

Silberman School of Social Work



Child Welfare Practice II

Out of Home Services

Children should be placed in the least restrictive settings

Placed with relatives in their home

Placed with licensed foster parents in their home

Agency Operated Boarding Homes – AOBH

Group Homes

Congregate Care Facilities

Residential Treatment Centers

Residential Treatment Facilities – OMH

Psychiatric Hospitalization

Out of Home Services

Children should be placed in the least restrictive settings

Placed with relatives in their home
Kinship Care or Relative Care

Placed with licensed foster parents in their home
“Stranger” Foster Homes

What is Kinship Care or Relative Care

Kinship care refers to the care of children by relatives or, in some jurisdictions, close family friends (often referred to as fictive kin).

Relatives are the preferred resource for children who must be separated from their birth parents because it helps maintain the children's connections with their families, increases stability, and overall minimizes the trauma of family separation.

Read:

https://www.childwelfare.gov/pubPDFs/factsheets_families_partner_relatives.pdf

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Session 2:
All About Kinship Care
Foster Homes

History of Foster Care

During the Industrial Revolution, there were only two options for children who were not being properly cared for by their biological parents: living with other family members or at the local orphanage.

Orphans and children whose parents could not afford to take care of them became indentured to work for other families.

Religious institutions established organizations that counted on donations from the community to operate. At the time, the homes were very rarely monitored, and the safety of children in care was in question.

Race and Foster Care

Until 1822 Black Children were excluded from the traditional foster care systems

Black children were expected to be cared for, by uncompensated relatives.

Read:

https://en.wikipedia.org/wiki/Colored_Orphan_Asylum

<https://www.nytimes.com/2022/11/22/nyregion/nyc-acs-racism-abuse-neglect.html>

Race and Foster Care

In 1822 in Philadelphia, the Association for the Care of Colored Orphans was established by a group of benevolent Quaker women dedicated to aiding children in an effort to promote compensatory justice for generations of oppression under enslavement.

Race and Foster Care

There was much racial unrest in New York City, in the early 1800s as immigrants from across Europe and migrants from neighboring states arrived in the city.

Enslavement of people was abolished in New York state in 1827. Although Black New Yorkers were free, many of their families were broken because of the sale of parents or children. General poverty among all ex-enslaved people and many free Blacks also meant families could not afford to stay together. There was a need for shelter and schooling for numerous Black children in the city.

As a consequence, 25 people, mostly Quakers and other abolitionists founded the Colored Orphans Asylum of New York.

Race and Foster Care con't

The first building was purchased in 1836 and was located at 12th and Fifth Avenue in Manhattan

The organization moved in 1843 to a large four-story home at 43rd and Fifth Avenue. Dr. James McCune Smith, the nation's first licensed black medical doctor, became the orphanage's medical director in 1846. The Asylum housed anywhere from 200 to 800 children at any given time in the antebellum period. Fewer than a third of the children were orphans, and at about 12 years of age, many were returned to their parents or placed in positions as farm laborers or domestic servants.

Race and Foster Care con't

In the summer of 1863, New York City experienced the Draft Riots, the largest urban uprising in the nation's history. On the morning of July 13, 1863, a mostly Irish mob took to the streets and began burning buildings, smashing windows, and pulling up cobblestones in the streets. The mob proceeded through the streets to the Orphan's Asylum and broke into the building with pickaxes. They trashed and ransacked the building before setting it on fire. While the mob was focused on breaking into the building, the superintendent of the Asylum, William E. Davis, and the head matron, Jane McClellan, quietly led 233 children out the back entrance. A crew of firefighters of Hook and Ladder Company No. 2, valiantly fought the flames. Two firemen, Chief Engineer Decker and Paddy McCaffrey, showed exceptional bravery trying in vain to put out the fire, while fighting the angry mob.

Race and Foster Care con't

The children were taken to the Twentieth Precinct building which was located on 35th Street near 7th Avenue where they remained for the next three days until the riots ended. At least 120 people were killed and more than 2,000, all mostly African Americans, were injured. The children from the Orphans Asylum, however, were moved to Blackwell's Island (now Roosevelt Island), along with many other African American refugees whose homes had been burned by the mob. All Asylum children survived the riots, and after a short time at Governor's Island, they were moved to a residence in Carmansville.

The Asylum was rebuilt in 1867 at 143rd Street and Amsterdam Avenue, and in 1907 was relocated again to the Riverdale section of the Bronx. In 1944, the Association's name was changed to the Riverdale Children's Association. The Asylum went through several moves and name changes until 1988, when the Westside Center for Family Services, as it was then known, merged with Harlem-Dowling Children's Services, which is still in existence today.

History of Foster Care con't

In 1978, kinship care became a formal part of the child welfare system across the country.

However, it wasn't until the 1990s that kinship care was considered a specific program within foster care. While benefits spread nationwide, each state determined – and still determines – the type of assistance that will be provided. For example, not all states provide subsidies to kinship providers.

In the late 1990s, more than three quarters of children lived with relatives who were private or unlicensed kinship care providers, giving care without involvement from a child welfare agency or juvenile court system.

History of Foster Care con't

Grandparents have traditionally been the primary caregivers for the children in their families in need of kinship care.

Grandparents are the go-to providers for kinship care, but they are struggling financially. Factors like fixed incomes and chronic illness force families to live in poverty.

In addition to financial struggles, other challenges arise in unlicensed kinship care due to the legal barriers kinship providers face. Difficulties in enrolling children in school and authorizing medical care make the arrangement more harrowing.

History of Foster Care con't

Only recently has there been a push for kinship care as the primary source of foster care.

The Fostering Connections to Success and Increasing Adoptions Act of 2008 requires that, among other things, child welfare agencies find and notify all grandparents and adult relatives within 30 days after children are removed from their homes.

The Families First Act of 2018, makes other provisions for kin, including Kinship Navigator Programs

Types of Kinship Care

There are four different types of Kinship Care.

Informal Kinship Care means that living arrangement of the child was created by the parents and other family members without the help of the court or child welfare agencies. An example of this care could be if the parents are ill and can no longer care for their children, so a relative like a grandparent, aunt or uncle may care for the children until the parents recover.

Temporary Guardianship occurs when the parent of a child plans to temporary leave their children with a relative. This type also requires the parents to consult an attorney and the attorney will write up papers to be sent to the court for a judge to approve. During this time of temporary guardianship, the relatives who were granted this type of kinship can make decisions for the children in the sectors of medical and education.

Types of Kinship Care con't

Voluntary Kinship Care occurs when the child was placed in the home or a relative and the child welfare agency is involved. Examples of circumstances that result in this type of kinship care include; if there are signs of abuse or neglect by the parents, and while parents are in treatment for substance abuse or mental health issues, parents can place their children with relatives with the help of child welfare workers.

Formal Kinship Care. In this type of kinship care, "the child is placed in the legal custody of the State by a judge and the child welfare places the child with family members. The state will remain having legal custody of the child and the relatives will have physical custody, which means they must support the child financially and give them a home. If the parents and relatives agree on the child visiting their parents or siblings, the child welfare agency is responsible for creating the visits and making sure that the visits happen. With this type of kinship care, the relatives become the foster parents of the child.

Benefits of Kinship Care

Child development scholars recognize the tremendous benefits of kinship care for children, which include the following:

Less trauma and more permanency. Kinship care minimizes the trauma for children by offering more familiarity and continuity. Relatives are often willing to take large sibling groups and live in the same neighborhood, keeping the children in their school and community (Epstein, 2017). Relatives are also less likely to request removal of problematic children and more likely to become permanent guardians (Chamberlain et al., 2006).

Better behavioral and mental health outcomes. Children in kinship care have fewer behavioral problems (Cheung et al., 2011; Rubin et al., 2008) and better social, emotional, and behavioral outcomes than youth in non-kinship foster care (Garcia et al, 2015; Winokur, Holtan, & Batchelder, 2014).

Benefits of Kinship Care con't

Stronger sibling ties. Children placed in kinship care have a much higher likelihood of staying connected to or living with siblings than children in non-kinship foster care (Wulczyn & Zimmerman, 2005).

Protects cultural identity. Children in kinship care are much more likely to stay connected to their extended family and maintain their cultures and customs, which promotes healthy child development and a sense of belonging (Epstein, 2017).

Stronger bridge into adulthood. Children who age out of foster care often face adulthood alone and have very poor outcomes (e.g., homelessness and criminal involvement). Children in kinship care benefit from a connection to a family member that helps them transition more successfully to self-sufficiency in adulthood.

Critique of Kinship Care

The Apple Don't Fall Far From the Tree

It May be More Likely for Children in Kinship Foster Care to Have Unwelcome / Unauthorized Contact with Their Birth Parents

Kinship caregivers may find it difficult to enforce the child welfare designated rules about contact with the child, because of the emotional connection to the birth parent. Think about how hard it must be to tell your daughter she is unwelcome in your home and that she can't see her own child.

Kinship Foster Caregivers May Not be Sufficiently Prepared to Deal with the Child's Special Needs

Foster children often have special needs, because they are abused and neglected, that kinship caregivers may not understand or even be aware of, such as physical or psychological issues that need attention.

Next Session:

All About Foster Homes

Read:

<https://ocfs.ny.gov/programs/fostercare/>

<https://www.nyc.gov/site/acs/child-welfare/become-foster-adoptive-parent.page>