

**MEETING THE NEEDS OF NON-CERTIFIED
KINSHIP CAREGIVERS:
EXPERIENCES IN FIVE COLORADO COUNTIES**

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Disclaimer

Although the findings from our study incorporate a wide range of perspectives on kinship care, they are based on information gathered from selected individuals in only five counties out of the sixty-four counties in the state. Therefore, they cannot be generalized to represent all of the needs of the kinship caregivers nor all the programs counties may have put in place to meet those needs. Nevertheless, we hope the broad themes uncovered through these interviews will spark further discussion and be useful to policymakers and practitioners as they seek new approaches to better serve this population.

II. EXECUTIVE SUMMARY

Over the last two decades, placement of children in non-certified kinship settings has been a growing trend in child welfare. The following study assesses the needs of the uncertified kinship care population and examines programs in five Colorado counties to address those needs. Interviews were conducted with child welfare administrators, caseworkers and their supervisors, TANF supervisors, caregivers, kinship alumni, support group coordinators, and mental health providers. Interview protocols examined the interviewees' interaction with the caregivers, child welfare, and/ or the TANF division. Questions focused on the services, supports and training available to both the caregivers and caseworkers. The major areas of need identified by study participants were then organized by theme and discussed in separate sections. The information obtained will help in the design of programs and policies aimed at further supporting the non-certified kinship homes in Colorado.

The responsibilities of Child Welfare in supporting uncertified kinship care are extensive and include overseeing the exchange of a large amount of information between the caseworkers and caregivers, assessing and establishing safe and permanent placements, and ensuring there are knowledgeable caseworkers who are able to individualize the supports and services offered to kinship caregivers. Several approaches used by counties to meet these responsibilities include:

- Establishing specialized kinship units within a child welfare department to focus on the needs of kinship caregivers
- Requiring county training sessions on kinship care for new caseworkers
- Training a specialized kinship caseworker to act as resource to caregivers and caseworkers
- Modifying the SAFE assessment tool and creating a summary focused on safety and permanency
- Providing referral packets and/or orientation sessions and educating caregivers to make informed decisions
- Using group meetings including Team Decision Meetings, Family Group Conferencing and Family Group Decision Making to engage kin in the planning and decision making process
- Creating a Child Welfare computerized county data base to increase caseworker efficiency and improve communication between services used by kinship caregiver

“The majority of kids are in special education so kinship caregivers have to deal with IEPs, school meetings, advocating for child, credit issues for older kids, transportation issues, visitation sessions, court appearances, multiple day treatment appointments all of which can cause work disruptions and disruption of normal family routines, especially if there are two parents who work full-time.”

Meeting Financial Needs:

Decreasing the financial burden imposed on kinship caregivers was cited as the most significant need by the majority of interviewees. A sample of the approaches used by several counties to help address this need included:

- Educating the community about potential financial resources available to the non-certified caregiver, including TANF Child Only
- Training TANF technicians to better understand and address kinship caregivers' needs
- Creating a TANF Unit specifically to assist the kinship caregivers in accessing TANF Child Only and other supports
- Increasing the caseworkers understanding of TANF through direct training and/or access to a TANF technician for support
- Decreasing the length of time to obtain TANF Child Only eligibility and minimizing the required paperwork involved in maintaining TANF
- Promoting caseworker's ability to use TANF funds creatively with an emphasis on cost-effective, long-term investments
- Providing funds to supplement child care costs for those not eligible of CCCAP

Addressing emotional needs of kinship caregivers:

Interviewees also stressed the need to address the emotional and psychological strain on caregivers caused by the demands of navigating multiple systems and the complex family dynamics that are typical of kinship care arrangements. The approaches used to meet these needs included:

- Referring caregiver to orientation programs provided by child welfare or to other educational resources in the community
- Directing kinship caregiver to support groups either within child welfare or in the community
- Using multiple means of providing needed information and support including phone lines, newsletters and internet sites
- Using TANF funds to offer respite care for kinship caregivers

Meeting the needs of children in kinship care:

For the children in non-certified kinship care, the areas of need fall under three main areas: helping the caregiver support the child, addressing the child's mental health issues, and supporting academic success. Examples of how several counties were addressing those needs included:

- Educating caregivers on how to deal with a child's mental health issues through support from knowledgeable caseworkers, parent education classes and/or psycho-educational support groups
- Funding pro-social activities and providing opportunities to connect children in kin care

- Delivering child and family mental health services within community settings using qualified volunteer mental health providers
- Providing specific support for caregivers to navigate the school system and access special education services

Helping kinship caregivers navigate the legal system:

Non-certified kinship caregivers frequently referred to the demands of managing the legal issues involved in caring for their kin. Methods used to address these legal needs were:

- Establishing partnerships between child welfare and legal clinics or courts to minimize cost and streamline the permanency process
- Including information on legal issues in caregiver information packets and orientation sessions
- Using TANF and other funds to help cover legal fees

Administrative level support:

Many of the needs identified through the interviews require broad support at an administrative level within county agencies. To address those needs, several counties are using the following approaches:

- Identifying the common purposes of Child Welfare and TANF, breaking down silos and creating a “high fidelity” wrap-around county plan to address kinship care needs
- Establishing kinship specialty units within Child Welfare and /or TANF to oversee the assessment, support and training of caregivers and/or caseworkers
- Promoting regular participation of child welfare personnel in community groups and/or in cross-county meetings to share information and experiences related to kinship issues

Overarching themes:

Combining several counties’ innovative practices with the recommendations made by interviewees in other counties, a number of key suggestions to further meet the needs of the non-certified kinship caregivers emerged from this study. These suggestions are as follows:

- Breakdown the ‘silos’ of Child Welfare and TANF by finding common purposes and improving coordination between these two key sources for kinship supports
- Provide training for both child welfare caseworkers and TANF technicians to advance their understanding and ability to address kinship caregivers’ needs

“For a child, it feels a whole lot better if they are able to say ‘I’m going to grandma’s’ ...sheets smell familiar, I have my stuff there already, cousins are still there, I can still have my dog, same school, I can still see my parents... all the same people still love me.”

Child Welfare
Caseworker

- Improve access to TANF Child Only and minimize the work involved in maintaining eligibility
- Promote a caseworker's creative and efficient use of funds to meet the *individual* needs of kinship families and create long term and stable kinship placements
- Improve accessibility to a variety of community supports for kinship caregivers and children, particularly in the areas of mental health and school-related issues

Conclusion

Kinship caregivers are making a significant difference in the lives of children who, for a wide range of reasons, are not able to live with their parents. It is encouraging to see more attention paid to this heretofore unsung population of caregivers. The distinctions that have been made between these caregivers, based on the circumstances that compelled them to take in their kin, are less important than the ability of county agencies and non-profit community groups to use funding *flexibly* to meet their *individual* needs. With passage of *Fostering Connections*, and the additional flexibility it allows in the use of Title IVE funding for subsidized guardianship and caregiver education and supports, Congress is acknowledging what the research demonstrates about the potential benefits of kinship care. We hope that many of the approaches taken by the counties included in this study can serve as models for the rest of the state as Colorado implements this new federal law.

III. INTRODUCTION

Over the last two decades, placement of children in kinship settings has been the fastest growing trend in child welfare (Cuddeback, 2004). The increase in the numbers of children in kinship care has been attributed to multiple factors including the growth in federal support for these caregivers, inadequate numbers of foster homes, and greater numbers of children being placed in out of home care. In Colorado, the percentage of children living out of home who were placed by child welfare in kinship settings rose from 11.4% of placements in 2000 to 16.5% in 2006 (Child Welfare League of America). As more children move into kinship care, local, state and federal practices and policies affecting this population have gained increasing attention (Geen, 2004; Gordon et al, 2003),

The importance of understanding how to best support kinship placements has been further reinforced by studies showing children in kinship care have as good or better outcomes than children in foster care (Winokur et al, 2008; Conway, Hutson, 2007). Children in kinship care, for example, have more placement stability, fewer behavior problems, and are less likely to be involved with Youth Corrections. Despite these and other positive findings, the literature also indicates that many kinship placements do involve significant difficulties including elderly and/or unprepared caregivers, limited financial resources, and inadequate support for caregivers who must navigate the multiple systems necessary to meet the needs of the children in their care (Cuddeback, 2004).

Federal legislation has provided states with the opportunity to broaden their support of this kinship population. Through the Adoption and Safe Families Act (ASFA), federal funds are made available to relatives who meet the same licensing standards as non-relatives for foster care certification and the law also allows waivers for some licensing standards for kinship settings (Jantz et al, 2002). Though no protected federal funding was established specifically to support the *non-certified* kinship care setting, ASFA did promote placement of children with kin and contributed to further growth in the number of kinship arrangements.

More recent federal legislation, *Fostering Connections to Success and Increasing Adoptions Act of 2008* (P.L. 110-351), includes sections specifically promoting the use of kinship care and improving the services and supports available to kinship caregivers. The Act, for example, requires notification of relatives within thirty days of a child's removal from the home and allows use of federal search services to locate a relative. The Act also promotes subsidized guardianships giving states access to federal Title IV-E funding to provide financial assistance for those children who move out of foster care to live with relatives. Also included in the law is the ability to use Title-IV-E training funds to fund educational programs directed towards both prospective and current relative guardians as well as for a range of kinship service providers, including private child welfare agencies, court personnel, advocates, and private, non-profit agencies.

The purpose of this study is to better understand the needs of the *non-certified* kinship caregivers in Colorado from the perspectives of the kinship caregivers as well as those who work to support them. The study also explores how these counties are working to address the needs of this population and what suggestions study participants have for improvements at the state and county level. The information obtained will help contribute to the overall understanding of Colorado's non-certified kinship families and to the future development of the training and services needed to support both the caregivers and the children in their care. (See Section II for more information about study methodology.)

Terms used in report The following definitions are provided to help clarify the terms used in this report. The literature has used the term *kinship foster care* to refer to cases which have any involvement with the court system. In some of the interviews, the term was also more broadly used to

refer to a variety of kin settings, ranging from kin who were caring informally for children to kin who had completed foster care certification. For the purposes of this report, the term *non-certified kinship caregiver* will be used to refer specifically to kinship caregivers who have *not* completed certification and may or may not have had contact with child welfare or the court system.

How this report is organized This report is organized to first provide a general description of the trends in non-certified care as seen from the interviewees' perspectives. The major areas of need identified by study participants will then be discussed in separate sections, organized by theme. Each of these sections will also include examples of approaches taken by counties to address those needs. Recommendations made by interviewees to enhance the services and supports available to kinship caregivers will be included, when available, at the end of each section.

IV. METHODS

The characteristics used in selecting the five counties for this study included population size, rural versus urban predominance, ethnicity, poverty level and available kinship resources. All counties contacted were cooperative and helped facilitate the arrangement of meetings or interviews as requested. A total of 64 interviews were conducted. The following is a list of the groups of individuals who participated in the study: child welfare administrators (6), caseworker supervisors supervisors (11), intake and ongoing caseworkers (21), TANF supervisors (3), caregivers (22), kinship alumni (2), support group coordinators (2), mental health providers (4), and other community support providers (3).

Separate interview protocols for the following groups were developed: child welfare administrators and supervisors, child welfare caseworkers, non-certified kinship caregivers, TANF division staff, and mental health workers. For other interviewees who did not fit into one of these categories, a general interview protocol was modified as needed (for example, support group coordinator). All interview protocols were piloted and minor modifications made based on experience with the first set of interviews.

The content of the interview protocols focused on the background of the interviewee and their interaction with the non-certified kinship caregiver, the child welfare system, and/or the TANF division. Questions were also included on the services and supports available, as well as the training available to caregivers and child welfare caseworkers. All interviewees were then asked for their recommendations on how to improve the system of services for non-certified kinship caregivers. Interviews were done in person in two counties and over the phone in the other three counties. Although several interviews were in a group format, the majority were done individually and conducted by two researchers. Interviews were transcribed and the information analyzed for prominent themes, innovative approaches and recommendations.

Lastly, in reporting our findings, every effort has been made to avoid including any information that would allow readers to identify study participants. The names of the interviewees have been kept confidential. In describing initiatives within counties, we also do not identify the counties by name in order to further protect the confidentiality of the interviewees. We instead assigned counties an alpha designation (A through E) to allow comparisons throughout the report.

The findings from this study are based on information gathered from selected individuals in only five counties out of the sixty-four counties in the state. Therefore, they cannot be generalized to any larger population either in the selected counties or in the state as a whole. Nevertheless, we hope the broad themes uncovered through these interviews will be useful to policymakers and practitioners as they seek new approaches to better serve this population of caregivers.

V. GENERAL VIEWS ON NON-CERTIFIED KINSHIP CARE

Trends The majority of those interviewed said that placement with kin is currently a priority in their county when out of home placement is necessary. Consistent with national trends, child welfare administrators and staff also reported that the overall number of children in kinship settings has increased significantly over the last several decades. They also reported increases in *non-certified* kinship care settings in the last few years. In some counties, the number of kinship settings that are non-certified has far surpassed the number of *certified* kinship settings. As one support group coordinator observed, “the growth of non-certified kinship care has gone over the last two years from not recognized to the newest trend for service providers to focus on.”

Profile of Caregivers The description of the population of non-certified kinship caregivers given by those participating in the interviews was largely consistent with the findings in the literature (Cuddeback, 2004; Gordan et al, 2003). Caregivers are from all socio economic levels and are primarily grandparents, followed by aunts and uncles. In many cases, single grandparents are caring for multiple grandchildren. The primary reasons for children being placed in these settings, according to interviewees, are drug and alcohol abuse and domestic violence. The descriptions given of caregivers ranged from grandparents 40 to 50 years old still working and raising their own children to one caregiver who was described as a “90 plus” great-grandparent caring for several teens. The recent growth of the older grandparent group was noted in one county which reported having fourteen *great* grandparent kinship caregivers in their caregiver support group.

The challenges and benefits of kinship care Interviewees reported that caregivers are often unprepared when faced with having to care for one or more children on an urgent basis. Especially challenged are the caregivers who take in young children with significant medical and/or developmental problems related to drug and alcohol exposure. Kinship caregivers, unlike foster parents, also have to address multi-generational problems and complex family dynamics. Caseworkers reported that the relationships and emotional issues involved in kinship care can create unique challenges that, if not addressed, can undermine placements.

Multiple interviewees spoke of the benefits for children placed in kinship care. Caseworkers said, in their experience, kinship placements tend to be more stable than foster placements, due in part to kinship caregivers being more likely than foster parents to “stick it out” when there are difficulties. Children in kinship care tend to experience fewer of the challenges associated with changing schools, neighborhoods and peer groups that children placed in foster care often experience. Most children are also more comfortable living with kin than they are in foster homes. As one caseworker stated, “for a child, it feels a whole lot better if they are able to say ‘I’m going to grandma’s’ ...sheets smell familiar, I have my stuff there already, cousins are still there, I can still have my dog, same school, I can still see my parents... all the same people still love me.” According to caseworkers, because of the ability to maintain relationships with their relatives, children placed with kin tend to be less traumatized by out of home placement than are children placed in foster care.

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Caseworkers reported that in general, it takes longer for children in kinship care to achieve permanency. Parents are sometimes more hesitant to agree to a termination of parental rights because of a feeling of trust that their relatives will take good care of their child and the belief that it is more acceptable for a child to be with grandparents than to be in foster care.

In addition, some *grandparents* may take longer pursuing permanency because it is hard for them to accept the painful realization that their own child may never be in a position to resume full parental responsibilities. In contrast, several of the grandparents interviewed felt the delay in establishing permanency for their grandchildren was due to what they saw as the county's over-emphasis on reunification. They believed that this over-emphasis caused officials to take too long to finally acknowledge that reunification with the birth parent was not a realistic option.

VI. THE ROLE OF CHILD WELFARE IN SUPPORTING NON-CERTIFIED KINSHIP CAREGIVERS

Child welfare caseworkers play many important roles for kinship caregivers including connecting them with financial assistance, providing help with family dynamics, easing access to other services, advising on legal options, accessing support groups, and providing them with other educational materials. The kinship caregiver's *initial* contact with child welfare presents the most intensive interaction of the caseworker with a potential kinship setting and the most opportune time for a caregiver to begin to learn about the different services and supports available to them as kinship care providers. Once the intake process is completed and the child is placed with kin, *ongoing* support becomes critical to stabilizing the placement and ensuring that the needs of both the caregiver and the child are met over time.

Variable levels of support from child welfare Interviewees stressed that the key to stabilizing kinship arrangements is to recognize and support the *individual* needs of the caregiver and the child. Kinship caregivers may come in contact with child welfare either on their own or as a result of a referral of a case to child welfare because of a Dependency and Neglect (D&N) charge. One of the challenges facing counties, however, is the need to be more proactive in addressing the needs of those kinship caregivers who are *not* involved in the child welfare system but whose circumstances place them at risk of future involvement if they fail to get adequate support in caring for their kin. A family may make an informal agreement on their own to have kin take in a child or the police may be involved but without any evidence of child abuse or neglect to prompt a call to child welfare. Kinship caregivers in these situations are faced with the challenge of navigating the system of available supports on their own unless a community organization is available to help them or they are persuaded to approach child welfare voluntarily to access assistance.

Regardless of how children end up in kinship arrangements, it was evident from the interviews that the ability of child welfare to use resources flexibly was critical to effectively serving this population. Interviewees saw this approach as an important preventive measure. For example, one caseworker in a smaller rural county, citing the need for a more proactive approach, expressed concern that her child welfare department was best geared to process D&N cases and had not adjusted to the needs of the growing number of at-risk, non-D&N kinship arrangements. An administrator in a larger county, on the other hand, felt that her division's ability to provide variable levels of support to the non-certified population had permitted the county to avoid some cases ending up involving a D&N and had prevented the need for more costly and traumatic foster care placements.

Projecting a more positive image of child welfare in the community According to interviewees, pride and a sense of personal responsibility can prevent some non-certified kinship caregivers from making contact with child welfare and accepting assistance. Several caregivers, for example, spoke of not knowing what was available to them when they took in their kin. As one grandmother stated, "I don't know what I don't know." Fear can also act as a deterrent – caregivers may feel anxious about being "under the thumb" of child welfare and having to divulge private information to the county agency. Interviewees voiced the importance of community outreach to counteract some of these barriers so caregivers will feel more comfortable approaching and interacting with child welfare.

Diligent searches for kin Caseworkers reported that completing a diligent search for available kin is a priority encouraged by their child welfare division. Caseworkers cited the importance of obtaining the full cooperation of the family in conducting searches and noted the use and benefits of internet search programs for carrying out this function. One case worker, for example, using an internet search program, was able to find the father of a child who was living in Lagos, Nigeria. This ultimately led to the successful placement of the child with an uncle residing in Texas.

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Knowledgeable Caseworkers Caseworkers and caregivers stressed the importance of caseworkers, particularly intake workers, understanding the unique issues and complex family dynamics involved in kinship arrangements. Caseworkers in several counties felt new caseworkers are coming into the system with little understanding of the financial and emotional demands on kinship caregivers. They felt CORE training focuses heavily on how to do diligent searches and correctly complete paperwork but provides only minimal information on how to understand and address the needs of the kinship caregiver. As one caseworker noted, “CORE training is more focused on how to find a relative than how to serve the needs of the kinship caregiver.” One caseworker in a smaller rural county spoke of having tried for over a year to find the time and resources to learn more about TANF on her own so she could help caregivers with the application process. The majority of interviewees felt additional training, specifically focused on kinship issues, would improve the caseworker’s ability to effectively assess needs and provide important information and support, particularly during the initial intake process.

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Immediate supports put in place When children are placed with kin on an emergency basis, immediate supports are often necessary to establish a safe setting for children and to provide for their basic needs. Most of these supports are dependent on the caregiver being eligible for TANF Child Only funds. Multiple caseworkers referred to the need for caseworkers to have knowledge of TANF and, more specifically, some ability to help the caregiver with the complex TANF application process. Difficulties successfully completing TANF paperwork can result in unnecessary delays in caregivers fully accessing available supports. (See Section V for more on TANF assistance.) While applications for TANF are being processed, caseworkers and caregivers also noted the need to use *other* funding sources within the county agency and to know where to direct the caregiver to non-profit supports in the community.

Providing information to caregivers Caregivers must learn how to access and complete applications and provide required documentation for Child Welfare, TANF, Medicaid and other assistance programs. They also need information to help them understand the long term impact of the legal decisions they may have to make, the particular needs of the child, and how to establish a new relationship with their children, grandchildren and other relatives. According to interviewees, providing this information to the caregiver in a timely but thorough manner is difficult, particularly in counties with limited kinship resources to support the caseworker. Several caseworkers seemed to struggle with how best to manage this responsibility. They stressed the importance of individualizing the manner and pace

with which they deliver information, often slowing down the process to avoid overloading the caregiver. Caseworkers also cited the additional challenge of communicating with caregivers who may be resistant to cooperating with child welfare. Interviewees expressed concern about the possible implications if caseworkers are not able to effectively provide the information caregivers should have in order to make informed decisions. One caseworker worried that kinship caregivers could be at risk of later abuse and neglect charges if they are not fully informed of the risks and consequences of taking on responsibility for their kin.

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Along with legal and financial information, caregivers may also need guidance on whether to pursue foster care certification or whether they should remain non-certified. Interviewees were asked about any discussions they may have had during intake related to certification. A range of answers were given. Few caregivers recalled having *any* conversation with their caseworker about certification and several interviewees in smaller rural counties said they were unaware that there had been any options in this regard. One grandparent in a rural county reported being told the certification process was required or the child would be removed from his care. And in another county, with significant resources for non-certified kinship settings, several caseworkers stated that incoming kinship caregivers are encouraged *not* to become certified because more support is available to them as non-certified caregivers.

Assessment of potential placements Caseworkers and caregivers were asked about the process they went through in assessing the appropriateness of kinship settings. In Colorado, use of the Structured Analysis Family Evaluation (SAFE) instrument for foster care and adoption placements is required. For *non-certified* kin, counties are not required to do these SAFE assessments and counties vary widely in their approach to assessing these placements. In several counties, SAFE assessments, with some modifications, are conducted for all non-certified placements through child welfare. However, an administrator in a larger county cited the prohibitive cost and time demands on her division if they were to adopt that practice. In several counties, staff reported that the intensity of the assessment is based on the circumstances of the setting and the case. One caregiver, despite receiving ongoing support from child welfare for years, could not recall her home undergoing any form of assessment stating “no one ever came to my home.” A number of caregivers also expressed resentment at having to go through *any* assessment process stating that they had always cared for their grandchildren and safety had never been an issue. In some counties, caseworkers receive support to complete portions of the assessment from others within the division or from contracted outside agencies.

Approaches Used to Address Needs

County A For kinship caregivers pursuing guardianship without a Dependency and Neglect case (D&N), County A is able to streamline procedures and bypass the full intake process. At initial contact, caseworkers identify kinship caregivers as eligible and refer them directly to the court system. For example, cases are diverted when grandparents and parents contact child welfare and are in agreement over custody issues. Once referred, the court takes on responsibility for the case, facilitates the legal process and then follows the case on an annual basis. As a result, child welfare and the caregiver can side step the costly and time consuming process of using child welfare for the support needed to establish permanency.

As an additional example of variable levels of support, County A cited their use of the Kinship Adoption-Link services for some kinship care arrangements which are considered to provide a safe, but not a long-term placement. Through this process, child welfare facilitates decision making by an adoptive family to allow a relative into the child’s life. One caseworker, for example, described the case of an

elderly great grandparent with an eight month old great grandchild. The grandmother did not want to place the child up for adoption despite the fact that the kinship placement could not be considered a permanent solution. Adoption Links facilitated the adoption by arranging for continued involvement of the great grandparent in the child's life.

If placement with kin is considered and child welfare *does* need to be involved, an intake caseworker sends a referral form to the Kinship Assessment Unit. A member of the Unit is then invited to attend a Team Decision Meeting (TDM) held within 72 hours of an out of home placement. The TDM is an approach used by the Annie E. Casey Foundation's Family to Family program¹ to promote the team model in making placement decisions and engaging the birth parents, extended family and service and agency providers in decisions regarding placement of the child. The county has made a strong commitment to convening TDMs regularly, both initially and when changes in placement are being considered.

The Kinship Assessment Unit is comprised of five child welfare intake caseworkers and one case aide. The caseworkers in this unit who specialize in serving kinship families receive more in-depth training on kinship care. When kinship placement is decided, the Unit assumes responsibility for the case, completes the assessment which includes a home visit, stabilizes the home, and keeps the case open for up to two to three months before transferring it, if necessary, to an ongoing general caseworker. The Unit intake caseworkers use a "referral packet" which takes them "step by step" through the intake process with the caregiver, including helping the caregiver acquire any necessary documents needed to complete applications.

When kinship placement is decided, the Unit assumes responsibility for the case, completes the assessment which includes a home visit, stabilizes the home, and keeps the case open for up to two to three months before transferring it, if necessary, to an ongoing general caseworker.

The Unit summarizes the findings from the assessment in a report entitled "Safety, Strength and Permanency Assessment" (SSP). The SSP focuses on two questions: Is the placement safe and is it potentially a permanent placement? A county attorney is involved in the assessment to reinforce the Unit's findings regarding whether or not a setting may be permanent. This legal input was put in place to avoid situations in which future changes in the plan might run counter to the recommendations of the Unit.

The Kinship Assessment Unit also oversees the trainings on kinship for both caseworkers and caregivers. Three day training sessions are held for new incoming child welfare caseworkers and include a component on kinship care. For non-certified kinship caregivers, optional orientations are offered once a month. About three quarters of the non-certified kinship caregivers in child welfare attend these orientations and, if they indicate at any time that they are interested in pursuing foster care certification, caseworkers contact them for follow up discussions regarding the certification process. Foster care certification training is also provided by the Kinship Assessment Unit.

County B Caseworkers and the child welfare administrator in County B emphasized the value of community outreach by their agency to promote a more positive, less adversarial image of child welfare. Child welfare staff, for example, has manned booths at community fairs to provide information about their agency's services. Flyers and other materials with their contact information have been distributed in the community. They felt that these efforts have resulted in a significant increase in the number of caregivers who have come forward to access services and supports.

¹ <http://www.aecf.org/MajorInitiatives/Family%20to%20Family/Resources.aspx>

Similar to County A, County B also provides differing levels of support for non-certified kinship caregivers. Kinship caregivers who are not involved in an open D& N case can bypass the full intake process and go directly to the county's specialized Kinship Support Unit to obtain further information and ongoing support. After options are discussed in a TDM, case workers in the unit complete a social history and a background check and then refer eligible caregivers to a legal services clinic to complete the legal process. Unlike in County A, the child welfare caseworker in County B remains involved in the case and does a minimum of three home visits over two months to ensure that the placement remains stable.

County B also provides differing levels of support for non-certified kinship caregivers. Kinship caregivers who are not involved in an open D& N case can bypass the full intake process and go directly to the county's specialized Kinship Support Unit to obtain further information and ongoing support.

The county has established a Kinship Support Unit to oversee case management of all kinship cases. At TDMs, family members are engaged in discussions of their options with kinship caseworkers and are encouraged to ask questions and to "say no" up front, if needed. When caregivers do decide to take in their kin, a caseworker from the Unit, using prepared packets of information, assists caregivers in completing TANF application requirements. The assessment of homes is completed by a separate unit called the Family Support Unit (FSU) using the SAFE assessments for both the certified and non-certified kinship homes. The Unit includes a home study worker and advocates for parents (birth, pre- and post-adoptive) and kinship caregivers.

In addition to the trained intake kinship caseworkers, the Kinship Support Unit has a child welfare caseworker who does not do case management but acts solely as a resource for both the caseworkers and caregivers on issues related to kinship care. To expedite the fingerprinting process for intake caseworkers, for example, the kinship resource caseworker has had training on fingerprinting and has access to portable live scan fingerprinting devices as well as funds to assist in covering the cost of fingerprinting for kinship families. The kinship resource caseworker can also be accessed directly by any kinship caregiver, including those who are *not* involved with child welfare but who might have questions related to kinship care. The resource kinship caseworker makes regular contact with caregivers in open cases on a monthly basis and once every three months for those kin not actively involved in the child welfare system.

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The child welfare intake process in County B and the ongoing exchange of information related to case management is facilitated by the creation of a specialized computerized program in the county's child welfare division. Information from intake, as well as from other outside sources, is fed into a centralized data base called Caseworker Application Timesaver (CAT). Information in CAT includes, for example, Colorado Benefits Management System data (CBMS), TDM notes, Foster Care Reviews, diligent search requests, SAFE findings, and data on services requested by and provided to families. The system, though not linked to the TANF database, is able to route to Intervention Community Corrections Systems (ICCS), juvenile case information, Colorado Trails, and Promoting Safe and Stable Families (PSSF) databases. CAT creates a paperless system for caseworkers and facilitates the application process for many of the services and supports needed by kinship caregivers.

For example, when an application on intake is made for TANF Child Only, the information needed can be pulled directly out of CBMS. The program also alerts caseworkers by email of important dates for kinship cases and uses data to generate valuable reports on trends and services within the division.

County C County C assigns all incoming child welfare cases to one of nine paired teams consisting of an intake caseworker, an ongoing caseworker and their supervisor. If the case is not a D&N, the intake worker can contact the Family Visitor program within the county to provide support and work further with the family. In cases where the kinship caregiver decides to pursue foster care certification, the general intake worker then transfers the case to a kinship caseworker within the county's Kinship Unit for further management. The specialized kinship caseworkers within that unit, therefore, work only with those kin who are completing the certification process; other kin cases not pursuing certification are managed by the general intake or ongoing caseworkers.²

When assessing kinship placements, caseworkers use a questionnaire to identify the basic needs and issues involved in each case. The overall approach on intake is based on a model that originally came out of Australia known as "Signs of Safety"³. According to the child welfare administrator, this approach focuses on a positive, cooperative, purposeful approach, building on the family's strengths. The practice attempts to create a less confrontational or investigative approach between the caregiver and child welfare. For all cases, information obtained from the Signs of Safety approach is then used to generate a matrix and identify the key areas of concern for the future management of the case.

To support the caregiver initially and on an ongoing basis, the child welfare division in County C regularly uses Family Group Decision Making (FGDM)⁴ and Family Group Conferencing (FGC)⁵ meetings to create and maintain safe and permanent settings for children. FGDM uses a trained facilitator to promote the collaboration and decision making within a family and to then help the family design a plan. The FGC approach makes the family the primary decision makers with only minimal involvement of the facilitator and relies on the belief that, given sufficient information and opportunity to assess the challenges, strengths and resources available, many families will arrive at a plan on their own that will serve the best interests of the child.

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² At the time of the report, this county was in the process of expanding the support provided by identified kinship caseworkers and their Kinship Support Unit to the group they refer to as "Relative Caregivers": relatives who care for their kin but do not have any involvement with child welfare

³ <http://www.signsofsafety.net>

⁴ <http://www.americanhumane.org/protecting-children/programs/family-group-decision-making/>

⁵ <http://www.frg.org.uk/pdfs/FGC%20Principles%20and%20Practice%20Guidance.pdf>

Summary of Approaches Used Within Child Welfare to Support the Non-Certified Kinship Caregivers

- Referral of eligible cases on intake directly to legal clinic with or without some continued child welfare support
- Use of Kinship Adoption-Links to facilitate adoption
- Specialized kinship case workers to manage intake and/or ongoing cases
- Identification of kinship caseworker to act solely as resource on kinship care to caseworkers and caregivers
- Team Decision Making (TDMs) initially and on regular basis
- Establishment of Kinship Units with responsibilities to include intake, assessment and/or training
- Information packets for caseworker and caregiver to review during intake
- Use of modified SAFE assessment tool for non-certified kinship placements
- Summary of assessment to follow case (Safety, Strength and Permanency)
- Advocates for kinship caregivers within the Unit completing assessment
- County Child Welfare computerized data base to increase efficiency and improve communication
- Education through community outreach about supportive role of child welfare and other services available for kinship care
- Family Group Conferences and Family Group Decision Making meetings to engage families in problem solving and planning throughout the management of the case

Recommendations Recommendations by interviewees focused on the preparedness of caseworkers to serve this population, the importance of individualizing the support for caregivers, and the need to reach out to caregivers who are not involved in the child welfare system. Many of the suggestions made were already being implemented in several of the other counties studied. Additional recommendations made by caseworkers in the smaller counties included developing a check list for intake caseworkers to use to cover important areas of need and more “tools” to help caseworkers assess the caregiver and the home. Caseworkers also mentioned the use of a questionnaire to help caregivers proceed through intake and to help both caregiver and caseworker have a more focused, in-depth discussion of what supports are urgent and what supports might be needed in the future.

VII. MEETING THE FINANCIAL NEEDS OF NON-CERTIFIED KINSHIP CAREGIVERS

Most caseworkers in the majority of counties studied said providing adequate financial support should be the highest priority in serving the non-certified kinship caregiver. In one county, an administrator estimated nine out of ten of the problems encountered in kinship placements were due to funding issues. She estimated that 40% of re-entries to child welfare in her county had been kin who had taken custody as non-certified caregivers, only to find that they were unable to follow through with the placement due to financial challenges. Discussion of these difficulties and different barriers to accessing available financial assistance took up a significant portion of the interviews with caregivers. The following section will outline the major issues related to meeting the financial needs of this population, as heard in the interviews. The significant concerns raised by interviewees about *legal* costs will be addressed in a separate section discussing the legal system and the non-certified kinship caregiver.

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Knowledge of financial resources available to kin TANF Child Only provides the largest source of financial support to the eligible non-certified kinship caregiver. Non-certified kinship caregivers involved in the child welfare system may learn about TANF through their caseworkers and may also receive additional help from child welfare in navigating the TANF system. Caregivers who are not involved in the child welfare system, on the other hand, are less likely to be aware of these supports. One caregiver, for example, did not know her granddaughter was eligible for TANF Child Only until six months after taking her in when she heard about this assistance through a fellow church member. In addition to knowledge about TANF, caregivers may also rely on caseworkers to inform them about other sources of help at the local, county and state levels such as Medicaid and community food banks. Caregivers who are not involved in the child welfare system, therefore, are less likely to hear about these supports unless they approach child welfare voluntarily or a community organization is available to play that role.

Rapid access to financial supports As mentioned earlier, caregivers who agree to take in kin on an emergency basis, often require immediate access to financial assistance to provide basic needs such as food and clothing and/or to establish a safe home environment for a child. Since the determination of TANF Child Only eligibility may take up to 45 days, caseworkers emphasized the need for an efficient TANF Child Only application process, or, in the alternative, the need to access other funds to support the setting on an immediate basis.

Eligibility for TANF Child Only Caseworkers and caregivers both spoke of the need to reassess the strict requirements for TANF Child Only eligibility to provide better support to kinship caregivers. In the interviews, these eligibility requirements were often a source of frustration for both caregivers and caseworkers. Some caregivers, for example, are hesitant to pursue TANF Child Only because they do not want to ask their adult child to provide them child support (a TANF requirement) in a time of crisis. Others felt the restriction to a 5th degree relative is too inflexible and risks missing arrangements that might, compared to foster care, actually be in the best interest of the child. Lastly, several caseworkers felt that the eligibility requirement that biological parents not be present in the home is often impractical and might create an additional barrier to successful reunification.

Caseworkers and caregivers both spoke of the need to reassess the strict requirements for TANF Child Only eligibility to provide better support to kinship caregivers.

Ongoing access to TANF Child Only technician For those receiving TANF Child Only support, regular contact with the TANF division usually involves completion of a Monthly Status Report (MSR) and an annual re-determination of eligibility. Many of the caregivers were comfortable with the procedures they need to follow to maintain TANF. Many felt that the technicians, inadvertently referred to in one county as their “caseworkers”, are accessible and attentive to their questions. Several counties’ TANF divisions also spoke highly of their interactions with the non-certified kinship caregiver population.

At the other extreme, the need to improve interactions with the TANF division was raised by a number of interviewees, particularly in smaller counties with fewer kinship resources. Several caregivers, for example, spoke of not having calls returned or having to interact with technicians who were not familiar with their case. One caregiver did not receive a check for several months, placed numerous calls, and finally contacted the supervisor only to learn that the technician had been away from work and had not entered her information for TANF Child Only. Another caregiver in a larger county spoke of her personal experience when transferring from having a kinship caseworker to only needing the TANF technician. “[It was] like a complete night and day; from supportive to making me jump through hoops to get help, on hold for hours at a time...from ‘what can we do to help’ to ‘prove to me you need help’.”

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In addition, the challenge of completing necessary paperwork on a monthly basis was raised by several caregivers. Errors or delays in completing the MSRs could result in fluctuations in, or even termination of, financial assistance and this caused significant anxiety for some of the caregivers interviewed. One caregiver spoke of her reluctance to complain when an error was made which she felt had been the technician’s fault: “I didn’t want them mad at me because maybe they won’t do everything.” After numerous difficulties and misplaced applications, she now hand carries the completed monthly forms to the TANF office and requests a receipt. Several caregivers also commented that large sections of the MSRs are not relevant to TANF Child Only. As one caregiver said, “I just fill in N/A, N/A, N/A. ...(it’s) a huge waste of money for the county.”

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Finally, one caseworker questioned whether TANF’s focus on attaining self sufficiency was the appropriate goal for kinship families. In her view, since many kinship caregivers are in fact helping the county avoid the typically higher costs of foster care, addressing how TANF could help in meeting the caregiver’s long term needs should be a higher priority.

Adequate amounts for basic needs The majority of interviewees spoke of the need to have adequate funds simply to cover the basic costs involved in raising a child. Many caregivers are “living on the edge” financially even before taking in their kin. When they take on the costs of raising a child - or often several children – the added financial burden can plunge them into poverty. Multiple caregivers spoke of using up retirement savings, jeopardizing their jobs, and/or turning to public supports to find help to cover some of the costs. The severity of the need for greater financial support reported by interviewees varied widely and in part reflects the amount of TANF funds available in each county to support the non-certified kinship caregivers. For example, in one of the larger counties with more financial resources, several caregivers felt they had received all the help they needed. By comparison, in a smaller county, one caregiver said the monthly financial support was “barely covering food expenses.”

The severity of the need for greater financial support reported by interviewees varied widely and in part reflects the amount of TANF funds available in each county to support the non-certified kinship caregivers.

Support for child care costs The cost of child care was cited as a significant financial challenge by a number of non-certified kinship caregivers. Several sources of financial support for this expense were cited including Colorado’s Child Care Assistance Program (CCAP), free early care and education programs such as half-day Head Start, and the TANF Child Only funds provided to eligible caregivers. Unlike TANF Child Only which is based solely on the income and assets of the child and not the caregiver, eligibility for CCAP is based on the *caregiver’s* work status and income. This was cited as a significant barrier for some caregivers to accessing the financial support needed to meet child care costs while they continued at their jobs.

Concern about the cost of child care varied widely by county with caseworkers in smaller, more rural counties stating child care was not a significant issue for most caregivers. Several caseworkers in larger, more urban counties, however, felt child care for the non-certified caregiver is a “major expense” for caregivers. As one caseworker said, child care is the “real killer financially” particularly for those younger grand-parents age 40 to 50 who are still trying to work full time.

Concern about the cost of child care varied widely by county with caseworkers in smaller, more rural counties stating child care was not a significant issue for most caregivers. Several caseworkers in larger, more urban counties, however, felt child care for the non-certified caregiver is a “major expense” for caregivers. As one caseworker said, child care is the “real killer financially” particularly for those younger grandparents age 40 to 50 who are still trying to work full time. Some supports may be in place but are inadequate. One caregiver, for example, needed full day coverage because of her work hours and had to decline the free half-day coverage through Head Start. She ended up paying out of pocket for full day care at another site.

Approaches Used to Address Needs

County A As described earlier, kinship caregivers entering through the child welfare system are referred to a Kinship Assessment Unit and, when eligible for TANF, are assigned to a specific TANF technician. For caregivers receiving TANF who are not involved with the child welfare system, additional supports are available from a Family Support Team (FST) within the TANF division. The FST reflects the commitment of the county to integrate child welfare and TANF, a commitment repeatedly reinforced throughout the interviews. The FST’s role is to determine eligibility for TANF Child Only but also to recognize and support the caregiver in dealing with other issues related to caring for their kin. The FST

also distributes a newsletter to TANF recipients, supervises support groups and manages a phone line for consultation and support to caregivers. According to a TANF supervisor, TANF technicians in this case are “able to go beyond just punching numbers to recognizing when a family needs more help and they would then involve the advocate or caseworker from the team.”

Similar to other counties, the child welfare division provides support to some families with child care assistance. Families are first assessed for CCAP eligibility and, if ineligible, may then be able to access additional kinship funds to cover costs, if needed. In addition, Head Start programs are routinely made available to children in kinship care. The county may use TANF funds to supplement the half-day Head Start program and create full day coverage for those caregivers who need it.

County B Citing a commitment to community outreach, County B recently completed a public awareness campaign to inform the community of the financial and other supports available in the county for the non-certified kinship caregiver. As a result, according to a child welfare administrator, the number of cases of TANF Child Only temporarily “skyrocketed” and caused some initial tension between child welfare and the TANF division.

For caregivers receiving TANF who are not involved with the child welfare system, additional supports are available from a Family Support Team (FST) within the TANF division. The FST reflects the commitment of the county to integrate child welfare and TANF, a commitment repeatedly reinforced throughout the interviews. The FST’s role is to determine eligibility for TANF Child Only but also to recognize and support the caregiver in dealing with other issues related to caring for their kin.

The child welfare intake workers in County B provide kinship caregivers with a packet of information which includes forms required to apply for TANF. The TANF technician assigned to the case has a designated caseworker counterpart in the child welfare division. The pairing of a TANF technician with a child welfare caseworker facilitates communication between the two systems when either has a question or concern about a particular kinship case. Interviewees credited this arrangement for a decrease in waiting time for TANF Child Only eligibility to only two weeks.

The amount of TANF funds made available directly to the non-certified kinship caregiver includes the basic monthly grant and a regular quarterly amount per child. In addition, caseworkers can also access additional funds of up to \$2,500 annually per child referring to a list of “maximum payment guidelines” for those expenditures.⁶ Caseworkers are encouraged to be creative and to consider the most cost effective means when using these funds to establish safe and permanent homes. Supervisors also stated they are highly supportive of caseworkers considering flexible use of funds to meet individual needs. As one caseworker said, they “just had to ask” and it would be considered. One caseworker spoke of covering moving costs for a kinship caregiver to relocate from a rural area to a city with needed medical services for the child. The request to cover these costs was granted because the alternative would have been to place the child in a residential facility, a placement that would have been significantly more expensive and less appropriate for the child over the long term.

In another effort to acknowledge the unique needs of kinship caregivers, this county has alleviated some of the TANF paperwork demands by offering the option of submitting MSRs every three months instead of monthly. This modification was felt to relieve the caregiver of the burden of repetitive

⁶ At the time of completion of this report, County B has had to discontinue the \$2500 annual allocation for children in kinship care due to county budget constraints.

submissions and to decrease the potential for errors and monthly variations in funds. It also saves the county the time and expense of processing these monthly forms.

County D In County D, a small rural county, caregivers applying for TANF Child Only support are assigned by alpha split to a general TANF technician. Minimal interaction occurs between child welfare and TANF. Due in part to the use of a contract with a local community organization to assist with the paperwork, the TANF application process time is on average only 25 – 30 days. Kinship caregivers are also given the option of completing the MSR every six months instead of on a monthly basis. In addition to the baseline TANF Child Only monthly amount, this county also provides a small amount of additional funds to certain kinship caregivers based on the age of the child in care. The kinship caregivers eligible for these supplemental funds are those who are caring for children for whom they have *temporary* guardianship; when a kinship caregiver has voluntary or permanent guardianship, they are no longer eligible for this additional assistance.

One caseworker spoke of covering moving costs for a kinship caregiver to relocate from a rural area to a city with needed medical services for the child. The request to cover these costs was granted because the alternative would have been to place the child in a residential facility, a placement that would have been significantly more expensive and less appropriate for the child over the long term.

Summary of Approaches Used to Help Meet the Financial Needs of the Non-certified Kinship Caregivers

- Outreach to inform public of available resources
- Assign specific TANF technician to caregiver
- Educate TANF technicians on needs of caregivers
- Pair TANF technicians with child welfare caseworkers to improve communication
- Create a Family Support Unit within the TANF division to provide broad support to the kinship caregiver, particularly for those caregivers without a caseworker
- Provide caseworker training on TANF to help them assist caregiver with TANF application process
- Shorten time to TANF eligibility using outside agencies or caseworker and technician support
- Offer to extend MSR requirement to every 3 or 6 months both to decrease chance of error and monthly fluctuations in stipends and to save overall processing costs
- Encourage flexibility and creative use of available funds by caseworkers to meet individual placement needs
- Promote an emphasis on short term investment to promote long term, stable placements
- Supplement cost of child care for those not eligible for CCCAP
- Use TANF funds to provide wrap-around coverage to supplement half-day Head Start for working caregivers
- Provide quarterly stipends to non-certified kinship caregivers in addition to monthly TANF Child Only grant
- Establish annual fund available through caseworker with maximum payment guidelines per child
- Provide additional monthly funds to kinship caregivers with temporary guardianship

Recommendations Many of the recommendations for further improvements from smaller counties often reflected the changes that had already occurred or were being actively addressed in the larger counties. Recommendations, for example, included the need to improve the interaction with TANF for caregivers and the need to break down the silos between child welfare and TANF in order to create a more collaborative relationship between the TANF technician, the caseworker and caregiver.

VIII. MEETING THE EMOTIONAL NEEDS OF THE NON-CERTIFIED KINSHIP CAREGIVER

Interviewees all stressed the need to address the considerable emotional and psychological strain on the kinship population caused by the day-to-day responsibilities and complex family dynamics that are typical of kinship care arrangements. These demands mean that this population often needs a higher level of support than do foster parents. Kinship caregivers also have to manage contacts with multiple agencies including home based services, life skills workers, therapists, community resources, nursing, and school services. One child welfare administrator, when asked what she saw as some of the challenges and stressors for kinship caregivers, remarked,

Interviewees all stressed the need to address the considerable emotional and psychological strain on the kinship population caused by the day-to-day responsibilities and complex family dynamics that are typical of kinship care arrangements.

“The majority of kids are in special education so kinship caregivers have to deal with IEPs, school meetings, advocating for child, credit issues for older kids, transportation issues, visitation sessions, court appearances, multiple day treatment appointments all of which can cause work disruptions and disruption of normal family routines, especially if there are two parents who work full-time.”

Education of the community about kinship care Since kinship caregivers must interact with multiple agencies and organizations outside of the child welfare system, caseworkers and caregivers spoke of the need to educate the public about kinship care so that the community can be more supportive of these families. Caregivers would like medical providers to fully recognize them as the primary caregiver and several also wished that their employers had a better understanding of the challenges they face in caring for their kin. Particular mention was made of the need for school systems to understand and recognize the unique role of kinship caregivers and provide them the support they need. For elderly caregivers in particular, the education system may be very different from what they experienced raising their own children. Interviewees were especially concerned that adequate support be given to those caregivers who have to navigate the special education system.

Establishing caregiver support groups The social isolation of kinship caregivers was a repeated concern raised by caregivers and caseworkers. Caregivers reported often feeling overwhelmed by the workload involved in kinship care. They felt they had little time to make or maintain social connections, date, or pay adequate attention to their spouses. Several caregivers of retirement age spoke of their intention to retire, sell their homes, purchase an RV and travel with friends, only to find that they had to abruptly shift to creating a new home for their grandchildren and, in some cases, returning to work. Many reported losing friends as a result of these changed circumstances. Where available, connections made in support groups were considered invaluable and, for some caregivers, these new relationships made up for the old friends they had lost.

Contact with other non-certified kinship caregivers through support groups produced other benefits as well. Caregivers had an opportunity to learn from one another about available resources, a significant benefit for those operating outside of child welfare and without caseworkers. Several felt that participation in groups that were sponsored by independent or non-child welfare agencies also allowed them to be honest with their questions and concerns without fear of repercussions from child welfare. For example, one caregiver found a pill in her grandchild’s pocket, and, fearing what might happen if she

involved her caseworker, first sought advice from other caregivers in the group. Lastly, *children* in kinship care are often able to accompany their caregivers to support groups. Such arrangements help caregivers avoid the need for child care while also providing an opportunity for children to meet others in similar circumstances.

Support groups for kinship caregivers operate under a variety of sponsorships including non-profit community service agencies, religious organizations, county child welfare agencies and caregivers. Non-profit religious organizations provide significant support across counties, often acting as, according to one coordinator, the “case managers” for those families outside of child welfare who are still in need of extensive support. Reflecting the increase in kinship arrangements, one

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non-profit support group coordinator reported that over the last two years, her group has experienced significant growth in attendance. Her own position has gone from part time to full time to meet the increased demand. Another coordinator reported that a year ago, at the start of his support group, 64 families had joined. In only one year, an *additional* 74 families have become members.

Accessible and varied means of delivering support to kinship caregivers Interviewees stressed that relying on a one-size-fits-all approach to provide support to kinship caregivers is not effective. Although support groups were recognized as valuable for example, barriers to accessing these groups were also cited. Some caregivers simply are not aware of their availability while others are so overwhelmed with the demands of caring for their kin that they do not have the time, child care or transportation needed to access them. As a result, caseworkers and caregivers cited the need for additional and varied means of establishing supports, such as newsletters, Internet sites and phone lines.

Basic parenting skills and help with family dynamics Caseworkers spoke of the need for parenting education, especially for older kinship caregivers who may otherwise repeat ineffective parenting practices they used with their own children or who may simply need to be updated on the most appropriate disciplinary practices. Some caregivers, for example, may not recognize certain behaviors as a concern such as a four year old who still insists on using a bottle. Parenting support also involves helping the caregiver to understand and manage the new relationships that occur when taking a child into a family. The importance of addressing these potentially complex relationships was reinforced by one caseworker who stated it is often more the family dynamics than the child which can undermine a placement.

Caseworkers and caregivers acknowledged, however, that the delivery of needed parenting information through required, structured parenting classes is not always welcomed by caregivers. Some caregivers feel that by attending they are under the scrutiny of DHS. Some caregivers are reluctant to participate for fear it would mean they are acknowledging problems within their homes. Resistance to obtaining training is also related to a sense of pride for some older caregivers who have already raised their own children and do not feel they need additional advice. One caregiver said he was required to go through certification training to take custody of his grandchildren and would not have attended the training otherwise. He remarked on the experience:

“They sent a girl to quote unquote train us...someone asked what is she doing down there trying to teach them when she had never been married or had kids. If they are going to send someone, send someone who knows something. I raised eight of my own. She may have been fresh out of college – nothing wrong with her as a person but she didn’t know what she was talking about.”

Without the requirement that non-certified caregivers participate in an educational program, some caseworkers said they lack any leverage to compel reluctant caregivers to attend parenting classes. Several caseworkers also questioned whether relying on parenting classes is, in fact, the most effective approach; in their experience, caregivers are more receptive if caseworkers provide advice on parenting in one-on-one sessions between the caregiver and the caseworker within the home environment.

Respite Services Several interviewees pointed to the need for caregivers to have a respite from caring for their kin. In one support group, a number of caregivers stated that they had not been away from the children for years at a time. Although respite programs are often available to *foster* parents, non-certified kinship caregivers do not have an organized respite resource. Persuading friends to provide respite is often difficult given that many caregivers are elderly and friends in their age group are not interested in “doing the babysitting thing” again. Caregivers may also be reluctant to seek respite and easily allow others to care for the child because of issues of trust and negative past experiences.

Approaches Used to Address Needs

County A This county provides parenting education and orientation sessions to kinship caregivers through their specialized kinship resource unit and also makes a kinship resource caseworker available to all kinship caregivers. The county bases their parenting education philosophy on the “Head and Heart Parent”⁷ program. Since children in kinship care often have to deal with many of the same issues of grief and loss as children going through adoption, caregivers are also directed to educational resources provided through adoption training. The child welfare department has organized a Kids Night Out⁸ program for children up to the age of 14 using funding from TANF. A source of respite for some caregivers, the program provides age appropriate activities for children and meets every two months.

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County C Supported through an educational alliance with Colorado State University Extension, a group of caregivers working with local agencies and private donors in County C collaborated to create a community-based support center for kinship caregivers. Funding for the program was provided by a private foundation, the county DHS and the Office on Aging. The caregivers created a job description for a full time “Kinship Navigator” social work position to address the needs of the community based group. Responsibilities of the position include coordinating the support group sessions, collaborating with local community supports and referring families to them as needed, connecting with caregivers on a regular basis, distributing a newsletter, and sitting on various workgroups relevant to the kinship population. The support group, in particular, is considered a real success. Child welfare caseworkers stated that they routinely refer caregivers to the services provided by this community based program.

To address the need for caregiver education, the Kinship Navigator’s responsibilities also include teaching a class entitled “Second Time Around” with an established curriculum addressing issues faced by grandparents caring for grandchildren. Topics include, for example, updating parenting skills and approaches to discipline, how to address one’s own needs, and, the legal and financial issues of kinship

⁷ <http://headandheartparent.com/>

⁸ <http://www.kidsniteout.org/default.htm>

care. This free class meets one evening per week over several months and is made possible through a grant from a local foundation.

The child welfare office, in addition to routinely referring families to the support group described above, is also in the process of developing a three hour training session for non-certified kinship caregivers. The training session will provide information on community resources, the legal system, and how to work as a team with the child welfare department. Optional additional training being considered includes CPR/First aid classes and possibly attendance at foster care certification classes.

County E A smaller, rural county, which does not have formal kinship trainings or orientations, does make an effort to refer caregivers to the National Fatherhood Initiative⁹. The Fatherhood Initiative is based on a national program through the federal Department of Health and Human Services to promote responsible fathering and effective parenting. TANF and Promoting Safe and Stable Families (PSSF) funds are used to help cover the costs.

Other County Examples Several county agencies and non-profit groups publish newsletters in print or on line so caregivers can learn about local events and supports. Family First¹⁰, for example, is a non-profit statewide organization that provides an array of supportive services to families including a Spanish family support phone line staffed by trained volunteers.

Summary of Approaches Used to Address the Emotional Needs of the Non-Certified Kinship Caregiver

- Offer Kinship orientation program available through child welfare
- Refer caregivers to supports providing education on similar issues, for example, the Father Initiative and Adoption classes
- Provide kinship caregiver support groups through child welfare
- Refer to community based support groups to access support outside of child welfare
- Use multiple means of providing information and support including newsletters and internet sites
- Use TANF funds to offer respite care for children in kinship care

Recommendations Many caseworkers emphasized the need to have more discussions early on about the long term reality of agreeing to take in kin in order to better anticipate the challenges that might occur down the road. One caseworker also felt that some caregivers would benefit from accessing a trained

⁹ <http://www.fatherhood.org/>

¹⁰ <http://www.familiesfirstcolorado.org/homestatic.html>

therapist rather than relying on the caseworker. She felt that some caregivers may not share all their concerns with the child welfare caseworker for fear of repercussions and some caseworkers may not be qualified to provide the kind of psychological support needed for some issues affecting the caregivers.

Several interviewees offered recommendations on how to best educate kinship caregivers on parenting issues. Some caseworkers cited a preference for one-on-one sessions rather than a group format and suggested the use of a questionnaire or assessment tool to help focus in on key problem areas and then proceed at a pace the kinship caregiver can manage. If parenting classes are offered, caseworkers stressed that the material needed to be delivered with sensitivity by experienced individuals if the advice was to be well received by grandparents who might otherwise resent being given instructions on parenting.

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IX. MEETING THE NEEDS OF CHILDREN IN NON-CERTIFIED KINSHIP CARE

The needs of the children and youth in non-certified kinship care raised by the interviewees were extensive and consistent with those found in the research (Winokur et al, 2008; Ehrle, Geen, 2002). Areas of need identified through the interviews fall under several key areas: supporting the caregiver to recognize and attend to the needs of the child and having supports in place to help meet a child's mental health issues and academic challenges.

Support for the caregiver in recognizing and addressing a child's needs Some caregivers are simply unaware of the importance of addressing certain issues faced by a child in their care. Others may disagree with the caseworker about the seriousness of a problem and believe it will “work itself out” without any intervention. A caregiver's personal experiences can also impact the willingness to access services. One caregiver, for example, expressed her distrust of the mental health system because of a negative experience she had had when she sought treatment for her own daughter. As a result, she did not follow through with a mental health referral for her grandchild. Several caseworkers felt part of their role was to provide the support and motivation to caregivers to seek the services a child needed. One case worker, for example, reported that in cases of real resistance, she sometimes has to use the leverage of telling grandparents that she will put the child in foster care if they fail to “act in the best interests of the child” and bring the child to a particular service.

Interviewees also cited other barriers kinship caregivers may experience in trying to access services for a child including transportation and time constraints, particularly for caregivers who are employed. One caregiver in a rural county said that her caseworker referred her to an outside agency for transportation support when the child's medical condition required travel and an overnight stay at a major medical center. The complicated paperwork and delays she encountered in trying to qualify for the support, however, eventually resulted in her arranging and paying for the trip on her own. Caregivers, particularly if elderly, may also be limited by their own medical or mental health issues and the emotional strain of dealing with complex and stressful family demands.

Mental health One administrator cited the children's mental health as the number one concern facing the non-certified kinship placements in her county, ranking even higher than financial concerns for these families. Children must deal not only with the difficult circumstances that led to their removal but also the grief and sense of loss over the separation from their parents and the difficulties of adjusting to a new home. Interviewees expressed the need for greater mental health resources in the community for both the children and their caregivers. One mental health provider at a local non-profit, for example, said that children who might benefit from weekly therapy are only receiving monthly sessions due a lack of adequate staff at her clinic. Several interviewees also noted a need for more in-home service delivery focused on training the caregiver. The result of successful home based therapy, according to one interviewee, could be “24/7 rather than one-hour-a-week therapy.”

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While expressing concern over a lack of formal mental health services, one mental health provider felt some children's needs might be better met through regular weekly activities outside of scheduled therapy sessions. Another mental health provider also emphasized the value of supporting similar “pro-social events” as an additional means of promoting the emotional well-being of children in kinship care and strengthening their overall ability to cope.

Academic support Many of the children in kinship care, particularly if previously in foster care, have already experienced multiple changes in schools. Research has shown that such a lack of school stability increases the likelihood of poor educational outcomes (Pecora et al, 2005; Rumberger, 2003). In addition, the effects of early trauma and the stresses of changing homes can also place significant stress on children and further increase the risk for failure in school. In addition to the long term importance of avoiding academic failure, several mental health providers specifically stressed the importance of providing school support to protect the child’s mental health. Success in school plays a significant role in the child’s identity and self-esteem. One mental health provider, for example, described the stress on a child who falls behind academically as similar to an adult who has to go to work every day believing he or she is always doing badly at their job.

Many children in kinship placement also have significant special education needs related to early trauma or neglect, prematurity, mental and emotional difficulties, and/or exposure to drugs and alcohol. Addressing these needs can be challenging for caregivers who are unfamiliar with the special education system and the bewildering array of rights and procedures related to receiving special services. In order to become effective advocates for the child, kinship caregivers need to be supported in learning about the special education system, meeting with teachers on a regular basis, attending school meetings and understanding their own legal authority to make educational decisions for the child. For *all* children in kinship care, especially those in special education, caseworkers and mental health providers stressed the importance of working as a team with the caregiver to support the educational needs of the child.

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Approaches Used to Address Needs

A number of approaches being used in the counties included in this study to address the child’s needs have already been reviewed in other sections of this report because they overlap with the needs of the caregiver. These include having children attend caregiver support groups in order to meet other children in kinship care, better education of the caregivers about a child’s needs, and the use of funds to pay for respite, extracurricular and “pro-social” activities. Reported below are approaches taken by several counties to specifically address mental health needs. While these initiatives are not focused exclusively on children in kinship care, many children in kinship care would be included in their target populations.

County A County A recently funded a program entitled “Family and Children Mental Health Matters”. The program provides free mental health services to low-income children and families by recruiting volunteer, licensed mental health providers in good standing willing to donate a minimum of four hours per month. The providers deliver the mental health service at five host sites in the community including a Boys and Girls Club and a residential home for mothers post-

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incarceration. In addition, the volunteer mental health providers provide services at Head Start programs at several different levels: one on one as an early intervention service; for children in groups; and, for parents whose children are considered at risk. Funding for the program is provided through TANF.

County B To address the needs of families at risk, the mental health center in County B provides two forms of therapy: Multisystemic therapy (MST) and Functional Family Therapy (FFT). MST and FFT are described as highly intensive, evidenced based programs which work with families in which an older child's diagnosis or behaviors would put them at great risk of being removed from the home. These therapies are home-based and the mental health provider interviewed felt that using the home setting made the services more convenient for the caregiver and created a more honest and genuine relationship between the therapist and the family. As a result, she felt there was greater consistency, better participation by those involved, and more success in keeping the youth in the placement.

Parenting education classes are also offered through the mental health clinic and are made available to foster, adoptive and kinship caregivers. Course material includes, for example, information on childhood trauma and attachment issues. The clinic also provides a free monthly psycho-educational support group specifically for relatives caring for children. The latter program is funded through a private grant and provides free child care and dinner. Meeting topics have included understanding and addressing children's mental health issues, special education and Individual Education Plans (IEP), and the caregivers' rights in the education system.

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County C A mental health provider in this county described a range of free programs available to low-income children and families with services specifically available to support families dealing with behavioral and mental health issues. Similar to interviewees in County B, the mental health provider interviewed in this county referred to the significant benefits of the MST and FFT home-based approaches used by her clinic. The center also supervises ongoing psycho-educational support groups for caregivers dealing with children's mental health issues and provides transportation and child care if needed. To support the special education needs of the child, the clinic also has an advocate available to assist caregivers with the IEP process.

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County E County E has developed two initiatives as a participant in a broader, multi-county project to integrate behavioral health with other social services. The first involves creating a multi-agency community and evaluation team to oversee complex cases involving multiple service providers. The second establishes a high school based health center with on site capacity to address mental health related issues. The school has funding to employ a mental health provider who is available fourteen hours per week, a nurse practitioner four days a week, and a drug and alcohol counselor fifteen to twenty hours per week. The five year project is in its final year and, based on the success of the second initiative, the county plans to continue to provide mental health supports at the high school based clinic.

Summary of Approaches Used to Address the Needs of Children in Non-certified Kinship Care

- Provide opportunities for children in non-certified kinship care to connect with others in similar situations
- Use TANF funds to pay for pro-social activities for children
- Educate caseworkers on how to help support caregivers to address children's needs
- Recruit qualified volunteer mental health providers for those children and caregivers with no mental health coverage
- Deliver mental health services on site in the community and in the schools
- Use intensive in-home family therapy to stabilize youth at risk of being removed from a home
- Provide information on dealing with children's mental health issues through parent education classes or psycho-educational support groups
- Educate caregivers about the school system and special education
- Provide an advocate for the caregiver to work on special education issues

X. HELPING THE NON-CERTIFIED KINSHIP CAREGIVER NAVIGATE THE LEGAL SYSTEM

Non-certified kinship caregivers frequently referred to the demands of managing the legal issues involved in caring for their kin. Some caregivers had gradually assumed responsibility for a child and had had the opportunity to learn about the different legal options available to them and the birth parents. Many others, however, became caregivers under crisis conditions and had to rapidly educate themselves on how to navigate the legal system overall and on what decisions to make regarding taking responsibility for their kin.

Information on legal issues and the court system Lack of access to legal information created significant anxiety for some of the caregivers interviewed. One caseworker spoke of the “palpable fear” caregivers experience when they have to interact with the courts without adequate knowledge of their rights or of what procedures to follow. Navigating the legal system on their own can also result in delaying permanency for the children involved. One caregiver, for example, said her lack of understanding of how to correctly complete Allocation of Parental Rights (APR) paperwork resulted in a weekend delay in obtaining a permanent guardianship. During those two days, the child’s birth father removed the child from her home, left the state and prolonged the case for months.

Expedited legal authority for child Particularly for those cases outside of the child welfare system, interviewees raised the need to provide support to caregivers to obtain some legal authority for a child. Having some authority is necessary to enable a caregiver to address a child’s health related issues or to participate fully in a child’s academic planning. Legal authority is particularly important to caregivers when they feel they need to protect a child from his or her birth parents. Caregivers’ experiences in going through the process of gaining this authority through the courts varied widely. One caregiver, for example, stated that the process was “a snap.” More commonly, though, caregivers spoke of an extended, costly, and emotionally demanding legal process, particularly when there was an adversarial relationship with the birth parents. One caregiver, for example, spoke of making “20 to 25 trips to court” spread over several years.

Affordable legal services Non-certified kinship caregivers raised concerns about the significant financial burden of dealing with the legal system. The added costs can be devastating, especially for those caregivers who are already struggling financially. Even basic advice is expensive; one family said, “Everybody wanted a \$5,000 down payment up front before they would talk to you.” Another spoke of being required to pay \$2,500 in advance to pursue an APR. Several families used up their retirement savings or went into debt to cover legal costs. Two caregivers reported paying a total of \$70,000 and \$80,000 respectively over several years before the courts agreed to transfer legal guardianship to them. A grandmother said the system “shouldn’t have to impoverish the grandparent to care for their grandchild.” Several others felt that if state officials realized just how much the kinship providers are saving the state by caring for these children, the state would see the benefit of providing the caregivers with better access to affordable legal support.

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Several caregivers were aware of pro bono legal supports in their communities but described some of the barriers they face in accessing those services. One legal clinic, for example, offers pro bono services, but because of a potential conflict of interest, cannot offer that service to both the kinship caregiver and the birth parent when guardianship is in dispute. Instead, the clinic's free services are available to the first party who accesses that support and this puts the other party at a distinct disadvantage. Two caregivers described situations in which a birth parent had access to pro bono legal services due to a disability or financial hardship but they, the caregivers, did not. As a result, the birth parent was not motivated by cost concerns and ended up extending the case – and the resulting costs - over many years. The free legal support services that are available to seniors in one county were not accessible to one young grandparent interviewed because he did not meet the age requirements to access those services. One interviewee also noted that support may only be for paralegal advice, leaving the caregivers to navigate the court system on their own.

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Approaches Used to Address Needs

County A As outlined earlier, child welfare caseworkers in this county may refer eligible caregivers to the court system which then provides the legal support they need initially as well as the extended oversight necessary for the case to proceed to permanency. The child welfare caseworker does a brief assessment before directing the caregivers to this court-based program. Although orientation sessions for the non-certified kin are optional, County A also is in the process of designing a mandatory orientation session for non-certified kinship caregivers who are receiving supports through child welfare and this session will include information about legal issues.

County B In this county, the child welfare division has partnered with a legal clinic to facilitate non-child welfare cases in which birth parents and caregivers are in agreement to transfer some legal authority for the child to the caregiver. The approach provides assistance with the legal paperwork and some continued support from a caseworker. Depending on whether the child is eligible for TANF child-only assistance, the legal fees are either waived or kept at a minimum. In cases involving adoption, Promoting Safe and Stable Families funds are used to cover additional legal fees.

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County E For non-certified kinship caregivers who approach child welfare regarding obtaining guardianship, the county provides \$800 to support the legal fees involved but only if the caregiver completes the process within six months. The legal bills are sent directly to child welfare and paid with TANF funds. The child welfare administrator feels putting a six month time limit on this financial support encourages those caregivers who are seriously motivated to take on responsibility for the child.

Summary of Approaches Used to Address Legal Needs of Non-certified Kinship Caregivers

- Partner with a legal clinic or the court to divert certain non-child welfare cases with or without some continued support from a caseworker
- Establish orientation sessions for the non-certified caregiver to provide an overview of legal issues
- Use TANF funds to cover the costs of legal fees
- Provide time-limited financial support for caregiver to expedite permanency

Recommendations One caseworker felt the court system should provide a court liaison to help guide the caregiver through the legal process so they are not “just thrown into it.” Interviewees also felt that the court system itself, including judges, guardians ad litem and Court Appointed Special Advocates, should be better educated about the challenges faced by these caregivers. A more educated court system could provide more support for caregivers as they navigated, often alone, through the legal process.

XI. POLICIES AND PRACTICES AT THE ADMINISTRATIVE LEVEL

Recognition of the overall growth in kinship care and the shift away from completing foster care certification by many kinship caregivers has led counties to actively investigate and pursue policies to support the non-certified kinship caregivers. Many of the needs identified through the interviews require interventions at the administrative level within the county and are summarized here.

Coordination and collaboration on multiple levels

within the divisions Within child welfare, any non-certified kinship setting will likely involve multiple individuals from the first contact with child welfare, through the assessment process, and throughout the ongoing management in open child welfare cases. In child welfare, effective communication between intake and ongoing caseworkers, between general caseworkers and kinship specialized staffs, and between caseworkers and their supervisors is critical in order to understand and best meet the needs of the kinship caregiver. Within TANF, successful delivery of services and support may also require communication between TANF technicians, particularly in a call center model versus an individual case assignment model, and between the technicians and their supervisors.

between departments Child welfare and TANF share the overlapping purpose of providing needed supports to the non-certified kinship caregiver and child. Non-certified caregivers without open child welfare cases often only have contact with the TANF division while others entering through child welfare, typically receive support from both departments. Despite a shared purpose, many caseworkers, particularly in smaller counties, said they have limited interaction with their county's TANF division. Several interviewees described the two systems in their counties as being in strict silos with minimal or no interaction or exchange of information between the two departments.

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One administrator in a smaller rural county felt that differing priorities within the two departments created friction between the two groups. Several interviewees, for example, felt their TANF division is too focused on paperwork and eligibility requirements with an emphasis on self-sufficiency and, as a result, does not always recognize the unique needs of kinship caregivers or what is required to support the non-certified kinship placement. The friction in one county has become so extreme that, when asked about possible cross-training of the two divisions, one child welfare supervisor suggested that it might work better if TANF technicians were brought in from another county to educate child welfare caseworkers on TANF to avoid the charged relationship between the two county divisions.

between counties Several caseworkers and supervisors also expressed the need for more information on how other counties were addressing issues related to kinship care. Sharing of practices that were working well in other counties would help advance the understanding and delivery of services to their own kinship population. Caseworkers also noted the need to have a good working knowledge of other counties when they are facilitating and managing cases that involve children or kin living outside of their own counties.

Specialized individuals to oversee non-certified kinship cases Interviewees stressed the importance of caseworkers and TANF technicians having a good understanding of the needs of the non-certified kinship population. Many caseworkers, particularly in smaller counties, described themselves as

generalists who have had to learn about how to address the needs of the kinship population through personal casework experience. Several administrators identified the need for either specialized training for an identified set of caseworkers or at least easy access to a supervisor or resource person to help caseworkers with difficult issues related to the kinship placement.

Formal training for caregivers, child welfare caseworkers and TANF technicians All counties interviewed noted the value and importance of providing education on kinship issues for caregivers as well as for all those in the county agency who provide them with support. One caseworker supervisor commented,

“It is very easy for caseworkers to get pulled into a crisis; (they) need to learn to slow down and play a supportive role. It would be good to have training on how to approach a family, why they are delaying, what their reasons are for not following up. And have a good understanding of resources. It is really important that the caseworkers don’t push an option that’s easier for the caseworker, but may not be in the best interest of the child.”

All counties interviewed noted the value and importance of providing education on kinship issues for caregivers as well as for all those in the county agency who provide them with support.

The training available on kinship care for caseworkers varied widely among the counties. Based on the interviews, the CORE training currently available includes little or no specific information on supporting the non-certified kinship provider. As one might expect, larger counties, with greater resources and more kinship cases, have created more established kinship training programs specifically for their caseworkers. Caseworkers in other, smaller counties reported often having to depend on “on the job training.” Several caseworkers had taken advantage of the “Connecting the Dots” training offered through the state and spoke highly of it.

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The need for educational materials for caregivers on a wide range of topics was highlighted earlier. For caregivers, counties may provide information through orientations or directly from caseworkers. Some counties refer caregivers to other county programs such as community support group or adoption and foster care classes. Counties need to help with barriers to attendance such as child care and transportation to encourage the use of these educational programs.

TANF technicians were another group cited as needing a better understanding of kinship care. For many caregivers operating outside of child welfare, the sole contact with the county for support is through their county TANF division. Despite the potential role of this division in connecting with these families, the majority of technicians have received little to no training on the needs of the non-certified population. Interviewees cited time constraints and the fact that typically, TANF technicians have minimal interaction with the caregiver over issues other than eligibility paperwork and processing MSRs.

Promote collaborative approach with caregiver with aim of long term stability Several interviewees felt the successful establishment of safe and permanent homes for children in kinship care requires a collaborative relationship between the caregiver and the services in the county working to

support that placement. Collaboration requires that the caregiver and those they were working with have similar objectives. Goals need to be determined and plans designed that are acceptable to both the family and the child welfare team. Once children are placed with kin, several interviewees also felt that the focus should not be solely on reunification and closure but on closely examining how best to create a stable, long term outcome for the child. At times, some caseworkers said, an over focus on self-sufficiency by the TANF division can conflict with the goals of child welfare for successful placement of a child and may not fully recognize and address the needs of the kinship caregiver. In such cases, several administrators raised concerns for those caregivers who receive support *only* with TANF and may experience missed opportunities to receive needed supports to stabilize the placement over time.

Emphasis on cost efficient, creative and individualized approaches to issues Several administrators emphasized the need for caseworkers to use a cost effective and creative approach to stabilizing individual kinship settings. One administrator, for example, spoke of the short term cost of repairing a home’s roof versus the overall costs, financial and otherwise, of relocating the family. Caseworkers need the financial resources but also the support from their supervisors to take such an approach.

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Approaches Used to Address Needs

County A County administrators have made a strong commitment to service integration between child welfare and TANF. Working to identify the common purposes shared by the two units, the county has established an over arching goal of creating a “high fidelity wrap-around” plan with both child welfare and TANF divisions working together and participating in the planning and support of kinship families. As noted earlier, the county’s Kinship Assessment Unit oversees kinship cases, completes assessments and is responsible for trainings on kinship care. A Family Support Team, based in the TANF division, and described earlier, consists of members from both child welfare and TANF and has resulted in improved communication between these divisions. By coordinating their functions and promoting communication, one child welfare administrator stated that they have finally made headway in changing the dominant mindset within TANF from primarily pursuing self-sufficiency and employment for these kinship families to creating a division more understanding and supportive of the non-certified kinship caregiver’s overall needs.

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County B County B has established a Kinship Support Unit and a designated kinship caseworker to act as a resource to both the caseworkers and the caregivers. To further support the exchange of information, the department has created a computerized database (CAT), described earlier in greater detail, which serves as the comprehensive file system for child welfare cases, streamlines the work load for many caseworkers, and allows the division to use the data to evaluate themselves on multiple levels.

To promote collaboration and communication between caseworkers and TANF technicians, two TANF technicians are designated to handle the TANF Child Only cases and are paired with the dedicated kinship caseworkers in the child welfare department.

Representatives from child welfare also attend meetings to promote the sharing of information on kinship issues. These regular monthly meetings of “community partners” include participants from child welfare, TANF and other stakeholders within the county departments and out in the community. Regular meetings also occur with neighboring counties to promote cross county collaboration and to share information between divisions on how to best meet the needs of the kinship population.

County C In an effort to create specialized caseworkers, the county has established a Kinship Unit of intake caseworkers and has recently designated a part time kinship trainer who is available to the caseworkers managing kinship cases. To promote a unified approach to addressing the needs of the kinship caregiver, the child welfare department has different units attend monthly small group meetings to discuss the Signs and Safety model. By reading and discussing segments of the work related to working with children in child welfare system, the Division Manager encourages discussion of the different experiences of caseworkers. The emphasis of the training is to encourage all those involved to learn to recognize and build on the family’s strengths, to create a relationship with the families, and to understand the goals of both the family and the workers.

Summary of Approaches Used at Administrative Level to Support Non-Certified Kinship Caregivers

- Identifying the common purposes of Child Welfare and TANF, breaking down silos and creating a “high fidelity” wrap-around county plan to address kinship care needs
- Establishing kinship specialty units within Child Welfare and /or TANF to oversee the assessment, support and training of caregivers and/or caseworkers
- Promoting regular participation of child welfare personnel in community groups and/or in cross-county meetings to share information and experiences related to kinship issues

XII. CONCLUDING COMMENTS

Kinship caregivers are making a significant difference in the lives of children who, for a whole range of reasons, are not able to live with their parents. It is encouraging to see more attention paid to this heretofore unsung population of caregivers. The distinctions that have been made between these caregivers, based on the circumstances that compelled them to take in their kin, are less important than the ability of county agencies and non-profit community groups to use funding *flexibly* to meet their *individual* needs. With passage of *Fostering Connections*, and the additional flexibility it allows in the use of Title IVE funding for subsidized guardianship and caregiver education and supports, Congress is acknowledging what the research demonstrates about the potential benefits of kinship care. We hope that many of the approaches taken by the counties included in this study can serve as models for the rest of the state as Colorado implements this new federal law.

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