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Kinship care: Policy and practice in the Shenandoah Valley

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Kinship Care: Policy and Practice in the Shenandoah Valley

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PUBLIC PRESENTATION

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Abstract

Kinship care has a long history of being used as a system of care for children whose parents are unable to care for them. However, it's formal utilization is much newer in the United States and has significant impact on both families, workers, and society in general. My research explored how the Shenandoah Valley has employed kinship care in various counties. The findings of the study were that while children benefit substantially from kinship care, it is largely underfunded and lacks the support that could allow it to make the biggest positive impact on all parties involved.

Keywords: Kinship Care, Foster Care, financial, relationships, support, qualitative research, interviews

Introduction

The policies that comprise child welfare did not fully come into being until the late ninetieth century with the case of Mary Ellen McCormack (Myers, J.E.B., 2009). These were modeled after animal protection laws already in existence. Both formal polices like CAPTA, the Child Abuse Prevention and Treatment Act of 1974, and the Multiethnic Placement Act of 1994, and informal movements such as the orphan trains promoted by Charles Loring Brace, would serve to shape the future (Hollinger, 2007), (National Foster Parent Association, 2015) (Child Welfare Information Gateway, 2011). As the ground work for child welfare practice was built, a pendulum swing began that would put pressure on workers to first keep children safe by removal, and then keep children with families for permanency.

With the current movement placing the permanency of children's placements at the forefront, Kinship care, otherwise known as care by relatives, has stepped into the light of the formal system, albeit with a few bumps in the road. The many different viewpoints in society, along with troubleshooting complicated relationships among families has put a burden on the choice of Kinship care, despite its many positives found through research and experiences shared by those interviewed in this study. Financial issues regarding funding, support services and money saved by preventative care, have become one of the biggest issues currently facing Kinship care.

Statement of the Problem

Kinship care has been in existence for quite some time. However, its usage has been largely unexplored for the state of Virginia. It is unknown how the implementation of Kinship care, specifically in the counties that comprise the Shenandoah Valley, has gone over the past few decades. Additionally, whether the Shenandoah Valley has experienced the same problems associated with Kinship care, such as its implementation and finding funding for support services, as other states have, is also a relative mystery (Child Welfare Information Gateway, 2016).

Purpose of the Study

The purpose of this study is to uncover how kinship care has been utilized by several local counties within the Shenandoah Valley. Specifically, it was my hope that this study would identify the ways in which recent laws and policies have affected local agencies in Virginia, the prevalence and success of kinship care in these agencies, as well as identify areas in which these agencies are seeking further improvement.

Theoretical Perspective

In this study, the theoretical perspectives involving systems theory, people in environment theory, and social constructionism were all applied. As Child Welfare is a huge system, comprised of both federal, state, and local policies, the interaction of the multiple systems effects how well the system as a whole works, or does not work. Additionally, people respond differently depending on the distinctive factors of their situations. It is because of this fact that how Kinship care is viewed and used can vary so widely from one place to the next. Finally, social constructionism comes into play when it comes to the workers who have to navigate not only the push to keep families together, but also to help people overcome biases and preconceived notions about relative care (Boghossian, P.A. (2001).

Literature Review

The relationship between humans is a vital part of the integrated society in which people exist. In the hopes of understanding this relationship and the ways in which it can affect development in children regarding their social and emotional outcomes, I have conducted a literature review of this topic. In the year 1991, the Child Welfare League of America published a book about fostering children with a chapter that used the term 'kinship care'. This marked a distinct change in direction for the group; and allowed them to begin focusing more directly on the importance of family relationships in association to child development (Pasztor, 2010).

Kinship care, sometimes referred to as relative care, is defined as any "adult who is related to the child by blood, adoption, or affinity within the fifth degree of kinship…or the spouse of any of these persons, even if the marriage was terminated by death or dissolution" who cares for a child (DSS, 2007). As a care system, kinship care has been used by societies around the world throughout history. Formal kinship care however did not gain very much momentum until late in the twentieth century.

History of Informal Care

History shows that a form of foster care, represented through almshouses, indentured servants and boarding homes existed long before any type of formal system. However, work to protect children formally through laws did not occur in the United States until after 1875, when a society to protect children formed in New York in response to the abusive case of Mary Ellen McCormack (Myers, J.E.B. (2009). These first few laws to protect children were loosely based on those already in existence for protecting animals.

Charles Loring Brace and his work in placing immigrant children in New York with foster families in the west would help the United States formally entered the foster care movement in the mid nineteenth century. It was during this time that there was a major push to get children out of dangerous situations and into safe homes (National Foster Parent Association, 2015).

These older formal systems used foster families to do this and typically consisted of caregivers who were unrelated to the children in their care. However, by overlooking the impact of this decision on children's behavior and emotional issues, the system could keep the children safe, while failing to meet their other needs, such as their emotional health and sense of permanence. Among other things, this is in part what has changed the formal child welfare trend to one that favors care that is more conscious of the long-term effects on children, values the importance of relationships, and maintains a sense of belonging and permanence (Care Inquiry, 2013).

Yet another vital factor to consider in the realm of child welfare is that of diversity. There is research on the influence of culture on kinship care and how ethnicity can alter the perceptions that a caregiver may have in relation to their child's well-being. The caregiver's income as well

as the number of children they are caring for also seems to impact their perceptions (Denby, 2015). From this comes a child's sense of identity. Culturally and ethnically, kinship arrangements are usually more inclined to support the growth of the family relationship and identity of the child.

A major part of the Formal Child Welfare and Kinship care System is the United States government. Over the past century there have been several national policies that have built the system upon which the United States child welfare system operates today. Among these acts are those such as the Adoption Assistance and Child Welfare Act of 1980, the Child Abuse Prevention, Adoption, and Family Services Act of 1988, and the Adoptions and Safe Families Act of 1997. In the Adoption Assistance and Child Welfare Act of 1980 a program for adoption and foster care assistance was established along with criteria for states to meet to be eligible for program funds.

A part of this act ascertained that care maintenance payments would be restricted to children in licensed foster or nonprofit private institutions (govtrack, 2004). The consequences of this act were a mixture of positives and negatives. While there was increase incentive to foster and adopt children, especially those with special needs, the act also pushed a large number of children into foster care due to the new regulations (Children's Rights, 2006). This grand influx was mostly due to the fact that informal kinship arrangements, although preferred by most parties involved, was a less financially supported option than foster care.

Over the past few decades, society started to realize how important race and cultural diversity of families can be when it comes to child well-being. One of the acts that assisted with this was the Multiethnic Placement Act of 1994, whose primary goal was to make it easier to find and keep child welfare parents and to "eliminate discrimination on the basis of the race,

color, or national origin of the child or prospective foster or adoptive parent" (Hollinger, 2007). Acts like the MEPA and those such as the Indian Child Welfare Act of 1978, which aimed to keep American Indian children together with American Indian families helped to give vigor to the movement towards reforming and improving the child welfare system.

The Family Services Act of 1988 was for the most part a systematic reform of the National Center on Child Abuse and Neglect in concerns with how it was to be run and what roles the many individuals who were a part of the center were responsible for completing (govtrack, 2004). Finally, the Adoptions and Safe Families Act of 1997 amended previous acts and made a clear point that "the health and safety of children served by child welfare agencies must be their paramount concern". This act also placed a two-year time limit on the duration for which children would remain in foster care before moving to a permanent home (Social Work Archives, 1997). In recent years, the stress on the importance of a child's safety, permanence and well-being in their care setting has turned the United States towards alignment with a child welfare system that is more kinship based.

As Geen (2002) states, there have been studies that show that the percentage of children living in kin-care who are African American is much larger than the percentage of children who are African American and who are living in a form of foster care. This finding suggests that African Americans are not only a disproportionate part of the formal child welfare system, but also that the type of formal care used could be linked to race (Geen, 2002). This statistic, as well as the relationship between those in family kinship care as well as living in poverty emphasizes the need to carefully evaluate the significance that race, ethnicity, economics, and culture have in relation to care.

Research Methodology

This research was completed through a field study where interviews with the selected participants were conducted. Participants were identified based on their association with and position within local child welfare agencies in the Shenandoah Valley area. The participants recruited were supervisors or administrators in the Department of Social Services. Participants were contacted by means of their public contact information. Utilizing a snowball sampling method, after each interview, participants were asked to provide any contacts who might also be willing to participate. During the interviews, participants in the study were asked a series of questions. These interviews were digitally recorded and transcribed, and the personal identifiers from the transcripts were then removed.

Research Method

The initial background research for this study was completed with the use of several Child Welfare books, online articles, and research texts such as Padgett's Qualitative Methods in Social Work Research. Data about how kinship care has been utilized in the Shenandoah Valley was gathered through interviews and analyzed using content analysis (Padgett, D.K., 2008).

Research Questions

Based on this initial review of the literature on Child Welfare, I identified the basic research questions I would use for my project. These questions helped me to narrow down the types of interview questions that I wanted to ask, as well as the direction I wanted to focus my research on.

Question 1: How is kinship care integrated into the current public welfare system?

Question 2: What aspects of a child's situation or identity determine the type of care they are placed in?

Question 3: And does a child's community environment affect the likelihood of being placed in the formal child welfare system?

Setting

Potential research participants were located based on their association with and position within local child welfare agencies in the Shenandoah Valley area. The participants that were recruited were either supervisors or administrators in the Department of Social Services. Participants were contacted by means of their public contact information. In addition, Cindy Hunter and Dr. Lisa McGuire were consulted regarding contacting participants, as they have relationships with local agencies.

Respondents

As the researcher, I sought a voluntary convenience sample of Child Welfare supervisors and their colleagues, working in the counties within the Shenandoah Valley. Participants were recruited by email or phone and enlisted to complete a five-question interview that took approximately 30-60 minutes. The small sample size of three participants enabled me, as the researcher, to delve deeply into individual experiences and gather a plethora of information about specific counties in Virginia.

Participants in this study were all supervisors of different child welfare agencies in the Shenandoah Valley. Each participant had been working in their field for several years, some even decades, and had a vast variety of experiences both in work environment and population diversity.

Ethical Considerations

In this study, there were not any risks perceived more than the minimal risks from your involvement in the study, or in other words, everyday life. Participants in this study were asked to answer five questions, and to have their responses, which would be coded and remain anonymous, recorded. The potential benefits from participation in this study include the ability to gain a more accurate depiction of the Shenandoah Valley's use of kinship care along with insights into how its implementation could be improved. The benefits of this research could collectively take information from several different agencies and allow for a growth in the support and services for kinship care if utilized by agencies and other organizations.

The results of this research will be presented to the Honors Program and the JMU library in the form of a thesis paper and poster presentation. The results of this project will be coded in such a way that the respondent's identity will not be attached to the final form of this study. The researcher retains the right to use and publish non-identifiable data. While individual responses are confidential, aggregate data will be presented representing averages or generalizations about the responses. All data was stored in a secure location accessible only to the researcher. Upon completion of the study, all information that matches up individual respondents with their answers including audio tapes was destroyed.

Research Design

Following Padgett's suggestions for different qualitative research methods, I choose a few different elements to both collect and analyze my data. When I first began my research, I utilized the concept of grounded theory (Padgett, D.K., 2008). That is to say that I systematically researched until I had established varying conceptual categories under the topic of Kinship Care. These included ideas about the similarities and differences between kinship and foster care, the costs and benefits of kinship care, and the external systematic problems that effected how kinship care was used.

Interview questions were then developed based on the background research that was collected prior to the interviews with the participants. I decided that with such a small sample size, and a time limit in which I was able to conduct my interviews, that the best possible form of data collection was in-depth interviews (Padgett, D.K., 2008).

Data Analysis Strategy

This research was completed through a literature analysis, along with content analysis, and personal interviews with child welfare supervisors in several different counties. After these interviews were conducted and transcribed, I was able to analyze them. Carefully reading through each conversation, I picked out reoccurring themes that either confirmed or refuted what I had learned from my initial literature review; or those themes that answered one of my research questions. Data was analyzed through description, analysis and interpretation (Wolcott, 1994). The themes for the final research paper were pulled from the common themes from the interviews.

Findings

After completing both the literature review, interviews, additional research, and analysis of these materials, several major themes were identified that were relevant to my chosen topic. These themes include topics such as the financial aspects of care, availability of support services, the agency worker supply and caseload management, and systematic policy issues that are impeding service and care. All of these topics popped up quite frequently throughout both literary articles and in the interviews, that were conducted. The supervisors that I interviewed pointed out the financial savings that many kinship care arrangements offer to the tax-paying public. However, they also mentioned that there seemed to be a need for support services for Kinship families similar to those offered to Foster care families.

The long-term outcomes seem to be the winning factor in this scenario. With so many elements of a child's life being connected to their family, keeping that network intact, as opposed to uprooting it completely with Foster Care is vital. In addition, family members tend to have more resilience and willingness to work through difficult relationships, circumstances and behaviors due to the emotional investment they have with multiple parties involved, either the parents, children in care, or both.

Discussion

All the supervisors that I interviewed agreed that the pendulum swing towards kinship care had a lot of benefits to it. However, they each pointed out different ways in which their agency had experienced difficulties. These problems came in various forms from lack of funding, to poorly functioning community systems, to staff retention, to lack of research. While some 'natural supports' for kinship families exists, these are far from efficient to aid the families in the ways that they require assistance. This concept seems somewhat backwards as one of the supervisor's I interviewed pointed out.

It is important to note that while federal law mandates that "states must "consider giving preference to an adult relative over a non-relative caregiver when determining placement for a child, provided that the relative caregiver meets all relevant state child protection standards"; there is a significant need for support if this law is to be followed (Beltran, A., and H.R. Epstein., 2013). Although there is a push for the use of kinship care through these laws, it needs to be acknowledged that the best placement for a child might not always be with kin. However, this particular law seems to make a worker's ability to express less socially desirable thoughts more unlikely than in the past (Beltran, A., and H.R. Epstein., 2013).

Virginia itself seems to discriminate against some kinship caregivers with some of its regulations. Laws in Virginia state that applicants must have transportation available at all times and that they must have the ability to speak English. Although the state is not well known for its public transportation, many non-kinship families survive without immediate access to transportation twenty-four hours a day. Additionally, with a significant immigrant population in the Shenandoah Valley especially, it seems counter-productive to require caregivers to speak English. When the child they are caring for may very well not speak English, and with language

being such a large factor to a child's identity this requirement seems skewed towards bureaucratic needs.

1st Theme: Lack of Financial Assistance

The conundrum of why kinship families receive less financial assistance than foster families, despite their need for services, has largely gone unanswered. From the conversations that I had with the various supervisors however, it became apparent that this question about finances is not unanswered, but stuck in the many levels of policy that surround child welfare. One of the problems lies in the fact that while prevention services and support for kinship caregivers and their families would bring down the financial burden of child welfare; obtaining the money to fix a problem before it is fully visible to the political community is more difficult than funneling money into foster care to fix an immediate need. 'Cost saving' as one supervisor put it, is difficult to see even when it is cost-effective in the long run to spend the money to prevent problems rather than wait for them to develop.

- "If a child 'fails up' and is placed in a residential program, those can range in cost from five thousand dollars a month to thirty thousand dollars a month. Verses prevention services, which are family centered and community based, typically covered by Medicaid, and even if they're not, they are significantly lower than the cost of foster care."

Workers are pushed to place children in kinship care because society believes, and research shows, that most children do better when they are raised in their own homes. However, while kinship care is 'less expensive' in the short term, the lack of supports in multiple areas can sometimes doom its success. This is also not helped by the biases and misconceptions about families that seem to permeate the many levels of society. The phrase, 'the apple doesn't fall far

from the tree' is one that pin points the exact attitude that has caused some people to feel that children might be better off with their families, but only because they inevitably going to end up just like them. When this occurs, workers and families must work around social constructionism and prove that they are capable of caring for their children and growing in their own strengths.

- "Even a slight increase in the services and support for kinship families would greatly improve the outcomes for these families."

Although Virginia as a state does well at keeping the number of children in care low, there are a few counties in the Shenandoah Valley that have been extremely progressive in their efforts to incorporate and support this type of care (Virginia Performs, 2017). Policy is obviously a huge factor when it comes to determining what Child Welfare agencies are capable of doing and focus their efforts on. It is because of this, that the more recent shift to keep children with relatives, if they cannot be kept in their homes, has pushed many workers to make this a part of their agenda. For some, this has not been a far leap. However, the lack of funding for programs that would support this movement has caused many bumps in the road.

- "We feel like children do better when they are raised in families."

2nd Theme: Worker attitudes & beliefs/availability

Federal and State funding are far from the only thing holding back kinship care from truly succeeding. This became extremely apparent when I began to interview child welfare supervisors in several different counties. The community, and willingness of a county to work with kinship families had a lot to do with how much the county utilized kinship care. With child welfare being a relatively large system, with many smaller parts, it is easy to see how miscommunication and a lack of uniform goal alignment could wreak havoc on the system as a whole.

- "You can go fifteen miles up 81 and be in a different county and the ideology surrounding child welfare in that location could be radically different".

- "When I moved from Harrisonburg, I realized, oh wow, you know, people do it really differently…there's a lot of good stuff in Harrisonburg, but one of the things that I realized after I had the chance to step away is there's a lot of this institutional memory."

An important part of the child welfare system are the staff members that comprise it. A supervisor explained, the trouble with supporting kinship families was not just about stipends, but also about having the staff to offer these families the services that they needed. Being short staffed also causes quite a bit of burn out. Another supervisor talked about the high amount of turn-over they had in their agency, while yet another talked about their own experience moving from one agency to the next because they became frustrated with the system.

Each of the supervisors that I spoke with talked about Virginia's low ranking on the scales of how states were doing with implementing kinship care, and the challenges in decreasing the high number of kids in foster care. Their thoughts on why this was aligned almost identically to what the research has shown. A lack of knowledge about the legal process on the part of caregivers involved in kinship care was one factor that influenced Virginia's standing (Kiraly, M., & Humphreys, C., 2015). If people do not understand the system, the system does not tend to work very efficiently. One supervisor commented about how other states such as Ohio and Minnesota have been engaged in 'family assessments', a form of preventative service, and this could attribute to their success with kinship and additionally serve as a guide for Virginia.

One of the biggest factors surrounding the quality of child welfare in Virginia is that of cost. Plainly put, kinship care is a lot less expensive than foster care. The reasons for this include the

ability to meet criteria for federal grants along with the sacrifice family members are willing to make for the preservation of relationships. Since many kinship caregivers are not licensed by the state, they are not eligible to receive stipends like foster families, and instead "are simply referred to TANF for assistance" (Beltran, A., and H.R. Epstein, 2013). While this saves taxpayers' over $6 billion each year in deterred federal foster care costs, a question of the quality of care being given to these children in kinship care is raised (Monahan, D., Smith, C., & Greene, V., 2013).

3rd Theme: Relationship Maintenance

The importance of human relationships is not only a core value of the National Association of Social Work, but also a vital factor when it comes to placement decisions for children. A wide range of studies show that children's sense of character, culture and connection to their identity is fostered greatly by maintaining relationships with their parents, siblings and extended family (Kiraly, M., & Humphreys, C., 2013). With a stronger sense of character, children seem like they would be more confident in themselves. This along with other positive outcomes is one of the many reasons that there is currently such a push to keep children with their family, in one way or another.

There are numerous barriers to the functioning of kinship care regarding the support for caregivers, relationship strain between parties, policy practice and implementation, along with the access to services. The conflict between the beliefs that families should care for their own without government support, and that those who need aid should receive it, is at the heart of the problems presently surrounding child welfare. As Testa states in his article about the challenges of kinship care, "constrained vision of kinship care policy to enforce family duty and limit public expenditures, supplies a powerful temptation to evade fiduciary responsibilities" (Testa, M.,

2013). While most of society may believe that family has an obligation to take care of each other, this does not automatically mean that every family has the means to do so at a moment's notice for an extended period of time.

Systems theory in social work "explains human behavior as the intersection of the influences of multiple interrelated systems" (Social Work License Map., 2017). Taking this into consideration, it seems like a large systematic flaw that the health, well-being and services for caregivers in kinship care is almost non-existent. Especially since the health of the caregiver can greatly impact the entire family unit directly (Smithgall, C., Yang, D., & Weiner, D.). Whether the burden concerns finances, transportation, or lack of other services, the stress that is pushed on the caregiver undermines their health and this decline in health can then increase their stress levels even more, turning into a vicious cycle (Monahan, D., Smith, C., & Greene, V., 2013).

The relationships that exist within kinship care create many interesting dynamics. These relationships are often complex and difficult to navigate for all of those involved. Based on research from several articles, it appears that one of the leading reasons parents prefer kinship care over foster care is due to the fact that they have better access to their children. Within an article, one woman in substance abuse treatment stated that having her "children placed with relatives versus strangers set her mind at ease and allowed her to focus on treatment and other conditions of her child protection case plan" (Blakey, J., 2012). In this way, the relationships that kinship care supports can help families achieve reunification. At one point, Kinship care was compared to a kind of glue that can hold family's together when they start to fall apart.

- "The family can really support the parent and child relationship."
- Another commented, "I don't want to say (they) put up with more, but they typically know the other parties, either the parent's or children's strengths and weaknesses. If

they're acting out (the child) the relative is typically gonna hold them, yah know, keep it

together."

Sibling contact was also a clear difference between kinship care and foster care. As the

research shows, kinship care tends to allow for sibling groups to stay together more often and

have more contact with each other than most foster care placements. Living with relatives has

also shown to strengthen children's sense of identity and their connection to their family

(Blakey, J., 2012). Community is also an important factor when it comes to kinship care. How a

community reacts to, supports and collaborates with itself for kinship care can decide if the

placement will work for a child (Testa, M., 2013). Both sibling contact and community support

are relationships that can greatly influence the success of a kinship care placement.

Finally, one of the most difficult relationships within the inner workings of kinship care

is the one that exists between the parent and caregiver, for a multitude of reasons. These include

a complicated previous relationship, disagreement over who fills the role of 'decision-maker',

and general confusion over the time period that caregivers will be in charge of the children in

their care (Kiraly, M., & Humphreys, C., 2015; Testa, M., 2013). This is yet another area in

which increased support, in this instance from caseworkers, could smooth the tension between

these two parties.

Most current U.S. policies regarding formalized kinship care "equalize it with unrelated

foster family care through uniform licensing standards" (Testa, M., 2013). Although somewhat

similar to one another, Foster care and kinship care are very different entities, each with their

own unique needs. As it happens, policy across the United States does not always reflect this

fact. This can be clearly seen in the access that foster families have to services and financial

support, which kinship care families are many times barred from for various reasons.

Sometimes the biggest issue is not finding a relative of a child, but finding one that is approved or can eventually pass all of the tests to be considered a formal placement option. Barrier laws however, do not seem to have had much effect on the ability of different counties to utilize Kinship care. One area in which the numerous rules for being considered an appropriate placement option causes trouble comes into play with the restriction on blood relatives or relatives by marriage.

- "When you're looking at kinship placements, and sometimes fictive kin like these folks that are absolute lynch pins to a kid's past, but maybe not blood relatives…barrier crimes are often a barrier, because you're submitting fingerprints, and CPS, and backgrounds.

Additionally, the monitoring that goes on for each care arrangement is drastically different. Again, falling back on the belief that children being with family automatically makes them safe, visits between parents and children are often less monitored. While this can increase a family's sense of privacy, it also creates the opportunity for warning signs to be missed and increased tension between caregivers, who are forced to play referee, and the parents of the child(ren).

The access to services is a final issue that has created a huge barrier in the quality of kinship care that is available to children. Support groups like grandparent programs and training programs, along with transportation assistance are all services that kinship families are in desperate need of to function successfully as child care placements (Uhrich, J., & Conway, P., 2014). As one article puts it, "the increase in policies recommending placement of children with kin should be accompanied with increased supports for those who may be unprepared for the task of caring for young children with socioemotional issues" (Fusco, R., & Cahalane, H., 2015). When it was mentioned in the interviews, several supervisors expressed frustration about how

often they saw a need for kinship family services, but were unable to do anything about it. Whether or not 'family should care for their own', people who are struggling and would not only survive, but flourish with some assistance, should have access to that aid.

- "I think one (of the biggest problems) is financial. You know…I mean that is probably the biggest one. We're not talking a large amount of money. It's just enough money to get extra groceries, the cold medicine."

Although both foster care and kinship care are used to care for children outside of their nuclear home, they are far from being the same thing. One of the biggest differences between these two branches of the child welfare system comes in the form of those providing the care to the children. The majority of non-relative foster parents seem to be providing care because they have the means to do so and the willingness. Kinship care however, does not usually follow this same pattern. Many times, the care of children is thrust unexpectedly upon family members who become care providers. Due to this seemingly small factor of how caregivers came to be in their role accounts for the many reasons that kinship family's needs are so different from those of a foster family.

One way in which this difference becomes apparent is in the process of licensing to become a formal foster care provider. Many kinship families obtain provisional licensing, which in essence is the act of getting a preliminary license that is constringent on passing certain checks as time progresses (Beltran, A., and H.R. Epstein. 2013). The reason for this has to do with the fact that kinship caregivers are usually trying to become licensed in order to have a certain child placed with them, not necessarily to be a top-quality home for any child in need.

The current pendulum swing to keep children with their families has ushered in an era where the push for kinship care is relatively strong. However, while the Shenandoah Valley child

welfare leans toward placing children with the families to preserve their identity, relationships, and lessen the country's economic burden, they also recognize the difficulties that come with this decision. These include the lack of funding for support services, the difficulty of enforcing and implementing preventative services, and the vitality of having a cohesive community within the child welfare agency network.

Interview Questions: Appendix A

RQ 1: What have been the biggest benefits to the current pendulum swing towards keeping children with their families?

RQ 2: Have you noticed any changes in the utilization of kinship care in your county?

RQ 3: Have the barrier laws in Virginia affected your child welfare practice in your agency? Have they influenced policy in your agency?

RQ 4: What services and supports are kinship families most in need of, and how has your agency approached the fulfillment of this need?

RQ 5: What areas do you feel that law makers should be focusing on to improve the functioning/goals for child welfare practice in your agency?

Recommendations and Implications for Theory, Research, and Practice

There are many areas in which child welfare has room to grow. With children going in and out of care, there is a great need for caseworker support for both children and their families. This support was talked about by one supervisor as 'at times' being the deciding factor over whether a placement would end up working or not. Virginia could also benefit greatly from looking at states who are succeeding with kinship care and attempting to take these observations and turn them into positive change back on Virginia soil. Policies like how kinship families are licensed and what this determines as far as the benefits they are eligible for need some reform if kinship care is going to be a viable care placement for children.

Delimitations

While this research paper covers quite a few pressing questions in the current environment of Child Welfare, it does not even scratch the surface of the many issues that are connected to the topic. These areas include what the best practice is for both Kinship and Foster care, how cost effective preventative services are, and the long-term outcomes of Kinship care as children enter adulthood.

Limitations of the Study

Unfortunately, while this was an interesting research topic, there was not a large enough sample size for this study to be considered significant. However, this does not mean that the implications of this study could not serve to inform the community and guide others to the areas that require further research.

Conclusions

Despite the many roadblocks that kinship care faces, Virginia is doing a lot to aid

caregivers and children in care. The agency supervisors that I spoke with talked about how

children's safety and permanency were their top priorities. Ensuring that kinship care placements

follow these guidelines, children are remaining with their families more often, while maintaining

a safe environment. Child welfare is usually filled with relatively messy situations, and no

solution is ever perfect. However, the slow progress, such as one county at a time being

progressive in their attitudes and determination to change children's lives, is encouraging to hear

about and inspiring for those who wish to make the future a better place for all families.

Glossary

To help guide the reader, the definitions of common themes are defined below.

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 removed from their birth parents because it maintains the children's connections with their families (Child Welfare Information Gateway, 2016)

Foster Care: is a system in which a minor has been placed into a ward, group home, or private home of a state-certified caregiver, referred to as a "foster parent". The placement of the child is normally arranged through the government or a social service agency (National Adoption Center, 2017).

Social Constructionism: or the social construction of reality (also social concept) is a theory of knowledge in sociology and communication theory that examines the development of jointly constructed understandings for the world that form the basis for shared assumptions about reality. (Boghossian, P.A., 2001)

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Informed Consent Form

Participation & Withdrawal

Your participation is entirely voluntary. You are free to choose not to participate. Should you

choose to participate, you can withdraw at any time without consequences of any kind.

Questions about the Study

If you have questions or concerns during the time of your participation in this study, or after its

completion or you would like to receive a copy of the final aggregate results of this study, please

contact:

Researcher's Name: Anneliese Keeler   Advisor's Name: Dr. Lisa McGuire

Department: Social Work   Department: Social Work

James Madison University   James Madison University

Email Address: keele2al@dukes.jmu.edu   Telephone: (540) …

                                          Email Address:

Questions about Your Rights as a Research Subject

Dr. David Cockley

Chair, Institutional Review Board

James Madison University

(540) 568-2834

cocklede@jmu.edu

Giving of Consent

I have read this consent form and I understand what is being requested of me as a participant in this study. I freely consent to participate. I have been given satisfactory answers to my questions. The investigator provided me with a copy of this form. I certify that I am at least 18 years of age.

☐ I give consent to be (*video/audio*) taped during my interview. _____ (initials)

_____

Name of Participant (Printed)

_____   _____

Name of Participant (Signed)   Date

_____   _____

Name of Researcher (Signed)   Date