

# Family Separation in the Foster Care System

## Obstacles to Supported Permanency for BIPOC Kinship Caregivers

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### Background: Family Separation

The separation of a child from their family is both definitionally traumatic and all too common; in 2020, 400,000+ children were in foster care. The burden of family separation disproportionately affects BIPOC communities. Moreover, family separation in America has a long and infamous history targeting vulnerable populations:

- African Americans & Slavery
- Native Americans & Boarding Schools
- Immigrants & Border Separation

### Kinship Care & Supported Permanency

**Kinship care** is an alternative to nonrelative placement, one that has robust empirical support in the academic literature. Relatives or fictive kin providing care for children has numerous positive outcomes, from physical and mental health to spiritual well-being.

The **permanency** of the placement is a key proxy for positive outcomes/protective effects for children. **Support** is also widely known to correlate with better outcomes as well. Yet, many permanent caregivers never receive support they are entitled to, often forgoing home licensure (a key step). Something like 95% of kinship caregivers in Texas forgo support. Why do so many forgo supported permanency?

**“95% of kinship caregivers in Texas forgo support.”**

### Research Question

*Why do BIPOC (Black, Indigenous, and People of Color) kinship caregivers forgo supported permanency?*

### Preliminary Results

#### Barriers

- X Administrative
- X Ambiguity
- X Caregiver Strain
- X Cultural
- X Fear of Family Separation
- X Foster Stereotype
- X LGBTQIA+
- X Neurodiversity/ Mental Health
- X Practical
- X Protective Informality

#### Facilitators

- ✓ Caregiver Advocacy
- ✓ Empirical Facilitators
- ✓ Kinship Healing
- ✓ Kinship Services
- ✓ Systemic Improvements

As the interviews with BIPOC kinship caregivers concluded, several themes emerged centered around **barriers** and **facilitators** to supported permanency, with a further division between **concrete** barriers/facilitators and barrier/facilitators that emerged from the manner in which kinship caregivers were **framing** their experiences.

### Methodology

Using a qualitative design centered around in-depth interviews with kinship caregivers (n=50), participants were recruited from a community partner network. Each participant was interviewed via questionnaire about background, home licensing, and support. Coding is followed by member-checking before final publication. Preliminary data is derived from completed interviews (n=45) and codebook development (n=10).

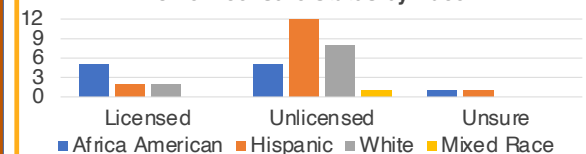
**“In the beginning it was pretty normal. And then everyone was at each other’s throat. So, I basically have broken generational curses.”**

### Discussion

Kinship caregivers often stepped unexpectedly into their roles, many experiencing financial instability. They both acknowledged the need for more resources yet remained hesitant or unable to pursue licensure.

In addition to concrete practical and administrative barriers (transportation, bureaucracy), several themes stood out: first, a fear of family separation and a sense that informality could be protective; second, the ambiguity of the process itself and a lack of knowledge thereof; third, intersectional gaps, especially relating to neurodiversity/mental health, as well as LGBTQIA+ concerns which often reflected the current policy environment. The interviews also highlighted positive facilitators, such as the presence of kinship-specific services, and views of kinship care as a healing process. The preliminary results speak to structural oppression and racialized surveillance intersecting to create a climate of opacity and institutional skepticism/mistrust.

Home Licensure Status by Race



### Acknowledgements

This research was supported by the Robert Wood Johnson Foundation Evidence for Action Program (grant #82059). The views expressed here do not necessarily reflect those of the Foundation.