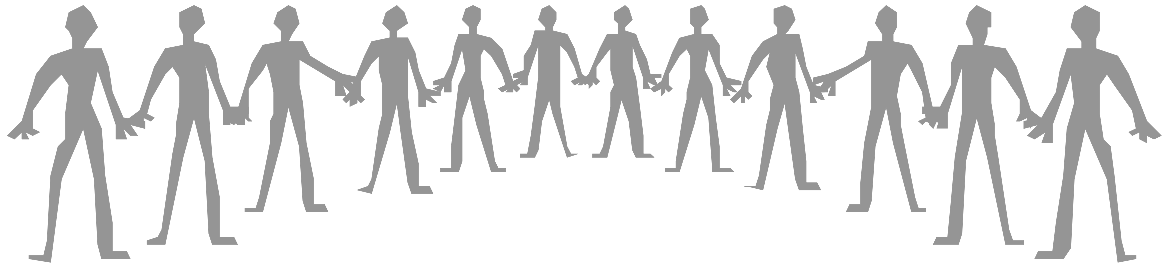
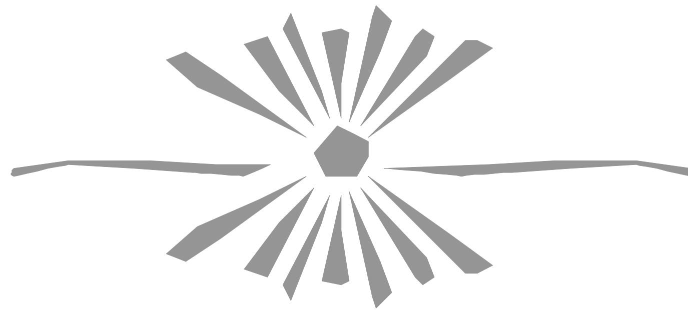


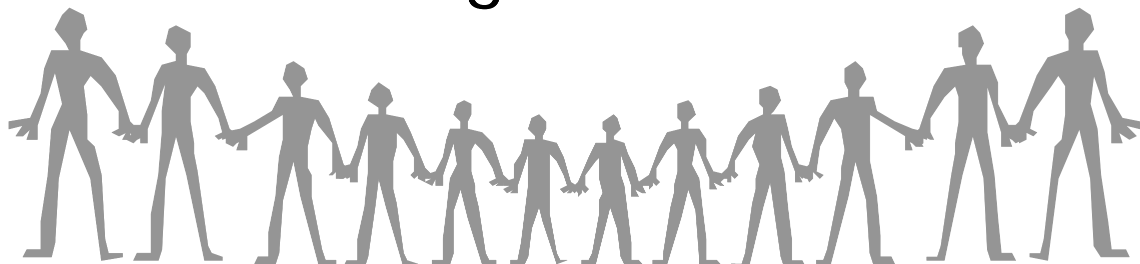
THE KINSHIP REPORT

Assessing the Needs of Relative Caregivers and the Children in Their Care



Casey Family Programs

August 2003



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I am grateful to everyone who assisted in the report's production, and sincerely hope our combined efforts lead to greater stability and success for kinship families.

Ernestine F. Jones

KINSHIP REPORT
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PART ONE: A PROJECT AND SUBJECT OVERVIEW

The purpose of the project

This project, "Assessing the Service Needs of Relative Caregivers and the Children in Their Care," is intended to provide a greater understanding of what kinship families need to thrive. Kinship care is a growing practice in the United States. At last count, in the year 2000, almost four million American children were living with relatives other than their parents. The good news is that family members, especially grandparents, are willing to raise these children and offer them something priceless: the chance to grow into a sense of security and self-worth within the family. The bad news is that this willingness can come at a high price, to both caregiver and child. Relative caregivers' resources are often limited, which means that many kinship households are chronically short on money, housing, physical and mental health care and other basic necessities.

The report's objectives are as follows:

To present a fuller, more accurate picture of the difficulties faced by kinship care families, and a better appreciation of the strengths they bring to their situation.

To identify the ways in which the financial, physical and social needs of the children and caregivers are being met or left unanswered.

To identify the support systems which are sustaining the families, as well as those that still need to be created.

To make valuable information available to kinship families and those working to help them so that services and lives can be enhanced.

Gathering data

We gathered the information in this report from a combination of sources, including a thorough review of current literature and interviews with three groups: those who administer service programs, relative caregivers, and children. Our goal was to provide a balanced perspective on the state of kinship care.

Research went forward in three phases. Phase One began with a comprehensive look at existing information on kinship care: written reports, Internet material, books and other publications. We researched kinship family services and needs in selected metropolitan areas, and at a national level. We also visited 14 programs in eight urban sites. Where it was possible, these programs fell into one of the following categories:

- Programs and services that primarily provided information and referrals
- Programs that focused on group support or self-help
- Programs offered through neighborhood or community-based organizations or agencies
- Programs and services provided directly by a government or private agency

In Phase Two, we conducted 33 interviews with caregivers in Baltimore, Maryland; Pittsburgh and Philadelphia, Pennsylvania; and Baton Rouge, Louisiana. In Phase Three, we interviewed 20 children in Philadelphia, Pennsylvania; Los Angeles and the Bay Area (Walnut Creek), California; and Atlanta, Georgia.

It is our hope that the information contained in this report will be used in a number of ways:

- To improve existing systems that can reduce or prevent the need for government interference in kinship families lives
- To propose new services for kinship families through government or private sources
- To understand the long-term needs of kinship families, and identify services that can meet those needs
- To suggest areas for demonstration projects or the introduction of services which can address unmet needs and prevent family disruptions

Selection of the project's jurisdictions

Pittsburgh, Philadelphia, Baltimore, Los Angeles and Atlanta were chosen for geographical diversity. According to census data, they all have substantial concentrations of kinship caregivers, and have initiated some services for kinship

families in the past. For example, Baltimore was selected because it has a history of participating in demonstration programs to help reduce welfare dependency. Pittsburgh has used the private sector to help develop new approaches to services for kinship caregivers.

Three Casey programs – those in San Antonio, Baton Rouge and the Bay Area (Walnut Creek) – were included because they each serve a large number of kinship families. The information gathered from Casey offers a starting point from which to recommend expanding or enhancing its services.

An overview of kinship care issues

Kinship care is certainly not a new phenomenon in this country. Just as multiple generations of one family have frequently lived in the same home, extended family members have often shared some of the responsibilities of child rearing. The practice has been particularly strong among certain cultures.

Native Americans have a longstanding tradition of kinship care. In discussing this, Rebecca Heggar reported that "many Native American children in the United States were placed in institutions rather than being left to the care of the family, kinship network, and their ethnic community. This pattern of placement led to the passage of the Indian Child Welfare Act of 1978, the first U.S. policy document to state an explicit preference for kinship placement."[1] In African American communities extended family structures can be traced to ancient African cultures; here in America, the roots of kinship care go back to the involuntary separation of families by slavery. The extended family has always been the preferred placement for Spanish and Mexican American children who can no longer live with their birth parents.

Clearly, kinship care is a time-honored, cherished family response. In an article by Pecora, Le Prohn and Nasuti they noted that "many Native Americans are raised for periods of time with extended family or clan members and that tribal courts have officially sanctioned kinship care placements."[2] What is new and noteworthy is how often it is now occurring in the United States. As mentioned earlier, the number of children being raised by relatives other than their parents appears to be growing at a remarkable rate. "In 1998, an estimated 2.1 million

[1] "Kinship Foster Care - Policy, Practice, and Research, Chapter 2, The Cultural Roots of Kinship Care," Hegar, Rebecca L., Oxford University Press, 1999.

[2] "Role Perceptions of Kinship and Other Foster Parents in Family foster Care," Pecora, Peter J., Le Prohn, Nicole, and Nasuti, Hohn J., Chapter 10, Kinship Foster Care (Policy, Practice and Research) edited by Rebecca L. Hegar and Maria Scannapieco, Oxford University Press, 1999.

children were living with relatives.[3] By the year 2000, this figure had almost doubled: according to the U.S. Census Bureau, almost 4 million children were living with relatives other than birth parents.

This raises some major questions. What are the societal forces fueling the growth of kinship families? Will this trend continue at an accelerated pace? What are the potential consequences to the stability of future generations? Can relative caregivers, for the most part grandparents, sustain the responsibilities of child rearing without help from their communities or from the government?

Defining kinship care

When the literature is reviewed, glaring discrepancies in the definition of kinship care quickly become apparent. These differences can create confusion, so it's important for those who are concerned with kinship care to agree on a definition and pursue strategies in a coherent way.

Kinship care is often defined as either formal or informal. The term "informal care" usually refers to arrangements that have been made between the birth parent and relative caregivers without outside intervention by a court or child welfare agency. The following are examples of definitions for informal care.

> Kinship care is defined as care by an adult who is related to the child by blood, adoption, or affinity within the fifth degree of kinship, including stepparents, step siblings and all relatives whose status is proceeded by the words great, great-great, or grand, or the spouse of any of these persons, even if marriage was terminated by death or dissolution. – Kinship Support Services Program - California Department of Social Services, January 2000.

> Kinship care is the full time care, nurturing, and protection of children by relatives, members of their tribes or clans, or other adults who have a family relationship to a child. - Child Welfare League of America, 1994.

> Kinship Care is any living arrangement in which a relative or someone else emotionally close to the child takes primary responsibility for rearing a child or **k**inship care arrangements that occur without child welfare system involvement that are private." - Report to the Congress on Kinship Foster Care - U. S. Department of Health and Human Services - Administration for Children and Families - Administration on Children, Youth and Families - Children's Bureau, June 2000.

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[3] "Report to the Congress on Kinship Foster Care," U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children'' Bureau, June 2000.

> Kinship Care is an informal arrangement without legal involvement that has been facilitated by the child welfare agency or family members themselves. - Leslie, Landoversk, Horta, Granga & Newton – Child Welfare League of America Journal, May-June, 2000.

> Informal Kinship arrangement is all care giving provided by relatives in the absence of a parent. - Chapin Hall Center for Children, June 1997.

> Kinship Care is the full-time nurturing and protection of children by relatives, members of their tribe or clans, godparents, stepparents, or other adults who have a kinship bond with a child, when they must be separated from their parents. - Grand Central Kinship Care Resource Center - Philadelphia, Pa. -1998.

"Formal kinship care" usually refers to services provided under the auspices of a child welfare agency or a court, and is included in foster care or other child welfare services. Some examples of the definitions of formal kinship care found in the literature are as follows.

> Public Kinship care refers to a child whose placement was arranged by child welfare authorities, whether or not the child was taken into custody by these authorities. - Urban Institute - 1999.

> Formal Kinship Care is care provided by relatives as foster care under the auspices of the state. - Chapin Hall Center for Children, June 1997.

> Kinship foster care is the formal placement of children into the care of relatives or others with close familial ties by the state or county child protection agency. - Beeman & Boisin – Child Welfare League of America Journal, May-June, 1999.

> Kinship care is any living arrangement in which a relative or someone else emotionally close to the child takes primary responsibility for rearing a child. Kinship care arrangements that occur with child welfare system involvement are public." - Report to the Congress on Kinship Foster Care - U. S. Department of Health and Human Services - Administration for Children and Families - Administration on Children, Youth and Families - Children's Bureau - June 2000.

> The full-time nurturing and protection of children who must be separated from their parents by relatives, members of their tribes or clans, godparents, stepparents, or other adults who have a kinship bond with the child. - Rebecca Hegar: Kinship Care: A Natural Bridge - Washington, D.C. (Child Welfare League of America) - 1994).

Kinship Care means continuous 24-hour care and supportive services for a minor child placed by a local department of social services in the home of a relative related by blood or marriage with the 5th degree of consanguinity, or affinity, under the civil law rule, or a child in the home of a person who makes up the family support system such as a godparent, who has a strong kinship bond with the child, and who is approved by a child placement agency to care for the child. - Maryland Kinship Care Multi-disciplinary Committee - 1999.

For the purposes of this report, we will use the following definition of kinship care. It is designed to be inclusive, and to provide the most latitude in categorizing and reviewing programs and services.

Kinship care is any living arrangement that involves the care of a child or children by the following: an individual who is related to the child by blood or marriage, through the third degree, or through close family relationships that are acknowledged by the birth or adoptive parents. These relationships can include godparents, close friends, or other, more distant relatives. Living arrangements made by a child welfare agency or a court are considered formal.

Factors that create the need for kinship care

The reasons that children need to be removed from their birth parents are varied. Casper and Bryson highlighted fourteen reasons in their study in 1998. Chart 1 lists the reasons.

Chart 1 Reasons children come into kinship care[4]	
❑ Drug abuse among the parents ❑ Divorce of parents ❑ Mental and physical illnesses of parents ❑ Crime ❑ Incarceration of parents ❑ Abandonment ❑ Family violence	❑ Teen Pregnancy ❑ Rapid rise in single parent households ❑ Aids\HIV ❑ Child abuse and neglect ❑ Death of parent ❑ Unemployment ❑ Poverty

[4] "Co-Resident Grandparents and Their Grandchildren: grandparent Maintained Families," Casper, Lynne M. and Kenneth R. Bryson, U. S. Census Bureau, Population Division, March 1998.

Given the continued need for out of home placements these children end up in kinship care because there are fewer available foster homes. This decline in the number of foster homes has been attributed to several causes: experienced foster families aging out of the system, more women working outside the home, and reluctance among prospective families to take on the task of foster parenting when children have daunting problems.

Another factor contributing to the rise in kinship care is the Adoption and Safe Families Act, which shortened the deadline for finding safe, permanent homes for children who have been removed from their homes due to parental abuse or neglect. The need for rapid placement has turned kinship care into a more popular option.

Drug and alcohol abuse on the part of birth parents frequently leads to kinship care. Relative caregivers in the informal system often cite parental substance abuse as the reason they are assuming the responsibility of raising someone else's children. Drugs are especially prevalent in our urban centers, where the largest concentration of kinship families is currently located. Unfortunately, access to treatment for substance abuse and mental health problems are extremely limited. Without this kind of help, reunification and attempts to prevent of out-of-home care are not likely to offset the prominent role of relative caregivers.

The Report to Congress on Kinship Care listed three main factors that are contributing to growth of formal kinship care:

- "The number of non-kin foster parents has not kept pace with the number of children requiring placement, creating a greater demand for caregivers;
- Child welfare agencies have developed a more positive attitude toward the use of kin as foster parents; and
- A number of Federal and State court rulings have recognized the rights of relatives to act as foster parents and to be compensated financially for doing so."[5]

One trend is still somewhat mysterious. While kinship care continues to grow, the most recent census data shows that the number of children living with grandparents is slowing down some, at least in the four jurisdictions that were

[5] "Report to the Congress on Kinship Foster Care," Part I: Research Review, U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, June 2000, Page vii.

included in this report. Charts 2 and 3 provide a view of the population trends along with the trends associated with children living with relatives.

Chart 2 Population Trends - Children Under 18 years[6]					
Urban Center	Population		Children Under 18 Years		
	Year 1990	Year 2000	Year 1990	Year 2000	Change
	Number	Number	Number	Number	Number
Baltimore (City), Md.	736,014	651,154	179,869	161,353	-18,516
Philadelphia (City), Pa.	1,585,577	1,517,550	379,421	383,469	4,048
Pittsburgh (City), Pa.	369,879	334,563	73,379	66,508	-6,871
Atlanta (City) Ga.	394,017	416,474	94,920	93,004	-1,916
Los Angeles (County), Ca.	8,863,164	9,519,338	2,326,110	2,667,976	341,866

Chart 3 Population Trends - Children Under 18 years[7]						
Urban Center	Children living with relatives			Children living with relatives		
	Year 1990	Year 2000	Change	Year 1990	Year 2000	Change
	Number	Number	Number	Percent	Percent	Percent
Baltimore (City), Md.	36,069	35,742	-327	20.1%	22.2%	2.1%
Philadelphia (City), Pa.	62,410	64,201	1,791	16.4%	16.7%	0.3%
Pittsburgh (City), Pa.	7,291	6,933	-358	9.9%	10.4%	0.5%
Atlanta (City) Ga.	16,690	16,716	26	17.6%	18.0%	0.8%
Los Angeles (County), Ca.	261,681	320,831	59,150	11.2%	12.0%	0.8%

In each of the cities included in this project, with the exception of Baltimore, the number of children living with a grandparent has risen less than one percent over the past ten years. Further studies are needed to figure out why the numbers seem to be stabilizing when compared to the prior ten-year period.

[6] Bryson, Kenneth Dr., U.S. Census Bureau, Year 2000 Census Report, June 2002
[7] Bryson, Kenneth Dr.., U.S Census Bureau, Year 2000 Census Report, June 2002

The needs of relatives and other caregivers

Once someone takes on the responsibility of raising a relative's child or children, a brand new set of needs almost always appears. These can be financial, health, housing, social, emotional, legal and educational. But kinship caregivers often don't take advantage of the resources at their disposal. Sometimes they are made to feel lazy or irresponsible when they apply for help, or the process itself is difficult to complete. Sometimes they prefer to keep social workers and the courts from becoming involved in their lives. However, going it alone can be draining in many ways, making it difficult to maintain a steady home environment.

Financial assistance

One of the most pressing needs of kinship families is financial help. Government programs can provide some financial aid, but the amount is usually not enough to meet the family's needs and the processes required to receive funds can be complicated and disheartening. What follows is a list of sources of financial assistance. While they are widely known, relative caregivers are often not making the most of them.

- Temporary Assistance to Needy Families (TANF)-Child-Only grants provide benefits solely to children living with relatives other than birth parents. While these grants offer financial aid, the amounts are small (usually less than $200) and the paperwork requirements are substantial, so TANF is not fully utilized.

- Child support from birth parents can be a source of financial aid. However, the government historically has focused on recovering public assistance dollars, and has not given the same attention to child support enforcement collection for those not public assistance related, so this source of income is unreliable. The birth parents must also be generating income to provide support, and if they are unemployed or unable to work, no funds are available to the relative caregiver from this source.

- Supplemental Security Income is available if a child has a disability, such as blindness, but stringent eligibility requirements must be met.

- Social Security is available for children under 18 years of age if the birth parent is eligible for a benefit due to retirement or disability, or if the birth parent was previously insured and is now deceased.

- Medicaid is available for children in most states if their income is at or below the poverty level defined by the state. Most states have established health care programs for young children. The eligibility process and type of coverage varies depending on the state.

- Food Stamps allow low-income families to get additional money for food. However, they are certified by household. When a relative caregiver's assets and income are assessed, they often become ineligible, or qualify for only nominal amounts of help. For this reason, many caregivers don't bother to apply.

- Adoption subsidies are available in most states for relative caregivers in the formal system that choose to adopt their kin. Each state has established its own benefit level, along with specific licensing or approval requirements. As a general rule the amount of the subsidy is comparable to the state's foster care rate.

- An Earned Income Tax Credit is a resource that can be available to relative caregivers that are working and meet other qualifying criteria. Its advantage is that those who are eligible can receive a refund even if they do not owe any tax. A helpful resource on this topic is the Casey Family Programs National Center for Resource Family Support.[8]

- Kinship subsidies are being made available in a few states for relative caregivers in the formal system. They must have legal guardianship of a child, and have met other licensing or approval standards (which often use an adoption subsidy model). However, federal funding for these subsidies is not available unless caregivers are lucky enough to live in one of the jurisdictions - Delaware, Illinois, Maryland, Montana, New Mexico, Oregon, North Carolina and the District of Columbia - that has been approved as a Title IVE demonstration site. Being granted a waiver to participate allows the state to claim federal foster care funds for the costs. This form of financial aid is developing very slowly.

- Emergency aid is sometimes available to kinship families; more often than not it comes through private agencies, churches and other community organizations. Some government agencies offer restricted access to families who need help with utilities, food, or other basic emergency shortages.

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[8] "Federal Tax Benefits for foster and Adoptive Parents and Kinship Caregivers 2000 Tax Year," Barbell, Kathy & O"Connor, Michael, Casey Family Programs (www.casey.org/cnc), Washington, DC. 2000 and "Public Benefits," Generations United, (www.gu.org/projg&pubbene.htm).

Health

Both relative caregivers and the children they raise need affordable, accessible health care. Many kinship caregivers are older, and suffer from problems such as high blood pressure and respiratory illnesses. When these conditions are left unattended and a caregiver's health deteriorates, the whole family suffers.

Children in kinship care often require more than average attention to their physical and mental health. Many struggle with the after effects of intra-uterine exposure to drugs or alcohol. Many have intensified social and emotional needs, particularly in adolescence. Relative caregivers need specialized community resources to help them care for children whose behavior may be difficult to understand and to manage. Counseling can go a long way towards helping kin over the rough spots of mental health problems, discipline, school attendance, interpersonal behavior difficulties with other children, and complicated relationships with birth parents.

Kinship care can be an intense experience for every member of the family. When caregivers were asked to describe their needs to continue caring for the children, as a part of this project, they put support groups, respite care and emergency relief at the top of their lists.

Legal services

Caregivers in the informal system have the greatest need for legal services. They run into technical difficulties when they attempt to enroll children in their care in school, or get consent for medical treatment. When relatives can't afford to obtain legal custody, the family stability they are trying to maintain can be disrupted at any time by the decisions of a birth parent.

Housing

Very little has been done to help kinship families find housing. The economics of the average kinship family frequently mean a choice between substandard housing or housing that's beyond the family budget. Both situations create problematic consequences. The additional expense incurred when they have to move to larger living quarters throws some families into continuing financial crises.

A review of the literature on kinship care

It's essential to understand the magnitude of the issues that confront kinship families before making a case to increase support services nationwide. Fortunately, a number of studies and reports on kinship care have been completed in the past 10 years. Articles have been written about the characteristics and needs of kinship families, and research has been done on the conditions that have increased their numbers. In order to gain a sweeping perspective on the issues, the literature review for this project has focused on three areas:

- Demographic and statistical profiles of kinship families and children

- Descriptions of the characteristics of these families

- Review of some of the legislation that has been enacted at the federal level, and in the states which are included in this project

As grandparents represent the largest group of caregivers, considerable research has been devoted to them. Much of it is focused on:

- Evaluating the relationships between grandparents and grandchildren

- Studying the mental and physical health of the relatives and children

- Compiling information about the characteristics of grandparents and other caregiver groups (aunts, uncles, cousins, godparents, friends)

- Reviewing the financial status of the caregivers

Some studies have examined cultural factors. "Several of the national studies that were done provided data to support the finding that kin care is more prevalent among African American and Hispanic families. Studies have also shown that African Americans are more likely to raise their grandchildren than other groups. Data also indicated in several studies that women are more likely to be caring for their grandchildren than men."[9]

[9] Bryson, K. and L. Casper. Forthcoming 1998. "Co-resdident Grandparents and Their Grandchildren." Bureau of the Census, Current Population Reports; Hardin, A.W., R. L. Clark, and K. Maguire. 1997 Informal and Formal Kinship Care. Washington, D.C.: U. S. Department of Health and Human Services.

Other studies addressed the well being of children who are cared for by relatives. Many child welfare professionals believe that children separated from their parents have a better experience living with kin than with unrelated foster parents.

The information that has been gathered so far is valuable, but we need to pay more attention to the perspective of the families themselves. What services do they say they need? What do they feel is missing? What will make it easier for them to connect with and make the most of the resources that exist?

Demographic and statistical profiles

It is difficult to obtain precise numbers when it comes to kinship care, because its definition varies from state to state, and informal arrangements may or may not be officially on record. However, the literature on kinship care has consistently noted that the majority of children being raised by relatives are living with their grandparents. Figures that use grandparent care as an indicator of the growth of kinship care provide the most reasonable estimates available. For the purposes of this project, we are using U.S. census demographics and state child welfare statistics on formal kinship care families.

"In 1997 it was estimated that as many as 3.9 million children were living in a home maintained by grandparents in the United States. This was an increase nearly double the number that lived with relatives in 1970 when the estimate was about 2.2 million."[10] "In the 2000 census count that number has risen to 4.5 million children under the age of 18 living in a home maintained by grandparents and another 1.5 million living in other relative maintained households."[11]

The number of grandparents or other relatives raising their grandchildren (mostly in informal arrangements) has increased more than 40 percent in the last decade. To offer further evidence of how widespread kinship care has become, "in New Jersey, 100,000 children live with grandparent-headed households. In New York City and Illinois more than half the children in foster care live with relatives. In New York State ninety five percent of the kinship foster care arrangements are in New York City. In New York City fifty five percent and in Chicago sixty nine percent of the children in formal care are in kinship foster

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[10] "Co-Resident Grandparents and Their Grandchildren: Grandparent Maintained Families," Lynne M. Casper and Kenneth R. Bryson, U.S. Census Bureau, Population Division, Washington, D.C. March 1998.
[11] U.S. Census Bureau Supplementary Survey, www.census.gov/c2ss/www.

care."[12] New York and Chicago demonstrate the pattern we see in other states that have large urban centers. The kinship population of the cities and states in this project shown in Chart 4 has similar statistics.

Chart 4 Children In Foster and Kinship Care			
Urban Center	**Foster Care**	**Kinship Foster Care (Formal Care)**	**Kinship Care[13] (Informal Care)**
Baltimore (City)[14]	2,762	1,513	35,742
Philadelphia (City)[15]	3,489	2,010	64,201
Pittsburgh (City)[16]	789	890	6,933
Atlanta (City)[17]	6,032	806	16,716
Los Angeles (County)[18]	11,688	15,026	320,831

What all of these statistics shows us is that there is no downward trend in the numbers of children being raised by relatives, especially by grandparents. The numbers of kinship care families who need support services is unlikely to shrink dramatically in the near future.

Characteristics of kinship families

It's important that we understand some of the characteristics of kinship family members – both the caregivers and the children – so we can develop services that respond to their unique needs.

Two recent Reports to Congress noted the following facts about kinship families:

- "Most kinship caregivers are older than non-caregivers with many more over the age of 60.
- More than half of kinship care children live with caregivers that are unmarried.
- Two in five (41 percent) kinship children live in families with incomes below the federal poverty level.

[12] "Part III, Formal and Informal Kinship Care: Levels and Patterns in Four States," Harden, Allen W., Chapin Hall Center for Children, University of Chicago & Clark, Rebecca L. and Maguire, Karen, the Urban Institute for the U.S. Department of Health and Human Services, June 1997.
[13] U.S. Census Bureau "Children under age 18 living with relatives - Year 2000
[14] Baltimore City Department of Social Services - July 2002
[15] U. S. Census Bureau - Philadelphia Region - Grand Central Agency Symposium, April 2002
[16] Department of Human Services (Allegheny County) - July 2002
[17] Georgia Department of Human Resources, (Fulton County) - July 2002
[18] Los Angeles Department of Child and Family Services - June 2002

- More than a third of children in kinship care are being raised by caregivers without a high school diploma.
- Many kinship caregivers are rearing more than one related child, often in addition to children of their own.
- Most kin caregivers take on this responsibility in the middle of a crisis situation.
- Kinship caregivers face tremendous financial hardships as a result of adding new members to the family."[19]

In addition to the above, one of the reports included other general characteristics:

- "African American children are disproportionately represented in the foster care population and are far more likely than children in non-kin foster care to be African American;
- Kinship care is more common in central cities than in rural or metropolitan areas;
- Fewer children and fewer persons live in public kinship care households than in non-kin foster homes, and
- Well-being of kinship caregivers is generally lower than that of non-kin foster parents."[20]

Low income is one of the most arduous and limiting factors for a kinship care family. Often, when a relative is unable to take a child in, the reason is financial. Several studies have been done on the relationship between caregiving and family finances. The math is fairly straightforward. Casper, McLanahan, Garfinkel (1994) and Sorensen and McLanahan (1990) found that "the two most important factors in determining a family's economic status are; (1) the total income of the family and (2) the ratio of dependents to earners in the family which they called the dependency ratio."[21] When we consider the dependency ratio, we can see why the economic status of many relative caregivers collapses when children are brought into the equation. For example, a grandmother with a middle-class income can immediately sink into poverty if she takes on the care of two grandchildren without any corresponding increase in financial resources.

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[19] "Report to the Congress on Kinship Foster Care, Part I: Research," U.S. Department of Health and Human Services, Office of Assistant Secretary for Planning and Evaluation, Updated July 2000, by The Urban Institute (as a subcontractor to the Lewin Group) and "Children Cared for Relatives: Who Are They and How Are They Faring?" Ehrle, Jennifer, et al., The Urban Institute, Washington, D.C. February 2001.

[20] Report to the Congress on Kinship Foster Care, Part I: Research Review," U.S. Department of Health and Human Services, Administration for children and Families, Administration on Children, Youth and Families, Children's Bureau, June 2000.

[21] Sorensen, A. and S.S. McLanahan, "Women's economic dependency and men's support obligations: economic relations within households." (H. Becker (ed.), Life Histories and Generations, vol. 1 Utrecht, The Netherlands: University of Utrecht, 115-144.

The presence of a grandfather can mitigate the strain, as grandfathers tend to be better off economically. According to Casper and Bryson, "in 1997, there were 3.7 million grandparents maintaining households for their grandchildren, the majority of whom were grandmothers – 1.4 million grandfathers compared to 2.3 million grandmothers. In general, grandfathers are more actively involved in the labor force and are less likely to be poor than grandmothers. Grandfathers are more likely to own their own homes and to have accumulated capital."[22]

Still, grandfathers are not the cure-all. While having both grandparents at home usually helps in a kinship care situation, it still remains likely that the expanded family will experience financial difficulty.

Another characteristic of kinship families is the stress of health problems. Since most kinship caregivers are grandparents, they often have conditions associated with aging: hypertension, diabetes, obesity and various heart or respiratory ailments. These difficulties are made worse by the fact that the caregivers don't usually have insurance coverage, funds to pay directly for medications or time to properly take care of their health.

The existing research on the characteristics of kinship caregivers isn't complete enough to let us draw absolute conclusions. However, it can be used to reveal some trends that can be useful in planning services. When we conducted interviews with caregivers for this project, we found family characteristics as shown in Table 3, page 74.

Characteristics of children in kinship care

While living in poverty is not an intrinsic characteristic, it does define many of the qualities of one's life. Children in kinship care have a high likelihood of growing up in a poor household. According to Casper and Bryson, "two out of every five children in the U.S. live in families with income less than one hundred percent of the federal poverty level. One out of every three live in a single parent household and one out of every five live in a home with four or more children."[23] Casper and Bryson also found that in general, children who live in grandparents' homes do not fare as well economically as those who live in their parents' homes. They concluded that children being raised by single grandmothers, which is the

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[22] Casper, Lynne M. and Kenneth R. Bryson. "Co-resident Grandparents and Their Grandchildren: Grandparent Maintained Families, U.S. Census Bureau. March 1998.
[23] "Children cared for by Relatives: Who are they and how are they Faring? (New Federalism: National Survey of American Families)," Ehrle, Jennifer, Green Rob, and Clark, Rebecca, the Urban Institute, Number B-28 in Series, February 2001.

most prevalent arrangement in kinship care, are more likely to live in poverty because there is no spouse available to help with care and financial support.

The chart below lists some of the characteristics of children in kinship care as identified by Casper and Bryson. Similar findings were described in a study done by the Urban Institute and the Chapin Hall Center.

Characteristics of children who are living with relatives:[24]	
❑ In the informal system they tend to be older children, usually between the ages of 6 -17 years of age. ❑ In the formal system they tend to be younger children, usually from birth up to 6 years of age. ❑ More often the children in informal care will be living in the southern region especially those living outside the metropolitan areas. ❑ African American and Hispanic children are more likely to be in kinship care (formal and informal)	❑ Children in either form of care are more likely to have health problems such as: Higher rates of asthma Weakened immune system Poor eating habits Poor sleeping patterns Physical disabilities Hyperactivity

On a positive note, several research studies indicate that kinship care provides children with a better sense of family support. They experience fewer disruptive changes, do not move as often, and continue to maintain some contact with their siblings and birth parents. Their self esteem is higher, which may in part be due to the fact that relatives generally have a more positive perception of the children in their care than non-relative caregivers.

When we look at studies of large urban areas, the differences between children in informal and formal kinship care arrangements appear to be minimal. Children are likely to be in either form of kinship care because of economic conditions, location, racial heritage and access to (or lack of access to) government services. Their family situations appear similar, and the factors that would create a formal arrangement are technical: the variables of government policies, casework practices and court procedures.

[24] Casper, Lynne M. and Kenneth R. Bryson, Co-Resident Grandparents and Their Grandchildren: Grandparent Maintained Families. U.S. Census Bureau, Washington, D.C. March 1998.

The Report to Congress notes that there is not much difference in the way formal and informal kinship families use the resources available for their children. It states that a number of research projects have found that children living in kinship care relationships experience similar levels of socioeconomic risk whether they are publicly or voluntarily placed. In 1996 only 28 percent of the eligible children living with relatives received AFDC payments. A year later, only 53 percent of the children in kinship care who were eligible received Medicaid. Fifty eight percent of eligible children in kinship foster care were receiving Medicaid.[25]

We still don't know exactly why so little advantage is taken of government support services, but it is obvious we need to keep searching for ways to help kinship families connect with benefits.

Legislation that affects kinship care

Very little legislation that directly affects kinship families has been enacted on the federal level. Aid to Families with Dependent Children (AFDC) and the Social Security Act, Titles IVB and IVE, have historically been the primary means by which the federal government and the states have funded services for relatives who are caring for kin. Under AFDC, "poor relatives could apply for assistance for themselves and for the children just like any other needy family or caregivers could, regardless of their income or receive payments for only the child or children in their care, a child-only grant."[26] The 1996 implementation of Temporary Assistance to Needy Families (TANF) dramatically changed entitlement to financial assistance by removing any guarantees to financial aid. TANF did, however, allow states the option of continuing child-only grants. With the exception of Wisconsin, all states have continued child-only assistance via the TANF program, though the grant amounts tend to be minimal. Wisconsin shifted from child-only payments to kinship care payments with a caregiver only being eligible for a payment if there has been a determination that the child is at risk of being harmed if they continue to live with the birth parent.

There has been a growing demand for services by kinship caregivers, and to meet their needs states have introduced legislation in a number of areas. These have included subsidized and stand-by guardianship, respite care, health care,

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[25] Report to Congress on Kinship Foster Care – Part 1, Research Review and Part II: Secretary's Report to the Congress." U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, The Urban Institute, June 2000.
[26] "On Their Own Terms: Supporting Kinship Care Outside of TANF and Foster Care, Chapter I: Policy Context and Report Overview," Human Services Policy, Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, updated October 2001.

educational consent laws and De facto custodian laws. Because the introduction of new laws has usually been in response to a specific issue in a given state, kinship care-related legislation does not follow any set pattern across the country. The following is a brief description of some of the state legislation enacted in response to the needs of kinship families.

According to discussion papers released by the Urban Institute in July 2000, "forty-two states and the District of Columbia reported that they offer unsubsidized guardianship as a placement option for kin."[27] This option does not require the termination of parental rights, and usually minimizes court and child welfare involvement in the family's life. On the other hand, it fails to offer services or financial support, with the exception of child-only grants. Some guardianship options provide limited financial aid for families in formal kinship care arrangements. According to information compiled by Generations United, a national organization that promotes intergenerational public policies and programs, "twenty-five states provide some type of guardianship subsidy."[28]

Seven of these states (Delaware, Illinois, Maryland, Montana, New Mexico, North Carolina, and Oregon) and the District of Columbia have been given title IV-E waivers so they can demonstrate subsidized kinship guardianship programs using federal funds. They have passed subsidized guardianship laws as a way to provide additional income to families and strengthen permanence for children. This income is available to kinship caregivers in the formal system that meet certain requirements. The eligibility process often mirrors the subsidized adoption process: reunification with the birth parent has been ruled out, and legal custody is awarded to the relative caregiver. These subsidized kinship guardianship programs usually provide monthly financial assistance until a child turns 18.

Standby Guardianship Laws were originally established to help children whose parents are terminally ill with conditions such as AIDS. A standby guardian is designated to take over day to day care of a child if the parent becomes incapacitated before their death. "Pennsylvania's Standby Guardianship Law was enacted and went into effect in January 1999. This law allows a chronically ill parent to make long term plans about their children's future care without terminating or limiting their parent rights. It creates an immediate transfer of authority to make important decisions about a child to a designated person when a triggering event occurs."[29] Other states with a form of Standby Guardianship

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[27] State Policies for Assessing and Supporting Kinship Foster Parents (Discussion Papers), Leos-Urbel, Jacob, Bess, Roseana, & Geen, Rob, the Urban Institute, July 2000.
[28] American Association of Retired Persons and Generations United. "State Laws and Regulations Affecting Grandparent and Other Relative-Headed Families." LEG5716. September 2000.
[29] Commonwealth of Pennsylvania, Chapter 56, "Standby Guardianship Act," Act No. 1998-103.

law are Arizona, California, Connecticut, Illinois, Iowa, Maryland, Minnesota, New Jersey, New York, North Carolina, Virginia, West Virginia, Wisconsin and Wyoming.

De facto custodian laws allow the courts to determine custody based on the best interests of the child. These laws "give caregivers the same standing as parents in a custody case if they can show that they are the primary source of financial support of a child and the child has lived with them for at least six months (if under three) and one year if the child is age three or older."[30] Indiana and Kentucky currently have this kind of law.

In the survey conducted for this project, respite care was one of the most urgent needs identified by caregivers. Respite services can take the form of temporary in-home care, or out-of-home child care, and can be provided as short-term relief for caregivers for a variety of family conditions. Both Ohio and Tennessee have passed respite program laws. According to Generations United, respite services laws have been passed in six states: Minnesota, Nebraska, Ohio, Oklahoma, Oregon and Wisconsin. To give an example, in Cuyahoga County, Ohio, respite services are provided to caregivers for reasons including the need for a break to run errands, to handle legal or financial matters, or to take care of medical needs. Caregivers who meet eligibility guidelines can receive from four to 12 hours of respite services per week. Primary funding comes from state and local government. In Tennessee, the General Assembly "passed legislation allowing for the development of the Relative Caregiver Program that included respite services for eligible caregivers in June 2000 (HB2400 and SB2650). It established pilot programs in three counties to provide financial assistance and support services to grandparents and other relatives caring for kin. Four million dollars was allocated to support a two-year pilot program funded through TANF block grant funds."[31]

When it comes to health care legislation, two issues are of particular concern to kinship caregivers. The first is access to health services for the children and for themselves. Although Medicaid covers the children, sometimes accessibility is the larger issue because services are located far away, or transportation is a problem. The other issue is the legal ability to give consent for a child's health care. When a child has been placed with a relative through a child welfare agency or the court, a consent form is not required because the child is legally under the authority of the agency. In informal kinship care arrangements; medical consent laws must be in place to allow a relative caregiver to agree to

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[30] "Legislative Update," Generations United, LEGS5716, September 2000.
[31] Kinship Care in Tennessee, Relative Caregiver Program, Kinship Foster Care, Department of Children's Services Programs in Support of Children Being Raised by Extended Family Members, 2001.

medical care, immunizations, dental care and mental health services on behalf of the child. About half the states (including Arkansas, California, Colorado, Delaware, District of Columbia, Florida, Georgia, Idaho, Indiana, Kansas, Louisiana, Maryland, Mississippi, Missouri, Nevada, New Mexico, New York, North Carolina, North Dakota, Oklahoma, Pennsylvania, Texas, Utah and Virginia) have some form of medical consent legislation in place.

All four states included in this project have medical consent laws. "Pennsylvania's Medical Consent Act (Pennsylvania Act 52) is an example of legislation which allows a parent who must place their child temporarily in the care of another adult to authorize the caregiver to consent to any medical, dental, or mental health care for a child. A simple written statement signed by the parent, identifying the caregiver and giving consent can be used and the authority could be given to a relative or a family friend. The law protects both the health care provider and the caregiver from civil or criminal liability for treating a minor without legal consent."[32] Of the medical consent laws we reviewed, Pennsylvania's consent process is the one most likely to be preferred by caregivers, both for its simplicity and its fairness. Relative caregivers interviewed in Philadelphia felt that this legislation has improved their ability to get medical services for their kin.

When relative caregivers in the informal system are not permitted to enroll children in school, it's the children who pay the price. Still, Educational Consent Laws have only been established in a few states. These laws provide a simplified process that allows informal caregivers to enroll a child in school by completing and signing an affidavit that the child lives with them. The Generations United survey found that six states have enacted this kind of legislation: California, Connecticut, Delaware, North Carolina, Ohio and Oklahoma. Of the states included in this project, only California has an educational consent law. It wraps medical and educational consent together, stating that if reasonable but unsuccessful efforts have been made to locate the birth parent, the parent's signature is not required on the affidavit that allows a relative to enroll a child in school. There is considerable support for an educational consent law in Maryland, but after two consecutive years of effort legislation has not been passed.

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[32] Commonwealth of Pennsylvania's Medical Consent Act 52 (Senate Bill 405), November 1999.

PART TWO: THE JURISDICTIONS

Researching the jurisdictions

In every geographical area we selected, we examined programs in four categories:

- Information and referral services
- Kinship self-help and support groups
- Community-based service organizations
- Government or privately sponsored programs

We gathered information through visits to individual sites, interviews with managers, directors or other staff in the agency, and from reviewing written literature about the programs. A list of people who were interviewed with the exception of caregivers and youth is included at the end of this report.

Kinship care services in metropolitan *Baltimore, Maryland*

The State of Maryland provides kinship care services to families through public and private sources. As is the case in other states, the largest percentage of children being raised in kinship families, specifically by grandparents, is in Baltimore City and its metropolitan suburbs. For the purposes of this project, we looked at the metropolitan area that includes Baltimore City, Howard, Anne Arundel and Baltimore Counties. It represents a broad cross section of the population in terms of race, economics and culture, which we took into consideration before conducting interviews with caregivers.

Overview of state efforts to provide kinship care services

Maryland has defined formal kinship care as "the continuous 24-hour care, supervision, and supportive services provided to a minor child placed by a local department of social services in the home of a relative related by blood or marriage within the 5th degree of consanguinity, or affinity, under the civil law

rule, or a child in the home of a person who makes up the family support system such as a god parent who has a strong kinship bond with the child, and who is approved by a child placement agency to care for the child."[33] State regulations also distinguish between a kinship parent, who is related by blood or marriage, and a kinship caregiver, which is not related. In this report we will primarily be referring to those caregivers called kinship parents.

Approach to providing kinship care services

Formal kinship care services in Maryland originated in the early 1980s with its family services program. At first, efforts were directed at family preservation, followed by more focused attempts to reunify children with their birth parents, and finally a plan to accelerate permanency planning. As was the case in other parts of the country, two factors put a stronger spotlight on kinship care: a shortage of traditional foster families, and a change in the attitude of government agencies when it came to letting children remain in the care of their extended families.

In 1995, Maryland enacted legislation establishing a kinship care program. It mandated that children who could not live with their birth parents be placed whenever possible with relatives. The legislation did not provide for services that would benefit kinship families in the formal system, nor did it address the needs of thousands of children living in informal kinship arrangements. For the most part, the services available to kinship families in the informal system in Maryland have come from the private community. The state did continue its child-only financial grants, using TANF funds, and encouraged county Departments of Social Services to assist kinship families through the existing Services to Families program.

In 1997, the Maryland Department of Human Resources was given a grant by the Brookdale Foundation Group to develop an expanded set of services for grandparents or other relatives responsible for kin. The Relatives as Parents Program (RAPP) was "designed to provide assistance in developing caregiver support groups, crisis intervention, legal assistance, case management, respite and child care, educational programs, counseling, referral services and recreational activities."[34]

[33] "Maryland State Kinship Care Multidisciplinary Committee – Kinship Care, Final Report," Robinson, Geri & Smith, Johnnie, Co-Chairs.
[34] "Maryland State Kinship Care Multidisciplinary Committee – Kinship Care, Final Report," Robinson, Geri & Smith, Johnnie, Co-Chairs.

The Maryland Kinship Care Multi-disciplinary Committee grew out of RAPP. It now meets monthly, and serves as the coordinating link for organizations and groups that have an interest in helping kinship parents statewide. Its accomplishments include developing kinship care support groups around the state, and sponsoring conferences and events that focus attention on the needs of kinship families.

The Committee's work seems to have inspired the state to begin responding to the needs of kinship families in the informal system. Several projects are now in place to help kinship families. One example is the Kinship Care Resource Center, which operates under the auspices of the Coppin State University Nursing School. It was established in July 1999 to meet the needs of kinship families throughout Maryland. Its early emphasis has been on the physical needs of the participants: securing food, clothing, financial aid, health care services, and assistance in getting children into school. The Center is also a source of help for socialization needs, group support and crisis intervention. It is currently developing a statewide directory of resources for kinship families.

Information and referral services

The organizations that were visited in this category primarily provided information and referrals for kinship caregivers, or for persons working on their behalf. For the most part, these programs were either administered by agencies solely for the purpose of disseminating information, or served as statewide coordinating organizations. In some situations they sponsored conferences or workshops, published newsletters, or were the source of reports containing information of interest to kinship caregivers. Information and referral services were frequently mentioned by caregivers during interviews as urgently needed but rarely available. This is an area that is going to need a lot of attention in the future. A couple of examples of working programs follow:

- *The Governor's Office of Children, Youth and Families* is the Maryland State agency responsible for advocacy on behalf of children's needs. It has 24 subdivisions. Each has established a management board that works with local elected officials to improve issues that affect children in their area. The agency also provides some resources to communities to sponsor information-based events and activities. These highlight resources that help meet the needs of all children in the state, including those in kinship families.

- *The Maryland Department of Aging* is the state agency that oversees services for Maryland's senior citizens. Many kinship caregivers qualify. The agency has formed a partnership with Area Agencies on Aging in order to offer services,

advocate for Maryland seniors, and provide information, referrals, and education. It has also published "Resources for Grandparents," a widely distributed guide which contains information on child care, family support and counseling, financial matters, housing, legal issues, medical care and safety.

Kinship self-help and support groups

A number of kinship caregivers that were interviewed felt that becoming part of a support group has been genuinely helpful to them. When they participate in the groups, they no longer feel alone: they can share concerns with others experiencing similar situations and get ideas for handling problems. There are active groups in the counties and Baltimore City. Most meet at least monthly, and are usually led by a kinship caregiver. All are provided with support from a professional, who might be a social worker, mental health specialist or a counselor. While participation is open to all relative caregivers, the largest group of regular participants tends to be those in the informal system.

In each jurisdiction, there are groups that offer opportunities for networking, sharing information about individual circumstances, and providing general information about services. Some groups receive funding from government sources; others use private or personal funds to sustain their groups. We gathered our information about them from meetings with the sponsors, attendance at some meetings, and through the literature provided by the groups. Examples are listed below.

- *The Grandparents' Resource Center* is a project that operates through monthly group meetings in Baltimore City. The focus of the group has been on mental health and on the legal needs of relative caregivers. Its initial support came from staff associated with the Baltimore Legal Aid Agency. Most participants are grandparents, although a few other relatives attend. Meetings are used to welcome guest speakers with pertinent information, and to give participants a chance to socialize and exchange constructive ideas.

- *The Cherry Hill Grandparent Support Group* is a Baltimore City neighborhood-based group located in a public housing development. It meets monthly to provide an opportunity for caregivers to share ideas and network about issues and concerns. Some of the subjects they have focused on include how to cope with HIV and drug addiction when it affects the birth parent, and creative ways to get respite through mutual exchanges of time and resources.

- *The Kennedy-Krieger Institute Grandparents' Support Group*, also in Baltimore City, meets on a biweekly basis. It is chaired by a grandparent, with staff support provided by the Institute, and has been operating for eight years. Group members originally came together because the children in their care were coming to the Institute for therapy associated with being abused. Transportation is provided for participants, and the information presented at meetings is often arranged by the Institute. The group allows grandparents to gain a better understanding of some of the problems and behaviors their grandchildren exhibit, and to offer one another emotional support and information.

- *Grandparents Supporting Grandparents* is a group that has been established by the Baltimore County Department of Social Services to help relatives – nearly all grandparents -- who are caring for kin. The main goal of their monthly meetings is to provide support and information through the use of guest speakers and group discussion. The caregivers also have the opportunity to form relationships that might otherwise not develop, since many live a considerable distance from one another.

- *The West County Family Resource Project*, located in Anne Arundel County, has seven kinship groups that meet in sessions of 12 to 15 weeks. Younger children participate in day care center activities while kinship parents attend group meetings, workshops or classes. Support group meetings are held throughout the month, and the subject matter for each meeting changes in accordance with the needs of the participants.

- *The Grandparents as Parents (GAP)* group in Howard County includes a support group created to address the needs of kinship caregivers, especially those in the informal system. Their monthly meetings are focused on supporting the caregivers, developing a resource center, and advocating for early intervention for children born addicted to drugs. During their meetings, they discuss caregiver issues and concerns, and work on solutions for problems as they arise. Because access to services is limited for informal kinship families in Howard County, they must rely on their own experience and ingenuity to resolve many of their problems.

Community-based services

This category includes programs and services that are offered through organizations and agencies working at the community level. These provide services to all segments of the population, but have redirected their resources or enlarged their focus to help kinship caregivers and their children.

- *The Office on Crime Control and Prevention* has developed a project called "Hot Spots" that pays extra attention to locales with high rates of crime and delinquency. As they target specific areas, they sometimes provide support for kinship group initiatives.

- *The Maryland Intergenerational Coalition* was founded in the spring of 1998 by the Maryland Department of Aging and the Ready-At-Five Organization. The Coalition has two objectives: to help five to seven communities create intergenerational programs, and to convene a forum to share information and inspire the development of these programs. The group has held conferences for the past three years, and now produces a statewide newsletter.

- *The YWCA-Grandparents Program in Anne Arundel County* operates four special programs for kinship families that focus on socialization, networking, support groups, and child day care. They offer a program called Kinship Moms & Tots that allows parents, including relative parents, to bring their children to a day care program while they learn to improve their parenting skills.

- *United Seniors of Maryland* is a coalition of nearly 30 organizations working to improve conditions for senior citizens across 24 jurisdictions. The coalition's purpose is to influence public policy, draft and support legislation of interest to the needy, especially the aged, and encourage members to become active in initiatives that support program goals. United Seniors have actively supported kinship care legislation, the most recent example being educational consent laws.

<u>Government or privately sponsored programs</u>

These include programs that a government and/or private agency has funded, and existing programs that have been expanded or changed to include kinship caregivers. Kinship families in the formal system have received most of the services, though in some situations families in the informal system have been referred. The problem is not necessarily one of exclusion: many families in the informal system are not aware of the services that are available, or are not referred. The programs we visited represent the wide variety of kinship family resources offered in different parts of Baltimore's metropolitan area.

- *The Family Tree* is a statewide organization that helps families prevent child abuse and neglect. It offers a 12-week parent education program that emphasizes models for improving behavior. Parent support groups use the

Parents' Anonymous Model of self-help to train parents as leaders. The Family Tree also has children's support group and a 24-hour family stress line for crisis intervention, information and referrals.

- *The Annapolis Resource Center* is operated by the Anne Arundel County Department of Social Services. It does not have a formally organized kinship care service population, but kinship families may participate in the same programs that are offered to biological parents. It's currently estimated that about 10 percent of the participants are relative caregivers.

- *Anne Arundel County Family Preservation Service* is a single, focused service delivery system that offers support to kinship families. The system has six objectives that are:

  - available to all family members
  - goal-oriented and time-limited
  - available 24 hours a day, seven days a week
  - home and community based
  - designed to build on family and community strengths
  - designed to include family members as part of the problem solving team

  Services include training, counseling, psychological evaluations, medical care and assistance with financial needs. Access to family preservation services is given the first time an individual contacts the agency, and is offered before there is any court or formal involvement. Except in situations where there is risk of harm to a child, all families begin receiving services through the family preservation program.

- In *Baltimore City, Family Support Centers* have developed as a network of services attached to 13 Family Resource Centers focused on welfare-to-work. A staff member of one of the resource centers refers families, who are often looking for financial assistance, to a Family Support Center. These families are not willing or eligible to go through the certification process to become a licensed foster care provider. The center usually offers crisis intervention and support services in one of several ways: through intensive family services, called "Families Now;" through the use of flexi-dollars; or through referrals to other services such as day care. Sometimes referrals are made for "camper-ships" for children, or tutoring, mentoring or health services. Occasionally assistance is given with household repairs when meeting this need will prevent out-of-home placement.

Baltimore City appears to have the widest range of programs available for kinship caregivers. Although government-sponsored services could be provided in other jurisdictions, most do not yet offer them. For example, in Baltimore City there is an option for kinship caregivers in the formal system to become restricted foster parents. This allows them to receive all of the support services available to foster parents, while limiting their status as foster parents to the care of children who are related to them. While this seems like a very useful arrangement, other jurisdictions have said that their lack of staff makes it difficult to offer these services.

The Baltimore area in general seems to have a variety of programs and services for kinship caregivers in the formal system, but caregiver access is a problem if the services are inconveniently located. Suburban counties have only limited resources to establish authorized programs, while in Baltimore City kinship families are not being referred to services or are unwilling to participate. The entire metropolitan area has insufficient resources for families in the informal system. There is clearly a need for Baltimore City and the metropolitan counties to work more closely together to share information and find ways to jointly offer services.

Kinship care services in *Philadelphia and Pittsburgh, Pennsylvania*

The Commonwealth of Pennsylvania is not unlike other states that are struggling to figure out ways to help thousands of relatives caring for kin. As is the case elsewhere, the highest numbers of relative caregivers are in the state's two largest urban centers, Pittsburgh and Philadelphia (see Chart 2, page 12). These two cities have been included in this project because they represent jurisdictions where some innovative approaches to meeting kinship family needs have been developed.

Overview of state efforts to provide kinship care services

In the Commonwealth of Pennsylvania, kinship care has been defined as "someone related within the first, second or third degree to the parent or stepparent of the child who may be related through blood or marriage and who is at least 21 years of age."[35] During its 1999 legislative session, the General Assembly recognized the need for a dedicated program and passed legislation that established a Kinship Care Program in the Department of Public Welfare. At the same time, the legislature gave relative caregivers in the informal system the

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[35] The General Assembly of Pennsylvania, House Bill No. 1049, Session of 1999, Committee on Aging and Youth, March 1999.

power to consent to medical and mental health treatment for children in their care. These acts demonstrated that the Commonwealth recognized the importance of kinship families, and was willing to try to provide them with greater statewide resources. While no new funding was made available, local governments were encouraged through their Departments of Public Welfare to find ways to develop kinship family services.

Approach to providing kinship care services

Philadelphia

In Philadelphia, in the early 1990's, local government joined forces with private agencies and citizens to address the needs of kinship caregivers. A National Kinship Care Conference was held in Philadelphia in 1993, and in March 1995 the Philadelphia Task Force on Kinship Care was formed to act on recommendations from the conference. The Task Force was made up of individuals from public and private service providers, local government, and representatives from constituent groups in the city. It launched a campaign to encourage the development of kinship family resources and support systems at the community level, especially for families outside formal government systems.

The Temple University Center for Intergenerational Learning conducted an assessment of the needs of kinship families, and found that the most pressing needs of those in the formal and informal systems were quite similar. Both groups put after-school programs, homework and tutorial programs, and affordable day care at the top of their lists.

This assessment led to a long-range plan for supporting relative caregivers in Philadelphia. It began with an umbrella coordinating body, the Grand Central Kinship Care Resource Center, which could support smaller organizations. The center represents an innovative approach, especially for families in the informal system. It has built a community-based family support system by linking government and private agencies. These multiple connections allow it to work efficiently with grassroots organizations, gather information, share resources and offer technical assistance at the neighborhood level.

Pittsburgh

In Pittsburgh more energy was directed towards involving the private sector in services for formal and informal kinship families. This response grew out of a settlement in a consent decree in 1989. After an initial effort was made by a child welfare agency in Allegheny County, services for kinship caregivers in the

formal system were contracted to the private sector. As a result, in 1994 a private not-for-profit agency was created: A Second Chance, Inc. (ASCI). ASCI is now a major provider of services to relative caregivers in the formal system. It is also making a large contribution to services being developed for families in the informal system. ASCI will be described in greater detail later in this report.

While Philadelphia and Pittsburgh have used different approaches to respond to kinship families, they have each recognized the need and created support systems in their communities. Neither jurisdiction has managed to launch the kind of massive effort it would take to serve the entire kinship family population in an all-encompassing way. But together, their methods reach a good percentage of kinship families. The most intriguing possibility to emerge from the research on these two cities is that if they could find a way to combine their approaches in both cities, they would truly begin to meet the needs of all relative caregivers.

Information and referral services

An interesting part of researching these programs was learning how they gather information. The Grand Central Resource Center went directly to the various support groups that operate throughout the city, and asked them to submit any information they had about existing resources. The results were used to create a database that allowed the information to be shared citywide. As Grand Central tapped into neighborhood groups, it was able to spread the word about resources that might otherwise be underutilized, and to help overcome problems associated with access.

- *The Grand Central Resource Center* is an organization that brings together a consortium of community-based and public agencies, family members, and community leaders in Philadelphia. It has taken on the responsibility of developing and supporting family-focused services at the neighborhood level. One of its missions is to share information with various kinship support groups and related organizations throughout the city. It also spends considerable time referring caregivers and their children to the right resources. One of their key services is acting as a center for practical kinship family information on many topics: legal matters, legislation, housing, physical and mental health, and social services. They make this information available through the use of fact sheets, community newsletters and workshops, training sessions, public service radio programs and an on-line computer database.

Kinship self-help and support groups

The support groups described below are examples of how groups can develop from different perspectives. Both are located in Philadelphia, but are representative of groups that can be found in other parts of the Commonwealth.

- *Super Grandparents '93, Inc.* located in the Abbottsford Homes area of Philadelphia, is a group of grandparents caring for their grandchildren. It was established in 1993 with the goal of working together to keep kinship families intact and grandchildren out of the child welfare system. They have established regular activities and events, including ones that focus on:

  Their children's success in school
  Peer support provided by the exchange of information among grandparents
  Special care for elders focused around social events that encourage and support them
  Cultural awareness activities
  Information and referral services

- *Grandma's Kids* is an after-school program for children in the third and fourth grades who are being raised by a grandparent or other caregivers. The school-based program is sponsored by the Center for Intergenerational Learning at Temple University, with funding from the Philadelphia Department of Human Services. Its main goal is to improve the children's school performance and to help keep them away from drugs and violence. Services provided include:

  "General tutoring and help with homework
  Life skills training
  Group counseling
  Participation in cultural and recreational events
  Information and referral services
  Summer camps
  Support group meetings for caregivers"[36]

  Because the program is school-based, Grandma's Kids takes advantage of a rarely tapped resource: teachers who spend time with the children five days a week and can recognize unmet needs. It uses this early window of

[36] "Grandma's Kids: An Intergenerational Prevention Project," Temple University, Center for Intergenerational Learning, Philadelphia, Pa., October 2000.

opportunity to deter children from drug use and other forms of violent behavior, while working to strengthen their families.

Community-based Services

The programs listed below are being carried out on a neighborhood level, and often act to coordinate local services as well as provide them. This is especially helpful for kinship families in the informal system.

- *The Kinship Community Collaborative* is a neighborhood-based coalition formed to provide services to kinship families in Allegheny County. Its efforts are directed at helping birth families, and preventing the need for their children to enter the formal system. The collaborative's work supports relative caregivers, particularly in those situations where the birth parent maintains some connection to the child or children.

- *The Grand Central Kinship Care Resource Center* acts as the coordinating body for 34 partners. Its mission is "to bring together a consortium of community-based public agencies, family members and community leaders to develop effective, family-focused kinship care services."[37] Funding is provided by grants from the federal government, foundations, and local government agencies. The center's services include:

  "Information and referral services
  Public information and educational materials
  Neighborhood training for support groups
  Technical assistance to communities that want to develop support groups
  Dissemination of material about projects within Philadelphia and around the country
  Planning and sponsoring conferences for support groups and others working in kinship care"[38]

- *Unami Summer Camp* was started by the Grand Central Resource Center in 1998 for children and their relatives in the Philadelphia area. The camp is held for one week in August in the Pocono Mountains of Pennsylvania. Seventy-two campers, staff and trainers enjoy an intergenerational experience; caregivers get respite, and everyone participates in creative recreational events. All of the camp's activities are designed to incorporate some form of therapeutic process to help the children deal with issues such as

[37] "Kinship Care Fact Sheet," Grand Central Kinship Care Resource Center, Philadelphia, Pa., 1995.
[38] Ibid., "Kinship Care Fact Sheet."

anger management and emotional stress, and to improve their physical and mental well-being.

- *Harrison Community Center* in Philadelphia is a kinship care senior network of about 40 to 50 participants and children located in a neighborhood center where weekly workshops are held. In addition to a regular support group, the center provides information and service referrals with a structured follow-up process. This unique feature helps ensure that families do indeed use the resources to which they have been referred.

- *The Community Advocates' Association for Children and Youth, Inc. (CAACY)*, located in Philadelphia, is a private not-for-profit agency created to provide preventative and rehabilitative services to families in three public housing projects. Its ultimate goal is to prevent the placement of children in non-relative homes. One of its projects, called GrandMom, uses a social service team to work with grandmothers in individual and group sessions that focus on issues such as stress reduction and support service referrals.

Government or privately sponsored programs

The programs reviewed here are examples of services developed by a government initiative or local government agency, or made possible by legislation. We have focused on those that have the potential to help kinship parents in both the formal and informal systems.

- The State of Pennsylvania established the *Subsidized Permanent Legal Custodianship (SPLC)* program in 1998 (Act 126). It allows county child welfare agencies to "continue to provide payment to families that became permanent legal custodians of children who were previously in the legal custody of the agencies. To be eligible the child must be adjudicated dependent and placed in the legal custody of the county agency for at least six months and must be residing with the legal custodian for at least six months."[39] Although this program has been authorized since 1998, the issues that developed with funding and the regulations have slowed down implementing the program.

- A Second Chance, Incorporated (ASCI) is a private, community-based, not-for-profit kinship foster care agency developed exclusively to provide kinship care services in Pittsburgh (Allegheny County). It was created when a

[39] "Permanent Legal Custodianship Pilot Project," Philadelphia Department of Human Services, Philadelphia, Pa., 2001.

decision was made to contract out services for kinship families. In 1989 it began offering services that now include:

Enrichment workshops that complement the 24 hours of required training for kinship caregivers: in-home training is provided for caregivers who cannot attend the training, and day care is provided for caregivers during training when needed

Home visits twice a month until the home is licensed

Kinship strength assessment for each member of the triad (birth parent, relative caregiver and child) that is combined to form a family assessment

Weekly in-home visits by caseworkers

Other support services, including respite care and peer support groups

Advocacy services provided by a senior kinship caregiver, and made available through an agreement with the Department of Aging

Transportation services when needed

Summer camp programs for children between the ages of six and 14, and a weekend intergenerational camp done in conjunction with the Family Resource Agency"[40]

- *The Parents' Action Network (PAN)* is an organization of the Children and Youth Agency of the Philadelphia Department of Human Services. It offers 12-week group sessions for parents whose children have been placed in foster homes, group homes, or with relatives. The groups are used to help family members whose feelings about giving up their children are unresolved, and who need to work through their emotions to make it easier for their children to adjust to their current living environments. On-site day care is provided so caregivers can be free to participate in discussions and activities. DHS social workers guide the discussions; one grandparent has also been trained as a facilitator.

- *The Office of Family Centers*, a partnership between city government and Presbyterian Children's Services, has created 19 centers throughout Philadelphia. Seventeen are located in public schools, and two are in other community sites. These centers provide support groups, case management,

[40] "Kinship Foster Care," A Second Chance, Inc., Pittsburgh, Pa., 1994.

home visitation, and crisis intervention services for families, including kinship families.

In summary, there are a number of good programs providing services to relative caregivers in Philadelphia and Pittsburgh. In Philadelphia, a lot of attention has been focused on building a strong support system for kinship families at the neighborhood level. Some services are being provided for formal kinship families, who have chosen to complete the licensing process and become part of the kinship foster care program, but it's the approach to informal families that is truly noteworthy. The strong communication being developed between caregivers and coordinating agencies is creating a responsive system that allows caregivers to take full advantage of available resources. It's also worthwhile to look at the way a private agency in Pittsburgh is designing services that can work for families in both the informal and formal systems. When services are developed for kinship parents in the formal system, where it is possible, the service is extended to kinship parents in the informal system. Sharing information through the support groups is one way this is done. Both approaches are much needed, and have the potential to raise kinship family services to a new level if they can be combined in each city.

Kinship care services in *Atlanta, Georgia*

In Georgia, the government has only recently begun to develop kinship family services. The private sector has been about the work for a little longer period. As is true elsewhere, the largest concentration of its relative caregivers is in the state's metropolitan areas: Atlanta and Fulton County. For the purposes of this project, we have focused mainly on Atlanta. However, we have also included material from service providers in DeKalb County.

Overview of state efforts to provide kinship care services

Legislation recently passed by the Georgia legislature, the Relative Care Subsidy Program (RCS), is intended to create a permanency option for children placed in the care of a relative. RCS is a step forward by the state: a concrete demonstration of its willingness to assume greater responsibility for initiating services that help kinship families. Before this, most of the efforts geared toward helping these families were coming from the private sector or through specially funded projects outside of state government.

In Atlanta there is a federally funded project operated by Georgia State University, "Project Healthy Grandparents," designed to help grandparents caring for children. Outside Atlanta, in DeKalb County, the Cooperative Extension Service has started a Kinship Parenting Education Program to help support relative caregivers. Both of these programs will be described in more detail later in this report.

Approach to providing kinship care services

There does not appear to have been a big push from the government or the private sector to develop services for relative caregivers in Atlanta before the late 1990's. Some efforts were made by private agencies willing to refocus their services or expand their programs to help kinship families. The traditional view not unlike the thinking that exists in other parts of the country has been that relatives should take care of their own and not rely on the government for support while caring for kin. However, that view seems to be changing now as evidenced by the recent legislation.

It is worth noting that Atlanta, like Pittsburgh, is looking more toward the private sector to provide services for kinship parents even when funding might be available from government sources. That approach appears to be true whether that comes in the form of help with programs like adoption, post adoption support or other services.

Information and referral services

Throughout the U.S., relative caregivers continue to ask for a system that gives them easy access to information and referrals to community resources. The ideal system would be simple and comprehensive: a single telephone number that provides an immediate response on a 24-hour basis. In Atlanta there is already an effort underway to provide this kind of service for adoptive parents, and consideration is being given to expanding it to include relative caregivers.

- *The Giving Tree*, a private adoption agency, recruits, trains, and provides other education to prospective adoptive parents. Its services cover pre and post adoption support. The agency also operates a 24-hour support and resource information telephone line called "The Georgia State Warm-Line. Set up for adoptive parents and staffed with trained volunteers, it offers an immediate response to parental requests for help or confidential emotional support."[41] Once the Warm-Line was up and running, it became obvious that similar

[41] Contact "The Giving Tree," Decatur, Georgia at www.TheGivingTree.org for additional information.

systems are needed for other populations. Planning is underway to create a version for relative caregivers.

Kinship self-help and support groups

The program described here is an example of a support group designed to assist children in kinship families. This kind of resource is very important for relative caregivers, but groups that focus specifically on children's issues are still in short supply across the country. When we interviewed children, a number of them suggested that groups like this would be a significant help to them and at one of the Casey Family Program sites youth actually helped to start such a group.

- *The Saturday Youth Academy* is a program operated as part of Project Healthy Grandparents. It offers grandchildren group support, a resource for information, and the opportunity to participate in cultural events. This kind of support system offers the youth a forum to share their experiences, to discuss common problems and to reap the benefit of suggestions for help from experienced and caring adults.

Community-based services

The programs included here are examples of agencies that already provided service to foster parents, but decided that they could broaden their reach to include relative caregivers. They demonstrate how people can naturally transfer what they learn from working with one group to a similar population. This can be viewed as applying the principle of economies of scale to benefit much larger numbers of people.

- *Roots*, a private not-for-profit adoption agency in Atlanta, was founded in 1992 to respond to the city's need for adoptive homes for African American children. Recently Roots decided that it could serve kinship families as well. Since a large segment of the kinship family population is African American, much of the training given to adoptive parents is also appropriate for relative caregivers. The staff will be able to reach further into the community and help families with similar needs simply by applying what they already know, and the expanded program will continue the process of ensuring stability and permanency for more African American children. Roots is willing to begin the process, but their ability to move forward depends on securing additional funding.

- *Project Healthy Grandparents (PHG)* is operated by the College of Health Sciences at Georgia State University in Atlanta. The project is an "interdisciplinary, community-based intervention service with specific

objectives to improve the social, psychological, physical and economic well-being of grandparent-headed families."[42] It serves low-income African American grandparents caring for relatives. Social workers, registered nurses, tutors and attorneys provide counseling, mental health and other health care, early childhood education, housing services and referrals to public benefits. Parenting classes and parenting support groups are held monthly, with transportation and child care provided for participants.

Government or privately sponsored programs

The programs described below include examples of existing services that have been modified to work for relative caregivers. The state program is similar to those of other state agencies: it serves relative caregivers in the formal system, and is intended to speed up permanent placements in keeping with the Adoptions and Safe Families Act of 1997 (ASFA – P.L. 105-89).

- The DeKalb County Cooperative Extension Service operates a kinship foster care program whose mission is to provide "parenting education, training, and support to foster care and kinship care families at-risk for abuse and/or neglect through training, support groups and in-home visits. The goals of the Kinship Foster Care Program are:

    - To reduce and prevent the number of out-of-home placements.
    - To assist families in creating a safe and nurturing environment for their children.
    - To empower parents in becoming resourceful by accessing existing services in their communities.
    - To foster positive parent-child relationships by enhancing both the parent's and child's development.

    Included in the parenting education component of the service are,

    - Home visitation where parents are taught by providing guidance on child development, parenting and disciplining.
    - Readiness training to assist the kinship parent with preparing for school conferences, court hearings and reviews.
    - Family Support Groups to teach additional parenting skills, how to reduce isolation, share experiences, and build trust and self-esteem.

[42] "Children Raised In Intergenerational Families: Project Healthy Grandparents," Journal of Gerontological Nursing, Kelley, Susan J., Beatrice C. Yorker, and Deborah Whitley, September 1997.

- A Super-Saturday special training project that is conducted to teach child-care as well as an opportunity for the parents to fulfill the training requirements for their licensing.
- Brunch and Learn are bi-weekly training sessions for foster and kinship care parents to interact with other parents and to acquire training at the same time.
- Children's Corner is a special opportunity for children to interact with each other and their parents with the goal of strengthening relationships."[43]

The DeKalb County Kinship Foster Care Program differs from the others in that it regularly sends social workers and visiting nurses into the homes to provide counseling and on-site instruction for foster parents. Its staff also does on-site parenting education and training for people who want to become kinship foster parents, but are unable to come to the central site for the sessions. The exceptional result is that both programs have a very high rate of success: 85 to 90 percent of the caregivers complete the required training.

- *The Relative Care Subsidy (RCS) program* was established to "provide another permanency plan option for children in agency care by transferring permanent legal custody to approved relative caregivers. The criterion that was established for participation is as follows.

  - Children must have or must obtain a non-reunification plan.
  - Must participate in a comprehensive child and family review (includes a family conference and an evaluation of the home).
  - Must complete drug screening and have a criminal background check and a complete medical.
  - Must agree to an annual agency review and a 3-year court review.

  Participating relative caregivers after making an application and meeting the eligibility requirements can receive a monthly payment equal to $10 per day per child that may continue until the child reaches age eighteen. While the program will be implemented through contracts given to private providers payments will be made by the state agency. This does not preclude the relative from adoption as a permanent option if preferred."[44]

[43] "Kinship Foster Care Program," The University of Georgia Cooperative Extension Service in DeKalb County, Decatur, Georgia.
[44] "Relative Care Subsidy," State of Georgia, Department of Family and Children Services, Policy Release.

The Relative Care Subsidy program is an effort by the Georgia Department of Human Resources to begin improving services to kinship families. It allows the agency to transfer the custody of children from the state to their relatives, and to provide at least a little financial aid. The state intends to develop a group of private providers to help counties implement the RCS: this group may be involved in comprehensive family assessments, family conferences, and home visits. The RCS is a positive step on the part of the State of Georgia toward supporting successful kinship care.

As Atlanta begins to increase its efforts to help relative caregivers, it seems to be following a trend evident in other parts of the country by relying heavily on the private sector to provide services. More work is needed to develop coalitions among private and government agencies to map out a plan that can maximize joint resources.

Kinship care services in *Los Angeles, California*

California has been among the more progressive states in developing services for formal and informal kinship families. As is the case in most large states, the highest percentage of kinship families in California live in urban centers. Los Angeles County, which contains 30 percent of the state's children, has 47 percent of its kinship foster care placements. We have focused on services for relative caregivers in the Los Angeles area.

Overview of state efforts to provide kinship care services

In California, "formal kinship care is fairly common in all of the counties with large urban centers such as Los Angeles, San Diego, Sacramento, Alameda (Oakland), and San Francisco. Informal kinship care tends to be higher in those counties that have a higher percentage of Hispanic families such as Imperial, Tulare, Fresno and Los Angeles Counties. California counties with a higher prevalence of kinship foster care also have the largest percentage of African American children (Alameda, San Francisco, Contra Costa, Sacramento, and Los Angeles), and African American children are indeed over-represented in their

formal kinship caseloads. Only one California county with a high African American population, Solano County, has a very low kinship foster care rate."[45]

The 1999 Government Accounting Office (GAO) Report indicated that "in 1995, fifty-one percent (51%) of the 74,133 foster children in California were in kinship care."[46] Around that time, California began taking steps to improve services to this growing population. In January 1998, it began using a more complete assessment process to ensure the safety and quality of relative placements, and also implemented a kinship adoption program.

Los Angeles County has the state's largest concentration of kinship families. Within the county, South Los Angeles accounts for more than 80 percent of the children removed from their homes. South LA consists of about 200,000 households, most of them low-income. As is the case elsewhere in the country, kinship families in the informal system here can have a tough time getting services. Even though California has worked on this problem since the 1990s, key support services such as counseling and tutoring are still hard to obtain.

In January 2000, the State of California funded Kin-Gap legislation. This program has opened the door to more help for kinship families, especially financial assistance for relatives who become legal guardians. But the Kin-Gap program only addresses the needs of caregivers in the formal system, and does not recognize the larger group of informal kinship families. Los Angeles County has implemented Kin-Gap along with other relative caregiver services.

Approach to providing kinship care services

In the 1990's, the Commission for Children and Families (Department of Children and Family Services) and the Juvenile Court conducted a study of the care and safety of foster children living with relative caregivers in Los Angeles County. After reviewing this study, the Department of Children and Family Services (DCFS) released a report titled "Response to Relative Caregivers Task Force Report."[47] This report created a blueprint proposal for the agency's approach to kinship families. The county began restructuring the agency so it

[45] Harden, Allen W. and Karen Maguire and Rebecca L. Clark. "III. Formal and Informal Kinship Care: Levels and Patterns in Four States." Chapin Hall Center for Children at the University of Chicago and the Urban Institute for the Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, June 1997.
[46] "Foster Care – Kinship Care Quality and Permanency Issues," Report to the Committee on Ways and Means, House of Representatives, Government Accounting Office, May 1999.
[47] "Response to Relative Caregiver Task Force Report," Anita M. Block, Director, County of Los Angeles, Department of Children and Family Services, January 2001.

could do a better job of meeting these families' needs. Its strategic plan emphasized providing services for relative caregivers in all of the agency's divisions, but early indications seem to reveal a greater reliance on the private sector and neighborhood organizations.

Information and referral services

As is true in the other three states and jurisdictions caregivers in California also expressed an overwhelming need for simple access to information and a referral process that put them in contact with existing resources. The Los Angeles County Department of Children and Family Services has been instrumental in setting up one such service.

- *Grandma's House,* a program directed by the Los Angeles County Department of Children and Family Services, is a kinship family resource center. Its mission to educate and support relative caregivers, and empower them to speak up on issues of concern. It is set up to offer information and referrals, and to respond immediately to family emergencies at the neighborhood level.

Kinship self-help and support groups

A number of support groups have started up in the Los Angeles area to help relative caregivers network, share common concerns and pool their resources. Several have been organized by Grandparents As Parents, Inc.

- *The Grandparents As Parents Support Group in Sherman Oaks* has been developed specifically for kinship families. Members represent a cross section of ages, races, and ethnic and cultural backgrounds. The group meets once a week, with an average attendance of 12 to 15 people, and provides the following services:

    - Networking around common issues and problems
    - Respite and other short-term relief services for one another
    - Practical methods of obtaining furniture, clothing, and other goods and services

A unique feature of this group is that they are part of a coalition of support groups, under the auspices of Grandparents As Parents, Inc., that shares information and the resources each group develops. Some of their activities include the entire coalition, so that everyone can take advantage of information and opportunities, as they become available.

Community-based services

Both the government and private agencies in Los Angeles agree that it's vital to establish kinship family services at the neighborhood level. The city has a long history of community advocacy on behalf of families and children, and as kinship care has become more widespread, many existing coalitions and community organizations have begun focusing their attention on ways to help.

- *The Community Coalition* is a neighborhood-based organization established 13 years ago in South Los Angeles. Its goal has been to change the social and economic conditions that foster crime, addiction and violence. Over the years it has taken on other issues affecting the families in their communities, and its most recent effort has been advocating that the current foster care system be changed to "Family Care." The Family Care system would merge all care for children into a single system, and emphasize family care no matter where the child is residing. The belief is that through this approach, more services such as financial help, counseling and tutoring would be open to relatives caring for children.

- *The Prevention Network Providers Association (PNPA)* is an alliance of human service agencies and organizations that was created to provide alternative ways for the community to increase family services. Its next campaign is aimed at having the services available to relative caregivers be the equivalent of those offered to foster parents. The association intends to develop leaders from community participants, including caregivers, who can become advocates on their own behalf.

Government or privately sponsored programs

In October 2000, the Relative Caregivers Task Force released a report that identified the critical unmet needs of kinship families. By January 2001, the Los Angeles County Department of Child and Family Services responded to the report by developing a plan to help relative caregivers. The plan lays out the direction that local government will take. Some of the programs described in this report are part of the DCFS strategy.

- *Kin-Gap (Guardian Assistance Payment Program)*, launched in January 2000, provides financial assistance to relative caregivers that have legal guardianship and have met the requirements for kinship foster care. Relatives are trained in conjunction with local community colleges. After completing the requirements, the family can exit the system and continue to receive payments.

- *Service Planning Areas (SPAs) Resource Centers* are now being developed to provide a variety of services for kinship families in the informal network. They provide emergency aid and some supplemental support services, including recreation, child care and respite services. Two centers are up and running: one in the northern part of the city, and one in the south. The long-range plan is to have centers in all of the nine Service Planning Areas.

Although Los Angeles has not been able to reach all relative caregivers in need, it has listened to caregivers, come up with a variety of services and vested much of the responsibility for delivering them in neighborhoods, either through private agencies or community partners. By proceeding this way they are answering one of the concerns of relative caregivers - to make services more accessible.

Kinship care services at the *national level*, in *other selected jurisdictions* and in The *Casey Family Programs*

In addition to the five urban centers we chose to review, we gathered information about some national organizations that have been advocating for better kinship care services, visited several programs in other locations, and held discussions with key individuals from those programs. We also visited three Casey Family Program sites. What follows is a look beyond our five selected sites at other work that's advancing the well being of kinship families.

National efforts

The American Association of Retired Persons (AARP) was founded to support and speak up on behalf of people age 50 and older, and its membership includes grandparents raising grandchildren. It has taken a leadership role in identifying the needs of caregivers, and in raising national awareness of the problems facing kinship families. The organization serves its constituents through "information and education, advocacy, and community services provided through a network

of local chapters and experienced volunteers throughout the country."[48] It was instrumental in founding *Generations United (GU)*, which is "the only national non-profit membership organization whose mission is to promote intergenerational public policies and programs."[49] GU publishes and distributes information on relative caregiving, tracks state laws and programs, educates federal policy makers, and provides technical assistance and training to professionals working with kinship families. Both AARP and GU have made tremendous strides in publicizing and supporting kinship care.

The Brookdale Foundation is another highly instrumental organization at the national level. The *Brookdale Relatives As Parents Program (RAPP)* is a national program developed to deliver information to kinship caregivers. "In 1996, the Foundation established the RAPP grants initiative, a program that aims to encourage and promote the creation or expansion of supportive, community-based services for relative caregivers and to enhance the capacity of community and state agencies to respond to the needs of caregivers and their families. The program awards $10,000 seed grants over a two-year period to local community agencies to provide direct accessible services to caregivers and to state agencies to address the broader issues impacting the caregivers and children, with special emphasis on those outside the formal foster care system."[50] Brookdale's work is playing a pivotal role in the development of services for relative caregivers, and places an unusual and extremely welcome emphasis on the creation of programs to aid kinship families outside the formal system. In addition to grants, the organization provides technical assistance to states and sponsors a National Training Conference to increase awareness of kinship care issues.

Other *programs of interest*

Programs that address a special need, or use a different approach to deliver services to relative caregivers, are also worth mentioning here. They are grouped in the same categories as those used for the five selected sites.

Information and referral services

- *The Cuyahoga County, Ohio Community Navigator Service* is a "short-term coordination service for caregivers. Community Navigators serve as family

[48] State Laws and Regulations Affecting Grandparent and Other Relative-Headed Families. AARP and Generations United. D17261. LEGS5716. September 2000.
[49] "State Laws and Regulations Affecting Grandparent-and other Relative-Headed Families," AARP & Generations United, D17261, LEGS5716, September 2000.
[50] "Relatives as Parents Program, The Brookdale Foundation Group," New York, 1999, or E-mail: bkdlFdn@aol.com.

guides and advocates for grandparents and other kinship caregivers, and provide connections to services that include health, education, financial assistance, and legal aid. With the exception of legal and respite services, there are no eligibility requirements. The Navigators give kinship caregivers information about local resources and link them to the programs they need. Thoughtfully designed educational and training initiatives help caregivers become better advocates for themselves and their families."[51]

- The *Illinois Task Force on Grandparents Raising Grandchildren* was established by the Illinois Department on Aging with the mission "to identify issues and needs of kinship caregivers and to impact on services and programs at all levels of government."[52] Some of the Task Force's major projects were the development of a resource guide called "Starting Points," and the creation of a series of "TIP" sheets. These TIP sheets provide one to two-page, easy-to-read instructions on a host of practical subjects such as proper use of car seats, applying for government services, childcare resources, and the importance of establishing paternity.

- The Illinois Department on Aging also supports the *Parent Help Line*: "a free confidential phone support service in Illinois that helps parents and caregivers of children identify problems and work together for possible solutions. The phone line, open 365 days a year, uses volunteers to talk with parents and share crucial information about services."[53]

While each of the programs offers information and referral services, they are especially noteworthy for designing their services to empower relative caregivers. Of course, the techniques involved must vary in order to match individual needs. But these programs are truly on the right track: the caregivers we interviewed for this report often said that they wanted to have information given to them in a way that would let them take action on their own behalf.

Kinship self-help and support services

Many consider self-help programs one of the best methods of supporting kinship families. They enable people to use information with a minimum of assistance, and to help one another through exchanging information about their own personal experiences. These programs are usually designed to make the most of

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[51] "Grandparent & Other Kinship Caregiver Initiative," Cuyahoga County Department of Senior and Adult Services, (www.cuyahoga.oh.us) Cleveland, Ohio.
[52] "Starting Points for Grandparents Raising Grandchildren, a Resource Guide with Information and Services for Grandparent Caregivers," Illinois Department on Aging, winter 1999.
[53] "The Tel-A-Grand," Schreiber, Margo E., Director, Illinois Department on Aging, spring 2001.

the caregivers' knowledge and willingness to share outcomes with others in the same boat.

We took a special interest in self-help programs that work at the program or agency level, and that emphasize the exchange of technical know-how and experiential information.

- The *Department on Aging* in the State of Illinois is making a major effort to build a network of community-based programs and support groups for relative caregivers. According to a report it released in 1999, it has 81 support groups statewide. The Department provides technical assistance to the facilitators of the groups, and fully intends to create more groups until every part of the state is covered. This kind of large-scale group network is a powerful way to provide kinship families with greater information and resources. The network can also become a framework for advocacy as common needs are identified.

Building a statewide network of support groups for kinship caregivers is a substantial investment on the part of Illinois' state government. The techniques they have used could also apply to linking other government agencies and groups.

<u>Community-based services</u>

Community-based services generally use existing resources located where kinship families live, rather than those that rely completely on government funding. What is most often needed is a way to expand the resource, either through funds or through the addition of other support services. We focused on programs that broadened access to a service by taking advantage of agencies, groups or organizations that were already in place, or that found a more creative way to use an existing resource.

- The State of Tennessee has a two-year pilot program called the *Tennessee Relative Caregivers Program (RCP)* intended to help relative caregivers with pressing problems. Its goal is family stability for children who cannot live with their birth parents. "Using TANF funds, the state contracted community-based agencies to provide services for relatives willing to take care of kin. Two-thirds of the relative caregivers in the program are grandparents, and half of the children in care have been with the relative since infancy. RCP services include individual and family counseling, legal services, financial aid, recreation, homemaker services, support group

participation, training, case management, and the filling of concrete needs such as beds and clothing."[54]

A major unmet need of many relative caregivers is affordable, appropriate housing. For many caregivers, bringing children into their homes means changing their living arrangements: moving to a larger apartment or home, with increases in rent and in additional maintenance. Very little is being done anywhere in the country to address this problem.

However, there is a program in Boston, Massachusetts that demonstrates how the problem can be dealt with when community and government work together. It has developed an excellent model for meeting the housing needs of grandparents caring for kin, which also pays attention to the social and support needs of the entire family. The program was designed using advice from grandparent caregivers, and takes advantage of existing community resources and government programs. Its sponsoring organization, Boston Aging Concerns – Young and Old United, Inc. (BAC – YOU), is a community-based, professional housing organization put together by volunteers from various local church congregations.

- "*GrandFamilies House* is a housing unit that opened in October, 1998. It is the first such housing in the nation specifically designed to meet the physical and social needs of grandparents who are raising grandchildren without parents present in the home. It has twenty-six two, three and four-bedroom apartments specifically designed for grandparents caring for their kin. It was funded using the federal tax credit initiative and with Section 8 housing certificates as an ongoing financial resource for the residents. In addition to on site day care, vans are available for transportation for shopping, medical care and field trips."[55] Other support services are available through the private agencies such as the YWCA Boston and the Parents' and Children's Services. This program is one of a series of affordable housing projects that have been developed in the Boston area for groups of people outside mainstream housing resources.

Another community-based agency that has developed a fresh approach to helping kinship families is the Edgewood Center for Children and Families. Located in San Francisco, the center serves families in the Bay area and throughout California. It was founded in 1851 as a refuge for orphans, and by the

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[54] "Relative Caregiver Program - Kinship Foster Care," The Tennessee Department of Children's Services, October 2000.

[55] "The GrandFamilies Program," Boston Aging Concerns – Young & Old United, Inc., Boston, Mass. Bacyou@mindspring.com, 2001.

1980s had expanded its services to include prevention and early intervention. This shift in emphasis set the stage for its current services for kinship families. The center collaborated with other public and private agencies to produce a series of educational and training programs focused on providing more support to relative caregivers and their children. This coordination of existing resources through the Kinship Support Network has meant that families enjoy much better access to services.

- *The Kinship Support Network (KSN)* "provides case management, family support and guidance, as well as an array of services to caregivers and their children. KSN community workers meet with caregivers in their own homes and at the agency to assess family needs and develop an individualized care plan. Some of the services provided are respite and recreation, emergency response, health care, transportation, family counseling, clothing, senior camp and mentoring and tutoring services for children. Services are provided through contracts, agreements, formal and informal collaborations with over sixteen agencies such as the Department of Health and Human Services, San Francisco Parks and Recreation and the San Francisco Police Department."[56]

Another example of a program designed to help relative caregivers in a highly specific way is a program in East Point, Georgia called Aid to Children of Imprisoned Mothers, Inc. (AIM). It is a private, non-profit, community-based agency that addresses the critical needs of the children and families of incarcerated mothers. In most situations, the grandmother is caring for the children while the birth mother serves her sentence. Because this is difficult for the children, problems occur, most often in their behavior and their adjustment to school. AIM has created a program to help the grandmothers understand, cope with and nurture their grandchildren.

- *The Guardian Angels* is a support network for relative caregivers. The grandparents have regular support group meetings that are arranged by AIM. These meetings give the grandmothers the opportunity to talk about issues and concerns that they have. AIM also helps them to access the resources and other support services that they need to care for the children while the mothers are imprisoned. Annually they sponsor a special luncheon to honor the grandmothers for their continued care of the children."[57]

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[56] "Kinship Support Network," Edgewood Center for Children and Families, San Francisco, Ca., www.edgewoodcenter.org
[57] "Overview of AIM," Aid to Children of Imprisoned Mothers, Inc., Sandra K. Barnhill, CEO, East Point, Georgia, www.takingaim.net

Government or privately sponsored programs

New approaches are being tried around the country at county and state government levels to meet the needs of relative caregivers. These are often in the form of pilot or demonstration programs. Many of them seem to be directed towards kinship families in the formal system, even though most kinship arrangements are informal. Some, however, are reaching out to informal relative caregivers. In El Paso County, Colorado, there is an example of a government initiative that allows informal kinship families to get help, maintain stability, and avoid coming into the child welfare system.

- *Partnering with Grandparents and Other Kin,* a program in El Paso County, Colorado, "provides kinship services to grandparents raising their grandchildren. It provides for increased financial assistance and support services to keep the extended family intact. It is designed to be a preventive service allowing grandparents to step into the situation before child welfare was contacted. Services are strength-based, voluntary and promote family autonomy. Child welfare staff were teamed with TANF staff to form a team specially designed to serve grandparents and other relative caregivers. They connect the families with community resources and used other flexible funding sources to assist families."[58] The program uses a combination of TANF and child welfare funding. Grandparent support groups have been established with the goal of connecting caregivers to community resources. Service delivery is tailored to each family situation, and designed to offer support outside of the child welfare system. A subsidized guardianship process has been put in place to help families who are already in the system become independent.

- *The Illinois Department of Children and Family Services Subsidized Guardianship Waiver Demonstration*[59] is a five-year demonstration of federally subsidized private guardianship as a permanency option under title IV-E. The Waiver Demonstration was approved in September 1996, and began operating statewide in May 1997. It has proven to be a successful approach to removing children from long-term foster care and into a legal, permanent living arrangement with relatives, with a continuation of financial and other support services. It is mentioned here because Illinois was the second state (after Delaware) to begin using this approach, and it's been very successful in moving children out of the child welfare system.

[58] El Paso County, Department of Human Services, Memo to the Washington Post, Barbara J. Drake, Deputy Director, Colorado Springs, Colorado, January, 1999.
[59] "Report on Child Safety and Permanency in Illinois for Fiscal Year 2000," Children and Family Research Center, School of Social Work, University if Illinois at Urbana-Champaign, April 2001.

- *Advocates for Relatives and Kids (ARK),* is "a grassroots organization for relative care. It advocates on behalf of relatives and children, and one of its goals is to help maintain relationships between children and their birth mothers under the difficult circumstances of incarceration."[60] Pulaski County, Arkansas initiated ARK, a pilot kinship support program, to assist mothers in prison and their children.

The programs mentioned here are only a sample of good kinship family programs throughout the country. They represent a cross-section of programs being developed through a combination of public and private resources. Some are experimental, while others have operated successfully for years. What we can gain from looking at all of them is a vision of what an effective service system for relative caregivers could look like. One such system is proposed in the last section of this report.

Casey Family Programs kinship care services

The last kinship care service programs described in this report are those of The Casey Family Programs (CFP). We visited three Casey divisions: San Antonio, Texas; Bay Area (Walnut Creek), California; and Baton Rouge, Louisiana. In all three places, kinship services were undergoing a change. Casey was in the process of reviewing and in some situations restructuring its services to kinship families. Kinship families that are a part of the formal system continue to receive services. However, of concern to the sites visited was the future status and support to those families in the informal system. Some of the Casey sites had been accepting informal kinship families for services. However, there was underway a review of the policies with respect to kinship services. Families who were already in the system will continue to receive services until they were no longer needed, but no new families were being added. For the most part services being described here are offered to relatives who are part of a formal foster care program.

In all three locations, Casey staff recognized the need to help families in the informal system and were trying to find ways for the agency to become more involved in the community. It was agreed that sharing information through intensified local participation could ultimately help caregivers outside of Casey.

Of the three Casey agencies, the San Antonio office was the most actively involved with local agencies that provide services directly to relative caregivers.

[60] "Arkansas Voices," A Statewide Coalition for Mothers in Prison and the Children They Leave Behind, Volume 1, Number2, July 2001.

San Antonio Division

There are currently two ways that relative caregivers can be a part of the San Antonio service system. They can become a part of the Texas Department of Protective and Regulatory Services and Casey Collaboration - Comprehensive Relative Enhancement Support and Training Program (CREST) or they can help a teenager they are caring for become involved in the Transitional Services Program. In the past kinship families were included in the traditional long-term foster care program after being referred by the state child welfare agency.

As was true with traditional foster care placements, kinship families are required to have their homes inspected, be licensed as foster homes, and complete the agency's training requirements. The children placed in kinship homes are under state conservatorship, and generally remain there until they exit the system through adoption or emancipation. When they reach the age of 16, they can move into the Transitional Services Program. At one point up to forty-five percent of the long-term cases that were served in the San Antonio program were kin. Now through attrition the percentage is down to thirty percent. The Casey program is no longer accepting kinship caregivers into the long-term foster care service. The Casey program does continue to provide the traditional foster care services.

- *Traditional Foster Care Services* - In Casey's traditional foster care program, families and children receive social work counseling, case management services, training in parenting skills and communication, facilitation of visits with birth parents, and services for children such as camper-ships, tutoring and educational support. These services are easier to access and more concentrated than usual because caseloads are kept at a small size, usually no larger than 12. The staff works closely with relative caregivers throughout the family development and training components of the program. This is only provided to those who have been referred by the state agency, and it is the same as the training for traditional foster parents.

- *Transitional Services* - Casey has always found ways to help youth manage transition as they leave the agency, but in recent years the process has become more structured and comprehensive. It has recently developed a Transitional Services Plan that includes youth from 16 to 24 years of age, who enter the program through referrals from Casey or from the state agency. A recent welcome addition to the plan has come from Chafee funding, newly available from the federal government. Now youth referred to the Transitional Services Program receive some financial aid along with services. The program has become a collaborative project that includes the Texas Department of Regulatory Services (TDRS), the Baptist Home for Children, and Casey. Casey

is responsible for case management services, and helps youth with education, finding and keeping jobs, locating suitable housing, and participating in training programs geared towards increasing personal self-sufficiency.

- *Comprehensive Relative Enhancement Support and Training Project (CREST)* – Casey's San Antonio division is involved in a special initiative with the TDRS called the CREST project. "This project began as a three-year demonstration program administered under the auspices of the Bexar County, Texas (San Antonio) Child Protective Services (CPS) division. Its purpose was to provide training; support and financial assistance to relative caregivers to promote the safety, permanency, and well being of children in state conservatorship in relative care placements. It focused its efforts towards meeting the needs of children who were in temporary state custody in the CPS programs but who are living with a relative caregiver. Funding for this project was made available through a $600,000 grant from the U.S. Department of Health and Human Services, and through a local match through in-kind services from the CPS, the Baptist Children's Home Ministries and Respite Care of San Antonio. It began in October 1997 and the initial project was completed in September 2000. Over the course of three years the Crest Project served three hundred and fifty-seven families."[61]

Lack of financial assistance and other services is a major reason why many kinship families have a hard time stabilizing their situations. The CREST project is an attempt to introduce the kind of help that would prevent children from entering the child welfare system. It's stated goals are to:

- "Increase the number of PRS (Protective and Regulatory Services) kinship care placements;
- Decrease the number of disruptions for PRS kinship placements;
- Strengthen kinship care placements so that relatives can function without continued agency involvement; and
- Reduce the cost of substitute care through providing relative care services."[62]

Six types of service are included in this project: family unity meetings, relative home studies, child assessments, training and support groups, individual case management for relative caregivers, and financial assistance. CREST staff is

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[61] "Family ties: Kinship Care in San Antonio, An evaluation of kinship care and the Comprehensive Relative Enhancement Support and Training Program (CREST) in San Anotnio, Texas," Gionfriddo, Pam Hormuth, Jacqueline Frausto, Cassandra Moore, & Elaine Rutledge, The Casey Family Programs, January, 2002.

[62] "Casey Family Programs – CREST Program, Project Summary – Goals and Objectives," Year 2001.

responsible for the last three. The training, a twelve-week curriculum offered on a quarterly basis, covers subjects such as discipline, substance abuse, stress management and communication. While there is no structured plan for caregiver support groups, the training sessions have given rise to informal versions.

In CREST's second year, a children's group was formed that met at the same time as the caregivers' group. Individualized case management, counseling and limited financial aid allowed the project to address the needs of each family, and make a placement easier. Help was given to meet medical and dental needs, utility assistance, for relocation into better housing, for necessary household items and for transportation and child care. Collaborative partners provided further support: respite care, bed space for emergency shelter, help with summer camps and tutoring, and personal and household supplies.

A final evaluation of CREST done by Southwest Texas State University was released in December 2000, showing that the project had helped the families and was cost-effective. It also noted that relative caregivers are a vulnerable, under-served resource providing a valuable service to the state.

The San Antonio division became involved with CREST in March 2001. The agency agreed to make two full-time Casey staff members available to CREST, and to provide short-term, child-focused stipends for specific needs. CREST provides the following services to its participants:

- Help with food, clothing and furniture;
- Home visitation to ameliorate family problems and prevent placement disruptions
- Advocacy on behalf of clients at court hearings and access to other public services;
- Help with school supplies and other essential goods that are available through agencies such as the Rainbow Room, an in-house emergency resource center
- A process for working through birth parent and relative caregiver relationship issues and problems; and
- Other general caregiver support services.

The staff believes that CREST has given them a way to reduce some of the tensions between birth parents and relative caregivers. In general, the joint efforts being made by Casey and the Texas Department of Protective and Regulatory Services are a fine example of bringing together agencies that can offer complementary services to families.

Bay Area (Walnut Creek) Division

Casey's Bay Area (Walnut Creek) division is mainly responsible for long-term foster care services. It is unique in California in that it has care, custody, and control of the foster children served in the case management component of the program and as such is required to report to the Juvenile Courts in the counties they serve.

Of the thirty-three youth in long-term foster care, 88% reside in kinship families. Most of the children are living with single grandmothers, were placed there as a result of being abused or neglected and are predominately African American. The level of intervention provided by the Division is independent of whether a resource family is kin or not—rather, it emanates from the needs of the individual youth and family. However, there are clear differences in the ways that kin families are assessed, and supported. Kin families often have special needs that are particular to the family relationships that exist, the health and developmental stages of the children and caregivers. Other issues such as poverty, poor health, social isolation, and inadequate access to information and services often threaten the family's well being and stability. Transportation is also a major concern

All of the services are on a continuum - from intake to exit - challenging the agency to prepare each child for transitioning out of care. The division uses three teams - Case Management, Self-Sufficiency and Community Outreach - to work with the youth in order to maximize attainment of life skills and employment preparation. For all families, case planning is developed with the youth and family in order to meet their needs and includes intake assessments for youth, foster parent pre-service training and ongoing case management services.

The Bay Area Division provides its services based on the Casey and the Council on Accreditation Standards. They have increased their ability to serve youth and families through collaborations with outside resources. Collaborations with other Foster Family Agencies such as Families First and Edgewood Children's' Services have been helpful in meeting the special needs of the kinship families. They have found group work to be particularly helpful. Young men's groups, art therapy, sports, employment preparation training's and hands-on experiences—a host of life experiences - offer therapeutic opportunities.

The Division has found that the kinship families they are serving have needs that were not addressed in their traditional long-term foster care program. For example, there is a need for grandparent groups to support caregivers and assist

them in finding community resources and kinship family mentors to provide more intense day-to-day support. Recent cutbacks have impeded the division's ability to provide these important supports and unfortunately they often do not exist in the surrounding community.

The Division, however, is utilizing every opportunity to increase its presence in communities where kinship families live, and to reach out to community agencies in collaborative efforts to maximize existing resources. The hope is that Casey, by becoming more deeply engaged with the communities where its clients live, can show families how to connect with resources on their own initiative. Most of the families served by the Bay Area Division live in Oakland and Richmond. All efforts that Casey makes to get involved in these two areas should prove to be a good strategy, because they will support children in becoming more connected to the communities where they live and are likely to keep residing. In summary, the Bay Area Division plan to increase its presence in communities where kinship families live and to collaborate with other community agencies to provide services will benefit youth as they move into independent living arrangements in the community.

Baton Rouge Division

At the time of this project, Baton Rouge was serving 46 children living with 35 foster and kinship parents. As is true in other Casey divisions, its primary focus is providing long-term foster care and transitional services. Children referred to the agency are in need of permanent placement because reunification and adoption has usually been ruled out. The division used to provide some assistance to kinship families in the informal system. At this time kinship families only receive services when they come into the traditional foster care program through a referral from the child welfare agency.

As is true with the other foster parents they are licensed and are given training to help them with issues such as positive discipline and parenting skills to support children with special problems. Many of the children in care require therapy, which is provided through the agency.

All Casey divisions have begun emphasizing building more solid working relationships with other agencies and organizations in the community, and Baton Rouge is beginning to team up with neighborhood organizations, much the way this is being done in the Bay Area and in San Antonio. The division is part of an alliance that's come together to support youth in making a secure transition out of foster care, and it is working with Court Appointed Special Advocates (CASA) and Project Discovery, two community-based organizations, to strengthen local

programs for youth. The goal in both of these efforts is the creation of strong community assistance for transitional youth once traditional agency support ends. This assistance will be located where relative caregivers and children live. Even though the children Casey serves are in the formal system, the coalitions now being developed will serve all kinship families, formal and informal, in their own neighborhoods.

PART THREE: FINDINGS

Overview of methodology

Interviews

Interviews constituted a large part of our work during the project's 18-month research period. We felt it was crucial to get perspectives on kinship family issues from those who were most directly involved. The process was straightforward: the interviewer read questions to each interviewee, and coded the responses. Data was entered in the SPSS (Statistical Package for Social Sciences) in order to develop descriptive analyses of the statistics. Responses to open-ended questions were typed and the contents were analyzed.

Questionnaires

We developed three questionnaires for our interviews: one for administrators and other workers, one for relative caregivers and one for youth.

We asked the administrators and workers about:

- Existing programs
- Their perceptions of the needs and experiences of the children and caregivers
- Services that are either provided or not yet available to caregivers and youth
- Their insights on barriers to service delivery

Caregivers were asked about:

- The characteristics of their dependent children
- The legal status of the relationship
- The length of time their children have been in care
- What they needed to begin caring for the children
- The kinds of assistance and the sources of help they needed to keep taking care of the children
- The kinds of services they have requested and received, and how these were paid for
- The mental and physical health status of the children
- Future plans for the children
- Changes in their activities since they began taking care of the children
- Social and demographic information

Youth were asked about:

- Demographic characteristics
- Educational status
- Household composition
- Length of time in kinship care
- Feelings
- Activities
- Schools and neighborhoods
- Visitation with birth parents and friends
- Their needs
- Their perceptions of their caregivers' needs
- Their view of their legal status
- Services received in the past year

Agency identification

We identified the agencies we interviewed through reviewing literature and accepting suggestions from people in the field. They included:

- A Second Chance, Inc., Pittsburgh, Pennsylvania
- Vintage Grandparents as Parents Program, Pittsburgh, Pennsylvania
- Legal Aid Grandparents Support Program, Baltimore, Maryland
- Grandma's Kids, Philadelphia, Pennsylvania
- Super Grandparent '93 Support Group, Philadelphia, Pennsylvania
- GrandFamilies House, Boston, Massachusetts
- Parents Action Network (PAN),- Department of Human Services, Philadelphia, Pennsylvania
- Texas Department of Protective and Regulatory Services, CREST Project, San Antonio, Texas
- Community Advocates Association for Children and Youth, Inc., Philadelphia, Pennsylvania
- Maryland Disabilities Law Center, Baltimore, Maryland
- The Family Tree, Baltimore, Maryland
- The Giving tree, Atlanta, Georgia
- The Casey Family Programs, Bay Area (Walnut Creek), California
- The Casey Family Programs, San Antonio, Texas

The agency personnel we interviewed were either responsible for directing a program or for providing a service. Their positions included:

Executive Director	Deputy Director
Senior Program Coordinator	Administrator
Administrator of Quality Improvement	President
Supervisor of Mental Wellness	Coordinator
Grandparent Respite Coordinator	Intake Supervisor
Information and Referral Staff	County Extension Agent

Program categories

Programs we visited were organized into four categories. This gave us a better way to relate their services to the needs expressed by the interviewees. The four categories were:

- Programs providing information and referrals
- Programs offering kinship self-help and support
- Programs offering community-based services
- Government or privately-sponsored programs

We defined agencies further by distinguishing between the following:

- Those providing traditional foster care services to relatives willing and able to become regular foster parents
- Those emphasizing support groups
- Those serving as advocates for relatives raising their grandchildren
- Community-based agencies offering services such as legal assistance or help with housing

The administrative perspective

Services provided to kinship families

Traditional agencies tended to offer formal kinship families the same kinds of services they provide for traditional foster families. These included:

- Licensing the home
- Criminal background checks
- Child abuse registry clearance
- Home studies
- Profile assessments
- Medical exams
- Foster parent training

> *"It has been a source of revelation (to see) the extent of the generosity, caring, and love on the part of caregivers for the children."*
>
> *Administrator*

Informal kinship families received very little review, although most agencies provided a family assessment for those involved with TANF.

Support services and self-help agencies included the following groups:

- Parent
- Kinship
- Male focused groups (exclusively)
- Adoption
- Children
- Recreational support

Direct services to caregivers included:

- Casework services
- Mental health counseling
- Services to reduce parental stress
- Financial services
- Clothing allowances
- Respite care
- Emergency respite care
- Furniture banks
- Housing services

Community-based services included:

- Family warm lines

- Intergenerational housing
- Help with advocacy on behalf of caregivers

Services needed but not provided to kinship families

Throughout this study, we paid equal attention to available services and to needs that were not being met. From the perspective of administrators and other staff we interviewed, gaps in kinship family service included:

- Mental health services for children
- Individual counseling
- Housing services to meet foster care requirements
- Special needs or physical care services
- Independent living for older teens
- Help for children going to college
- Services for birth parents to better prepare them to resume their roles
- A food pantry
- Furniture and other basic tangible needs
- Financial help and flexible emergency funds
- Transportation or help purchasing cars
- Legal assistance
- Help with pregnant teens
- Prenatal care services

"(Relative caregivers) are eager to participate and are open to guidance and help with the children."

Administrator

They also noted a number of slightly more specialized services that would be welcomed by relative caregivers:

- Help for grandparents caring for children diagnosed with ADHD (Attention Deficit Hyperactivity Disorder)
- Resources to help caregivers work with children who have special physical or mental health needs
- Counseling for children with emotional and mental health problems
- Access to full Early Periodic Screening Development Testing (EPSDT) services

Services needed but not provided to relative caregivers

Caregivers had many needs of their own that were not being systematically addressed:

- Legal assistance obtaining guardianship, dealing with custody issues, and securing power of attorney so they can handle the educational and medical needs of children
- Respite care
- Educational tutoring
- GED and computer skills training
- Counseling regarding their own personal needs
- Access to a resource center for information on many areas of need and interest to relative caregivers
- Follow-up service to make sure relative caregivers can keep appointments
- Flexible funds, especially for caregivers in the informal system
- Advocacy to teach caregivers how to become empowered

Services needed but not provided to youth

Administrators and staff identified the unmet needs of youth in kinship families as follows:

- Support services that would allow youth to attend cultural events
- Recreational and social activities
- Teen support groups
- Recreational activities
- Reunification services
- Day camp
- Summer day camp
- Planned social events with birth parents
- Trips and outings for children
- Certification for enrollment in managed health care
- Assessment of the level of care a child needs
- Youth support groups with weekly discussion meetings
- Clothing in emergencies
- Reading tutors and other educational support
- Help getting school supplies
- Leadership training

Services provided for children

The administrators interviewed also gave their opinions on services provided for younger children in kinship care. They were for the most part discussing issues that affect children they know. However, they felt strongly that children outside the system probably had significantly more unmet needs. They often learned

about the scope of these needs when a dire situation forced a kinship family to contact an agency for help.

When children were enrolled in an agency, the following services were usually available:

- Summer day camp
- Teen support groups
- Recreational activities
- Youth support services
- Mental wellness
- Trips and outings for children
- Reunification services
- Tutoring
- Other educational needs
- Exposure to cultural events
- Community activities
- Youth leadership skills summits
- Child day care
- Monthly visits
- Food
- Furniture
- Child assessments for levels of care
- Clothing in emergencies
- Health care services

Services needed but not provided for children

Administrators reported that the following service needs were not routinely met:

- After school programs for educational needs
- Mental health services
- Independent living services
- Services for dually adjudicated (delinquency and neglect)children
- Summer camp
- Exposure to community events
- Tutoring
- Educational services while attending public schools
- Inspection of homes for lead paint
- Job search assistance for teens transitioning out of care
- Independent housing

Legal status of children

Administrators believed that most of the children in agencies were in the legal custody of the state. However, while some relatives had legal custody or guardianship, others were caring for children informally. A few caregivers experienced both situations simultaneously: they had children in the formal system, and were also taking care of children informally. In some states this reduced their ability to get help, especially in meeting the educational needs of the children.

Needs of relative caregivers

Administrators and staff were asked to list three of the most important needs of relative caregivers -- the types of help that would allow them to successfully raise their kin. The interviewees ranked caregiver needs in the order below:

- Financial assistance. Administrators believed that financial support equal to the foster care payment rate was one of the most crucial needs of relative caregivers. This could be delivered through subsidized guardianship or other financial aid that is made available for support services. Caregivers and administrators agreed on the pressing need for financial help. However, it is worth noting that caregivers in informal arrangements hoped for financial help with the start-up costs, including clothing and furniture, in taking in dependent children. They did not want to be trapped in the child welfare system, and often chose to forego the process of seeking funds through agencies, either via TANF or by becoming licensed foster parents.
- Respite care, especially for relatives caring for a child or children with unusual physical health needs.
- Mental health services for children with emotional problems.
- Support groups, especially for the following: the reasons children come into kinship care, role changes, understanding the child's experience, positive discipline for older children, and help in dealing with inter-family conflicts.
- Greater access to medical and health care services.
- Better housing, especially when the number of children being cared for exceeded the capacity of the unit where they live.
- Access to information about the resources available in the community.
- Advocacy and follow-up services.
- Training to meet the stringent requirements for state approval.

The question of which relative caregiver needs were the most urgent was asked as an open-ended question, and administrators were also given a list of services needed by relative caregivers and asked to rate them in terms of importance. The findings from these two approaches to the same question were fairly consistent. Administrators and staff ranked the needs of relative caregivers in the following order:

Support groups (80 percent)
Legal assistance (80 percent)
Emergency funds (73 percent)
Respite care (67 percent)
Individual counseling (67 percent)
Family counseling and parent training (60 percent)
Transportation assistance (60 percent)
Training for special needs children (60 percent)
Training for children with behavioral or emotional difficulties (10 percent)

The caregivers' assessments of what they need differed slightly from those of administrators. Only 36 percent indicated that they could care for the children alone: 73 percent said they need financial help. Forty eight percent stated that they need emotional support, and 30 percent said they need social support to raise their kin.

The services actually provided by the agencies in ranked order are as follows:

Support groups (80 percent)
Parenting training (53 percent)
Emergency funds (53 percent)
Transportation assistance (53 percent)
Medical assistance for children (47 percent)
Educational assessment of children (47 percent)

The services least likely to be available in a community were:

Family counseling (40 percent)
Legal assistance (40 percent)
Respite care (33 percent)
Individual counseling (33 percent)
Training for special needs children (33 percent)

Table 1: Administrators' Perceptions of the Needs of Relative Caregivers			
Services for Relative Caregivers	**Needed %**	**Provided by Agency %**	**Unavailable %**
Respite care	66.7	33.3	33.3
Parent aide	46.7	33.3	20.0
Day care	40.0	20.0	26.7
Individual counseling	66.7	33.3	33.3
Parenting training	60.0	60.0	13.3
Family counseling	66.7	26.7	40.0
Emergency funds	73.3	53.3	26.7
Transportation assistance	60.0	53.3	26.7
Legal assistance	80.0	33.3	40.0
Support groups	80.0	80.0	20.0
Assistance with school transfers	33.3	40.0	6.7
Medical assistance for children	40.0	46.7	6.7
Training for special needs children	60.0	26.7	33.3
Training for medically fragile children	40.0	13.3	26.7
Training for children with behavioral/emotional difficulties	60.0	26.7	26.7
Techniques for communicating with birth parents	46.7	20.0	20.0
Planning for children's care after death	26.7	20.0	13.3
Educational assessment of children	53.3	46.7	26.7
Other	20.0	13.3	6.7

Needs of children in kinship families

Administrators reported that children in kinship families need the following services:

Mental health assessment (73 percent)
Summer camp (67 percent)
Educational assessment (60 percent)
Individual counseling (60 percent)
Tutoring (53 percent)
Child care (53 percent)
Summer youth employment (53 percent)

Agencies met children's needs in the following order:

Clothing (80 percent)
Summer camp (73 percent)
Summer youth employment (53 percent)
Group counseling (47 percent)
Transportation (47 percent)

Given the percentages above, it seems that the largest unmet need for children in kinship families was for mental health services, especially assessments. In all other areas the agencies felt they were addressing at least some unmet needs. Though a large number of children were not in the formal system, many did get help from the government. For example, all of the children in this study were enrolled in Medicaid or a locally administered health program for children.

Table 2: Administrators' Perceptions of Needs of Children Living with Relative Caregivers

Services for Children	Needed %	Provided by Agency %	Unavailable %
Medical exams	40.0	33.3	20.0
Medical assistance	33.3	33.3	13.3
Educational assessment	60.0	40.0	20.0
Mental health assessment	73.3	33.3	40.0
Medical services	46.7	40.0	13.3
Dental services	33.3	26.7	6.7
Optometry services	33.3	26.7	6.7
Replacement eyeglasses	33.3	33.3	6.7
Transportation	46.7	46.7	6.7
Individual counseling	60.0	40.0	20.0
Group counseling	40.0	46.7	20.0
Substance abuse counseling	40.0	26.7	26.7
Summer youth employment	53.3	53.3	13.3
Summer camp	66.7	73.3	6.7
Family planning	20.0	13.3	20.0
College scholarship	33.3	33.3	6.7
Clothing	66.7	80.0	--
Tutoring	53.3	46.7	6.7
Mentoring	40.0	33.3	13.3
Childcare	53.3	33.3	13.3

Administrative experiences in working with relative caregivers

Administrators reported positive experiences in working with relatives. Most felt that children were usually better off when they were cared for by family, though the relatives often needed more help than they got. Several made a point of saying that the relatives' extraordinary level of commitment impressed them. The administrators respected what they saw as an immense willingness to care for the children.

Some of the difficulties administrators had when it came to working with relative caregivers included the family experiencing confusion about permanency, especially adoption; grandparents letting their pride keep them from accepting help; inter-family conflicts, and family fears about speaking up on their own behalf. The administrators' biggest concern was ensuring that relationships were established legally, so the children were not caught up in family conflicts.

Barriers to serving relative caregivers

Administrators reported several obstacles to delivering kinship family services. Financial resources to help informal caregivers were extremely limited. So was immediate access to concrete services. The component parts of a full range of support services still needed to be brought together to create one-stop service delivery for kinship families. Where services did exist, publicity was needed to get the word out about how and where to find them. Attention needed to be paid to building greater trust between caregivers and agencies.

"The children have enriched our lives since coming to live with us but we have had to change our lifestyles somewhat."

Grandparent

Administrators expressed concern about the fact that the majority of caregivers were not receiving any help from the government or from private agencies. Most were left to their own initiative, and had to rely on family, neighbors or friends for help. Overall, administrators felt positive about the care that kin were providing, but were worried about the financial and emotional challenges faced by the caregivers. Most expressed the desire to find ways to support these families outside the child welfare system whenever possible.

Relative caregivers perspective

Demographic characteristics

As we conducted interviews with caregivers, we gathered information about their social and economic status. This project was not intended to offer national demographics, but we have used our smaller sampling to create a profile. As it turns out, the demographic characteristics of the 33 caregivers we interviewed were similar to those of previous studies.

Table 3: Caregiver Demographics		
Gender	**N=33**	**%**
Female	29	87.9
Male	4	12.1
Marital Status	**N=33**	**%**
Married	14	42.4
Never married	2	6.0
Widowed	5	15.2
Divorced/separated	12	36.4
Education: Respondent	**N=33**	**%**
9th grade	1	3.0
10th grade	3	9.1
11th grade	2	6.1
High school diploma or GED	10	30.3
Some college (1-3 years)	11	33.3
Technical/business school	1	3.0
Associate's degree	2	6.1
Master's degree	3	9.1
Education: Spouse	**N=13**	**%**
10th grade	1	7.7
High school diploma or GED	4	30.8
Some college (1-3 years)	3	23.1
Bachelor's degree	1	7.7
Master's degree	4	30.8
Race or Ethnicity	**N=33**	**%**
African American	26	78.8
White	7	21.2

The majority of relative caregivers were female (87 percent) and African American (79 percent). Their ages ranged from 43 to 77 years; the average age was 59. Forty-two percent were married, and 36 percent were divorced or separated. Fifteen percent were widowed. Only six percent had never been married. One third of the caregivers had a high school diploma, and 33 percent had some college education. At the far ends of the spectrum, 18 percent had less than a high school education and nine percent had a Master's degree. One third of the spouses of the married caregivers had a high school education or a Master's degree, while 23 percent had some college education (see Table 3).

Socioeconomic status

The annual income levels of caregivers ranged from less than $5,000 to more than $40,000. Thirty three percent had income levels below $20,000; 21 percent earned between $20,000 and $29,999, and 30 percent had incomes of $40,000 or more (see Table 4).

Caregiver sources of income were as follows:
Wages (49 percent)
Social Security benefits (30 percent)
SSI (12 percent)
TANF/AFDC (33 percent)

Some caregivers had multiple sources of income. Twenty eight percent of caregivers worked fulltime; 21 percent worked part-time. Twenty three percent of the caregivers' spouses worked full time while three percent worked part time. On average, four people depended on a relative caregiver's income.

The occupational status of the caregivers was as follows:

Retired (30 percent)
Semi-skilled (18 percent)
Clerical/technical (15 percent)
Administrative or unskilled (6 percent)
Professional (3 percent)

The occupations of the caregivers' spouses were as follows:

Professional (27 percent)
Retired (18 percent)
Semi-skilled (18 percent)

Clerical/technical (18 percent)

Table 4: Demographics of Caregivers – Continued		
Family Income	**N=33**	**%**
Less than $4,999	2	6.1
$5,000-9,999	4	12.1
$10,000-14,999	3	9.0
$15,000-19,999	2	6.1
$20,000-24,999	6	18.2
$25,000-29,999	1	3.0
$30,000-39,999	5	15.2
$40,000 or more	10	30.3
Sources of Income	**N**	**%***
Wages	16	48.5
Spouse's wages	8	24.2
Social security benefits	10	30.3
SSI	4	12.1
TANF/AFDC	11	33.3
Other (retirement & foster care)	25	75.8
Employment Status: Respondent	**N=33**	**%**
No	4	12.1
Part-time, less than 30 hrs/week	7	21.2
Full-time, more than 30 hrs/week	9	27.3
Not applicable	13	39.4
Employment Status: Spouse	**N=33**	**%**
No	2	6.1
Part-time, less than 30 hrs/week	1	3.0
Full-time, more than 30 hrs/week	7	21.2
Not applicable	22	66.7
Not applicable	2	3.0

* Percentages will not total 100% because of multiple sources of income.

Household composition

On average, two adults lived in kinship family households, and they cared for two children. Relative caregivers also had an average of one biological child living at home. The average number of years that the kinship family had existed was eight years and six months. Caregivers said that they planned to keep the children with them until they reached 18 years of age, or as long as necessary.

Most caregivers were homeowners: 73 percent owned their homes, and 15 percent rented homes. Six percent rented apartments or lived in public housing (see Table 5).

Table 5: Demographics of Caregivers – Continued		
Type of Occupation: Respondent	**N=33**	**%**
Unemployed	7	21.2
Retired	10	30.3
Unskilled	2	6.1
Semi-skilled	6	18.2
Clerical/technical	5	15.2
Administrative	2	6.1
Professional	1	3.0
Occupation: Spouse	**N=11**	**%**
Retired	2	18.2
Semi-skilled	2	18.2
Clerical/technical	2	18.2
Administrative	1	9.1
Professional	3	27.3
Other	1	9.1
Housing Status	**N=33**	**%**
Own home	24	72.7
Renting home	5	15.2
Renting apartment	2	6.1
Public housing	2	6.1

Reasons caregivers take in kin

We asked caregivers why they took on the responsibility of raising their kin to see if new factors were influencing their decisions. The data showed that these caregivers were motivated by much the same reasons as relatives interviewed in earlier studies. The factors that led them to become caregivers were as follows:

"I feel that raising these children is the right thing to do, but I do need some relief now."

Grandmother

Parental neglect, abuse and abandonment (58 percent)
Parental alcohol or drug abuse (55 percent)
Agency placement of a child (24 percent)
Parent deceased (18 percent)
Parental mental health or medical problems (12 percent)
Parent incarcerated (9 percent)
Homelessness (6 percent)
Parental separation or divorce (6 percent)

It was possible for children to have more than one reason for placement with kin (see Tables 6 and 7).

Seventy four percent of caregivers had legal custody of the children. Agencies had legal custody of 37 percent of the children. While a large number of children were placed on an informal basis, most of the caregivers we interviewed obtained legal custody. The other children were placed by the child welfare agency without legal custody arrangements.

Sources of help for caregivers

Relative caregivers received help from the following sources:

Child welfare agency (58 percent)
State or county governmental agency, usually in the form of Medicaid or Kinship foster care (55 percent)
Family (46 percent)
Friends (36 percent)
Church (30 percent)
Neighborhood organizations (24 percent)
Schools (18 percent)

The five top sources of help for caregivers were:

Other relatives
Friends
Brothers or sisters of the caregivers
Church pastor or members of the congregation
Sons or daughters of the caregivers

The ways in which these people were helpful follow in ranked order:

Financial assistance (36 percent)

Child care or babysitting (30 percent)
Clothing (21 percent)
Food (12 percent)
Respite care services (12 percent)
Counseling and emotional support (12 percent)

Table 6: Reasons for Caregiving and Sources of Help	
How They Came to Care for Child	**% (n=33)**
Parental mental health/medical problems	12.1
Parental alcohol/drug abuse	54.5
Agency placed child	24.2
Parental abuse/neglect/abandonment	57.6
Homelessness	6.1
Parent deceased	18.2
Parent divorced/separated	6.1
Parent incarcerated	9.1
Other	6.1
Legal Custody	**% (n=33)**
Caregivers who have legal custody	63.6
Of those who don't, welfare system has custody	37.5
Sources of Monetary Help	**% (n=33)**
State/county government agency	54.5
Neighborhood organization	24.2
Church	30.3
School	18.2
Child welfare agency	57.6
Family members	45.5
Neighbors	21.2
Friends	36.4
Other	21.2

Caregiver perspective on how children adjust

The majority of caregivers reported that the children had adjusted well to living with them. They noted that at first, some of the children had trouble getting used to the changes, or problems sleeping, but that these difficulties lessened over time.

Caregivers recognized that some of the children had emotional problems because of drug exposure. Some behaved in challenging ways because they missed their

Table 7: Reasons for Caregiving and Sources of Help

Types of Help Provided by Others	% (n=33)
Assistance with paperwork	6.1
Respite care/services	12.1
Childcare/babysitting	30.3
Transportation	9.1
Financial support/assistance	36.4
Furniture	6.1
Clothing	21.2
Food	12.1
Tutoring	3.0
Mentoring	3.0
Counseling/emotional support	12.1
Spiritual support/prayer	6.1
Other	39.4

birth parents or siblings, or witnessed the death of their mothers. Some youth became upset after visits with their birth mothers, or when they had to face the death of another relative.

In one case a child who spoke English was placed with a family who did not speak English, which required more than the usual amount of adjustment after the child came to live with the relative. Sometimes children in kinship care had a rougher time, as they became teenagers.

Interestingly, caregivers seemed to feel that older children did better than younger siblings coming into a kinship family. Most caregivers were satisfied with the children's progress in school. They also thought that most of the children were in good physical health. Their concerns for older children focused more on mental and emotional health of the child.

<u>Caregiver perspective on the children's health</u>

Relative caregivers reported that the overall health status of the children in their care was good. All of the children were receiving medical care. The three most prevalent medical conditions of dependent children as noted by caregivers were asthma, allergies, and seizures. The two most common mental health conditions were ADHD and emotional disorders (see Table 8). Thirteen caregivers we

interviewed were raising one child, ten had two children, four had three children, four had four children, and two had five children.

Table 8: Demographics of Children in Care	
Related Children Provide Care for	**N=71 (33)***
Average # of related children provide care for	2
One Child	**13 (13)**
Average age	12
Average highest grade in school	7
Two Children	**20 (10)**
Average age	10
Average highest grade in school	5
Three Children	**12 (4)**
Average age	9
Average highest grade in school	5
Four Children	**16 (4)**
Average age	5
Average highest grade in school	3
Five Children	**10 (2)**
Average age	7
Average highest grade in school	2
How Long Had Child(ren)	**N=33**
Average # of years had children	8
Average # of months had children	6
Health of Child(ren)	**N =33**
Overall health status of child	Good
Overall, currently receiving medical care	Yes
Diagnosed Medical Conditions [Top 3]	**N=33**
Asthma	
Allergies: food or non-food related	
Seizures	
Diagnosed Mental Health Conditions [Top 2]	
ADHD	
Emotional/emotional therapy	

( ) = number of caregivers interviewed

<u>What caregivers need in order to provide for children</u>

Relative caregivers described two different stages of need: the period when they first brought children into their home, and the long run. Caregivers rated their

top two needs when they began caring for kin as clothing (73 percent) and furniture (61 percent). To continue raising the children, they needed financial support/assistance (76 percent), medical care/assistance (64 percent), and respite care/services (33 percent).

Thirty seven percent of relative caregivers stated that they could take care of the children alone, 49 percent said they needed emotional support, and 30 percent needed social support. Only 15 percent reported that they needed physical help caring for children (see Table 9).

Table 9: Caregiver Needs	
To Start Taking Care of Children	**%**
Furniture	60.6
Clothing	72.7
Larger housing	91
Childcare/babysitting	3.0
Medical care/assistance	6.1
Legal assistance	3.0
Other	54.5
To Continue Caring for Children	**%**
Financial support/assistance	75.8
Medical care/assistance	63.6
Respite care/services	33.3
Tutoring services	3.0
Furniture	6.1
Other	33.3
Need for External Help	**%**
Can care for child alone	36.4
Need physical help to care for child(ren)	15.2
Need emotional help to care for child(ren)	48.5
Need social support to care for child(ren)	30.3
Need financial help to care for child(ren)	72.7

How relatives' lives change when they care for children

Twenty seven percent of the caregivers we interviewed reported that there was not much change in their lives after they began raising their kin. Forty-nine percent said that it was a challenging and rewarding experience. One third of the

caregivers noted changes in their home and personal lives, and 21 percent said there were changes in the activity level of their spiritual and social lives.

Caregivers reported decreases in:

Time for personal activities (61 percent)
Time spent with friends (61 percent)
Energy to do the things they use to do (61 percent)
Social activities (58 percent)
Time to sleep (55 percent)
Time for vacations (49 percent)

"Having these children has been a joy."

Grandmother

The activities that did not change included taking time off to keep a child's appointments (49%), involvement in church activities (61 percent), and the amount of time spent working (46%), (see Table 10).

Table 10: Changes in Relatives' Lives Since Caring for Children

How is Life Different	N	%
No/not much change	9	27.3
Challenging/rewarding experience	16	48.5
Change in finances	3	9.1
Change in spiritual/social life activities	7	21.2
Change in home/personal life	11	33.3
Change in employment status	2	6.1
Change in life routine/role	2	6.1
Change in educational/medical plans	2	6.1
Change in family/social network	2	6.1
Change in activities/entertainment	4	12.1
Other	4	12.1
Activities Since Caring for Child that Decreased	**N**	**%**
Time to do personal things	20	60.6
Time to sleep	18	54.5
Time for social activities	18	57.6
Time to spend with friends	20	60.6
Energy to do the things I used to do	20	60.6
Time for vacation	16	48.5
Activities Since Caring for Child that Remained Same unchanged	**N**	**%**
Time from work to keep the child's appointments	16	48.5
Time for church activities	20	60.6

Table 10: Changes in Relatives' Lives Since Caring for Children		
Amount of time working	15	45.5

Services requested by relative caregivers

On the bright side, relatives reported that the children living with them received most of the services they needed and requested for them, including regular medical exams, medical services, dentistry, optometry, replacement eyeglasses, and transportation. Approximately 90 percent of the families requested, and more than 80 percent received, the services listed above. Payment came primarily from Medicaid. Sixty six percent of the relatives asked for individual counseling, and 63 percent of the children received counseling paid for by Foster Care. One third of the caregivers requested family counseling, and one third received it.

Relatives had to use their own income to pay for transportation and child care. Ninety eight percent stated that transportation was a real need, but only 78 percent got help with it and they paid for it themselves. While 66 percent said they needed child care, only 51 percent were able to arrange it and they had to cover these costs, also.

Two thirds of the caregivers mentioned the following needs: summer jobs, summer camps, and tutoring. About half received summer camp enrollment and tutoring for their children, but only 39 percent got help locating summer jobs. The funds for these three services did not come from the caregivers. At the bottom of the request list were group counseling and counseling for substance abuse (see Table 11).

Table 11: Service Needs of Children

Services for Related Children	Needed %	Requested %	Received %	Primarily Paid for By	%
Regular medical exam	100.0	90.9	81.8	Medicaid	87.9
Medical services	100.0	90.9	81.8	Medicaid	84.8
Dental services	100.0	90.9	81.8	Medicaid	84.8
Optometrist services	100.0	90.9	81.8	Medicaid	84.8
Replacement eyeglasses	93.9	84.8	75.8	Medicaid	78.8
Transportation	93.9	84.8	78.8	My income	54.5
Childcare	63.6	57.6	51.5	My income	33.3
Summer jobs	42.4	39.4	39.4	Other	36.4
Summer camps	69.7	57.6	57.6	Other	36.4
Tutoring	63.6	60.6	51.5	Other	45.5
Individual counseling	69.7	66.7	63.6	Foster Care	33.3

Family counseling	36.4	33.3	30.3	Foster Care	15.2
Group counseling	15.2	15.2	12.1	Medicaid/foster care payments	6.1
Substance abuse counseling	6.1	6.1	3.0	Medicaid	3.0

Youth perspective

Demographics

All of the youth who participated in the youth survey were African American. Slightly more than half (55 percent) were female. They ranged in age from 11 to 18 years, with an average age of 16, and were in 4th to 12th grade (See Table 12).

Table 12: Demographics of Youth Surveyed		
Gender	**n=20**	**%**
Female	11	55
Male	9	45
Education Level	**N=20**	**%**
4th grade	1	5
5th grade	2	10
6th grade	3	15
7th grade	3	15
8th grade	2	10
9th grade	2	10
10th grade	4	20
11th grade	2	10
12th grade	1	5
Adults Living With	**N=20**	**%**
Mother	1	5
Grandmother	13	65
Aunt	4	20
Other adult relatives	1	5
Other adults not related	1	5
Other Children Living With	**n=32**	**%**
Sister(s)	11	55
Brother(s)	13	65
Cousin(s)	8	40
Length of Time Living With Caregiver	**N=20**	**%**
Entire life	6	30
Less than one year	2	10
3 to 5 years	1	5

6 to 8 years	6	30
More than 8 years	5	25

Their grandmothers (65 percent) and aunts (20 percent) most often cared them for them. One third had lived with their relatives all their lives; another third had been part of the immediate family for six to eight years. One quarter had lived with a relative for more than eight years. Only 20 percent had lived with kin for less than one year.

> *"Providing care has been difficult because these children have had to be taught how to live with others and to reduce their anger."*
>
> *Grandmother*

Sixty-five percent of the children had a brother living with them, and 55 percent had a sister in the same home. Forty percent also had cousins in the care of their relative. The majority of the youths we interviewed expected to live with their relatives for the next year.

How youth feel about themselves

Seventy percent said they felt happy with where they are living, and 90 percent reported that they feel loved where they are all of the time. Eighty percent stated that they felt like a part of the family. However, only 55 percent of the youths we interviewed – 11 out of 20 – said they wanted their current home to become permanent (See Table 13).

Table 13: Attitudes and Feelings of Youth

Feelings Toward Family Members: All of the Time	**N**	**%**
I like most of the people I live with	10	50
I feel I can depend on the people here	13	65
Feelings Toward Caregiver: All of the Time	**N**	**%**
I think I will live with my caregiver next year	15	75
I want to live with my caregiver next year	14	70
Feelings of Security: All of the Time	**N**	**%**
I feel like a part of the family	16	80
I want my current home to be permanent	11	55
I feel happy where I am	14	70
I feel safe where I am	20	100
I feel secure where I am	18	90
I feel loved where I am	18	90

Feelings toward family members

Youths generally had positive feelings about their family members. Sixty five percent said that they felt they could depend on the people they live with all of the time, and half reported that most of the time they liked the people they lived with.

Feelings toward caregivers

Seventy percent stated that they thought they would be living with the caregiver next year, and that to do so would be their preference. One hundred percent felt safe in the homes and neighborhoods where they were living. Ninety percent reported that they felt secure in the attention and affection of their caregivers.

Youth's perceptions of needs

When youth were asked what they needed that they did not have, they reported the following:

Clothing (25 percent)
Contact with birth parents (15 percent)
Financial assistance (15 percent)
Contact with other family members (10 percent)
A computer (10 percent)
TV/cable/video games (10 percent)
Other (30 percent)

The "Other" category (See Table 14) included such things as:

A birth mother or father
Maternal love
School supplies
More communication with family members
More contact with friends
More contact with mom and dad
Tennis shoes and new clothing
The presence of a grandfather
The presence of an older brother
A ride to go places
Money
More attention for each child in a home
Money for senior activities and college applications
A job

A laptop
Training for a career in engineering or architecture

When asked what they thought service organizations could provide for youth in kinship families, they suggested the following:

Study/homework groups (15 percent)
Support/social group activities (15 percent)
Job training and assistance programs (10 percent)

Table 14: Perceptions of Needs by Youth

What Youth Need Now that do Not Have	N	%
Contact with birth parents	3	15
Contact with other family members	2	10
Contact with friends	1	5
Clothing	5	25
Financial assistance	3	15
Computer	2	10
TV/cable/video games	2	10
Other	6	30
What Youth Recommend Organizations Should Provide	**N**	**%**
Family oriented programs	1	5
Study/homework groups	3	15
Support/social groups/activities	3	15
Mentoring programs	3	15
Job training/assistance programs	2	10
Other	3	15
What Caregiver Needs to Help Better Take Care of Youth	**N**	**%**
Financial assistance	9	45
Transportation (newer)	3	15
Housing (larger)	4	20
Support from other family members	1	5
Respite (from other children)	1	5
Vacation	2	10
Other	5	25

When we asked youth what they thought their relatives needed to help take better care of them, they recommended the following: financial assistance (45

percent), larger housing (20 percent), newer transportation (15 percent), and vacations (10 percent).

A quarter of the interviewees responded to the category of "Other" by mentioning the following needs:

Having their relatives talk to them
Money to provide for them
A little more freedom
Doing things together as a family
Anger management for a grandmother
Help with learning more even-handed discipline techniques
More help from other family members for a caregiver with four children
A larger house/more physical space
Transportation
A housekeeper to help a female caregiver
Someone to watch a younger sister to give the caregiver rest
More strength
Help with household chores
Food

Youth activities

The youth we interviewed were involved with several different activities on a monthly basis: sports practice, playing games, going to meetings or activities as part of a club or group, and talking to an adult about what they were doing and thinking. A few times a year, the children went bowling or to a show with dancing and music (see Table 15).

Table 15: Youth Activities

Activities Youth Participate In	Response (median)
Go to sports practice or play games	Monthly
Take lessons or attend classes outside of school	Never
Go to meetings or activities for club or group	Monthly
Talk to an adult about what you are doing or thinking	Monthly
Work at home on chores	Daily
Last summer, went to a program for learning or fun	A few times a year
Go to the movies	Weekly
Go to church	Weekly
Go bowling	A few times a year
Go to a show (music or dancing)	A few times a year

Play video games	Daily
Play on the computer at home	Daily

Their grades in school were above average, generally at the B level, and they only missed an average of one day of school per month. They talked with their teachers during every school day

All of them had daily chores, and spent time each day on a computer at home or playing video games. None of them took lessons or attended classes outside of school.

Sense of social well being

The youth we interviewed reported that they had large numbers of friends – an average of 26 – and that they talked with them daily and visited them weekly (see Table 14). Many also said that they talked with or visited their birth mothers every day and were in frequent contact with their siblings (see Table 15). They spoke with their birth fathers less frequently, and did not mention visiting them. (See Table 16).

Table 16: Perceptions of Well Being

Friends	**Response**
Median # of friends youth has (range = 1-150)	10
Contact with Friends	**Response (median)**
Talk to friends	Daily
Visit friends	Weekly
Contact with Siblings	**Response (median)**
Talk with my brothers/sisters	Daily
Relationships with Teachers	**Response (median)**
Talk with a teacher I like	Daily

Interaction with birth mother

Youths spoke with their birth mothers often. Forty five percent said they talked with them every day, 20 percent talked with them weekly, and 25 percent were in touch once a month. Only 10 percent of the youth we interviewed said they had no contact with their birth mother.

Fifteen percent said they saw their birth mother daily, 25 percent reported visiting their mothers every week, and 15 percent saw them monthly. Thirty percent reported that they never saw their birth mothers (see Table 17).

Table 17: Interaction with Birth Mother		
Talk with Birth Mother	**N = 20**	**%**
Monthly	5	25
Weekly	4	20
Daily	9	45
Annually	--	--
Never	2	10
Visit with Birth Mother	**N = 20**	**%**
Monthly	3	15
Weekly	5	25
Daily	3	15
Annually	3	15
Never	6	30

Interaction with birth father

While youth had less contact with their birth fathers than birth mothers, they were in touch with their fathers fairly frequently. Fifteen percent reported talking with their birth father every day, 20 percent spoke to their fathers weekly, and 15 percent were in touch monthly. What is notable is that a high percentage of youth (65 percent) reported that they never saw their fathers (see Table 18).

Table 18: Interaction with Birth Father		
Talk with Birth Father	**N = 20**	**%**
Monthly	3	15
Weekly	4	20
Daily	3	15
Annually	2	10
Never	8	40
Visit with Birth Father	**N = 20**	**%**

Monthly	3	15
Weekly	2	10
Daily	1	5
Annually	1	5
Never	13	65

Perceptions of legal status

Sixty percent of youth said that someone had talked to them about having their caregivers assume legal guardianship or adopt them. Seventy percent said they would be happy to have this happen. Seventy percent of youth reported that they had contact with a caseworker while living with a relative caregiver, and 45 percent felt the caseworker was very helpful. Only 45 percent reported that the caseworker had spoken to them about guardianship or adoption (see Table 19).

Table 19: Perceptions of Legal Status

Legal Guardianship	**Response**	**%**
Anyone talked to you about your caregiver assuming legal guardianship or adopting you	No	60
How would you feel about your caregivers assuming legal guardianship or adopting you	Happy	70
Contact with Caseworker	**Response**	**%**
Do you have contact with a caseworker while you have been living here (Q. 51)	Yes	70
If yes, how helpful do you feel your caseworker has been to you (Q. 52)	Very helpful	45
Has your caseworker talked to you about guardianship or adoption (Q. 53)	No	45

Services received during the past year

In Table 20 we identify the various services that the children received while in care. Sixty five percent or more of the youth we spoke with received the following services:

Medical exams
Individual counseling
Dental exams
Eye exams
Transportation to visits
A summer vacation

Fifty percent or more reported attending the following:

Summer camp
Group counseling
Family counseling
After school tutoring
All of the youth said they went on field trips.

Table 20: Services While in Care		
Services Received in Past Year	**N**	**%**
Medical exams	15	75
Dental exams	14	70
Eye exams	14	70
After school tutoring	10	50
Went to summer camp	11	55
Had a summer job	3	15
Individual counseling	15	75
Group counseling	11	55
Family counseling	10	50
Transportation to visits	13	65
Went on field trips	20	100
Went on summer vacation	13	65

Goals and plans for the future

Eleven of the 20 youth we interviewed wanted to go to college, and they aspired to a wide range of professions: doctor, biologist, pediatrician, computer analyst, engineer, entrepreneur, lawyer and judge. Four wanted to participate in martial arts or sports. Others were focused on finishing high school, going into the Navy, earning a degree in Spanish language, becoming a professional basketball or football player, a sports illustrator, or the first Black female President. What becomes clear is that these children do see for themselves a future and they have a positive vision of their lives. This certainly supports earlier studies that found that children being raised by relatives have a more positive outlook about themselves and their future.

Summary of findings

In general, the findings of this project proved to be consistent with those of previous studies. Children feel better when they are living with their kin and their kin want to care for them. They need services to support the care that they are providing.

Caregiver profile

Relatives represented all income levels, with one third living in poverty and another third with income levels above $40,000 and some college education. The majority were retired and owned their own homes. Most were grandmothers and aunts. The main reasons they were raising their kin were parental neglect, abandonment and alcohol and drug abuse. In some cases a parent was deceased.

> *"Grandparents should be able to get help without going through the court or agencies."*
>
> *A Grandmother*

Administrators had positive experiences working with relative caregivers, and real respect for their high level of commitment.

Caregiver needs and services

Administrators, relative caregivers and youth described similar needs for kinship families, though they gave these slightly different rankings. Administrators rated major needs as follows: mental health services for children with emotional problems, ADHD and other special needs; financial assistance, respite care, and legal assistance. By comparison, caregivers listed their top five needs as financial assistance, medical help for children, respite care, emotional support and social support. Youth saw financial help as their caregivers' most pressing need, followed by housing and transportation.

Youth needs and services

Administrators identified the needs of youth in kinship families as support groups, summer camps, recreational activities, after school programs and tutoring. Caregivers viewed the needs of youth somewhat differently: medical and dental services, and transportation. The youth themselves reported that they needed clothing, financial assistance and transportation.

General perspective on needs and services

Each group of interviewees was clear on the need for financial help and basic necessities such as clothing and furniture. Unfortunately agencies have little control over the financial assistance that's available for relative caregivers. They can make referrals, and some agencies provide emergency funds, but usually financial assistance for relatives depends on state and local child welfare policies.

Medical care for youth is also rated as very important; it seems to be provided for most of them because they are in the legal custody of the child welfare system.

Once these three areas are taken care of, the emphasis shifts to mental health care, recreation, and support services. Several agencies mentioned in this study provide all of these, including respite care and transportation. Most offer support groups and parent training. Few are able to provide mental health care, family and individual counseling, or respite care. More of all of these kinds of services are needed to help kinship families thrive.

> *"Caregivers want your support to get stabilized and then they (want you to) exit their lives."*
>
> *Administrator*

Caregiver well being

Not surprisingly, relatives said that caring for kin brought about changes in their home and personal life, as well as their spiritual and social activities. They had less energy and less time for personal activities and visiting with friends. Every group of interviewees noted the relatives' need for respite care and social support. Many agencies provided social support groups.

Caregivers also needed counseling to help them raise children who were experiencing mental and emotional problems. This was not always available, particularly when children were outside the formal system.

Despite the extra work and sometimes intense demands of raising kin, about half of the relatives described their situations as challenging yet rewarding.

Youth well being

Both caregivers and the youth themselves reported that they were doing well, and were able to adjust to their new family situations after some initial rough spots. The children said they had many friends, participate regularly in several activities, and felt safe, happy, loved, secure, and a true part of the family. They had frequent contact with their birth mothers and fathers, but the majority expected to continue living with relatives through the next year or until they

were adults. Their aspirations for the future were high: many wanted to go to college and become professionals. Administrators observed that these youth would need help pursuing their goals as young adults.

In a nutshell

We must find more and better ways to help relatives regardless of the legal status of the children in their care. Most of the caregivers in this study sample did not have legal custody, and some had children in both the informal and formal systems. Relatives especially those in the informal system are not receiving the services they need for their children or for themselves, for several reasons: they can't afford them, or the services do not exist in their area, or there are not enough services to go around. The two strongest methods of improving the situation at this stage appear to be willing, widespread coordination of services among agencies and organizations, and the development of well-publicized information and referral services.

PART FOUR: THE CASEY KINSHIP SERVICE STRATEGY (CKSS)

Overview

Relative caregivers are among the unsung heroines and heroes of American family life, and there is no question that we need to help them and the children they are raising. More children entering formal foster care are being placed with kin as the result of a decrease in traditional foster homes and the requirements of the Adoption and Safe Families Act. Current national census figures make it reasonable to assume that the percentage of children living with relatives in both formal and informal arrangements will, at the least, hold steady for years to come.

We need to offer these families a full range of services, now and well into the future. Over half of the children coming into formal kinship care are under the age of six. More than two-thirds of the kinship families that already existed at the time of this study have children six or older. Most are children of color, have been removed from their birth families because of abuse or neglect, and have been placed in a home along with a sibling. The families they become a part of often face problems that can include unusual mental and emotional stress, physical difficulties, and economic privation.

The fact is that most informal kinship families are just barely surviving. Still, the majority of relative caregivers we interviewed would prefer to stay out of a government system. This can bring on unnecessary family hardship, as many caregivers are not aware of services that exist beyond formal systems. Even when caregivers do know about resources for informal families, the likelihood is great that they are older, less mobile, and unable to take advantage of services outside their immediate neighborhoods.

The biggest question that comes to mind when looking at the struggles these families experience is this: how can we help them without forcing them into the child welfare system? We don't want to stand by and watch as their condition deteriorates, which it often does without some outside help. Legislation to authorize government services to kinship families has made some strides, but still lags well behind what is necessary and is sorely lacking for those in the informal kinship system. The private sector in general has been more responsive to meeting kinship family needs, and some private agencies receive government funds for certain services, but even so, the private sector has a limited reach.

It's encouraging that when families know about services that are in their communities, they make use of them. The greatest demand appears to be for programs that provide information and referrals. Throughout our interviews, caregivers said repeatedly that they need a simple process that will allow them to contact one program, usually by telephone, to get information about all of the resources that can help meet their needs.

Financial assistance is also very high on the list of resources requested by kinship families, but it is the least available for those outside the formal system. Some states have programs that provide temporary or emergency aid to kinship families. In all of the urban centers in this project -- Baltimore, Maryland; Pittsburgh and Philadelphia, Pennsylvania; Atlanta, Georgia; and Los Angeles, California – legislation has been enacted to assist kinship families but funding has lagged behind. However, limited resources are available to relatives caring for kin outside the government system in all of the jurisdictions.

Maryland has a long history of providing family services, and a state policy requiring that certain services be provided to kinship families. However, it has yet to develop a service system for informal kinship families. Relative caregivers in the informal system who learn about Temporary Assistance to Needy Families, or come to the attention of the state through other means, can take advantage of this resource if they choose, but financial aid through TANF is nominal. Maryland is one of the states given a federal waiver to use foster care funds to provide kinship services to those kinship families in the child welfare system.

Pennsylvania has chosen to use the private sector to deliver services to kinship families, including those in the formal system. Georgia's Relative Care Subsidy Program creates a permanency option for children placed with kin. California, while getting off to a late start, is now vigorously engaging communities in designing and planning the state's response to informal kinship families. While all of the states included in this study are to be commended for paying attention, they have quite a way left to go, especially when it comes to serving families in the informal system.

Casey Family Programs has the opportunity to make a considerable contribution to all kinship care families. For a brief time, it worked with informal kinship families; now it is primarily focusing on relative caregivers in the formal foster care system. Because the agency's foster care caseloads are limited, it has a well-controlled environment in which to test promising approaches to kinship family service. Casey's physical offices are spread out across the country, so it has continual, firsthand experience of many different communities and cultures where initiatives for kinship family support can be developed. Its reach gives it

the ability to provide leadership at every level, and to bring state, urban and community resources together in a truly effective network of services.

The information gathered during this study has provided the means to outline a model for developing a "Community-Based Kinship Service Strategy" (CBKSS). It is meant to provide a blueprint to communities that want to improve services and support for all kinship families. The CBKSS provides guidance on putting together two kinds of community-based initiatives: early interventions that can sustain informal kinship families, and the creation of resource networks among service providers. Its objectives are as follows:

- To bring together all interested participants who support a common philosophy to provide service and support to relative caregivers and their children.

- To connect the organizations, agencies, programs and resources which provide services to relative caregivers within a community, through written and oral agreements.

- To promote the development of new services and methods of intervention which meet the service needs of all relative caregivers.

- To create access to services by using every available means of communication: the Internet, email, newsletters, print media, radio, television, and other public forums.

- To advocate for appropriate increases in government funding for kinship family services.

The Community-Based Kinship Service Strategy has four components, described below. Of course, these will require adjustments to fit the configuration of any given community.

The driving idea behind the strategy is that coordination between community resources is the most efficient, economical way to offer better access to kinship family services. Usually these resources are not connected in ways that can reach the greatest number of families. When they are brought together in a working relationship, they can take advantage of each other's expertise. For example, if an agency demonstrates expert ability to handle an emergency resource such as food, all groups in the community can focus on helping that one agency become the acknowledged primary source of local emergency food distribution. This gives a boost of support to the agency that is best prepared to handle the work, and pinpoints the resource for families in need. Using this approach the CBKSS

model can be useful in helping communities to organize the way their resources are brought to bear on the problem of meeting the needs of kinship families.

Kinship Information and Referral Service (KIRS)

The purpose of the Kinship Information and Referral Service component is to provide a very convenient, focused way for kinship families to get information about resources in their community. When necessary, direct referrals can be made, with a follow-up to make sure that the family has received immediate attention. At minimum, this component needs to include the following features:

- A central information and referral call center with a universal access number available 24 hours a day, 365 days a year. The system should ultimately connect all participating agencies and organizations in the community. Experienced personnel must be available to respond to calls that require special handling; other calls can be directed electronically to the appropriate resource.

> *"If I could have just had one place that I could call when I needed help it would have made all the difference in the world to me."*
>
> *A Grandmother*

- A routine distribution process to widely share information about resources and services using the print mediums, such as community newsletters, public service announcements, and newspapers.

- On-line access to all pertinent information through a web site linked to all providers of relevant services. The site should be updated regularly or a minimum of once a month.

- A referral and response system that includes an immediate confirmation capability with a follow-up to each participant within 30 to 60 days.

The Kinship Information and Referral Service is a critical part of the CBKSS because it links all of the community's relevant agencies, services and organizations. It is the most requested resource and is the least threatening form of service that can be made available for participation by all kinship families. It can be developed at a state or local level or by a separate organization in the community and it should not have any eligibility requirements for its use. The best results will almost certainly come from a system put together locally, which

will help achieve the goal of offering caregivers the most convenient access to resources.

To get the service started, all of the participants must agree to become part of a single, integrated network that allows kinship families to go to one source for information. A process can be put in place to systematically identify all appropriate resources while asking each organization or agency to become a part of a central data bank. As resources are contacted – and this might be a fairly continuous process as new services and support became locally available -- information describing a particular service and how to obtain it can be entered. All providers need to commit to updating their information on a regular basis to keep it current and useful. They might also need to chip in with some financial support to sustain the central information bank at least until an ongoing funding source can be established.

One positive result of this service is the connection of data sources and services throughout a jurisdiction, be it a community, an urban neighborhood or a state. The strategy is to start by creating networks in smaller areas where its value can be easily seen thereby generating a vested interest in its maintenance. As gaps in services are discovered, they can be addressed, and over time the local databases can be expanded through links with larger areas.

In some communities there might be an agency that already has the means and the desire to set up the KIRS component, while in others it will need to be developed. However it is accomplished, a one-stop, round-the-clock information and referral center that can be accessed by phone or the internet is the most important and most requested first step toward helping all kinship families.

Several such programs we visited for this project have features worth emulating. The Grand Central Resource Center in Philadelphia is a good example of an agency taking responsibility for gathering and disseminating information to local relative caregivers. The Center gets its information from every possible source, including caregivers, and enters it into a database that is shared at the neighborhood level. It operates on a very small scale at this time but the Center is respected and supported by the larger community, and its database could be enlarged into a citywide resource for kinship caregivers in Philadelphia.

Atlanta and Baltimore have organizations that have established 24-hour telephone “warm lines” -- The Giving Tree and The Family Tree. Both programs offer an immediate response to the concerns of kinship and other families. LA has the Hotline/Warm Line, operated by Grandma’s House, a program funded by the Los Angeles County Department of Children and Family Services. The line provides access to emergency assistance, information and referrals, and uses

trained caregivers to handle phone calls. These three systems demonstrate that it is possible to provide a general information service in a way that encourages a target population to think of it as the first number to call. It's worth noting that all three organizations listened to their constituencies before designing their phone services.

Effective as these programs are, they still need an organized follow-up system to make sure that caregivers are connected to the right resource and are given a response. Over time, this additional step will give the system credibility, and help sustain its continued use.

There are several points to remember when it comes to establishing a Kinship Information and Referral Service. It's important to begin with a tight geographic focus, collecting information about resources in the local community, before expanding to include a larger and potentially less accessible area. Information about the phone service must be made highly visible through every method that makes sense. Last but not least, relative caregivers need to take ownership of the system alongside service providers, and apply their experience to the creation of a genuinely helpful service.

Kinship Emergency and Relief Services (KERS)

The purpose of Kinship Emergency Relief Services component is to provide an organized, community-based system for responding immediately to urgent needs for financial aid, food, clothing, furniture, medical treatment and protection on the part of kinship caregivers and their children. The system should connect electronically or by phone all emergency resources in the community, including hospitals, shelters, child protective service agencies, food and clothing pantries, and transportation services.

During interviews for this project, relative caregivers emphasized that they really need help providing accommodations for children, especially when they take in an infant or toddler. This does not always involve actually moving to different housing, but more often means acquiring appropriate furniture, especially for infants and toddlers. While it may sound like a simple problem, having this kind of resource available can be a crucial element in stabilizing families early on and keeping them out of the child welfare system.

The key features of this component (KERS) of the CBKSS are:

- A primary agency or organization that assumes responsibility for coordinating the application process for relative caregivers in need of

emergency help with an application process that has minimum eligibility requirements for immediate help to be given.

- A continually updated resource file on all emergency services in the community, including those available through public agencies, religious institutions, private agencies, community organizations and other individual or group sources of help. The file should include descriptions of services, contact names, program requirements and agency locations.

- A process that accurately tracks the use of emergency services daily and is updated a minimum of once a week. This process also identifies unmet needs so that other resources can be acquired where possible.

- A follow up process that ensures that all requests are responded to and services are received when a resource is available.

Building this kind of system requires that one or perhaps two agencies or organizations accept the responsibility of serving as the main point of contact for relative caregivers. In the early stages of designing an emergency relief system, agencies that provide similar services need to form agreements with each other to avoid duplication and to identify gaps. For example, all agencies that supply furniture can come together as an organized group, and coordinate distribution locations for kinship families. The same process can be used for other services such as respite and clothing. This way, when caregivers contact one agency, they instantly gain access to an entire network of help and do not have to go from place to place.

When we reviewed programs for this project, we did not identify any jurisdictions that had created this kind of emergency service network although there could be some elsewhere in the country. A few agencies offered some form of emergency help to relative caregivers and some caregivers were able to meet their needs with assistance from family members, churches, and, occasionally, the local public welfare office. When they went outside their family to seek emergency help, they had to spend precious time and energy trying to find it. Once again, it’s clear that having a single point of access would make life much smoother for kinship families.

Creating the Kinship Emergency and Relief Services will take a lot of time in most communities. It will be easier to start with small, community-based resources before expanding the strategy to larger agencies, considering the tasks

at hand: reviewing all available potential emergency resources, bringing providers together, and designing ways to consolidate access to their services. Somehow agency boundaries and perceptions of turf will need to be overcome, along with the desire to keep operating in familiar ways. But organizing the Kinship Emergency and Relief Services will go a long way toward keeping kinship families out of the system, and in the short term will help relatives care for their kin with the least amount of frustration and difficulty. It is the most critical resource that is needed to stabilize these families at the earliest point and will do the most to keep the children from ending up in the child welfare system only to be moved back with the relative after another relative resource has been found. It is not good practice to remove children on a temporary basis when the situation can be resolved by making available emergency services.

Kinship Support and Self-Help Services (KSSHS)

Kinship Self Help and Support Services are usually provided by community-based groups, including churches, other faith-based organizations, caregiver support groups, programs that provide special services for children, and organizations such as Alcoholics Anonymous. The crucial factor with respect to kinship families is the same one that drives the other components of the CBKSS: easy access. The following are key components of KSSHS:

- Organizations, agencies and individuals who provide technical or special assistance to grassroots groups, kinship support groups, and social organizations in the community.

- Groups that provide special self-help services in areas, such as Alcoholics Anonymous, Parents Anonymous and similar groups.

- Organizations that provide consultation, financial and technical support and other resources to neighborhood-based groups to support special projects, events and activities.

- Organizations that support leadership development, formation of coalitions and advocacy among kinship caregivers to improve and increase services.

Throughout our interviews, relative caregivers consistently recognized the value of participating in caregiver support groups. While the groups we visited varied according to the needs and requests of the members, the participants' response was always the same: these groups give them a rare opportunity to share and discuss common concerns, trade insights, and get a little respite. Groups that had

assistance with transportation, or from a staff person who handled meeting logistics, were more likely to have better attendance, more active discussions, and more resource people coming to meetings to help resolve problems or provide information.

Another important finding was the value of linking caregiver groups. In Los Angeles, where a number of Grandparents as Parents support groups have formed a coalition, the benefits of connection are clear. By working together, the groups are able to share information, and increase each group's access to all services in the area – not just those in their immediate neighborhood. They also gain power as a united group when they champion legislation for increased services at county and state levels.

In Baltimore, an agency called The Family Tree is responsible for operating a Parents Anonymous group. The organization uses a self-help approach to guide parents who are at risk of abusing or neglecting their children. Parents come together to support one another and learn to deal responsibly with the ups and downs of raising children. They are provided with training and other services to help them behave in positive, consistent ways. The same concept has been adapted for relative caregivers having difficulty caring for their kin, demonstrating that it's possible to transfer techniques from one self-help group to another.

A Second Chance, Inc., an agency in Pittsburgh, has found a way to combine self-help with an unusual approach to respite care. One of the most urgent needs in its kinship foster care program was for respite care, but there was no money in the budget for it. The agency now asks each of their kinship caregivers to identify someone who can provide back-up relief at the point they begin with them. The person who is chosen goes through the same approval process as the kinship foster parent, so there are two licensed providers available to care for the children. When the primary caregiver needs a break, the back-up comes in. The dollars which would ordinarily go to the primary caregiver for that period of time are transferred to the back-up caregiver. Everyone comes out ahead: one caregiver gets some free time, the other is paid for providing care, and the children are safely looked after.

These creative approaches to service delivery began as self-help arrangements for relative caregivers. Taking a fresh look at the roles that relative caregivers can play is a useful strategy to fill gaps in services. There are many opportunities to transfer techniques and methods. We don't necessarily need to develop totally new programs; we can simply take another look at what exists to see how things can be expanded or modified. Connecting the support groups together will provide an opportunity for information as well as resources to be shared.

Providing staff support to kinship caregiver support groups is also a necessary resource that broadens their access to resources they would otherwise not have.

Kinship Public & Private Services (KPPS)

The last component in the CBKSS is the Kinship Public & Private Services, a process that connects public and private agencies in a community. Agencies agree to weave their services together, so they can identify services that are already available and identify where services are missing. The ultimate goal is to reduce the number of places a relative caregiver has to visit in order to get help and to better organize the process for identifying gaps in services. As is the case with the other components of the CBKSS, Public & Private Services will be easier to establish if a single agency assumes responsibility for managing the process. Its key features include:

- Establishing a memorandum of agreement between all government and private agencies to work together in supporting kinship caregivers. The agreements will detail the services provided to relative caregivers by their respective agencies.

- An agreement that includes a commitment from each agency to develop clearly written and simplified intake procedures for meeting any requirements to receive services.

- An intake process that, where possible, consolidates the services being offered into a single entry point for caregivers. One of the most complicated things to arrange when agencies collaborate is the development of a common intake process that can be used by multiple agencies. Still, the potential rewards are great. A unified process can be economical and fast, reducing paperwork and speeding up service delivery. An intelligently streamlined intake process can also serve as template for use in other agency programs.

- A process where collaborating agencies share information electronically, making the most of the Internet and email and establishes a method of tracking service use that also identifies unmet needs.

- A collaborative approach to advocacy on behalf of relative caregivers that not expands access to existing resources and helps to develop new ones.

- A public information dissemination process that communicates information about services available to caregivers using all media.

A Second Chance is also a successful example of how the private sector can work with government and private agencies to expand services for relative caregivers. The agency was founded exclusively to provide services for kinship foster parents. It works closely with the Department of Aging on building an advocacy program that empowers relatives to bring their needs to the attention of local and state agencies. A Second Chance also has seniors working with senior relative caregivers, helping them locate resources that range from transportation to assistance with a child who has special needs. This senior-to-senior effort frees staff resources at the agency to be used for other kinship work, and makes use of older volunteers in a wonderfully relevant way.

Getting started

The process described for each of the four components of the CKSS are only intended as basic guidelines for the development of a kinship family service strategy. Much more work is needed to refine the plan – work that can be done only when a community starts the process. The first step is for all interested individuals, organizations and agencies to come together in a series of meetings to talk about the overall process. These meetings can be followed by discussions to refine specific concerns connected to each component, and at that point a community strategy can begin to take shape. It will make sense to tackle one component at a time, in sequential order, so lessons learned can be applied as the process moves along.

> *"If there was a place that I could call, where the phone would be answered and the person could at least tell me where I should go to try to resolve my problem or get help, I would be able to do the rest."*
>
> *A grandmother*

Developing a plan, and putting it into action, will require long-term commitment from everyone involved. The ideal places to begin are communities where government and private agencies have expressed willingness to work in concert with caregivers. They will lead the way in responding to unmet needs, and supporting caregivers in their desire to act on their own behalf.

Conclusion

Relative caregivers are a strong, invaluable, generous part of our society. For the most part they are grandparents, who often deny themselves retirement and accept living in reduced financial circumstances in order to raise their grandchildren. As caregivers, they pour their energy into meeting the physical and emotional needs of the children, and do a superb job of letting them know that they are loved and will be protected as long as necessary. It is not surprising that studies, including this one, show that children who can't stay with their birth parents usually fare best when they live with relatives.

Grandparents from all income levels and in all parts of the country readily acknowledge that they need occasional help raising their grandchildren, but they do not want to be bound by court and agency rules in order to receive it. They are independent and prefer to meet offers of support at least halfway. As one grandmother said, "If there was a place that I could call, where the phone would be answered and the person could at least tell me where I should go to try to resolve my problem or get help, I would be able to do the rest."

As we think about what we can do to support kinship families, we need to focus on helping them the way that they want to be helped. Creating yet another government program is not the answer. Yet there is a role that the government must play in developing resources to help these families. It is clear to all that there is no way that the government could meet the placement needs for the millions of children that are now being cared for by relatives. The cost for not responding to their needs is far greater financially and socially.

Making existing resources and services more available to all kinship families is a good beginning. Finding imaginative, practical ways to come up with the resources it will take to fill the gaps is a responsibility we must begin to accept, with the same spirit of resolve shown every day by millions of relative caregivers.

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20. **"KIDS Count Data Book - State Profiles of Child Well-Being,"** The Annie E. Casey Foundation, 2001.

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31. **"Report on Child Safety and Permanency in Illinois for Fiscal Year 2000,"** John Poertner and Philip Children's Bureau, The Urban Institute, June 2000.

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List of agencies and interviewees

The Kinship Care - Assessing the Service Needs of Relative Caregivers and the Children in their Care Project was completed in three phases including interviews with program administrators, directors, managers, supervisors and other individuals that are providing services to relative caregivers and children. In phases two and three face-to-face interviews were conducted with thirty-three caregivers and twenty children, respectively. These interviews provided information about the services to caregivers, identified unmet needs of families and provided insight into the perceptions and feelings of caregivers and children about their well being. Names of individuals and agencies to be included were identified through recommendations from individuals working in kinship care, from persons identified during the literature review and from suggestions made by interviewees.

The names of the caregivers and children are not being provided in accordance with confidentiality agreements. However a complete listing of the agencies, programs, and organizations that were visited or where key individuals were contacted and the name of the interviewee are included in this listing. Information was obtained through site visits, via telephone and face-to-face interviews with others while attending workshops during conferences.

Agency Program and Organization	Contact Person
1. Annapolis Family Support Center - Annapolis, Md.	Tonya Fulwood
2. Anne Arundel County Department of Social Services - Annapolis, Md.	Edward Bloom Dorothy Boyle
3. A Second Chance, Incorporated - Pittsburgh, Pa.	Dr. Sharon McDaniel Mark Cleveland L'Tesha Gamble, Sam Adams, Margaret Ledbetter James Freeman Margaret Ballow
4. Associated Black Charities - Baltimore, Md.	Johnnie Smith
5. American Association of Retired Persons - Baltimore, Md.	Donna DeLeno Diedre Rye
6. Aid to Children of Imprisoned Mothers, Inc. - East Point, Ga.	Ayanna Swain

Agency Program and Organization	Contact Person
7. Baltimore City Department of Social Services - Baltimore, Md.	Yvonne Gilchrist Brenda Ransom Claudietta Johnson Brenda Kess Margaret Johnson
8. Baltimore County Department of Social Services - Towson, Md.	LaFrance Muldrow
9. Boston Aging Concerns - Young & Old United, Inc. - Boston, Mass.	Stephanie Chacker Ann Wright-Meyers Anne Silverman
10. Catholic Charities - Faith Works Wonders - Forestville, Md.	Deborah D. Mackell
11. Child Welfare League of America - Washington, DC.	Mattie Satterfield Dana Wilson
12. Charles Drew University of Medicine & Science - Los Angeles, Ca.	Dr. Ernie A. Smith
13. The Casey Family Programs - San Antonio Division - San Antonio, TX.	Don Arispe
14. The Casey Family Programs - Baton Rouge Division, Baton Rouge, La.	Ethel Harris
15. The Casey Family Programs - Bay Area Division - Walnut Creek, Ca.	Gayle Wilson
16. Child Welfare Institute - Atlanta, Ga.	Zelma Smith
17. Department of Citizen's Services, Office of Children's Services - Grand Parents As Parents - Ellicott City, Md.	Ellen A. Willingham
18. Department of Human Resources - Atlanta, Ga.	Doris Walker
19. The Edgewood Project - San Francisco, Ca.	Don Cohon
20. Family Resource Planning Action Committee - Maryland	Denise Fisher
21. Family and Consumer Sciences Agency - DeKalb County, Ga.	Jessica Hill Marie Trice
22. The Family Tree	Annette Saunders

Agency Program and Organization	Contact Person
23. Fulton County Department of Family and Children Services - Atlanta, Ga.	Gloria Patterson
24. Grand Central Kinship Care Resource Center - Philadelphia, Pa.	Sandra Y. Cross Chartan Nelson
25. Grandma's Kids, Temple University for Intergenerational Learning - Philadelphia, Pa.	Sannah Crawford
26. Grandparents As Parents - the Vintage Program - Pittsburgh, Pa.	Paula Davis
27. Grand Parents As Parents - Howard County, Md.	Larry Crouse
28. Grandparents United - Wisconsin	Ethel Dunn
29. Grandparent Support Group - Cherry Hill - Baltimore, Md.	Ethel Ellison
30. Grandparent Information Center - AARP - Washington, DC.	Margaret Hollidge
31. Grandparent's Support Group - Legal Aid Society - Baltimore, Md.	Yvonne Matthews
32. Grandparents As Parents - Frederick, Md.	Patricia Owens
33. GrandMom-Community Advocates Association for Children and Youth - Philadelphia, Pa.	DuJuan Scott
34. Grand Parents As Parents Support Group - Sherman Oaks, Ca.	Sylvia del Toledo
35. The Giving Tree - Atlanta, Ga.	Leslie Greenberg
36. Howard County Department of Social Services - Columbia, Md.	Samuel Marshall
37. Intergenerational Resource Center - Montgomery County, Md.	Theresa V. Long
38. Kinship Caregivers Resources Group - Baltimore, Md.	Claudia Dock
39. Kinship Care Services - State of Maryland - Baltimore, Md.	Mildred Gee Cynthia Harlee-Williams Myra White-Gray

Agency Program and Organization	Contact Person
40. Kinship Care Resource Center - Baltimore, Md.	Dr. Earline Merrill
41. Kennedy Krieger Family Center - Baltimore, Md.	Melissa Hackey-Arnold
42. Los Angeles County Department of Child and Family Services - Los Angeles, Ca.	Teresa Contreras Madeline Jackson Eric Marts
43. Maryland Intergenerational Coalition- Baltimore, Md.	Louise Korwin
44. Maryland League of Foster & Adoptive Parents - Baltimore, Md.	Deborah Greene
45. Maryland Association Of Retired Persons - Baltimore, Maryland	W. Lee Hammond
46. Maryland Governor's Office for Children, Youth & Families - Baltimore, Md.	Pamela Johnson
47. Maryland State Legislature - Annapolis, Md.	Senator Delores Kelley
48. Maryland Department of Aging - Baltimore, Md.	Susan L. Russell Sue F. Ward
49. Maryland School Age Child Care Alliance - Baltimore, Maryland	Maxine Seidman
50. Maryland Disabilities Law Center - Baltimore, Md.	Gayle Hafner
51. Project Healthy Grandparents - Georgia State University - Atlanta, Ga.	Dr. Susan Kelley Judy Perdue
52. Prevention Network - Community Coalition - Los Angeles, Ca.	Saul Sarabia
53. Philadelphia Department of Human Services - Philadelphia, Pa.	Kathy Cross
54. Restoration Community Development - Annapolis, Md.	Sheryl D. Menedez
55. Roots - Atlanta, Ga.	Toni Oliver

Agency Program and Organization	Contact Person
56. Services to Families With Children - Baltimore City Department of Social Services - Baltimore, Md.	Wilma Davis
57. Super Grandparents '93 - Philadelphia, Pa.	Wilhemina Green Patricia Sample
58. Temple University Center for Intergenerational Learning - Philadelphia, Pa.	Anita Rogers
59. Texas Department of Protective and Regulatory Services - CREST Project - San Antonio, TX.	Janet Garza
60. United Seniors of Maryland - Baltimore, Maryland	Charles Culbertson
61. Youth Intervention Program - Los Angeles, CA.	Leticia Shaw Margo Wainwright Yakiciwey Washington
62. YWCA of Annapolis - Annapolis, Md.	Alice Harris Rachel Griffin