

FOCUS: Creating Kinship Connections that Last a Lifetime

# Fostering FAMILIES TODAY

A Foster Care and Adoption Resource for America

January/February 2013

## EXCLUSIVE INTERVIEW WITH JOSH SHIPP

*Former Foster Youth Empowers Teens to Take Charge of their Own Destinies*

## BENEFITS OF BONDING

**Brain Research Supports Bonding Connections**

## KINSHIP CARE

**Importance of Family Connections Honored as More Children Enter Kinship Care**

www.fosteringfamilies.com  
2122/2022  
JUNE BOND  
ADOPTION ADVOCACY  
1712 WATERWAY CT  
SPARTANBURG SC 29301-6654  
\*\*\*\*\*ORIGIN MIXED ADC 650\*\*\*\*\*  
513 P9



# Kinship Care



*Look before You Leap*

In a perfect world, a child is born into a caring family with parents who have made a commitment to love, nurture and “be there” through thick and thin for the child. In that same, perfect world there is an extended family that is also bonded to that child and is willing to play a significant role in the child’s life, providing family values, experiences, love and a safe haven in the event that the parents cannot care for the child due to illness, unforeseen circumstances or death. It seems common sense in this perfect world that kinship care is the “care of choice” in the event that parents are no longer able to care for their offspring.

Unfortunately, there is no perfect world. Norman Rockwell is DEAD, although his idealized portraits still haunt many of us as adults, wondering why our holidays cannot live up to the paintings that grace his Christmas cards and calendars that are sold in the mall kiosk.

Those of us who work in the child welfare field or are foster parents, or adoptive families realize that there are many sides to the “whole story.” Cases are different, families are different, support systems are different, and there is no “one size fits all” solution to the thousands of children who are abused and neglected each year. With that being said, I would like to make a few

points to consider about kinship care before we all leap to the conclusion that kinship care is always the preferred solution to finding care for children who can no longer live with their birth parents.

1. Is DNA, or presumed DNA, the most vital connection to a person? Just because a child shares DNA with another person does not make that connection the most important and vital consideration in the placement of a child. I have seen foster care workers spend inordinate amounts of time and energy trying to find relatives that may step forward to care for a child who has been taken from the birth parents. It seems commonsense that if

the family member has no contact to the child, there may be no vital connection, DNA or not. My often voiced question in review board sessions has been, "where was this relative when the family was in crisis?" While there are exceptions to the rule, it is a point worth considering. Another point worth considering in today's non Norman Rockwell world should be, is there really a DNA connection? Case in point, 15 years ago Annie Brown\* gave birth to a daughter, who tested positive for a variety of drugs due to her mother's habits. The baby was taken into custody and placed at the age of 4 months with the alleged birth father and his parents, the Jones\* family. Fifteen years later, Grandmother Jones was in the process of officially adopting the child in order to gain Social Security benefits for her. The birth mother's memory was much clearer without drugs, and she admitted that Mr. Jones was not really the father of the child. DNA verified her revelation. Mr. Jones and his family was, however, the best option to care for her child at that time. The child was reared as a kinship care placement for 15 years, only to find out that there was no DNA connection, but a bond of love that held the child to the family. (It is interesting to note that from the time of four months the local social service workers never came back to the home, resting assured that the child was placed in the care of kin.)

2. Is kinship care time effective? As alluded to already, many caseworkers spend much time and energy trying to find kin to step forward. Could this time be better spent in helping treatment plans be accomplished or looking for permanency in the event that there is no suitable kinship care to be found. There should be a time limit on looking for kinship caregivers, since there may be better options for the placement.
3. Considering if the kinship placement is safe is a valid concern for the

caseworker. As a parent of grown children, I understand that families have a constant flow of visits. With visits, there is likelihood that the child in kinship care and the perpetrator of abuse can encounter each other. This can make the healing process incomplete, particularly in cases of sexual abuse.

4. Is long-term kinship care a path to permanency for a child? The answer to this question can only be answered affirmatively if the kinship care results in an adoption. Permanency usually means that the child either returns home to a reunified and rehabilitated family or has been adopted. If long-term kinship care does not eventually result in an adoption, it is not considered a path to long-term permanency. As a foster care review board member, I have seen kinship care disrupt in the difficult teen years, thus leaving a child with little possibility of an adoptive "forever family." If kinship care is going to long term, shouldn't we strive for the forever home that adoption can provide?
5. Last but not least, is kinship care consistent with the bonds that are already established for the child? I am certain that the bonds that are established in foster care comes to everyone's mind in this factor. But, there is another significant dilemma of breaking emotional bonds and ties with kinship care placement — the bond of siblings. When a sibling group comes into care, there may be several paternal extended families involved... (Norman Rockwell did not expect this, did he?) Paternal kinship may be offered to one sibling, thus separating the siblings that have been together throughout their lives. Case in point, the Gray\* children, a sibling group of three placed in a pre-adoptive home in South Carolina. James Gray, the 5-year-old is a half sibling to Jillian and Trevor, ages 7 and 9. A paternal aunt came forward and wants to bring Jillian and Trevor into

her home for kinship care. James was not included in the arrangement since he is not kin to the aunt. James has been adopted by the family in South Carolina. Fifteen months later, Jillian and Trevor are still waiting to find out if they will go to an aunt that they do not know and leave their brother, who has been a part of their lives since birth. Not to mention that Trevor and Jillian want to be adopted by the Granger\* family, with whom they have lived for 16 months. A case for Solomon for certain.

The love of extended family can never be underestimated in the life of a child. However, there are legitimate factors that caseworkers, GALs, CASAs, and family court judges must weigh in considering kinship care. We must resist the urge to leap before we look at all of the factors, making certain that long-term kinship care can lead to timely permanency, healing and consistency with the bonds that are already important in the life of the child.

\* The cases in point are actual, but the names have been altered for privacy. ☸

---

ABOUT THE AUTHOR: June Bond, BA, M.Ed., SC, earned a bachelor's degree in psychology and a master's degree in early childhood education from Converse College. She is the executive director of Adoption Advocacy of South Carolina. She has published numerous articles that relate to adoption, education and family issues and speaks nationally about adoption-related issues. She was South Carolina Adoption Advocate of the Year in 1995. She has most recently worked with the Presbyterian Church of the United States to develop a portion of the nationwide curriculum. She is also a 2006 Congressional Angel of Adoption recipient. She is the mother of six children, ranging in age from 19 to 31. She resides in Spartanburg with Bill, her husband of 33 years.