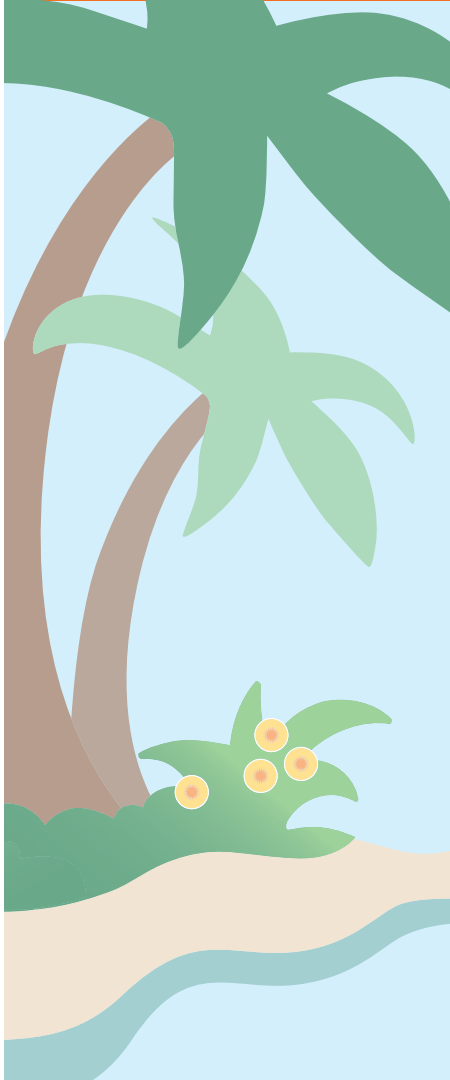


# Services for Youth and Families in Kinship Care

SUMMARY OF THE SPECIAL FORUM HELD AT THE  
2006 GEORGETOWN UNIVERSITY TRAINING INSTITUTES

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## Introduction

A series of Special Forums were held at the Georgetown University Training Institutes in July 2006 to provide opportunities for dialogue about critical issues in order to contribute to the development of future policy and technical assistance. The Special Forums were designed as interactive discussions about communities and populations with unique service needs, requiring specialized planning and service delivery approaches within systems of care. Specifically, the goals of the Special Forums were to:

- Summarize issues and challenges related to each topic
- Identify effective service delivery strategies for local systems of care
- Develop recommendations for policy and technical assistance that will support communities in implementing these effective service delivery strategies

Each Special Forum began with brief framing presentations summarizing issues and challenges related to the topic and offering examples of effective service delivery strategies. The remainder of the forum consisted of facilitated discussion among forum participants focusing on recommendations for services, financing, policy, advocacy, information development and dissemination, and training and technical assistance. The Special Forums were tape recorded and transcribed, and additional input was collected from participants through worksheets completed at the conclusion of each forum. These materials were used to prepare a paper summarizing the issues and recommendations resulting from each Special Forum.

This paper presents the issues and recommendations from the Special Forum on Services for Youth and Families in Kinship Care. Presenters included:

- Mary Armstrong, Ph.D., *Director, Division of State and Local Support, Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa, FL*
- LaSandra McGrew, M.S.W., *Program Coordinator, Kinship Care Connection, Florida Kinship Center, School of Social Work, University of South Florida, Tampa, FL*
- Cheryl Smith, *Kinship Care Connection, Tampa, FL*

## Issues and Strategies

### The Kinship Care Connection Program

LaSandra McGrew is the Program Coordinator for Kinship Care Connection, one of the programs offered by the Florida Kinship Care Center. She shared some of her personal background that spurred her involvement in kinship care. Though she was raised by her biological mother and father, many of her cousins and other relatives were raised in kinship settings either by an aunt or

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uncle or a sibling. When she was 12 years old, her parents became kinship caregivers, taking care of her nephew. This became an area she decided to focus on in her studies.

McGrew described the Florida Kinship Center at the University of South Florida, which engages in a number of activities related to kinship care, with the goals of: serving kinship care families in the Tampa Bay region and the State of Florida; conducting research that advances knowledge and understanding of kinship care; and engaging the resources of the center in partnerships that respond to kinship care needs and issues. The center has direct services such as a statewide 1-800 number called the “Warm Line.” In addition, the center serves as a clearinghouse of information on kinship care and has staff who organize and facilitate support groups all over the state. The center also offers training, education, and advocacy, as well as research and evaluation on how best to work with relative caregivers. Additionally, the center operates a school-based program called “Kinship Care Connection.”

The Kinship Care Connection was created based on a needs assessment that found a high incidence of burden experienced by people as a result of taking care of a relative’s child. Further, interviews with relative caregivers found that kin children frequently experienced difficulties in school. Thus, the primary interventions provided to children by the Kinship Care Connection include mentoring and individualized academic support. This goes well beyond traditional tutoring—staff meet with the teacher, develop a plan with the teacher, educate the teacher about specific issues related to the kinship

care situation that the child is living in, and develops an actual case plan with the teacher’s participation and buy-in. Support groups and counseling also are provided for the children.

Curriculum-based support groups are provided for the caregivers. Typically, the support group begins with the curriculum, and participants then bring up current issues they are dealing with in rearing their relative’s children. Comprehensive case management services are provided, and the program has flexible resources that can be used to help families in any way that is needed—from buying necessities, to paying a utility bill, to helping with car repairs. Counseling is provided to caregivers as needed.

The Kinship Care Connection intervenes with the school by conducting presentations in schools in Hillsborough County; the program is attempting to expand this to other areas of the state. The presentations for social workers and other school personnel are designed to help them to better understand the dynamics of kinship care. Consultation also is provided to teachers and school administrators. Often, the program operates as a liaison between the relative caregiver and the school, because many of the caregivers may have difficulty advocating for the children, particularly with respect to special education and related services.

McGrew noted that the effects of the program are measured with a pre-test, post-test design for the both caregivers and children and qualitative reports from caregivers. Measures include a satisfaction survey related to the support group; a satisfaction survey assessing the overall program; a self-esteem scale

for the children; and measures to evaluate the children’s functioning. The Hare Self-Esteem Scale (HSS) is the instrument used for children; it consists of subscales of self-esteem in three areas—peer, school, and home. Findings indicate that children have considerable difficulty managing the dynamic of the home and the dynamic of the school. Once a determination is made as to the areas that are most difficult for an individual child, the program develops interventions to address the specific needs. The measure used for caregivers is the Caregiver Self-Efficacy Scale on which caregivers rate how effective they think they are in each of the following areas: behavior management, school issues, advocacy, emotional support, and provider issues. Based on the caregiver’s responses, a case plan is developed to help the caregiver feel more effective in particular areas. The program has achieved increases in the scores of the children and the caregivers. Caregivers improved a great deal in the area of advocacy, as the program emphasizes “being a voice for the child.”

The average age of caregivers in the program is about 52. The largest percentage of caregivers is grandmothers, 68% African-American, and 33% are caring for four or more children. Over half (51%) report that financial issues are their primary concern; they need money to be able to take care of these children. Over half (53%) provide informal kinship care. The program works with children from 5 to 12; the average age of children served is about 9. Two-thirds (65%) are living with the relative due to substance abuse.

According to McGrew, kinship care families have significant strengths. A major strength is the strong commitment of the relative

caregivers to keeping the family together, even through the many difficult situations that they face in raising these children and even if the children have special needs. Most work very hard to ensure that they provide for basic needs, such as food, shelter, and school. They recognize that, often, they are not able to do a lot over and above basic necessities, but they are committed to meeting these needs. They are willing to explore alternatives in many areas, such as new discipline strategies and new ways of communicating with the children. For many of the caregivers this is their second time around raising children, and they understand that they cannot do it “old school” or the way they did it with their biological children. Siblings who are raising their siblings recognize that they cannot do it the way that their mother did. Thus, a strength is their openness to new approaches.

The most prevalent practice challenge is the severity of family problems. McGrew pointed out that frequently there are complex issues facing kinship care families. Although the program is supposed to work with families for a duration of 19 weeks, sometimes families are seen for longer periods of time due to the severity of the family problems. Involvement or lack of involvement with the biological parents also can present challenges. Some relative caregivers reported that biological parents have too much involvement, and others never see the biological parent, which causes problems for the child. Learning disabilities and problem behavior from the children comprise another major practice challenge. Additionally, lack of support from school personnel is a challenge. There are times when the schools

have difficulty understanding the role of the program and how it can help and do not understand the severity of the problems faced by the child and family.

Kinship care is the fastest growing home care placement in the United States. Even for those states that are not fully licensing kinship care homes, there are fewer reports of maltreatment in kinship homes than in fully-licensed non-relative foster homes. Children in kinship care are less likely than children in foster care to have substantiated reports of maltreatment, and placement disruption is lower in kinship care than in foster care. The Kinship Care Connection program is funded by the state’s child welfare system and also receives funds from the Children’s Board of Hillsborough County, which is funded through property taxes, as well as foundation support.

### **A Kinship Care Provider’s Perspective**

Cheryl Smith is a grandmother who is involved in kinship care and is actively working with the Kinship Center. Smith introduced herself as “number one grandmother” and related that she has custody of six grandchildren, ages 6 through 16, two girls and four boys—all the children of one daughter. She has had these children for eight years. She noted that this is a really difficult task. “But the person that you’re looking at is very committed to doing what she’s doing.” She emphasized the importance of help in fulfilling this role. “I have to tell you what gets me through the day. We have to stick together as a unit of human beings for our children because our children are our future. We want productive citizens. We want them to be as healthy spiritually, physically, mentally, and only we, as the adults,

can do it. But without the services of Kinship Care and the services that they, in turn, give to us, I would have been lost. I really thought I was the Lone Ranger.”

Smith described some of her challenges and needs as a caregiver. She underscored the importance of people to listen and help. “Each child comes with their own problems. We need more people, such as social workers, to take the time to listen to children and caregivers and to help them.” In addition, finances are a major challenge. Ms. Smith lives on a fixed income as a retired nurse. But it is important to her that her grandchildren have a roof over their heads, clothing on their backs, and food on the table. “Those sound so trivial to someone who is working, but when you’re taking care of six children, it can become very tedious.” In school, Ms. Smith is the advocate for her grandchildren, no matter what the issues. She noted that whether or not the biological parents are involved, “It’s still drama, no matter how you look at it due to the fact the children are not with their parents.”

Smith struggled when the children came to live with her. Ultimately, Kinship Care came in and was “a life support.” Smith shared that she has been doing this for eight years and gets tired. Yet, she is committed to raising her grandchildren. “I have to be there. I have to be there because I want to be there, because I choose to be there, and because I love them...I don’t want you to forget that most of us grandparents are truly committed, we’re going to give it the best that we can give, but we cannot do that without your help and your support.”

## Recommendations

### Service Delivery

- *Provide mental health services to children in kinship care*—Many of the children in relative care have parents with mental health or substance abuse problems, which puts them at high risk for these disorders. Mental health services may be needed for these and other mental health issues related to their situations. Kinship Care Connection has a referral process and partnerships with community-based mental health agencies.
- *Provide a range of services and supports to kinship care families*—Both caregivers and children in kinship care situations often need a range of services and supports. Kinship Care Connection is an example of the types of supports needed by kinship caregivers. A team approach is needed to address needs including counseling, working with the schools, addressing children's special needs, etc. These services and supports should be available to families whether the placements are formalized or informal relative placements. A system of care grant awarded to the child welfare system in Clarke County, Nevada is targeting kinship caregivers and the children who live with them. In addition to a statewide kinship needs assessment, the system of care has five kin care coordinators funded through a nonprofit organization and a network of volunteer mentors.
- *Provide support groups for relative caregivers*—Support groups providing peer support can be highly effective for kinship caregivers. A group was started in a Wyoming community called "Parenting Second Time Around" to provide mutual support to grandparents raising their grandchildren. Kinship Care Connection also organizes and facilitates support groups for relative caregivers, using a curriculum for initial structure. These approaches should be developed in other states and communities.
- *Provide respite care to kinship caregivers*—Some respite services are only available to caregivers over a certain age. Respite services should be provided with no age restrictions.
- *Recognize, respect, and address the differences between traditional foster care and relative care*—It is important to understand the differences between

foster care and relative care in terms of family dynamics. These differences must be recognized, respected, and addressed in the delivery of services and supports.

- *Reach out to identify and engage kinship care families*—Strategies are needed to reach out and locate kinship care families to offer services and supports and to connect them with others. The Kinship Care Connection program goes into schools, since all children go to school whether they're in kinship care, foster care, or with their biological parents. Getting a strong footing in the schools leads to referrals, particularly given the challenges that many of these children face in the school setting. A toll free line also can be an effective vehicle, along with advertising in newspapers, participating in radio programs and interviews, and connecting with community-based care agencies.
- *Provide services for youth in transition to adulthood*—Youth in kinship care often are not eligible for the transition services available to youth in the child welfare system. Advocacy efforts are needed to make these services available to youth in kinship care.
- *Help kinship caregivers to explore various guardianship options*—Assistance should be provided to relative caregivers to explore and weigh the various options for informal caregiving, guardianship, foster care, or adoption to determine which option best meets the unique needs of their child and family.

### Financing

- *Provide financial subsidies to kinship caregivers*—Subsidies should be given to assist relative caregivers. For example, Florida has a "relative caregiver subsidy" that families receive if the children have been adjudicated dependent to the relative. If children are not adjudicated, then the placement is considered informal and the family may only be eligible for TANF dollars. A county in Nevada licenses relative caregivers as foster parents, and there is also a TANF program called Kinship Care that provides financial support to grandparents who are caregivers. Other places have had to create ways to find funds to support relative

## Recommendations

caregivers. Advocacy efforts are needed to implement strategies for financial assistance to kinship caregivers. If relative caregivers are not supported, the children may ultimately end up in foster care.

- *Provide financial assistance to enable relative caregivers to adopt their children*—In Oklahoma, a program through TANF is called Supported Permanency. The program has monies to help kinship caregivers adopt the children legally, while helping to meet the child's needs. In some cases, they qualify for a monthly amount even once the kinship adoption is final, for example, if the child has special needs. Wyoming has a similar program.

### Policy and Advocacy

- *Explore a guardianship option*—An option of “guardianship” may offer a viable approach for formalizing kinship care arrangements and retaining eligibility for financial aide and other services and supports that the families might lose with adoption.
- *Advocate that states recognize kinship care*—Some states do not recognize kinship care at all, and children in those states do not receive any type of subsidy if they are in a relative placement.

### Information Development and Dissemination

- *Study and disseminate information about the various types of structures under which kinship care can operate*—There are different structures for kinship care that provide different types of financial aide, services and supports, oversight, and authority and control to relative caregivers. They range from informal placements to situations in which the children are in the custody of the public child welfare system. There may be implications for the possible future reunification with biological parents based on which approach is chosen. Issues should be studied and elucidated regarding relative caregivers who have guardianship of their children and the public child welfare agency is not the custodian, versus the child welfare system remaining as the custodian and the relative caregiver being a foster parent to their own relative children. This decision typically is highly individualized, since some relatives do not want to

be part of a system, while others recognize how challenging it can be if it is not a formalized placement through the system and seek this assistance. Often, the dynamic in relative care is that if the child's parent, either one or both, are living, there is the hope that the children will be reunified and that the kinship care situation is temporary. That may be a reason that people do not want to have child welfare system involvement (which may push for permanency planning) or do not want to formalize an adoption. It is a different dynamic which needs to be understood in order to provide effective support. The best option for a family must be determined on an individual case basis, taking into consideration the children's ages, the parents' track record, what has been occurring, and the strengths and needs of the kinship care family.

- *Undertake public awareness activities to increase the knowledge about the extent of kinship care and recognition of its importance*—Public awareness would help to generate resources to support kinship care and would help to identify families in this situation who may need support.

### Training and Technical Assistance

- *Teach skills to kinship caregivers so that they advocate for their children on an ongoing basis*—Although intervention programs may be time limited, they should focus on teaching advocacy skills to relative caregivers so that they can follow through on actions taken and continue to advocate for their children in situations that arise in the future. Caregivers should have access to support and consultation over the long term, even if particular interventions are time limited.
- *Provide education and training to kinship caregivers on how to navigate child-serving systems*—Information, education, and training are needed by caregivers to help them understand and navigate systems including education, child welfare, mental health, and others.

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