

## Kinship care families: New policy can guide pediatricians to address needs

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A growing body of evidence suggests that children who cannot live with their biological parents fare better overall when living with extended family than with nonrelated foster parents. Acknowledging the benefits of kinship care arrangements, federal laws and public policies increasingly favor placing children with family members rather than in nonrelative foster care.

Despite overall better outcomes, families providing kinship care endure many hardships, and the children experience many of the same adversities as children in traditional foster care.

A new AAP policy statement from the Council on Foster Care, Adoption and Kinship Care outlines the unique strengths and vulnerabilities of these children and families, and offers strategies for pediatricians to help them to thrive. The policy, *Needs of Kinship Care Families and Pediatric Practice*, is available at <https://doi.org/10.1542/peds.2017-0099> and will be published in the April issue of *Pediatrics*.

As many as 3% of U.S. children live in kinship care arrangements.

Because placement with a kinship caregiver often is sudden and unplanned, caregivers frequently are unprepared to meet the needs of the children and are unaware of available supports. Furthermore, caregivers may not have legal authority to advocate or make decisions for a child, complicating health care and educational decisions. Caregivers frequently have their own financial and health burdens, and often are asked to care for sibling groups, multiplying the stresses.

Pediatricians can help by recognizing these families in the office setting and addressing their needs.

Among the recommendations in the policy are the following:

- Children may need more frequent visits to address mental health, developmental and educational needs, similar to children in traditional nonrelative foster care.

These needs are more common and often more complicated than for children who live with their biologic parents.

- Families may need information about supports and help accessing legal, health insurance and financial assistance programs.
- Consent and confidentiality roles may need to be specifically defined.

The policy statement provides information to help pediatricians learn more about resources available in their own states and communities, and how to connect families to those resources.

Advocacy opportunities also are reviewed in the policy, such as working with policymakers and others to eliminate barriers so children can be placed with kin, when appropriate, and ensuring funding to support provision of care and health and social services.

The pediatrician's role in meeting the health needs of children in kinship care is especially important because most of the families are not connected to child welfare or other formal services.

*Dr. Springer, a lead author of the policy, is a member and former chair of the AAP Council on Foster Care, Adoption and Kinship Care. She also chaired the former Task Force on Foster Care.*

## **Resources**

- [AAP Healthy Foster Care America](#)
- [AAP manual Fostering Health: Health Care for Children and Adolescents in Foster Care](#)
- [Kinship care, Child Welfare Information Gateway](#)
- [Kinship navigator programs](#)
- [AAP clinical report "Consent by Proxy for Nonurgent Pediatric Care"](#)
- [Fostering Connections: Kinship/guardianship, National Resource Center for Permanency and Family Connections](#)

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