

KINSHIP **ACROSS KENTUCKY:**



Recommendations from **Caregiver Voices** in 2024



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A SPECIAL THANK YOU TO CASEY FAMILY PROGRAMS

Introduction

Through life-altering and often traumatic experiences, such as separation from a parent, kinship and fictive kin caregivers are able to provide a familiar, stable, and nurturing temporary or permanent home for youth that preserves familial bonds and cultural connections.¹

Kinship care includes children who were placed in the care of a relative or trusted family friend (known as fictive kin) through foster care or legal custody arrangements by the Department of Community Based Services (DCBS) or court intervention. It also includes those living in informal arrangements, which can occur outside of DCBS and court involvement.

Formal:

Children who live with relatives or close family friends. DCBS is involved.

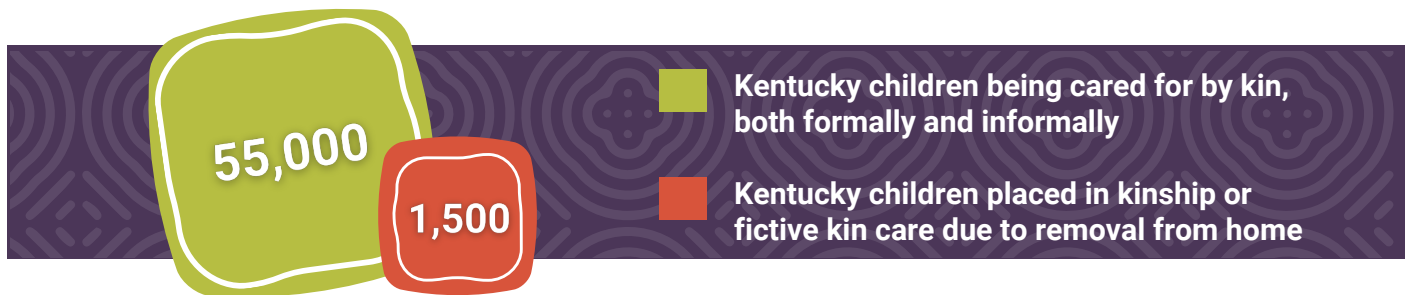
Informal:

Children who live with relatives or close family friends. DCBS is not involved.

Fictive kin:

Children who are placed with close family friends or other trusted adult with a connection to the youth or family.

According to the latest data, an estimated 55,000 Kentucky children are being raised by a relative or fictive kin, generally termed “kinship care.”² In 2023, as many as 1,500 Kentucky children were placed in a relative or fictive kin home by DCBS. Kentucky’s known prevalence of kinship care is 6%, which is twice the national average.³



While there is less data on informal or private kinship arrangements, children transitioning to kin and fictive kin homes experience less placement disruptions than youth in foster care. Utilizing kinship placements as an alternative to foster care serves to minimize additional trauma for youth that can often compound to create more mental, behavioral, and physical health concerns and barriers throughout life.⁴ Research continues to confirm that, in most instances, kinship care is the best option to promote optimal overall wellbeing for children who cannot be with their parents.

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However, their counterparts have better access to resources and support.

While children in kinship care show more positive behavioral and mental health outcomes, non-kinship foster and adoptive families may have better access to resources and support.⁵ Considering that kinship caregivers are often grandparents or older relatives, they are more likely to be retired or use Social Security benefits and rely on low and fixed incomes.

Kinship families have less connections with DCBS or other social service agencies as many of these are informal arrangements that are made outside of the child welfare system. Thus, compared to certified or private agency non-kin foster parents, kinship and fictive kin caregivers may have less familiarity with navigating available resources, with less programs they are eligible for and fewer support networks.

Kentucky's own history of kinship care demonstrates the disparities in support between kinship and non-kinship foster and adoptive parents, and how those disparities may negatively influence outcomes for Kentucky children. In 2013, a moratorium was placed on the Kinship Care Program that previously allotted monthly payments of \$300 per child to kinship caregivers stepping in as an alternative to foster care, due to state budget constraints.⁶ While kinship caregivers were not permitted the same access to financial support as non-relative foster and subsidized adoptive parents, the number of children in kinship care still saw an increase by 3% between 2013-2017, and children placed in non-kin foster care grew by 4.5% in the same time period.⁷

Beginning in 2019, kinship and fictive-kin parents were able to receive a small daily payment while awaiting DCBS approval as a child-specific foster home.⁸ However, payments for approved and/or certified child-specific foster homes remained less than the basic amount for non-relative/fictive kin foster parents until recently.⁹

Kentucky is likely still seeing the long-term implications of the disparities and stagnation in progress towards kinship support, as recent years have seen heightened concerns of foster home and post-adoption disruptions, and difficulty placing children due to lack of foster homes.¹⁰



The following report was developed by Kentucky Youth Advocates (KYA), in partnership with the Kinship Families Coalition of Kentucky and funded by Casey Family Programs (CFP), to raise awareness of the unique needs and challenges faced by kinship families. The study aimed to identify gaps in services and resources, as well as discuss any opportunities for improvements to policies, practices, or programs that can ensure kinship families are well supported in efforts to promote the best outcomes for Kentucky children.

Asset Map

KYA and the Kinship Families Coalition of Kentucky compiled a list of resources for kinship families, with a special focus on resources that could assist with the following categories: Housing/Utilities, Basic Needs (food, clothing, and household goods), Education, Legal & Advocacy Services, Support Groups, and Medical/Mental/Behavioral Health. Resources were compiled from a previous resource list by Kinship Families Coalition of Kentucky, KYA staff submissions, submissions from partner agencies for this kinship project, as well as submissions from individual participants during the course of the surveys and listening sessions.



From this compiled list of resources, the Kinship Families Coalition of Kentucky has updated an asset map to allow kinship families and service providers to reference and refer to known resources and supports in their area, promoting help-seeking behaviors that can foster resiliency. Sortable and searchable by county and resource type, this map hopes to promote the awareness and accessibility of available resources.

Acknowledging both Kentucky’s existing assets and gaps in resources and services can help inform policy, program, and community development. The Kinship Families Coalition of Kentucky’s asset map is available at kinshipky.org/search-resources/.

Survey

KYA and the Kinship Families Coalition of Kentucky developed two surveys, one for kinship caregivers and one for service providers of kinship families. Providers were defined as professionals who work with or provide services for children or kinship/fictive kin families (ex. health care providers, school personnel, state/local government, nonprofit agencies, etc.).

The surveys were open to Kentucky residents who identified as kinship/fictive kin caregivers or providers, administered virtually through Survey Monkey. The data was collected from the Survey Monkey responses, analyzed for statewide information, and then disaggregated by region.

Listening Sessions

Date	Time	Region
Tue, April 22	1-3 pm EST	Southern Bluegrass
Thu, May 2	10-12 pm EST	Southern Blue
Fri, May 3	10-12 pm EST	Northeast
Tue, May 7	1-3 pm EST	Central
Thu, May 9	10-12 pm EST	East Blue
Fri, May 17	1-3 pm EST	West
Tue, May 20	10-12 pm EST	Central
Thu, May 22	10-12 pm EST	Northern Bluegrass
Thu, May 28	4-5:30 pm EST	The Lakes

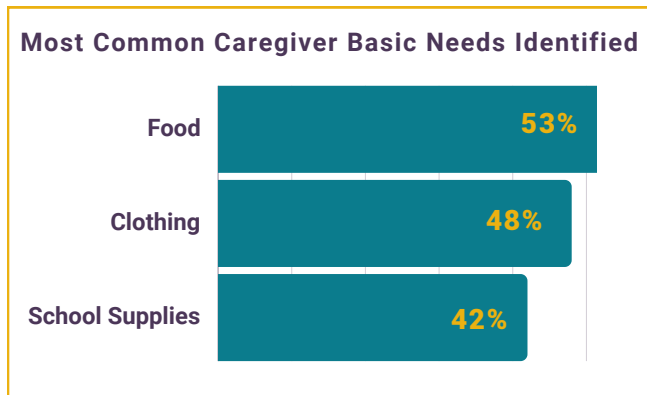
KYA and the Kinship Families Coalition of Kentucky conducted listening sessions in each of the nine DCBS service regions of Kentucky. Participants of the listening sessions consisted of kin and fictive kin caregivers, providers for kinship families, Family Resource and Youth Services Center (FRYSC) workers, Court Appointed Special Advocates (CASA) staff and volunteers, and other community stakeholders with an interest in the cause of kinship care.

Notes were kept by KYA staff during the listening sessions, capturing discussions and direct quotes from listening session participants. KYA staff analyzed listening session notes for themes and disaggregated by region.

Findings

Caregiver Survey Results

Through 182 survey responses and 101 participants in nine listening sessions, KYA and the Kinship Families Coalition of Kentucky gathered a rich pool of information that better illustrates the situations faced by relative and fictive kin caregivers. While most respondents to the caregiver survey were relative caregivers (92%), Caucasian (92%), and female (98%), every DCBS region was represented, ensuring perspectives across the state were included.



While the specific needs caregivers identified as important varied slightly by region, basic needs, such as food (53%), clothing (48%), and school supplies (42%) were the most consistently mentioned. Financial supports, housing assistance, and information technology were also identified by one-third of participants. Some of the most frequent requests for assistance identified in the listening sessions included peer support, respite care, mental health care, and legal assistance.

Beyond tangible and basic needs, survey and listening session respondents identified other barriers to success. Twelve percent of caregivers felt their age had a negative impact on the services they received. Just over three-fourths of respondents did not have a DCBS caseworker assigned to them. The most common barrier caregivers encountered was that the workers did not either know of or proactively share information and resources that caregivers would benefit from, with nearly one in three identifying this experience.

Agency issues were also a problem—interagency communication, worker availability and experience, and communication with families were all noted to be difficulties. Many families felt like they had no preparation or support once they agreed to become kinship caregivers, one respondent said it felt like “being dropped off on an island alone.”

1 in 3 Caregivers found that the workers they interacted with were either unaware of or did not actively provide helpful resources.

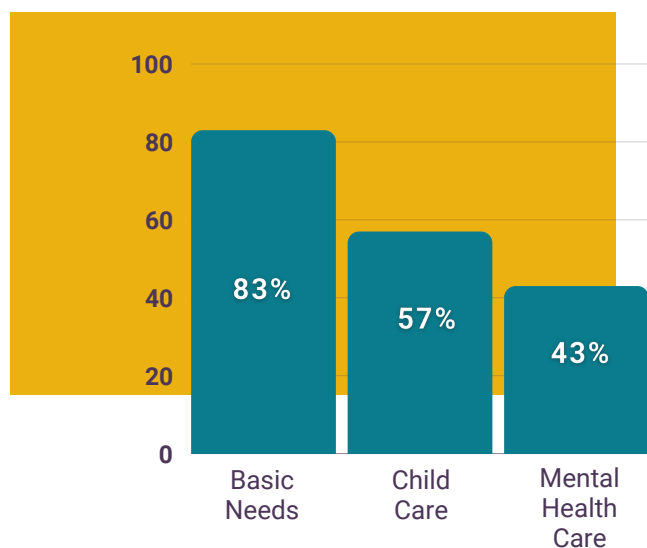
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Half of respondents said they felt they could use mental health assistance for themselves, and 45% for the children they cared for. One-third said they used KTAP, and nine in ten utilized Medicaid. Many families did find assistance, with the most helpful organizations being the Family Resource and Youth Service Centers (FRYSCs) and schools in general (28%). The Kinship Families Coalition of Kentucky and the University of Kentucky KY-KINS were also frequently mentioned organizations that provided support.

Provider Survey Results

Service provider respondents primarily worked for nonprofit organizations (53%), with the second most chosen occupation being school personnel (13%). Less common providers included CASA workers, public health department employees, and university or college employees. The most common services provided by respondents were support groups (47%) and education supports (28%). Many services provided were not listed in our survey and included things like direct services, advocacy, and referral resources.

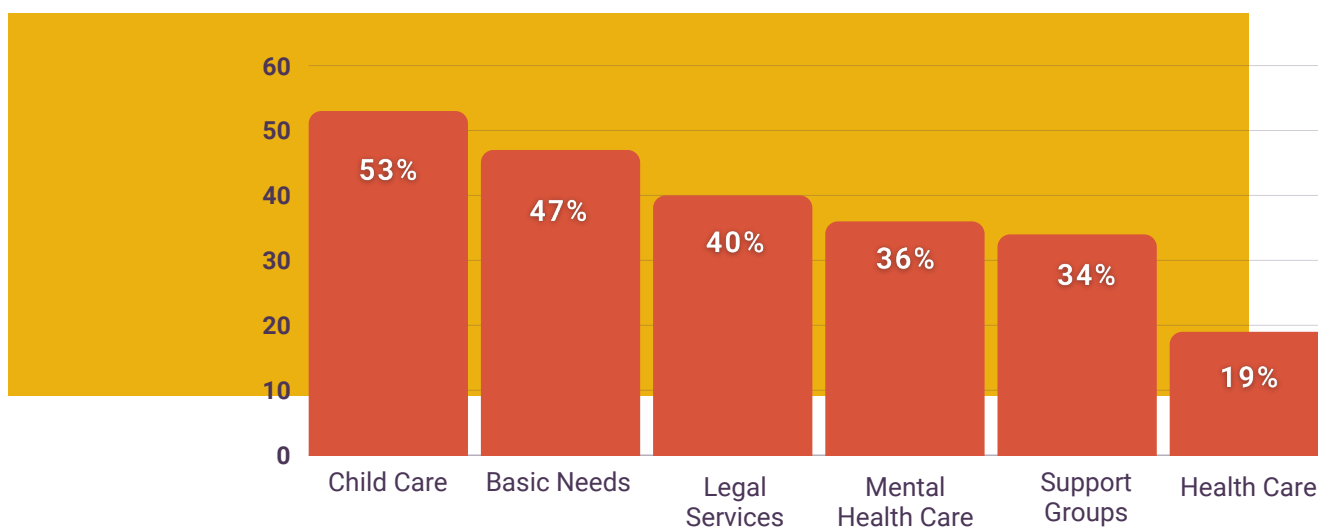
Kinship Family Needs Identified by Service Providers



Similarly to caregivers, service providers noted that the most inadequate resource for caregivers were basic needs (financial supports, food, clothing, etc.), with 83% choosing this option. Child care (57%) and mental health care (43%) were also listed as top priorities for families. Child care (53%) and basic needs (47%) were noted to be the most difficult to access, and mental health care was noted to be hard to obtain (36%).

Many service providers also felt that organized support groups, whether informal (run by caregivers) or formal (run by organizations) were less available, and many of their clients also struggled with health care (19%) and legal services (40%).

Resources Most Difficult to Access Identified by Service Providers



Overwhelmingly, both caregivers and service providers noted a lack of organized support for kinship families, particularly in comparison to foster families.

Recommendations

Based on the findings from the surveys, listening sessions, and a review of literature related to best practices, the Kinship Families Coalition of Kentucky will seek to support the following recommendations for the Kentucky General Assembly, Department for Community Based Services, and community leaders to consider:

System Level Changes

- **Create specialization within DCBS by assigning cases involving kinship families to kinship-specific DCBS workers**, and create subsidized permanent custody workers, similar to the practice of assigning adoption subsidy workers for adoptive families.
- **Change or remove the age of eligibility for the Kentucky Family Caregiver Program**, as well as other programs to encompass younger grandparents or other kin, like adult siblings, aunts, cousins, etc.
- **Incentivize and invest in Family Peer Support services and support groups** for both caregivers and children provided by local organizations including FRYSCs, Cooperative Extension, local libraries, or other agencies or nonprofits. The support groups should be accessible, evidence-informed and in person, including child care and meals.
 - Note: Communities should consider utilizing Opioid Settlement funds to support these families impacted by the opioid epidemic.
- **Expand community-based mentorship opportunities** for youth in kinship care and their caregivers.
- **Provide or facilitate comprehensive reunification services** for kinship families to create opportunities for children to return safely to their birth families, when appropriate.
- **Provide family counseling and mediation services** for kinship families as part of the DCBS case plan.
- **Provide Judges a Bench Card** related to kinship care utilization and needed supports.

Practice Level Changes

- **Increase the frequency and accessibility of trainings** on the unique experiences and needs of kinship families to DCBS staff, private foster care agency staff, and community mental health providers.
 - Note: The Annie E. Casey Foundation offers a five-part training series on [Engaging Kinship Caregivers](#) for agencies to utilize or reference when developing these trainings.
- **Provide comprehensive informational packets and educational materials for new kinship caregivers.** These materials should be provided to kinship caregivers when the option for kinship is first identified including:
 - Commonly used terms among the DCBS and court systems
 - Generalized timeline of how to expect the case to progress
 - Resources and contacts
 - Clear list of benefits and resources that are available to kinship caregivers and the children
 - Health history of child(ren)
 - Training resources including for behavioral health issues and LGBTQIA youth
- **Provide preference options for kinship caregivers on how to receive communication**
- **Utilize best practices to actively seek the most appropriate placement for the child** when identifying kinship and fictive kin caregivers, including addressing disproportionality in the placement of children of color into foster care instead of kinship care.

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