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### Empowering Kinship Caregivers in Texas

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# Empowering Kinship Caregivers in Texas: A Call to Action for Policy Change



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# Empowering A Call to Action

*Kinship care* refers to the care of children by a parent and placed by Child Welfare Services in an informal, meaning the relationship is not formalized. The term is often used interchangeably with *kinship*.

In Texas, about 32% of children in foster care are in kinship placements, have better behavioral outcomes, and less disruption.<sup>ii</sup> Further, kinship care maintains connections to family, community, and culture, which are often viewed as a preference for children over remaining in their parent's home.

(Inside front cover)

Providing kinship care, however, is not always straightforward. Whereas non-relative foster care is often provided in the child's home – thus having less disruption to the child's life and support from child-placing agencies – kinship care is brought to a kinship caregiver's home. Kinship care provides material supports and other resources that formal foster care does not, such as emotional and mental health, and income. A study by the University of Texas at Austin showed that 57% of respondents who were 45 or older and many of whom had experienced food benefits, childcare assistance, and other public assistance to help them in their daily lives, were concerned about the possibility of losing the child or out of fear of losing the child.

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Understanding and navigating the multiple systems involved in the child's life and identifying and accessing potential supports can tax even the most seasoned of foster caregivers who often have well-developed formal and informal support networks. For kinship caregivers, who may or may not have children of their own or may not have parented a child in decades, being thrust into the role of primary caregiver can be overwhelming. In addition to the financial burden, kinship caregivers often must figure out childcare and school, identify health care resources, participate in judicial proceedings, negotiate complicated family dynamics, complete paperwork and quickly meet the obligations set forth by CPS (e.g., car seats, furnishings, home inspection). Indeed, as a focus group participant who both worked for a CPA and was herself a kinship caregiver stated: “...it would've been really nice to have someone that I could talk to and that could advocate for me.... I just needed one person to come to me and tell me where to start and what to do, and just follow me through the journey....”

One option available to CPS-approved kinship caregivers is licensure. In Texas, choosing to become licensed provides kinship caregivers access to additional resources. For unlicensed kinship caregivers, monetary compensation is capped at 50% of the daily rate for licensed providers. Further, becoming licensed provides access to permanency care assistance, which can range from \$400 to \$545 per month once the child has been in the kinship caregiver's home for six months and permanent custody has been obtained; this payment can continue until the child is age 18 or 21, depending on when they leave care. Licensure also enables kinship caregivers to take advantage of case management, training, support networks and respite care resources provided by CPAs.

Licensed kinship caregivers, however, make up only a small portion of the formal kinship caregiver population in Texas. A number of barriers exist that make obtaining a license difficult. First and foremost, kinship caregivers have to know that becoming licensed is an option and understand the process for and benefits to doing so. Some kinship caregivers can get discouraged by the length and difficulty of the process, while others struggle to meet the eligibility criteria, such as passing a home study or criminal records check. Having access to financial resources and having time to go through the process can also serve as barriers. Still, others have had bad experiences with CPS and want to minimize engagement with the agency. Indeed, a little over half (52%) of kinship caregivers participating in our survey were not licensed, though this percentage is well-over the statewide percentages (In FY 2021, there were 11,839 formal kinship placements. Of those, 10,438 (88%) were unlicensed, and 1,401 (12%) were licensed).

## Legislative Efforts

Over the last several years, the Texas Legislature has passed several bills aimed at supporting kinship caregivers. In the 85th Legislature, the following bills were passed:

- HB 4, which provides enhanced support for kinship caregivers receiving services from CPS. In 2022, the Department of Family and Protective Services received \$380.10M to support kinship caregivers.
- SB 879, which requires CPS to provide support to kinship caregivers convicted of low-risk crimes.

## During the 86th Legislature

- HB 1884, which requires CPS to provide support to kinship caregivers about the opportunity to become licensed and receive assistance.
- HB 3390, which ensures that kinship caregivers are considered before that child is placed in foster care, to include a person who is a kinship caregiver, child and requires that the caregiver be licensed.

## The 87th Legislative Session

- HB 1896, which obligates CPS to issue a provisional license to kinship caregivers by commission rule and requires that the requirements within the rule be met.
- SB 263, which provides enhanced support for kinship caregivers at risk of entering the foster care system.
- HB 2926, which expands the definition of degree of blood relationship to include



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## Recommendations

Several advancements have been made in supporting kinship caregivers, and thus, the children and adolescents in their care. Further, there has been a growing recognition of the need to promote kinship placement and to support kinship caregivers at both the national and state levels. As legislators and administrators continue to explore strategies to promote kinship caregiving and the well-being of children and adolescents in kinship placements, we offer the following recommendations:

### Increase access to financial and material supports.

We support the recommendations from the expert panel appointed under the collaboration agreement of DFPS, HHSC and *M.D. v. Abbott* plaintiffs<sup>vii</sup> to increase rates for unlicensed kinship care so they are equivalent to rates for foster care; to extend the length of time for which unlicensed kinship caregivers can receive monthly payments; to loosen the eligibility requirements for receiving Permanency Care Assistance; and to improve access to mental health services.

It strikes me as so counterintuitive from a public policy standpoint that we put more money into the option that's not our first option: We pay kinship care providers less, but we want children to be in kinship homes.

– *Child welfare advocate*

### Improve efforts to connect kinship caregivers with resources and training.

Kinship caregivers may be less prepared to assume childcare responsibilities than non-relative foster parents because it is often a crisis that prompts the need for kinship care. Non-relative foster parents, however, have been prepared through education and training and have elected to raise a foster child.

Just your every basic need, there's just not much help.

– *Kinship caregiver*

Unlike kinship caregivers, they have been through training and been made aware of resources. *Kinship navigator programs* have been suggested as a strategy to address these challenges. Such efforts can offer essential formal and informal supports for relative caregivers by facilitating connections to state and community resources and benefits, financial and



## Streamline process for

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## Recommendations (continued)

### Shift norms around kinship caregiver and strengthen community supports.

Awareness of the benefits of family connections for children and adolescents has grown, and as a result, states are increasingly identifying relatives to support children and adolescents who cannot safely stay with their parents. In turn, we need to do more in our communities to recognize and support kinship caregivers. As Texas continues to roll out Community-

Based Care, a system designed to give local communities greater flexibility in meeting the needs of children and families, attention should be paid to increasing formal and informal supports for kinship caregivers. Civic, faith, social services and other community organizations can play an important role in helping to provide the emotional and material supports needed to strengthen a family's ability to maintain a supportive and stable environment for a child in their care.

I think that there should be resources available... like the community helping build a true village. Because it's like we're supposed to be building villages for people like me; taking in kiddos or even – you know, just period.

– Kinship caregiver

I think there's a struggle between allowing kinship caregivers to be kinship caregivers, but yet holding them to the same expectation that we do verified [licensed] foster parents. We say, "Okay, you don't have to have all the qualifications of a verified foster parent," but then we end up putting all the same regulations on them as a verified foster parent. I think that's very confusing.

– Child welfare advocate



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# Resources

## DFPS

Kinship manual, [https://www.dfps.state.tx.us/Child\\_Protection/Kinship\\_Care/documents/KinshipManual.pdf](https://www.dfps.state.tx.us/Child_Protection/Kinship_Care/documents/KinshipManual.pdf)

Services to kinship caregivers resource guide, [http://www.dfps.state.tx.us/handbooks/CPS/Resource\\_Guides/Services\\_to\\_Kinship\\_Caregivers\\_Resource\\_Guide.pdf](http://www.dfps.state.tx.us/handbooks/CPS/Resource_Guides/Services_to_Kinship_Caregivers_Resource_Guide.pdf)

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<sup>i</sup> Muth, S. (2023, Feb. 10). Presentation to the Senate Finance Committee: Senate Bill 1. [https://www.dfps.texas.gov/About\\_DFPS/Reports\\_and\\_Presentations/Agencywide/documents/2023/2023-02-10-SB1-Senate-Finance-Committee-Hearing.pdf](https://www.dfps.texas.gov/About_DFPS/Reports_and_Presentations/Agencywide/documents/2023/2023-02-10-SB1-Senate-Finance-Committee-Hearing.pdf)

<sup>ii</sup> Winokur, M., Holtan, A., & Batchelder, K. (2018). Systematic review of kinship care effects on safety, permanency and well-being outcomes. *Research on Social Work Practice*, 28, 19-32. <https://doi.org/10.1177/1049731515620843>

<sup>iii</sup> Berrick, J. D., Barth, R. P., & Needell, B. (1994). A comparison of kinship foster homes and foster family homes: Implications for kinship foster care as family preservation. *Children and Youth Services Review*, 16(1-2), 33-63. [https://doi.org/10.1016/0190-7409\(94\)90015-9](https://doi.org/10.1016/0190-7409(94)90015-9)

<sup>iv</sup> Connolly, M., Kiraly, M., McCrae, L., & Mitchell, G. (2017). A kinship care practice framework: Using a life course approach. *The British Journal of Social Work*, 47(1), 87-105. <https://doi.org/10.1093/bjsw/bcw041>

<sup>v</sup> Fruhauf, C. A., Pevney, B., & Bundy-Fazioli, K. (2015). The needs and use of programs by service providers working with grandparents raising grandchildren. *Journal of Applied Gerontology*, 34(2), 138-157. <https://doi.org/10.1177/0733464812463983>

<sup>vi</sup> Ehrle, J., & Geen, R. (2002). Kin and non-kin foster care — findings from a national survey. *Children and Youth Services Review*, 24(1), 15-35. [https://doi.org/10.1016/S0190-7409\(01\)00166-9](https://doi.org/10.1016/S0190-7409(01)00166-9)

<sup>vii</sup> Stanley, A., Vincent, P., & Meltzer, J. (2022). *Recommendations for improving Texas' safe placement and services for children, youth and families: A report of the expert panel appointed under the collaboration*



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**Rees-Jones Center for Foster Care Excellence  
at Children's Medical Center Dallas**

2350 North Stemmons Freeway | Dallas, Texas 75207  
**P:** 214-867-6000 **F:** 214-456-3741

**Rees-Jones Center for Foster Care Excellence  
at Children's Medical Center Plano**

7609 Preston Road | Plano, Texas 75024  
**P:** 469-303-9000 **F:** 214-867-5449

