KINSHIP CARE IN WASHINGTON STATE:
Prevalence, Policy, and Needs

Technical Appendix A:
Kinship Care Needs Assessment:
Focus Group Results

Jim Mayfield
Annie Pennucci
Courtney Lyon

June 2002

Washington State
Institute for
Public Policy

Kinship Care in Washington State:
Prevalence, Policy, and Needs

Technical Appendix A:
Kinship Care Needs Assessment:
Focus Group Results

Prepared by the
Social and Economic Sciences Research Center
Washington State University
for the
Washington State Institute for Public Policy
June 2002

Washington State Institute for Public Policy
110 East Fifth Avenue, Suite 214
Post Office Box 40999
Olympia, Washington 98504-0999
Telephone: (360) 586-2677
FAX: (360) 586-2793
URL: http://www.wsipp.wa.gov
Document Number: 02-06-3901

WASHINGTON STATE INSTITUTE FOR PUBLIC POLICY

Mission

The Washington Legislature created the Washington State Institute for Public Policy in 1983. A Board of Directors—representing the legislature, the governor, and public universities—governs the Institute, hires the director, and guides the development of all activities.

The Institute's mission is to carry out practical research, at legislative direction, on issues of importance to Washington State. The Institute conducts research activities using its own policy analysts, academic specialists from universities, and consultants. New activities grow out of requests from the Washington legislature and executive branch agencies, often directed through legislation. Institute staff work closely with legislators, as well as legislative, executive, and state agency staff to define and conduct research on appropriate state public policy topics.

Current assignments include projects in welfare reform, criminal justice, education, youth violence, and social services.

Board of Directors

Staff

Roxanne Lieb, Director
Steve Aos, Associate Director

TABLE OF CONTENTS

EXECUTIVE SUMMARY 1

PART I: FOCUS GROUP SELECTION 3

PART II: PARTICIPANT PROFILE 4

PART III: CHALLENGES FACED BY PARTICIPANTS 6

PART IV: WHAT WORKS NOW 11

PART V: WHAT WOULD BE BETTER 12

PART VI: POTENTIAL AREAS FOR POLICY DEVELOPMENT 17

PART VI: BENEFITS OF KINSHIP CARE OVER ALTERNATIVES 19

Appendix A: Stakeholder Participants i

EXECUTIVE SUMMARY

The Institute for Public Policy contracted with the Social and Economic Sciences Research Center (SESRC) of Washington State University to conduct three focus groups with kinship care providers. The purpose of the focus groups was to assess the needs of relative caregivers and identify potential areas for policy development.

After meeting with stakeholders to identify the locations and participant pool for the focus groups, SESRC conducted three sessions in Olympia, Wapato and Seattle. Thirty-one kinship caregivers attended the sessions, of which 27 were grandparents or great-grandparents. During the focus groups, participants were asked about the barriers and challenges that they faced as providers. The most frequently cited barriers were:

Complex and Confusing Bureaucracy

- The “system” does not treat caregivers with respect.
- Caseworkers provide little help navigating complex systems.
- The system affords more support to foster parents than to kinship caregivers.
- Dealing with two states is frustrating and time-consuming.

Insufficient Financial Support

- Policies governing financial awards are confusing and interpreted inconsistently.
- Support schedules don’t reflect the true cost of care.

Expensive Legal Process

- Legal system puts nuclear family ahead of best interest of child.

Lack of Social Service Support

- Counseling is essential for children and caregivers.
- Personal support and respite care are difficult to obtain.
- Community awareness is lacking.

When asked to identify aspects of the current system that were effective, caregivers cited support groups and other institutions or non-profits that worked to connect caregivers with resources and help them navigate the system.

Caregivers and stakeholders identified several aspects for policy development. Their suggestions are listed in order of their potential for strengthening the perceived support accorded to kinship caregivers:

Navigating the Bureaucracy

- Assist caregivers in navigating the system and obtaining all the resources for which they may be eligible

- Train caseworkers in the issues related to kinship care and respectful ways to provide service

Providing Financial Support

- Raise the amount of funding allowed for additional children
- Provide funding for medical and dental care similar to what is available for foster care
- Provide funding or access to transportation and housing supplements

Humanizing the Legal System

- Put the best interests of the CHILD ahead of the "rights" of the parent
- Put the burden of proof on the parent to demonstrate competence, NOT on the grandparent
- Train judges, caseworkers, and others in issues specific to kinship care

Providing Social Service Support

- Provide access to support systems for caregiver and child similar to those provided for foster care, such as respite care and counseling for the child and the grandparent
- Raise community awareness of the number of kinship caregivers within the community and the way the community can support them.

Caregivers and stakeholders agree that kinship care providers perform a vital role in assuring support for children, providing benefit to:

- Children: providing a stable home with people from their own family and ethnic group who have a vested interest in their success
- Caregivers: assuring that their grandchildren/nieces/nephews are cared for and maintain contact with their family
- Society: increasing the likelihood that the child will be a productive member of society.

PART I: FOCUS GROUP SELECTION

The Institute for Public Policy contracted with the Social and Economic Sciences Research Center (SESRC) of Washington State University to conduct three focus groups with kinship care providers. The purpose of the focus groups was to assess the needs of relative caregivers and identify potential areas for policy development.

The SESRC began the process of focus group design by convening a group of kinship care "stakeholders" (see Appendix A: List of Participant Stakeholders). The stakeholder group included kinship care support group leaders as well as professional staff of agencies and non-profits that provide support for kinship care providers. Stakeholders were asked for their suggestions about focus group locations that would provide the most representative sample of providers, based on their experience. They were also asked to suggest possible prompts and areas of inquiry for the focus group discussion.

Based on their experience with kinship care providers, the stakeholders also assisted the researchers in developing a list of questions that could be used in conducting the focus group discussions. There was general agreement that the three primary themes to be used in questioning participants were:

1. What are the biggest challenges you face in providing kinship care?
2. What support are you currently receiving that is helpful?
3. Where should the state focus its efforts in designing a better support system for kinship care providers?

The stakeholders suggested that adequate representation of the population would be obtained by staging focus groups in Seattle, Olympia, and Wapato (lower Yakima valley). These three venues would permit representation of the issues likely to arise in urban, suburban and rural locations, as well as those related to the geographic and cultural diversity found in Washington State. The stakeholders agreed to supply the researchers with names of focus group participants and agreed to seek participants who would represent as broadly as possible the following characteristics in the population:

- Gender
- Age of provider
- Age of children
- Relationship to child/ren
- Legal status of provider
- Health
- One child/multiple children
- Ethnicity/language
- Employed/not
- In system/not in system
- Special needs of kids
- In support group/not in support group

The stakeholders received copies of all focus group meeting notes, and a small group of stakeholders met again on April 19, 2002 to review the notes and suggest policy areas for future consideration.

PART II: PARTICIPANT PROFILE

Based on the stakeholder recommendations, focus groups were scheduled for:

- March 1, 2002 -Olympia Family Support Center, Olympia, 9 a.m. to 11 a.m.
- March 18, 2002 - All Nations Center, Wapato, 9:30 a.m. to 12:30 p.m.
- April 3, 2002 - Garfield Family Center, Seattle, 6:30 p.m. to 9 p.m.

Olympia

Participants in Olympia included 13 grandparents, 1 aunt, and 2 support group conveners. All participants were Caucasian, and all but six were female (three of the men were accompanied by their wives). Most participants were caring for a single grandchild, although five had two children in their care. Half the families were receiving some form of financial support from the state, and all were in support groups. One caregiver was working with a caseworker in Ohio.

For this group, the primary challenges were respite care and the lack of respect shown to grandparents by the “system.” Frustrations were voiced most often with inconsistent interpretations by caseworkers and a system that seemed to put the rights of the absent parent ahead of the child’s need for a stable environment.

Wapato

Participants in Wapato included 8 caregivers (including the director of the Native American Kinship Care program), and a program social worker (who spoke for one of the caregivers). Six (two of them a couple) were grandparents, and the others were caring for nephews/nieces and cousins; two were men; three were Caucasian; five were Native American. All but one was connected to the Native American Kinship Care program. One of the caregivers was working with a caseworker in Oregon.

This group was most vocal about the emotional stresses for them and for the children in their care. Other challenges cited most often included the financial burden that resulted from payment schedules that did not reflect the full cost of raising children, as well as transportation, housing and medical expenses. While dealing with the bureaucracy was an issue for this group, they appeared to have more help in navigating the system (which may be a result of their close affiliation with the Native American Kinship Care support group).

Seattle

Participants in Seattle included 10 current (8) or former (2) grandparent caregivers, 1 great-aunt, 2 ex-caregivers, and one adult grandchild of an ex-caregiver (who is herself working in the field of kinship care). All but three of the participants were African-American, and all were female. More than half of the participants were caring for three to six grandchildren. All but two were receiving some form of financial support from the state, and all were participating in support groups. Two of the grandparents were working with caseworkers in Georgia.

Members of this group brought a good deal of energy to discussions about “red-tape,” and the many ”hoops” they had to jump through for an insufficient amount of support. Like the other two groups, they were insulted by the treatment that they encountered in dealing with some caseworkers who did not seem to recognize the fact that they were stepping in to take care of children not their own. Across all three groups, the most common reason that the children were not with their own parents was parental drug/alcohol abuse and/or incarceration.

PART III: CHALLENGES FACED BY PARTICIPANTS

As participants introduced themselves, they were asked to identify the "biggest challenge" that they faced in providing kinship care. During the course of the focus group discussions, participants identified additional challenges or underscored the challenges that they faced.

Several common themes emerged across the focus groups. One grandmother gave us the best summary: "*There are just too many hurdles: dealing with the child's problems, dealing with parents, dealing with another state, legal issues, and the kids' need for counseling. I'm doing it all myself – and to top it all off, the parents left the kids with two names and two social security numbers each, which creates another bureaucratic nightmare."*

The challenges are organized roughly in order according to the frequency with which they were mentioned and the apparent importance of the topic.

The identified challenges are organized by general area and subtopic as follows:

Dealing With the Bureaucracy

- Lack of respect for kinship caregivers.
- Caseworkers provide little help navigating complex systems.
- System affords more support to foster parents than to relative caregivers.
- Dealing with two states is frustrating and time-consuming.

Financial Needs

- Policies related to financial awards are confusing.
- Support schedules don't reflect the full cost of care.

Legal Issues

- Legal system puts nuclear family ahead of best interests of children.

Social Service Issues

- Counseling is essential for children and caregivers.
- Personal support and respite care are difficult to obtain.
- Communities lack awareness and understanding of kinship care.

Dealing With the Bureaucracy

Lack of Respect for the Caregiver

In every group, the challenge that was most commonly cited was a lack of respect for the caregivers. Explicitly—as a result of the treatment received from some caseworkers—or implicitly—as a result of complex and contradictory regulations—caregivers do not feel that they are accorded the respect and consideration that they deserve for stepping up to take the children in.

Many caregivers reported being treated disrespectfully by caseworkers. They felt that caseworkers made assumptions about the family circumstances and based decisions on those assumptions instead of on the facts; caregivers felt that they were being "punished for the sins of the parents," instead of being appreciated for filling the gap. Grandparents who had lived largely self-sufficient and law-abiding lives found themselves thrust into a system where they were heavily scrutinized or forced to take time off of work and wait in line to collect food stamps or fill out eligibility forms.

Heads nodded all around in every group whenever the topic of "family preservation" and "the best interest of the child" were raised. Why, they asked, does the "system" provide an attorney for the drug-abusing parent to fight for custody—despite the fact that the parent is not capable of providing a stable environment for the child—while the caregiver has to pay for an attorney out of her own pocket. They would like to see the "burden of proof" of fitness be on the parent, instead of the kinship caregiver. "Why do we give unfit parents so many second chances and drag out the process (while the kid is in foster care) when the parents are not acting in good faith?"

Caseworkers Provide Little Help Navigating Complex Systems

The system of support for kinship caregivers is a complex web of federal, state, and, in some cases, tribal programs, supplemented by local support groups. For many caregivers, finding out what support was available was a tortuous process. In fact, in all three focus groups, the discussion produced sidebar conversations where participants exchanged information about programs that were not known to them.

Caregivers experienced various levels of support from caseworkers in navigating the system and determining eligibility for services. Many caregivers cited instances of inconsistent interpretation of rules by caseworkers or caseworkers that "gave them the runaround." More than one participant attributed the "revolving door" of caseworkers to payments being cut off—or reinstated—for no clear reason. They had the sense that the caseworker was "more interested in determining eligibility" than in being helpful.

System Affords More Support to Foster Parents Than to Relative Caregivers

Some of the participants had elected to seek licensing as a foster parent; some had experience as foster parents in other states. All participants agreed that the system was more supportive of foster parents than unlicensed relative caregivers. Children being cared for by foster parents have access to more medical and dental care, respite care, and other forms of support. The system also appears to accord more rights to foster parents than to relatives in informal care relationships.

Dealing With Two States Is Frustrating and Time-Consuming

In every group, there was at least one family dealing with caseworkers in more than one state. This added another layer of complexity and bureaucracy, as well as the costs of long distance calls and occasional travel.

Financial Needs

Policies Related to Financial Awards Are Confusing

Interestingly enough, while caregivers agreed that the financial support available was inadequate, the red tape required to obtain the support evoked more emotion than the amount of the support itself. One caregiver indicated that her financial assistance had been cut off because the parent had not paid his share of child support, a kind of bureaucratic double jeopardy. Participants felt it was not only inconvenient, but insulting to require them to take time off of work to complete forms and stand in line to obtain a stipend that was, in itself, inadequate to defray the costs of raising the children.

Other policies that presented a financial catch-22:
- Once children are adopted, they lose the subsidy and support services.
- If a 16 year-old grandchild gets a job, her earnings are deducted from the child-only TANF grant, even though the amount of the grant does not begin to cover the costs associated with raising teenagers.
- Caregivers are required to disclose all their income and assets even in applying for a child-only grant.

Support Schedules Don't Reflect the Full Cost of Care

The vast majority of the participants were grandparents, only about half of who were working. Not only were grandparents giving up the dream of retirement, but they often found themselves having to go back to work or draw down their own retirement funds to defray expenses.

Some specific issues related to the level of financial support included:
- The cost of raising multiple kids is not reflected in the schedule, which only adds an incremental supplement to the stipend for an additional child.
- There are no cost of living increases in child-only grants
- Stipends that barely cover the cost of food and clothing cannot begin to address medical expenses, expenses related to children's disabilities, or the costs of counseling required due to the child's family history.
- The house that might be an adequate retirement home for one or two adults is insufficient when the children move in—yet there is neither enough Section 8 Housing nor the funding to afford the extra bedrooms.
- The car that might have been sufficient for a retiree is not suitable for carpooling, yet, as with housing, the stipends do not stretch to provide a bigger vehicle.

Legal Issues

Legal System Puts Nuclear Family Ahead of Best Interest of Child

Legal issues related to obtaining custody presented another bureaucratic tangle to caregivers who sought to formalize their relationship with the children. For the most part, where custody was uncontested, caregivers agreed that the process was tedious but feasible. However, where custody was contested, the legal battles were long, expensive, and emotionally draining. Occasionally, caregivers cited an understanding or empathetic judge, but, for the most part, they agreed that they would like to see the judges think more about the rights of the children to be in a stable and loving environment and less about the rights of the absent or substance-abusing parents. They would especially like to see judges (as well as caseworkers) treat the grandparents with "rights" as valid as those of the parents.

Social Service Issues

Kinship care is a social issue, and the need for social services outstrips the supply available to care providers.

Counseling Is Essential for Children and Caregivers

Counseling—for the children as well as the care providers—was the most frequently cited social service need. Virtually all the children in the care of the focus group participants were placed with them as a result of substance abuse by the parents, frequently followed by abandonment. In some cases, children also experienced physical or sexual abuse, and many of the children had already been placed in multiple foster homes before finally landing with the caregiver/participant. For some families, continued interference by the non-custodial parents and the threat of renewed custody battles hung over the household. The psychological impact of such histories on the children makes counseling a necessity—but the cost is more often than not beyond the means of the caregiver. As one participant pointed out, "Children with recognized 'special needs' (medical or learning disabilities) automatically get help; however, by virtue of the circumstances that put the kids in kinship care, these children all have 'special' emotional needs. Yet, the system does not offer help for that kind of special needs."

Caregivers also cited the need for counseling for themselves. On the one hand, they were struggling to deal constructively with the issues brought into the home by the children. On the other hand, they were grieving the loss of the future that they had envisioned for themselves, as well as the loss of their own child (the parent of the children for whom they were now responsible.)

Issues with members of the extended family created additional stress for grandparents, who experienced various levels of support from the other family members. In some cases, family members provided respite care and included the children in family gatherings. At the other extreme, grandparents often found themselves having to turn away siblings or cousins of children in their care. As one participant explained, “Most of the time, they just tell me, ‘I don’t know how you do it.’” Many caregivers felt that counseling would be an effective support option for grandparents in reconciling these familial demands

Personal Support and Respite Care Are Difficult to Obtain

For most participants, the care of the children had been thrust on them at a time when they were not prepared for dealing with the issues associated with raising children in the 21st century. Not only was “school work harder than when we went to school,” but the issues faced by this generation of adolescents were, at times, overwhelming. One caregiver, a single man responsible for the care of his nephews, had never had children of his own when he took in those of his sibling. In addition, there were significant physical demands on grandparents who were now required to juggle their own health issues with the responsibilities of child rearing.

Under these circumstances, respite care is a vital service, providing “time off” to recharge personal batteries and tend to other business. However, participants with large families, or children with special needs (the caregivers most in need of a respite), reported that respite care was impossible to obtain.

Communities Lack Awareness and Understanding of Kinship Care

A less frequently mentioned, but still significant, challenge faced by caregivers was the lack of awareness or understanding in the communities. With the exception of the schools, participants reported feeling unsupported by social service institutions (police, courts, health care, civil officials) with whom they frequently came in contact. As specific examples, they pointed out that:

- School administrators and teachers need to understand that everyone is not going home to a “mother” and a “father” when they have the child complete projects or make gifts.
- Law enforcement officials should be aware that just because a person is a parent, they might not be entitled to information about the child.
- Judges should listen to the caregiver and to the kids, instead of just deciding on the basis of “the law.”
- Legislators need to understand the benefits of kinship care for children and for society.

PART IV: WHAT WORKS NOW

Despite the various challenges described above, participants did indicate that some aspects of the existing support network were “working” and should be continued or expanded. These included local support groups, various institutions, and some specific financial or other support programs.

Support groups

By far, the participants overwhelmingly appreciated local support groups. Support groups provide information and emotional support, refer members to resources, help members deal with different situations, and normalize their experiences. For many, participation in a support group offered an opportunity to refresh or update parenting skills and provided a vital link to a network of “people you can turn to on a moment’s notice.”

Support groups such as the Native American Kinship Care program served as navigators to the system, connecting members with clothing and food for the kids and explaining eligibility requirements. Participants reported that programs such as Casey Family programs provided a “much more positive experience than state caseworkers.” Other non-profits help with transportation and pay for after-school activities. Support groups provided a foundation of trust and understanding that they did not find in the “system,” and many participants who had chosen not to be in “the system” were members of support groups.

Institutions

On an individual basis, participants reported receiving support from various other institutions, including their churches, the AARP (American Association of Retired People), Indian Health Service, the Thurston County court system (for uncontested cases), and the occasional helpful caseworker. According to one participant, “the Thurston County Sexual Assault Center at St Peter Hospital was compassionate and helpful.” The public schools got generally good reviews for “working with” care providers and were acknowledged several times to be a “bigger help than the state.” Resource guides such as the “Northwest Women’s Legal Services” booklet and Washington’s resource manual, “Legal Guide for Relative Caregivers” were also appreciated.

Financial/Other Assistance

Although participants felt that the level of financial support was far from adequate, other services available through “the system,” when they could access them, were greatly appreciated. These included respite care, child care, medical assistance, food stamps, and counseling. A non-profit pilot project known as the “Blended fund” received rave reviews from those who were familiar with it. It serves as a single source for services available from a variety of funding sources and agencies

PART V: WHAT WOULD BE BETTER

Participants were very vocal in making suggestions about the elements of a “better system.” One support group facilitator summed it up by saying that, “Caregivers need: Respect, Resources, and Respite.” Suggestions made by the groups are organized below in categories corresponding generally to the categories of challenges listed in Part III.

Dealing With the Bureaucracy

Navigating the System

Overwhelmingly, participants pointed out the need for help in navigating “the system” and accessing services. All three focus groups agreed that access to services is critical. In their ideal world, “the system” would include “one-stop shops” at family support centers or equivalent programs, staffed with “knowledgeable people who will help you find the services you need.” “Right now,” one participant pointed out, “caregivers don’t get the answers they need because they don’t know the question to ask.”

They were adamant that the system should not “make people get bounced around or find out years later that they could have gotten some services if they had known who or what to ask.” When asked, some participants agreed that “where a service is housed does not matter as much as the fact that there is service.” Other participants felt that caregivers would feel more welcome if the “navigators” were not co-located with state service providers. But this was a minority view.

Participants also made specific suggestions for improving service coordination, including:

- 1-800 hotline to call for help or information.
- Various agencies working together to coordinate services and provide information about one another.
- Using schools to connect with kinship caregivers not in the “system.”

Respect for the Caregiver

Most of the caregivers in the focus groups are individuals who would probably never have had a reason to interact with social service agencies or receive payments from “the system,” had they not become kinship caregivers. As such, they were not prepared for the kind of “scrutiny” and inquiry required to receive aid. They are required to stand in lines, be put on hold, answer personal questions, and otherwise be treated in ways that make them feel disrespected. Where “their word” has not been doubted before, now they feel that they must justify decisions and preferences that to them seem quite logical.

Caregivers would like to be treated with respect and appreciation for having accepted a responsibility that was not originally theirs. They would like to have their word accorded more weight (in court and in the casework) than the word of a parent with a history of abuse—substance abuse, physical abuse, or abuse of the system. They would like to see the well being of the children put ahead of "preservation of the family," since, in their opinion, the parents have abdicated the right to that "family" configuration.

Caregivers would like services to be available to all children, regardless of the formality of the relationship between the child and the caregiver. While the legal battles are being fought and the custody relationships contested, the children are not only subjected to the emotional stresses of the situation, but they are deprived of essential services that would be provided automatically if they were in foster care. Caregivers would like to have access to the same support that foster parents receive, but they do not want to have to comply with additional licensing requirements, especially those that involve the size or configuration of their homes.

In short, they would like to be treated as responsible PARTNERS with caseworkers in a system that has the best interest of the child at heart, instead of being treated like people who are trying to "scam" the system. This will require a fundamental shift in the way that many caseworkers approach kinship caregivers, perhaps even a separate kinship care program or staff specialists, so that those caseworkers:

- Understand and respect the needs of kinship care providers and the special issues that they face.
- Understand and respect the cultural or religious issues that may be relevant to the child and serve as part of the child and caregiver's support network.
- Know about available services and resources and can direct caregivers appropriately.
- Have the latitude to make decisions based on the case, not "by the book."
- Apply the regulations consistently across the state.
- Recognize and respect caregivers as partners in assuring care for the children.

Financial Issues

Focus group participants were clear about options for improving the financial aspects of the program. However, it is important to note that financial issues were mentioned less often than issues related to disrespect or red tape.

Institute a More Realistic Reimbursement Rate

Caregivers would like to receive the same level of financial support as foster parents. They would like to see the TANF payment schedule revised to increase the payment amount for additional children and to permit food stamps as well as a stipend.

Access to Medical and Dental Care

Caregivers would like their children to have access to the same medical, dental, and orthodontic care available to foster parents. They would also like to be able to bring the children to the emergency room when needed and to have access to drug and alcohol treatment and counseling.

Housing Costs/Transportation Costs

Two other areas in which financial assistance is necessary are housing and transportation. Many caregivers are living in homes that are inadequate for large families, and public housing is not always available. A "grandparent community," where the housing is affordable, would provide a solution to the housing crises as well as a support network.

Where housing is not available, some help with the utilities and home repairs are also cited as a needed service, as well as the need for transportation to shuttle students back and forth from school.

Legal Issues

Participants would like to see the system simplified, and they would like to have more assistance in navigating the legal system.

According to the participants, the "system does not understand what it takes for a grandparent to raise a child." Many of the participants never needed to use the legal system until becoming kinship caregivers and did not know how to do so. They would like to see the legal system put the burden of proof on the unfit parent, allowing the grandparents to be advocates for the children earlier in the process. Where the legal process was likely to be protracted, they suggested some form of interim legal recognition for caregivers so that they can have access to children's records in the period when child is living with them but custody may not yet be awarded.

One participant (himself an attorney) suggested "a meaningful Guardian ad Litem program that is adequately funded so that someone really speaks for the child and there is better communication between the caregiver and Guardian ad Litem. The current program is more ceremonial than investigative."

Where it may not be possible to simplify or change the legal system, participants would like access to outreach workers or facilitators who can help them with the paperwork, perhaps stationed at the family courts. Most importantly, they wanted legal help/advice BEFORE they need it, perhaps at the time of first contact with a caseworker.

Social Service Issues

While less red tape and more money would be essential elements of a "better system," participants are clear that there is a real need for a social service infrastructure to support relative caregivers.

Counseling for the Kids

The overwhelming majority of the focus group participants had taken on the responsibility of kinship care because the children's parents were unfit. In most cases, the issues were substance abuse, physical abuse, and or sexual abuse, meaning that the children entered the relatives home with a very real need for counseling. Therapy may be related to the abuse itself, to the subtler questions of abandonment, or, where custody is contested, children may be struggling with issues of loyalty. One participant said she would love to have someone "explain to kids why I can't bring them to see their parent."

Counseling for the Grandparents

Counseling for the caregivers would also be a part of the "ideal system." Participants pointed out that grandparents experience significant grief and loss issues on many fronts: loss of the "retirement" they had envisioned, grief about the child they have lost to drugs or alcohol, and ambivalence about the responsibilities they have taken on. Unlike foster parents, who freely choose to care for children other than their own, grandparents often have this responsibility thrust upon them, often with little recognition or training from caseworkers. Providing counseling and support to grandparents could ensure their continued willingness and ability to provide a stable and loving environment for the children.

Respite Care

Respite care is essential, especially for older caregivers whose health and stamina are taxed by the additional responsibilities of "boomerang" families. Where there are multiple children, or children with special needs, respite care is currently almost impossible to obtain. Having the ability to take an occasional "time out" while knowing that the children are well cared for would go a long way in sustaining grandparents as care providers.

Special Needs

In each focus group, there was a least one participant providing care for a child with special needs, such as Attention Deficit Disorder, cerebral palsy, or other physical disabilities. The cost of necessary medical or psychological care was beyond the means of most providers. In addition, as one participant pointed out, the trauma experienced by the children before their placement with a relative meant that, in essence, MOST of the children in kinship care have "special needs" for therapy. One participant suggested that children would be best supported with educational programs designed specifically for children of substance abusers.

Community Awareness

Participants were incredibly grateful for the support groups to which most of them belonged. Being with others who were experiencing the same frustrations—and joys—was invaluable, especially because they find so little understanding and support in their surrounding communities. Participants would like to see more understanding from schools and other social institutions. They would also like to see more media coverage of their issues so that people in their neighborhoods became more aware of the number of grandparents stepping into these roles. They also suggest more preventive services to address the causes of the problem at a systemic level.

Best Ways to Get the Word Out Regarding Available Services

In addition to getting the word out to the larger community, participants suggested many ways to "get the word out" to other families who may need support. Suggestions included:

- Local newspapers
- Flyers in schools, churches, Laundromats, tribal headquarters, and bulletin boards
- Public service announcements at movie theatres
- Other service providers/partners
- Word of mouth
- Publicizing the support groups in training with social service providers in other professions, such as teachers, pediatricians, hospitals, family law attorneys, Head Start, and pre-school teachers.

PART VI: POTENTIAL AREAS FOR POLICY DEVELOPMENT

Based on the focus groups and input from the stakeholders, five potential areas for policy development were identified.

Access to Information

Access to services is the area most in need of policy intervention. All participants agreed that the “system” is cumbersome and difficult to navigate. It is especially hard to find out about services for which children or caregivers may be eligible. By far, the most commonly cited suggestion was some form of “one-stop shop”—either by co-locating support agencies or by creating a clearinghouse/navigator for caregivers to use. Given that the support groups were cited as particularly valuable, it may be effective to leverage their influence with caregivers. Other options include establishing a 1-800 hotline that provides information regarding available services, conducting a “media blitz” focused on raising awareness of the issues, and using schools as a place to provide information to caregivers. There may also be a role for the state in “spreading the word” about the prevalence of kinship care, and the social value care providers add.

Legal/Policy Framework

Stakeholders suggested that agencies would be able to adapt many existing programs to deal with kinship care if the legislature made a clear “statement of intent” in support of kinship care. They also recommended explicit programmatic changes that would:

- Give caregivers access to the same services and financial support as foster parents without the same level of supervision.
- Improve grandparent/caregiver legal standing relative to the parents.
- Allow grandparents/caregivers to provide educational and medical consent.
- Increase the use of foster care funds to support unlicensed kinship care. The cost of providing counseling and respite care would make kinship care placements easier to arrange and would save the state money compared to keeping the children in foster care.
- Loosen restrictions around existing programs. Examples of things to consider included:
    - Reduce the Older American’s Act requirements from 60 to 55/50 for relatives raising kids.
    - Reduce requirements around TANF to include kinship caregivers; eliminate the five-year time limit.
    - Reduce requirements around foster care for relative caregivers (see Colorado model).

It must be pointed out that some of these issues would require federal cooperation.

Respect for Caregivers

The issue of respect for caregivers is strongly linked to the legal and policy framework, since the feeling of disrespect experienced by the caregivers may, in some cases, be attributed to the frustration they experience in being asked to “jump through hoops.” If we separate “what they have to do” from “how they are told to do it,” we hear that caregivers experience varying levels of helpfulness, professionalism, and knowledge in their dealings with caseworkers.

Caregivers expect caseworkers to work WITH them to help connect them with resources. As such, they would like caseworkers to view them as partners in seeking care for the children “instead of treating them like a child welfare or TANF case.” They suggest that this would require that the system “change DSHS culture.” While focus group participants acknowledged that some caseworkers were quite helpful, they would still like to see caseworkers develop more competencies in connecting people with resources, more understanding of the “culture” of grandparents and kinship care providers, and a more supportive demeanor toward them. Making kinship care a part of diversity training for caseworkers (and all agency staff who may come in contact with kinship caregivers) might help achieve these changes. In addition, they would like to see support agencies streamline and simplify many processes and provide free foster care training (which DSHS recently began offering). Having specialized kinship caseworkers, a central “kinship care desk,” or at least a regional kinship coordinator (within each DSHS region) might help streamline processes and increase respect/awareness.

Financial Support

Stakeholders agree with the focus group participants that more funding is needed to cover the myriad costs associated with raising children, as well as the legal fees if custody is contested. Specifically, raising the amount provided with the TANF child-only grant (or providing some other subsidy more on par with foster care payments) and/or providing more “free” services would accomplish this.

Social Service Support

The final area in which some policy development may be appropriate is in access to supporting social services, including respite care and counseling.

PART VI: BENEFITS OF KINSHIP CARE OVER ALTERNATIVES

Despite their frustrations with the system and the personal and emotional tolls, participants were adamant that kinship care provides many benefits, not only to the children, but also to the families, the caregivers, and the state.

Benefits to Children

The clearest benefit of kinship care is that children are placed with family instead of foster parents. Kinship care results in fewer placements and thus more stability for the children. Having experienced some form of rejection or abandonment by their parents, children benefit from knowing that some family member **does** want them. Kinship care allows children to maintain contact with extended family members, preserving their sense of themselves as members of a family community. Where grandparents are retired, they may be able to spend more time with the children than would a working foster parent.

Children can also maintain a personal sense of membership in their ethnic community. As was pointed out in the Wapato focus group, “Although we had to jump through a lot of hoops with the Indian Child Welfare Act, it was worth it to keep kids in the tribe.”

Benefit to Family

Kinship care benefits the families as well, permitting grandparents to maintain contact with the children they care about. Grandparents have the peace of mind of knowing that their relatives are being well cared for.

Benefit to State

Kinship care provides tangible benefits to the state, since the reality is that relatives tend to subsidize many of the actual costs of raising the children. Participants suggest that there are even more significant savings over the longer haul, since children who grow up in a family unit are less likely to seek acceptance and validation in more destructive ways. As long as kinship care is not burdened with additional compliance requirements (such as those related to foster care), there would be lower administrative costs in running a kinship program due to a single placement and fewer regulations to inspect for and enforce.

Appendix A: Stakeholder Participants

Name	Organization
Janet Helson	Columbia Legal Services
Edith Owen	Pierce County Relatives Raising Children
Shelly Willis	Family Support Center, Olympia
Nila Whiteshirt-Sears	Casey Family Programs, Yakima
Abby Moon Jordan	Kinship Care Support, Seattle Metro
Lori Carroway	WSU Cooperative Extension, Snohomish County
Lynne Shanafelt	Early Childhood Education Assistance Program
Sally Friedman	Senior Services Caregiver Outreach and Generations United
Vi Hansel	DSHS – Vancouver
Tim Gahm	Council on the Prevention of Child Abuse and Neglect
Patrick Dowd	Family and Children’s Services Ombudsman's Office
Dennis Ichikawa	Casey Family Programs
Celeste Carey	DSHS Division of Children's and Family Services, Foster Care and Kinship Care
Howard Winkler	Family Support Center, Olympia
Tom Berry	DSHS Economic Services Administration
Larry Nelson	DSHS Division of Children's and Family Services, Native American Unit
Janelle DeCoteau	DSHS Division of Children's and Family Services, Region 4, Family Decision Making