

# State Implementation of the Fostering Connections to Success and Increasing Adoptions Act: Exploratory Study on Kinship Care

Eun Koh  
Allysa Ware  
Eunju Lee

**Abstract:** *Fostering Connections to Success and Increasing Adoptions Act of 2008 (FC Act) has been in place for over 10 years. However, children in kinship care continue to receive fewer benefits, supports, and access to resources due to challenges with fully integrating kinship care into the child welfare system. The current study explored the state implementation of the FC Act with a focus on kinship care. Representatives from 15 states across the U.S. completed an online survey focused on their state's response to the FC Act, and 14 participated in a follow-up survey on their states' plan for kinship navigator programs with the passage of the Family First Prevention Services Act of 2018 (FFPSA). The findings show that the most common change after the FC Act was observed in the Act's mandatory requirement to identify and search for kinship caregivers. States were less likely to implement non-mandated services or programs despite their potential benefits. In response to the FFPSA, states were looking for opportunities to learn from other states implementing kinship navigator programs. More support and oversight from the federal government are needed to promote successful policy implementation at the state level. In addition, social work practitioners need to be aware of programs and legislation on kinship care in order to advocate for and ensure the well-being of children and caregivers who provide kinship care.*

**Key Words:** *Kinship care; child welfare; social policy; policy implementation*

Kinship care refers to full-time care of children by grandparents, other relatives, and family friends (Child Welfare Information Gateway [CWIG], 2016). The availability of relatives or kin as caregivers is critical to the welfare of vulnerable children when parents cannot care for them. In the United States (U.S.), kinship care is the preferred out-of-home care option for children who must be separated from their parents due to maltreatment, parent inability, or other reasons, because it allows children to maintain family ties and thus experience less disruption in their lives (Annie E. Casey Foundation [AECF], 2012; Geen, 2004; Rubin et al., 2017). Prior studies reported positive outcomes for children in kinship foster care, particularly in the domains of placement stability and developmental outcomes, compared to those in non-kin foster care (Bell & Romano, 2017; Winokur et al., 2014).

According to the Annie E. Casey Foundation (AECF) *Kids Count* (2018) report, there were approximately 2.7 million children in kinship care in the U.S. in 2018. Children enter kinship care either through informal arrangements based on an agreement among family members or through an arrangement facilitated by the public child welfare system (CWIG, 2016). When the public child welfare system is involved, children can be placed with

---

Eun Koh, PhD, MSW, is an Associate Professor in the National Catholic School of Social Service at The Catholic University of America, Washington, DC. Allysa Ware, MSW, LGSW, is a doctoral student in the National Catholic School of Social Service at The Catholic University of America, Washington, DC. Eunju Lee, PhD, MA, is an Associate Professor in the School of Social Welfare at the University at Albany, Albany, NY.

family members on a voluntary or informal basis preventing their entry into foster care. Alternatively, children can be formally placed with kin as a foster care placement with the state retaining legal custody (Malm et al., 2019). It is estimated that approximately half of children in need of an out-of-home placement after maltreatment investigation are placed in kinship care outside of the public child welfare or foster care system (Malm et al., 2019; Walsh, 2013). Of the 437,283 children who entered foster care in 2018, nearly one-third (32%) were placed in kinship foster homes (CWIG, 2020). Children in kinship and non-kinship foster homes were reported to be similar in their length of stay in foster care and the likelihood of reunification (Winokur et al., 2018).

Recognizing the increased prevalence and benefits of kinship care, federal legislation in the U.S. has evolved to encourage and support kinship care as a viable out-of-home care option. Two major federal laws impacting foster care, the *Fostering Connections to Success and Increasing Adoptions Act* (FC Act, 2008) and the *Family First Prevention Services Act* (FFPSA or Family First Act, 2018), include several provisions on kinship care. One of the FC Act's goals is to "connect and support relative caregivers" with provisions on identifying and notifying a child's relatives and kinship navigator programs that connect kinship caregivers to programs and services (CWIG, 2019a, p. 13). Similarly, the FFPSA, which emphasizes prevention services for children and families at risk of entering out-of-home care, offers additional federal funds for kinship navigator programs (CWIG, 2019a; National Conference of State Legislatures, 2020).

Despite these provisions, there is a limited understanding of how states have responded to the FC Act in promoting kinship care over the last decade (U.S. Government Accountability Office report [GAO], 2014), while prior studies reported states' challenges in implementing the Act (Perfect et al., 2013; U.S. GAO, 2020). This lack of knowledge presents a significant challenge in understanding how states will improve their kinship care practice in response to the FFPSA. The current study explored states' implementation of the FC Act and its implications for the FFPSA.

## **Evolution of Kinship Care and Related Policies**

### **Kinship Care and Child Welfare**

Kinship care has long been a part of society and is widely practiced in many countries, including the U.S. Kinship care has been primarily informal, meaning that the child was voluntarily placed with a family member by the parent, often to keep the child out of foster care (Walsh, 2013). Over the last decades, public child welfare systems began incorporating more relative caregivers, resulting in the establishment of kinship foster care (AECF, 2012; Geen, 2004). However, incorporating kinship care as part of public child welfare systems has been uneven across the states (AECF, 2012; Testa, 2017).

The recognition of kinship care in child welfare policies and legislation has evolved. Despite the Supreme Court ruling in *Miller v. Youakim* (1979) that licensed relative foster parents should receive the same payment amounts as non-relative foster parents, the 1980 landmark Adoption Assistance and Child Welfare Act failed to explicitly promote kinship care as an option for children entering the child welfare system (Beltran & Epstein, 2013;

Geen, 2004). However, since the late 1980s, kinship foster care's rapid growth was observed primarily due to the lack of available non-relative foster homes (Berrick et al., 1994). Recognizing the child welfare systems' increasing reliance on kin for out-of-home placements, the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) required that states give preference to relatives over non-relatives when determining an out-of-home placement (U.S. Department of Health and Human Services [DHHS], 2000). Under the PRWORA, relative caregivers must meet state safety guidelines in order for a child to be formally placed in their home. In 1997, the Adoption and Safe Families Act (ASFA) was passed, which solidified the requirement that states place children with relatives upon the relative passing a background check (Geen, 2004). The ASFA, however, allowed states to waive non-safety standards for relative caregivers but required that states have the same licensing requirements for kinship foster homes and non-kinship foster homes (Geen, 2004; Jantz et al., 2002).

Despite significant policy changes, little agreement still exists as to who should bear the costs for kinship care (Nelson et al., 2010; Testa, 2017). Society's view of family responsibility and fiscal concerns further complicate this debate. As a result, wide variations are observed across the states in their service provision and payments for kinship foster caregivers (Geen, 2004; Testa, 2013). The complicated evolution of kinship care is further reflected in the different types of kinship care.

### **Types of Kinship Care**

While there is no consensus on types of kinship care, Testa (2013, 2017) offered a conceptual framework that would explain different types of kinship care (i.e., private, voluntary, public, and permanent). Within this framework, he applied the intersection of the two dimensions: first, the "locus of agency relationships" addresses the question of whether the care of children should be informal responsibilities of extended kin or tribal members or formal responsibilities of governmental agencies (Testa, 2017, p. 14). The "scope of public interest" refers to whether child welfare policies should be constrained to a limited set of goals such as children's safety or unconstrained in pursuit of children's general well-being (Testa, 2017, p. 13).

Out of the estimated 2.7 million children in kinship care, the largest group consists of children in private kinship care. In private kinship care, an arrangement is made privately between parents and kin caregivers, and children may have no known prior or current involvement with child protective services (CPS). An estimated 49% of all children living with kin are in private kinship care (Bramlett et al., 2017). The second largest group is children in voluntary kinship care in which child welfare services arrange the kinship placement. While there may have been a CPS investigation, kin caregivers voluntarily step in to avoid the state taking children into legal custody. In voluntary kinship care, children's legal custody remains with their biological parents (AECF, 2012; Bramlett et al., 2017; CWIG, 2016).

Informal kinship care consists of private and voluntary kinship care, although there is a lack of consensus over this terminology. Since children in these arrangements are not in the foster care system, kinship caregivers cannot receive Title IV-E foster care payments.

They are eligible to receive benefits through the Temporary Assistance for Needy Families Non-Parent Caregiver (NPC) Child-Only grant (Gibbs et al., 2006). However, kinship caregivers often are not fully aware of their eligibility, and the utilization of NPC Child-Only grants is reported to be low (Gibbs et al., 2006; Golden & Hawkins, 2012; Xu et al., 2020).

Public or formal kinship care is generally known as kinship foster care, where caregivers are certified as foster parents and are entitled to receive foster care payments with some exceptions. In public kinship care, the child welfare agency has legal custody of children while relatives have physical custody (CWIG, 2018b).

Permanent kinship care has emerged more recently and refers to the arrangements where relatives become children's legal guardians or adoptive parents (CWIG, 2018b; Testa, 2017). The child welfare agency transfers legal custody to the relatives when they become the child's legal guardian, thus ending the agency's involvement. The Kinship Guardianship Assistant Program (KinGAP) offers such permanency options for children in foster care. If states and tribes choose to participate in KinGAP, relatives can have permanent legal guardianship of children in foster care and continue to receive payments through Title IV-E funds (i.e., federal payments for foster care and adoption assistance). Unlike adoption, kinship guardianship does not require the termination of biological parents' rights (CWIG, 2018b).

The states significantly vary in how they use kin as part of their child welfare and foster care systems (AECF, 2012). This variation is partly because each state has different views of who may serve as the best agent for maltreated children and/or the extent to which government agencies should intervene when kinship placements are used. Also, the boundaries between informal and formal kinship care are often fluid, and the concept of permanency remains unsettled (Testa, 2017).

### **The Fostering Connections to Success and Increasing Adoptions Act of 2008**

In 2008, the Fostering Connections to Success and Increasing Adoptions Act passed with bipartisan support from Congress. The FC Act is one of the most significant pieces of legislation in child welfare since the Adoption and Safe Families Act of 1997. The FC Act provides policy guidelines and resources on a range of areas, including 1) increasing connection with relatives and support for kinship caregivers; 2) improving outcomes for children and youth in foster care; 3) increasing support for American Indian and Alaskan Native children; and 4) improving incentives for adoption (CWIG, 2019a; FosteringConnections.org Project, 2013).

While previous child welfare legislation acknowledged kinship care as a viable option for children in need of out-of-home placements, the FC Act codified its increasing recognition with designated titles and sections on kinship care, contributing to the continuing growth of kinship foster care (Williams & Sepulveda, 2019). These titles and sections reflect three policy directives around kinship care: 1) identification and notification of relatives; 2) Family Connection Grants and kinship navigator programs, and; 3) KinGAP.

The FC Act requires all state and local child welfare agencies to exercise diligent efforts to identify and notify relatives within 30 days of children's removal from their home. Relatives are to be informed of their option to participate in the children's care and placement. While child welfare services have been increasingly reliant on relatives for out-of-home placements since the late 1980s (Berrick et al., 1994), the FC Act mandated this process of involving relatives in children's out-of-home placements. Within the FC Act, this is the only mandatory provision on kinship care.

The FC Act authorized matching grants, known as Family Connection Grants, to child welfare agencies to increase the family connection for children in or at risk of out-of-home placements. Directly related to kinship care, a kinship navigator program is supported under these grants. A kinship navigator program ideally provides information on available services and eligibility for all kinship families. The program aims to promote collaboration between public and private agencies to ensure that kinship families receive fair and equitable services. Child welfare agencies were encouraged to start kinship navigator programs within their communities under the FC Act (Casey Family Programs, 2018).

Another critical provision under the FC Act is to give states and tribes an option to offer KinGAP. Under KinGAP, grandparents and other relatives who have assumed children's legal guardianship may receive a subsidy using federal title IV-E funds. KinGAP is an indication that the legal guardianship with a relative is acknowledged as a permanent placement. Additionally, the FC Act extended the Medicaid eligibility for children receiving KinGAP services. Under the FC Act, federally recognized tribes are now allowed to apply to receive title IV-E funds for the operation of foster care, adoption, and KinGAP.

### **State Implementation of the FC Act**

In response to the FC Act, states have taken several steps to implement the required and optional provisions related to kinship care under the guidance of the U.S. Department of Health and Human Services (DHHS). First, states made changes in their child welfare practices and policies to meet the provision that mandated the identification and notification of relatives upon children's removal from their original home. The U.S. Government Accountability Office (U.S. GAO, 2014) states that 37 states enacted, issued, or revised their laws or regulations in response to this provision. Thirteen states did not make any changes since their existing law or regulations were in compliance with this provision's mandate. However, the states varied in how they implemented this provision. For example, among the 43 states requiring written notification to relatives, only 20 mandated verbal notification. Most states and the District of Columbia (DC) required the documentation of their efforts to identify and notify relatives in their case files.

Many states opted to apply for the federally funded KinGAP. As of 2017, 36 states, DC, and eight Indian tribes received DHHS approval to use their federal Title IV-E funds for KinGAP. Another seven states used their state funds for their guardianship programs, and thus are not required to follow the federal requirements, and the other seven states did not have any guardianship programs (Killos et al., 2018). However, even among those states that obtained approval to use federal Title IV-E funds for KinGAP, the actual implementation varied. Six states accounted for three-quarters of KinGAP caseloads in the

U.S. No KinGAP cases were reported for some states even though they received approval to use their federal Title IV-E funds for the program (Killos et al., 2018; U.S. DHHS, 2018).

While there have been efforts to understand the FC Act's implementation at the state level, the current knowledge is still a “work in progress,” as the title of the U.S. DHHS’s report (2018), *Title IV-E Gap Programs: Work in Progress*, suggested. For example, prior studies on implementing the FC Act, particularly concerning kinship care, focused on specific provisions, including KinGap (Children’s Defense Fund et al., 2012; Killos et al., 2018; U.S. DHHS, 2018). The U.S. GAO (2014) completed a review indicating several implementation challenges, but there are still areas not yet explored, including the provision on Family Connection Grants. Furthermore, considering that states may continue to make changes in their child welfare practices and policies in response to the FC Act, more current, updated information is needed.

Besides, the knowledge of why states varied in implementing the FC Act is even scarcer, impeding its fuller implementation. The limited literature suggested that the mandate for identifying and notifying relatives required extra time and effort of frontline child welfare workers, who already have high caseloads and competing mandates (U.S. GAO, 2014). The uneven implementation of KinGAP across the states was attributed to different licensing requirements, budget constraints, and limited funding for implementation (AECF, 2018). States identified the federal government’s lack of oversight as another barrier, resulting in limited awareness of KinGAP and its potential benefits among state administrators and frontline child welfare workers (U.S. DHHS, 2018). With the varied implementation of the FC Act across the states, it is imperative that attention shifts toward the reasons behind such variations and the states’ needs related to achieving full implementation of the Act.

The current study aimed to address these gaps in the existing literature, improving understanding of the FC Act's implementation with a focus on kinship care. Specifically, the study sought to understand how states have responded to the FC Act, including what changes they have made in their practices and policies around kinship care. The study also explored states’ current implementation and plans regarding kinship navigator programs and their needs. The knowledge obtained from the study can offer useful perspectives and insights on the future implementation of the recently enacted FFPSA.

## **Methods**

### **Data Collection Procedures**

In this study, two questionnaires were developed and administered, the first focusing on the FC Act’s implementation and the second on the early implementation of the FFPSA. Using mainly open-ended questions, the first questionnaire inquired about states’ practices, programs, and policies around kinship care before and after the FC Act. The survey investigated the impact of the FC Act, focusing on its policy directives around kinship care, in particular: 1) states’ use of kinship placements (e.g., identification and licensing of kinship caregivers), and 2) programs and services for kinship care (e.g., kinship navigator programs and Family Connection Grants). The questionnaire did not inquire about KinGap

since recent studies have explored this issue in detail (Killos et al., 2018; U.S. DHHS, 2018).

The second questionnaire aimed to examine the initial implementation of the FFPSA, focusing on states' plans related to kinship navigator programs, as a one-time funding opportunity for these programs became available under the FFPSA. The survey items were created using the funding announcement information (Children's Bureau, 2018). Specifically, the survey inquired whether states were currently implementing kinship navigator programs, whether they were planning to initiate or continue the programs, and whether they were planning to apply for this one-time funding opportunity. For the states planning to apply for the funding, their representatives were asked to list proposed activities to be implemented. The questionnaire also asked what support states would like to have in implementing and/or expanding kinship navigator programs. The study was exempt from the Institutional Review Board's review at the university the authors were affiliated with because it sought information on public policies around kinship care.

### **Study Sample**

In March 2018, initial contacts were made via email with a state representative of kinship programs for all 50 states and the District of Columbia. Contact information was obtained from the Child Welfare Information Gateway (CWIG, 2017) State Kinship Care Contacts and Programs website. The initial email included a brief description of the study and introduction of the research team, and inquired about their interests in participating in the online survey on their states' implementation of the FC Act. Five of the state contacts' email addresses were invalid. A follow-up call to these five states was made, and updated email addresses for the person in charge of kinship care programs were obtained. After the initial email, two follow-up contacts were made in March and April 2018, one via email and the other via telephone, to those who had not yet responded.

Out of the 51 representatives, 24 expressed an interest in participating in the study. The representatives from five states formally declined to participate in the study, and those from the remaining 22 states did not respond. Out of the 24 representatives who indicated an interest in participating in the study, 15 completed the first questionnaire in its entirety or partially: nine representatives completed the entire survey, and six responded to parts of the survey. Three representatives stopped the questionnaire after providing their contact information, and six did not complete the survey at all despite their initial interest.

A new invitation was sent out to all 51 representatives in August 2018, asking for their participation in the second survey that focused on kinship navigator programs. A follow-up contact was made in September 2018 to the 44 representatives who had not yet responded to the initial invitation, and the survey remained open until October 1, 2018. Out of the 51 representatives, 16 completed the second questionnaire in its entirety. However, states or jurisdictions were not identifiable for two responses and thus were excluded from the study. Among the remaining 14 states, half completed the first questionnaire while the other half did not.

The states who participated in the study appeared to be diverse in their characteristics (Table 1). For example, among the states who responded to the first questionnaire, six were from the west region and four from the south, reflecting regional diversity. The participating states also varied in the size of their child and foster care populations. In most states in the U.S., child welfare services and programs are administered at the state level (CWIG, 2018a), and this was true for the states in the study sample.

Table 1. *Characteristics of Participant States by Time*

| Characteristics  | Spring 2018<br>(n=15) |   | Fall 2018<br>(n=14) |  |
|--|-----------------------|---|---------------------|--|
|  | n (%)                 | States                                      | n (%)               | State(s)                                 |
| <b>Region<sup>1</sup></b>  |                       |   |                     |  |
| Northeast  | 2 (13.3%)             | M, S  | 1 (7.1%)            | V,                                       |
| Midwest  | 3 (20.0%)             | A, E, K                                     | 3 (21.4%)           | E, Q, U,                                 |
| South  | 4 (26.7%)             | D, F, J, L                                  | 5 (35.7%)           | D, L, O, P, T,                           |
| West   | 6 (40.0%)             | B, C, G, H, I, N                            | 5 (35.7%)           | C, G, H, N, R                            |
| <b>Child welfare administration</b>                              |                       |   |                     |  |
| State-level  | 13 (86.7%)            | A, B, C, D, E,<br>F, G, H, J, L,<br>M, N, S | 12 (85.7%)          | C, D, E, G,<br>H, L, N, O,<br>Q, R, T, U |
| County-level   | 2 (13.3%)             | I, K  | 2 (14.3%)           | P, V                                     |
| <b>Number of children</b>  |                       |   |                     |  |
| < 500,000  | 4 (26.7%)             | B, D, M, S                                  | 3 (21.4%)           | D, Q, R,                                 |
| 500,00 – 999,999   | 3 (20.0%)             | C, G, N                                     | 4 (28.6%)           | C, G, N, U                               |
| 1,000,000 – 1,999,999  | 5 (33.3%)             | E, F, H, I, J                               | 4 (28.6%)           | E, H, O, T                               |
| ≥ 2,000,000  | 3 (20.0%)             | A, K, L                                     | 3 (21.4%)           | L, P, V                                  |
| <b>Number of children in foster care<sup>1</sup></b>             |                       |   |                     |  |
| < 5,000  | 7 (46.7%)             | B, C, D, F, M,<br>N, S                      | 6 (42.9%)           | C, D, N, Q,<br>R, T                      |
| 5,000 – 9,999  | 3 (20.0%)             | G, I, J,                                    | 4 (28.6%)           | G, O, P, U                               |
| ≥ 10,000   | 5 (33.3%)             | A, E, H, K, L                               | 4 (28.6%)           | E, H, L, V                               |
| <b>Percentage of children in kinship foster care<sup>2</sup></b> |                       |   |                     |  |
| < 32%  | 9 (60.0%)             | B, C, D, E, I, J,<br>K, M, S                | 6 (42.9%)           | C, D, E, O, P,<br>T                      |
| ≥ 32%  | 6 (40.0%)             | A, F, G, H, L, N                            | 8 (57.1%)           | G, H, L, N,<br>Q, R, U, V                |

Note: <sup>1</sup> The total percentage may not add up to 100% due to rounding; <sup>2</sup> The denominator is the number of children in foster care, and 32% was the national average.

While the characteristics of the states that responded to the first questionnaire were similar to those of the states that completed the second questionnaire, the most considerable difference was observed in the percentage of children in kinship foster care. Nationally, 32% of children in out-of-home care were placed with relatives (Child Trends, 2020). On the first questionnaire, the number of states that most recently placed children with relatives at or above the national average of 32% was 6 out of the 15 states (40%). On the second questionnaire, 8 out of 14 states (57.1%) placed children with relatives at or above the national average of 32%

## Data Analysis

Since the questionnaires mainly used open-ended questions, we followed the analytic methods for narrative data. However, strategies to increase the rigor and trustworthiness of study findings typically used for qualitative studies (Lincoln & Guba, 1985; Shenton, 2004) were not employed because the questions inquired about facts rather than participants' experiences and/or perspectives. Descriptive analyses (i.e., frequency) were completed for dichotomous questions.

Two researchers independently engaged in the analysis of responses to open-ended questions. First, these researchers reviewed the responses to familiarize themselves with the data. As a next step, the researchers engaged in open coding (i.e., identifying, naming, and categorizing the responses), documenting patterns or themes across participants within a thematic framework based on each question (Braun & Clarke, 2006). The identified patterns or themes were reviewed and refined between the two researchers.

## Findings

The study examined changes in state practice and policy around kinship care in response to the FC Act and states' early reaction to the FFPSA. Accordingly, the findings are organized and presented in three main areas: 1) use of kinship placements; 2) programs and services for kinship families; and 3) early reaction to the FFPSA. The number of respondents varies by survey item as well as by questionnaire.

### Use of Kinship Placements

#### *Preference for Kinship Care before FC Act*

Prior to the FC Act, states (n=13) already had policies that would give preference to kinship care over non-kinship care when children needed out-of-home placements. However, the policies varied across these states. Eight out of 13 representatives (61.5%) provided a clear policy that would prefer kinship placements over non-kinship placements, recognizing the importance of kinship connections. A representative from state A provided the following policy:

*When out-of-home placement is necessary, relative placements should be assessed immediately based upon the needs of the child and the relative placement's potential for facilitating the goal of return home if that is the plan...The worker should ask each parent and child to identify all relatives, including siblings, related to the child(ren) by blood, marriage, or adoption.*

State B has a large population of Native American children in its foster care system, and its preference for kin was mainly based on the Indian Child Welfare Act of 1978 (ICWA). This state's representative noted, "[Our state] has much experience with ICWA, where relatives and extended family and other preference placements are mandated."

In two states (15.4%) preference was given to kinship placements, but children could not be placed with relative caregivers until they became licensed or certified before the FC

Act. The respondent from state C noted that they did not have clear policies on what workers’ responsibilities were concerning identifying and searching for kinship caregivers even though kinship care was a preferred option.

The respondents from the remaining three states (23.1%) commented on limited policies and/or policy implementation even though kinship care was recognized as a preferred placement in practice. Examples of these limitations included no centralized systems or no active efforts in searching for kinship caregivers, and workers’ lack of awareness of policies on identifying and searching for kinship caregivers.

Table 2. *States’ Kinship Care (KC) Practices/Policies and Fostering Connections (FC) Act’s Impact*

|   | Yes        |  | No        |                           | Total<br>[n] |
|---|------------|--|-----------|---------------------------|--------------|
|   | n (%)      | States                                   | n (%)     | States                    |              |
| Policies changed after FC Act in:                                 |            |  |           |                           |              |
| Kinship caregiver identification                                  | 12 (85.7%) | A, C, D, E,<br>F, G, H, I,<br>J, L, M, S | 2 (14.3%) | B, N                      | 14           |
| Programs & services for KC  | 3 (27.3%)  | H, I, N                                  | 8 (72.7%) | A, B, D, E,<br>F, G, J M  | 11           |
| Program & services were different between:                        |            |  |           |                           |              |
| Formal & informal KC  | 4 (33.3%)  | G, H, I, L                               | 8 (66.7%) | A, B, D, E,<br>J, M, N, S | 12           |
| Licensed & unlicensed KC  | 5 (41.7%)  | F, I, J, M,<br>N                         | 7 (58.3%) | A, B, D, E,<br>G, H, L    | 12           |
| New programs supported by FC Act: As of March/April 2018, states: |            |  |           |                           |              |
| Ever applied for family connections grant                         | 4 (50.0%)  | F, H, I, J                               | 4 (50.0%) | B, D, G, N                | 8            |
| Had kinship navigator programs                                    | 4 (36.4%)  | A, F, H, S                               | 7 (63.6%) | B, D, G, I,<br>J, L, N    | 11           |

***Identification and Licensing of Kinship Caregivers***

Twelve out of 14 states (85.7%) indicated that their policies on identifying kinship caregivers had changed after the FC Act's passage, while two states reported no changes (Table 2). The two states with no changes had a state policy in place that would give preference to kinship care before the FC Act. Among the 12 states that experienced policy changes, nine provided the details of these changes. The main changes focused on the revision or refinement of previous policies and the creation of a specific protocol, unit, and/or staff dedicated to locating kinship caregivers. A respondent from state D described a new protocol as follows:

*A protocol was developed for child welfare workers to identify kinship/relative caregivers. Potential providers are identified by the biological family, and the child welfare worker contacts the families, typically via telephone but can also contact them by mailing a letter.*

In state E, grandparents were preferred over other relatives. State F made efforts to offer in-home services for relative caregivers who were willing to provide a permanent placement for children, preventing children's entry into foster care.

The participant states experienced policy changes at different time points. Among the six states that provided the information on the year of policy changes, four initiated such changes in 2008, 2009, and 2010 while two did so in 2013 and 2014, almost five or more years after the FC Act's passage. Furthermore, many states reportedly continued to change policies over the years; the most recent changes occurred in 2015 in states F and G, and in 2017 in state H.

### ***Current Practices and Policies for Kinship Caregiver Search***

In most states, it was a caseworker's responsibility to locate a kinship caregiver upon children's removal from their original home. Out of the 14 states who responded to a question about who is responsible for locating a kinship caregiver, 13 (92.9%) listed a caseworker. However, the caseworker was a sole responsible party in only two states; oftentimes, the responsibilities were shared. For example, in six states, a caseworker and another specialty unit/staff were responsible for locating kinship caregivers. A representative from state B stated, "The caseworker and other specialty staff located within field offices [are responsible for locating kinship caregivers]." Another respondent from state I said, "[The search is conducted by] county departments at intake... This is done by a caseworker, case services aide, and sometimes specialized units."

In two states, the responsibility transitioned from one worker (i.e., an assessment worker or a worker who removed the child) to another (i.e., assigned caseworker). Two states involved parents in the search process. While a caseworker was mainly responsible for locating a kinship caregiver in most states (n=13), state J had a designated staff for the search process. The representative from this state noted, "Each region has at least one kinship coordinator: these folks work in conjunction with the CPS unit in researching and assisting potential relatives and kin through the foster home approval process."

In most states (i.e., 10 out of the 14 states), the search for kinship caregivers was an ongoing process throughout the duration of the case. However, four states (28.6%) required that relatives be notified or the search be completed within 30 days of a child's removal. For example, a respondent from state K said, "There are no time limits. Counties should always be looking for kinship placements, even after a child is placed into a foster home." State A requires the search process to begin even before the child's removal from the original home. State E dedicates its initial search efforts to locating grandparents and extends its search to all relatives after a child is placed in foster care.

The states used different approaches in reaching out to kinship caregivers, including a letter, a phone call, or in-person contact. A representative from state D noted, "The relative caregiver is notified through phone calls, a letter, or the notification from the child's parents from whom the child was removed."

## **Programs and Services for Kinship Families**

### ***Programs and Services Before FC Act***

Programs and services for children and caregivers in kinship care seemed to be limited prior to the FC Act. Among the 12 representatives who responded to the question, five (41.7%) noted that they were not sure about programs and services offered before the FC Act or that programs and services for kinship care were limited before the FC Act. A respondent from state B stated, “[programs and services for kinship care prior to the FC Act] are unknown,” and a representative from state F commented, “[I am] not sure [about programs and services before the FC Act].”

The other seven states' representatives noted programs and services for kinship care before the FC Act, but many of them did not provide detailed information. For example, a respondent from state D wrote down “In-home services and support,” and a representative of state E put “licensure and payment as well as supports.” Only one respondent who represented a southern state (state L) provided concrete information as follows:

*[Prior to the FC Act] program provided [kinship] caregiver with a one-time integration payment (\$1,000) and annual per-child reimbursement payments (\$500), and daycare services. Our Kinship Program has provided the following services: case management, caregiver training, financial assistance, home visits, and referrals to resources and services.*

It should be noted that the respondents from two states commented on the population they served (i.e., “in-home cases” in state M and “non-custodial relatives” in state J) while the representative from state A described the principles (e.g., “proximity to the child's family,” “placement of sib groups”) rather than specific programs and services.

### ***Changes in Programs and Services After Passage of the FC Act***

Out of the 11 representatives with a valid response, three (27.3%) noted that their states had implemented changes in programs and services for kinship care in response to the FC Act. The other eight reported no changes (Table 2). In two of the three states that introduced changes, kinship care programs and services were limited before the FC Act. These two states' changes primarily focused on preventing children's entry or reentry into foster care or supporting kinship caregivers as foster parents. For example, the representative from state N said, “Some of our jurisdictions are able to offer advanced placement specialists to new foster parents and those with more difficult children as a support system. Some also have foster parent support groups.”

State H had existing programs and services for kinship care before the FC Act. They implemented more comprehensive changes in response to the FC Act, and the changes seemed to be ongoing. Some of these changes (e.g., “Parent-Child Interaction Therapy, Family Functional Therapy, Family Preservation Services, Triple P Parenting, Visitation Coaching, and much more”) were targeted to foster care in general, which includes kinship care. Other changes were designed explicitly for kinship care, which was described as

follows:

*For the last three years, 2015 forward, the contract for these providers [who offer “assistance with the licensing process and help navigating our system, as well as resource referral”] has included an increasing emphasis on kinship caregiver support. A Kinship Caregiver class, Kinship 101, was developed and offered as of 2014 to provide kinship caregivers information about the child welfare system and other systems they interact with, information about financial supports available, and other resources such as support groups to assist with family dynamics. In 2017, Kinship 101 expanded from classroom-based only to being offered as a monthly webinar as well. The webinar includes help navigating the technology. Later in 2018, one-on-one coaching will be offered for kinship caregivers who have barriers to attending both the class and the webinar.*

### ***Programs and Services for Different Types of Kinship Care***

Respondents were asked whether programs and services were different depending on the types of kinship care. Out of the 12 states with a valid response, four (33.3%) indicated that they had different programs and services for informal and formal kinship care (Table 2), and they were offered mainly for formal kinship care. However, it is important to note that the definition of informal kinship care appeared to be inconsistent among the states. For example, a representative from state H said, “If [in]formal means unlicensed, our unlicensed providers do not have to take the licensure classes nor complete ongoing training requirements,” while a respondent from state I commented, “our definition of informal kinship care is those caring for children outside of the child welfare system.”

The survey also asked respondents about whether programs and services were different for licensed and unlicensed kinship placements. Out of the 12 state representatives who responded to this question, five (41.7%) said that their states had different programs and services for licensed and unlicensed kinship care (Table 2). However, little difference was observed in programs and services for licensed and unlicensed kinship placements in one of these five states. According to this state’s representative:

*Non-certified kinship families who had come to the attention of the county departments could receive the same services if there was an open case or a Dependency & Neglect, depending on the needs. In the case of a D & N, the services would be the same as a certified foster parent.*

In three states, the main difference between licensed and unlicensed kinship care was that subsidies or stipends were only available to licensed kinship placements. Subsidies or stipends were not noted in state N. Instead, this state’s representative said, “Licensed homes had access to our licensing staff who were sometimes able to assist them, but the service array in this state is inadequate.”

### ***Family Connection Grants and Kinship Navigator Programs***

The Family Connection Grants and funding for kinship navigator programs became

available under the FC Act. At the time of the original survey, the responses were evenly distributed between those who applied for the grants and those who did not among the eight states with a valid response (Table 2). Out of the four states that applied, two were awarded the grant. The four states who never applied for the grants expressed their interest in future funding opportunities.

Four (36.4%) out of the 11 states with a valid response had kinship navigator programs (Table 2), and three provided more detail on the programs. Both informal and formal kinship caregivers could access the programs in two states, while the programs were only accessible to informal kinship caregivers in the other state. The system navigation, including referrals, was a standard service across the three states, and support groups were offered in two states. One state provided consultation and advocacy support services, and another state offered emergency funds to informal kinship caregivers. The programs were implemented statewide in two states, but not in the other state.

When asked about future interests, four out of the seven states who did not have kinship navigator programs expressed an interest, while the other three said “perhaps” or “possibly.” The representatives noted “funding” as a helpful resource as well as the need for “evidence-based practice models.” One respondent indicated that they would like to have “information about implementing programs like this in rural areas.”

### **Early Reaction to the Family First Act**

Under the Family First Act of 2018, the federal government published a request for proposal for kinship navigator programs while the first questionnaire was being administered. The second questionnaire was thus developed and conducted to explore states’ interest in this funding opportunity. Out of the 14 respondents, four currently had kinship navigator programs. Regardless of whether they currently had kinship navigator programs or not, all representatives shared their states’ interest in this funding opportunity except for two states that were undecided.

The most common activity states planned to perform was evaluation (n=2) for states with existing kinship navigator programs (Table 3). Other activities included needs assessment and technology development. A participant from state H said:

*We plan to have the current Kinship Navigator program evaluated in order to move it forward to a promising practice program. This proposed activity would be completed with the partnering organizations (the name of the partnering organizations was removed for confidentiality) and would include program fidelity monitoring.*

One state representative noted that they had not decided what activities they would propose to perform even though the state already had kinship navigator programs.

For those states who did not have kinship navigator programs at the time of the survey, the most common activities they planned to perform were program development and implementation (n=4, Table 3). Developing a platform that offers information and resources to kinship caregivers (e.g., online portal, call center) was another common

activity the states without existing programs proposed. A respondent from state P said, “If our state is awarded funding, a statewide web-based platform will be used as the vehicle for the Kinship Navigator Program.”

Table 3. *States’ Plan on Kinship Navigator Programs Under Family First Act*

|   |  | State Programs at Follow-up  |         |                              |                           |
|---|--|------------------------------|---------|------------------------------|---------------------------|
|   |  | Had or were developing (n=4) |         | Did not have programs (n=10) |                           |
|   |  | n                            | States  | n                            | States                    |
| Activities to be performed <sup>a</sup> | Evaluation   | 2                            | C, H    | 2                            | G, L                      |
|   | Needs assessment   | 1                            | C       | 2                            | D, G                      |
|   | Strengthening partnership  | 1                            | C       | 2                            | D, G                      |
|   | Developing a platform (e.g., online portal, call center, 800 number) where kinship caregivers can obtain information & resources | 1                            | O       | 4                            | E, G, P, T                |
|   | Initial program development & implementation   |                              |         | 4                            | G, L, Q, T                |
|   | Researching & determining the best program model   |                              |         | 1                            | G                         |
|   | Creating positions   |                              |         | 2                            | D, E                      |
|   | Developing training  |                              |         | 1                            | T                         |
|   | Developing support groups  |                              |         | 1                            | E                         |
|   | Not yet decided  | 1                            | R       |                              |                           |
|   | Not specified  |                              |         | 1                            | N                         |
| Population to be served <sup>a</sup>    | Kinship caregivers   | 2                            | H, O    | 6                            | E, G, L, N, P, T          |
|   | Formal kinship caregivers  |                              |         | 1                            | D                         |
|   | Informal kinship caregivers  | 1                            | C       | 1                            | Q                         |
|   | Not yet decided  | 1                            | R       |                              |                           |
| Statewide implementation                | Planning   | 3                            | C, O, R | 9                            | D, E, G, L, N, P, T, U, V |
|   | Already statewide  | 1                            | H       |                              |                           |
|   | Unsure   |                              |         | 1                            | Q                         |
| Support needed <sup>b</sup>             | Funding  | 2                            | C, H    | 1                            | V                         |
|   | Evidence-based model   | 1                            | C       |                              |                           |
|   | How to sustain programs after the exhaustion of a one-time funding   | 1                            | R       |                              |                           |
|   | Guidance on how to engage stakeholders, how to train staff, & how to transition to the next step                                 | 1                            | O       |                              |                           |
|   | Lessons learned from states with existing kinship navigator programs   |                              |         | 3                            | D, G, Q,                  |
|   | Marketing materials  |                              |         | 1                            | G                         |
|   | None   |                              |         | 1                            | N                         |
|   | Unsure   |                              |         | 4                            | D, Q, T, V                |

Note: <sup>a</sup>. Two states did not respond to this item. <sup>b</sup>. Four states did not respond to this item.

Eight out of the twelve representatives noted that their programs would be for both formal and informal kinship caregivers or did not specify whether the eligibility would be limited to formal or informal kinship caregivers. For example, a respondent from state P commented that their programs would be for “all kinship providers, including relative and fictive kin caregivers.” On the other hand, the programs were targeted only for informal or formal kinship caregivers in three states. A representative from state C noted that their programs would be for “kinship caregivers whose children are not in foster care across the state.” All states planned to implement the programs statewide except for one state who was not sure (Table 3).

Differences were noted between states with and without existing kinship navigator programs in the support they would like to receive (Table 3). For states with existing programs, funding was the most needed support. Other support included the plan for sustainability, evidence-based model, and guidance on how to engage stakeholders. A respondent from state R noted, “We would like assistance on how to sustain the program after the one-time funding is exhausted.” The most common response for states without kinship navigator programs was that they were not sure about the support they would need (n=4). While unsure, states still identified a few areas in need, and the lessons learned from states already implementing the programs (n=3) were most frequently noted. A respondent from state D said, “Perhaps ideas from other states who have already implemented the Kinship Navigator Program [would be helpful].”

## Discussion

The study aimed to expand our knowledge of the FC Act’s impact on states’ practice and policy around kinship care. While it has been over ten years since the passage of the FC Act, our understanding of the extent to which the Act has changed state-level kinship care practice and policies is limited. With the recent passage of the FFPSA, the knowledge obtained from this study can serve as the basis for more comprehensive future research and offer helpful insight and guidance on the future implementation of the FFPSA and other legislation in improving the well-being of children in kinship care.

The study's findings show that the most common change after the FC Act occurred in the states’ efforts to identify and search for kinship caregivers. This change reflects the public policy’s preference for kinship caregivers as an agent for children when their biological parents cannot care for them (Rubin et al., 2017; U.S. GAO, 1999; Winokur et al., 2014). While most states noted that kinship care had been a preferred option for children’s out-of-home placement even before the FC Act, the Act’s requirement for identifying and notifying relative caregivers within 30 days of children’s removal led to changes in the states’ policies and practices. Some states appeared to rely on existing resources to identify and search for kinship caregivers, while others created a new structure dedicated to these efforts. States also varied in the timeframe that they implemented the changes.

The representative of the state with a large number of Native American children in its child welfare system commented that its preference for kinship placements was mainly based on the Indian Child Welfare Act of 1978 rather than the FC Act. While this

preference was only noted for one state, it implies that multiple federal laws could affect and govern state policies and practices around kinship care. Future studies should examine how states establish their policies and practices when multiple federal laws exist with potential overlap and/or contradiction.

It is not surprising that most states surveyed implemented changes to identify and search for kinship caregivers considering that it is the FC Act's sole mandatory requirement. The two states that did not introduce any changes in this area seemed to have policies and practices already in place before the FC Act. On the contrary, states were less likely to implement non-mandated programs and services despite their potential benefits for children and caregivers in kinship care, and variations were observed across the participant states. For example, out of the 11 states, only three (27.3%) reportedly implemented changes in programs and services for kinship care in response to the FC Act. Furthermore, only one state made comprehensive changes in its programs and services for kinship care. This state was also the one that offered concrete examples of programs and services available before the FC Act. The changes in the other two states, which had limited programs and services for kinship care before the Act, were mainly to prevent children's entry or reentry into foster care and to support kinship care within the foster care system.

This finding is consistent with the literature indicating that states' implementation of federal policies may be unpredictable and inconsistent (McLaughlin, 1987; U.S. GAO, 2014). States may not act to maximize the intended goals and objectives of a given legislation due to the different issues each state and their communities are faced with and their capacities (McLaughlin, 1987). The lessons learned from earlier policy analysis emphasize that states' successful implementation of a federal policy requires both the pressure and the support from the federal government (McLaughlin, 1987; Montjoy, & O'Toole, 1979; U.S. GAO, 2014). While the FC Act put pressure on states in their use of kinship placements, there may not have been enough support, leading to its limited implementation. When states were asked about the support they would like to receive in the implementation of kinship navigator programs, many of them, particularly those without existing programs, could not specify the areas of their needs. This may imply the lack of guidance and support from the federal government, echoing the conclusion of the prior governmental report on the FC Act (U.S. GAO, 2014).

As new funding opportunities are available under the FFPSA, particularly for kinship navigator programs, it will be important to reflect on the federal government's roles. The participant states' responses in this study offer guidance and direction: the federal government may consider creating a learning community where states can share their successes and challenges as well as lessons learned. Furthermore, consultation should be made available to states so that they can incorporate their unique needs and capacities in planning and implementing given legislation.

Additionally, before issuing new funding opportunities, the federal government should conduct a needs assessment to address states' challenges in interpreting and implementing federal legislation at the state level. It should consider convening a steering committee of stakeholders, including kinship caregivers and young adults previously placed in kinship care, to help guide the needs assessment, shape policies and funding requirements, and

advise implementation. Engaging kinship families will help develop effective programs and services rather than create ones that still leave gaps.

The study provides valuable information on kinship care policies that will inform the work of social workers who play an integral role in the development of policy, research, and programs. It is imperative that social workers work with legislative officials in their state to successfully implement kinship policies based on the FC Act and FFPSA. Social workers can also use the information from this study to assist children and caregivers in kinship care in accessing needed programs and services. Kinship caregivers are often pressured to make unexpected, quick decisions in the midst of a crisis, including taking the custody of children for whom they are not prepared to provide care (Bailey, 2020; Gentles-Gibbs & Zema, 2020; Gleeson et al., 2009). These kinship caregivers, especially grandparents, are caught between family responsibilities and personal needs, and often do not have access to needed resources (CWIG, 2019b; U.S. GAO, 2020). To ensure the well-being of children and caregivers in kinship care, social workers should make diligent efforts to make informed decisions and engage in practice with a keen knowledge of programs and services available to kinship families. Finally, the study illuminates the need for additional research on kinship care policies, programs and services, and their impact on kinship families' experience. Future research can help to create better systems of care and outcomes for children and caregivers in kinship care, which works toward the Grand Challenges for Social Work aiming to ensure "individual and family well-being" (Grand Challenges for Social Work, n.d., "An urgent appeal for needed change" section).

The findings of the study should be interpreted with caution due to its limitations. First, only 15 states responded to the first questionnaire, and not all respondents completed the questionnaire in its entirety. The study also used an online survey method, and the questionnaires were not field-tested. It is thus not clear whether the questions were interpreted as intended, affecting the validity of the study findings. Moreover, the state representative completed the survey, and it is unknown how the FC Act is implemented at the county or local levels. Despite these limitations, the study expanded our understanding of the implementation of the FC Act. As this was an exploratory study, future studies should investigate the more detailed policy implementation process at both state and local levels with a larger sample. Future research is warranted to examine how the unique needs of children and kinship caregivers in each state are addressed in implementing federal and state policies.

## References

- Adoption and Safe Families Act of 1997, Pub. L. No. 105-89, 111 Stat. 2115 (1997). <https://www.congress.gov/105/plaws/publ89/PLAW-105publ89.pdf>
- Adoption Assistance and Child Welfare Act of 1980, Pub. L. No. 96-272, 94 Stat. 500 (1980). <https://www.congress.gov/96/statute/STATUTE-94/STATUTE-94-Pg500.pdf>
- Annie E. Casey Foundation [AECF]. (2012). *Stepping up for kids: What government and communities should do to support kinship families*. <https://www.aecf.org/resources/stepping-up-for-kids/>
- AECF. (2018). *KIDS COUNT data center*. <https://datacenter.kidscount.org/>

- Bailey, M. (2020, June 27). Grandparents raising grandchildren under lockdown: When the protectors are the most vulnerable. *Huffpost*.  
[https://www.huffpost.com/entry/grandparents-raising-grandchildren-coronavirus-vulnerable\\_n\\_5ef5197cc5b6acab283f0af5?guccounter=1](https://www.huffpost.com/entry/grandparents-raising-grandchildren-coronavirus-vulnerable_n_5ef5197cc5b6acab283f0af5?guccounter=1)
- Bell, T., & Romano, E. (2017). Permanency and safety among children in foster family and kinship care: A scoping review. *Trauma, Violence & Abuse, 18*(3), 268-286.  
<https://doi.org/10.1177/1524838015611673>
- Beltran, A., & Epstein, H. (2013). The standards to license kinship foster parents around the United States: Using research findings to effect change. *Journal of Family Social Work, 16*(5), 364-381. <https://doi.org/10.1080/10522158.2013.832463>
- 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)
- Bramlett, M. D., Radel, L. F., & Chow, K. (2017). Health and well-being of children in kinship care: Findings from the National Survey of Children in Nonparental Care. *Child Welfare, 95*(3), 41-60. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5798622/>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101. <https://doi.org/10.1191/1478088706qp063oa>
- Casey Family Programs. (2018). *What are kinship navigator programs?* Strategy Brief: Strong Families. [https://caseyfamilypro-wpengine.netdna-ssl.com/media/SF\\_Kinship-navigator-programs.pdf](https://caseyfamilypro-wpengine.netdna-ssl.com/media/SF_Kinship-navigator-programs.pdf)
- Children's Bureau. (2018). *Fiscal year 2018 funding available for developing, enhancing or evaluation kinship navigator programs*. U.S. Department of Health and Human Services, Administration for Children and Families.  
<https://www.acf.hhs.gov/cb/policy-guidance/pi-18-05>
- Children's Defense Fund, Child Trends, American Bar Association Center on Children and the Law, Casey Family Programs, Child Focus, & Generations United. (2012). *Making it work: Using the Guardianship Assistance Program (GAP) to close the permanency gap for children in foster care*.  
<https://www.grandfamilies.org/Portals/0/Making%20it%20Work%20-%20GAP%20report%202012.pdf>
- Child Trends. (2020). *State-level data for understanding child welfare in the United States*. <https://www.childtrends.org/publications/state-level-data-for-understanding-child-welfare-in-the-united-states>
- Child Welfare Information Gateway [CWIG]. (2016). *Kinship caregivers and the child welfare system*. U.S. Department of Health and Human Services, Children's Bureau.  
<https://www.childwelfare.gov/pubs/f-kinshi/>
- CWIG. (2017). *State kinship care contacts and programs*. U.S. Department of Health and Human Services, Children's Bureau.

- [https://www.childwelfare.gov/organizations/?CWIGFunctionsaction=rols:main.dspList&rolType=Custom&RS\\_ID=148](https://www.childwelfare.gov/organizations/?CWIGFunctionsaction=rols:main.dspList&rolType=Custom&RS_ID=148)
- CWIG. (2018a). *State vs. county administration of child welfare services*. U.S. Department of Health and Human Services, Children's Bureau. <https://www.childwelfare.gov/pubPDFs/services.pdf>
- CWIG. (2018b). *Working with kinship caregivers*. U.S. Department of Health and Human Services, Children's Bureau. <https://www.childwelfare.gov/pubs/kinship/>
- CWIG. (2019a). *Major federal legislation concerned with child protection, child welfare, and adoption*. U.S. Department of Health and Human Services, Children's Bureau. <https://www.childwelfare.gov/pubPDFs/majorfedlegis.pdf>
- CWIG. (2019b). *Children's Bureau grantee synthesis: Kinship navigator programs*. U.S. Department of Health and Human Services, Children's Bureau. <https://www.childwelfare.gov/pubs/kinshipnavigator/>
- CWIG. (2020). *Foster care statistics 2018*. U.S. Department of Health and Human Services, Children's Bureau. <https://www.childwelfare.gov/pubPDFs/foster.pdf#page=4&view=Placement%20settings>
- Family First Prevention Services Act of 2018, Pub. L. No. 115-123, 132 Stat. 232 (2018). <https://www.congress.gov/115/plaws/publ123/PLAW-115publ123.pdf>
- FosteringConnections.org Project. (2013). *Perspectives on Fostering Connections: A series of white papers on the Fostering Connections to Success and Increasing Adoptions Act of 2008*. <https://www.childrensdefense.org/wp-content/uploads/2018/08/perspectives-on-fostering.pdf>
- Fostering Connections to Success and Increasing Adoptions Act of 2008, Pub. L. No. 110-351, 122 Stat. 3949 (2008). <https://www.congress.gov/110/plaws/publ351/PLAW-110publ351.pdf>
- Geen, R. (2004). The evolution of kinship care policy and practice. *Future of Children*, 14(1), 130-149. <https://doi.org/10.2307/1602758>
- Gentles-Gibbs, N., & Zema, J. (2020). It's not about them without them: Kinship grandparents' perspectives on family empowerment in public child welfare. *Children and Youth Services Review*, 108, 1-9. <https://doi.org/10.1016/j.childyouth.2019.104650>
- Gibbs, D., Kasten, J., Bir, A., Duncan, D., & Hoover, S. (2006). Between two systems: Children in TANF child-only cases with relative caregivers. *Children and Youth Services Review*, 28(4), 435-446. <https://doi.org/10.1016/j.childyouth.2005.05.004>
- Gleeson, J. P., Wesley, J. M., Ellis, R., Seryak, C., Talley, G. W., & Robinson, J. (2009). Becoming involved in raising a relative's child: Reasons, caregiver motivations and pathways to informal kinship care. *Child & Family Social Work*, 14(3), 300-310. <https://doi.org/10.1111/j.1365-2206.2008.00596.x>
- Golden, O., & Hawkins, A. (2012). *TANF child-only cases* (No. 03). Urban Institute.

- <https://www.urban.org/sites/default/files/publication/25426/412573-TANF-Child-Only-Cases.PDF>
- Grand Challenges for Social Work. (n.d.). *About*.  
<https://grandchallengesforsocialwork.org/about/>
- Jantz, A., Geen, R., Bess, R., Scarcella, C.A., & Russell, V. (2002). *The continuing evolution of state kinship care policies*. Urban Institute.  
[http://webarchive.urban.org/UploadedPDF/310597\\_state\\_kinship\\_care.pdf](http://webarchive.urban.org/UploadedPDF/310597_state_kinship_care.pdf)
- Killos, L., Vesneski, W., Rebbe, R., Pecora, P., & Christian, S. (2018). *Guardianship Assistance policy and implementation: A national analysis of federal and state policies and program*. Casey Family Programs. [https://caseyfamilypro-wpengine.netdna-ssl.com/media/Guardianship-Assistance-Policy-and-Implementation\\_Technical-Report.pdf](https://caseyfamilypro-wpengine.netdna-ssl.com/media/Guardianship-Assistance-Policy-and-Implementation_Technical-Report.pdf)
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage.
- Malm, K., Sepulveda, K., & Abbott, S. (2019). *Variations in the use of kinship diversion among child welfare agencies: Early answers to important questions*.  
[https://www.childtrends.org/wp-content/uploads/2019/06/kinship-diversion\\_ChildTrends\\_June2019-2.pdf](https://www.childtrends.org/wp-content/uploads/2019/06/kinship-diversion_ChildTrends_June2019-2.pdf)
- McLaughlin, M. W. (1987). Learning from experience: Lessons from policy implementation. *Educational Evaluation and Policy Analysis*, 9(2), 171-178.  
<https://doi.org/10.3102/01623737009002171>
- Miller v. Youakim, 440 U.S. 125, 99 S. Ct. 957 (1979). <https://cite.case.law/us/440/125/>
- Montjoy, R. S., & O'Toole, L. J. (1979). Toward a theory of policy implementation: An organizational perspective. *Public Administration Review*, 39(5), 465-476.  
<https://doi.org/10.2307/3109921>
- National Conference of State Legislatures. (2020). *Family First Prevention Services Act*.  
<https://www.ncsl.org/research/human-services/family-first-prevention-services-act-ffpsa.aspx>
- Nelson, J. G., Gibson, P. A., & Bauer, J. W. (2010). Kinship care and “child-only” welfare grants: Low participation despite potential benefits. *Journal of Family Social Work*, 13(1), 3-24. <https://doi.org/10.1080/10522150903437466>
- Perfect, M. M., Stoll, K. A., Thompson, K. C., & Scott, R. E. (2013). Analysis of state laws and policies following the implementation of the Fostering Connections to Success and Increasing Adoptions Act. *School Psychology Forum*, 7(3), 50-64.  
[https://www.nasponline.org/publications/periodicals/spf/volume-7/volume-7-issue-3-\(fall-2013\)/analysis-of-state-laws-and-policies-following-the-implementation-of-the-fostering-connections-to-success-and-increasing-adoptions-act](https://www.nasponline.org/publications/periodicals/spf/volume-7/volume-7-issue-3-(fall-2013)/analysis-of-state-laws-and-policies-following-the-implementation-of-the-fostering-connections-to-success-and-increasing-adoptions-act)
- Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. No.104-193, 110 Stat. 2105 (1996).  
<https://www.congress.gov/104/plaws/publ193/PLAW-104publ193.pdf>

- Rubin, D., Springer, S. H., Zlotnik, S., Kang-Yi, C. D., & Council on Foster Care, Adoption, and Kinship care. (2017). Needs of kinship care families and pediatric practice. *Pediatrics*, 139(4), 1-9. <https://doi.org/10.1542/peds.2017-0099>
- Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22(2), 63-75. <https://doi.org/10.3233/efi-2004-22201>
- Stolzfus, E., & Boyle, C. (2019). Kinship care. *Congressional Research and emerging opportunities. Journal of Family Social Work*, 16(5), 349-363. <https://doi.org/10.1080/10522158.2013.834169>
- Testa, M. F. (2017). *Service Reports*. <https://crsreports.congress.gov/product/pdf/IG/IG10016>
- Testa, M. F. (2013). Systems of kinship care: Enduring challenges. Introduction: Kinship care policy and practice. *Child Welfare*, 95(3), 13-39.
- U.S. Department of Health and Human Services, Administration for Children and Families. (2000). *Report to the Congress on kinship foster care, Personal Responsibility and Work Opportunity Reconciliation Act*. <https://aspe.hhs.gov/system/files/pdf/73116/full.pdf>
- U.S. Department of Health and Human Services. (2018). *Title IV-E gap programs: Work in progress*. <https://aspe.hhs.gov/system/files/pdf/258781/GuardianshipBrief.pdf>
- U.S. Government Accountability Office [US GAO]. (1999). *Foster care: Kinship care quality and permanency issues* (Report No. GAO/HEHS-99-32). <https://www.gao.gov/assets/hehs-99-32.pdf>
- U.S. GAO. (2014). *Foster care: HHS needs to improve oversight of Foster Connections Act implementation* (Report No. GAO-14-347). <https://www.gao.gov/assets/gao-14-347.pdf>
- U.S. GAO. (2020). *Child welfare and aging programs: HHS could enhance support for grandparents and other relative caregivers* (Report No. GAO-20-434). <https://www.gao.gov/assets/gao-20-434.pdf>
- Walsh, W. A. (2013). Informal kinship care most common out-of-home placement after an investigation of child maltreatment. *Carsey Institute*, 24, 1-2. <https://doi.org/10.34051/p/2020.189>
- Williams, S. C., & Sepulveda, K. (2019). *The share of children in foster care living with relatives is growing*. Child Trends. <https://www.childtrends.org/blog/the-share-of-children-in-foster-care-living-with-relatives-is-growing>
- Winokur, M., Holtan, A., & Batchelder, K. E. (2014). Kinship care for the safety, permanency, and well-being of children removed from the home for maltreatment: A systematic review. *Campbell Systematic Reviews*, 2014(1), 1-201. <https://doi.org/10.4073/csr.2009.1>
- Winokur, M., Holtan, A., & Batchelder, K. E. (2018). Systematic review of kinship care

effects on safety, permanency, and well-being outcomes. *Research on Social Work Practice*, 28(1), 19-32. <https://doi.org/10.1177/1049731515620843>

Xu, Y., Bright, C. L., Ahn, H., Huang, H., & Shaw, T. (2020). A new kinship typology and factors associated with receiving financial assistance in kinship care. *Children and Youth Services Review*, 110, 1-11.

<https://doi.org/10.1016/j.childyouth.2020.104822>

**Author note:** Address correspondence to Eun Koh, National Catholic School of Social Service, The Catholic University of America, Washington, DC, 20064. Email:

[koh@cua.edu](mailto:koh@cua.edu)