
NATIONAL AFFAIRS

Reconsidering Kinship Care

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THE DECADES-LONG DEBATE OVER kinship care in America seems to have been settled. The once-prevalent belief that only the most caring, stable families should be prioritized as placement options for foster children has been replaced with the assumption that relatives of foster children should always be looked to for assistance first.

This might appear sensible; for most of human history, the preference for keeping children with extended family need hardly have been articulated. Yet in many cases, the results of placing children with their kin have been mixed

at best. Often, such placements exacerbate the problems that foster-care policies are meant to correct.

To better answer the question of whether prioritizing kinship care is preferable to other methods of determining foster-care placements, it will be useful to assess how we got here, to grasp the role that racial considerations have played in the rise of kinship care, and to appreciate the costs as well as the benefits involved. In some important respects, the turn to kinship care is a return to prior norms, but with some consequential differences.

THE EVOLUTION OF KINSHIP CARE

Until about the middle of the 20th century in America, kinship care had been considered the default solution for children whose parents were unable or unwilling to properly care for them. Relatives were expected to step up to help such children, and few others were willing to take them in. Orphanages were relatively rare prior to the 1830s, and even when urbanization and immigration made such institutions common,

the children who lived there (many were not technically orphans) were seldom placed with strangers except to serve as apprentices or indentured servants. Despite attempts by child-welfare reformers in the 19th and early-20th centuries to alter the prevailing view of adoption as a sort of labor arrangement, 12 states still had indenture laws as late as 1927.

A striking example of this approach is featured in Barbara Melosh's 2002 book, *Strangers and Kin*. In 1918, the mayor of Bogalusa, Louisiana, wrote to the Children's Aid Society of New York to request "some white babies...a carload [of] about thirty to fifty...We do not care to know anything about their antecedents or parentage. All we want to know is that they are healthy." Though the society denied his request, it is indicative of an attitude by which disenfranchised children were viewed principally as commodities.

Melosh also noted that the changes sought by child-welfare activists were viewed as extreme. "The emergence of modern adoption," she wrote, "required a radically different

understanding of family, one that overturned deeply held beliefs about blood and nurture, obligation and love, choice and chance."

The idea that families would not only willingly raise strangers' children, but that this practice could become commonplace, did not really take hold until after World War II. From around 1945 to 1973, a period sometimes referred to as the "Baby Scoop Era," there was a significant increase in the rate of pre-marital pregnancies. Many single women were pressured into giving up their babies for adoption to protect their reputations, and the rate of newborn adoptions rose significantly during this time. In a way, the concept of adoption had been turned on its head: Instead of being viewed primarily as a means for families to support their farms or businesses, it was now seen as an altruistic act. Soon, the number of families interested in adopting children exceeded the number of healthy babies available for adoption.

Partly as a result of these demographics, and partly out of a desire to help those most in need or perhaps make a statement about America's

pluralism, tolerance, and commitment to helping the destitute, American couples began to adopt internationally as well as across domestic racial lines. Between 1968 and 1972, approximately 50,000 black and biracial children were adopted by white parents.

These types of adoptions were not universally celebrated, however. As Melosh noted, "adoptions across national and racial lines...claimed a public visibility disproportionate to their actual numbers, a measure of the ways in which such families remain provocative — evoking utopian possibility, for some; and for others, providing a galling instance of white privilege at home and abroad." Eventually, prominent African-American and Native American leaders began to protest this trend.

In 1972, the National Association of Black Social Workers issued a statement that took "a vehement stand against the placements of black children in white homes for any reason." The group called transracial adoptions "unnatural," "unnecessary," and "artificial," and argued that

such placements were evidence of the continued "chattel status" of African-Americans. The statement read, in part:

We affirm the inviolable position of black children in black families where they belong physically, psychologically and culturally in order that they receive the total sense of themselves and develop a sound projection of their future.

Ethnicity is a way of life in these United States, and the world at large; a viable, sensitive, meaningful and legitimate societal construct. This is no less true nor legitimate for black people than for other ethnic groups....

We fully recognize the phenomenon of transracial adoption as an expedient for white folk, not as an altruistic humane concern for black children.

The NABSW's president at the time, Cenie Williams, argued that temporary foster or even institutional placements for black children were

preferable to their adoption by white families. This opposition resulted in a swift decline in transracial foster arrangements and adoptions. In 1973, the Child Welfare League of America revised its adoption standards (which had been rewritten in 1968 to reflect a friendlier stance toward transracial adoption) to clarify that same-race placements were always preferred.

The writings of Malcolm X (born Malcolm Little) further contributed to the movement against placing black children with white families. In 1938, Malcolm's mother, Louise Little, suffered a nervous breakdown after her husband was murdered. Six of her children, including Malcolm, were sent to four different foster homes. Malcolm was placed with a white family. In his 1965 bestseller, *The Autobiography of Malcolm X*, which he coauthored with journalist Alex Haley, Malcolm lamented that "[a] Judge McClellan in Lansing had authority over me and all of my brothers and sisters...A white man in charge of a black man's children! Nothing but legal, modern slavery — however kindly intentioned." He went on, "I truly believe that if ever a state social agency

destroyed a family, it destroyed ours. We wanted and tried to stay together. Our home didn't have to be destroyed."

In 1990, Malcolm's younger brother Robert became head of the Child Welfare Administration in New York City, and endorsed kinship care as an antidote to the type of struggle he and his siblings had undergone. Nina Bernstein described Robert Little's upbringing in her 2001 book, *The Lost Children of Wilder*, and noted that although he had been raised in a home with family friends, it was still a foster home. Because of this, he had grown up "feeling that the social workers who trooped through the house twice a year were an extension of oppressive white authority, like the courts, the police and the prisons."

Activists for Native American rights viewed white adoption of Native American children with the same sort of suspicion and antipathy. In the late-19th and early-20th centuries, Native American children had often been placed in boarding schools, in the hope that education would speed their cultural assimilation. In the

1950s and 1960s, the Indian Adoption Project, a program administered by the Child Welfare League of America and funded by a federal contract from the U.S. Children's Bureau and the Bureau of Indian Affairs, placed hundreds of Native American children with white adoptive parents. This was considered by many at the time to be a triumph for civil rights made possible by a decrease in racial prejudice. Soon, however, tribal advocates denounced the project as only the most recent in a long line of policies meant to weaken or destroy Native American communities.

These advocates believed that resisting such policies would entail recruiting more families from the same racial background to take in Native American children, or else finding ways to keep children with their immediate or extended families. The Indian Child Welfare Act, passed in 1978, gave tribes jurisdiction over children living on and off reservations who were wards of the state, and made it extremely difficult for non-native people to adopt Native American children.

Despite the growing support for race-based kinship care, however, there were attempts to push back against its complete acceptance as an ideal. In 1994, for example, Congress passed the Multiethnic Placement Act, which, among other things, "prohibited State agencies and other entities that receive Federal funding...from delaying, denying, or otherwise discriminating when making a foster care or adoption placement decision on the basis of the parent or child's race, color, or national origin."

MEPA was enacted, as law professor Joan Heifetz Hollinger put it in a 1998 report for the American Bar Association, "amid spirited and sometimes contentious debate about transracial adoption and same-race placement policies." According to Hollinger, Congress had found not only that African-American and other minority children were, on average, forced to wait in limbo in child-protective systems for far longer than white children, but that "racial and ethnic matching policies" had significantly contributed to these delays.

The law, which was amended in 1996, included among its specific goals decreasing the length of time that children wait to be adopted, and "facilitat[ing] the recruitment and retention of foster and adoptive parents who can meet the distinctive needs of children awaiting placement." In 1997 and 1998, the Department of Health and Human Services issued guidance documents based on the law that, according to Hollinger, suggested that "a child's race, color, or national origin cannot be routinely considered as a relevant factor in assessing the child's best interests."

Despite these efforts to limit the influence of the racial kinship-care movement, though, the rate of kinship care has continued to grow nationwide. Between 2006 and 2016, the percentage of foster children placed in kinship homes nationwide increased from 24% to 32%, according to HHS. The total number of children in kinship homes grew by nearly 15,000 during that time, even though the number of children in foster care declined overall.

There has also been an increase in kinship-care arrangements outside the formal foster-care placement system, often referred to as voluntary or private kinship care. In West Virginia, for example, an estimated 28,000 children lived with a relative with no parent present in the home between 2013 and 2015, but fewer than 6,000 children were registered in the state's foster system during that time. In Kentucky, approximately 81,000 children lived in kinship-care arrangements between 2015 and 2017, while fewer than 8,000 were listed in the foster system. Depending on the state, kinship-care arrangements outside of state-ordered foster-care placements can be subsidized as well.

In such cases, however, the state does not actually decide on the placement. For involuntary or public foster children — those who have been forcibly removed from their homes due to parental abuse or neglect, and whose placements are decided by the state — the situation is quite different. States must then choose whether to seek out non-relatives who have volunteered and trained to be foster parents, or to recruit extended families.

Many states have decided to recruit more kin for such cases, perhaps due in part to HHS's official position on the issue: "Relatives are the preferred resource for children who must be removed from their birth parents because it maintains the children's connections with their families. Kinship care is often considered a type of family preservation service."

The racial ideologies outlined above thus seem to have usurped the vision of earlier child-welfare reformers, who aspired to look beyond blood or race in seeking homes for children and assuring their wellbeing. Indeed, at the start of the 20th century, that had been widely understood as a progressive stance. Today, the country appears to have returned to the longstanding assumption that it is virtually always better for children to stay with their kin.

KINSHIP CARE TODAY

Today's kinship-care arrangements, of course, look very different from those of the 18th and 19th centuries. Recent federal and state legislation, rulings by the Supreme Court, and

evolving practices among child-welfare agencies have all introduced new pressures, incentives, and expectations into the kinship-care system.

The 1979 Supreme Court case *Miller v. Youakim*, for example, highlighted tensions between new and old ways of viewing kinship care. The case concerned four siblings who had been removed from their mother's home in Illinois and made wards of the state. Two of the siblings had been placed in the homes of non-relatives, and the other two in the home of their older, married sister, Linda Youakim. Linda and her husband were deemed ineligible for certain federal foster-care payments distributed by Illinois because of their relation to the children. These payments *were*, however, granted to the non-relative foster parents.

When the state requested that the Youakims also take in the other two siblings, they refused, citing the financial burden this would impose. In *Miller*, they argued that they should have received the same level of federal financial support as the non-relative foster parents, in part because they had no legal obligation to care for

Linda's siblings. The Court ruled that relative caregivers cannot be denied federal foster-care benefits if otherwise eligible.

The state of Illinois had arguably been operating on a more traditional understanding of kinship care: that it is desirable for children to remain with their families, that families would willingly take in their relatives' children, and that such arrangements cost the government less in time, energy, and actual funds than other institutional placements. The *Miller* decision prompted Illinois and other states to view non-relative foster care and kinship care in a new, more equivalent, light. This led to a range of policy changes and legislative proposals across the country, including granting preference to kin when determining foster-care placements, expanding the definition of kin, and providing new sources of support to kinship-care families.

A widely publicized 1986 lawsuit against New York City had a similar effect. In *Eugene F. v. Gross*, the Legal Aid Society alleged that the city had not provided adequate support, information, and services to relative caregivers.

Compelling testimony by kinship caregivers demonstrated that they often lacked basic necessities for the children under their care, including beds, clothing, and school supplies. New York City subsequently expedited procedures for approving relative foster parents, and began to provide them with the same level of reimbursement as non-relatives.

As Nina Bernstein noted in *The Lost Children of Wilder*, by 1993, in part due to the influence of Robert Little, 43% of all children placed by New York City were assigned to kinship-care homes. Many of these placements were significantly subsidized by the city. In general, foster-care grants in New York City were considerably more generous than grants offered by the federal Aid to Families with Dependent Children program, which mostly supported poor children living with their own mothers. Further, kinship-care payments from the city were often even larger than standard city foster-care payments, and up to seven times the amount of AFDC benefits. This presented a straightforward

economic incentive for poor families to place their children in foster care and arrange for kinship-care placements.

According to Bernstein, "[Robert] Little heard critics complain that foster care was now being used as a form of economic development for the black community, a back-door method of income redistribution, but he saw nothing wrong with that. For years black children had been the raw material for a white-run foster-care industry that treated them to second-class service. Why shouldn't money for their care stay within the black community instead, and help their own kind?"

New York City was not alone in generously financing kinship care. For example, in 1996, two children living with relatives licensed by the Maryland foster-care system would have received \$1,070 to \$1,100 a month; if they had been living at home, they would have received \$292 per month from the state's AFDC program.

There are still other, more bureaucratic incentives to place children in kinship homes today. Fred Wulczyn, the founder and director of the University of Chicago's Center for State Child Welfare Data, has argued that the relative ease of placing children with kin may influence the decisions of caseworkers, who are generally not required to conduct extensive background checks and follow-up assessments for kinship caregivers, at least not to the same degree as for non-relative foster placements. Overworked agents who can save time and resources by placing children with relatives may therefore sometimes do so regardless of whether such placements are truly in a child's best interests.

James Dwyer, a professor at William and Mary Law School, has also raised the issue of liability, explaining that, generally, "caseworkers prefer relative families [because] if something goes wrong, it's the families' fault." In addition, because a preference for kin has become standard, according to Wulczyn, states often devote fewer resources to recruiting non-kin foster families. This has created a sort of chicken-and-egg problem. Non-relative foster

families may be in short supply because the political tide has turned toward seeking kinship-care families, who may in turn feel pressured to provide homes for children they cannot properly care for.

A combination of these incentives may have contributed to an ongoing decline in adoption rates for black children. According to a 2017 report by the Institute for Family Studies, the percentage of black kindergarteners who were adopted fell from 23% to 9% between 1999 and 2011, even though 25% of all kindergarteners in kinship or foster care in 2011 were black. As the report noted,

[T]he decline may represent the success of efforts by activists to discourage adoption of African-American children by white couples. It may also reflect child welfare agency practices giving preference to the placement of minority children with relatives, even when the relative is reluctant to take in the child or has only meager financial resources. Some state agencies have even used subsidized relative

guardianship without formal adoption as a way of getting around support limits imposed by welfare reform.

Overall, it is easier to go the kinship-care route. From the perspective of state social-service agencies, it is politically desirable, it entails less vetting and follow-up, and it presents less of a liability risk. Depending on the state, it may also cost less than standard foster-care payments (though, as we have seen, this is certainly not always the case). From the point of view of low-income parents, it may be financially advantageous to fight for their children to stay with relatives rather than strangers.

As in the past, kinship care may provide children with a form of stability that being raised by strangers might not. But the modern iteration of kinship care, which frequently involves state-financed, court-ordered placements, has introduced troubling elements into a once-informal understanding between family members.

POTENTIAL CONSEQUENCES

Some have argued that this approach toward placing foster children with kin may encourage people who should not be caring for children to do so, or, as noted above, may incentivize low-income parents to abandon their children in order to enable their relatives to receive foster-care payments. As Deborah Daro, a senior fellow at the University of Chicago's Chapin Hall research center, explained, "There are people who would voluntarily come to this conclusion: Oh my sister is struggling, I will take care of her kids. But families in a formal exchange of money are in a different kind of situation." To Daro, the distorted financial incentive to place children in relatives' homes — people who, were it not for the money, would not be interested in (let alone capable of) caring for the children — is cause for concern, and may even undermine HHS's stated goal of preserving families.

It is true, as the defenders of kinship care point out, that children in kinship care tend to be moved around less frequently. In New York, for instance, between 1990 and 2000, 8% of children in relative's homes had four or more

placements compared to 13% of children placed in non-kinship homes. Obviously it is important for children to experience as much stability as possible and it is reasonable to assume that relatives might be more likely than non-relatives to hold on to a difficult child out of a sense of familial obligation. But the difference actually seems relatively small. Moreover, the data also suggest that children spend much more time in kinship foster care than they spend in non-relative care. During this same period, children in New York State spent a median number of 492 days in care if they were living with non-relatives and 1,358 if they were living with kin. Supporters of kinship care would say that the current disparity is not as much of a problem as it seems because the kids are not experiencing the trauma associated with living among strangers. Indeed, they probably have more contact with their biological parents when they are living with kin.

On the other hand, the fact that they are having this contact may mean that biological parents do not have the same kind of incentive to change their behaviors in order to get their children

back. It may also be the case that relative foster parents are less willing to adopt the children permanently because they don't want to be seen as responsible for separating the child from his parents. But this too has implications for children's welfare. As long as they are technically in foster care, they are in the state's custody, and the state — not the parents or other extended family — is making decisions about their future.

This tendency toward less permanent solutions for children is one reason that Harvard law professor Elizabeth Bartholet rejects HHS's interpretation of "family preservation" as an ideal. In her 1999 book, *Nobody's Children*, Bartholet compared children who had been returned to abusive homes in the name of family preservation to battered women, arguing that, until recently, women were largely dependent on their husbands, and victims of spousal abuse had few options.

While we might be horrified today at the prospect of battered women being forced to live with the relatives of their abusive husbands,

Bartholet explained, we have largely embraced this practice for abused, neglected, or drug-exposed children. In many cases, family members are asked or even pressured by state authorities to take in children who might be better cared for elsewhere. Bartholet further noted that there is little reason to believe that grandparents — often the people who raised the abusive parents — will provide substantively better care for these kids.

In a 2012 *Buffalo Law Review* article, Bartholet took particular issue with the widespread practice of "voluntary kinship care," which she referred to as a form of "massive diversion" from child-protective services. As she wrote, "Surely a child-friendly system would question such a...program and insist at a minimum on research assessing how children do in such informal...and unsupervised kinship care as compared to formal foster care."

Bartholet also criticized the priorities of drug courts, arguing that they frequently seek to help drug-addicted parents at the expense of children:

Family drug treatment courts began with a dual promise. First, they would provide drug-abusing parents priority access to treatment and other support enabling them to achieve rehabilitation and keep their children. Second, they would provide children the nurturing parenting they require to grow up healthy by moving children on to foster and adoptive parents if their biological parents were unable to achieve rehabilitation in a reasonable period of time — reasonable from the child's perspective.

But over the years family drug courts have increasingly emphasized the promise to parents and ignored the promise to children. They have focused primarily on rehabilitation with the goal of promoting family preservation, and when, as is predictable given the difficulties of treating addiction, parents continue to abuse drugs and alcohol, children have often been left in homes where substance abuse continues to limit parenting capacity, or if removed have often languished in foster care for years.

James Dwyer echoed this concern in regard to child-welfare agencies, explaining that caseworkers don't always want children to be removed from abusive, neglectful, or impoverished situations "because they think the adults are victims, too."

This attitude among courts and agencies may have led to a related trend in which non-relative foster caregivers feel they are treated as second-class parents. Jen Yearout, who has served both as a kinship caregiver for two of her nieces, and later as a non-relative foster parent, believes the child-welfare system is flawed in the way it treats both kin and non-kin foster families.

When Yearout was only 19 years old, and busy balancing schedules at work and school, West Virginia's Bureau for Children and Families placed her older sister's two young daughters in her home. One of Yearout's nieces was 18 months old at the time, and the other only eight months. In a conversation with me, Yearout said she is "horrified" when she remembers the conditions in which she cared for these children, explaining that she had virtually no knowledge

of how to properly supervise her nieces and that "the caseworker never came to my apartment to see the conditions or whether I was qualified or whether I took them to the doctor."

At first, Yearout explained, she had felt compelled to try raising the children on her own. Her sister was a drug addict who had a record of engaging in prostitution and who led a generally nomadic life, sometimes staying with Yearout, sometimes in hotel rooms, and sometimes on the streets. It was only once her sister was in labor for her third child, and had exhibited withdrawal symptoms while giving birth, that Yearout alerted nurses at the hospital to her situation.

The children were taken out of Yearout's custody, eventually adopted by another family, and are now thriving in a safe and loving home. Yet Yearout still believes "it is God's miracle that they survived."

Years later, Yearout married, and she and her husband Caleb decided to try to become foster parents themselves. They purchased beds, toys, and linens, and generally made their home

secure for children. They also underwent extensive background checks and hours of training, which Yearout said she had never been asked to do prior to being granted state-sanctioned responsibility for her nieces. After meeting with a caseworker, however, their application was denied. As Yearout explained, the caseworker had accused her husband of being an alcoholic because his hands shook — he has a nervous-system disorder — and of leering at women. She concluded that they were not fit to be foster parents.

Shortly afterward, the Yearouts moved to Virginia and decided to try again. This time, their application succeeded, and they ultimately took in four foster children. Things did not go entirely smoothly, however. The last child they fostered, whom they have since adopted, was born drug dependent in 2014, and spent several months in the NICU before coming home. He had to wear a helmet for a time because he kept hitting himself in the head, and he has a number of neurological and pulmonary issues. Yearout quit her job to care for the child full time, but caseworkers continually sought to send him

back to live with his father and aunt. After two years of shuttling him back and forth, the state determined that the aunt's record of problems with child-protective services was reason enough to end her bid for placement and sever the father's parental rights.

In yet another troubling episode concerning child-protective services, Yearout claimed, she was reprimanded by caseworkers for *not* agreeing to continue to house a troubled young girl who had attempted to sexually abuse her son.

Mandy Leigh Finke, a foster mother in West Virginia who adopted eight of the children she took in and is in the process of adopting a ninth, recalled an experience similar to Yearout's. Several years ago, she agreed to care for Kelsey, an infant whose mother was addicted to drugs. Despite this, caseworkers were determined to reunify the baby with her biological family, and Kelsey was sent home. Finke recounted that "about six months later, the state police did a drug raid on that house and found Kelsey in a playpen in the back of that house. Her mother

was nine months pregnant with a heroine needle in her arm." When Kelsey's sister Bethany was born, she was placed with Finke, too.

To Finke, this story provides just one example of the pervasive effects of parental and extended-family drug abuse on the children in her West Virginia community. Margaret Nichols Honeycutt, a pediatrician who works in a town just across the Virginia border from West Virginia, agreed that drugs "are a multigenerational problem" in that area. She explained that many of the children she has seen who were born drug-exposed "may have the grandparent listed on the guardian certificate but...are going to the same home." When that happens, she said, "the pathology is still right in their face."

Another of Finke's foster children, Josiah, had been placed with her when he was around 15 months old. Prior to that, he had reportedly almost never been taken out of his car seat, and as a result would constantly rock back and forth the way he had as an infant — perhaps in an attempt to self-soothe or escape his confines.

Josiah stayed with Finke for around a year before being sent to a relative in Florida. Finke said that she doesn't know why it took so long to locate this family member, nor why the state determined it best to remove Josiah from a secure and loving home at a vulnerable point in his development.

Finke has many more tragic stories regarding her adoptive and foster children, and she knows many people who won't foster because they could not bear the pain of losing a child in this way. As she put it, "You do it in spite of the caseworker that you have that made your life miserable. You do it in spite of the parent who got their kid back who shouldn't have gotten their kid back. You do it in spite of the judge who gave them the kid back who shouldn't have given them their kid back."

IN DEFENSE OF KINSHIP CARE

Despite stories like Yearout's and Finke's, there are many staunch defenders of kinship care. Amelia Franck Meyer, the founder and CEO of the child-welfare nonprofit Alia, acknowledges

that the opioid crisis and a range of other factors have contributed to hazardous conditions for children in kinship-care homes, but disagrees that the ideal solution lies in seeking foster parents from outside a child's family or community network.

In a discussion with me, Meyer insisted that the question is not whether we can find strangers who are better able to care for these kids, but how best to support nuclear families or find children a place in their larger family systems.

In contrast to foster mothers like Finke, who were devastated when child-welfare agencies found distant relatives with whom to place foster children they had cared for, Meyer argued that "we don't look long or hard enough" to find the relatives of disadvantaged children. From her perspective, family members have a biological impulse to care for one another, even if they've never met or are related only remotely. As Meyer explained, "We're driven from a sociological basis to protect and prolong our gene pool."

She argued that the opposite is true, however, of non-relative caregivers. To Meyer, "there is little that is more unnatural than to give up your own survival needs to care for the young of another." She asserted that "living in a community where people look like you will only enhance your ability to thrive."

Meyer also believes that kinship care is preferable because a disproportionate number of minority kids are removed from their homes due to societal bias. As she put it, "The cultural norm is that people of color aren't capable of caring for their children." A continued emphasis on kinship preference could solve this problem, Meyer suggested.

Shannon Moody, a policy director at the children's-advocacy nonprofit Kentucky Youth Advocates, largely agrees with Meyer. She argued that the problem is not that kids are sent to live with extended family, but rather that those families are not given the support necessary to properly care for abused or neglected children.

Moody also noted the lack of consistent and thorough follow-up visits to kinship-care homes, stating that, often, "caseworkers feel better about the potential safety of relatives than...strangers." In addition, there is often "no specific prevention plan in place and no specific rules about how many visitations caseworkers have to make." Beyond financial help, kinship families should receive instruction on how to care for kids who have undergone traumatic experiences, along with ongoing support and possible monitoring. As Bartholet and other critics have observed, the research on kinship care's effects is uneven at best, sorely lacking at worst. Yet it is worth noting that even among its advocates, few claim the current kinship-care system is working particularly well.

A SECOND LOOK

Despite the widespread acceptance of kinship care, many questions have been raised regarding its efficacy, along with proposals to curtail or improve upon it. Some, like Meyer, argue that kinship-care recruitment has not gone far enough, and that children would languish in the

foster-care system for fewer years and be moved around less if only states were better at locating family members.

This might seem like an attractive position to liberals inclined to support Robert Little's views on bolstering minority communities, as well as to conservatives, who tend to value the nuclear family. The National Association of Black Social Workers's 1972 position statement in favor of placing black children with relatives or other black people proclaimed that "[t]he family is the basic unit of society." This is a principle many conservatives hold dear, even if they would differ with the NABSW's application of it.

Others, like Shannon Moody, argue that there is not enough state involvement in kinship care, that if kinship families had more support and were provided with the tools to better care for the children in their charge, the system would improve overall.

Then there are foster mothers like Finke and Yearout, and legal experts like Bartholet, who flatly reject the idea of prioritizing kinship homes over foster placements. Finke and Yearout in particular look to their own experiences as proof that the pressure to find kinship placements has not served children well. They worry that the best interests of children — their physical safety, emotional well-being, and opportunities for success — have been subordinated to what is essentially a political movement. This is at least partially correct. Although race hasn't even been a factor in the adoptions of Finke or Yearout (as their communities are overwhelmingly white), this ideology has spread to every community in America.

The statement from the NABSW relied largely on appeals to emotion and the importance of maintaining black culture rather than evidence that black children would fare better with their extended families in measurable ways. As the authors declared, "We now proclaim our truth, substance, beauty, and value as ourselves without apology or compromise. The

affirmation of our ethnicity promotes our opposition to the trans-racial placements of Black children." In a 2014 discussion on transracial adoption in the *New York Times's* online "Room for Debate" feature, many of the experts, both pro- and anti-transracial adoption, relied on cultural or political arguments rather than clear data or personal experience. Bartholet and others have insisted upon the need for greater scrutiny of kinship care's effects.

While it is possible to sympathize with the sentiments underlying the kinship-care movement, it is important to re-evaluate it in light of our decades-long national experience with its consequences. It is not at all clear that the principles on which it was founded are just, nor that the results have served children well.

Of course, reforming kinship care will entail boldly challenging a longstanding practice that many have come to accept as obviously preferable. It will also require clarifying the goals of foster-care agencies and carefully elucidating what we mean when we talk about the "best interests" of children. For as well-

intentioned and sensible as the kinship-care movement may appear, the assumption that children will be well cared for by those close to their abusers — in many cases, the people who raised their abusers — might prove to have been shortsighted or even destructive.

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