothers 21%, biological fathers 5%, and children in 12% of the cases. In no cases did other relatives contribute recommendations that were incorporated into the service plan. Of particular concern is the finding that although caseworkers discussed with relative caregivers whether they

would consider adopting the child in their care in 74% of the cases, rarely did they discuss with the caregiver what problems might be encountered as the child grows older, if the caregiver becomes ill or dies, or the relative caregiver's family or economic situation changes. Caseworkers also rarely discussed the caregiver's support system in any depth. Case level information suggests that when the caregiver, biological parents, the child, and other members of the extended family/kinship network are not involved in the assessment, planning, and decision-making process in a well-informed way, kinship adoptions which are legally finalized are likely to disrupt or be disruptive to the child and the family.

Effective casework practice with relatives caring for children in state custody is also hampered if families are not provided adequate information about the permanency options that are possible for the child. Sometimes this information is withheld because of assumptions made by caseworkers, which may not be checked out with the relative caregiver or other family members. For example, in the first phase of the *Achieving Permanency in Kinship Foster Care* project, caseworkers reported that the possibility of assuming legal guardianship of the child was discussed with only 51% of the caregivers. In some cases, caseworkers indicated that they did not discuss private guardianship because they did not understand it. However, the primary reason given by caseworkers for not discussing guardianship was their assumption that the relative would be unable to care for the child without a financial subsidy approximating the foster care payment that the caregivers were currently receiving. At the time this project was conducted, if relatives assumed guardianship, the AFDC "child only" grant was the only financial support available. This grant was substantially lower than the foster care payment. However, 15% of the caregivers who were asked indicated that they would consider private guardianship. Casework practice that empowers families requires that self-determination be respected and facilitated. Caseworkers need to involve relative caregivers and other family members in decision-making rather than make decisions for them.

Anecdotal information collected during the *Achieving Permanency for Children in Kinship Foster Care* project helped draw comparisons between casework practice associated with apparently successful adoptions and adoptions which appear to be headed for disruption (Figure I-H). Casework practice associated with apparently successful adoptions was characterized by involvement of many members of the child's kinship system, including both maternal and paternal relatives, in decision-making and planning; creative re-definition of family roles by family members, sometimes with the assistance of the caseworker; casework practice that facilitates informed decision-making by the family; and a long-term view of child-rearing that guides the collaborative planning engaged in by the family and caseworker. These casework practices are likely to be effective in facilitating achievement of a variety of permanency options including adoption, reunification, and other permanent plans which allow the child welfare system to exit the life of a family that makes a commitment to rear the child to the age of majority.

**Figure I-H: Casework Practice and Kinship Adoption**

Results of the *Achieving Permanency for Children in Kinship Foster Care* project suggest several differences in caseworker practice in "successful" and "unsuccessful" kinship adoptions:

- C "Failed" kinship adoptions are characterized by
  - C little involvement of the members of the child's kinship system in planning and decision-making
  - C "marketing" adoption as a permanency goal for the child vs. facilitating informed decision-making
  - C short-term view of child-rearing
- C Apparently "Successful" Adoptions
  - C involvement of many members of the child's kinship system, including both maternal and paternal relatives, in decision-making and planning
  - C creative re-definition of family roles
  - C facilitating informed decision-making
  - C a long-term view of child-rearing

Adoptions that appeared to be headed for disruption were associated with casework practices that included little involvement of the members of the child's kinship system in planning and decision-making; a "marketing" approach to presenting adoption as a permanency goal for the child; and a short-term view of child-rearing that did not look beyond the child's exit from state custody.

### ***The Meaning of Permanence for Children in Kinship Care***

Children are placed with relatives for reasons beyond public policy support of this practice. In most cases, it is better for children to live with relatives than to be placed with nonrelatives, particularly if they already have a close, loving relationship with the relatives who are willing to care for them. If children are able to live with extended family members they will be better able to maintain a sense of family continuity. Also, placement with relatives means that children are usually placed with someone with a cultural background similar to theirs. This is not always true in traditional foster care, where foster home resources are in short supply and transracial placements are sometimes a necessity.

When children in state custody are placed with relatives, some question whether "permanency" should be a concern. After all, the children are living with family. Does reunification make sense as a goal if children are already living with family? Does adoption make sense? Is transfer of guardianship necessary? What does permanency really mean for children in kinship foster care?

Permanency means that children have adults in their lives who have made a commitment to raise them to the age of majority. This commitment transfers legal responsibility for the child from the child welfare system to the permanent caregiver, whether that caregiver is the biological parent, adoptive parent, or legal guardian. Of course, reunification with biological parents is always the most preferable option, when children can return to their parents safely and swiftly. Adoption provides a higher degree of legal permanency than guardianship because it requires an irrevocable termination of the

biological parents' rights and adoption is a permanent status that lasts for life. Legal guardianship allows the caregiver to consent for the child's medical care, enroll the child in school, and operate as the child's parent. Although guardianship is intended to be permanent, it expires when the child reaches the age of majority and, since parental rights are not terminated, the courts could return the child to a biological parent at some point in the future.

Legal permanence is important to children and families because it increases the sense of security and certainty that they will remain together. This sense of security is important to the child's healthy development and the family's ability to operate independently without a feeling that someone could easily disrupt the family's life. If the child welfare system maintains legal responsibility for the child, the child welfare caseworker must monitor the care of the child and provide reports of the child's and family's functioning to the court. There is always the possibility that the child could be removed from the family by the child welfare system. Also, in times of stress families may turn to the caseworker and ask that the child be removed from their home, rather than rely on their own informal helping system to solve the immediate problem. In some situations, involvement of the child welfare system can actually weaken the family's resolve to raise the child and thereby decrease the child's sense of belonging. Legal permanency allows the child welfare system to close the case and allows families to rear children without state intrusion, as long as the child is not being abused or neglected. The goal of the child welfare system is to ensure that children are safe and living in permanent homes as quickly as possible. Swiftly achieving permanency for children in ways that ensure their safety contributes to the child's healthy development and well-being.

## Facilitating Permanency for Children in Kinship Care

Facilitating permanency for children in kinship care requires a clear definition of the caseworker role in relationship to the primary public policies that are intended to shape child welfare practice in the United States. Families that come into contact with the child welfare system generally have multiple needs, but not all of these needs can or should be met by the child welfare system. While intrusion into the lives of some families is necessary to

protect children from further harm, sometimes government intrusion is both unnecessary and harmful. Since the child welfare system in this country carries a stigma and takes control from parents in raising children, this intrusion should be used only when absolutely necessary to protect children. Solnit, Nordhaus, and Lord (1992)

### Figure I-I: Decision Making in Child Welfare

- ! "Only after the family fails in its function should the child's interests become a matter for state intrusion."
- ! "...intrusion by the state into the privacy of a family should be minimal..."
- ! "...when a child's best interests conflict with fairness from the interested adults, the child's best interests shall be paramount."
- ! When state intervention is required and custody becomes a legal matter:
  - < Placement decisions should safeguard the child's need for continuity of relationships.
  - < Placement decisions should reflect the child's, not the adult's sense of time.
  - < Placement decisions must take into account the law's incapacity to supervise interpersonal relationships and the limits of our knowledge to make long-range predictions.
  - < The "best interest of the child" is often best defined by determining which available alternative is "least detrimental" to the child, recognizing that any "move" is likely to have some harmful effects.

Source: Solnit, A.J., Nordhaus, B.F., & Lord, R. (1992). *When home is no haven: Child placement issues*. New Haven, Connecticut: Yale University Press. Goldstein, J. Freud, A.

remind us that decision-making in child welfare should be shaped by criteria of minimal intrusion into family life; placement decisions that safeguard the child's need for continuity of relationships and the child's sense of time; and placement decisions that take into account the law's incapacity to supervise interpersonal relationships and our inability to make long-term predictions about human behavior (Figure I-I). These authors point out that being separated from one's family is harmful to children. What is in the best interest of children is often best defined by what is the least harmful alternative for children at the current time and the immediate future.

Federal child welfare policies and the criteria for child welfare decision making articulated by Solnit, Nordhaus, and Lord (1992) help define the role of the child welfare caseworker as one of ensuring that children are safe and living in a permanent home in the shortest possible time period (Figure I-J). Child welfare caseworkers assess risk of harm to the child

in the current and desired living arrangements, identify dangerous situations, work with families to create supportive social networks around children and families, and help families develop protection plans for children.

Caseworkers

**Figure I-J: Roles and Responsibilities of Child Welfare Caseworkers that Flow from Federal Statues**

- ! ENSURE CHILDREN ARE SAFE
  - ÷ Assess risk of harm
  - ÷ Identify potentially dangerous or dangerous situations.
  - ÷ Create supportive social networks/"nets of safety" around children and families
  - ÷ Help families develop protection plans for children
- ! ENSURE THAT CHILDREN ARE IN A PERMANENT HOME IN THE SHORTEST TIME PERIOD
  - ÷ Living with at least one caring adult who has made a commitment to rear the child to the age of majority
    - ÷ preferable with a "permanent" legal status
      - ÷ Reunification with biological parents
      - ÷ Adoption

also work to ensure that children are in a permanent home in the shortest time period; that they are living with at least one caring adult who has made a permanent legal commitment to rear the child to the age of majority.

Facilitating permanency requires child welfare practitioners to engage members of the child's family in a process of assessment, planning, and decision-making to ensure the safety, permanency, and well-being of the child. Well-functioning informal systems demonstrate a mutuality, a sharing of resources and responsibilities, and flexibility in the way problems are solved and needs are met. This mutual helping is regulated by the informal system in a way that is agreeable to the members of the informal system. The challenge for child welfare practitioners is to bring the resources of the formal child welfare system to

strengthen and support, not replace, the informal helping system (Figure I-K). Well-functioning informal systems can provide for children in ways that the formal child welfare system rarely can. Family

<b>Figure I-K: CHARACTERISTICS OF INFORMAL AND FORMAL SYSTEMS OF CARE</b>	
<b>INFORMAL SYSTEMS</b>	<b>FORMAL SYSTEMS</b>
Mutuality	Provision of help to one in need
Flexibility	Standardization-specific level of service to all
Self-regulation; homeostasis	Regulation/control
Family privacy	Intrusion into family life
Relevance to individual family, community, culture	Largely influenced by mainstream societal values
Relatively free from stigma	Stigmatizing
"Family" or person in need of help defined by family and person	Service recipients defined by eligibility criteria/public policy
Limited by family resources and priorities	Limited by societal resources and priorities
NOTE: The challenge for child welfare caseworkers is to bring the resources of the formal child welfare system to strengthen and support, not replace, the informal	

privacy is more likely to be protected and help that is offered is more likely to be relevant to the family, community, and culture of the person needing assistance when it is provided by a well-functioning informal system. Members of well-functioning informal systems provide help to each other in ways that are relatively free from stigma and the family or person in need of help is defined by the family and the person. In fact, the functioning of the informal system surrounding a child is limited only by the system's resources and priorities. Also, if children can be reared safely without the ongoing monitoring of the child welfare system, the resources of the child welfare system can be used where they are necessary to ensure the safety and to facilitate permanency for children not living in well-functioning informal systems of care.

Clearly it is necessary for the formal child welfare system to intrude into the lives of some families to ensure the safety of children. However, even when the formal child welfare system works at its best, it is difficult for this system to function as well as a well-functioning informal system. The child welfare system is governed by policies that define persons eligible to receive help; standardize services in ways that make it difficult to respond to families in creative and flexible ways; and intrude into the lives of families, imposing regulations and control. The formal child welfare system is largely influenced by mainstream societal values and therefore is less likely to respond to families in ways that are unique to their customs and culture. Since the child welfare system is shaped and limited by societal resources and priorities, it is in the best interest of children and families if children can be reared within well-functioning informal systems of care, if this can be done in ways that ensure the child's safety and a permanent living arrangement with adults committed to the child's well-being.

### ***Working with Extended Families of Children in the Child Welfare System***

Working with the extended families of children involved with the child welfare system is complicated, in part, by the policy and organizational context in which child welfare

systems must operate. This work is also complicated by the varied and unique nature of each extended family system with whom the caseworker comes into contact. Families come in varied forms: nuclear, extended, and augmented. Nuclear families are comprised of parents and children, often thought of as living together in a single household. However, many families consider the family unit to be a multigenerational extended family, sometimes including both the maternal and paternal relatives. Some multigenerational extended families live together under one roof. Others live in several households but depend upon each other for daily functioning. Others include nonrelatives in their definition of family, augmented with *fictive kin, play aunts, and play uncles*. In addition, each family is emersed in a unique community with neighbors, neighborhood groups, churches, schools, and social service organizations that comprise the informal and formal helping networks available to strengthen and support families.

When children come to the attention of the child welfare system, the child's family may be defined narrowly. A nuclear definition of family may be used, preventing the child welfare practitioner from seeing the rich extended and augmented family and community support system that may be available. The first step in identifying family strengths, resources, and support systems available to the child is to identify members of the nuclear and extended family. It is also important to identify informal and formal systems in the community which have provided or could potentially provide support to the child and family. Genograms and eco-maps are tools for identifying family members, informal and formal support systems. Genograms and eco-maps are described in the next section.

## ***Genograms and Eco-maps: Tools for Developing a Broad View of Family***

A genogram is a tool for creating a visual display of the child's family tree (McGoldrick & Gerson, 1985). The eco-map is a visual display of the informal and formal systems in the child's ecology. Both tools can be used to collect information with biological mothers, biological fathers, children, the kinship caregiver, other member of the kinship network, and/or the entire extended family as a whole.

When we work with families we begin with limited information and little familiarity with the family's frame of reference. It is critical to develop skills that will help us understand the family's frame of reference so that our assessments and decisions are as accurate and useful to the family as possible. Genograms and eco-maps are tools to help us gain as much information as possible about the perspective, context, and frame of reference of the families of children in kinship foster care. The genogram is a tool for collecting information about the family's structure and the family's caregiving patterns over time. Constructing a genogram with family members helps identify members of the child's kinship system who are currently involved in caring for the child, those who cared for the child in the past, and those who may be able to care for the child in the future. The eco-map helps the caseworker assess the adequacy of resources and support systems available to the child, the biological mother, biological father, current caregiver, or potential future caregivers. The genogram and eco-map may be used to facilitate engagement of fathers, children, the kinship caregiver, and other members of the kinship network to elicit their perspective on the family system and ecology. Genograms and eco-maps can be developed with biological parents working toward reunification, with kinship caregivers considering temporary or permanent care of the child, and with several members of the child's kinship system who are exploring ways that they can support the biological parent or related caregiver in rearing the child.

Construction of the genogram or eco-map should not be an end in itself. One result of constructing a genogram or an eco-map is a product, a visual depiction of the child's family or ecology. However, the process of engagement is more important than the visual

depiction of the genogram or the eco-map. Asking questions, probing, and general information gathering in this process can be experienced as an unwelcome intrusion into a person's life and can undermine the development of trust. Questioning should be done sensitively, using good interviewing skills. When the questioning is perceived as relevant to what the person is interested in or concerned about, trust, engagement, and cooperation are promoted. Therefore, the timing and focus of developing genograms and eco-maps must relate to the current case situation and in some way to the child's safety, permanency, or well-being.

Families and their environments change over time. A family's genogram or eco-map may accurately depict the family and its environment at one point in time. Weeks or months later there may be changes in the family's structure or environment that reduce the accuracy of the genogram or eco-map. Genograms and eco-maps should be viewed as dynamic tools that should be updated or re-created over time. Comparing genograms or eco-maps constructed with the same family at two points in time allows useful comparisons, highlighting changes that the family has experienced in its structure, support systems, and ecology. It is also unlikely that two members of the family will perceive the family and its ecology in the same way. Therefore, it is likely that a genogram and eco-map constructed with a child's biological parent will look different from those constructed with the same child's maternal grandmother.

The genogram is a format for drawing a family tree and displaying family information, usually over three or more generations (McGoldrick & Gerson, 1985). Genograms are best developed with families over several meetings. Like families, their genograms are dynamic, changing over time. Therefore, a genogram that presents an accurate picture of a family today, may not be a very accurate depiction of that family a few months later. Common symbols for constructing a genogram are contained in figure I-L.

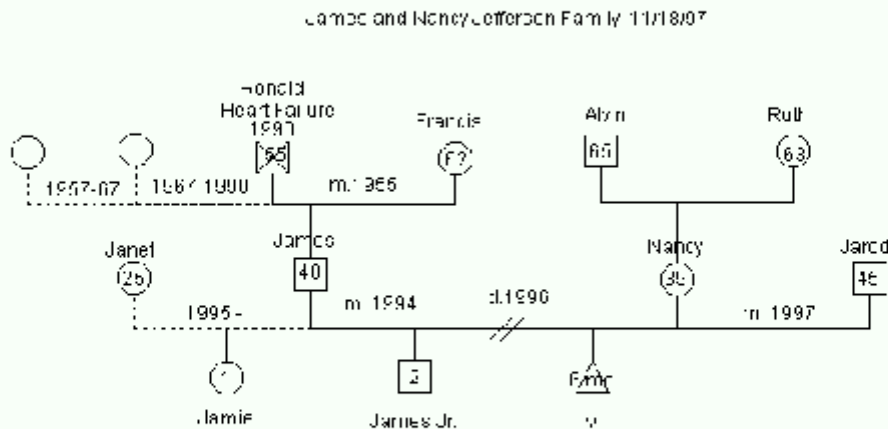
The genogram records, organizes, and displays a great deal of information. Much of this information is sensitive and may elicit a range of emotions from family members. The genogram can be a useful engagement tool, helping families share sensitive and historical information. Genuine interest in the family's history, strengths, and child-rearing

patterns over generations can be helpful in engaging families to tell their story. While it is necessary to ask families to describe situations that brought them to the attention of the child welfare system, it is also important to ask them to describe how they have dealt with similar situations in the past, searching for successful coping mechanisms available to the family.

For some families, moving too quickly to collect information about three generations of the family may be viewed as prying for information that is private and not applicable to the caseworker's role. It is wise to look for "natural" openings to obtain the information needed, linking questions to specific tasks that are clear to the family. When sufficient levels of trust are established it will be easier to explore issues such as previous coupling relationships and marriages that are relevant to protection, permanency, or well-being of the children.

It is important to ask questions in a way that allows families to define their uniqueness. Ask not only "who is in the family," "who lives in the home," but also ask if there are significant family members who live elsewhere. A follow up to this would be to ask if family members have lived at various times with different members of the extended family and the circumstances surrounding these moves. This practice recognizes the extended nature of the family system and creates opportunities for family members to discuss informal adoptions and other caregiving patterns that may be components of their kinship network's coping mechanisms.

## Figure 1-L: Common Symbols for Constructing a Genogram



Males are indicated by a square; females by a circle. If you do not know the sex of a family member, indicate this by a triangle.

A married couple is indicated by a solid line connecting a square and a circle, with an "m" (for married) and the year of the marriage above the solid line. Separation or divorce is indicated by a double slash through the solid line, with "s" and the date of the separation or "d" and the date of the divorce over the double slash. An intimate relationship between adults that is not a marriage is indicated by a dotted line. In the Jefferson family genogram, the relationship between James and Janet is depicted by a dotted line. Also, the affairs that Ronald had while married to Francis are depicted by dotted lines.

In the Jefferson family, James and Nancy married in 1994. James began an affair with Janet in 1995. The relationship between James and Janet continues but they are not married. James and Nancy divorced in 1996 and Nancy married Jarod in 1997.

Children are indicated by circles, squares, and triangles attached to the line that connects the child's birth parents. Siblings born to the same couple are attached to the same line that connects the parents. The Jefferson family genogram indicates that the relationship between James and Janet produced one female child, Jamie, who is now one year old. The relationship between James and Nancy produced two children James Jr, age two, and a six month old child, name and sex unknown to the person constructing this genogram.

James has custody of James Jr. and this is indicated by the fact that James Jr. is located on the side of the double slash closest to James' name. James Jr. and Jamie live with James and Janet. The six month old child (to the right of the double slash) lives with Nancy and Jarod.

A deceased member of the family is indicated by an "X" through the circle, square, or triangle, with the year of death indicated beside the figure. The Jefferson family genogram indicates that James' father, Ronald, died in 1990 from heart failure.

*Source: McGoldrick, M. & Green, R. (1985). Genograms in Family Assessment. New York: W.W. Norton & Company.*

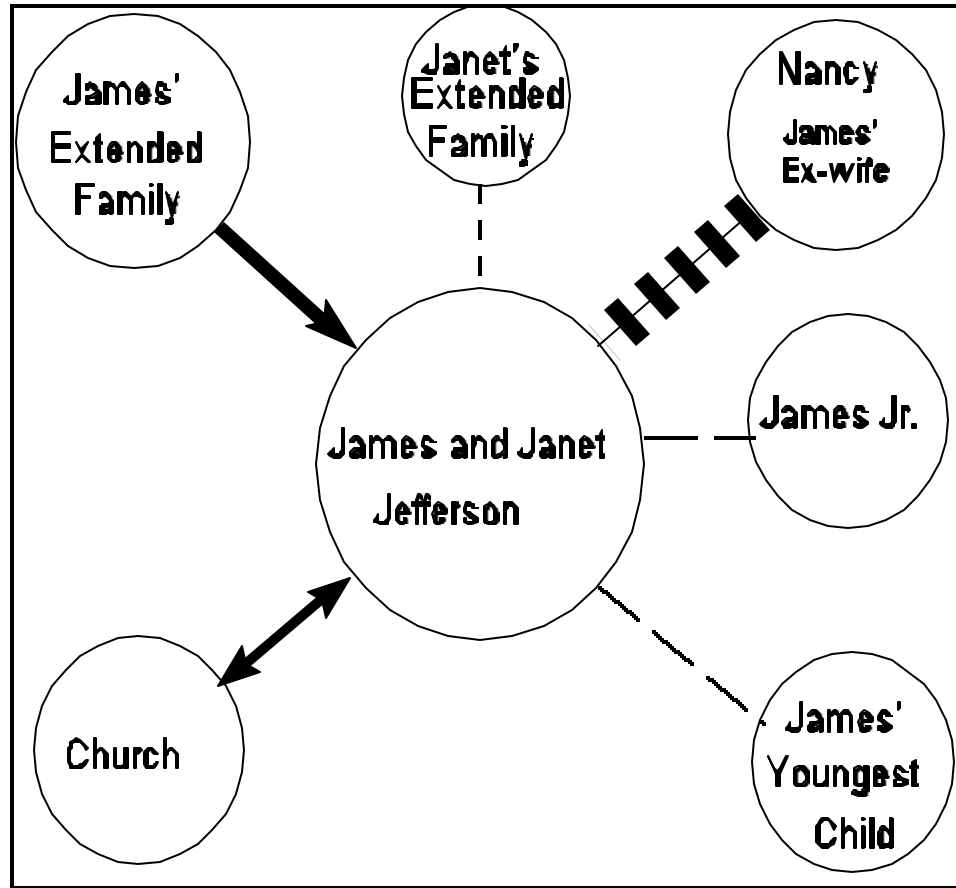
While the genogram is a particularly useful tool for creating a visual depiction of the family structure and caregiving patterns across generations, the eco-map is particularly useful for creating a visual depiction of the family's relationship with its external environment. The eco-map represents the family in relationship to other formal and informal systems that are part of the family's eco-system. An ecological assessment examines the family's relationship to its environment, the family-environment boundary, and the relationship between individual family members and the environment (Hartman, 1989). The eco-map is helpful in assessing the family's strengths, needs, resources, and resource deficits.

The eco-map is comprised of circles, each representing systems that transact with the family. These systems may be sources of support or conflict. Systems with which the family has no contact may also be included in an eco-map, if the family needs to develop a relationship with the system. For example, families with children requiring specialized medical services need to have access to good quality specialized health care. If the family does not have access to the necessary health care, including a circle in the family's eco-map labeled "specialized health care" and depicting a non-existent relationship between the specialized health care provider and the family identifies an unmet need experienced by the family. For this family, an ecological assessment may lead to development of a service plan that includes altering the ecology by linking the family to a health care provider who can provide the specialized services.

An example of an eco-map is illustrated in figure I-M. The circles represent various systems in the family's ecology. The lines between these circles represent assessments of the quality of the relationships between these systems. A solid line represents a strong relationship, such as the lines connecting James and Janet Jefferson with James extended family and with the church. A dotted line represents a tenuous relationship, such as James and Janet's relationships with James' children and Janet's extended family. Stressful relationships are depicted by hash marks drawn through the line. A stressful relationship is depicted in figure I-M between James and Janet Jefferson and Nancy, James' ex-wife and the mother of his two youngest children.

Arrows are used to indicate the flow of energy. For example, the solid line connecting the Jefferson family with the church indicates a strong relationship. The line ends with arrows pointing from the family to the church and from the church to the

**Figure I-M: Example of an Eco-Map**



family, indicating that the family invests a great deal of energy in the church and receives a great deal of support from the church. The thick line connecting James' extended family with James and Janet Jefferson has an arrow on one end, pointing from the extended family to James and Janet. This indicates that James' extended family invests a great deal of energy in James and Janet but the relationship is not reciprocal. James and Janet do not return the investment.

Families differ in their ability to accept help from others outside of the family system. Each family has a boundary that defines those who are part of the family and distinguishes these people from those who are not part of the family. Well functioning families have boundaries that are permeable enough to allow persons outside of the family to help them in times of need and allow family members to have experiences outside of the family; but

well enough defined to maintain family integrity and privacy. The James and Janet Jefferson family depicted in figure I-M have a limited support system. In fact, the only strong reciprocal relationship they have is with their church. They do receive strong support from James' extended family but this support may not continue if James and Janet do not reciprocate.

Families define themselves in unique and varied ways and many of these ways work well for families. Like the genogram, the eco-map is a flexible tool that can be used to depict a variety of family and environmental situations. When an eco-map is constructed with a family, it facilitates discussion while allowing them to describe themselves in precise and unique ways. While there is no formula for assessing the health of a family by interpreting their eco-map, the eco-map can help child welfare practitioners assess with families whether the caregiver is receiving sufficient support in caring for the child, whether conflicts between the family and other systems are draining energy. The eco-map may also be helpful in identifying key members of the child's family or others in the family eco-system who might be helpful in planning for the child's safety, permanent living arrangement, and future well-being.

### ***Summary***

Historically, it has been common for relatives to assist parents in the care for children or to rear the children when parents are unable to do so. This type of kinship care is still the most common. In recent years kinship care has also become a program component of the child welfare system. The formal child welfare system's involvement in kinship foster care presents both constraints and opportunities for permanency for children. Research suggests that, on average, children in kinship care fare as well or better than children in traditional foster care. However, children in state custody and living in kinship care arrangements are less likely to return home or be adopted than children in traditional foster care placements. The overwhelming majority of children in kinship foster care placements

are children of color, and kinship caregivers tend to be older, are more likely to be single-parents, and have fewer financial resources than traditional foster parents.

Public policies describe the purpose of the child welfare practitioner as ensuring safety and permanent placement of children in homes with adults who make a commitment to raise the child to the age of majority. Safety and permanence contribute to child well-being and are as important considerations for children in kinship foster care as they are for children in traditional foster care placements. Facilitating permanency for children in kinship foster care requires a broad view of families, ongoing striving for cultural competence, collaboration with families in decision-making, and working to build the case management capacities of kinship networks to facilitate and support permanent plans for children. The genogram and eco-map are tools that help child welfare practitioners develop a broad view of the families of children in kinship care. Constructing genograms and eco-maps with family members facilitates engagement in a collaborative process, helps the caseworker begin to view the family's experience through their own unique framework, and identifies resources and support systems that may assist the family in the development of a permanent plan for the child.