

Elders as Resources

INTERGENERATIONAL STRATEGIES SERIES



Kinship Care: Supporting Those Who Raise Our Children



The Annie E. Casey Foundation
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ACKNOWLEDGEMENTS

The Annie E. Casey Foundation is a private charitable organization dedicated to helping build better futures for disadvantaged children in the United States. It was established in 1948 by Jim Casey, one of the founders of UPS, and his siblings, who named the Foundation in honor of their mother. The primary mission of the Foundation is to foster public policies, human-service reforms, and community supports that more effectively meet the needs of today's vulnerable children and families. In pursuit of this goal, the Foundation makes grants that help states, cities, and neighborhoods fashion more innovative, cost-effective responses to these needs. For more information, visit the Foundation's website at www.aecf.org.

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ABOUT THIS SERIES

Elders as Resources explores successful practices, programs, and policies to mobilize the vast potential of older people to improve the lives of children, youth, families, and communities. This series of publications is intended to make the information available to Making Connections sites, to all units and grantees of the Foundation, and to interested members of the public. The Elders as Resources series was developed by Jessica Strauss, Consultant to the Annie E. Casey Foundation since 1997 and currently Co-Director of Baltimore Community School Connections, a non-profit technical assistance center, and Paula Dressel, formerly Director of Planning, Research, and Development at the Annie E. Casey Foundation, and now Vice President of JustPartners, Inc., a Baltimore-based consulting firm.

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Generations United (www.gu.org) is the national membership organization focused solely on improving the lives of children, youth, and older people through intergenerational strategies, programs, and public policies. Since 1986, GU has acted as a catalyst for stimulating collaboration while serving as a resource for educating policymakers and the public about the economic, social, and personal imperatives of intergenerational cooperation.

Intergenerational Strategies Series
Kinship Care: Supporting Those Who Raise Our Children

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INTRODUCTION

More than 6 million children across the country — about one in 12 children — live in homes maintained by grandparents or other relatives.¹ Approximately 2.1 million are being cared for without any parents present;² 130,869 of them are in the formal foster care system. These 130,869 foster children in “kinship care”³ make up more than one-third of the entire foster care population of 391,253 children.⁴ It is estimated that in many communities, like Making Connections neighborhoods, as many as 20% of the children are raised by adult relatives other than their parents. What must we do to support them and ensure the success of these highly resourceful families?

Many children thrive in kinship care. Children living with relatives maintain connections to their family members, traditions, and identity. In many cases, kinship caregiving enables sibling groups to remain intact. The children are able, to a greater extent than foster children not in kinship care, to maintain relationships with their birth parents and other family members. Evidence also suggests that children in kinship care have more stable living situations than those in non-kin foster care placement. Children placed with kin by the child welfare system are less likely to experience multiple placements, and are more likely to stay within the same community and school system. Not only are children in kinship care usually familiar with their caregivers and therefore less traumatized by moving into kin care, but often also express feeling loved.

Research indicates that kinship caregiving saves taxpayers billions over other options. Conservative estimates suggest that if even half of the two million children being raised by relatives without parents in the home were to enter the foster care system, it would cost taxpayers \$6.5 billion a year.⁵ These numbers would completely overwhelm the system.

Despite the large numbers of children being raised by relatives, the knowledge that these children do well, and the cost savings to taxpayers, kinship families continue to face significant challenges. These challenges include problems enrolling the children in school, obtaining medical care and insurance coverage on their behalf, and accessing affordable housing. This brief will provide background information about kinship care, examples of innovative programs and policies organized around selected Making Connections core results, and challenges to and opportunities for strengthening kinship families.

¹ U.S. Census Bureau. U.S. Census 2000 SF1, Table P28, Relationship by Household Type for Population Under 18 Years.

² Current Population Survey, March 2002, Table C2, Household Relationship and Living Arrangements of Children Under 18 Years by Age, Sex, Race, Hispanic Origin, and Metropolitan Residence.

³ Throughout this paper, “kinship care” is defined as the full-time care, nurturing, and protection of a child by grandparents and other relatives who have a kinship bond with the child.

⁴ U.S. Department of Health and Human Services, AFCARS Report, #8, FY 2001, Preliminary Estimates as of March 2003.

⁵ 2000 Green Book, Committee on Ways and Means, U.S. House of Representatives.

BACKGROUND

Precipitating Social Factors

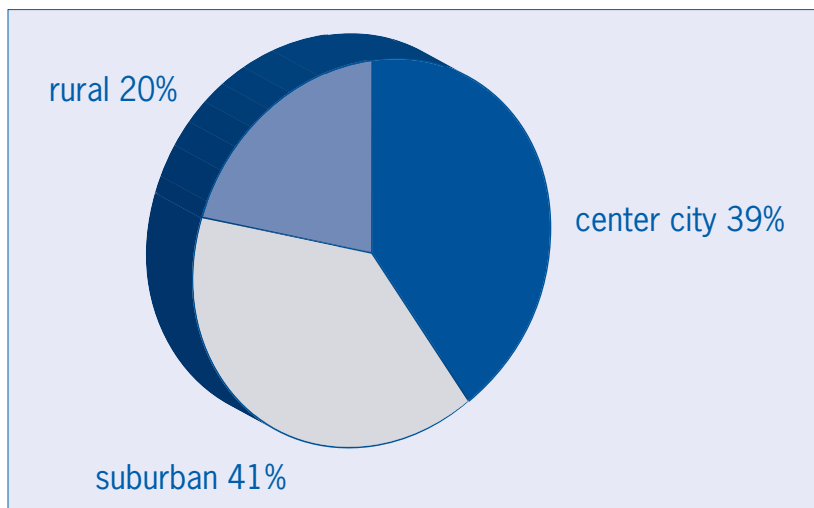
Many factors cause children to go into the care of grandparents and other relatives. These include parental substance abuse, teenage pregnancy, child abuse or neglect, incarceration, poverty, death, HIV/AIDS, abandonment, family violence, unemployment, homelessness, the lack of adequate childcare, mental health problems, divorce, and military deployment. Anecdotal evidence suggests that parental substance abuse is the primary reason that children are placed in their relatives' care. Kinship care families are most often found in disinvested communities of color, where needs are greatest and the willingness of relatives to step in is strongest.

Demographics

Because the factors precipitating relative care are increasingly prevalent and affect all segments of our society, families involved in kinship care are growing in numbers and are demographically diverse.

U.S. Census Bureau statistics disprove many stereotypes concerning these growing numbers of families. For example, contrary to a common belief that children in kinship care tend to be older, Census Bureau statistics show that 45% of children in homes where the grandparent is the householder are younger than 6 years old.⁶ Another frequent misperception is that caregivers tend to be single women. In fact, more than 70% of relative caregivers are married.⁷ The accompanying charts reflect the geographic and ethnic distribution of children in kinship care.

Geographic distribution of children in kinship care.⁸

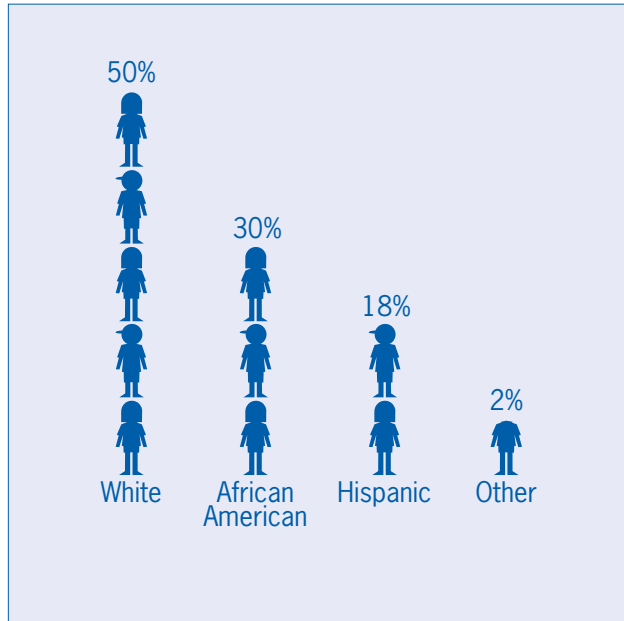


⁶ U.S. Census Bureau. Current Population Survey (CPS) March 2002, Detailed Tables for Current Population Report, pp. 20-547. Table C-4.

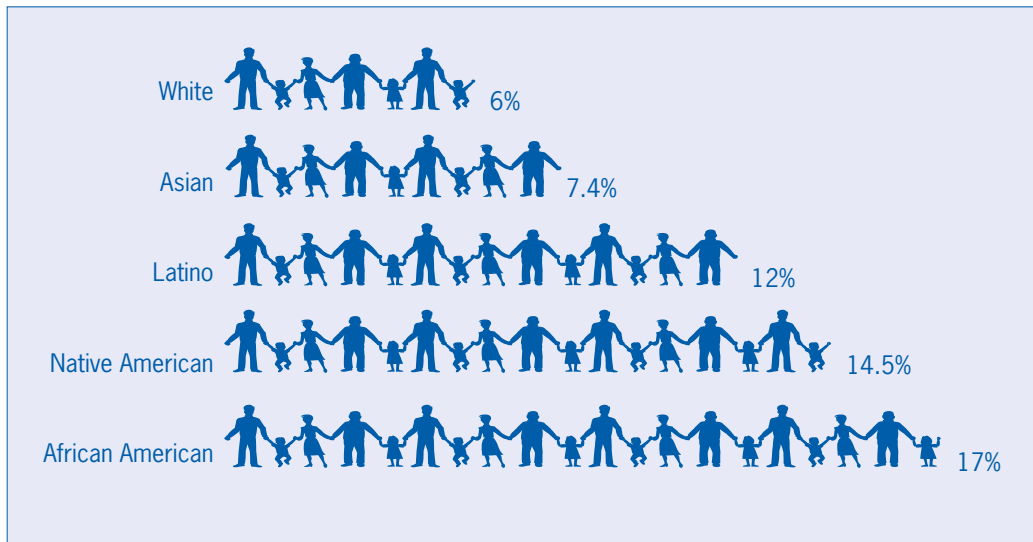
⁷ U.S. Census Bureau. American Community Survey Change Profile 2000-2002: United States, Table 2.

⁸ Bryson, K. & Casper, L. (1999). Coresident Grandparents and Grandchildren: Current Population Reports, Special Studies, pp. 23-198. Bureau of the Census: Washington, D.C.

Ethnic distribution of children in kinship care.⁹



Distribution of children in kinship care by ethnicity.¹⁰



⁹ U.S. Census Bureau. U.S. Census 2000 SF2, Table PCT20, Children in Kinship Care for the Population Under 18 Years.

¹⁰ U.S. Census Bureau. U.S. Census 2000 SF2. *Op. cit.*

Legal Relationships

Many of the children in kinship care are being raised outside of the formal foster care system and without a legal relationship to their caregivers, like legal custody or guardianship. No statistics exist concerning the legal relationships of kinship care families, but anecdotally it is known that many relative caregivers do not seek formal legal relationships. Some view the process as disruptive or damaging to their families; others simply cannot afford it or hope the children will eventually return to a parent.

For relative caregivers to establish a legal relationship with the children they raise, they must bring a legal proceeding against the parents, one of whom is their relative. These proceedings are usually lengthy and emotionally difficult for everyone involved. The court must reach conclusions about the fitness of the parents and the “best interests” of the child. These conclusions — and the entire process — can strain family relationships, rather than strengthen them.

Challenges

Challenges faced by kinship care families vary significantly depending on their legal relationships and needs. Some families, for example, only need assistance obtaining counseling, whereas others may need financial assistance, affordable housing, and “respite care.”¹¹ Sixteen percent of children living in homes with at least one parent live in poverty,¹² while 20% of children in relative-headed homes are impoverished.¹³ Ten percent of children living with at least one parent lack health insurance,¹⁴ while 27% in grandparent-maintained homes have no such coverage.¹⁵

Children in kinship care families face a continuum of challenges to their well-being, often sparked by the difficulty caregivers have obtaining legal relationships to them. The lack of a legal relationship can impede the ability to obtain financial assistance, affordable housing, supportive services, medical care, health insurance, and educational enrollment.

¹¹ “Respite care” is defined as short-term services to a care recipient, designed to provide relief for an informal primary caregiver.

¹² U.S. Census Bureau. Current Population Survey (CPS) March 2002, Detailed Tables for Current Population Report, pp. 20-547. Table C-4.

¹³ Lugailla, T. & Overturf, J. (February 2004.) *Children and the Households They Live In: 2000*. U.S. Census Bureau, Census 2000 Special Reports. CENSR-14. U.S. Census Bureau, Washington, D.C.

¹⁴ U.S. Census Bureau. Current Population Survey (CPS) March 2002, Detailed Tables for Current Population Report, pp. 20-547. Table C-3.

¹⁵ U.S. Census Bureau. Current Population Survey (CPS) March 2002, Detailed Tables for Current Population Report, pp. 20-547. Table C-4.

RESPONSIVE PUBLIC POLICIES AND PROGRAMS

This section is organized around selected core results from the Annie E. Casey Foundation's Making Connections initiative in order to highlight the ways in which innovative policies and programs relating to kinship care help make progress toward the overall goals of place-based family strengthening.

Core Result 1: Families Have Increased Levels of Assets

Indicator: Access to reasonably priced housing, consumer goods and financial services improves

Affordable Housing

Affordable housing for kinship care families is a nationwide challenge. Children often go into a relative's care suddenly, without time to plan. The residence, as a result, may be too small to accommodate one or more children. If the caregiver lives in public housing, the addition of children may precipitate eviction if the lease prohibits children from living there; some public housing units are set aside exclusively for older individuals and those with disabilities. Generally, these residences lack accommodations appropriate for children, such as safe play spaces. Some seniors report that they have been forced to hide the children in their care, preventing them from going outside to play, in order to avoid the risk of eviction. Moving grandchildren into either public or private housing may also violate occupancy limits, and in some areas it is not possible to add a grandchild to a lease without obtaining legal custody. Property owners in private housing may also attempt to evict tenants when a family's composition changes, despite the fact that eviction on this basis is illegal.

RESPONDING TO THE NEED FOR AFFORDABLE HOUSING

Housing for grandparents raising grandchildren

GrandFamilies House in Boston, MA opened in August 1998. GrandFamilies House is the first housing program specifically designed for grandparents raising grandchildren, and remains one of only three programs in the country for such families. Grand Families — which has received positive national press coverage and a Maxwell Award from the Fannie Mae Foundation — consists of 26 specially designed apartment units, with services for both children and caregivers on site. It is managed by a local non-profit organization, Boston Aging Concerns Young & Old United, Inc. (BAC-YOU), and was developed by BAC-YOU along with another non-profit, the Women’s Institute for Housing and Economic Development.

GrandFamilies was financed using a complicated and creative mix of local, state, and national public and private monies. Among the financing mechanisms the developers obtained are federal “HOME” housing program funds, as well as 50 Section 8 vouchers from the Boston Housing Authority and another 50 from the Massachusetts Department of Housing and Community Development.

More than 25 housing developments are being pursued around the country that will build and improve on the Boston model. These replications, however, face significant challenges because the funding of the Boston program was unique and information that will facilitate replication of the program is not yet complete. Federal demonstration programs are needed that will provide the funding, in addition to a detailed road map on how to create affordable housing programs for kinship care families.

Legislation addressing kinship housing

LEGACY — Living Equitably: Grandparents Aiding Children and Youth — is the first piece of major federal housing legislation introduced in the U.S. Congress to address kinship housing needs. LEGACY was introduced with bipartisan support in the 2001-2002 session, and passed in 2003. Several provisions of the bill were signed into law. These LEGACY provisions will do the following:

- Provide opportunities for demonstration programs based on the concept of the GrandFamilies House in Boston.
- Train and educate front-line workers who may be misinterpreting policies that affect kinship care families.
- Conduct a national study of the housing needs of grandparents raising grandchildren.

An age-integrated neighborhood

Hope Meadows is a former military base in Rantoul, IL that has been transformed into a closely knit, age-integrated neighborhood designed to support foster children. Foster children are placed in the care of families who live rent-free in exchange for parenting three or four children. These families are supported by older adults who receive reduced rent in exchange for providing a range of volunteer services, such as supervising the playground, working as crossing guards, and coordinating enrichment activities and tutoring at the Intergenerational Center.

Core Result 3: Children Are Healthy and Ready to Succeed in School
Indicator: More children/families have access to health insurance

Health Care

Other challenges faced by many kinship families include poor health and access to health insurance, medical care, and mental health services. Children are usually insured primarily through their parents' insurance, and are therefore less likely to have insurance when not living with a parent. Relative caregivers are often unable to include the children they raise in their private insurance coverage, and may not qualify for Medicaid. The Children's Health Insurance Program (CHIP), which is available in various forms in every state, provides health care to children not covered by private health insurance or Medicaid. However, caregivers are often unaware of health insurance options available for the children in their care, or are misinformed about them.

Even when children have insurance coverage, medical, psychological, and dental care may be difficult to access when caregivers do not have legal custody or guardianship. Some states have implemented creative consent laws that allow children in relative care to obtain medical treatment. These laws differ in the types of treatment to which a caregiver can consent, whether there must be a written document to confer consent authority, and whether consent can be given orally. About half the states have laws allowing access to medical treatment.

CONSENT LAWS

Accessing comprehensive care

The District of Columbia, Delaware, Pennsylvania, and Texas all have consent laws that allow caregivers to access comprehensive types of treatment — immunizations and other medical care as well as dental and psychological care - on behalf of the children they are raising. In many other states, consent laws are restricted to medical care. Such restrictions are probably legislative oversights, as these laws are not as controversial and difficult to enact as the educational consent laws discussed in the next section.

State variations in the Children's Health Insurance Program

CHIP covers most basic health care services, such as regular check-ups, but this varies greatly by state. In some states, the program does not cover all necessary specialized health services or may greatly limit the use of these services, such as certain dental procedures or medical equipment. States have a great deal of flexibility to set the rules, determine benefits, set payments rates, select health plans, and use managed care. Most states do not consider a relative caregiver's income or the value of his or her assets, such as a car or house, when determining a child's eligibility for the program. In addition, most states do not require relative caregivers to have legal custody or guardianship in order to apply for the program on a child's behalf. A few states, however, do impose such obstacles. Caregivers can learn where restrictions exist in the Children's Defense Fund's "Healthy Ties: Ensuring Health Coverage for Children Raised by Grandparents and Other Relatives — A Look at Medicaid and CHIP Enrollment in the States" (2001) by Mary Bissell and MaryLee Allen.

Core Result 3: Children Are Healthy and Ready to Succeed in School
Indicator: Elementary school attendance rates increase

Educational Enrollment

School policies are often geared toward nuclear families and can pose obstacles for relative-maintained families, especially those in which no legal ties exist. Many states do not require a caregiver to have a legal relationship with a child in order to enroll the child in school, but do have residency restrictions that require children to be in the school district for a legitimate purpose; that is, not solely in order to attend a particular school. Some local school districts do require caregivers to show documentation of legal custody or guardianship in order to enroll the children in their care. These districts require this proof to prevent families from shopping for a particular school and arranging for children to live in that district during the school week or school year solely in order to attend that school. However, in addition to preventing abuses of the system, requiring proof of legal custody or guardianship also has the effect of preventing children who are being raised informally by relative caregivers from attending school.

Fifteen states¹⁶ have educational consent laws that allow a caregiver without a legal relationship to a child to enroll the child in school.

ENROLLMENT LAWS

Educational consent

California offers a rare example of a state addressing both medical and educational consent together. California’s law, which took effect in 1994, allows a relative caregiver without legal custody or guardianship of a child to submit an affidavit to enroll the child in school and to consent to medical treatment on his or her behalf. An important aspect of this law is that the signatures of the child’s parents are not required on the affidavit, which is crucial in those instances where the parents cannot be found. The law does permit school districts to require reasonable evidence that a caregiver lives with the child in question at the address provided, affording districts some flexibility in protecting themselves from abuse of the system. California school districts have no reporting requirements under this consent law, so statistics regarding its success are unavailable. Anecdotally, however, the law is working well for children, caregivers, and school districts.

Legal settlement

According to Indiana law, a student’s “legal settlement” is defined as the school attendance area of the person caring for and living with the student. Local school districts cannot require guardianship or legal custody unless the school district believes that the child is living with an individual primarily in order to attend a particular school, and that the student’s parents are able to support the student. If the facts are disputed and the school therefore requires guardianship or legal custody, the child may be enrolled on the day that papers are filed with the court to obtain guardianship or legal custody.

¹⁶ California, Connecticut, Delaware, North Carolina, Ohio, Oklahoma, Hawaii, Maryland, Indiana, Louisiana, Utah, Vermont, Rhode Island, South Carolina, and New Jersey.

Core Result 5: Families and Neighborhoods Have Strong Informal Supports and Networks

Indicator: More families participate in organized resource exchange networks and mutual aid associations

Supportive Services Through the National Family Caregiver Support Program

The National Family Caregiver Support Program is a federal support services program administered by the Administration on Aging of the U.S. Department of Health and Human Services. The national support program funds Area Agencies on Aging to provide five categories of supportive services to grandparents and other relatives age 60 and older who are relative caregivers of children, as well as family caregivers of individuals age 60 and older. Services include individual counseling, support groups, respite care, and supplemental services. The supplemental services category is left undefined in order to provide maximum flexibility; some Area Agencies on Aging are using this broad category to provide kinship care families with much-needed legal services, school supplies, and fees.

Although the law provides that only 10% of the caregiver support program's funding can be used to support older caregivers of children, collaboration with other service providers is making the program more effective. Some of the most successful Area Agencies on Aging serving kinship care families are those that collaborate with agencies serving children, such as schools and Head Start programs. The inclusion of grandparents in the national program has had a ripple effect on state and local aging agencies, which are beginning to recognize and respond to the needs of kinship care families.

COLLABORATION TO SUPPORT KINSHIP CARE FAMILIES

Partnering programs

The KinCare program of the Area Agency on Aging in Big Stone Gap, VA works closely with other agencies, including the local Head Start program. Once a month, the director of the KinCare program, who is a child development specialist, collaborates with a mental health counselor from Head Start to provide parenting education to relative caregivers and parents in the two programs. Discussion topics arise from a needs assessment completed by participants. Meetings are held at Head Start, where lunch and child care are provided. Since 10% of the children in the Head Start program are in kinship care, the director of the KinCare program will also provide kinship training to Head Start staff.

In addition to collaborating with Head Start, the Area Agency on Aging also partners with local schools to provide support groups in their facilities. At one school, 65% of the children are being raised by their grandparents. The collaboration provides support for the caregivers, with the schools providing refreshments, space, and help with door prizes.

Seamless services

Minnesota requires that the entire 10% of national support program funds allotted for grandparents and other relatives raising children be used for kinship care families. The Minnesota Board on Aging, in cooperation with the Area Agencies on Aging, also awarded the Minnesota Kinship Caregivers Association \$450,000 to develop a statewide coalition addressing the needs of caregivers and the children they raise. The statewide program delivers seamless educational, informational, and support programs to relative caregivers age 60 and older who are raising children. This “Grand Kin Project” is selecting 18 host agencies located within Area Agencies on Aging regions. Host agencies facilitate a valuable connection with county offices, service providers, legal aid offices, community organizations, schools, and church organizations. During shared meetings, “grand kin” and agency representatives learn together about needs, services, and barriers that grand kin encounter. For service providers, the meetings increase their awareness of, and sensitivity to, issues faced by kinship care families. For caregivers, the meetings provide an opportunity to identify others who care, listen, and work to make a difference in their lives.

Additional features of the Grand Kin Project include a website (www.mkca.org), the *First Steps Manual* (a social and emotional guide for grandparents and others raising children), a reissued *Legal Steps Manual* dealing with issues of custody and delegation of authority, a mentoring program for grand kin, support groups, and a statewide conference.

Training and technical assistance

Generations United’s National Center on Grandparents and Other Relatives Raising Children, through Administration on Aging grants, provides technical assistance and training to the aging network and other community service providers concerning the inclusion of grandparents and other relatives raising children in the national support program. Generations United has a national network of expert trainers who can be deployed around the country to conduct trainings. The organization also conducts online expert chats and provides individual technical assistance.

Caregiver Support Groups and Children's Therapeutic Groups

Caregiver support groups offer a means for caregivers to access and share resources, solutions, and feelings with peers going through similar experiences. Participation in support groups has been shown to help alleviate caregiver stress and improve health, which helps caregivers better care for the children they are raising. Some agencies providing support groups also offer children's therapeutic groups, which provide direct benefits to children. These groups involve age-appropriate activities that help children in kinship care cope with their own feelings about the challenges they face.

CAREGIVER SUPPORT

The Relatives as Parents Program

The Brookdale Foundation Group in New York coordinates the Relatives as Parents Program, which is the largest network of kinship caregiver support programs in the country. The program provides two-year, \$10,000 seed grants to local and state agencies for work with families outside of the formal foster care system. Local agencies may start a new support group or expand a current one by adding one or more components, such as respite care or educational seminars.

KinNET

Generations United partnered with Brookdale to create KinNET, a national network of support groups for relatives caring for kin in foster care. The KinNET Project was funded in 2000 through a cooperative agreement with the Children's Bureau of the U.S. Department of Health and Human Services. Caregivers participating in KinNET's groups are educated on topics relevant to the goals of the Adoption and Safe Families Act, with special emphasis on permanency options.

With funding from the Center for Mental Health Services of the Department of Health and Human Services, Generations United has also been partnering with Brookdale to replicate its local Relatives as Parents Program model in 10 behavioral health facilities around the country. By locating the programs in these facilities, the project can provide expanded mental health services, such as individual and family counseling and children's therapeutic groups.

Information and Referral

Information and Referral programs are valuable resources enabling kinship families to identify relevant support and programs. New statewide kinship navigator programs are proving to be particularly effective, offering toll-free hotlines or help desks that guide families toward and connect them to existing benefits and supportive services. These programs also provide information through written materials and websites. Kinship navigator programs help families better utilize existing programs and provide a centralized mechanism for creating effective partnerships between government, non-profit, community, and faith-based agencies.

NAVIGATOR PROGRAMS

Ohio

The Ohio Kinship Care Navigator Program, established by the Ohio Department of Jobs and Family, provides kinship caregivers with assistance in obtaining information about benefits and services including child care, support groups, respite care, training on how to care for children with special needs, and legal services. The program also has published a self-help manual, *Relatives Caring for Children: Ohio Resource Guide*.

New Jersey

The New Jersey Kinship Navigator Program is a centralized, statewide service that provides information, referrals, and follow-up services to grandparents and other relative caregivers through a toll-free number. The navigator program provides information for a wide variety of services, including grandparenting and other family support groups, Temporary Assistance to Needy Families, medical coverage and services, child care, and child support. The program also provides referrals to wraparound services like housing assistance, legal services, and respite care for low-income kinship caregivers.

Core Result 6: Families Have Access to Quality Services and Supports That Work for Them
Indicator: The availability, accessibility, affordability, and appropriateness of needed services, including consumer goods and financial/economic supports, increases

Legal Relationships

Legal options for kinship families are often very limited. Some states make available only three broad categories of legal relationship — adoption, guardianship, and legal custody — and none of these may be viable for a given family. In response, several states have enacted innovative alternatives.

Open adoption is an attractive option for some families. Available in only about a dozen states, it allows a family to enter into an enforceable agreement that sets forth terms — type, frequency and duration — for post-adoption contact between the birth parents and the child. Open adoption laws specify that violation of the agreement does not invalidate the adoption.

Another option, a law outlining what is known as “de facto custodian” status, is currently available in three states: Indiana, Kentucky, and Minnesota. A *de facto custodian* is defined as the primary caregiver and financial supporter of a child who has lived with the caregiver for at least six months if the child is younger than age 3, or one year if the child is 3 or older. A *de facto custodian* has the same standing as parents in custody cases, which enables the caregiver to give his or her input concerning the child’s care when the court is determining the best interests of that child.

In more than one-third of states, a legal option exists that is known as “standby guardianship.” The laws creating this status were originally designed in response to the AIDS crisis, and allow a terminally ill parent to designate a standby guardian to take over the day-to-day care of a child in the case of a “triggering event,” such as incapacity, without the parents’ rights being terminated.

STANDBY AND ALTERNATE CUSTODY DESIGNATIONS

Minnesota’s “standby and alternate custodies” law creatively addresses custody issues by not only allowing for the designation of standby guardians, but also for the designation of temporary custodians, co-custodians, and alternate standby custodians. Under the law, the parent signs a form along with the caregiver who is designated in the case of a triggering event. The triggering event must be specified and can include incapacitation, debilitation, or death. The law does not specify time limits, but a parent can revoke the designation of a caregiver at any time. More than one standby custodian can be designated for different triggering events; one caregiver could be designated standby custodian in the event of the parent’s incapacitation, and another could be the alternate standby custodian in the event of the parent’s death. If the parent dies, the alternate standby custodian is appointed as the child’s guardian without the need for a separate court petition. Temporary custodians can be designated for up to 24 months. The law also provides for the designation of a co-custodian. After a triggering event, a co-custodian shares physical and/or legal custody of the child along with the parent.

Financial Assistance

Very few income support options exist for kinship care families. One alternative that is available throughout the country is Temporary Assistance to Needy Families (TANF), or welfare. TANF provides monthly cash assistance to poor families. In the case of a kinship care family, if the caregiver is included in the grant, his or her income must fall below a certain level to qualify. In addition, there are lifetime limits and work requirements that must be met in order for caregivers to receive payments. TANF child-only grants are also available in most states to families without a parent living in the home. These grants allow grandparents and other relative caregivers to receive money through TANF that is designated solely for the children in their care. Since adults are not counted as part of the unit, a family receives less money under this option, but there are no family income requirements, and the work requirements and time limits are waived.

Some states and localities are making creative use of TANF funds to provide income support and/or services. A few states are also using TANF funds to operate subsidized guardianship programs, which are designed to provide permanency for children in addition to financial support for their care. Most subsidized guardianship programs, however, are limited to children who have been in the foster care system — fewer than 10% of the children in relative care. Although each state program differs, subsidized guardianships essentially give a caregiver the opportunity to become the legal guardian of a child without terminating parental rights, thereby replacing the state in that role. The court that considers the guardianship request reviews the existing placement. Reunification with the parents and/or adoption generally must be ruled out as placement options before guardianship is granted. If the court finds that guardianship is in the “best interests” of the child and grants it, the state no longer has custody. Once guardianship is granted, the state issues a monthly subsidy payment to the caregiver.

USING TANF FUNDS

Providing income support and services to families

The Tennessee Department of Children's Services established the Relative Caregiver Program to provide financial support for kinship caregivers raising children who are in their physical and legal custody. Funded by TANF dollars, qualified relative caregivers may be eligible to receive funds for up to four months, depending on need. The department has also contracted with community-based agencies at three sites across the state to provide services to kinship families in 16 counties. Services include individual and family counseling, legal services, financial aid, respite, recreation, homemaker services, support groups, training, concrete needs, and case management. Services offered directly to children include child care, a children's activity group, mentoring, tutoring, and recreational activities.

Financing subsidized guardianship

California's subsidized guardianship program, known as Kin-GAP, was implemented in 2000. It uses TANF funds, in addition to state and county funds, to finance the monthly subsidy payments provided to relative caregivers. Relatives in this program must have been caring for children in the formal foster care system before becoming guardians.

CHALLENGES AND OPPORTUNITIES

What Can Communities Do?

In this time of federal and state budgetary crises, funding new programs may be virtually impossible. In light of these challenges, new public policies that are cost-neutral are most likely to be enacted. Advocates can educate policy makers and the public on the need for subsidized guardianship, kinship housing, and other supportive policies that require additional funding; however, policies establishing innovative legal relationships and allowing for educational and medical consent are examples of cost-neutral measures that are most likely to be successfully pursued in this budgetary environment.

Existing programs can address a range of needs for kinship care families by:

- starting support groups for kinship caregivers;
- training staff about unique needs and resources; and
- building relationships and improving communication between child- and youth-serving organizations and local Area Agencies on Aging.

Information and referral services are critical for kinship families. Such services, however, do not exist in many states, leaving families without knowledge of the programs available to them. A national kinship navigator program could provide comprehensive information and referral for public benefits — such as TANF and CHIP — and for kinship programs, including caregiver support groups and children's therapeutic groups. Such a navigator program would be a useful and cost-efficient tool for disseminating information to kinship families, saving states from having to implement separate navigator programs.

RESOURCES

National Organizations

AARP

Grandparent Information Center

601 E. Street, NW

Washington, DC 20049

(202) 434-2296

<http://www.aarp.org/life/grandparents/Articles/a2004-01-16-grandparentsinfocenter.html>

Administration for Children and Families

Temporary Assistance to Needy Families (TANF)

370 L'Enfant Promenade, SW

Washington, D.C. 20201

<http://www.acf.dhhs.gov/programs/ofa/>

<http://www.acf.hhs.gov/news/welfare/stlinks.htm>

Brookdale Foundation Group

Relatives As Parents Program

950 Third Avenue, 19th Floor

New York, NY 10022

(212) 308-7355

<http://www.brookdalefoundation.org/>

Child Welfare League of America

440 First Street NW, Third Floor

Washington, DC 20001

(202) 638-2952

<http://www.cwla.org/>

Children's Defense Fund

25 E Street, NW

Washington, DC 20001

(202) 628-8787

<http://www.childrensdefense.org/>

Children's Health Insurance Program (CHIP)

Centers for Medicare & Medicaid Services

7500 Security Boulevard

Baltimore, MD 21244

877-267-2323

<http://cms.hhs.gov/schip/>

Family Caregiver Alliance

690 Market Street, Suite 600

San Francisco, CA 94104

(415) 434 3388

<http://www.caregiver.org/>

Generations United

National Center on Grandparents and Other Relatives Raising Children

1333 H Street, NW

Suite #500W
Washington, DC 20005-4752
202-289-3979
<http://www.gu.org>

Medicaid
Center for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850
877-267-2323
<http://cms.hhs.gov/>

U.S. Census Bureau
4700 Silver Hill Road
Washington DC 20233
<http://www.census.gov/>

U.S. Department of Health and Human Services
Administration on Aging (AoA)
One Massachusetts Ave., NW
Suites 4100 & 5100
Washington, DC 20201
202-619-0724
<http://www.aoa.gov/>

LEGACY legislation
www.thomas.loc.gov
Refer to HR 2628 or S 381 (108th Congress)

State Organizations

Boston Aging Concerns-Young and Old United
GrandFamilies House
67 Newbury Street
Boston, MA 02116
(617) 266-2257
<http://www.bacyou.org/GrandFamilies.htm>

California Department of Social Services
Permanency Policy Bureau
Child & Youth Permanency Branch
Kin-GAP Program
744 P Street, M/S 19-68
Sacramento, CA 95814
(916) 322-4228
<http://www.dss.cahwnet.gov/getinfo/pdf/pub272.pdf>

Minnesota Kinship Caregivers Association
1600 University Avenue West, Suite 302
St. Paul, MN 55104
(651) 917-4640
<http://www.mkca.org/index.html>

Mountain Empire Older Citizens, Inc.
KinCare program of the AAA in Big Stone Gap, VA
1-A Industrial Park Road
P.O. Box 888
Big Stone Gap, VA 24219
(276) 523-4202
<http://www.meoc.org/kincare.htm>

New Jersey Department of Human Services
Kinship Navigator Program
P.O. Box 716
Trenton, NJ 08625
1-877-816-3211
<http://www.state.nj.us/humanservices/sp&i/Kinnav.html>

Ohio Department of Job and Family Services
Kinship Care Navigator Program
30 E. Broad St., 32nd Floor
Columbus, OH 43215
614-466-6282
<http://www.state.oh.us/odjfs/>

Tennessee Department of Children's Services
Cordell Hull Building, 7th floor
436 Sixth Avenue North
Nashville, TN 37243
(615) 741-9699
<http://www.state.tn.us/youth/>

State Fact Sheets and Other Publications

State fact sheets and other publications are available on the websites of:
American Association of Retired People www.aarp.org
Brookdale Center www.brookdale.org
Children's Defense Fund www.childrensdefense.org
Child Welfare League of America www.cwla.org
Generations United www.gu.org



The Annie E. Casey Foundation
www.aecf.org

701 St. Paul Street
Baltimore, Maryland 21202
p. 410.547.6600
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