

BARRIERS TO KINSHIP CARE IN VIRGINIA

IDENTIFIED ISSUES

I. Attitudes about kinship care are not always positive.

- o "The apple doesn't fall far from the tree."
- o "Families should take care of their kin."
- o "Families do not want government involvement."

Suggestions/Solutions (for discussion purposes)

- o House Bill 718 (Peace, 2010) which requires the Governor and the General Assembly to develop and implement a plan to reduce the number of children in foster care by 25 percent within 10 years.
- o Continued implementation of Virginia's Children's Services System Transformation.
- o Clarify policies pertaining to kinship care (e.g., Family Engagement Model).
- o Include kinship care as a goal on the Department of Social Services' (DSS) Service Plan.

II. Accessing resources is difficult for relatives raising children.

- o There is considerable lack of knowledge about what resources are available for relative caregivers.
- o According to relative caregivers, resources (not money) are needed for relative caregivers raising children.
- o Child care, health care, mental health services, housing and transportation are identified by relative caregivers as lacking or unavailable.
- o Legal aid is also identified as a need among relative caregivers.
- o Schools and social service agencies are not integrated (silos), which can be a barrier to providing children with needed services.
- o There is a lack of funding for support systems for caregivers.
- o Isolation of caregivers in rural areas makes accessing resources even more difficult.
- o There is great disparity in supportive systems across Virginia localities.
- o There is inadequate program funding/resources for kinship caregivers.

Suggestions/Solutions (for discussion purposes)

- o Receive information from Area Agencies on Aging (AAAs) on ways to improve dissemination of information to relative caregivers on possible benefits (e.g., TANF, FAMIS, Medicaid, WIC, Housing, and the Comprehensive Services Act).
- o Receive information from the Departments of Aging, Social Services and the AAAs on ways to provide information and referrals to relative caregivers.
- o Utilize existing resources such as the *Grandparents Caring for Grandchildren Guide*, Senior Navigator and Virginia 2-1-1.

III. Funding for kinship care is not always perceived as an investment.

- o Funding for kinship care services is not seen as a priority. Funding is lower than other programs although kinship care typically is typically less costly in the long-run because the child has a greater likelihood of being successful and not experiencing less successful and more costly outcomes (e.g., dropping out of school or possible incarceration).
- o The Commonwealth may need to be prepared to step in when the families can no longer afford to take care of their own.
- o There is no additional funding provided to local DSS for implementation of the Family Engagement Model for kinship care.

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- o Policies must reflect that there is no “one size fits all” solution.

III. Funding for kinship care is not always perceived as an investment. *(cont.)*

Suggestions/Solutions (for discussion purposes)

- o Implementation of DSS' Subsidized Custody to a Relative program – currently in development.
- o Modify Virginia's existing policies and guidelines to address this issue.
- o Improve training to child service and social service workers to address this issue.
- o Develop educational materials comparing the cost of providing kinship care services to the family versus therapeutic foster care, residential treatment or even the cost of incarceration.
- o Evaluate whether policies can be adopted to allow for kinship care placements without the expense of implementing a new model.

IV. There is no data on the number of informal kinship care arrangements in Virginia.

- o It is extremely difficult to gather data on informal kinship care where there is no DSS involvement.
- o DSS is currently collecting data on informal kinship care.

Suggestions/Solutions (for discussion purposes)

- o Receive information from DSS on the number of children diverted from foster care and placed with kinship providers.
- o Monitor DSS' kinship care diversion project.

V. Barrier crime laws In Virginia may be overly-restrictive.

- o Relatives pursuing formal kinship care must undergo criminal background checks identical to foster care families.
- o Burglary and possession of drugs are the main concerns for foster care, because both are lifetime bans.
- o Relatives may be barred from formal kinship care because of a drug charge that occurred while they were young. The relative may have not had any other law enforcement activity and be a productive citizen.
- o There is no data available regarding which barrier crime look-back period is most effective (e.g., 5 years versus 20 years for certain crimes).

Suggestions/Solutions (for discussion purposes)

- o Compare Virginia's barrier crime statutes to federal standards to ascertain whether modifications to Virginia's statutes will encourage more kinship foster care placements, while protecting children in care.
- o Evaluate modifying Virginia's barrier crime laws to change the lifetime ban to 10 or 20 years for certain misdemeanors or property offenses as long as are not crimes involving abuse, neglect, or moral turpitude of a minor.
- o Evaluate creating a waiver to reduce the look-back period for certain misdemeanors or property offenses as long as they are not crimes of abuse, neglect, or moral turpitude of a minor.