Family First: A Descriptive Analysis of ASCI's Practice for Permanence, Kinship Navigation and Supportive Services to the Triad

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Abstract

As more child welfare systems and agencies consider the importance of reaching out to and supporting extended family to help care for youth, it is vital to see the impact of such outreach on service delivery to kinship care families/the kinship triad (i.e., the child, birth parents, and relative caregivers). This descriptive research examines the nonprofit human-services kinship care agency A Second Chance, Inc., and its Kinship Navigator program, a specific initiative that identifies caring family members and is geared toward supporting kinship foster care as compared to non-kinship foster care. This paper is meant to examine the strengths of A Second Chance, Inc.'s process and practice, to inform the development of a more responsive framework for kinship care policy and practice. The research, drawn from a year of informal interviews, observations, public records, and a survey of relevant organization and administrative documents, offers that the Kinship Navigator program and its value of "family first" can be an effective model in responding to children in the child welfare system and helping agencies understand the value of extended kinship as a solution.

Keywords: child welfare systems, kinship care, triad, extended kinship, foster care

Defining the Care Means Defining the Practice

The literature has offered several definitions of kinship care. Some are related to funding, relationship of caregiver to child, and agency supervision policies (Gleeson & Craig 1994; Child Welfare League of America, 1994; Hegar & Scannapieco, 1995). There are others to be considered, but the three definitions discussed below are examined for how they are pertinent to guiding care for children.

The U.S. Department of Health and Human Services (DHS) accepts that kinship care is defined as the care of children by grandparents or other relatives, or, in some jurisdictions, close family friends (often referred to as fictive kin) who step in to raise a child when they can no longer remain safely with their biological parents (Leos-Urbel, Bess & Geen, 1999). The definition seems appropriate and clear. However, as the child welfare industry has been evaluating kinship care as an option for more than 40 years (Thornton 1987), the question that must now be asked is: Does alignment with the DHS definition suggest practicing a clinical instead of a holistic approach to how systems care for children?

As kinship care moves forward, should other more nuanced definitions be considered as the North Star for how the system responds

to children's needs? It is important to know that relatives are and should be the preferred choice for children who must be removed from their birth parents, as they maintain the children's connections with their families. As such, the practice is often considered a type of family preservation system (Hegar, 1993; Danzy & Jackson, 1997).

In reassessing a definition, it is important to keep in mind the three common types of kinship care. In formal kinship care, families care for children who are involved in the child welfare system; caregivers are trained and licensed and receive support services and monthly payments to help defray the costs of care. In informal kinship care (the most common), relatives raise children without the involvement of child protective services, and are assessed to ensure the safety and suitability of their home and to determine what supportive services are needed and available for the child and kinship caregivers. Finally, with legal guardianship, the court appoints a relative to assume the legal rights, responsibilities and decision-making power of a parent to help care for a child.

The number of children in the system should also be considered in evaluating a definition, particularly the rates of children of color and the rates of children who are already being cared for by relatives. In 2013, there were more than 442,000 youth in foster care, and 23 percent of them were Black (Children's Bureau, 2013). This means that of every 1,000 children in the United States, six were living in foster care. By 2017, nationally, 32 percent of children living in foster care were living with kin (NACAC, 2018).

At least two decades ago, national and professional child and family advocacy groups began looking more closely at strategies and practices that aim to provide healthier outcomes for vulnerable youth and families. They pushed to broaden kinship

care beyond being narrowly and clinically defined as simply identifying where a youth is living. For these groups, it is important to define kinship care as the "full-time protecting and nurturing of children by grandparents, aunts, uncles, godparents, older siblings, non-related extended family members, and anyone to whom children and parents ascribe a family relationship, or who 'go for kin'" (Child Welfare League of America, 2013). This distinction is necessary, because it asks the industry to consider the importance of not only permanency, but also a child's permanent well-being.

In Pittsburgh, the human-services kinship care agency A Second Chance, Inc. (ASCI) operates on the definition of kinship care being a *natural response* (Danzy & Jackson, 1997) among *family members* and *other supportive adults* who come together in a *collaborative* way to plan in the best interest of a loved one's permanency, safety and well-being when the child or youth must be *temporarily relocated* outside of their home. This is written into ASCI policy, and what is critical to understand is that from ASCI's first contact with a child in the system, the goal is not just to treat the child and family, but also to provide healing so the child can thrive, rather than merely survive. This definition undergirds ASCI's belief in "family first" and shapes the agency's models and programs that protect and strengthen children and families.

Kinship Care: A Relevant Model and Solution

Although kinship care is a time-honored tradition, "it was only in the last quarter of the 20th century that child welfare practitioners and policymakers put concerted efforts into reconciling the natural-customary sources of informal kinship care

with the rational-legal foundations of formal foster care" (Testa, 2017).

Between 2017 and 2019, kinship caregivers cared for 2.7 million children across the country. According to U.S. Census Bureau data, kinship caregivers are more likely to be poor, single, older, less educated, and unemployed than families in which at least one birth parent is present. Still, these relative caregivers are a preferred resource of care. Kinship caregivers have proven that they can ensure children are kept safe and healthy; can maintain connections to family, community and culture; feel like they belong; and are able to thrive (Annie E. Casey, 2012).

Furthermore, studies of kinship care found that 1 in 11 children lives in kinship care at some point before the age of 18. For Black children, 1 in 5 spends time in kinship care at some point in their youth (Annie E. Casey, 2012). Furthermore, it must be noted that this kind of extended care network— and not nuclear family systems—are present in traditional African communities and were beneficial to Black families surviving enslavement and its aftermath in America (Scannapieco & Jackson, 1996). In fact, these networks were valuable and recognized as adaptive responses to the social and economic disparities thrust on African-American communities and families (Stack, 1970).

With so many African-American and other children of color in the system, it is worth noting that while they may have previously experienced out-of-home care with relatives, they are likely to have to rely on broad networks of extended family even while in kinship care. Because kinship care is a dynamic already operationalized in society, systems must question the relevancy of using foster care models that primarily consider nuclear family options as the only safe spaces and supports for children who

need care. The increase in kinship caregiving placements has resulted in recommendations by researchers for public welfare agencies to develop a service delivery system that takes into account the complexities of this caregiving situation (Gibson, 2003). Kinship care is a not a new phenomenon. Therefore, why do most current models of service delivery fit traditional caregiving in which strangers replace biological parents as primary caregivers?

By recognizing that the nuclear family is not an inherently advantageous arrangement, but instead, is ideologically and culturally extolled, the industry can counter the assumption that kinship care families are inherently risky. While kinship care families may need additional social and economic support, especially when caregivers are poor and elderly, stigmatizing these families can create its own burdens and stresses (Swadener & Lubbeck, 1995). When these families are treated like they are "outside the norm," the very idealization of the nuclear family can hinder service delivery. Linda Gordon, a scholar, feminist and historian, made this point:

> The "independent" family—the male-breadwinner/female-housekeeper family—remains as a norm despite the fact that so few live this way, and that disjunction between ideal and reality also creates stress in child-raising. When social welfare policy adopts that norm as a goal, the result is often the denial of help to those who need it most, or until their need is too great. (Gordon, 1988, p. 166-7)

While the African-American extended family has received particular attention in research, the extended family is not exclusive to African Americans. Historian Stephanie Coontz (1992) argued that the nuclear family is more a fiction than a

reality in American life, providing evidence that the nuclear family has never been the predominant family structure in the United States, despite its ideological prominence. In fact, having extended family—those outside of the nuclear structure—care for children who cannot live with their biological parents is also a practice long-rooted in other cultures (Hegar, 1993).

Moreover, there are arguments that society must look beyond the nuclear family to consider how to care for children. For example, the nuclear family's relevance is decreasing in contemporary times (Stacey, 1991); it is a family form that "rose and fell within a globalized capitalist system" (Bengston, 2001); and contemporary families are characterized by adaptability, fluidity, and diversity. Also, there are contemporary social factors that impact all families, including, for example, growing marital instability and divorce, which makes extended kin in all families critical to socialization, nurturance, and other "essential family functions" (Bengston, 2001). Kinship care families can help us understand the role extended family members play in these "family functions." In a modern society, the idea of extended kinship families cannot be ignored.

Why Kinship Care?

For youth in the system, the cycle of upheaval from homes, schools, and community can be cognitively and developmentally traumatizing (Lewis, Dozier, Ackerman, & Sepulveda-Kozakowski, 2007). The trauma can be mitigated when youth are connected to family, which is more stabilizing than non-relative care. For example, being placed with a relative can mean fewer subsequent disruptions (Benedict, Zuravin, & Stallings, 1994).

In the United States, close to half of a million children need and could benefit from innovative responses and interventions and living with and being nurtured by family members. Federal data from the Adoption and Foster Care Analysis and Reporting System (AFCARS) indicate that as of 2013, approximately 113,000 U.S. children were living in the home of a relative under a formal kinship foster care arrangement, representing somewhat greater than one-quarter of all children living in out-of-home care under the supervision of the juvenile court (AFCARS, 2014).

For African-American children in the system, being connected to relatives through kinship care is vital, as they have long been overrepresented in foster care at 1.8 times the rate of the general population (Child Welfare Information Gateway, 2016).

Furthermore, children living in kinship care typically enter the child welfare system when there is a substantiated allegation of child abuse or neglect in the home of the birth parent. When foster care is required to preserve a child's safety, federal law specifies that child welfare agencies must seek out and identify appropriate kin whenever possible to serve as their foster parents (Geen, 2009). Caregivers undergo a home study and background check to assess the suitability of the home, and a judicial officer of the juvenile court confers a placement decision (Reed & Karpilow, 2009).

Among the obstacles caregivers face are issues of licensing, eligibility, and how to manage—especially financially—given the gap in benefits for kinship providers and non-kin providers. (Beeman et al, 1996). According to statute, kin who meet the same licensing requirements as non-kin and who are caring for a child whose parent is Title IV-E eligible are entitled to a federal foster care subsidy. Some states maintain

provisions for kin who are licensed (and who therefore receive a foster care subsidy) and those who cannot meet licensing requirements (e.g., space requirements in the home, etc.) but are otherwise eligible for Temporary Assistance for Needy Families (TANF) subsidies.

Some estimates indicate that more than half of kinship foster parents in the United States serve as unlicensed caregivers (Annie E. Casey, 2012). Despite TANF, the public benefits unlicensed caregivers receive are not as generous as foster care subsidies. Although payment inequities between kinship foster parents and non-relative foster parents have diminished considerably in recent years (e.g., in 2014, California's governor made equal the subsidy amount for non-kin and kin foster parents), available data suggest that service and support opportunities for kinship caregivers remain inequitable.

As far back as 1994, researchers indicated that kinship foster parents, compared to non-kin foster parents, were offered and received fewer services from child welfare agencies and had less contact with child welfare workers (Berrick, Barth, & Needell, 1994). More recently, Sakai et al. (2011), drawing upon a national sample of children in out-of-home care, revealed that the service differential between kinship foster parents and non-relative foster parents was approximately 1:4 for parent training and 1:7 for access to respite care and support groups. To fill the inequities, it is imperative that the industry develop interventions and empathetic programming responses.

The existing system of foster care policy and practice is based on a model of unrelated foster parents. Therefore, it is important for agency practices to be guided and informed by an understanding of the data and hardships that have spawned populations of children who need care. Recent estimates

indicate that more than 7.7 million children are being raised in the homes of relatives (about 10 percent of all U.S. children); of these, about 3 million (4 percent of all U.S. children) live with a relative with no birth parent present (Federal Interagency Forum on Child and Family Statistics, 2011).

These shifts in parenting practices have been most pronounced in communities of color (Annie E. Casey, 2012), where, as noted earlier, an estimated 1 in 5 African-American children will spend some portion of their childhood living in the home of a relative. Some of these familial child-sharing practices reflect longstanding cultural responses to extreme hardship imposed on communities of color, such as slavery, incarceration, and poverty (Roberts, 2003; Stack, 1970). Relative or kinship caregiving today is also associated with family displacement (e.g., parental military service or job relocation) or hardships relating to health or mental health, substance abuse, incarceration, or death of the child's parent (Gleeson & Seryak, 2009; Gleeson et al., 2009; Goodman, Potts, Pasztor, & Scorzo, 2004; Sands & Goldberg-Glen, 2000).

The challenges kinship caregivers face as they negotiate low incomes and other socioeconomic dynamics must also be considered. While these caring adults and families are often the best or the only realistic option for children needing care, agencies must consider how to support kinship families who are struggling with financial or social challenges beyond their control. Ample evidence suggests that kinship caregiving is stressful (Blair & Taylor, 2006) and poses additional and sometimes striking financial burdens (Bent-Goodley & Brade, 2007; Cox, 2007; Gibbs, Kasten, Bir, Duncan, & Hoover, 2006). To positively impact kinship caregivers, agencies must first understand their plight and how they touch the lives of children and

families. Policies and procedures that are specific to kinship foster care are needed. The fiscal impact of emerging kinship care programs is yet to be fully documented., and the industry must remedy the inequitable payments that exist in the various systems that support children in out-of-home care (e.g., AFDC, foster care, difficulty-of-care, etc.).

Evaluating Services for Kinship Care Families: A Systematic Review

To have a positive impact, child welfare agencies and the government must continually and systematically evaluate services provided to support kinship care families. They must keep in mind that culture and tradition are among the factors that make families different. To support youth and families, there should be diligence in creating programs that are adaptive and relevant. This is important, as past research has shown that a range of benefits come from engaging kinship care.

For example, one study found that children placed with relatives soon after removal from their birth parents have fewer behavior problems after three years than children placed in foster care (Rubin et al, 2008). Based on attachment theory and evolutionary theory, researchers contended that kinship caregivers tend to provide children and youth with a secure environment and beneficial treatment (Cole, 2002; Hegar, 1993; Herring, Shook, Goodkind, & Kim, 2009). Herring et al. (2009) used evolutionary theory to suggest that children are likely to be treated better by kinship foster parents than non-kin parents in a relatively safe environment. In addition, a positive attachment and child-caregiver relationship make kinship care a more stable placement than other types of foster care placements, thus reducing placement

disruptions (Dubowitz, Feigelman, & Zuravin, 1993; Koh, 2010). Other research indicates that kinship care provides stable homes in which children are less likely to experience multiple placements and re-entry into the foster care system (Berrick, Needell, Barth, & Jonson-Reid, 1998). Furthermore, children who are placed with their relatives, compared with other types of placements, are more likely to maintain contact with their birth parents and preserve their racial identities (Berrick, 1997; Berrick, Barth, & Needell, 1994). Given this data, it is imperative to critically examine how systems and programs can be structured to support kinship care families.

The A Second Chance, Inc. Kinship Care Model: A Contextual Overview

"No child in trouble ever asks to be delivered to a stranger" is more than a profound and impactful statement. It is a mantra at A Second Chance, Inc. (ASCI). Those at the agency understand that all children seek the emotional closeness and care of family.

At ASCI, programs, processes, and services are part of a comprehensive model of kinship care that is tailored to serve the triad: the child, birth parents, and relative caregivers. Specializing in child welfare-involved kinship care, ASCI has made cultural competency central to its model, as it is what undergirds children's placements with relatives. Studies conclude that delivering a child to the home of a stranger and thrusting them into unfamiliar cultures and communities can cause them to feel like outsiders—an experience that can exacerbate the trauma of being separated from parents and community.

This is why the mantra "No child in trouble ever asks to be delivered to a stranger" fuels ASCI's comprehensive approach to kinship

care and serving children and families. Children do not take the journey to and through child welfare alone. The "journey" begins when a case of child abuse or neglect is reported. The incident is then investigated, which can result in two courses of action. First, if the case is determined to be unfounded, it is closed. Second, if the case is substantiated, the courts can determine further courses of actions, which may include removing the child from the home, sending the child home with supervision and support services or sending the child home with no support services (ASCI, Infographic, 2014).

A closer look at ASCI and its evolution reveals how and why kinship care service became an innovation in the child welfare industry, providing models of care for children and families that are culturally responsive and results driven.

Historical Context: ASCI and the Kinship Care Model

Since 1994, Dr. Sharon McDaniel has been at the helm of ASCI, the private nonprofit that specializes in kinship care, which she founded in Pittsburgh's Allegheny County. Before founding ASCI, Dr. McDaniel was an alumnus of care and a social worker. At the time, the county was challenged to respond to a judicial consent decree sparked by the *Rivera v. Allegheny County* case. The decree directed that kinship caregivers get the same pay as strangers who provide foster care. The county's Department of Human Services also recognized that kinship families needed an approach different from traditional foster care. ASCI became the solution. Dr. McDaniel opened the agency to successfully meet the unique needs of kinship care families. The result was an innovative private/public partnership between the nonprofit child welfare agency and the government (McDaniel, 2014).

As the ASCI model took its early form, Dr. McDaniel decided the agency would be guided by research and established new and innovative policy. She was influenced by the historic precedent of the Indian Child Welfare Act of 1978; the work of the National Association of Black Social Workers and Black Administrators in Child Welfare; and the enactment of the MultiEthnic Placement Act (MEPA) and the Inter-Ethnic Placement Act (IEPA) in the 1990s. The purpose of IEPA, which amended MEPA in 1996, was to eliminate racial discrimination in federally funded foster care and adoption placements so children are not delayed or denied placement based on their race, color, or national origin. This protection against discrimination also extends to foster and adoptive parents.

Such changes marked a radical shift in how child welfare agencies and policies considered such matters as out-of-home placements, including how long children linger in care and discrimination based on race and ethnicity. Importantly, it disrupted the idea that group care and foster care were the best practices and the preferred ways to care for children. The research showed that when children are uprooted from their homes, they benefit and thrive when they can remain connected to their relatives, cultures and communities.

These efforts were aided by the case of *Miller v. Youakim* in 1979, which ruled that relatives are entitled to the same foster care benefits as non-related foster parents. This ruling became the basis of fiscal "equity" for relatives, who are now reimbursed at the foster family rate rather than the lower AFDC rate, if they fulfill appropriate licensing requirements.

Additionally, the heart of and logic behind ASCI's historic approach originated as a response to the experiences of African-American children and families in child

welfare systems. Racial disproportionality and inequities not only trail these children and families, but also impact their outcomes compared to their representation in the general population and the outcomes of their non-African-American counterparts.

> *Disproportionality, the condition of overrepresentation and disparity in the treatment of children of color in the child welfare system, is embedded in the structure of our system, in administrative and legislative policy, in practice, and in individual relationships between workers and their clients. It has roots in historical conditions, and arises from factors such as poverty, education levels, income, household composition, and lack of resources. (Casey Family Programs, 2007)*

Today, a sustained investment in and commitment to ASCI's value for family has made its model culturally competent and relevant. Addressing both race and ethnicity, the culturally sensitive and inclusive ASCI model responds to such characteristics as age, gender, sexual orientation, disability, income level, education and geographical location.

For more than two decades, ASCI has been the exclusive provider of child welfare-involved kinship care services to Allegheny County's Office of Children, Youth, and Families (CYF). In recent years, ASCI has extended its reach to the eastern Pennsylvania municipalities of Philadelphia, Berks, Chester, and Delaware Counties and is now registered to do business in Arizona, California, Delaware, Georgia, New Jersey, and Virginia.

The Kinship Care Model as a Catalyst for Community Change

ASCI opened its headquarters in 1994 with a dedicated team of nine, housed in an old church rectory in North Braddock, Pa., a town still standing in the shadow of Pittsburgh's once mighty steel industry. The private kinship foster care provider became Allegheny County's newest child welfare provider and the second operated by an African-American. The agency was also the first to serve kinship care families. Based on Dr. McDaniel's years of experience working with kinship families, ASCI advocated for and advanced kinship care by bringing greater attention to the needs of the kinship triad: the child, birth parents, and relative caregivers. Then, like now, Dr. McDaniel's lived experiences—growing up in the system and her professional work in child welfare—informed the agency's way forward.

Just two months after ASCI opened its doors, its caseload climbed from a handful to 350 families. The need continued and, a year later, ASCI moved to a bigger home in the inner city of Pittsburgh. Like North Braddock, the agency's new neighborhood of East Liberty celebrates a rich past. Once the third-largest shopping district in Pennsylvania, East Liberty fell victim to suburban retail expansion and ill-conceived urban renewal. When ASCI arrived as East Liberty's newest neighbor, it emerged as a catalyst for change. The agency changed lives by keeping youth connected to family, but it also transformed and strengthened the local community and its residents, and expansion quickly followed. ASCI's operation grew to five buildings and a staff of more than 100, cementing the agency as a community leader, community partner and community-based provider of human services (McDaniel, 2014).

A "Family First" Model Responding to a County Corporate Culture and Bureaucracy

ASCI's growth and innovations allowed the agency to respond to what many African-American families characterized as negative experiences with CYF's culture and bureaucracy.

In 2011, about 60 percent of children in out-of-home placements in Allegheny County were African-American, although they made up only 18 percent of the county's child population. This racial disproportionality is endemic in the nation's child welfare systems. Although scholars and child welfare officials debate the causes of this disproportionality, Allegheny County's Black residents say it starts with institutional bias, such as hospitals and schools that refer children to CYF. Others argue that it stems from families being stereotyped due to poverty, unemployment, and single parenthood. Still, others suggest that racial disparities are compounded by bias in the child welfare system (Pittsburgh Post-Gazette, 2011; Sturdivant, 2010).

"We believe that it's systemic," said Marcia Sturdivant, former deputy director of CYF and an African-American. "It's not just that one individual is making these horrible decisions, but overall, the system has a bias if you are an ethnic minority." This bias, she argued, is rooted in the bureaucracy and corporate culture, and it can have negative outcomes once Black children enter the system. A 2008 county Department of Human Services study found that nearly half of all youth involved with the Juvenile Probation Office had also been involved with CYF at some point since 2002. Most were male and African-American (Pittsburgh Post-Gazette, 2011).

ASCI built a leadership structure to respond to the county's corporate culture and bureaucracy, which had a reputation for removing Black children from their homes and lacked appropriate cultural knowledge and competency for the families in their

care. ASCI is driven by the theory that services are most effective when they are delivered by those who live in the family's community and understand their culture.

Pertinent to leadership in human services is corporate culture. Schein (2004), as cited by Packard (2009), offered that "leaders play an important role in 'embedding' and transmitting the culture that they believe will most enhance organizational functioning" (p. 155). The leadership structure within the ASCI model speaks to the fact that culture and ethical standards must be considered in child protective services, and each must be addressed as a basic part of organizational functioning. Furthermore, the model must promote a culture of open communication based on touchpoints and feedback loops (i.e., continuous coordination between the triad, stakeholders and resources, and private and governmental agencies). A study on organizational culture in child welfare reported:

> *These findings would support efforts by child welfare agencies to develop strategies for more effective communication, particularly from the top down. Senior and middle managers need to develop various systems for communicating agency wide changes to their staff. (Spath, Strand & Bosco-Ruggiero, 2013, p. 24)*

The ASCI strategy is "family first" and community-focused. This means the family (the triad) is paramount in developing respectful practice and policy, which addresses the insensitive and bureaucratic nature of child welfare. The institutionalized racism in most child welfare models is compounded by the bureaucratic nature of organizations and flat systems of communication. To communicate within a child welfare bureaucracy, intentional channels of communication must be established to better facilitate accountability.

Large organizations require many channels of communication, however, without a vehicle for accountability, such channels are useless. According to Adizes (2012), "a bureaucratic organization is disintegrated. The left hand does not know what the right hand is doing. That is reflected in their communication pattern, too" (para. 18).

Evidence-Based Research and Community-Centered Kinship Care Drive the ASCI Model

Early in its operation, ASCI established a theory-to-practice, research-informed practice model. The agency saw this as a direct social-work intervention for working with relative/kinship care families. Prior to ASCI's intervention, Allegheny County attempted to divert children and youth away from the system by identifying relatives and kin who could care for them. The county also applied traditional foster care models, which are not designed to meet the needs of relative/kinship care families involved in the child welfare system.

For example, in the 1980s, it was standard practice for a CYF caseworker to place a child with kin, offer no support services, and then go to court to obtain a final order of placement. There was no pathway to help a child get back home. Families regularly received poor-quality service, and caseworkers complied with court orders without believing kinship homes are the best place for children.

In contrast, throughout its 26-year history, ASCI has employed a model of care that is sensitive and responsive to race, ethnicity, poverty, institutional racism, and complicated federal and state policies confronting families in the system.

Given the nontraditional nature of ASCI's model and the important issues it seeks to address, the agency uses evidence-based

standards, measurable objectives, and realistic timeframes to document what is needed to build a meaningful kinship care system, as well as how that system should operate using practices that strengthen communities and children through kinship/relative care.

Every aspect of the model (service, administration, and education) is a response to kinship care and is thus relevant to all assessments and outcomes.

Key Elements of Operation at ASCI

Structure for Kinship Care: Cultural and Race Competence

How can families of color survive and thrive within a child welfare system? First, ASCI recognizes that institutional racism is embedded in the child welfare system and is two-pronged, in that the system lacks cultural competence and race competence, which can lead to implicit and explicit bias and harm families.

At its basic level, cultural competence is the process through which individuals and organizations respond respectfully and effectively to people of all cultures, languages, classes, races, ethnicities, disabilities, religions, genders, sexual orientations, and other diversity factors in a manner that recognizes, affirms, and values the worth of children, families, and communities.

As child welfare professionals approach cultural competence as a challenge and goal, the services they provide to children and families must be acceptable to and support the integrity and strength of their cultures (McPhatter, 1997).

Similarly, race competence is the recognition that children of color and their families experience poorer outcomes and receive fewer services than their Caucasian

counterparts and that the impact of race on the economics, health, education, and psychological well-being of African-American families and children can contribute to poor child welfare outcomes (Courtney et al., 1996).

Too often, a system largely reflecting white, middle-class values believes that when addressing cultural competence, race competence is also addressed. This is not true. As such, ASCI approaches cultural and race competence as two distinct areas that impact policy, practice, and family engagement. Understanding these competencies means understanding that kinship care is a natural response that keeps youth connected to the cultures and identities that help them maintain a sense of belonging.

Because ASCI understands it is critical to distinguish the two competencies (cultural and race) —as doing so avoids reinforcing stereotypes and addresses implicit and explicit bias in the child welfare system—its model works with both staff and families to develop a "literacy" of cultural and racial understanding that empowers families of color and those who work with them. This literacy provides staff and families the social capital they require to navigate a child welfare system that is not designed for families of color.

To advance this literacy, ASCI has developed a four-pillar framework of education, accountability, programming, and collaboration, which ensures racial, ethnic, age, and language sensitivity when working with families in the child welfare system. These pillars include but are not limited to staff training; cultural and linguistic competence; and accountability measures that transform "good intentions" into good practices. They also include fostering community partnerships and nurturing staff practices that provide data

and outreach to engage and empower families.

Building a Triad-Centric Practice

The kinship triad is composed of the child, birth family, and caregiver(s). The three members and their roles are naturally and intimately linked, as the kinship triad exists in every family. Conceptually, the triad is rooted in ASCI's belief that youth have a moral right to be with family whenever possible. The agency's philosophy of the triad in kinship care includes the following tenets:

- The triad, in many ways, provides social capital for the family when interacting with the system.

- It combats and confronts implicit bias against families by helping to guard against assumptions. For a family, it allows honesty without fear of punishment. Many times, biases in child welfare are justified by the goal of keeping children safe, and professionals often move forward in the process without knowing the family.

Values-Based Kinship Care Drives Quality Services and Measures

ASCI nurtures the value of kinship care on personal, organizational, and societal levels, engaging a family-centric practice that coordinates timely services, uses evidence to improve outcomes, and fosters communication between family, departments, and community. The foundation of its family-centric practice is based on five levels of conviction, which govern values and behaviors related to kinship care. Identifying a kinship care level of conviction provides insight into motivation, decision-making, and communication in the policy and practice of kinship care.

Of the five levels of conviction, three lower levels reflect a basic understanding of a kinship care response to child welfare. The two higher levels consider how emotional insight and compassion contribute to vision and creativity when working with kinship families, viewing kinship care as the most natural and least obtrusive response to child welfare. The levels range from being functional (i.e., providing the option of kinship care, but believing the family requires no outside intervention) to being transformational (i.e., believing kinship care is a social responsibility, a vehicle for family rights advocacy, and a service that respects cultural context and advances the most ethical experiences for families involved in child welfare).

A "Family First" Delivery Model

ASCI casework practice recognizes that its kinship care model is conceptually different from those used in traditional foster care, in three central areas:

- The ASCI model of casework recognizes that the cultural significance of families is more influential to casework than traditional competency-based approaches to parenthood used in traditional foster care.

- ASCI's model recognizes and uses the innate cultural strengths of families to drive casework, a departure from the risk-appraisal assessments used in traditional foster care models, which are derived from a pathological framework and thus assume something is wrong with families who enter child welfare.

- The ASCI model translates the philosophical tenets of a value for family into a strengths-driven, family-centric, and outcomes-based practice of kinship care service delivery.-The agency's value for family is

operationalized in casework that facilitates conversations and activities that allow families' voices to be heard and to impact all decision-making.

Clearly, casework at ASCI is culturally responsive, meaning that a family's unique strengths are identified and nurtured so they feel empowered when working within and outside the child welfare system. Furthermore, the agency uses a family-centric engagement model to strengthen and drive permanency work from the first day of each case.

Kinship Care Without Paradigms of Traditional Care

Services offered at ASCI are evidence-informed and involve monthly monitoring through established outcomes. The agency addresses governmental licensing standards in a manner that values families and brings dignity, respect, and cultural and race competencies to the process. The agency's motto is: "We license in, rather than license out!" Central to ASCI's kinship care model are case management, licensing of homes, supportive services, and permanency planning for children who are removed from their homes and placed into kinship care. Also included in the agency's holistic approach are medical screenings, intensive enrichment for caregivers, crisis intervention and referral services, counseling, and other support services for the kinship triad. ASCI additionally provides safe visitation spaces for birth families, enrichment activities, and no-cost transportation to and from school (so children do not have to change schools while in care), doctor's visits, court hearings, etc.

- The following are specific examples of ASCI's innovative, triad-centric kinship care services:

- **Standards for Assessing and Recognizing Kinship Strengths** (SARKS™) is ASCI's experience-based kinship caregiver training curriculum. SARKS™ addresses the behavioral, psychological, educational, social, and emotional well-being of kinship families.

- **Family and Children Together** (FACT) recognizes that the kinship triad must be engaged in family decision-making. Before it launched in 1997, birth parents were routinely excluded from planning for their children.

- Since 1995, **Family and Community Engagement** (FACE) has provided formal training (i.e., SARKS™) through an enrichment-oriented approach, as well as innovative education for caregivers, staff, and the community.

Three additional programs have been pivotal in ASCI's work, as well: Point of Contact (POC) (i.e., kinship care program), Kinship Navigator, and permanency services.

POC is a nationally recognized model for full-service case management, which includes ongoing case management, licensing, 24/7 emergency services, family goal planning, and training and assisting families with certification requirements to ensure timely compliance. Between April 2019 to April 2020, ASCI's POC program served 765 unique families and 958 unique children in Allegheny County. On average, the agency serves up to 900 children annually. The current average referral over the past two years is 15 to 20 families per week, and 15 to 25 children. Similar numbers represent those families and children who exit the system.

From the time of referral, the agency's POC caseworkers partner with caregivers to reduce the stress of unplanned placements and help them manage the emotions associated with becoming emergency caregivers. Caseworkers may adjust their schedules to accommodate families, including arranging convenient home visits, and work to obtain and provide approved items that fill immediate family needs, such as clothes, baby carriers, gift cards for food and diapers, etc. ASCI caseworkers seek to remove barriers to what families need most as they begin their journeys: housing, transportation, fingerprinting, and medical appointments. If barriers remain, then a supervisor or director will help to find solutions. Additionally, from the time they are referred to ASCI, families are engaged in transparent conversations about permanency.

During home visits, caseworkers spend time with kinship parents, as well as with all household family members. This is a chance for ASCI caseworkers to assess the families' strengths and an opportunity for all parties to discuss and share about the impact of the kinship placements. Caseworkers also deliberately spend time alone with youth to establish relationships and better understand their strengths and needs. These casework practices, which begin at the point of referral, are a departure from traditional foster care. They make diligent efforts to engage all members of the kinship triad. As such, the agency stresses the importance of birth parent participation. Biological parents receive a letter of introduction from ASCI providing information about their new caseworkers, as well as calls or letters about the agency's FACT program and Individual Service Plan meetings, offering opportunities for them to get involved.

From the initial home visit through the 60-day licensing period, a POC caseworker uses ASCI's Gold Standard Process (GSP) to support and guide them in responding with urgency to a family who must meet

Department of Welfare standards for home inspections, licensing, clearances, medical regulations, and training. The GSP also refers to engagement practices when approving kinship families, staying within designated timeframes organized by benchmarks and safeguards for child safety, well-being, and permanency. The GSP additionally assists caregivers with Individual Service Plans.

Throughout this timeline, post-licensing and POC services continue for the family, as the focus remains on moving their case to reunification. POC caseworkers attends all court hearings to support the triad through the legal process, and FACT workers are ready to assist birth parents with the reunification process. If reunification is not possible, ASCI's permanency caseworkers are available to assist POC caseworkers in helping families obtain subsidized permanent legal custodianship (SPLC) or adoption through the Statewide Adoption and Permanency Network (SWAN). SWAN is a partnership among the Department of Human Services, the Pennsylvania Adoption Exchange, public and private adoption agencies, organizations, advocates, judges, the legal community, and foster and adoptive parents.

Kinship Navigator: An Innovation for Finding, Supporting Family

ASCI launched its pioneering Kinship Navigator program in 2017. It operates 24 hours a day, seven days a week to assist in crisis family placements and reflects a unique collaboration with CYF to advance ASCI's "family first" culture, focus, and practices that recognize the needs of kinship caregivers.

First, even though Navigators are ASCI staff, they are based in CYF offices. Furthermore, CYF staff participates in the interview process before Navigators are hired to ensure these "experts" fit into the culture of each of their offices. Once on board, Navigators shadow CYF caseworkers during the difficult process of a child's removal. This enables Navigators to fully understand the importance of their role—locating grandparents and other kin who can step up to care for children who have been removed from their homes. These processes allow for increased engagement between the two agencies and highlight ASCI's readiness to apply its kinship care values across varied family dynamics and case management issues.

Three types of referrals engage Navigators: emergency, non-emergency, and congregate care. An emergency referral is one in which a child must be separated from the biological parent and placed that same day. A non-emergency referral means there may need to be an out-of-home placement within two to four weeks, at which time the Navigator secures a family placement option and helps to identify additional supports that may keep the family intact. This may mean engagement and conferencing to assist the birth family during such a stressful time. Regarding congregate care referrals, the Navigator works to locate a kinship option to take the youth out of a group home situation and into a family home. To keep children stable, Navigators complete Family Finding referrals for cases that do not meet the aforementioned criteria.

With each of these referrals, ASCI aims to ensure children can remain with their siblings, as this helps mitigate the trauma that can erupt with change. Children and youth coming into care also benefit when they already have relationships with the relatives or kin with whom they are placed—for example, a grandmother who may already be caring for her grandchild on weekends.

Because Navigators are not CYF employees, birth parents and family members are more receptive and willing to speak to them about information they may not share with CYF or government employees. This level of engagement during Family Finding means that Navigators are in touch with all members of the triad, who guide the process. Navigators additionally reach out to both maternal and paternal kin to seek not only the best placement option, but also a network of family to assist with transportation and other needs.

It should also be noted that Navigators do more than behind-the-scenes Family Finding. They go into the field to meet family members in person and screen the homes to come up with plans for placement. A growing number of grandparents and other relatives in Allegheny County are taking on the responsibility to raise their kin—often urgently and by surprise—but these caregivers receive little to no information about important matters, like financial support or how to access the system to meet the needs of the children in their care. That's where Navigators come in to carry out the agency's "kin first," "family first" model of care. One of the Navigators' roles is to inform, educate, and refer caregivers to an array of programs, services, and supports. This includes identifying immediate needs and preparing kinship caregivers to meet certification and licensing requirements.

Working in tandem with the county's CYF caseworkers, ASCI Kinship Navigators help prepare caregivers to create safe, suitable, and stable homes for the children they are raising, as well as to meet their new challenges.

In recent months, the Navigator program has become part of ASCI's Stepping Into Families program in Washington County, Pa., and launched in Arlington, Va.

Permanency Model

ASCI's permanency services begin at the time youth enter the system. Pursuing permanency and understanding the options can be overwhelming for many families. For instance, a grandmother caring for her grandchildren may not be comfortable with a legal structure that forces her son or daughter to sever their parental rights. Educating grandparents and other relative caregivers about their permanency options is of the utmost importance at ASCI. In this example, ASCI caseworkers would help the children's grandmother view permanency through a different lens. She could continue to be their grandmother and also favorably exit the system through SPLC—which provides funds for children to live permanently in the care of a relative as their legal guardian—or another permanency option.

When planning a path to permanency, ASCI understands that cultural and family values are pivotal and unique to each family's decision-making. As such, the agency's permanency model is one-size-does-not-fit-all. Rather, it is guided by five practices: instilling the value of permanency in casework; engaging all members of the triad; integrating services and communication across all agency units to strengthen the permanency process; using a targeted approach to permanency to address the needs of older youth; and incorporating ASCI's Steps To Permanency, a process that charts how families fare during their permanency journey and helps them identify and solve challenges.

As permanency is the goal, ASCI engages with and works alongside the kinship triad. The agency's model is inclusive and centers on family choice and decision-making by providing families with the information they need to understand permanency options and be empowered to make decisions that are

meaningful and well-suited to them. ASCI never ranks permanency options, rather, it educates families about the options so they are empowered to make an informed decision.

To maintain this inclusivity, ASCI developed Stepping Into Families, a special permanency model that addresses the needs of older youth who reside in residential facilities, congregate care, with relatives where there are no permanency goals, and in the juvenile justice system, no matter where they are in their care journey.

Youth are encouraged to venture on a path of self-discovery, which allows them to recognize the value of permanency in their lives, and taught life skills that can help ease their transition to adulthood and to permanency. ASCI's permanency model strives to include youth in the permanency process and decision-making—a departure from processes in child welfare systems that make critical permanency decisions for youth instead of with them.

Permanency for youth raised in congregate care is often a challenge for caseworkers. However, ASCI recognizes that these youth have been desensitized to the family structure and responds by addressing the residual effects on youth who are in group care, including self-isolation. The agency also addresses the kind of parenting required in their new kinship homes. Even after youth achieve permanency, ASCI provides aftercare to support a smooth transition and to help mitigate trauma and disruption. It is not uncommon for a youth's case to reopen after the first year of permanency.

ASCI's research continues to prove that children removed from their parents' care, even when the parents are unfit, unwilling, or unable to provide appropriate care, suffer trauma during the process. That is why for all children, there must be a greater effort to identify their needs early in the process and provide ongoing, targeted, and effective services to help them succeed, even after permanency is achieved (Allen, McDaniel & Orsatti, 2019, p. 27).

ASCI's findings reveal that kinship caregivers may also struggle in the aftermath of permanency.

> *In the post-permanency stage, which is often marked by the sudden absence of government agency involvement, kinship caregivers continue to nurture and provide for children who are still experiencing the effects of trauma. At times, however, these families lack information about the resources available to assist them in meeting the varied and individual needs of the children in their care. (Allen, McDaniel & Orsatti, 2019, p. 27)*

Therefore, although kinship caregivers obtain legal custodianship at the time legal rights are transferred, they continue to need assistance—medical, psychological, behavioral, financial, etc.—after permanency is achieved.

Evidence of Effectiveness

National data on kinship care show that a majority of youth in the child welfare system have more positive outcomes when placed with relatives, and the majority who achieve permanency do so through permanent legal custodianship. This data reinforce the value of ASCI's kinship care outreach by demonstrating that when you support kinship families, you offer children placement stability. In kinship care cases, permanent legal custodianship allows families to determine their own permanency options, such as adoption or legal guardianship. ASCI has advocated this process of family decision-making and as a result, it has strengthened permanent legal custodianship as a natural progression to

permanency in kinship care cases (Allen, McDaniel & Orsatti, 2019).

Using an innovative model that is open to the idea of extended kinship placements has been an effective strategy for ASCI, as has developing the Kinship Navigator program to identify caring family members and link them to support services. In its 26 years of service, the agency has been able to serve 32,000 youth; 30,000 birth parents; and 10,000 caregivers. Furthermore, data show that the agency has decreased the length of time needed to identify and place a child with relative caregivers; increased placement stability; and increased the percentage of youth who are placed with families. ASCI's rates compare to 2017 national rates in the following ways:

- Length of stay for children discharged to reunification
    - National: 7.6 months
    - ASCI: 6.23 months
- Length of stay for children discharged to reunification * adoption
    - National: 29.4 months
    - ASCI: 21.35 months
- Period of time for Subsidized Permanent Legal Custodianship (SPLC)
    - National: 24 months
    - ASCI: 17.97 months
- Percentage of children subjected to substantiated/indicated maltreatment/abuse while in care
    - National: .34%
    - ASCI: 0%
- Percentage of youth in care who complete high school
    - National: 50%
    - ASCI: 95%
- Percentage of children who do not change schools when first entering care
    - National: 56%
    - ASCI: 95%
- Percentage of pregnancies among female youth in care
    - National: 33%
    - ASCI: less than 1% following entry into ASCI

An additional data point to consider is timely caregiver licensure. Once identified, ASCI prepares them to meet state and other licensing requirements within 45 days, which is achieved in 90 percent of cases. The agency's prompt response communicates to families in crisis that children and caregivers are respected, supported, and encouraged. This initiates the relationship between the kinship triad and the agency from a strengths-based orientation.

Conclusions

For 26 years, ASCI has answered the need to identify, respect, and nurture the unique cultural strengths, racial and ethnic identities, and beliefs and practices of each family it serves. Its "family first" and family-centered approaches are what undergird the agency's casework and kinship care model, which challenges and transforms the traditional paradigms in child welfare, as it acknowledges and responds to:

- Actual and perceived organizational biases and red tape regarding the use of kinship care, understanding that these must be acknowledged, examined, and challenged if necessary.

- The issue of licensing kinship homes, which is politically and philosophically controversial.

- The existence of a two-track system (traditional and kinship foster care) in child welfare that influences policy and practice.

- Parental and familial characteristics that positively contribute to children's behavioral and emotional adjustment.

- The need for professionals to not only believe in kinship care, but also acknowledge that it should be practiced.

- Complex issues and complicated family dynamics absent from traditional foster care that challenge direct-service workers.

Because bureaucracy and bias directly affect a family's engagement with the system, a value for family and a "family first" model guide ASCI's commitment to serving the kinship triad. ASCI's steadfast commitment to "family first" and belief that families in care have value have shaped its comprehensive framework of human services that authentically engage, support, and educate kinship care families. With these practices and approaches in mind, ASCI has been able to do what most other organizations have not—remove and challenge the barriers families in the system often face when securing licensure and certification of kinship care homes, which are the basic requirements they must meet before stepping into their new role as caregivers.

As a framework, by emphasizing that families have strengths, ASCI's kinship care model enables children to live with relatives or kin they already know and trust, unlike other practice models. This additionally reduces the trauma children often experience when placed with strangers, as the kinship triad supports and relies on family and extended family. At the same time, this allows children to stay connected to their siblings and biological parents.

It is undeniable that the strength of kinship care rests on the fact that it enables children to maintain ties to family and encourages family preservation in suitable homes. Furthermore, by identifying caring family members, Kinship Navigation is an innovation of paramount importance to ASCI's model.

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