



# Increasing Uptake of Kinship Care in Middlesex County, Virginia

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for Middlesex Social Services Department



County Of  
**Middlesex**  
Virginia



FRANK BATTEN SCHOOL  
of LEADERSHIP and PUBLIC POLICY

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## **Honor Statement**

On my honor as a student, I have neither given nor received unauthorized aid on this assignment.

A handwritten signature in black ink that reads "Cheyenne Johnson". The signature is written in a fluid, cursive script with a horizontal line extending from the left side of the "C" in "Cheyenne".

## **Disclaimer**

The author conducted this study as part of the program of professional education at the Frank Batten School of Leadership and Public Policy, University of Virginia. This paper is submitted in partial fulfillment of the course requirements for the Master of Public Policy degree. The judgments and conclusions are solely those of the author and are not necessarily endorsed by the Batten School, the University of Virginia, or any other agency.

## **Key Abbreviations**

**DSS:** Department of Social Services

**MDSS:** Middlesex County Department of Social Services

**CINC:** Child in Need of Care

**KCG:** Kinship Caregivers

**PKCG:** Potential Kinship Caregivers

**TANF:** Temporary Assistance for Needy Families

## **Key Terms**

**Fictive Kin:** someone who though unrelated by birth or marriage has a close emotional relationship with the individual

**Inciting Incident:** an event that puts a child in immediate danger and results in an intervention by DSS that places the child into DSS' custody

**Invisible Kinship Care:** process by which a child in needs of care is placed with a relative or fictive kin without the oversight of a child welfare agency. Also known as informal kinship placements

**Kinship Care:** the raising of children by those other than the biological parents such as the grandparents, aunt or uncles, other extended family members, or adults with whom they have a close family-like relationship such as godparents and close family friends (also known as fictive kin).

**Kinship Diversion:** process by which a child welfare agency places a child in need of care with a relative or fictive kin

## Table of Contents

Executive Summary.....	06
Defining the Problem.....	09
Problem Statement.....	09
Background - Changing Priorities.....	09
Situation in the US.....	13
Situation in Virginia.....	14
Situation in Middlesex County.....	17
Reviewing the Literature.....	19
State of the Research.....	19
Review of Kinship Care.....	20
Problems of the Current System in VA.....	21
Comparing to Peer States.....	23
Potential Responses and Evaluative Criteria.....	24
Identifying Alternatives.....	24
Criteria for Evaluation.....	26
Evaluating the Criteria.....	28
Status Quo.....	28
Identifying At-Risk Children Earlier.....	29
Consolidating & Redesigning Comm. Channels.....	31
Increasing Financial Supports.....	32
Recommendation & Implementation.....	34
Recommendation.....	34
Implementation.....	35

# Executive Summary



*"When I was 12 years old, my older sister and I entered into the foster care system. My mother had fallen on hard times and was no longer able to provide for the both of us. Even though I was only twelve, I understood that my mother was not a bad person, she just needed time to pick herself back up."*

*- Monica Lizama Thompson, Virginia*

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Over 5,400 children are currently in foster care in the state of Virginia. At an annual cost of nearly \$500 million , only 6 percent of these children were placed with relatives in 2016, versus the 34 percent national average (Virginia Department of Social Services, 2022; Greer, 2018). For many of these children, they will spend anywhere from several days to several years waiting to be moved from temporary foster care into more stable situations. This stability can come from adoption, aging out of the system, or being returned to their families, but the experience is often jarring for the children and can lead to significant unfavorable effects. Children in the foster care system are more susceptible to negative outcomes like behavioral problems and developmental delays, and they place a more significant financial strain on governmental support systems than those who are moved into kinship placements (ChildFocus, 2015).

Through kinship placements or kinship care, an at-risk child can be moved into the care of a relative or other fictive kin in two ways: through a safety plan between the caregiver and DSS or through a court ordered foster care placement. Kinship care allows children to remain connected to their families and communities until either they are able to return to their parents or the kinship guardian can assume legal, permanent custody. By reducing the scale of change children experience, kinship care can help children live more successful lives and better recover from the separation experience. However, this option is often underutilized, poorly documented, and not clearly communicated, resulting in more children placed into foster care with non-relatives or congregate homes than would be ideal to ensure the best long-term outcomes for children.

In considering Middlesex County's Department of Social Services (MDSS), the relatively small scale of their foster care population means that actions to increase rates of kinship care could serve as a model for other counties if they are shown to free up valuable resources and improve the quality of life for at-risk children. Based on a review of relevant scholarly literature, the social, historical, and political underpinnings, and the resources available to MDSS, I identified four possible alternative actions that the county could take to increase rates of kinship care within its jurisdiction.

### **I. Status Quo**

Allow present trends to continue uninterrupted.

### **II. Identifying At-Risk Children Earlier**

Implement a program to identify at-risk children before an inciting incident.

### **III. Consolidating and Redesigning Communication Channels**

Improve the way critical information related to kinship care is communicated to the potential kinship caregivers (PKCG)

### **IV. Increasing Financial Supports**

Pass legislation to increase the amount of financial support available to KCGs.

To assess the merits of each of these alternatives in increasing rates of kinship care, they were ***measured along four criteria***

**1 cost**

**2 effectiveness**

**3 political feasibility**

**4 administrative feasibility & sustainability**

After analyzing the alternatives along these criteria, ***redesigning communication channels represents the most promising opportunity to help impacted children in Middlesex County.***

Implementation of this program would necessitate the consolidation of multiple streams of information into easily digestible components for new and PKCGs. For many children and their PKCGs, the first steps in the process are the most confusing and upsetting. Streamlining communication of critical pieces of information would help alleviate this confusion and increase rates of kinship care across the county.

# Defining the Problem



## Problem Statement

Only 6 percent of Virginia children were placed with relatives in 2016, nearly 30 percentage points lower than the national average. Middlesex County is no exception in under-utilizing this alternative care method. Children placed in the traditional foster care system with foster guardians are more likely to experience adverse outcomes like behavioral problems and developmental delays. This arrangement also places a more significant financial strain on the current system. Rather than being placed in a living situation unfamiliar to them, children could be placed into kinship care where a family member or fictive kin member like a godparent could look after the child until they can either be returned to their parents or the fictive kin can assume legal, permanent custody.

## Background - Changing Priorities

Throughout the country's history, perceptions around the role of foster care have changed across both the combined United States and the individual states themselves. While the stability of the child's experience used to be the primary priority, the modern focus has shifted. Following several studies proclaiming the positive benefits of placing children with familiar

people and communities, the country's foster care systems prioritized efforts to maintain family ties. From this shift came kinship care. In its current form, the use of kinship care in child protection can be traced back to the late 1980s in the US and has increased in popularity since then (Thornton, 1991). The transition from the older, foster care model to a more kinship-focused one has not been a smooth or straightforward process (Geen, 2003, 2004; Hegar & Scannapieco, 2005; Nixon, 2007). Rather than occurring in a planned integrated fashion, the process of incorporating kinship and familial-oriented care into the foster care system has been piecemeal and reactive, changing primarily in response to scandals (O'Brien, 1997, 2000, 2010).

With regulations varying across not only time but also federal, state, and local lines, reviewing past successes and failures requires an understanding of the unique barriers to wider implementation in each context. The number of children in foster care has continued to decrease year over year (Figure 1). From 2016 to 2020, the total number of children in foster care has dropped by over 5 percent (US Department of Health and Human Services, 2021). Though the pace at which

**Figure 1 - Year over Year Change in Served Populations**

Change Year over Year	2016	2017	2018	2019	2020
In Foster Care	-	1.53%	-0.38%	-1.92%	-4.47%
Entered Foster Care	-	-1.09%	-2.70%	-4.01%	-14.07%
Exited Foster Care	-	-0.64%	1.11%	-0.78%	-10.12%
Served by the Foster Care System	-	0.75%	0.16%	-1.51%	-6.56%
Waiting to be Adopted	-	6.24%	1.77%	-1.89%	-5.12%
Adopted with Public Child Welfare	-	4.06%	6.04%	4.94%	-12.58%
Agency Involvement					
Waiting to be Adopted for Whom Parental Rights were Terminated	-	6.70%	2.84%	-0.07%	-11.20%

Source: U.S. Department of Health & Human Services, 2021

**Figure 2 - Total Children in Each Category, 2016-2020**

Number of Children in...	2016	2017	2018	2019	2020
In Foster Care	429,961	436,552	434,909	426,566	407,493
Entered Foster Care	273,174	270,200	262,902	252,352	216,838
Exited Foster Care	250,494	248,882	251,640	249,675	224,396
Served by the Foster Care System	680,287	685,399	686,508	676,168	631,832
Waiting to be Adopted	116,722	124,004	126,196	123,809	117,470
Adopted with Public Child Welfare	57,176	59,497	63,091	66,208	57,881
Agency Involvement					
Waiting to be Adopted for Whom Parental Rights were Terminated	65,533	69,921	71,907	71,860	63,815

Source: U.S. Department of Health & Human Services, 2021

The COVID-19 pandemic further complicated the situation as it is unclear how much of the 2020 decrease in foster care numbers is due to a reduction in need for the service versus an increase in the utilization of invisible kinship care opportunities.

total care numbers are dropping increased since 2007, over 400,000 children remain in foster care and more than 117,000 are waiting to be adopted.

The decrease in traditional foster care has not been mimicked in kinship models of care. More than 2.7 million children in the United States live with extended family members or close family friends, over 18 percent higher than a decade ago (Annie E. Casey Foundation, 2012). For context, this is nearly double the overall US population increase during this time (US Census Bureau, 2021). While a majority of these living arrangements are established within the families themselves through invisible kinship care, over 104,000 children, or about one in four, have been formally placed with their kin through the state-supervised foster care system (Annie E. Casey Foundation, 2020).

The process by which a child welfare agency places a child in need of care (CINC) with a relative or fictive kin is referred to as a kinship diversion (Annie E. Casey Foundation, 2021). However, many CINC are in informal kinship placements where they are living with a relative or fictive kin without the intervention of a child welfare agency, and this is likely the most common type of out-of-home placement for children (Keeping Children in the Family Instead of Foster Care, 2016). Since there is no formal documentation process for these informal kinship placements, it is impossible to determine the true number of children living in such conditions. Increased reliance on the extended family system to care for children in foster care has grown nationally (Berrick, Needell, & Barth, 1999). The transition is most evident in New York and California, two of the states with the largest kinship foster placements (US DHHS, 2000).

As mentioned above, children operating outside the traditional system through invisible kinship care lack the additional support that being more thoroughly integrated into the local Department of Social Services (DSS) provides.

However, this support only marginally improves when a child is in kinship care. Though children in kinship care have similar need levels to those in other forms of foster care, they and their caregivers routinely receive less support and fewer services and experience less oversight (Connolly, 2003; Cuddeback, 2004; Nixon, 2007). Research also suggests that child welfare workers may be less likely to offer key services to the caregivers and children in kinship placements and that they visit these children less often and with decreased clarity on their roles and expectations of the kinship providers.

To mitigate this risk, several states have tried interventions targeted at the parents and kinship caregivers. In one study, Family Group Conferencing (FGC) was used to raise caregivers' awareness of safety protocols and how to best provide for the children in their care. The study showed the families are willing to participate in these meetings, that the plans they developed through the program met the necessary standard of care for child safety, and both caregivers and welfare workers were satisfied with the process (Berzin, 2008).

Additional studies have shown that family teaming approaches can help to stabilize families and reduce the risk of removal and neglect (Burford, 2000). At least 12 states currently mandate FGC or other family teaming approaches when considering alternative child care options (Munson, 2008).

## Situation in the US - Federal Government's Approach

The scale, scope, and priorities of the foster care system have changed throughout history, driven by a combination of shifting societal preferences as well as research on the long-term educational, mental, emotional, and career impacts on children who go through the system. Among those shifts, the federal government has taken several steps to influence foster care and adoption processes across the US and to encourage particular courses of action.

In the 1979 case *Miller v. Youakim*, the Supreme Court determined that relative caregivers cannot be denied federal foster-care benefits if they were otherwise eligible, opening the door for increased financial equality between traditional foster care and KCGship (US Supreme Court, 1979). That equity has not been fully achieved, a discrepancy that is discussed in more detail below, but the federal government continued to build upon this precedent to influence foster care developments.

Along with permanency goals, legislative reforms supported placing children in the least restrictive placement since the 1970s, establishing a preference for kinship care over non-relative, institutional, or group care settings. Shorter reunification timelines were also imposed to expedite legal permanent status for children through actions like the 1980 Adoption Assistance and Child Welfare Act (Public Laws 96-272 and 105-89; James, Landsverk, & Slymen, 2004). The law redir-

ected funding from Title IV-A of the Social Security Act to the newly developed Title IV-E and established initial support for adoption assistance.

The Adoption and Safe Families Act of 1997 (ASFA) built upon these amendments to the Title IV-E program and provided grant incentives for adoptions and required that states terminate parental rights of any parent involved in an ongoing case for 15 of the last 22 months. By terminating parental rights for those believed to be unstable, the act hoped to encourage long-term homes for children and improve their overall well-being (Guidry, 2019).

As studies began to suggest that kinship care may be a better long-term solution, the federal government responded in 2008 by increasing subsidies and support for kinship care. The 2008 Fostering Connections Act established specific guidelines for states to improve the quality and stability of education and health care for youth in the foster care system (H.R.6893, 2008). The Child and Family Services Improvement and Innovation Act in 2011 built upon previous legislation while also increasing focus on a child's mental and emotional health (H.R.2883, 2012).

Following the shift towards family-focused care, the Trump administration passed the Family First Prevention Services Act in 2018 (Wiltz, 2018). The Family First Prevention Services Act provided federal funds for supporting

families and provided states a large amount of discretion to best utilize the funds to keep children in a family unit instead of entering into the foster care system (Child Welfare, n.d.).

The act redesigned access to \$8 billion in federal funding for child abuse with a focus on keeping families together. It also directed additional funding towards more at-home parenting classes, mental health counseling, and substance abuse treatments and placed additional restrictions on placing children in institutional settings like group homes for extended periods of time. While some research has begun evaluating the overall cost savings and revenue opportunities this new law will provide foster care users, the actual impact of the act has not been determined and research is still ongoing to determine its effect on rates of foster care (Foundation, the A.E.C., 2020).

Additionally, the federal government contributes funds to help financially support foster care guardians through the foster care maintenance payments program provision (US Government Publishing Office, 2011). However, while it provides financial support and overarching frameworks, most of the procedural and decision-making power lies with the state.

## Situation in Virginia

### *Children Under Care*

Over 9,800 children are currently in foster care in Virginia, a number that has been declining year over year even in the face of the COVID-19 pandemic

and the strain it placed on families' finances (Figure 3). These numbers reflect ongoing trends. In 2016, the state had some of the lowest numbers of children in the foster care system across the country with only 58.1 children for every 100,000 people, and had some of the highest rates of adoption across the US at over 60 percent (Jacques, J, 2018). Many of these trends have continued into 2022 and can be seen in the outcome goals for those currently in the foster care system.

For more than 60 percent of these children, adoption or returning to their home is the intended end goal (Figure 4). The majority are between 1-5 years old or 16-18 years old and are part of sibling groups, meaning they have one or more siblings with them in foster care (Adopt US Kids, n.d.). The majority of children in care are white or African-American children and they remain in the system for an average of 20 months. Though the goal for many is reunification, only 32 percent are returned to their birth families (Foster VA, 2021).

### *Process of Becoming a Relative Foster Parent*

Achieving these goals necessitates the availability of capable and qualified foster and KCG. However, a severe foster parent shortage across the state has left thousands of children under cared for and the logistical barriers will likely stall future increases (Masters, 2021). The process of becoming a foster care caregiver in Virginia requires overcoming several

hurdles including participation in at least 3 face-to-face interviews and submitting a national fingerprint criminal record check, child abuse, and neglect history check, and a DMV check (Virginia Department of Social Services, n.d.; Child Welfare Information Gateway, 2016).

While a federal crime is not cause for automatic rejection of an applicant, certain barrier crimes including drug proliferation, robbery, stalking, and voluntary manslaughter immediately bar someone from guardianship, regardless of time since the conviction (Commonwealth of Virginia, 2012). Multiple attempts have been made to either ease barrier crimes restrictions for those offenses that do not pose a risk to the child or to improve efficiencies within the approval process. Unfortunately, these efforts have repeatedly stalled in the political process.

Media and political attention on the issue is often minimal or nonexistent but is becoming more prevalent as state and local officials increase their focus on foster care. For example, a story on NBC-29 focused on Virginia's efforts to place foster care youth with family, an effort that achieved varied levels of success on a county-by-county basis (Marcilla, 2021).

### *Virginia's Approach to Relative Foster Care*

Virginia's track record relative to foster care has been decidedly mixed throughout recent history. In 2006, Virginia placed nearly 24 percent of all youth in foster care into congregate care settings and residential placements (Virginia Reduces Congregate

Care, 2018). Congregate care settings are those that have 24-hour supervision for children and are highly structured settings like group homes or residential treatment facilities. This number far exceeded the national average at the time and drew negative national attention to the state and its foster care program. As a result, the state government made a concentrated effort to correct the course.

Keeping children with their families became a priority of the Virginia state government in 2007 with the launch of the Children Services System Transformation initiative. The policy, known as the For Keeps Initiative, focused on helping children who were aging out of the foster care program, and it changed the statewide philosophy on foster care to "family-focused, child-centered, community-based care with a focus on permanence for all children." (Virginia General Assembly, 2008). The Virginia Children's Services System Practice Model was also developed at this time and stated that "children do best when raised in families," representing an early push towards a kinship care model. From its implementation in 2007 to a 2015 evaluation of the policy's impact, the rate of children placed in congregate care arrangements has decreased by about 10 percentage points.

In 2010, the state government expanded its focus. The Virginia General Assembly adopted legislation requiring the Governor in conjunction with DSS and other agencies to develop a plan to

reduce the overall number of children in foster care by 25 percent with a timeline of completion by 2020. (§ 16.1-281. Foster care plan). The plan was a huge success, reducing the percentage of children in congregate care by almost 50 percent from 2007 to 2010. It also came with significant cost savings, part of which included a \$100 million reduction through the Children Services Act (CSA).

From this initial success, Virginia continued to see a year-to-year reduction in the number of children in the foster care system, though that decline plateaued in recent years to about 5.5 percent of Virginia's population.

This plateau was shaken in 2018 when a JLARC report caused new calls for foster care reform (Norment, 2018). The report accused Virginia of underfunding the foster care system as well as misaligning resources in such a way that children slipped through the cracks. Since then, multiple calls for reform to address some of the shortcomings expressed in the report have been made. Particular focus is placed on the inconsistent efforts by caseworkers to identify kinship-capable relatives to take on the role of a foster parent, an intervention area examined more closely below.

In 2021, then governor Ralph Northam appointed Virginia's first Children's Ombudsman who would spearhead a new agency focused on receiving and investigating reports of neglect or abuse within the foster care system (Yarmosky, 2021). While the office and role had been a long-time goal for several key advocates in the child welfare space, it was only in 2020 that the Virginia state law-

makers allocated the funding necessary to make it a reality (Office of the Governor, 2021; Masters, 2021).

### ***Stakeholders***

Several vital stakeholders oversee the foster care system on a state level, including the Virginia Department of Social Services, the Division of Child Support Services, and the Virginia Judicial System's Juvenile and Domestic Relations Court. The Virginia Poverty Law Center as well as several statewide non-profits also work to advocate for the children in the system. While aligned in their commitment to protecting children, their priorities and capabilities vary greatly and add further complications to executing an effective policy change. Additionally, though the state has a lot of freedom to administer solutions to the problems facing children in care through these stakeholders, the state government is also easily distracted and other priorities can take away from the foster care system. This has resulted in more control being filtered down to local levels specifically state supported, locally administered structures.

### ***Financial and Logistical Barriers***

Despite this progress and rejuvenated interest, kinship care includes many operational and financial barriers that disincentivize both the guardians and the state and local agencies from aggressively pursuing it as an option over the traditional foster care model. Logistically, the federal government's Title IV-E policy states that provisions funding can only be used to complete a

et of specific tasks including checks to look for a history of child abuse and examining a person's criminal record (Redacted, Specialist in Social Policy, 2012). This functionally places a set of requirements and hurdles that those seeking to foster must overcome.

Financially, the 2022 Virginia Senate Bill 56 aimed to correct for a discrepancy in funding by allocating the same resources to a child regardless of if they enter traditional foster care or if they are placed with a family member or friend through informal kinship care (Virginia General Assembly, 2021). The bill would have done this through the establishment of the Foster Care Prevention Program which would be responsible for overseeing the cases, allocating the payments, and collaborating with the juvenile and domestic relations court to establish oversight and management services.

Ultimately, the bill hoped to increase the permanency, safety and well-being of children by increasing rates of kinship care throughout Virginia. However, depending on how this vision is executed, its effectiveness in achieving this goal may fall above or below expectations. Unfortunately, while the bill passed, the funding for it was not approved.

## Situation in Middlesex County

### *Children in Foster Care*

As of 2021, Middlesex County had a population of over 10,700 people, though that can rise to over 30,000 during peak tourist season (US Census Bureau, 2021). Within that population, the total number of children in foster care in the county has changed over

time, decreasing in light of several decades of efforts to improve child welfare and allocate more financial resources to those services. However, rates of additional children into the system have fluctuated wildly on a year-to-year basis and may reflect the economic and societal strains being placed on the community at the time (*Figure 5*). For example, in fiscal year 2015, four children were added to the foster care system. In 2016, the number rose to eleven before dropping to four and seven in 2017 and 2018 respectively. Though only three children were officially added to the system in 2020, the additional external factor of the COVID-19 pandemic may be artificially lowering this number and hiding the true number of children who should have been integrated into MDSS's care.

In 2022, there are currently four children in care in Middlesex County. However, the number of those living in invisible kinship care could be much higher, especially considering the two years of social distancing and isolation around the COVID-19 pandemic. Unfortunately, no firm data exists within the county to grasp the true scale of the invisible foster care problem. A previously conducted manual effort by the Middlesex Department of Social Services found that children living in these situations in the county could be anywhere from 10-15 additional children at any given time.

Children under MDSS's care are over-

whelmingly white and have been increasingly so year-over-year (*Figure 6*). The racial composition of the study does not reflect that of the population of Middlesex County which is on average 80 percent white and 16 percent African American. Though the small size makes it difficult to determine an irregularity in the racial component of children in care, the decrease of black children and multi-race children in the system could suggest racial disparities that are moving more of those children into invisible kinship care setups.

The age ranges of children in care closely resemble that of the broader state (*Figure 7*). A majority fall in the 16 to 18-year-old range with spikes in the 13-15-year-old and 1-5-year-old categories.

### *Goals of Foster Care*

The Middlesex Department of Social Services oversees a variety of programs including child protective services, adoption services, Medicaid, temporary assistance for needy families (TANF) and the foster care program (County of Middlesex, Virginia, 2021). The stated goal of the Middlesex foster care program is to “provide homes and compassionate foster parents for children who are removed from their homes due to abuse or neglect, or other family circumstances that prevent children from remaining in their homes.” While this is an impactful goal, especially to these children, the extent to which it is being achieved (and conversely how much it is falling short) is difficult to measure. As such, the scale of this population

is not easily determined.

The goal of care has also shifted over time. In 2018, priorities were split among returning the child home to their parents, moving them into independent living, or placing them with a relative. Since then, independent living has grown to have a significant majority, with returning home and adoption behind it (*Figure 8*). In addition to the generally older age profile of children in care in Middlesex County, the large swings reflect the small size of the population – when one child out of four is slated for adoption, then 25 percent of the total community is slated for adoption. Were they slated for reunification, then 0 percent of the population would be, absent other children’s preferences.

### *Stakeholders*

The Middlesex Department of Social Services, the Board of Supervisors, the Middlesex Juvenile and Domestic Relations District Court, as well as several non-profits contribute to protecting and caring for CINC. Aligning this wide variety of resources, capabilities, and priorities among these stakeholders as well as the families themselves has proven difficult. Efforts are still being made to align these key stakeholders and to improve the pipeline from entering foster care to being placed in a kinship care situation.



# Reviewing the Literature

## State of Research

Research around foster and kinship care, the impacts of such placements, and ways to improve current systems is disappointingly sparse, especially within a US-focused context. International research, particularly those conducted in Nordic countries, Ireland, and Scotland, suggests that kinship care and shorter stays within the foster care system can improve a child's long-term career, emotional, and social outcomes (Burgess, 2010). The context of this research cannot be ignored and the contributing cultural, political, and social factors underlying these communities may not seamlessly translate to a US context.

While research around this type of care is lacking, enough has been conducted in a relatively recent US context to be useful for evaluating the next steps for their kinship care program. Before deciding how to fix kinship care within the county, however, it should be determined if kinship care is a positive action that improves children's long-term outcomes and helps them live more stable, successful, and rewarding lives both during their time in care and beyond it? The research overwhelmingly suggests that it is.

## Review of Kinship Care

Kinship care can be a controversial topic, though it has become more common and accepted since its initial integration into DSS (Task Force on Permanency Planning for Foster Children, 1990). Those in favor of the process typically argue in favor of one of three positive outcomes: (1) increased likelihood of reunification with the birth family, (2) decreased anxiety and strain in the child due to a reduction in moving from home to home, or (3) the underlying belief that it is up to the family to look after and care for the child, a “keep it in the family” mentality (Berrick, Barth, and Needell, 1992).

Those against kinship care worry that the process amounts to moving a child from one dangerous environment into another. In some instances, grandparents take over responsibility for the grandchild following a series of neglect or abuse by their own son or daughter. Opponents of kinship care argue that the behaviors that resulted in the neglect and abuse may have been learned ones inherited from the grandparents. Additionally, depending on the structure of the kinship care, oversight may be difficult to enforce, potentially placing the child in harm's way (Thornton, 1987). Finally, though this varies greatly across states and among specific cases, kinship care can involve minimal initial screenings and checks before placement and result in similarly minimal support and monitoring (Berrick et al., 1992).

### *The Case for Kinship Care*

The well-being of the child is one of the strongest arguments in favor of kinship care. The underlying belief is that by

keeping a child in their community, child welfare agencies can reduce cases of anxiety, depression, and strain during this tumultuous time. In pursuit of confirming or denying that assumption, a 1994 study took one of the earliest and most thorough examinations of the physical and mental health and educational status of children explicitly in the KCG model (Dubowitz, 1994). 524 children in kinship care in Baltimore City in 1989 were evaluated on primary care items like immunizations, vision and hearing loss, dental care, and chronic health, behavioral development like aggression, anxiety, and attention deficit, and academic achievement through the California Achievement Test (CAT).

The study found no significant positive increase in outcomes between kinship care and foster care placements but noted that further research is necessary to determine the true relationship. Of particular concern was the initial uncertainty of how best to measure the outcomes and some surprising lack of correlation, such as between poor behavior in school and low rates of suspension, suggest compounding variables impacted the study. Another area of misalignment is the racial component of the study. The study's participants were 90 percent African American and 10 percent white, markedly different from Middlesex foster care's similarly significantly large white population. Especially among the African American community

having families care for kin has a long tradition and differing cultural perspectives in these two communities may impact the effectiveness of kinship care when extended to Middlesex County (Stack, 1974). Over two decades later, a study in 2015 did find positive outcomes among kinship care children. When compared to children in foster care, the study found that children in kinship care placements experienced fewer mental health disorders and behavioral problems (Winokur, 2015). They also required fewer mental health services, reported better overall well-being, and experienced fewer placement disruptions, all while maintaining similar reunification rates. This study suggests that kinship care may help reduce the rates of some educational, behavioral, and psychological problems, particularly when compared with traditional foster care.

### ***Stability and Security***

Part of these benefits come from the stability and security kinship care is expected to provide over foster care. Several pieces of research suggest that placement with relatives or fictive kin does result in increased stability and decreased risk of disruption (Berridge & Cleaver, 1987; Dubowitz et al., 1992; Scannapieco, Hegar, & McAlpine, 1997; Chang & Liles, 2007; Cuddeback, 2004; Farmer & Moyers, 2008; Hunt, 2003; Lutman, Hunt, & Waterhouse, 2009; Sinclair, 2005; Testa, 2001; Webster, Barth, & Child Care in Practice 129 Needell, 2000). Research suggests that stability involving the continuity of relationships is essential for the healthy development of a child and, if

that is the case, the stability provided by kinship care is an important factor to consider (O'Brien, 1997, 2002b). Unfortunately, as some of this research examines kinship placements among European communities and the socio-cultural context within, the findings may not be applicable to a rural American audience.

Additional evidence suggests that for children who are placed into kinship care before being returned to their parental guardians, rates of re-entry into DSS's care are lower (Cuddeback, 2004).

### ***Identity Formation***

Depending on the age of the child when they enter into DSS's care, they may be in the early stages of forming their identity and determining their future path in life. For many children and teens, the community and family they are surrounded with plays a significant role in that development as they work through their community relationships and contexts. The familiarity of a kinship guardian can provide community continuity that protects the safety of the child without interrupting their identity development in relation to the community (O'Brien, 2012). By providing a continuity of culture, kinship care can allow children to maintain relatively stable rates of identity formation, especially when compared to foster care placements (Broad, Hayes, & Rushford, 2001; Laws, 2001). It can also shield them from some of the negative social conno-

tations around foster care placements and allow them to maintain privacy around their current care status (Messing, 2006).

## Problems of Current System in Virginia

As stated earlier in this report, modern, extensive research centralized on foster and kinship care policies and programs is sorely lacking. Robust research on a state or county level is subsequently even less prevalent. However, it is due in part to this lack of data that the Joint Legislative Audit and Review Commission's 2018 report on the state of Virginia's foster care system caused such a shift in the community (Norment, 2018). Since then, it has become a guiding light for the state and a key point of reflection on what is working well and what needs amendment.

The report identified several key areas for improvement relative to kinship care or what the report refers to as "family-based foster care settings." Primary among them is increasing efforts to identify and connect with PKCGs at a more frequent, consistent basis. According to the report, only 6 percent of children in foster care were placed with relatives in 2016. This number was vastly below the national average of 32 percent. Part of this discrepancy can be explained by inconsistent caseworkers' efforts to identify PKCGs. As a result, many of these children are placed into congregate care settings like group

homes and residential treatment centers and Virginia's use of these settings is far higher than other states. To counter this, the report recommended that the Virginia Board of Social Services add an additional regulation requiring that all department of social services staff conduct annual searches for relatives of children who are under the department's care but have not been placed with a relative or other permanent placement option.

Length of stay in the foster care system is also a primary concern (*Figure 9*). Under federal and state law, departments are required to minimize the time children spend in foster care. This can be accomplished by either reuniting the child with their birth parents or finding relatives or other individuals willing and able to permanently care for the child. A disproportionately high number of children age out of the state's foster care system. Of those who entered the foster care system between 2012 and 2015, 54 percent aged out of the system. This was over double the US average of 25 percent and reflects a decades-old trend where Virginia has been ranked in the bottom three across the country. Since the report, the state has committed to reducing rates of aging out as well as time spent in the foster care system, and, in reviewing data from 2020 to February 2022, there seems to have been progress made in achieving those goals.

## Comparing to Peer States

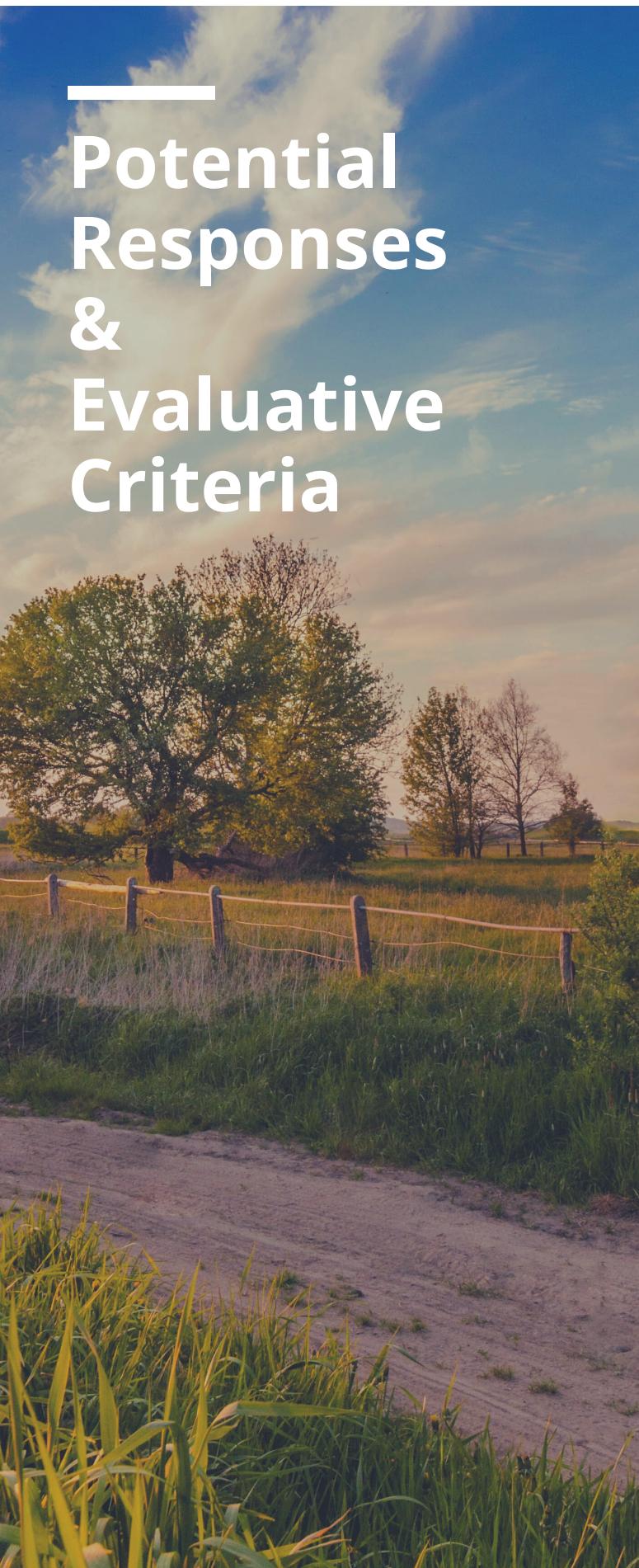
Similar to how the JLARC report is touted as the call to action that motivated Virginia to more intentionally evaluate its foster care system, Maryland is often seen as a model of foster and kinship care reform. Since establishing its Place Matters Initiative to focus on the issue in 2007, the state has decreased the number of children in Out-of-Home care by 53 percent as of 2020 (Maryland Department of Human Services, 2020). Additionally, the state saw a relative rise and decrease in the number of exits due to adoptions and guardianships, respectively. However, this number paled in comparison to the number of children returned to their families, indicating that it is the most common outcome for children entering Maryland's foster care system.

Fundamental to Maryland's success is its focus on a continuum of care which outlines the state's responsibilities to children, their caregivers, and their families from inciting incidents to permanent placement (*Figure 10*). After clearly establishing its roles and responsibilities throughout the value chain, Maryland's Department of Social Services focused on building deeper connections within the community. These include collaborations with nonprofits, community organizations, courts, State and County agencies and other stakeholders united around the goal of improving outcomes for the children under DSS's care. By encouraging active engagement from these stakeholders and inviting them to collaborate on multiple initiatives or committees, the state helps its

partners see the full spectrum of the child welfare system instead of focusing on a singular, isolated outcome.

This involvement generates buy-in from stakeholders who gain the opportunity to be a more active participant in the process. It also provides Maryland DSS to engage in a two-way dialogue and receive feedback on what's working about the system as is and what's not. A focus on collaboration and communication has extended down to the guardians and their interactions with the local DSS. Family Reunification Services and Family Preservation Services aim to bring families together and then keep them that way by engaging in education and open and honest conversations.

What is most appealing in the context of Middlesex County is how similar Maryland is in many ways to Virginia. The two states share a similar rate of racial diversity, statewide populations vary by only ~2 million with similar rates of high degrees and per capita incomes. While there are underlying factors that have permitted Maryland to implement this system where Virginia has not been able to, the state serves as a demographically similar example of what can be accomplished when stakeholders are aligned.



# Potential Responses & Evaluative Criteria

## Identifying Alternatives

Due to the small size of the foster care population and the homogeneity of both that group and the wider county population, Middlesex County is in a unique position to serve as a testing ground for new ways to move children into kinship care. Stakeholders across the value chain are either directly familiar with each other or have low barriers to contact and the opportunity cost of trying novel approaches is relatively low when compared to large counties with a more dire foster care situation.

As we examine what these approaches might be, it is helpful to clarify the end goal these alternatives hope to achieve. An important area of distinction is the difference between two scenarios: (1) pulling more children out of invisible kinship care and into kinship care or (2) moving more children from traditional foster care and into kinship care. The scale of the invisible kinship care situation in Middlesex County has the potential to be significant—as much as two to three times the size of the current children in care population. The true number is impossible to quantify

nd measuring the scale of the impact would similarly be difficult if not impossible. For this report, we will instead focus on the latter and examine ways to increase the number of children in kinship care by moving them out of traditional foster care placements. Since kinship care typically places less of a burden on DSS, any effort to increase rates of this type of placement could have the additional benefit of freeing more resources that can be redirected towards improving the flow from invisible to visible kinship care.

With that focus in mind, four primary alternatives exist to address this issue. With the exception of maintaining the status quo, each of the alternatives pulls inspiration from Maryland's continuum of care model and focuses on a different stage in the foster care to kinship care pipeline.

## **I. Status Quo**

Under this alternative, the current trends would be allowed to continue unabated and in line with current Middlesex County and broader Virginia policies.

## **II. Identifying At-Risk Children Earlier**

A program to identify at-risk children before an inciting incident would be implemented with the goal of establishing earlier connections between DSS and these families. At-risk children and their families often utilize various components of the governmental support network but rarely have a close connection with DSS prior to the inciting incident. This alternative would focus on establishing clear policies to facilitate the

search for relatives and require coordinating with parents, nonprofits, hospitals, schools, and other stakeholders to build awareness and identify potential kinship care candidates before the children are entered into the foster care system. By identifying at-risk children earlier, local DSS employees could make first contact in a less emotionally volatile situation than an inciting incident and begin building a positive connection between DSS and the family.

## **III. Consolidating and Redesigning Communication Channels**

After the inciting incident, a large volume of information is passed between the DSS caseworker and the family and PKCG. The situation is often emotionally upsetting and absorbing information during this time can be particularly difficult. In addition, the critical pieces of information and the key questions these stakeholders need answered can be scattered across multiple sources and presented in ways that lead to more confusion. By streamlining and consolidating information about roles, responsibilities, and next steps into easy to digest components, DSS employees can improve awareness among these stakeholders and ensure they're working together with a similar understanding of the process.

To do this, DSS would need to create multiple modes of marketing that succinctly, clearly, and engagingly communicate the kinship care process,

warning signs, and other useful procedural details to help families and community members interact with the system. These materials could include videos, pamphlets, flow charts, and social media posts, and would be focused on increasing awareness of every stage of the kinship care process. It would additionally require training for DSS employees to engage with the material and learn how to talk about it with potentially interested parties.

#### ***IV. Increasing Financial Supports***

Unsurprisingly, raising a child is expensive, particularly in the US. For a married couple in rural Middlesex, the total cost of raising a child from birth to emancipation can be anywhere from \$180,000 to \$232,000 representing 3-4 years of the average annual income in the county. It also does not include additional costs like spending on higher education. Couples or individuals who had not intended to take on the financial burden of another child, which is typically the case in kinship care situations, can find this cost hurdle difficult to overcome. This alternative would prioritize passing statewide legislation to increase the amount of financial support available to KCGs. It would aim to specifically address the financial disparity in state and federal assistance given to foster care families versus kinship care families, the latter of which tend to receive exponentially less government support than their foster care counterparts.

To do this, Middlesex County's DSS would need to coordinate with either the local or statewide budgetary offices to allocate

additional funds to the kinship care process. A bill that sought to address this financial burden was moving through the Virginia legislature but unfortunately was left in the House Appropriations Committee following a unanimous vote to table it on March 1, 2022. The bill, Senate Bill 56, allocated additional funding from multiple sources including the state's general fund and the Temporary Assistance for Needy Families (TANF) budget surplus (Favola, 2022). While the bill failed, the sentiment behind it could have a significant positive impact on kinship care rates in the state, and a similar method will be examined as a potential alternative for the client.

#### **Criteria for Evaluation**

In assessing the merits of each of these alternatives in increasing rates of kinship care, they were measured along four criteria. The criteria were selected to reflect the capabilities, resources, and needs of MDSS as well as to prioritize long-term viability over short-term solutions.

##### **1. Cost**

One of the biggest challenges to improving the kinship care system is the upfront sticker price of the additional funds. Any additional costs, both direct such as the salary of new employees and indirect like new facilities, would likely face significant pushback and potentially undermine the good the alternative could achieve by weakening political and public

support. As such, managing and reducing overall cost is a key component when evaluating the alternatives.

## **2. Effectiveness**

Effectiveness in this context is simply about increasing rates of kinship care, particularly in moving children from foster care into kinship care. This criteria emphasizes the distinction expanded on earlier between increasing kinship care rates by identifying invisible kinship care children and moving them into kinship care and increasing kinship care rates by decreasing reliance on kinship care.

## **3. Political Feasibility**

Political pressures in the form of budget changes, public support or backlash can severely hamper the effectiveness of any recommendations in the long-term and result in changes to MDSS's mandate or operations. Any alternative must consider all stakeholders and how their views will impact the political feasibility of the solutions. This criteria is a more qualitative component than the previous two and centers on the sentiments, interests, and capacities of key stakeholders throughout the process.

## **4. Administrative Feasibility and Sustainability**

Stability is a vital component to ensuring a child's long-term success and alternatives aimed at addressing the problems in the foster care system should similarly prioritize their own durability and stability. The ability for the alternative to either permanently solve the problem or to continually improve it is a key criteria as well as its ability to be taken up by current and future staff. This criteria is measured on its ease of use and the amount of new and additional effort it would require of MDSS staff to execute.



# Evaluating the Alternatives

## Status Quo

Virginia currently places about 12 percent of its foster care children into kinship care. While this number is up from the 7 percent it was in 2017, it is still well below the federal government's target of 30 percent or higher. The percentage of children in each stage of the foster care process has also remained relatively consistent since at least 2011 when compared to the overall population (*Figure 11*). The status quo continues to neither improve nor deteriorate the foster care system in Virginia.

However, DSS employees connected to the foster care system in Middlesex County, specifically the foster care worker and Family Services Supervisor, reported multiple instances of children and their parents slipping through the cracks of the current system. During these instances, the situation is either brought to DSS's attention only after reaching a dangerous tipping point that put the child in unnecessary danger or the potential kin is unable to step into the role due to financial or logistical struggles. These experiences suggest that while status quo is not worsening children's outcomes, it is underserving many in the community who could ben-

efit from the additional help and support.

The status quo as is would generate no additional costs to detract from the current \$106.9 million Family Services budget which includes the \$38,844 salary incurred by both the foster care worker and child welfare supervisor. However, with an expected 6-8 percent inflation over the next year and the increased cost of living associated with it, the actual cost of status quo will rise over the next few years. If the Family Services budget is not adjusted to keep pace with this, the cost may remain low, but DSS's ability to provide the same level of care and support will diminish, making it ineffective overall.

As the status quo is currently being employed by the county, it has proven its political and administrative feasibility and sustainability already. Absent sudden and significant changes in public sentiment, the current system could likely continue without pushback from politicians or DSS staff.

## Identifying At-Risk Children Earlier

The costs incurred with this strategy are primarily time-oriented. DSS employees would need to build deeper connections with key referral individuals in the community like law enforcement, school staff, and counselors or therapists. These are already vital areas of referrals for MDSS with counselors/therapists, school staff, and law enforcement comprising 9 percent, 8 percent, and 23 percent of all referrals (*Figure 12*).

Identifying these at-risk children earlier would necessitate building closer relationships with these communities through more frequent dialogues and trainings about what to look for in at-risk youth.

Additionally, when compared to other counties within the central region of Virginia, MDSS is underutilizing landlords, social service providers, and temporary guardians (*Figure 13*). This suggests additional room for growth and an opportunity to build community connections similar to those seen in Maryland following the implementation of its Place Matters Initiative. As MDSS already utilizes several of these connections currently, the cost would be minimal and factored into the current salary of the MDSS employees.

In evaluating this alternative from an effectiveness criteria perspective, it is important to highlight subtly in the problem statement as is. The goal of this policy review is to evaluate opportunities that would increase rates of kinship care among children placed in the foster care system. It is not to reduce the number of children that should be placed into the foster care system who are not currently. This alternative would be the most effective at identifying those families that would otherwise slip through the cracks and not be enveloped into the resources DSS can provide. The alternative would struggle to serve as a pathway from foster care to kinship

care as it is applicable too early in the pipeline to form that connection. The connections established could potentially close gaps in trust among birth parents and MDSS, but the influence that would have on the birth parents' willingness to utilize kinship care is tenuous at best.

From a political feasibility standpoint, this alternative is moderately viable. It would not require any political action such as the passing of a bill or implementation of new guidelines and would likely build deeper connections in the community that could help MDSS be more effective. However, there will likely be pushback from these referral sources as MDSS tries to build deeper collaborative efforts. For example, efforts to include more school staff such as counselors and teachers would have to grapple with the high levels of burnout and emotional exhaustion already present in these professions (Hakanen et al., 2006; Maslach et al, 2001). High levels of attrition permeate this profession as a result with up to 25 percent of teachers leave before their third year and 40 percent within their first 5 (Milner and Woolfolk Hoy, 2003; National Center for Education Statistics, 2004; National Commission on Teaching and America's Future, 2003; Smith and Ingersoll, 2004). These professions are already trained in how to report issues of perceived abuse or neglect to child services, but their legal bandwidth is limited to cases of supposed abuse or neglect—they are not able to report simple suspicions. Encouraging them to be more proactive in the referral process would place an additional burden on this already strained community and could run afoul of

the extent of their legal responsibilities.

There would be more strain placed on the administrative components of this alternative as the two current MDSS employees directly overseeing children in care would be tasked with building these deeper connections, placing an increased burden on their time. It would also require a more coordinated effort of communication where outreach across stakeholders like parole officers, clergy, daycare providers, school staff, and landlords are tracked and documented. While there are a plethora of stakeholders DSS could engage with, counselors/therapists, school staff, and law enforcement comprise 40 percent of all referrals from the previous year and would be logical communities to focus the DSS's efforts on. However, these stakeholders are ever-changing with hiring and election cycles and the relationships and contact information would necessitate constant upkeep to ensure effectiveness.

While the political and administrative criteria are concerning, the ultimate question is how well this option increases rates of kinship care. As such, this alternative is not an effective policy in addressing the problem statement and should not be actively considered.

## Consolidating and Redesigning Communication Channels

The opportunity to serve as a KCG usually comes as a surprise to many families. The needs for kinship care can originate from a variety of circumstances but it is most commonly a result of a parent's illness, incarceration, lack of housing, insufficient income, abuse, or neglect (Virginia Department of Social Services, n.d.). Adding to the shock of being responsible for a young family member, kinship caregivers typically receive far less training, financial support, and legal guidance when compared to their traditional foster care counterparts (Children's Bureau, n.d.). This can leave new guardians or potential guardians unsure of their role, responsibilities, and timelines at a critical moment in the child's life.

Kinship care placements typically garner less oversight as government officials assume it is being "handled in the family," but the experience is still a new one with unique steps, forms, and procedures (Task Force on Permanency Planning, 1990). Findings from several studies strongly suggest the need for more support and oversight to ensure the long-term welfare of these children (Dubowitz et al., 1990). Additional studies have called for additional education for caregivers, caseworkers, teachers, and health care professionals among others to understand the unique needs of this community. Improving the quality and

accessibility of this information can remove education barriers and increase interest in kinship care (Dubowitz et al., 1993). If a PKCG is thoroughly aware of the responsibilities they are taking on as well as the resources available to them to help, they are far more likely to accept the opportunity.

A comprehensive marketing and media strategy that employs a variety of media content from printed pamphlets to social media posts and videos would be most effective but also the most costly. While a version of this material exists now within MDSS, it is clunky, difficult to understand, and often overwhelming for families during or around the inciting incident. Changes to this could improve uptake of kinship care by removing barriers to comprehension.

Cost varies depending on implementation and the route MDSS chooses to pursue. The cost of doing this is one of the largest downsides to this alternative. If DSS lacks the internal capabilities to design the material, it can outsource the process. Experienced freelance graphic designers can charge anywhere from \$65 to \$150 per hour and the scale of the content overhaul would likely necessitate 30-50 hours of work depending on the current state of materials (Upwork, 2022). At these rates, the material would cost about \$2,000 on the low end and \$7,500 on the high end. These rates are likely below the true cost of the service as

the 30-50 hour is design time and does not account for additional items like initial consultations, edits, and redesigns. This does not account for the additional cost of printing the materials. Brochures and pamphlets typically run \$0.70 to \$1 per item. There are approximately 4,600 households in Middlesex County. Depending on if the material is at the high or low end of the per item cost and the overall percentage of households DSS hopes to reach, costs can range from a low \$177 or a high \$1,151.

This also accounts only for one design of pamphlets. Based on the current printed materials, DSS would need at least four newly designed pieces, increasing low-end costs to about \$710 and high-end to about \$4,600. While these costs are not overwhelming, they move resources away from underserved communities and further strain the budget.

When explaining the kinship care onboarding process, several DSS employees expressed frustration with informational barriers that made the process difficult. Kinship caregivers were unsure of their responsibilities and obligations if they were to care for the child, how long the typical duration of care was, if there were funding opportunities to help with the financial burden, and how their decision impacted the hopeful future return of the child to their parents. While understanding was not the most significant barrier to kinship implementation, its absence delays the process and leaves more children in foster care while they wait for their new guardians to get up to speed. Making this process easier would help reduce that downtime and convince more kin or fictive kin of the man-

ageability of the kinship care dynamic.

Similarly to identification, this communication alternative would be extremely feasible from a political standpoint. The marketing material already exists and could be easily converted into a modern format with little need for political involvement besides dedicating funds to this project.

The administrative feasibility and sustainability are similarly high. DSS employees are already familiar with this material and the process of guiding kinship guardians through it. They would not need to engage in any more training than that which they are currently utilizing. The streamlined material could also reduce the amount of time they spend with the kinship guardians as the guardian may feel more empowered to complete the documents independently or would be able to do it faster, freeing up more time for the DSS staff to focus on other priorities.

## Increasing Financial Supports

The biggest barrier PKCGs face is the financial burden of raising a child. The US Department of Agriculture estimated in 2020 that a middle-income, two-child, married-couple family will spend approximately \$12,980 annually per child (Lino, 2020). That expands out to \$233,610 to raise the child from birth to 18. For a county

with an average income of \$57,438, this additional cost represents nearly a quarter of household annual income and is likely an underestimate considering recent inflation numbers and the rising cost of housing. For many interested parties, this expense is too great to overlook, and forces individuals away from the kinship care opportunity even when they have a positive relationship with the child or their birth parents.

SB56 hoped to alleviate some of this burden by providing the same financial support to KCGs that foster care guardians receive. Through the Foster Care Prevention program, funds from a mix of the general fund and TANF among other programs would have been transferred to qualifying KCGs. Unsurprisingly, this is an expensive program. It would have redirected a significant portion of state funds to address kinship care. Initial estimates suggest that DSS would have needed \$15,836,199 in FY 2023 and an additional \$17,208,184 in FY2024. For context, in 2021, TANF and Child Care spending accounted for ~4 percent of the Virginia DSS budget with over \$710 million spent (Virginia Department of Social Services, 2021). While this number would not have been insurmountable, it represents a ~2.3 percent increase in spending and worries persisted that the funding could have been better spent elsewhere.

Though the bill stalled in the Appropriations Committee, Director Morgan believes it failed in large part due to multiple changes to the final cost of the bill that ultimately confused and disenchanted legislators. Additionally, since there was not a companion bill in the House, a parallel approval process was not possible which may have undermined advocacy abilities. Even if these barriers were removed, however, it would still be an expensive bill and would need substantial political support to be implemented despite the significant impact it would likely have on at-risk children and their families. Ultimately, however, the bill's failure to pass into law demonstrates that at this time and as it is currently composed, it is not politically viable

This alternative would also require significant training among the DSS staff. Any new funding would likely come with additional filing requirements and DSS employees would need to be re-trained and begin tracking those guardians qualified to receive the new support. Due in large part to the political hurdles, this alternative is not a promising path forward at this time.



# Recommendation & Implementation

## Recommendation

In searching for ways to most effectively address the problem of kinship care in Middlesex County, the communication alternative is the best option to pursue (*Figure 14*). It is a relatively medium-cost alternative that improves DSS's relationship with the community, significantly reduces the explanatory burden placed on DSS employees during inciting incidents, and increases the knowledge base of KCGs. It also requires little to no political input and would be highly feasible and sustainable once administrative staff has been educated on the material, resources, and process.

Of the remaining alternatives, the financing option is the most attractive and, in the long-term, there may still be a path forward towards effective implementation of the key components of that bill. However, the bill is a state-level initiative aimed at addressing communities hardest hit by the foster care shortage. With its relatively small population of foster care children, Middlesex County would be better served by utilizing its available resources to build deeper connections and awareness among the local community. The county could also serve as a model for other communities looking for innovative solutions to the financial shortfalls of the current status quo.

# Implementation

## ***I. Data Collection and Maintenance***

To ensure that the most relevant and needed information is passed onto PKCG, two sources of data should be utilized: (1) current and past KCG and (2) current example content from states leading the way in kinship care prioritization, specifically Maryland. Most critically, this should utilize the most recent data available and prioritize updating Middlesex's current content to reflect the current needs of PKCG which can be identified during interviews with current and past KCGs. For example, Maryland's 2021 Kinship Care Fact Sheet focuses almost exclusively on financing options since that is a significant worry for most PKCG.

The data collection effort should be led by someone deeply familiar with the cases and the families involved. By having this previously established relationship, they will be able to gain quicker access to these families' insights and perspectives and be better equipped to ask questions that will get to the core of the families' needs.

## ***II. Content Production***

Once the essential information has been collected, MDSS staff should work either with the internal design team or hire outside assistance to design both physical and digital material for PKCGs. Virginia design studios such as Visual Appeal and Richmond Concept could be contracted to both produce the material and utilize Virginian talent. Whenever possible, English and Spanish versions of the material should be produced simultaneously to minimize language barriers.

While this effort could be spearheaded by someone within MDSS, it's also an opportunity to utilize an intern with design expertise or an interest in pursuing it post-graduation. Printed material should be compact, simple, and easy to digest with a push to check the online website for more in-depth information. Online material should be more thorough while still prioritizing those most frequently asked questions or misconceptions discovered in the data collection phase.

### ***III. Training and Education***

MDSS staff, particularly those who are the first point of contact at inciting incidents, will need to be retrained on the material and educated on what it contains, how to access it, and how to pass it along to PKCG. Initial priority should be given to the content in the printed materials as it will be the first item PKCG's will interact with. MDSS employees conveying confidence in the kinship care process during this stage is essential to overcoming a PKCG's potential hesitation in taking on the responsibility. As such, it's similarly critical that MDSS employees feel comfortable working through the printed material and are confident in both explaining what's in the printed material and directing PKCGs to the website for additional information that may be lacking from the printed material.

The digital material will be both more indepth and more maleable as the marginal cost of changing the digital material will be exponentially less so than printing and redistribtuing the physical materials. As such, initial trainings on the material on the website should be led by the MDSS Director with the expectation of future trainings and updates as the legal or regulative situations around those materials change and evolve.

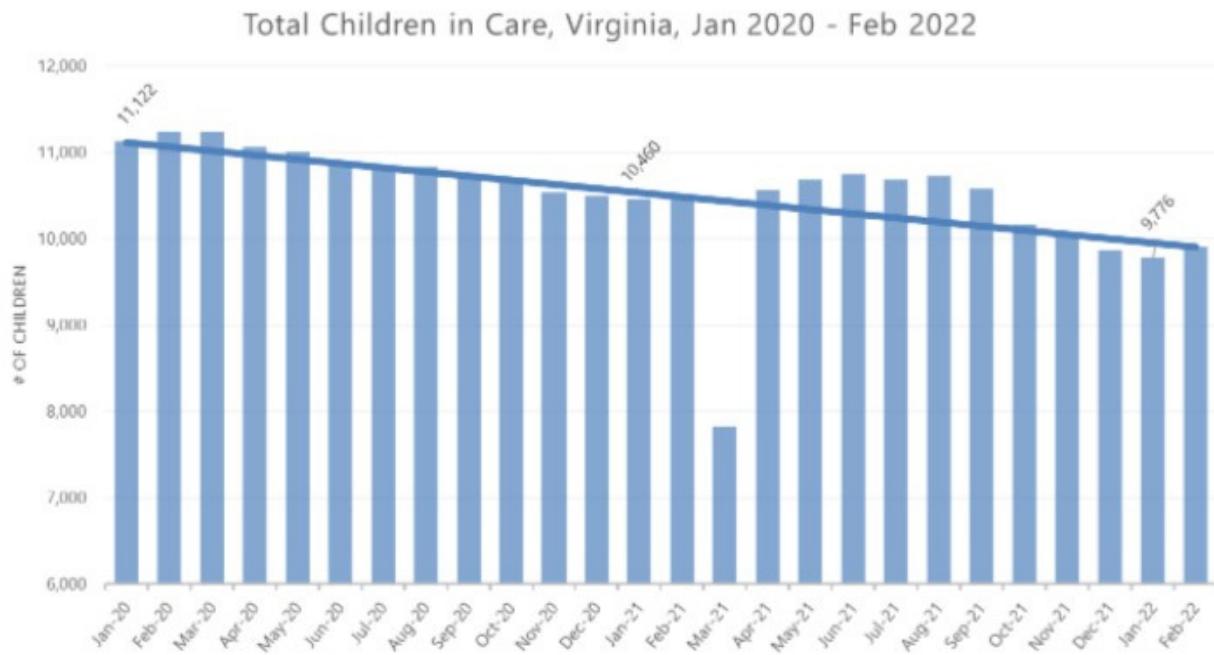
Finally, MDSS employees should be aligned on the ultimate goal of this program and the new communication materials. By uniting on the intention and the impact, the team can more effectively work to increase rates of kinship care and feel more empowered to identify opportunities ofr improvement and development. This is also the time to clearly outline metrics of success including an increase in utilization of available resources, increased traffic to the website and its linked resoruces, and increased rates of kinship care in Middlesex County.

# Appendix

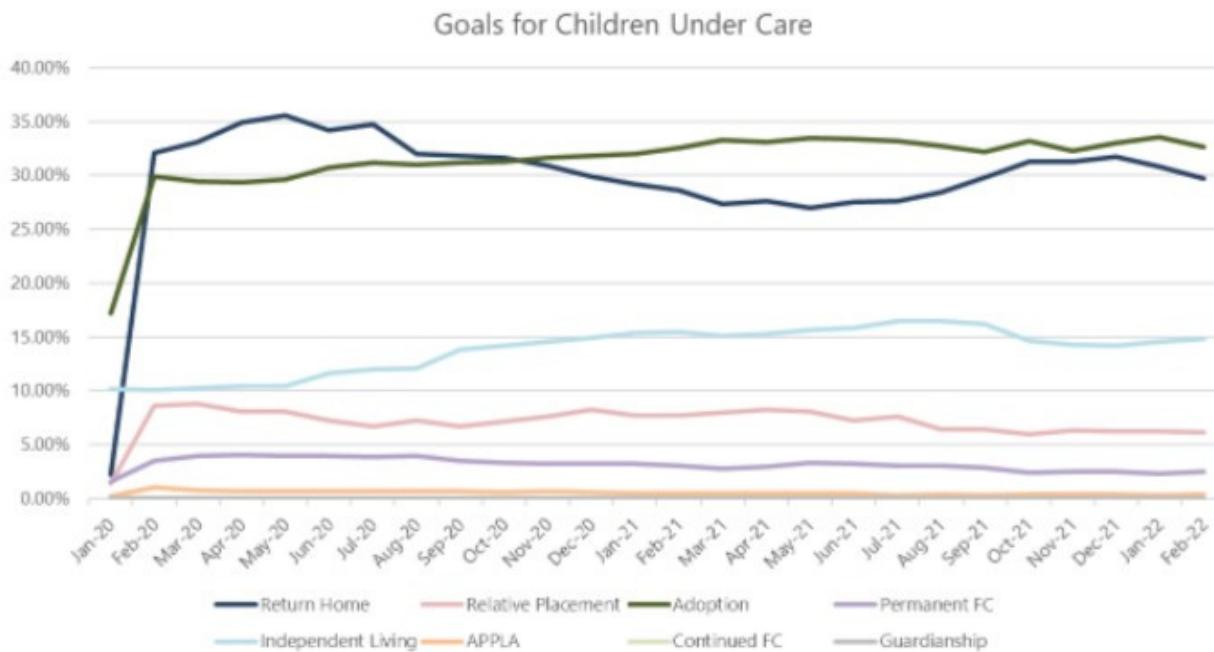


# Exhibits and Figures

**Figure 3 - Total Children in Care in Virginia, 2020 - 2022**



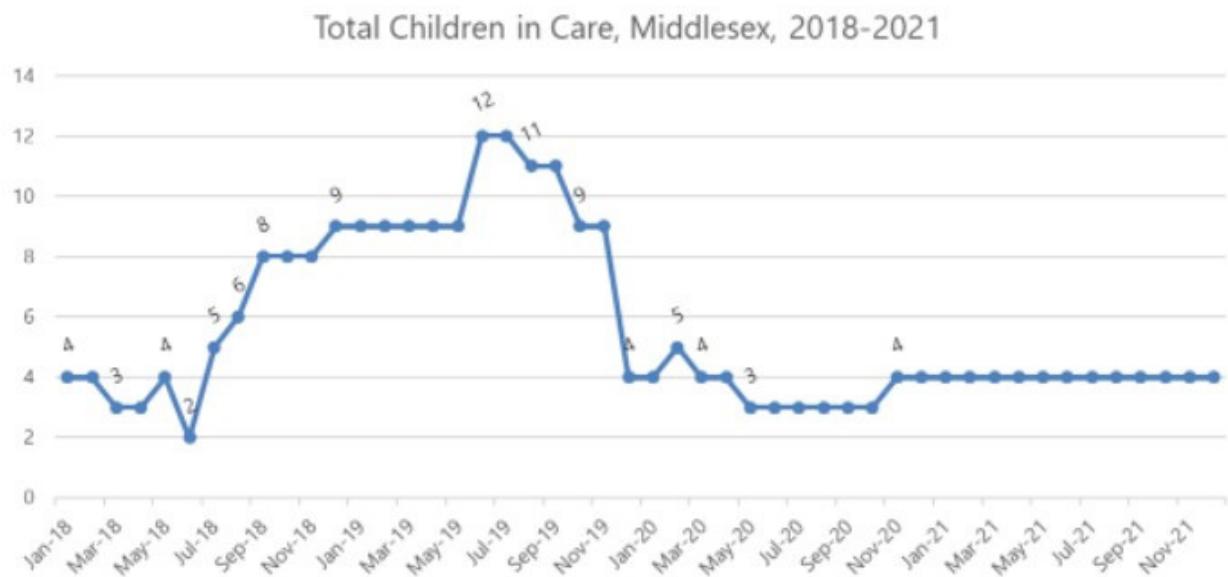
**Figure 4- Goals for Children Under Care**



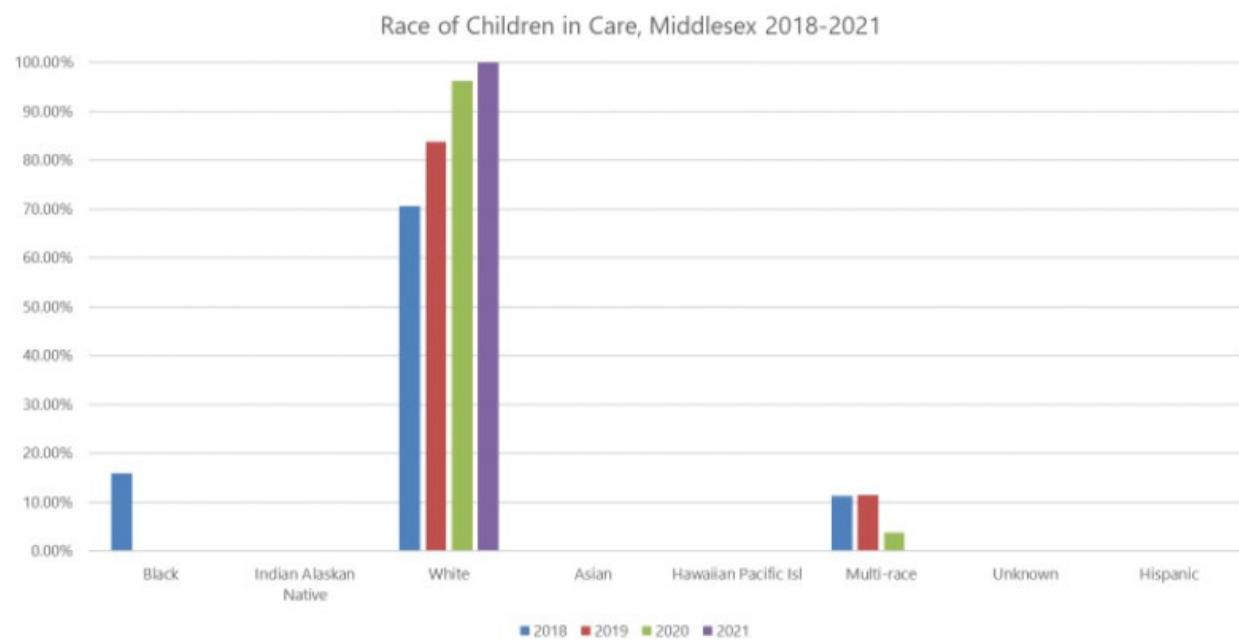
Virginia Department of Social Services. (2022). Foster Care (FC) Related Reports.

# Exhibits and Figures

**Figure 5 - Total Children in Care in Middlesex County, 2018-2021**

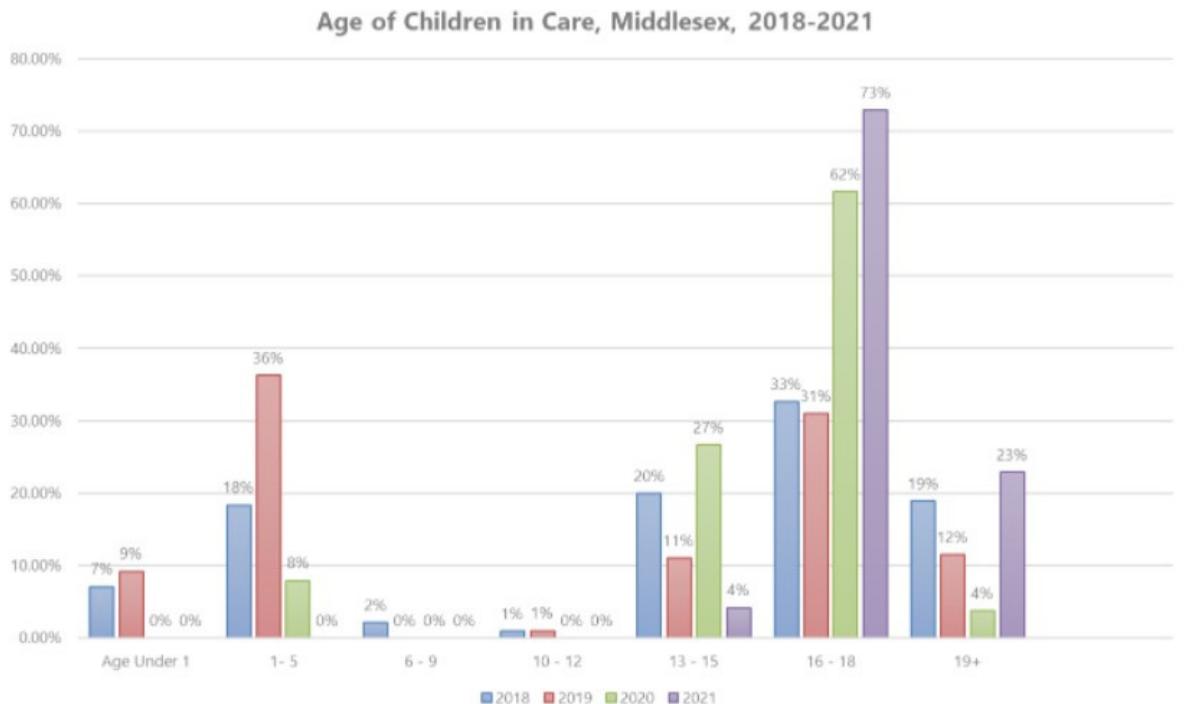


**Figure 6 - Race of Children in Care, Middlesex, 2018-2021**

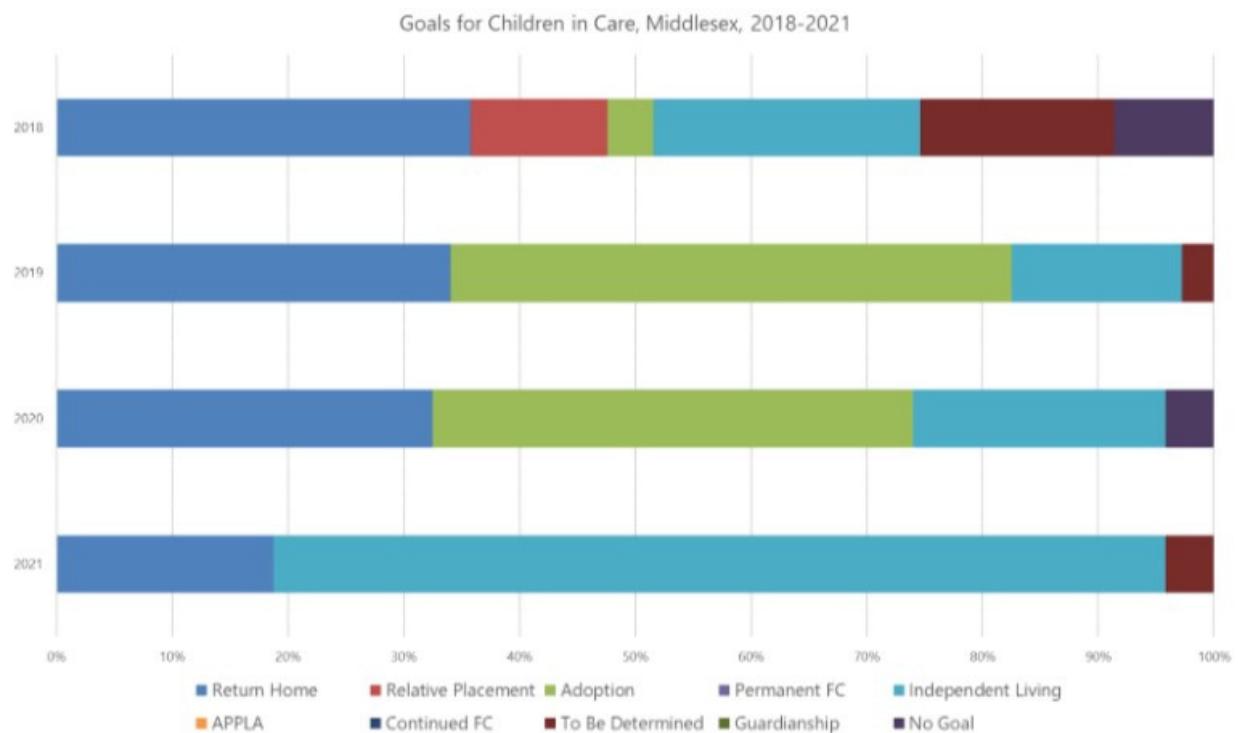


# Exhibits and Figures

**Figure 7 - Age of Children in Care in Middlesex County, 2018-2021**

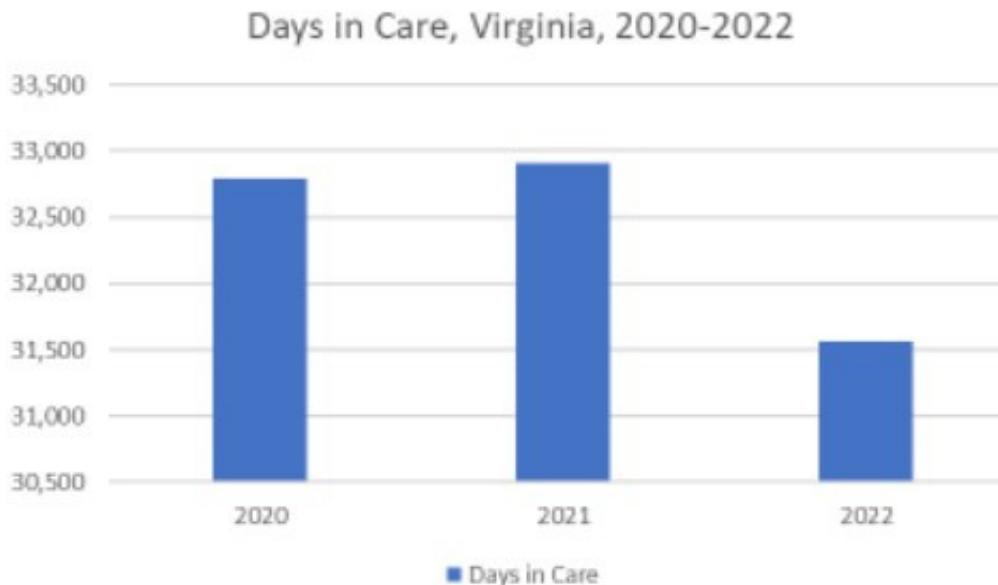


**Figure 8 - Goals for Children in Care in Middlesex County, 2018-2021**



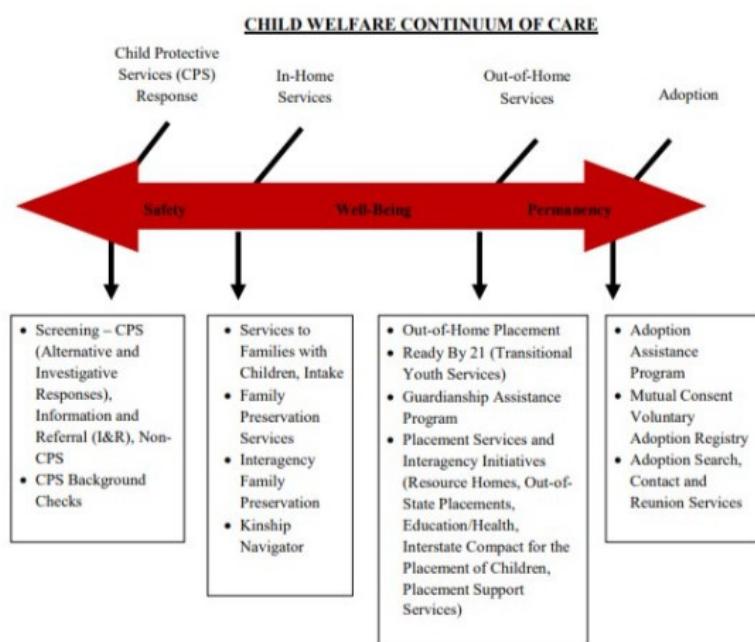
# Exhibits and Figures

**Figure 9 - Total Days in Care in Virginia, 2020-2022**



*Note: 2022 days in care cover only January and February of that year.  
Initial trends suggest the end of year total will be similar to that of 2021.*

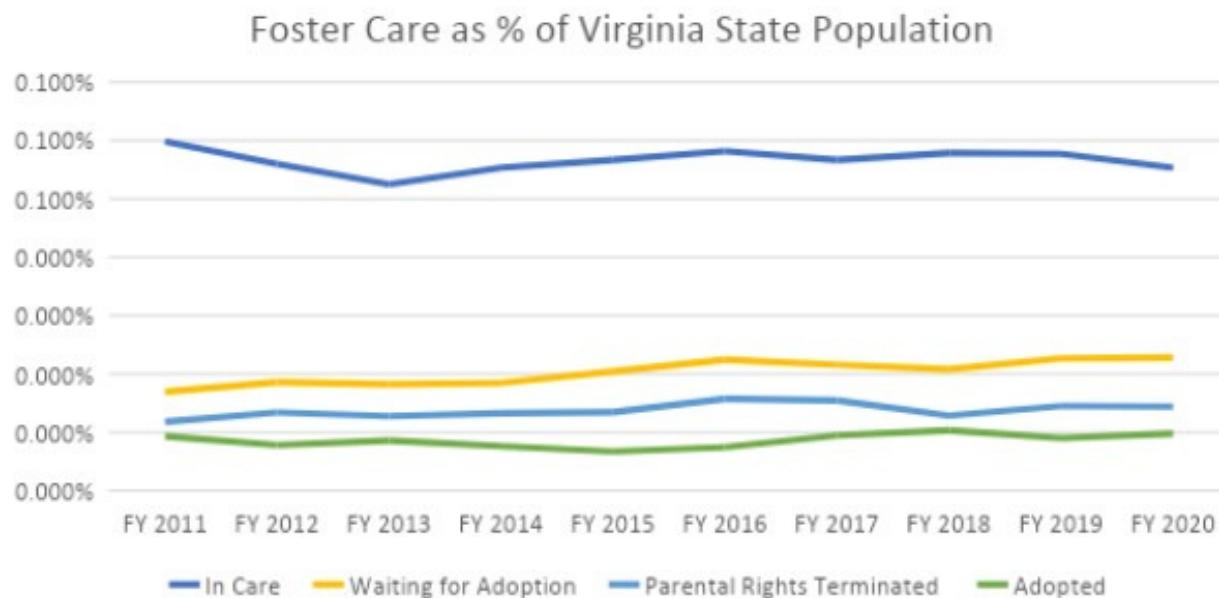
**Figure 10 - Maryland's Child Welfare Continuum of Care**



*Source: Maryland Department of Human Services . (2020).*

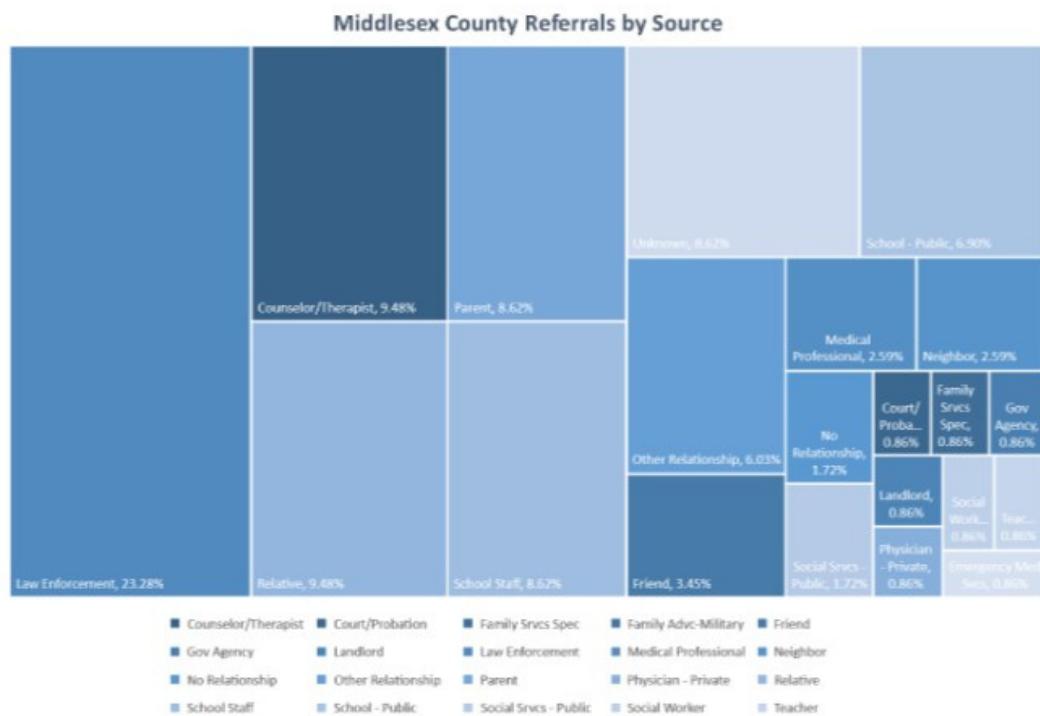
# Exhibits and Figures

**Figure 11 - Children in Foster Care as Percentage of Virginia State Population**



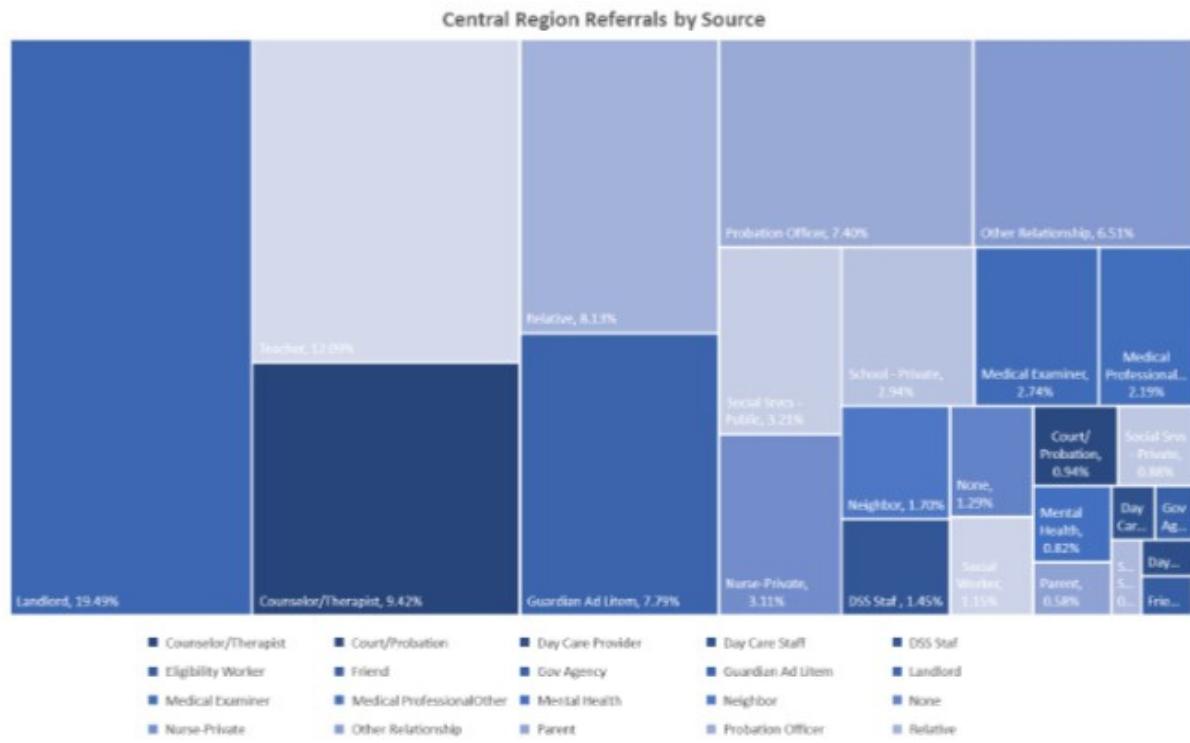
Source: Children's Bureau. (n.d.).

**Figure 12 - Middlesex County Referrals by Source Type**



# Exhibits and Figures

### **Figure 13 - Central Region Referrals by Source Type**



**Figure 14 - Decision Matrix**

<i>Alternatives &amp; Criteria</i>	Status Quo	Identification	Communication	Financing
Cost	Low	Low	Medium	High
Effectiveness	Not Effective	Not Effective	Moderately Effective	Extremely Effective
Political Feasibility	Extremely Feasible	Moderately Effective	Extremely Feasible	Not Currently Feasible
Administrative Feasibility & Sustainability	High	Medium	High	Medium

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