

Kinship Care: Prevalence, Benefits, Challenges

Urban Institute, Rob Geen

KOJO NNAMDI: From WAMU and American University in Washington, I'm Kojo Nnamdi.

The single mother who has a substance abuse problem is approached by her mother. The grandmother offers to take the grandchild until the daughter cleans up. The daughter agrees. Maybe you know a slightly different situation—the cousin who neglects her children, child welfare is called, they then call a family member and give that

family member the option of taking in the children or having the children become the wards of the state. Does this sound heart-wrenchingly familiar? It should, because kinship care is not a new idea, it has meant a member of the family or a family friend taking the kids when things got rough, or someone maybe from the church stepping in to provide a stable environment for an abused child.

But now the federal and state governments are becoming more involved, for better or worse, in kinship care, and it's raising all kinds of questions, questions we hope to answer over the course of the next hour, because joining us in our Washington studio here is Rob Geen. He is a senior researcher with the Urban Institute. Rob, good to have you on hand, and you should know this is one of a series of broadcasts we are doing on America's cities in cooperation with the Urban Institute.

Also joining us in our Washington studio is Ana Beltran. She is the project director for the Grandparents and Other Relatives Raising Children program of Generations United. Ana, welcome.

ANA BELTRAN: Thank you very much, nice to be here.

KOJO NNAMDI: And from the studios of WOSU in Columbus, Ohio, is Ronald Browder, chief of the Bureau of Adoption and Kinship Care for the Ohio Department of Job and Family Services. Ronald, welcome.

RONALD BROWDER: Thank you. Glad to be here.

KOJO NNAMDI: Allow me to start with you, because this kinship care has been a practice carried on informally for generations. Talk about how state child welfare agencies got onto the idea of placing children with relatives, and I guess more specifically about Senate Bill 89, that was apparently passed in Ohio in 1989?

RONALD BROWDER: Yes, I think in the '70s and early '80s the foster care system underwent a huge influx of children coming in, and states and communities began to understand that if they were going to be able to address the issues that these children faced when they had to be removed from their families, that somehow—from their biological families that is—that somehow there would be a need to try and link these children to other biological members of the family. We always have known that children, when they cannot be with their biological parents, will do much better with those members of their family, when they're able to stay near school districts. And so in about 1989 in Ohio we went through a major reform of our child welfare system.

As you know, the Child Welfare Act of 1980 had given great preference to relatives caring for their children. And so 1989 sort of amplified that legislation, that federal legislation. Well, we began to say that in Ohio we were going to look very strongly and aggressively to families to provide for their relative children; we were going to, in fact, make that the placement of preference where appropriate. So throughout 1989 and into the '90s, we began to develop programs that would support that belief and support that philosophy. I think you also mentioned that Rob is in your Washington studio. The Urban Institute has been really invaluable in providing information to states around what the statistics of children living with their families look like, talking about what the other state initiatives are.

In fact, we participated in a number of surveys with Rob. And we know that kinship care, as you said earlier,

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is not anything new. It has been around for some time in many cultures—African-American culture, Hispanic culture, in the Appalachian communities, the issue of kinship has just been a historical paradigm that has always existed. However, with this recent plethora of drugs and substance abuse going on, many families are finding that the biological parents are no longer able to provide for their children, and rather than take these children into an already overburdened foster care system, the states and federal government began to look at families and say, well, you know, there's got to be some families or some neighbors down the street who can help with these children. And so in Ohio we began to aggressively pursue that philosophy.

KOJO NNAMDI: Rob Geen, talk a little bit about what the Urban Institute has been able to put together in terms of a statistical profile of this phenomenon.

ROB GEEN: Well, I appreciate the free promo. We have been doing a lot of work over the last four or five years on the topic of kinship care generally. One of the things we've been able to do is document the size of the population. Through the National Survey of America's Families we've been able to separate the populations that you spoke of initially, Kojo, sort of the informal or private population where a grandmother or aunt steps in without child welfare involvement. We call that private kinship care, and that makes up the large majority of the kinship care cases: About 1.3 million children are in private kinship care placements. And in total there are about 1.8 million. So you can see that's the large majority.

We've been able to show that the kinship foster care population, when child welfare steps in and takes custody, is about 200,000, and represents about a third of all kids that are in foster care. What's interesting is that in some states that number can be as many as 50 or 60 percent, and other states rely on kin a lot less. We've also been able to show the differences in policies. We've been hearing about Ohio's approach, but the states really vary in how they approach kinship care. While the federal government has required states to consider giving preference to relatives, they've really been very vague in their guidance as to how states should approach the licensing, the supervision, and the payment of relatives. So states have a lot of discretion, and states vary considerably.

KOJO NNAMDI: You can join us by calling 1-800-433-8850, or e-mail us at pi@wamu.org, as we discuss the sometimes prickly issue of kinship care.

Ana Beltran, as we said, is project director for the Grandparents and Other Relatives Raising Children program of Generations United. Ana, one gets the impression that both the federal government and the states feel that this is a good thing, and that therefore there should be no need for an organization or a program such as yours, because our assumption is that grandparents and relatives are well qualified to take care of children.

ANA BELTRAN: It is a good thing. But they have many access problems that we try to address at Generations United. As Rob said, the majority of the kinship care providers are outside of the child welfare system. And those kinship providers often lack legal custody, or guardianship, or adoption of the children, and they don't want any of those relationships oftentimes because they don't want to see the parents in court, they don't want to tear apart their families. And without those legal relationships, access issues such as enrolling the children in school, obtaining medical insurance, including them on their medical insurance, all kinds of things like that are very difficult for those families. And we try to help those families both at the federal level—we advocated for the inclusion of grandparents and other relatives raising children in the National Family Caregiver's Support Act last year, and it did pass Congress at the end of last year, and we're very pleased about that—and we also worked at the state level to educate states about what other states are doing to improve access issues, so that they can replicate one another.

KOJO NNAMDI: Well, as I said earlier, we tend to assume—and it was pointed out by Ronald Browder earlier—that statistics indicate that kids do a whole lot better when they are with relatives and grandparents. But, Ronald, I don't think that is necessarily 100 percent of the time, is it?

RONALD BROWDER: Absolutely not, Kojo. There are instances where you have to make a determination, for whatever reason, that it might be in the best interest of the child that they not be placed with the family. As I said in my earlier statements, it's always what would be best for the child, what's in that child's best interest. And I think Ana had alluded to it in some of her beginning statements: The reality is, whether it's a formal arrangement or an informal arrangement, the reality of being successful with that placement and those supportive services that are in place to support that family.

If you take a grandmother who has been on Social Security and she has a \$500 a month income, for instance, and now she has two of her grandchildren, that \$500 might have been enough for her, but now she's having to feed three people on that same income. That puts a stress on that grandmother, so somehow, whether that family is engaged with child welfare or whether it's an informal system, there has to be support and access to those supportive services to strengthen that family and stabilize that family. But there are instances where it might not be in the best interest for those children to be in the family, and we do take those into account.

KOJO NNAMDI: To what extent, Rob Geen, are we talking about—especially when we're talking about grandparents as the primary providers of kinship care—to what extent are we talking about people who may not only have limited incomes, but in many cases because of their elderly situation, limited mobility, limited ability to appropriately supervise younger children?

ROB GEEN: I think that's an excellent question. We have shown some of the characteristics of the kinship care families through some of our work, and relative caregivers face a lot of challenges. As you know, they are poor, they are often grandparents, and often aged, so they do have health concerns. Many of them lack

formal education, many of them are single. So there are questions about their ability to care for kids who often have severe emotional problems, they have the trauma of being removed from their parents' home. And that certainly is a concern.

I wanted to also follow up on the comment that Ana made about access to services. One of the things we did find is that kinship caregivers tend not to access services for which they're eligible. Relatives generally are eligible for some financial assistance for caring for the children because they are not the parents, they're not legally responsible for caring for them. So they're either eligible for payment through our welfare system, called TANF (Temporary Assistance for Needy Families), or they're eligible for a foster care payment. Yet we know that many caregivers receive no financial assistance for caring for their kids. Similarly they're eligible for help with meeting the children's health needs through our Medicaid system, yet again we know that they rarely or often do not access these type of services.

KOJO NNAMDI: Is the existence of your organization, Ana, to make sure that kinship caregivers, especially grandparents, are aware of what's available to them, because the tendency on the part of many families is to say, look, this is simply our family responsibility, we'll handle it, even though they might be overwhelmed by it?

ANA BELTRAN: Absolutely, we want to make them aware of what their options are out there, and we want them to know what kind of supportive services are available, and there are quite a few. But there are problems with even accessing Medicaid, for instance. If they lack legal custody or guardianship, in some states that could be a problem. It just varies state by state so dramatically, so it's important that they know what's in their state.

KOJO NNAMDI: Go ahead, Robert.

RONALD BROWDER: I think also, Kojo, I think we really want to talk about, and I thought Rob was going to hit it, but when you talk about what that average age of the grandparent is, what we have found and what we're seeing is that grandparent is getting younger, which means the grandparent is still in a workforce situation, and one of the really big issues, and I know Ana would agree with me, is the issue of kinship—child care, I'm sorry. The reality is that many families are faced with child care for these children now, and there are no supports in place that would give child care to those families without going through the normal process that working families have to go through to access child care, oftentimes making child care too expensive for them to access.

KOJO NNAMDI: Indeed, we are talking about a perception, maybe a stereotype of the grandparent as somebody who is sitting at home, but increasingly grandparents, as you point out, Ronald, are getting younger.

Ana?

ANA BELTRAN: That's absolutely true: 65 percent of grandparents raising grandchildren are between the ages of 45 and 64. So these are people who are still in the workforce.

KOJO NNAMDI: And therefore they have to seek child care. To what extent are states and the federal government prepared to render assistance to those kind of grandparents?

ROB GEEN: Well, all grandparents raising their grandkids are eligible for financial assistance, either through the welfare system or through foster care. And they are almost all eligible for Medicaid assistance. One of the concerns about trying to provide for kinship caregivers is how not to provide incentives for parents to either have an incentive to give their kids to relatives or for relatives to come into the child welfare system seeking the services that child welfare provides; both the financial payments as well as the support services available through child welfare are far greater than the services that relatives can receive outside of the system.

KOJO NNAMDI: Rob Geen, a senior researcher with the Urban Institute, which collaborates with Public Interest to bring you this series on America's cities, joins us in our Washington studio along with Ana Beltran. She is project director for the Grandparents and Other Relatives Raising Children program for Generations United. And joining us from WOSU in Columbus, Ohio, is Ronald Browder, chief of the Bureau of Adoption and Kinship Care for the Ohio Department of Job and Family Services.

We take your telephone calls at 1-800-433-8850, your e-mails at pi@wamu.org. We'll be right back.

(Program Break.)

KOJO NNAMDI: Welcome back to our discussion on kinship care, and that there are maybe 1.4 million, 1.3 or 1.4 million children who are in kinship care, and that is having care provided by relatives or family friends in a completely informal manner. But in the formal care system there are some, as Rob Geen points out, maybe 200,000 to 300,000 kids who are being cared for by relatives.

You can join our conversation on kinship care at 1-800-433-8850 or e-mail us at pi@wamu.org.

Rob, different states apparently treat relatives or kin differently. Talk about that.

ROB GEEN: There are many ways in which states treat kin differently. The first is getting to Ron's point about the fact that grandparents can be of varying different ages. States approach grandparents sometimes differently than they will aunts. States approach relatives, defined by blood, marriage, or adoption, differently than they do what we call fictive kin: neighbors or godparents or someone that has a close emotional tie with the children. So simply the definition of what kin is varies by state. About half the states have this broader

definition that includes the neighbors and godparents.

There are also differences in the way they are paid. There are a handful of states that will only support kin with foster care payments, and there are others that will provide them welfare payments. And the third category is simply licensing. The requirements to become a licensed foster parent vary significantly across the states.

KOJO NNAMDI: It seems to me, on the basis of what Rob just said, that it is a virtual maze of regulations that the average relative who may just have the desire or be left with the responsibility of caring for a child has to go through. Does Generations United help with that?

ANA BELTRAN: It is an absolute maze, and we try to help, yes. We have an extensive Web site, at <http://www.gu.org>, that has a lot of information about what's going on in the various states. We've also published two charts of state laws, along with AARP, that kind of lay out the different options in the states. For example, about half the states have subsidized guardianships, which allow kinship caregivers in the formal foster care system to become guardians and get a monthly stipend that can be equal to the foster care rate or slightly less, but only about half the states have that option. It's important for a kinship care provider in the system to know whether or not their state has that option, and perhaps they'd want to pursue that.

KOJO NNAMDI: Are there differences between states on the supervision and licensing of kinship care providers, because we know that foster parents have to be licensed, they have to go to classes, they get trained to do it. Are there some states in which kin, or relatives and friends, have to do that and others in which they don't?

ROB GEEN: There certainly are. It's interesting to put it in perspective, if you're a regular foster parent you have made a decision that you want to take a child, and you think about it probably for quite a while before you take that step and secure your license. And you're prepared, at least somewhat, when the child comes into your home: You've made the mental preparations, if you're expecting a newborn you've purchased a crib, a car seat. Think of a relative who all of a sudden is thrown into something on a crisis moment: They don't have necessarily preparation, and typically they're not licensed. So they have a child, and then they have to be licensed in some states, in other states they need to be approved. There are about 10 states that require relatives to be licensed simply the exact same way that they would if they were caring for non-kin. There are 41 other states that give kin an option, they can become licensed or they can become approved by some lesser standard, and typically receive a lower payment.

KOJO NNAMDI: Ronald Browder, what's it like in the state of Ohio?

RONALD BROWDER: In Ohio, in order to access a foster care payment the relative would have to go through all of the foster parent requirements of licensure. I would add something that Rob and Ana had alluded to earlier: When you really talk about making that decision to place that child with that relative, and then you come back and say, well, if you're going to take care of the child in order to get foster care [status] you've got to go through licensing, you're telling that grandparent that she's got to now prove that she's a fit parent. There are some real cultural, there are some real respect issues that are going on with that. And so in some ways I think some of our legislation, some of our rules, as a result of requirements that we have to meet for our federal funding have required us to make it somewhat difficult for relatives to access resources to support those children that they provide for.

I will say, though, in Ohio, because we went through a very interested legislature that was interested in this issue and that gave this department a directive to come up with some real meaningful programming, some meaningful supportive services that could help families, recently the legislature and the executive branch under Governor Taft have proposed a \$3 million line into our new budget, which began July 1, that will support what we are calling kinship care navigators. This is a program where, if you are a relative caring for a child, these navigators are stationed in each one of our counties—in Ohio we have 88 local counties—these are stationed in the counties to support families, to help them access services that they may need, whether it's child care, whether it's legal services, whether it is accessing TANF, whether it's making that decision to become a foster parent.

These navigators are state paid, they're funded by a state line item, to help families. And these are not just families who are known to a child welfare system, these are the families that are not known to the child welfare system. These are families—any family that is involved with providing some care for their kin, these families can access this particular service. I think that's somewhat unique in that I've not seen that done quite to that level on a statewide basis to this point.

KOJO NNAMDI: Ana, to what extent can Generations United, in fact, provide and access services for people who are involved in kinship care informally—they're not in the foster care system, they're not necessarily in the child welfare system—what can you do for those people?

ANA BELTRAN: What we usually do is refer them to their local resources, because at the national level of course there's a limited amount we can do. And Ohio is very unique, and we're excited about it. There are quite a few states around the country, though, that have interesting resource centers and programs, as well. New Jersey has a 1-800 toll-free number for New Jersey residents that they can call and get navigational assistance to access services just like in Ohio, although the people aren't stationed, it's slightly different. There are programs in Chicago. There is quite a bit going on out there to help the families.

KOJO NNAMDI: Let's go to the telephone. Here is John in Ashburn, Virginia. John, you're on the air, go ahead please.

CALLER: I thank you, Kojo, for taking my call. I have adopted—we have adopted two older kids from foster care, and we had foster kids before that. I hadn't quite—I didn't believe your guests were going to do such a good job of presenting the problems that I've seen, particularly with the grandmothers who want to take care of their kids have in negotiating this whole thing. It's often occurred to me that they would be able to do it better and more successfully if they had gotten even the same sort of support we got as foster parents.

KOJO NNAMDI: Indeed, that's one of the funny issues, and you heard Ronald Browder say earlier that there are cultural issues here, and that there are issues of respect here. Rob Geen, in those states that have different standards for relatives who are involved in kinship care than they do for people who apply for foster care, how do those states determine whether or not the relative is both able and capable of taking care of a child, how do they determine whether the relative has not been, himself or herself, or themselves, neglectful or abusive parents?

ROB GEEN: It's a very difficult decision when a case worker needs to decide whether a relative is, in fact, capable of caring for a child. There are those who argue that the apple doesn't fall far from the tree, meaning that if the parent has been abusive why do we think that parent didn't grow up in an abusive household themselves. We lack a lot of evidence to support that claim. There is some evidence that abuse is inter-generational—however, we do know that kinship care is most often used in cases of neglect, and we don't have much evidence to suggest that neglect is inter-generational. There is an issue with substance abuse, in that substance abuse is tied to many kinship care cases, and we do know that substance abuse can be inter-generational. So there are some concerns that come from that relationship.

There are also some concerns simply about, if you use a separate licensing standard, are kin as safe as non-kin. And the federal government, as Ron alluded to as far as what he has to meet, has stated for federal money that kin have to meet the same standards as non-kin. It doesn't say that states cannot use a separate licensing standard and pay kin with their own money at a different rate. And so there are some questions about inequities with kinship caregivers receiving a much smaller payment in many states than non-kin performing the same function.

KOJO NNAMDI: You can join us for this discussion on kinship care simply by calling 1-800-433-8850, or you can e-mail us, if you happen to be near your computer or laptop, at pi@wamu.org. Joining us now by telephone is Glendura Patterson. She joins us from Oakland, where she is caring for an eight-year-old granddaughter that she has been caring for since [the granddaughter] was an infant. The formal adoption, it is my understanding, Ms. Patterson, will be final on Friday. Welcome.

GLENDURA PATTERSON: Yes, indeed, tomorrow. Thank you.

KOJO NNAMDI: Then you will become the legal guardian, and even though—just being a grandmother in your case didn't really imply any rights at all, did it?

GLENDURA PATTERSON: Well, I have been her legal guardian for two or three years, but now I will be her adoptive parent, which is the most permanent relationship that I can have with her.

KOJO NNAMDI: How did you become her legal guardian, and why? I should ask why.

GLENDURA PATTERSON: Well, because I felt at that time that I was not able to make any decisions that I thought were important for her. And then once I became her legal guardian I realized, too, that there were restrictions on that. For example, if I needed to take her out of the area I needed permission from the county officials to do that. So that seemed to me also like a not very permanent arrangement.

KOJO NNAMDI: Why did you get custody of your granddaughter in the first place, what happened to your granddaughter's parents?

GLENDURA PATTERSON: Well, as happens to so many children, my daughter was involved with drugs to the point that when the baby was born, the hospital initiated a police hold on the baby. And they said that they felt that my daughter was not able to take care of her, and she either needed to come home with me or with someone, or go into foster care. And I'm mentioning that because that's the dilemma that we face so often, that grandparents face. Right now you have to make a decision, will I take the child or will we be able to tolerate the child's placement outside the family?

KOJO NNAMDI: Well, in your case, Glendura Patterson, you have a Ph.D. in early childhood education.

GLENDURA PATTERSON: That's true.

KOJO NNAMDI: However, let's say you didn't. How were they to know because of your willingness to take your granddaughter that you were going to be a fit guardian or parent for your granddaughter?

GLENDURA PATTERSON: Well, let me tell you the fact that I had a Ph.D. meant absolutely nothing at that point. I think I joined the ranks of all grandparents or others who are faced with an immediate decision to literally stop what you've been doing and take on the responsibility of a child, and not only the child but all that that means in your relationships with your adult child. And yes, it's right, I am fortunate in that I had the education, I had some resources, but still this was a devastating decision that had to be made very, very quickly.

KOJO NNAMDI: This is Public Interest. I'm Kojo Nnamdi.

You made your decision very quickly, Ms. Patterson; how long did the authorities take to make theirs, and what kind of scrutiny were you subjected to?

GLENDURA PATTERSON: Well, this is what happened. I prevailed upon the hospital to give us just a couple of extra days, which was very, very difficult to obtain, so that we could make a decision. And we did make a decision for my daughter and the baby to come home with me. And they stayed with me for several weeks. And during that time the local child welfare authorities provided intensive family preservation services for my daughter, but they were not what she needed. In other words, the arrangement that they made for her when she left me to keep the baby with her was a very weak situation. It was not—the personnel were not strong enough to handle people with the kind of problems that my daughter had. So that situation failed, and here the baby was in the system again.

KOJO NNAMDI: So you went ahead and went for legal guardianship, and as of tomorrow you will be the baby's official parent. If you don't mind sharing it with us, what is your daughter's situation?

GLENDURA PATTERSON: Well, my daughter at the present time—and we are delighted to say that—is in a residential treatment situation. She knows about the adoption, has talked with her daughter, my granddaughter, about it. It's a very difficult situation. We are both in a state of celebration and in a state of mourning. We're mourning what could have been, we're celebrating what will be.

KOJO NNAMDI: Allow me to speculate about what could have been—what could have been were you not available—your granddaughter might have been in foster care.

GLENDURA PATTERSON: Well, she could have been in foster care or she may have been with her mother in a risky situation. It's hard to know. And I think I want to make this point, too. The women like my daughter, you know, we're not talking about bad, criminal people here, we're talking about people who get into a situation where drugs are rampant in the community, do not get the help that they need in order to overcome the drugs, you see, and end up sometimes in criminal situation.

KOJO NNAMDI: When, in fact, what they have might be a health care problem. However, the reason why—

GLENDURA PATTERSON: They have an illness.

KOJO NNAMDI: The reason why I raised the issue about what your daughter is doing now—and I'm happy to hear that she is in a treatment program—is because some people have said that when relatives take care of their kin's children that it encourages the abuser in this case to be able to continue that abuse, because they know that the child is in safe hands, because they trust the relative. Obviously, that hasn't happened in your situation.

GLENDURA PATTERSON: Well, of course, now we're talking about an eight-year period here. So my daughter has been in and out of situations, and she has not been able—I mean, right now she's into six months of sobriety, but she's been off and on. It's a very—and she has talked with me a great deal. I feel very fortunate I've had a chance to talk with my daughter about her addiction. I think I have a good understanding of the pull of crack cocaine. Most of us have such limited information about how powerful the stuff is.

KOJO NNAMDI: Allow me to interrupt, because we're running out of time. It's my understanding that there is an adoption assistance program in California, specifically for kinship care providers, that you have been able to take advantage of.

GLENDURA PATTERSON: Well, the state offers, through the counties, adoption assistance for families who need it. Yes, we do have that program. A lot of kin families do not know the extent of this service for their children, because a lot of the children who are adopted have numerous needs—health needs, educational needs, mental health needs—and this is a resource that is available to families, yes.

KOJO NNAMDI: Glendura Patterson, raising her eight-year-old granddaughter, soon to become, tomorrow, the official parent. Thank you for joining us.

GLENDURA PATTERSON: And thank you.

KOJO NNAMDI: We're going to have to take a short break. There are a lot of people on the line already, so we're going to get to you when we come back.

(Program break.)

KOJO NNAMDI: Welcome back to our conversation on kinship care with Ana Beltran, project director for the Grandparents and Other Relatives Raising Children program of Generations United; Rob Geen, senior researcher with the Urban Institute; and Ronald Browder, chief of the Bureau of Adoption and Kinship Care of the Ohio Department of Job and Family Services. He joins us from the studios of WOSU in Columbus, and joining us from Cleveland Heights, Ohio, is Kelly.

Hi, Kelly, you're on the air. Go ahead please.

CALLER: Hi, Kojo. Thanks for having me on the show.

KOJO NNAMDI: You're welcome.

CALLER: I just wanted to say I'm a social worker living here in Ohio, and I'd like to talk a little bit more about extended family members. I know we talked a lot about grandparents.

KOJO NNAMDI: Yes, go right ahead please.

CALLER: One of the things that's difficult for a social worker, I think, in accessing extended family members

is that there's this extra work required for social workers. For instance, if it's an extended family member who is not a foster parent, you do have to go through all kinds of different channels, the social worker does, to try and get the extended family member or grandparent certified to become a foster parent. And I know you alluded to some of that. But also another thing is that there's also a lot of bias against grandparents, as well as extended family members, because of what one of your speakers talked about, you know, this whole—

KOJO NNAMDI: Apple doesn't fall far from the tree.

CALLER: Right, exactly. So there's an awful lot of bias within the social worker community itself, I felt. And so people were brought to a higher standard.

KOJO NNAMDI: Okay. Allow me to have Ronald Browder and Ana Beltran respond to that. Ronald, you're first.

RONALD BROWDER: I think that the social worker, the caller, has a real point. I think that there are philosophical training belief issues out there that the families, extended families, biological grandparents—there's a real issue that the child was on drugs, or was abusive natured, and possibly that whole family is engaged in that. And I think what we have to do, at a state level and a federal level, we have to work to really actively engage our local communities to begin to look beyond those old stereotypes, because that is not necessarily the case. I think that what we find if we really go and look, I think that there are families that can provide safe, nurturing care for those children.

I think it is a little bit of extra work, and I do agree with her, it is not just going to the mother of that particular person who has lost custody of that child. Oftentimes it's a cousin. And there are times when you go next door to the neighbor next door who might have a relationship with that child and that family and can provide very safely for that child. I think sometimes we lose that ability to think that this issue of kinship is just about blood and about marriage ties [and that] this issue of kinship is also about that neighbor who is long time known to that child and family.

KOJO NNAMDI: But, Rob Geen, when we talk about drugs and stereotypes we are also in many ways talking race, and you point out that there are a lot of racial tensions in the issue of kinship care.

ROB GEEN: You're exactly right. Kinship care is a very racially charged topic, largely because the overwhelming majority of kinship caregivers are African American, and research has shown that they get less support and less services from the child welfare system than the kids in non-kin foster care, who are more likely to be white.

KOJO NNAMDI: Care to comment, Ana?

ANA BELTRAN: Well, I believe that they are overly represented in the foster care system, black populations. But, actually, there are more whites and Hispanics, combined, raising related children outside of the foster care system than there are blacks.

KOJO NNAMDI: Kelly, thank you for your call.

On to Mark in Jacksonville, Florida. Mark, you're on the air, go ahead please.

CALLER: Great topic, I'm sitting here and my blood has been boiling for the last 40 minutes. I just got my lovely adopted son out of this situation. And I think the last people that should be given a child to raise is the parents—I mean, we've glossed over this twice now, but nobody has mentioned it. You've got these grandparents who have demonstrated a lack of parenting skills in one way or another, because their daughter or their son has probably had a child out of wedlock, and is now probably in trouble with drugs, or probably with crime. And you want to put a small child back right into that environment. They've already proved themselves incapable of raising a human being the first time around, and the second time around is just ludicrous.

I think in Florida when I went through this it was much easier for the social worker to just place them—excuse me, to just place them with the grandparents or a relative because usually they were right on the scene. And very little background investigation was done. And also I believe it costs the foster care system, at least several years ago when I went through this, it costs less money for the foster care system to give money to the relatives than it would to give it to foster care parents. So all around it's easier for these social workers, who are overworked and underpaid, and God love them, but still that's no reason to just [say,] the first option out, let's give them to the grandparents.

KOJO NNAMDI: Mark, is that the case of what happened with your adopted son?

CALLER: I'm actually the grandparent of the 15-year-old biological mother of my son, who did not want the child, and so gave him to us as foster trained, licensed foster parents. Later, this woman who did not have a high school education, who was living in a two-bedroom rented apartment—

KOJO NNAMDI: Wait a second, Mark, slow down, either in your car, or wherever you are, because we're beginning to lose you.

CALLER: I'm sorry. Is that better?

KOJO NNAMDI: Not really, if you're driving you'd be advised to pull over, otherwise I think we're going to lose you completely.

CALLER: Okay. I'm pulling over right now.

KOJO NNAMDI: Okay. Good, because you seem to be making an important point, because even though we're talking about an individual circumstance, and generalizing on the basis of your individual circumstance, we would still like to hear the details of it.

Mark, I'm going to put you on hold. Drive on to another point and we'll see if we can get a better reception from you as you finish your story—rather than put Mark on hold, it would appear that I cut him off. Mark, if you're still listening, please call us back as quickly as possible. See, let me explain, the hold button is right next to the off button. And sometimes I hit one instead of the other.

But what we care about is talking to somebody else. Here's Tanya in Shawnee, Kansas. Tanya, you're on the air. Go ahead please.

CALLER: Your topic of kinship care is a new concept for my husband and myself. We recently, on Good Friday, were able to receive our great-niece in our home, she's five years old, and with that came a whole new change for our life. And I guess just the whole topic. My husband called me five minutes ago and said, you've got to turn on the radio, there's a topic about something that relates to us. But kinship care as a concept is a very new concept for us; I'd never even heard of it. And I want to know, I guess, what resources are available to my husband and myself in lots of areas. One, just handling the adjustment of having a child in the home that may also have issues of where's mommy, why can't I see mommy. But things of any resources to just help us be the best parents we can be for this little girl?

KOJO NNAMDI: Ana Beltran is here to help you.

ANA BELTRAN: Hi, Tanya, good for you. There are a lot of people raising relatives and not even realizing that they're part of a phenomenon. But it's true that almost all of us know someone who is doing this. In Kansas you have quite a few resources, there's a whole network of support groups in Kansas. And support groups have proven to really help grandparents and other relatives raising children get the support they need, share resources, just know other people are in the same boat with you.

CALLER: And where would I access that information?

ANA BELTRAN: Why don't you contact us at GU and I will put you in contact with the right people.

CALLER: Okay. Very good. The other concept that was raised earlier by the social worker of social workers not automatically giving a child to parents or relatives. I would, I guess, just like to caution the social work community that there are parents, grandparents, and maybe even other distant relatives who geographically are much farther removed from the situation of the mother, and try not to have the bias that a relative wouldn't be a good place to put a child. You know, we're in Kansas, the mother is in Iowa, and so it was a good situation for us. And I would just hope that the social workers would dig a bit deeper to find committed family members who are willing to help.

KOJO NNAMDI: Rob Geen, we're just heard two important issues here. Thank you for your call, the one by Tanya, and the other from Mark, the call that I lost. Mark, on the one hand, arguing that you shouldn't be in such a hurry to place with relatives, and Tanya saying, well, it doesn't have to be relatives in the neighborhood, you could look farther afield for relatives.

ROB GEEN: I think both callers are correct, in that kinship care tends to be both underused and overused. I think in the underused portion we tend to sometimes not to look for all the relatives. It's difficult sometimes to track down great-aunts and great-uncles and fictive kin, neighbors and godparents. And sometimes we make the regulations so difficult it prevents relatives who can really do a good job from becoming foster parents. And at the same time we sometimes overuse them because there is such a lack of traditional foster parents, and when a child has been abused the child has to go somewhere, and there are times when social workers are given no choice, it's either shelter care or a relative who they might otherwise think isn't the perfect solution, or leaving with the mother who they know—typically the mother—who they know has been abusive in the past.

KOJO NNAMDI: Rob Geen, a senior researcher for the Urban Institute, he joins us in our Washington Studio, with Ana Beltran, project director for the Grandparents and Other Relatives Raising Children program of Generations United. And Ronald Browder joins us from the studios of OSU in Columbus, Ohio. He is the chief of the Bureau of Adoption and Kinship Care for the Ohio Department of Job and Family Services.

This is Public Interest. I'm Kojo Nnamdi.

Ronald Browder?

RONALD BROWDER: Kojo, yes, I did want to say that I think we have to be very careful when we talk about [how] because a child is going to be raised by a grandparent or other relative who might be near the relative who was dysfunctional that that might be a great problem. The reality is what you are trying to do as that social worker, if the child is known to the agency, is to make sure that child is safe, and the well-being of that child. That's the paramount interest, what is in the best interest of that child.

But even in the foster care arena now we are moving very, very quickly toward neighborhood-based foster care, because we know that children do better when they're allowed to stay in that same school district. When you take children out of their school districts, send them across the county, or send them across the state, or across state lines, or across the country, if it's to someone they don't know, those create great issues. Attachment issues begin to develop, and you have to really begin to prepare people for those issues, and how they will manifest themselves.

And so I think that not only should we be looking for their grandparents, but we should be looking for aunts, we should be looking for uncles, cousins. And somewhere in that family structure someone will be able to provide some safety for that child. You would not ever want to put a child where a child is unsafe; that would be criminal.

KOJO NNAMDI: Ronald Browder, that issue is probably related to one of the issues I wanted to get into before we go—we're running out of time—and that is licensing. But, allow me to get Mark on to quickly finish his story. Mark, you're on the air, go ahead please. It would appear that in your case, Mark, there was a social worker that just wasn't paying attention?

CALLER: Well—and again, I don't want to paint with too broad a brush—but it seems like that is most of them. They want to get this child, sure let's make the child safe, but let's do this as quickly as possible, and if we can save money, so much the better. Our social worker took—he had been with us six months, took this three-year-old little boy away from us after the grandma came back into the picture, and she was living with a man who had been convicted of child molestation 20 years before, had served 7 years in prison. And we brought this up to their attention, and they said, well, that was 20 years before, he's paid his price. And she was living with this man. How ludicrous is that?

KOJO NNAMDI: Okay, Mark. Allow me to get a response, because we're running out of time, from Rob Geen in terms of how licensing operates, and whether or not it can help to avoid the kind of situation that Mark, who it looks like I just cut off again, found himself in.

ROB GEEN: Well, as I mentioned earlier, not all relatives are required to become licensed. And that has raised a concern among many that if you're not licensed you're not a safe placement. But I want the caller to understand what licensing consists of. I'm a parent of two children, and I consider myself to be an adequate parent, yet I think it's unlikely that my house would pass any foster parent's assessment. You need to have fire extinguishers on every floor, you need to have CPR training, first aid training. There are many requirements in the foster care regulations for licensing that people have argued are really middle-class values of what a home should be, rather than related to safety.

KOJO NNAMDI: Ronald Browder?

RONALD BROWDER: I think Rob's point is excellent. I think that many of us as parents, if we were to open our doors and our homes to social workers, based on what the requirements of foster care and licensing would be, we would fail not only—our homes would fail inspection, and we would fail as parents. And so I would say we have to be very careful when we go and say that parents are not safe, or grandparents are not safe, just because there were some issues with a child. We all know that we have no control. Once we're adults our parents have no control over our actions. We become the owners of our own actions, and then we are responsible for what we do in that regard. And it seems that it would be difficult to hold my parent responsible for what I did as an adult.

KOJO NNAMDI: And I'm afraid we're just about out of time. Ronald Browder is chief of the Bureau of Adoption and Kinship Care for the Ohio Department of Job and Family Services. Rob Geen is a senior researcher with the Urban Institute. And Ana Beltran is project director for the Grandparents and Other Relatives Raising Children program of Generations United.

If you're interested in a transcript of this show or any of our previous collaborations with the Urban Institute, just check out the Cityscapes section of the Urban Institute Web site, which is <http://www.urban.org>. Rob, Ana, Ronald, thank you all for joining us.

Public Interest is produced by Dianne Vogel, Terry Cross Davis, and John Haas, who is the managing producer. Dianne Vogel is the managing producer. Our engineer is Jonathan Sherry, who I think has been sneakily cutting off telephone calls and blaming them on me. Dori Asmad is on the phones.

This has been Public Interest. I'm Koyo Nnamdi.

Other Publications by the Authors

- [Urban Institute](#)
- [Rob Geen](#)

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