



Issue Brief: Supporting Informal Kinship Families in Nebraska



Children thrive in a stable and loving home with a family that offers support in a safe environment. Research tells us that the relationships that children have with the adults in their lives are an extremely important component of successful development. Without these relationships, children have an increased risk of lasting health, behavioral, and psychosocial issues.

Every child needs a loving family to guide them into adulthood. When parents aren't able to provide that guidance, the community steps in to ensure that the future will be led by generations of happy and healthy adults. Child welfare systems should function to help families by providing the necessary services and supports for families to raise their children. In most cases, relatives and other trusted adults step forward to provide care for children before child welfare involvement is necessary. The practice of nonparental caregiving has deep and cross-cultural roots in human history, and it is currently estimated that about 2.7 million American children live in such arrangements.¹

The focus of this issue brief will be on the challenges that informal kinship care families face in the state of Nebraska and the identification of potential areas in which we can work to better support them.

Defining Kinship Care

Although “kinship care” generally refers to children in the full-time care of relatives or other trusted adults, it can refer to a large population of families in vastly different situations. While the term is most often referenced in the world of child welfare, the reality is that most kinship families are not system-involved. In the United States, over 96% of kinship families are in informal arrangements, which may be referred to as “informal” or “private” kinship care.³ These are situations where trusted adults have stepped forward to care for a child without a need for foster care services.

Kinship care arrangements come about for a variety of complex reasons ranging from economic hardship, illness or death, military deployment, or abuse and neglect. In difficult times when children cannot remain with their parents, kinship care is often the best option because it allows for the maintenance of familial and cultural ties while also buffering the child from the traumatic impacts of parental separation and being placed with an unfamiliar caregiver. Research has shown that children in kinship foster care fare better than those placed with non-kin in outcome measures such as stability, behavior, mental health, educational achievement, and overall well-being.²

The small fraction of kinship families who have had some degree of system involvement include families where children have come to the attention of child welfare officials, but have entered a “voluntary” informal placement (where the state does not assume custody over the child), and those in formal kinship foster care (where the child becomes a state ward).⁴

Informal Kinship Care and the Child Welfare System

Grandparents, neighbors, and other trusted adults have historically stepped in to provide care for children—oftentimes without ever being in contact with the child welfare system—and it is important to note that these families face highly unique challenges in raising their children, and lack access to a formalized system of support. In this context, kinship caregivers serve as an important alternative to foster care.

When children cannot remain safely with their parents, kinship care is often the best and most appropriate option, as well as a more cost-effective option for the state that would otherwise provide foster care payments and supports.

What Makes Kinship Care Unique: The Challenges of Kinship Care

Every story is unique, but the experience of kinship care can be very different from typical foster care providers. Kinship care often arises before adequate financial and emotional preparations for raising a child can be made. Historically, kinship caregivers have been older, poorer, single, less educated, and underemployed as compared to families with at least one parent present.⁵ The typical kinship caregiver is also more likely to be living on a fixed income or struggling with chronic health problems, which exacerbate the life-changing challenges of unexpectedly raising a child. Additionally, unlike traditional foster parents, kinship caregivers often have strong preexisting relationships with the birth parents, and may need to navigate complex family dynamics while balancing the best interests of the child with the interests of other family members.

Kinship caregivers assume responsibility for a child out of love and a deep interest in their well-being, but often find themselves in difficult circumstances. Understanding the unmet needs of kinship caregivers is the key to keeping more children in their homes with adults that they can trust and learn from.

Most of Nebraska’s kinship families are outside of the state foster care system. An estimated 14,000 children in Nebraska are living with a kinship caregiver. In 2013, only about 1,200 children were placed in a kinship foster home.

Source: *Stepping Up for Kids*, and Nebraska Department of Health and Human Services. (Point-in-time data on December 31, 2013)

Informal Kinship Families in Nebraska

Today, there are approximately 14,000 children in Nebraska who are living with an informal kinship family.⁶ While there is limited data on kinship families, some data on grandparent-headed households provides insight into the needs of kinship families. In Nebraska:⁷

- **Median family income is approximately 28% lower** among kinship families (\$42,708) than all families (\$58,926)
- Nearly **70% have had full-time care of their children for at least 1 year; 32% have had full-time care of their children for 5 or more years**
- About **31% are single-parent caregivers**
- Families of color are overrepresented and about **52% are racial and ethnic minorities**; Black or African Americans are twice as likely to be a kinship caregiver, while American Indians are nearly six times as likely to be a kinship caregiver
- Nearly **63% are female**
- Nearly **12% reported living with some disability of their own**

Kinship caregivers provide an invaluable service to the larger community by nurturing and caring for children who are unable to remain in the care of their parents. In spite of this, there is a lack of adequate supports available to kinship families in Nebraska.

Resources for Informal Kinship Families

The ability to provide everything that a child needs to be happy and healthy can put significant financial and emotional strains on any family. In lower-income families, about 25% of household income is spent on children on average.⁸ For kinship families, unanticipated responsibility for a child can be overwhelming to incorporate into household finances in addition to the added time and attention that children require. These difficulties may be further intensified by any trauma that the family may have experienced due to parental separation.

Financial Assistance

Kinship families and the service providers that work with them overwhelmingly identify finances as the primary obstacle of kinship caregiving. Kinship families may qualify as a household for a number of economic assistance programs if they meet certain requirements. However, many children who are in informal kinship care may categorically qualify for certain supports for child care and healthcare without regard to the income and assets of their caregiver.

A Case for Concern: “Mary” is a 61-year-old retiree who recently took over full-time care for her 10-year-old granddaughter. Mary’s current savings is just enough to cover her own costs for food and medication, and meets income requirements for the much larger family ADC grant. However, to meet requirements for the family grant, she is told at her local TANF office that she first must fulfill Employment First requirements for at least 20 hours a week. Additionally, she is told that the modest amount that she has saved over her lifetime for retirement disqualifies her for the family grant.

The smaller benefits that the child-only grant would provide would still require her to use some of her retirement savings to provide for her granddaughter, but she is reluctant to apply after learning that she would need to compromise the already unstable relationship that her family has with the parents of her granddaughter.

Temporary Assistance for Needy Families (TANF) is the primary source of financial assistance for kinship families in informal arrangements. The TANF program offers federal block grants to states for four purposes, the first of which is to “provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.”⁹

TANF grants are administered under the Aid to Dependent Children (ADC) program by the Nebraska Department of Health and Human Services (DHHS). Even if a kinship family meets the standard income criteria for a family ADC grant, they are also bound to a host of time limits, work requirements, asset limits, and child support enforcement. Many aspects of these requirements are particularly challenging for the typical kinship caregiver in Nebraska (Table 1).

Outside of the standard eligibility criteria for a family ADC grant in Nebraska, kinship families can also apply for a child-only grant. Unlike the family grant, the application for child-only ADC exclusively considers the needs and income of the child.

ADC grants pose three shortcomings for informal kinship families in Nebraska. First, they are underutilized: nationally, less than 12% of kinship families receive TANF funds.¹⁰ In 2013, a monthly average of 3,687 Nebraska families received ADC payments with no parent in the assistance unit, compared to the estimated 14,000 Nebraska children in kinship care.¹¹

Secondly, the present eligibility requirements for ADC grants can be challenging for the typical kinship family. Even if a kinship family meets eligibility requirements for a family ADC grant, they may become ineligible due to other requirements:

- Any individual under the age of 65 who is included in the grant must fulfill stringent work requirements. For kinship caregivers, this may mean a drastic change in life plans and re-entry into the workforce.
- Family ADC grants are lifetime-limited to 60 months. For the 3,696 Nebraskan grandparents who reported being responsible for their grandchildren for over 5 years, an exemption from a time-limited family grant could prove to be a significant source of relief.
- Asset limits for family grants may place kinship caregivers, who tend to be older, in a position to be ineligible even for modest retirement savings. Current provisions limit any household with two or more individuals to only \$6,000 in total cash or liquid assets. Asset calculations are not limited to cash savings, but also include retirement savings accounts and even up to one vehicle per household.¹²
- Family ADC grants require compliance with child support enforcement, meaning that a caregiver must be “cooperative” in efforts to obtain child support from parents, which may include legal proceedings. Given that many are grandparents, aunts, and uncles, this requirement may leave many caregivers hesitant to apply for benefits to avoid compromising a relationship.

The typical kinship caregiver is older, struggles with financial stability, and is a racial or ethnic minority. Many are retirees living on a fixed income with chronic health issues.

Kinship caregivers provide an invaluable service to the larger community by nurturing and caring for children who are unable to remain in the care of their parents. In spite of this, a lack of adequate supports available to kinship families in Nebraska.

- Current ADC regulations define “relative” as individuals related by blood, adoption, or marriage.¹³ This definition leaves out “fictive” kin or unrelated adults that may have a close, family-like relationship with a child. For many kinship families in Nebraska, who we know to be overrepresented by children from African American and American Indian communities, this definition may not fully capture the best place for a child to maintain her cultural connections and identity.

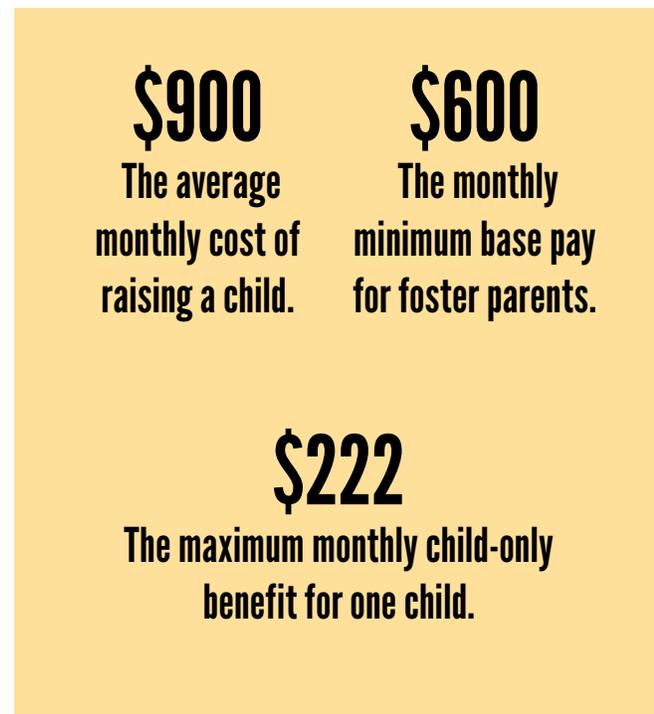
Finally, the child-only ADC grant is insufficient for the financial needs of a child. The cost of raising a child has risen exponentially in recent years, with the national average monthly cost at about \$990,¹⁴ while the maximum monthly benefit that a kinship family can access from the child-only ADC is \$222 per child—a rate that has remained stagnant since 1998.¹⁵ Informal kinship families that are eligible for a family ADC grant may receive increased benefits, but would be subjected to many more requirements. To put current ADC payments in perspective, foster parents a received minimum monthly base rate of about \$600 per child as of July 2014.¹⁶

Requirements	Family	Child-only
Family income limit	\$923	No
60-month time limit	Yes	No
Work requirements	Yes	No
Assets considered	Yes	No
Child support enforcement	Yes	Yes
Fictive kin eligible	No	No

Table 1: ADC Eligibility in Nebraska

Given that children who can no longer remain with their parents demonstrate the best possible outcomes with kinship caregivers, there is a strong imperative to ensure that these families receive the supports that they need to keep their children in their homes. Public assistance programs and TANF in particular, were initially developed to assist young, low-income mothers in the short term.¹⁷ As a result, many ADC requirements are currently incompatible with the needs of kinship families in Nebraska, who are older, tend to be in long-term arrangements, and have had little time to budget for raising a child.

Financial supports are ultimately a fundamental means of strengthening the ability of kinship families to provide a successful environment for children to grow up in. Policies that are responsive to the needs of informal kinship families can return priceless social benefits in the children that they raise, as well as significant financial savings from the state foster care system as a preventive approach.



Educational and Medical Decision-making

When kinship caregivers step forward to care for a child, they assume the responsibilities that any other parent or guardian would have in the needs of that child, oftentimes without the formalized rights to make important decisions on behalf of the child. Kinship caregivers may face obstacles when it comes to decisions ranging from important medical procedures to everyday activities, such as field trips or extracurriculars. Although they may be best positioned to make such decisions in the absence of a parent.

Currently in Nebraska, kinship families may pursue legal educational and medical decision-making rights for no longer than a year under current power of attorney statutes.¹⁸ The delegation of power of attorney, however, requires a proactive measure to be taken by the parent before a public notary. As a result, power of attorney may not be possible or appropriate in the case of many kinship caregivers who may not be able to locate or obtain cooperation from a parent.

Specifically regarding educational enrollment, kinship caregivers may seek to stand *in loco parentis*, which entitles them to “demand from a school district every right to which his or her own natural child is entitled.” Individuals seeking to stand *in loco parentis* may demonstrate their intentions of a “parental relation” to the child by “acts or declarations.”¹⁹ Kinship caregivers who wish to stand *in loco parentis* may fill out a form prescribed by the Department of Education that is limited to school-specific decisions, including education and emergency medical care.²⁰

Kinship caregivers play a key role in the well-being of many children in Nebraska, and therefore it is essential that obstacles in areas as basic and important as education and medical care are eased.

Other Supports

Accounts from kinship caregivers in Nebraska have echoed national research on the concerns of kinship families. These issues include role overload and confusion within the family, difficulties with parenting skills, mental health problems, and physical health issues.²¹ Children don’t come with a set of instructions, and for adults who have not made adequate preparations to raise a child, the task can be particularly daunting.

The nature of these problems show the need to address the financial and legal needs of kinship families, but it also speaks to broader social resources that are necessary for caregivers to be a source of stability for the child in their care. Community-based services that are targeted at kinship caregivers may include networking with other kinship caregivers, counseling and referral services, and parenting classes.

Kinship caregivers may face obstacles when it comes to educational or medical decisions, although they may be best positioned to make such decisions in the absence of a parent.

Policy Recommendations

1. Increase the stability of kinship homes by aligning and strengthening preexisting public assistance programs to be responsive to the needs of kinship families. By prioritizing family stability, we can ensure that children in informal kinship care can remain with strong families that are able to minimize the trauma of parental separation.

Many other states have sought TANF policies that keep kinship caregivers in mind with exemptions from work requirements, time limits, and asset limits for family grants. Additionally, others have developed kin-specific language regarding compliance with child support enforcement to remove disincentives from applying for benefits. Other states have adjusted TANF regulations to include fictive kin.

Programmatic and practical considerations have included collaboration between child welfare and TANF offices, which includes cross-training, co-location, and joint outreach. These initiatives allow for greater efficiency and expanded impacts to ensure that families receive the supports that they are eligible for.²²

2. Allow caregivers to make important decisions for the children in their care by creating a uniform means of obtaining authority over educational and medical decisions. The current comprehensive option available to kinship caregivers requires action to be taken by parents, who may not always be available or willing to delegate power of attorney. While a more flexible option exists for school enrollment, creating a comprehensive option for decision-making would provide kinship caregivers with some legal rights over children who are already in their full-time care.

Other states have introduced comprehensive caregiver authorization laws that only require a written affidavit that may be completed without a parent signature and remains valid until further action is taken by a parent or caregiver. Some states have included additional language that protects providers from liability in the case of fraudulent claims. Additionally, in response to issues raised over fraudulent residency claims for educational purposes, some states have incorporated explicit statements warning of criminal charges and penalties into caregiver affidavits.²³

3. Seek thoughtful and proactive community-based solutions to the emotional, social, and health needs of informal kinship care by creating a statewide kinship care coalition. Kinship caregiving is a complex issue, and needs may vary by community. By tasking a coalition of stakeholders and community members with a variety of perspectives, we can work toward an intentional effort to elevate kinship care as an issue that is not solely limited to the child welfare system. These individuals are best situated to identify, coordinate, and mobilize preexisting and missing sources of support for kinship caregivers and the children in their care.

Conclusion

Every day, thousands of Nebraska children who cannot remain with their parents are with relatives and other trusted adults who have stepped in to provide a loving and nurturing home. Kinship caregivers are the foundation for these children, and provide a safe environment for them to grow up to be happy and healthy adults. Although the unanticipated nature of kinship care leaves many families in a financial and emotional lurch, research has shown that kinship homes offer the most favorable educational, health, and psychological outcomes for children in such difficult circumstances. By supporting kinship family-friendly policies and practices, we can make sure that all children have the best possible opportunities in life.

Ensuring that public assistance programs function properly to serve the needs of informal kinship families is the best way to keep children in homes where they can maintain familial and cultural connections while continuing to develop their personal identity. Furthermore, by identifying the barriers that prevent kinship caregivers from making important educational and health decisions for their children, we can ease the inherent challenge of kinship care. Finally, while financial assistance and decision-making authority constitute two primary areas of policy concern, the many complexities of kinship care require a thoughtful and targeted approach that seeks to find solutions within the broader community.

Sources

- ¹The Annie E. Casey Foundation, *Stepping Up for Kids: What Governments and Communities Should Do to Support Kinship Families* (Baltimore: The Annie E. Casey Foundation, 2012), 1.
- ²Marc Winokur et al., "Kinship Care for the Safety, Permanency, and Well-being of Children Removed from the Home for Maltreatment: A Systematic Review," *Campbell Systematic Reviews* 2 (March 2012), 6.
- ³*Stepping Up for Kids*, 1.
- ⁴For the purposes of this brief, "informal kinship care" will refer to families who are not formally involved with the child welfare system. A brief focusing on the smaller population of children who are in formal kinship care will be published in the spring of 2015. Child Welfare Information Gateway, *Kinship Caregivers and the Child Welfare System* (Washington DC: Children's Bureau, 2010), 2-3.
- ⁵*Stepping Up for Kids*, 4.
- ⁶Ibid., 3.
- ⁷Since there is a lack of data on kinship caregivers, "kinship families" in this section refers to American Community Survey (ACS) results on grandparents who reported being responsible for their grandchildren as a proxy. The following data are drawn from 2012 ACS tables B10010, B10050, B10057, B10051.B-1, B10056, and B10052.
- ⁸Mark Lino, *Expenditures on Children by Families*, (Washington DC: U.S. Department of Agriculture, Center for Nutrition Policy and Promotion Miscellaneous Publication No. 1528-2013, 2014), 10.
- ⁹42 U.S.C. § 601.
- ¹⁰*Stepping Up for Kids*, 7.
- ¹¹Note: This number is an overestimate for nonparent caregiver ADC families, as it also includes other types of families eligible for child-only grants, including families where parents are present but ineligible due to SSI, immigration status, or parent sanctions. Nonparent caregiver-specific caseload numbers were not available. Financial Services, Operations, Nebraska Department of Health and Human Services.
- ¹²468 Neb. Admin. Code § 2-008.02.
- ¹³468 Neb. Admin. Code § 2-006.02. Federal TANF regulations do not define "relative," which has resulted in some variations across the country, with some states allowing "fictive" kin to be included.
- ¹⁴*Stepping Up for Kids*, 5.
- ¹⁵The Urban Institute, *Welfare Rules Database*, <http://anfdata.urban.org/wrd/query/query.cfm>.
- ¹⁶Neb. Rev. Stat. § 43-4215.
- ¹⁷Ana Beltran, *Improving Grandfamilies' Access to Temporary Assistance for Needy Families* (Washington DC: Generations United, 2014), 1.
- ¹⁸Neb. Rev. Stat. § 30-2604. Note: Although power of attorney under current statutes is time-limited to a year, current Department of Education regulations set an effective period of six months for enrollment purposes.
- ¹⁹92 Neb. Admin. Code § 19-002.11.
- ²⁰92 Neb. Admin. Code § 19-App. B.
- ²¹Toni L. Hill, "Child Kinship Care: An Exploratory Mixed Methods Study of Social Support, Resources, and Health Issues of Nebraska Child Kinship Caregivers" (PhD diss., University of Nebraska – Lincoln, 2010).
- ²²*Improving Grandfamilies' Access to Temporary Assistance for Needy Families*, 5.
- ²³Ana Beltran, *State Educational and Health Care Consent Laws* (Washington DC: Generations United, 2014), 3.



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