

# **Colorado Statewide Assessment of Non-Certified Kinship Care**

**Colorado Department of Human Services  
Division of Child Welfare Services**

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**Colorado State Assessment of Non-Certified Kinship Care  
Table of Contents**

Executive summary.....2

I. Introduction.....4

II. Methodology.....4

III. General views about non-certified kinship care.....5

IV. Meeting the financial needs of non-certified kinship caregivers.....10

V. Meeting the emotional needs of non-certified kinship caregivers.....13

VI. Meeting the needs of children and youth in non-certified kinship care.....15

VII. Meeting the legal needs of non-certified kinship families.....17

VIII. Role of child welfare in supporting non-certified kinship families.....19

IX. Policies and practices at the administrative level.....21

X. Replicable practices.....23

XI. Recommendations.....25

Addendum.....28

## Executive Summary

A statewide kinship assessment was conducted in 32 counties to identify the services that are available to non-certified kinship caregivers, the self-identified needs of the kinship caregivers and those who work to support them, and to identify useful and effective programs and practices in county departments that are replicable in order to improve the consistency of service delivery statewide.

The statewide assessment is a combined report about kinship practices and the needs, challenges, and services available to kinship caregivers in 32 counties:

- The primary report provides an overview of 27 county departments that were interviewed by staff from the Division of Child Welfare Services, along with a staff member from the National Resource Center for Organizational Improvement (NRCOI), and
- The addendum is a detailed report about five (5) additional county departments that was conducted by the Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine.

The combined 32 counties includes: Ten large, 13 mid-size, and nine small and were conducted with approximately 491 individuals:

- 261 county department staff (four TANF staff), and of these:
  - 108 were administrators/supervisors, and
  - 153 were caseworkers.
- 21 staff from 18 community agencies,
- Three young adults who were raised in kinship care, and
- 206 kinship caregivers (individually and in 22 support groups).

The most common challenges noted were the lack of preparedness to care for the children/youth, family dynamics, financial issues, and delays in permanency.

The benefits of kinship care noted include children/youth experiencing fewer placement disruptions, maintaining cultural ties and family traditions, and were more comfortable with family.

The services most commonly used include Child-Only TANF, Medicaid, Colorado Child Care Assistance Program (CCCAP), Child Welfare Child Care, Special Economic Assistance (SEA), Promoting Safe and Stable Families (PSSF), Core services, and kinship support groups.

The major identified needs emerging from the assessment include immediate financial assistance to meet the child/youth's initial needs, access to quality low cost child care, emotional support, respite care, and affordable legal services.

Replicable practices include:

- Creative use of Core services
- Creative use of TANF funds for specialized kinship programs
- Intensive therapy team
- Specific kinship staff within child welfare
- Liaison between child welfare and TANF
- Navigation services
- Legal Clinics
- Community based services such as support groups, parenting classes, and family activities

Recommendations:

- Develop an interface between Trails and CBMS to allow seamless transition from Child Welfare Medicaid (county has custody), to regular Medicaid (kin has custody of child/youth),
- Develop a policy requiring counties to track non-certified kinship caregivers in Trails,
- Create a streamlined application process for Child-Only TANF through kinship specific technicians and a condensed Child-Only TANF application,
- Create a statewide staff training about kinship issues,
- Create training specific to kinship caregivers,
- Create support networks for children/youth in kinship care,
- Increase communication and collaboration between child welfare and TANF through a child welfare/TANF liaison,
- Increase respite care opportunities for kinship caregivers,
- Increase access to quality, affordable child care, and
- Increase legal support for kinship caregivers.

## **I. Introduction**

Child welfare services in Colorado are managed and delivered by county departments in a state supervised and county administered system. The county departments have the flexibility to meet the needs of their respective communities. A statewide kinship assessment was conducted by the Division of Child Welfare Services to identify the services that are available to non-certified kinship caregivers, the self-identified needs of the kinship caregivers and those who work to support them, and to identify useful and effective programs and practices in county departments that may be replicable in order to improve the consistency of service delivery statewide.

The Colorado Department of Human Services defines kinship care broadly in rule (Section 7.304.2) as, “The full time nurturing and protection of children by kin. Kin are relatives or persons ascribed by the family as having a family-like relationship. These relationships take into account cultural values and continuity of significant relationships.” There are two categories of kinship arrangements that are described in rule:

- Certified kinship family foster care refers a relative or a person with a significant relationship with a child/youth (child specific), and who has completed the family/kinship foster care certification process in order to provide care for the child/youth.
- Non-certified kinship care refers to a relative or a person that has a significant relationship (child specific) and legal custody of the child/youth that lives in the home, and is not certified as a kinship family foster care home. In many situations non-certified kinship caregivers are known to child welfare through the county departments. There are also an unknown number of non-certified kinship caregivers that have requested and were awarded custody privately through courts and are not known to the county departments. When the county removes a child/youth from the parent’s home due to abuse/neglect and places the child/youth with the relative or person with a significant relationship, the caregiver may choose not to be certified for kinship family foster care or in some situations may be unable to meet the family/kinship foster care certification requirements.
- Informal or “private” kinship care is an unofficial term that refers to arrangements made privately within the family or with an unrelated person known to the family to provide care to a child/youth. Generally children/youth in these situations do not enter the child welfare system.

The opinions of county staff sometimes varied regarding the challenges and benefits of kinship care, as well as the outcomes for children/youth in kinship care. In some situations the opinions of administrators and supervisors were notably different than caseworkers. This may be attributed to experiences of the administrators, supervisors, and caseworkers regarding the number of kinship caregivers that were served, their working relationships, and the outcomes of the case and for the children/youth.

Approximately 491 individuals were interviewed among the 32 counties. Two hundred and sixty-one county department staff were interviewed, including 108 administrators/supervisors and 153 caseworkers; and 21 staff from 18 community agencies, three young adults who were raised in kinship care, and 206 kinship caregivers.

## **II. Methodology**

The sample represents large, mid-size, and small counties, and includes rural, mountain, and urban locations. In addition, community providers, kinship caregivers, several kinship alumni, and kinship support groups participated. Five of the county departments were interviewed through a partnership with the Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine. Interviews for the remaining 27 counties were conducted by staff from the Division of Child Welfare Services, along with a staff member from the Cutler Institute who assisted with some of the county department and kinship support group interviews. This report addresses the 27 counties. The

characteristics of the counties are: seven\* large urban/suburban counties, 11 mid-size counties (nine rural distributed statewide and two mountain), and nine small counties (seven rural distributed primarily on the eastern border and two mountain).

The groups of individuals who participated in the interviews included: County directors, child welfare administrators, supervisors (of caseworkers), kinship caseworkers, intake caseworkers, ongoing caseworkers, eligibility staff from Temporary Assistance to Needy Families (TANF), kinship caregivers, kinship support group members and kinship support group facilitators, mental health providers, and other community support providers.

Interview protocols were developed for each category of interviewees. Most of the interviews were conducted in groups. Interviews in 23 counties were conducted in person and four were completed by telephone. The information was analyzed for themes, replicable practices, and recommendations.

\* A single interview was conducted with the kinship coordinator in a large county.

### **III. General Views About Non-Certified Kinship Caregivers**

#### **Trends**

The county department staff that participated in the interviews stated that locating kin is the first priority when out-of-home care is being considered for a child/youth. Staff reported the number of children/youth that were placed with kinship caregivers either remained stable or increased in the past several years. There was variation in the county departments that certify kinship family foster care homes and those who primarily use non-certified kinship care homes.

- A mid-size county requires kinship caregivers to be certified;
- 21 counties (six large, nine mid-size, and six small) primarily use non-certified kinship caregivers; and,
- Three counties (large, mid-size, and small) primarily use certified kinship caregivers.

Of the 27 counties that were interviewed, staff in the large counties stated that kin placements have significantly increased, whereas mid-size and small counties were more likely to say that the number of kinship placements is stable or has increased. The counties rely on kin because of a lack of family foster care homes in their communities. Conversely, a few county departments said that certification of kinship family foster care has increased because:

- The economy has negatively impacted the prospective kinship families and they need the financial reimbursement to care for the children/youth; and
- Prospective kinship families recognize the benefits of support, services, and that when the county department has legal custody it buffers kinship families from family conflict.

#### **Profile of the kinship caregivers**

184 kinship caregivers were interviewed:

- 167 are caring for 249 children/youth under the age of 18 and 10 young adults between the ages of 18 and 21.
- 17 did not have children/youth in their care because of:
  - Reunification,
  - Young adults over the age of 18 live independently,
  - The kin are providing child care,
  - The kin are “co-parenting” with the parent(s), and

- The kin are requesting grandparent visitation through the court.

Of the 167 kinship caregivers currently raising children/youth:

- 30 were certified family/kinship foster care,
- 29 were non-certified,
- 77 were informal caregivers, and
- 31 did not specify their certification status.

The custodial status of the 167 kinship caregivers is:

- 85 have custody or guardianship,
- 28 adopted,
- 15 said the parent(s) have custody,
- Nine were in the custody of the county department,
- Three have Power of Attorney,
- Two have joint custody with the parent(s),
- 24 did not specify the legal status, and
- One was unsure of the custody status.

Kinship caregivers reported the following reasons for the children/youth being in their care:

- Substance abuse (28%),
- Incarceration/criminal history (15%),
- Child abuse/neglect (11%),
- Mental health issues of the parent(s) (10%),
- Inability of the parent(s) to care for the child due to unstable housing or lifestyle (9%),
- Domestic violence (6%),
- Divorce or family conflict (5%),
- Abandonment (4%), co-parenting in order to help parent(s) with financial issues (4%), parent is an adolescent (4%), and sexual abuse of the child/youth (4%),
- Child's medical issues (2%), death of a parent (2%), medical issues regarding the parent(s) (2%), parent(s) did not bond with child/youth (2%), and safety (2%).

The relationship of the kinship caregivers to the children/youth living with them was:

- Grandmothers (72%),
- Grandfathers (15%),
- Great aunts (3%),
- Aunts (2%), great-grandmothers (2%), great-grandfathers (2%), and non-relatives (2%),
- Second cousin (<1%), sibling (<1%), third cousin (<1%), and uncle (<1%)

### **Challenges with kinship care**

The most common challenges noted by kinship caregivers and county staff are the lack of preparedness for the care of the children/youth, family dynamics, parental motivation to make necessary changes to assure the safety of the child/youth, financial issues, and delays in permanency:

- Preparedness: According to county staff and kinship caregivers, kin are not usually prepared to care for additional children/youth, emotionally or physically. The children/youth are generally placed in the kinship caregiver's home on an emergent basis and with little or no warning. The kinship caregiver agrees to care for the children/youth in order to avoid their placement in a non-relative family foster care home and because they want to keep the child/youth with relatives. A single

kinship caregiver in a small rural county said her children are grown and she does not have grandchildren. She was not emotionally prepared to start over with young children.

Frequently kinship caregivers do not have the necessities to physically care for children/youth when they are first placed with them. A kinship caregiver in a large urban/suburban county stated, “We didn’t even have diapers, didn’t know what kind of formula the baby needed, we had absolutely nothing.” Many kinship caregivers said they had not intended to raise additional children/youth and did not have the necessary supplies (beds, cribs, dressers, clothing, food) and sometimes there was inadequate space. County staff and kin said that sometimes it was difficult for kinship caregivers to access necessary items due to the additional personal expense combined with the financial constraints of the family. A kinship caregiver in another large urban/suburban county said three children under the age of five were placed in her home in the fall and they did not have coats.

- Family Dynamics: A significant number of kinship caregivers and staff discussed the change in family dynamics when a child/youth is placed with kin. The most common areas where families are impacted are daily family routines, changes in immediate and extended family relationships, family conflict, and inappropriate or harmful behavior due to mental health and substance abuse.
  - Kinship caregivers discussed the significant changes in their daily routines, financial situation, and in their household relationships, even if the child/youth had previously spent time with them. Adjusting to another person’s needs in the daily routine was challenging. It included providing transportation and attending the children’s/youth’s extracurricular activities, different school hours and locations requiring multiple drop off and pick up times, in addition to medical, therapy, visitation appointments, and court hearings. Kinship caregivers also commented on how having to share their living space had enormous impacts on their biological children.
  - Kinship caregivers said the most confusing part of their new responsibilities was the change from their previous role and within the immediate and extended family. Many kinship caregivers discussed their personal conflict about being the mother versus the grandmother or the uncle versus the father. Kinship caregivers who were grandparents discussed the change in relationship between themselves and the grandchildren who were not in their care. Many grandmothers talked about the conflict of “being in the grandma role of spoiling” some grandchildren while having to parent another. A grandmother stated that “it is a fine line” and commented that it has impacted her relationship with her other grandchildren because she thinks it is unfair to treat the child in her care differently, and yet she must set different boundaries with that child than with the others. The grandchildren resent that she is with the other grandchild all of the time. She said that she is no longer able to “spoil” any of the grandchildren.
  - When kinship caregivers are initially asked to care for the children/youth, they are frequently placed in the uncomfortable position of choosing between the relative (the biological parent) and the children/youth in their care. It is helpful when the biological parent is in agreement with the situation, making the transition smoother for the children/youth. It may also strengthen the relationships in the immediate family and increase the familial support from the extended family. When biological parents are not in agreement with the situation, it sometimes places kinship caregivers in an awkward position of having to choose between the biological parents and the children/youth. This often results in the kinship caregiver discontinuing contact with the biological parents in order to keep the children/youth in their care safe. Sometimes the friction causes estranged family relationships in the immediate and extended family members and results in family members choosing sides.
  - Kinship caregivers believe the situation will be temporary and the children/youth will return home quickly. Kinship caregivers said that they often find themselves in a more permanent parental role. This can cause ambivalent feelings and changes in life plans, life styles, routines, and socially. Ten kinship caregivers in a large urban/suburban county said they love the children/youth in their care and love the parent, but were angry with the parent for putting the kinship caregiver in a position to raise the children/youth. Three kinship caregivers in a large urban/suburban county and a kinship caregiver in a mid-size county stated they had to change

their own plans including retirement and travel in order to care for the children/youth. A kinship caregiver in a small rural county stated that she forgave her adult child for the abuse that occurred to the child, but would not forget the abuse. For one kinship caregiver, attending church as a family is important, however the family has been unable to attend church for the past two years because one of the parents does not want the child to attend. The kinship caregiver is unwilling to have a substitute caregiver for the child while they attend church. The changes and ambivalence can impact already strained relationships and weaken familial support that the kinship caregiver may have, leaving them feeling isolated and overwhelmed. A kinship caregiver in a small rural county and who does not have other family in the area said she feels alone and stated, "To say if I had to do it again, I probably wouldn't. Not with a family member. It is too hard." The kinship caregiver also said that her relationship with family members is strained and that "It has caused a lot of conflict. They don't appreciate it. Everything is my fault. I am caught in the middle."

- Mental health and/or substance abuse were the most frequent causes for children/youth to be placed with kinship caregivers. County staff from small and mid-size counties, especially in rural locations reported that their county had high rates of multigenerational substance abuse that sometimes made it difficult to find appropriate relatives to care for the children/youth. When an appropriate relative was available, they were often blamed and ostracized by the immediate and extended family for taking sides as evidenced by the child/youth being removed from the parental home.
- Parental Motivation: County department staff had different opinions about parental motivation and often based on their experiences working with kinship caregivers. Some county staff said that parental motivation is a challenge for kinship caregivers. Having children/youth placed with a kinship caregiver may be a motivator for some parents and it is a barrier for others. County staff said that some parents will not complete their treatment plan or work towards regaining custody because they know their child/youth is with a kinship caregiver and will be cared for appropriately. Sometimes the kinship caregiver provides the parent more access to the child/youth than the county department specified and the parent is less motivated to change. A kinship caregiver in a large urban/suburban county stated that she is raising her grandchildren because her daughter chose a lifestyle of parties and drugs over her children.
- Financial: The lack of adequate financial resources is a challenge for kinship caregivers. Some are retired and living on fixed incomes while others are working and live from paycheck to paycheck. Caring for additional children/youth places a strain on the kinship family's financial resources. A kinship caregiver in a small rural county said that her family doubled in size when she began caring for her kin. Many kinship families absorb the financial burden without accessing any financial assistance such as Child-Only Temporary Assistance to Needy Families (TANF) or child support.
- Delays in Permanency: County staff stated that children/youth in kinship care achieved permanency through reunification or adoption less frequently than children/youth in non-relative foster care. The county staff said that children/youth usually remained in the same kinship home and the kinship caregivers generally were awarded allocation of parental responsibilities (APR) rather than pursuing adoption. APR is permanent custody and the parental rights are not terminated. County staff and kinship caregivers said the primary reason this occurs is due to the kinship caregiver's belief that the parent would resolve the safety issues and could regain custody of their child/youth. The parent can petition the court to regain custody. In order for the kinship caregiver to adopt the child/youth, the parental rights must be terminated. In contrast, kinship caregivers from various areas in the state said that they believed that county departments and the courts gave the parents too many opportunities to comply with treatment and delayed permanency for the children/youth.

When a kinship caregiver has a child/youth placed through an informal arrangement they must hire an attorney at their own expense to assist them or petition the court in order to achieve

permanency for the child/youth. In most informal kinship cases, kinship caregivers choose APR over adoption because it is an easier process and less expensive.

A caseworker in a large urban/suburban county said that in retrospect there are cases he/she would have preferred to advocate for pursuing adoption rather than APR. County department staff said that some cases are appropriate to request APR, and others would be better suited going to adoption.

### **Benefits of kinship care**

County staff had varied experiences working with kinship caregivers and most believed that kinship care is a practical option for many children/youth. Staff stated that children/youth in kinship care experience fewer placement disruptions. Staff attributed this to kinship caregivers “sticking with it” when there were challenges. Staff observed that kin tended to dismiss the problem behaviors and used their supports (often family members), which helped to maintain stability for the children/youth.

Children/youth in kinship care were able to maintain cultural ties and family traditions, sometimes they were able to continue in the same school and activities, frequently they were placed with siblings, and they lived in the context of their immediate or extended family. Staff who worked with youth said that in general youth were less likely to run away than when they were in non-relative foster care.

Most of the county staff that were interviewed said that overall the re-entry rate was lower and there were often higher rates of reunification when the children/youth were placed with kinship caregivers. Staff also had experiences where that was not the case, largely, depending on the dynamics previously discussed.

County staff provided other advantages of kinship care:

- Children/youth typically know their relatives, have spent some time with them, they are more comfortable with family (even when they do not know them well), and experience less trauma as a result of the removal from their biological parents.
- Some children/youth experience less trauma during placement and they sometimes do not exhibit behavioral issues to the extent demonstrated by children/youth in non-relative care. Other county and community staff and kinship caregivers said that children/youth in kinship care do experience trauma and exhibit challenging behaviors, though county staff said that sometimes kinship caregivers do not recognize the behavior as being unduly challenging.

County staff that experienced situations where the kinship caregiver had a positive impact on parental motivation said that when children/youth are placed with kinship caregivers, the parents are motivated to work on the issues that brought them to then attention of the county department so that reunification can occur. Staff said that as appropriate, when the kinship caregiver supervised visitation with the child/youth and parents, that it allowed for a more flexible schedule and provided the parent with more accessibility to the child/youth. In addition, in some cases the biological parent had the support and also the pressure from the entire family to change the unsafe situation or behavior. Family dynamics and other factors vary and are family specific. Sometimes when children/youth are reunified following a kinship placement, the parents and children/youth have the continued support and oversight from the extended family in order to prevent a recurrence of the previous issues and the disruption that occurred for the entire family.

#### **IV. Meeting the Financial Needs of Non-Certified Kinship Caregivers**

##### **Knowledge of financial resources**

The primary source of financial support available to kinship caregivers is Child-Only TANF. According to state staff from the Division of Colorado Works, approximately 40% of the TANF caseload statewide is kinship caregivers that have custody or guardianship of children/youth.

Kinship caregivers that assume care of the child/youth through the county department are informed about their option to apply for Child-Only TANF, however when kinship caregivers assume the care and custody through an informal arrangement with the parent(s) they are often unaware of the TANF benefit. Some kinship caregivers said that they use TANF support and appreciated the assistance and others said that they declined the financial benefit.

- 45 kinship caregivers received TANF.
- 95 did not receive TANF.
- 27 did not specify if they received TANF.

Some kinship caregivers did not apply for TANF because:

- They adopted the child/youth.
- They are a certified Kinship Family Foster Care home.
- They received child support or Supplemental Security Income (SSI) for the child/youth.
- The biological parent resides in the same home as the kinship caregiver and the child/youth and/or the parent has custody.
- Fear of appearing unable to care for the children/youth.
- They did not want the biological parent(s) to be assessed a fee for child support.
- According to several rural county department staff, pride was a factor for kinship caregivers and they:
  - Did not want to receive “welfare”;
  - Did not need the funding and they believed that it should be available for people who need the benefit;
  - Did not want to appear to be aligned with the county department’s decision to remove the child/youth from the parental home; and
  - Wanted to be seen as a family and community member helping to care for a relative child/youth or a specific child/youth in need.

Kinship caregivers identified Child-Only TANF, Medicaid, and the Colorado Child Care Assistance Program (CCCAP) as the most commonly used financial services. Some kinship caregivers were frustrated because they were not aware of the options that were available. A kinship caregiver in a large urban/suburban county said that knowledge of resources “is the biggest hidden secret.” Four kinship caregivers in a large urban/suburban county said it would have been helpful to know the resources they could access and the process for accessing them when assuming care of the child/youth. A kinship caregiver in a mid-size suburban county said she did not know that she had the option to become a certified kinship family foster care home and receive foster care reimbursement. Seven kinship caregivers from a mid-size rural county said they preferred to go to community agencies for financial assistance for items such as rent, utilities, and basic needs such as food, clothing, and supplies for babies. Seventeen kinship caregivers involved with the child welfare system said they had received assistance through child welfare when they asked for help (with court-involved dependency and neglect actions).

County department staff identified a number of additional programs available to kinship caregivers, including Special Economic Assistance (SEA) and Promoting Safe and Stable Families (PSSF) as funding sources that could be used in emergency situations for diapers, formula, clothing, automobile repairs, and

in some cases home repairs. Staff in many counties suggested that information for the funding sources often is not shared with kinship caregivers unless a specific need is identified.

### **Access to immediate assistance**

Kinship caregivers in support groups said that immediate financial assistance for basic needs was the emergent need when children/youth are placed with kinship caregivers. This included items such as diapers, formula, seasonally appropriate clothing, and bedding. A kinship caregiver in a mid-size county spent \$900 within a few days following the placement of relative children. She was not prepared and needed to purchase appropriate clothing, bedding, and food. Kinship caregivers and staff were concerned about the length of time it takes to process a TANF application. In most cases it takes 30-45 days after the kinship caregiver has secured all of the required documents to submit with the application. It is a financial hardship for kinship caregivers to wait to receive the \$128 benefit that partially reimburses the cost of purchasing essentials to care for the child/youth so that they are safe and stable. This can create a situation where the kinship caregiver's family is unable to recover financially.

### **Child-Only TANF eligibility**

Kinship caregivers and county department and community agency staff said that the Child-Only TANF application process does not meet the needs of non-certified kinship caregivers in other ways. Some of the most frequent concerns include the lengthy and confusing language in the application, the requirement to be in the 5<sup>th</sup> degree of kinship relationship, the mandate to cooperate with child support enforcement for a fee assessment to the parents, disqualification based on eligibility requirements for regular TANF such as the kinship caregiver's income or the 60-month lifetime benefit limit and lack of timely access to the TANF technician for ongoing questions. A kinship caregiver in a large urban/suburban county said, "The process was a nightmare, a total nightmare. My boys and I got there when the building opened so I could get in line. To get anything you have to go up, stand in line and you are there four-six hours. We walked out of there at 1:30 in the afternoon. By that time the boys were bouncing off the walls because we had sat there so long and waited so long. When you mention going to social services to fill out more paperwork, their bodies start to tense up." A kinship caregiver from another large urban/suburban county tried to apply for Child-Only TANF and was told that she needed a certified copy of the custody order. It took five months to get the certified copy of the order, delaying her TANF application. A kinship caregiver in a large urban/suburban county said it took her six-eight months to begin receiving Child-Only TANF benefits. A kinship caregiver in a large urban/suburban county had difficulty getting a copy of the child's birth certificate because the mother had requested so many copies from Vital Statistics causing a several month delay in receiving TANF benefits.

Three large counties and a mid-size county have staff that can assist kinship caregivers by acting as a liaison between child welfare and Child-Only TANF services. Kinship caregivers in a large urban/suburban county suggested the State create a Child-Only TANF application. According to non-certified kinship caregivers the application should be a condensed, one page version of the current Colorado Works application, with only the information that is needed to process Medicaid and Child-Only TANF requests.

In January 2011 a kinship relationship will no longer be required to be eligible for Child-Only TANF and according to staff from the Division of Colorado Works the application process will be streamlined. Recipients are currently able to review the status of their benefits online and it is estimated that within the year applicants will also be able to apply for benefits online.

## **Adequate financial assistance**

The most frequent issue raised by the interview participants is the low minimum monthly benefit (\$128) that is available to kinship caregivers in the majority of counties. There are a number of counties that have other options:

- A large and two mid-size counties provide a higher monthly TANF benefit for kinship caregivers.
- Four large counties have supplemental payments available quarterly or annually when specific needs are identified such as beds, car repairs, camp fees, etc.
- A midsize county department staff said that sometimes a higher TANF rate is paid on a case-by-case basis.

There are inconsistencies in services when a kinship caregiver resides in a different county than the county that has an active dependency and neglect petition:

- When a kinship caregiver resides in a county where the minimum TANF benefit is paid (or no supplemental payments) and the kinship caregiver has temporary custody of a child/youth from a different county department that pays a higher monthly TANF rate, then the kinship caregiver must accept the rate provided by his/her own county of residence.
- Two counties have a special support program funded through TANF that is available to kinship caregivers. When a kinship caregiver with temporary custody of a child/youth from either of the counties resides in a different county, then the kinship caregiver is ineligible to access the TANF funded special support program.

Of the 167 kinship caregivers with children/youth currently in their home:

- 72 are employed,
- 47 are unemployed/retired (two said they were unable to work due to lack of adequate child care), and
- 43 did not disclose their employment status.

Many kinship families relied on a fixed income before assuming the care of the child/youth and the minimum TANF payment is not sufficient to support a child/youth. Lack of adequate financial support and having to exhaust savings to support the child/youth (child care, having to quit job to care for the child/youth, etc.) resulted in many non-certified kinship families becoming impoverished. A kinship caregiver in a large urban/suburban county had a well-paying job until she assumed the care of six grandchildren. In order to adequately care for them, she had to quit her job work nights, move into a larger home, and obtain a larger vehicle. She is unemployed and struggles to pay the monthly bills. She moved to another part of the state to be closer to family and shortly afterward the family members moved out of the state. The kinship caregiver said that she is having a difficult time providing for the children/youth financially, and does not know how she is a better placement than the parent. The change in economic status that occurs when there were additional family members to support was difficult for non-certified kinship caregivers, especially when they had no previous history of needing financial assistance. Staff from a mid-size rural county said kinship caregivers try to do the best they can with the resources they have and they only apply for assistance when they have “hit the bottom of the barrel financially.”

## **Child care costs**

Many kinship caregivers that were interviewed were employed and the cost of child care was frequently raised as an issue by county department and community agency staff and kinship caregivers statewide. Kinship caregivers said they are willing to care for a child, but they need immediate and ongoing assistance with child care. Examples were given where kinship caregivers agreed to care for a child who

was placed under emergency circumstances, but they had to go to work the following day and needed a safe place for the child. A few of the kinship caregivers said the caseworker assisted in finding child care, and most kinship caregivers had to locate child care on their own. Staff and kinship caregivers commented that the increased costs associated with supporting more family members precluded their ability to pay for child care. Fourteen kinship caregivers from a large urban/suburban county said they did not qualify for CCCAP. A few county staff said that occasionally the cost of child care is the “deal breaker” in a prospective kinship caregiver’s decision not to care for a child. A kinship caregiver in a small rural county explained that she used half of the Child-Only TANF money she received to pay for child care, leaving little to pay for food, clothing, and other necessities.

Four large, seven midsize and five small counties provide Child Welfare Child Care while the dependency and neglect case is active and three large and two mid-size counties fund child care through TANF. A small county said they were overspent on their child care funds and do not currently fund child care assistance.

## **V. Meeting the Emotional Needs of Non-Certified Kinship Caregivers**

A significant difference between non-relative foster parents and kinship caregivers is the conscious decision to provide care for children/youth. Non-relative foster parents make a conscious decision to provide care to children/youth. Generally before a child/youth is placed in a family foster care home the prospective foster parents complete the certification requirements, including 27 hours of training. This helps foster parents to have some understanding of child welfare and court processes and they receive training to begin preparing them emotionally for the placement of a child/youth. Kinship caregivers do not have the same opportunity. Generally they are notified about the need for placement at the time of removal and they have a short time to decide whether they are able to care for the child/youth. County departments are required by state statute and federal law to conduct an exhaustive diligent search for prospective relatives. The county departments usually ask the parent(s) to name viable kinship caregivers at the time a child/youth is removed from the home as an initial option in order to prevent placement in a non-relative family foster care home. The kinship caregivers are generally new to the child welfare and court systems and they do not understand the process, procedures, and they are not emotionally prepared for the situation they agreed to. Sometimes kinship caregivers have no idea that there was a safety issue with a relative child and sometimes they do know there are issues but do not know the breadth or severity of the child protection concerns.

County staff in ten counties said that kin need to be informed about their options of being certified or non-certified caregivers, the associated risks and consequences of the options, and an explanation of the home study/assessment process. This enables kinship families to choose the option that best meets their needs.

Kinship caregivers that choose to be a certified kinship family foster care home have the same requirements as non-relative family foster care homes. They learn the county and state policies and procedures, which gives them some knowledge about what they can expect during the course of the dependency and neglect case and the supports and services that are available.

Kinship caregivers that choose not to or are unable to meet the certification requirements generally do not get that same kind of information. Kinship caregivers frequently reported being frustrated, overwhelmed, and unsupported. County department caseworkers said they often had to provide higher levels and more frequent support to non-certified kin, sometimes causing frustration for the caseworkers while they were managing a full caseload. Supervisors stated that sometimes caseworkers do not understand why the kinship caregivers needed frequent and in some cases, daily support. According to the supervisors in some situations taking a few minutes to talk with the kinship caregiver may be the only support needed. Supervisors said that sometimes insufficient information is provided to the kinship caregivers by

caseworkers and that staff sometimes forget that kinship caregivers are new to the system and do not understand the institutional processes. Kinship caregivers also said that sometimes caseworkers were involved on a daily basis and there were situations where the caseworkers did not provide sufficient or any information. Kinship caregivers said that they would like child welfare and TANF staff to be more patient, provide sufficient necessary and requested information and guidance, and provide explanations about the steps that must be taken along with the reasons. Kinship caregivers in some small and mid-size counties reported that they appreciated accessibility to caseworkers and that the caseworkers or their supervisors were often the only source of support.

### **Establishing kinship caregiver support**

County department and community agency staff and kinship caregivers said that non-certified kinship caregivers need to have a source of emotional support to deal with issues of social isolation, change in family roles and relationships, financial and legal concerns, and sometimes the behavior of the child/youth. Currently there are 28 support groups available to kinship caregivers statewide and of these 24 are specifically for kinship caregivers. Fourteen groups are in the metro area, seven are in the north and northeast, three are in the Colorado Springs/Pueblo area, two are on the Western Slope, and there is one in the southeast. Kinship caregivers that attend the groups reported appreciation for the support, socialization, networking, and information that they learn regarding resources and navigating systems. There are far more kinship caregivers statewide that are unable to attend support groups for reasons including transportation, time constraints, wanting to spend time with their family, they do not know about a local support group, or there is no support group within a reasonable distance.

County department and community agency staff stated that alternative resources for support are needed to meet the complex needs of this population. Suggestions included a website, a packet of written information that kinship caregivers could refer to when needed, availability of services beyond normal working hours, training and parenting classes specific to kinship caregivers, a current list of community resources, and a list of acronyms commonly used in child welfare and TANF.

Staff in 16 counties said they refer non-certified kinship caregivers to the local family resource center for support. Eleven family resource centers serving 16 counties (four large, nine mid-size, and three small) were identified as a community resource for kinship caregivers and provide parenting assistance, support groups, basic needs assistance, car seats, and counseling.

### **Parenting skills and changing family roles**

Kinship caregivers and county department staff said that parenting techniques have changed over time and practices that kinship caregivers used with their biological children were outdated, ineffective, and sometimes emotionally or physically hurtful. County staff and kinship caregivers identified the need for a range of information and guidance for parenting. Other kinship caregivers did not believe there was a need for assistance with parenting saying that they had raised their children successfully. County department and community agency staff said that kinship caregivers need a separate venue for accessing parenting information because their needs are different than the biological parent(s) who are court-ordered to participate and foster parents that are waiting to have children/youth placed in their home. To address parenting issues, some counties said they used Core Services to provide information to the kinship caregivers through in-home services. Core Services staff provided guidance to the kinship caregivers about parenting strategies, assistance in setting boundaries for their adult children, and offered suggestions about addressing changes in family roles and responsibilities. Six large counties, ten mid-size counties, and seven small counties said they use Core services for non-certified kinship families and three (a large, a mid-size, and a small county did not specify whether they use Core services with non-certified kinship families).

## **Respite care**

Respite care was identified as a needed service in most of the interviews. County staff and kinship caregivers reported that there are few formal respite opportunities for non-certified kin through child welfare. Several kinship caregivers stated that they do not have the opportunity to get a break because they are single parents with a limited support system and they are with the child/youth all day and every day. A kinship caregiver in a large urban/suburban county said, “It is just me and my grandson. I need a break from him. We have no family; we have no support; no one to give me a break.” A kinship caregiver in a large urban/suburban county said, “It is hard. We get tired too. Can we get a break sometimes?” A kinship caregiver in another large urban/suburban county said that she and her husband are no longer able to go out to dinner. The noises in the restaurant affect their grandson, making it difficult for him to behave appropriately, so they stay home. The kinship caregiver said she would like to be able to go out to dinner with her husband once in a while.

Kinship caregivers in two large suburban counties have access to a break through a community agency and community churches that sponsor a “Kid’s Night Out.” It is an opportunity for kinship caregivers to leave children/youth in a safe and supervised location for a few hours. A meal, movies, games, and opportunities for socializing are provided for the children/youth. The kinship caregivers said they appreciated the break and said it also would be helpful to have a longer period of rest such as an overnight or weekend.

## **VI. Meeting the Needs of Children and Youth in Non-Certified Kinship Care**

### **Support for kinship caregivers to recognize and address the needs of the child/youth**

Non-certified kinship caregivers generally do not attend the Core Foster Parent Training that includes topics about normal childhood development, the affects of trauma, handling challenging behaviors, and behaviors that are associated with abuse and neglect. Non-certified kinship caregivers may not recognize the signs of abuse and neglect, trauma, or developmental delays. County staff and some kinship caregivers said that training should be available to kinship caregivers to help them understand the affects of trauma, to recognize associated signs of trauma, and to recognize that trauma can trigger concerning behavior exhibited by the children/youth.

County departments are required to refer young children who have been confirmed for abuse or neglect for a developmental screening. Two counties refer all young children involved in any child welfare case for a developmental screening. Some kinship families (mostly those with informal arrangements) request a developmental screening for the young child in their care.

### **Medical**

In general, kinship caregivers and county staff were satisfied with the services offered through Medicaid. Suggestions that would make the process easier for kinship families were:

- **Rollover Program:** Currently when a child/youth receives Medicaid through child welfare, it is managed through the state automated system (Trails). When a child/youth is in the custody of a kinship caregiver, the Medicaid is managed through Colorado Benefits Management System (CBMS). County staff and kinship caregivers expressed frustration about Medicaid closing when the county department closes the child welfare case. The kinship caregiver needs to immediately apply for Medicaid benefits to minimize the gap in Medicaid coverage for the child/youth. Kinship caregivers with children/youth that have special medical needs discussed feeling overwhelmed and stressed because there were lapses in care and the children/youth had significant medical and developmental needs and the essential therapies were not available. Developing an interface between

Trails and CBMS that allows Health Care Policy and Financing access to Trails for the purpose of transferring a child's Medicaid to CBMS would allow the child/youth's Medicaid to continue without a break in service.

- Custody Orders: Specific orders regarding who will provide medical insurance for the children/youth and what medical information non-custodial parents are entitled to would provide clarification and prevent issues. Kinship caregivers from two large urban/suburban counties discussed the difficulties they encountered regarding the lack of clarity about medical coverage for the child/youth in the custody orders. Some biological parents are allowed or encouraged to cover the children/youth on their medical insurance policy. The insurance policy may offer minimal services resulting in substantial co-pays that the kinship caregiver is responsible for, including costly medications. Kinship caregivers were concerned that non-custodial parents would get unauthorized access to confidential information. This was concerning for families where the parents may be a flight risk if they had access to contact and medical information. For example, a kinship caregiver in a large county said the biological parent was encouraged to cover the children on his/her insurance. There was nothing in the court order that prohibited the parent from having access to the information. The children in this situation have medical needs that require constant attention and the parent has an unstable lifestyle and previously fled the state with the children.

### **Mental health**

County and community agency staff and kinship caregivers stated that some children/youth in kinship care experienced trauma because of the abuse/neglect and need mental health services to deal with the circumstances leading to their removal from the home. In addition, the kinship family could use support regarding the family transition. An emerging need that was identified throughout the interviews was for mental health professionals who specialize in working with kinship families and their unique issues. Staff and kinship caregivers stated that mental health professionals often do not understand the distinct dynamics of kinship families and therefore are not able to work as effectively with them.

### **Academic support**

Both county department and community agency staff stated the need to empower kinship caregivers to advocate for the educational needs of the children/youth in their care. When kinship caregivers have not been involved in the education system, they are overwhelmed by the complexity. Kinship caregivers are unaware of many of the services available through the school system, and do not know the services to request on behalf of the children/youth. Several kinship caregivers from different sized counties discussed challenges in enrolling children/youth in school. When kinship caregivers do not have written authority from the parent to enroll the children/youth in school they sometimes encounter difficulty with school enrollment. A kinship caregiver in a mid-size county said the youth in his/her care had been withdrawn from a school district, the parent was unavailable to complete necessary paperwork to enroll the youth in another school district, and the kinship caregiver was unable to enroll the youth until the county department was involved. The youth missed more than a year of education. Another challenge for some kinship caregivers was difficulty in assisting the children/youth with their homework and several kinship caregivers said that their families could benefit from a tutor or assistance with homework.

### **Life skills for youth**

Staff in a large urban/suburban county commented that frequently the kinship caregivers do not have adequate skills (i.e. budgeting skills), and are unable to teach the youth independent living skills. County staff that work with youth expressed concern for youth who are almost or are already 18 years of age. The youth need to participate in life skills training, however youth in non-certified kinship care do not qualify for the Chafee Foster Care Independence Program services because they are not considered to be in foster

care. Chafee services include independent living skills such as how to pay bills, addressing self-care and medical needs, cooking, household maintenance, how to obtain housing, counseling, and mentoring, employment counseling, exploring and planning for secondary education, and learning how to access Education and Training Vouchers (ETVs) to assist with expenses for higher education or training programs. A caseworker said that a youth in non-certified kinship care inquired about access to services and asked how youth in his situation were supposed to develop independent living skills. When kinship caregivers cannot adequately teach independent living skills, the youth in non-certified kinship care have no formal venue to acquire these skills. Kinship caregivers in a large urban/suburban county were also concerned about the lack of services addressing job readiness, budgeting, and nutrition.

## **VII. Meeting the Legal Needs of Non-Certified Kinship Families**

### **Information about legal issues and the court system**

Kinship caregivers in several counties discussed their feeling intimidated by the court process. They were not sure what the purpose of the specific hearing was, who the attorneys represented, or their role in the hearing. Many counties include kinship caregivers as Special Respondents in the Dependency and Neglect (D&N) petition. County department staff said they did not believe that the kinship caregivers understood the proceedings and expressed concern about kinship caregivers that were ordered to complete a treatment plan (usually with the goal of caring for the child/youth), and not fully understanding the responsibility they have to the court. This was confirmed with some kinship caregivers stating that they were somehow involved in the case, but not sure what their role or involvement was. Kinship caregivers were also concerned that they were not notified when the court hearings were scheduled, and learned about hearings after they were held, not knowing the current status of the case, and in general being “kept out of the loop” of the entire case.

Kinship caregivers were unsure of court protocol, making the process even more stressful for them. Many kinship caregivers did not know if they were allowed to speak in court. Kinship caregivers were asked if they believed that they were heard in court. Some had attorneys and their message was conveyed through the attorney, some were asked by the judge if they had any comments, and some were not spoken to during the hearing. A few kinship caregivers said they wanted to make comments and they were afraid to speak or were not given the opportunity.

Kinship caregivers said that their experiences with Guardian-ad-Litem (GALs) were generally positive. They appreciated GALs who talked with the child/youth and who seemed to focus on the child/youth’s best interests.

### **Expedited legal authority**

Kinship caregivers were concerned about the lengthy process for them to obtain custody of the children/youth in their care when there was no child welfare involvement. Two kinship caregivers petitioned the court for custody and before the hearings were scheduled, the parent in both situations fled the state with the children/youth. Once the kinship caregivers were able to obtain custody, they located the children/youth and brought them back to the state. A kinship caregiver in a mid-size county was concerned about the safety and well-being of her granddaughter due to the severe mental issues of the parent and unstable lifestyle. When the child lived with the parent, he/she was frequently sick and was left with strangers on numerous occasions. It took several months for the kinship caregiver to obtain custody.

Several kinship caregivers interviewed have restraining orders or have submitted a request to obtain a restraining order to prevent the parent(s) from having access to the children due to current and past violent behavior. Kinship caregivers that had legal custody of the children/youth were concerned that it

was ineffective when threats were made by the biological parents that could jeopardize the safety of both the child/youth and the kinship family. Kinship caregivers were also afraid of retaliation when testifying in court in the presence of the biological parent(s), especially when the testimony was a negative depiction of visitation or other areas of concern regarding the children/youth.

### **Affordable legal services**

Staff and kinship caregivers commented about the lack of available affordable legal services. Several kinship caregivers discussed spending thousands of dollars and in some situations depleting their retirement savings in order to obtain legal custody of the children/youth in their care. For example, a kinship caregiver who was not involved with child welfare owes \$87,000 in legal fees, while another spent \$30,000 for an attorney in order to obtain permanent custody of the child/youth. Other kinship caregivers have not sought custody because of the cost. Community agencies and one county in large urban/suburban areas provide periodic legal clinics where an attorney assists kinship caregivers with questions they have regarding their options or the current legal status of the child/youth in their care. Kinship caregivers said they found these clinics were helpful in answering questions, however they still needed legal representation in court. For most kinship caregivers who assumed care of the child/youth through an informal arrangement, their only options are to petition the court themselves or negotiate fees and payment options with a private attorney.

Some kinship caregivers that petitioned the court for custody expressed concern and frustration about a Court Appointed Special Advocate (CASA) or a Child and Family Investigator (CFI) being appointed to make recommendations in the case. The concern was that the CASA or CFI (depending on the case) did not have expertise in child welfare or the laws and did not maintain neutrality. In addition, the cost for the CFI's services were partially or fully borne by the kinship caregiver. A kinship caregiver discussed his/her frustration because he/she was trying to protect the child/youth from further abuse or neglect and having to pay for the cost of the CFI. A county staff in a large urban/suburban county said that CFIs do not consistently review the information and in one case, the CFI recommended that the father be given custody when there was a court order prohibiting contact with his child.

### **Youth and delinquencies**

Kinship caregivers that are caring for youth that have been involved in delinquent activities have additional legal challenges. Kinship caregivers are unsure what their legal responsibilities are regarding the youth completing the requirements imposed in the probation agreement, including restitution. They are also unsure how to handle situations where the youth does not follow court orders regarding school attendance or returning to the kinship home at night. The kinship caregivers expect that the county department and the court system will set and enforce consequences for the youth. Staff in one large urban/suburban county said the judicial system is so overwhelmed that when a youth violates probation it may be a month before a hearing is held about the violation. Youth are given several opportunities to comply with treatment and probation. This frustrates both county department staff and kinship caregivers because they said that it often results in more noncompliant behavior by the youth because of the lack of timely consequences. Staff in a large county said kinship caregivers need to be informed about any delinquency charges a child or youth may have, the requirements needed to fulfill probation, restitution requirements, and how to handle noncompliant behaviors.

## **VIII. Role of Child Welfare in Supporting Non-Certified Kinship Caregivers**

### **Varied levels of support**

When caseworkers locate kinship caregivers for the placement of children/youth who are removed from their home, they are required to notify prospective kinship caregivers about their options regarding certification as a kinship family foster care home, not to be certified, and recently a requirement that information is provided about relative guardianship. Kinship caregivers said the practice is inconsistent. Several counties said they previously required that all kinship caregivers be certified and now give kinship caregivers the option to be certified or remain non-certified. A mid-size county requires that all kinship caregivers be certified so that the children/youth are in the custody of the county department. Other counties request the court to give temporary custody to kinship caregivers at the shelter/detention hearing. Of the 167 kinship caregivers that were interviewed, 17 said they were not given the option to be a certified kinship family foster care home and six said they were required to be certified. Informal kinship arrangements are generally not known to the child welfare system and the kinship caregivers are unaware that services may be available to them. County staff emphasized the need for flexibility in services so that kinship caregivers could be served regardless of how they became kinship caregivers.

Services offered to kinship caregivers varied by county. County staff and kinship caregivers were frustrated because many of the kinship caregivers interviewed do not reside in the county with the open child welfare case and they must apply for services through TANF in their county of residence. County staff discussed trying to assist kinship caregivers to access available services, but had difficulty because they did not know what community services were available in other counties or the process for accessing them. Three large urban/suburban counties have staff that specifically support kinship caregivers. A community agency staff said that in order to support successful placements, county departments should prepare, screen, and educate kinship caregivers about what is needed to promote positive outcomes. Six kinship caregivers said they were unaware of the services their county child welfare program offered. Community outreach by the county departments is important in order to promote the positive supports for children and families, and to connect with kinship families who have not interacted with child welfare and could benefit from services.

### **Fiscal impact on counties**

The economy has significantly impacted the county departments' ability to implement or sustain programs for kinship caregivers. Some county departments used TANF reserves to provide supplemental payments to kinship caregivers. Legislation passed in 2008, capped the TANF reserves. County departments with reserves that exceeded the cap used the money to avoid losing the funds. Shortly after the legislation the economy declined significantly and the number of people needing TANF increased. This reduced the amount of TANF funds that could be transferred to child welfare programs and the county departments made adjustments to their budgets. In State Fiscal Year (SFY) 2010 there was an estimated \$1,500,000 reduction to the child welfare allocation.

In some county departments there were staff layoffs, furloughs, or staff reorganization, which impacted financial support of their kinship programs and their ability to support kinship caregivers. There may also be a 1.4-5% reduction in the child welfare allocation for SFY 2011.

### **Projecting a positive image in the community**

Kinship caregivers that have not had interactions with the child welfare system generally did not have a positive view of the county departments and were not likely to see child welfare services as a potential resource. The two prominent reasons discussed in kinship caregiver interviews were:

- A negative stigma attached to child welfare involvement.
- The negative perceptions of kinship caregivers about child welfare when there were allegations of abuse/neglect that were reported and it appeared that the county department did not follow through or they did not become involved.

Kinship caregivers who had interactions with child welfare generally had a more positive view of the child welfare system, had a positive relationship with the child/youth's caseworker, and were more likely to use services offered by child welfare staff. There were circumstances where kinship caregivers who had involvement with child welfare did not have a positive view of child welfare. Two older kinship caregivers from a large urban/suburban county discussed delays in their pending adoptions of children/youth due to concern raised by the county department administration about their age. Both kinship caregivers stated that their age was not an issue when the children/youth were placed in their care. At the time of the interviews, neither adoption had been finalized, but were scheduled to be finalized in 2010.

Regardless of whether there were interactions with child welfare many kinship caregivers said they were hesitant to request services for fear of doing something that would jeopardize the placement of the child/youth and fear of being judged as an inadequate kinship caregiver. County staff also said that kinship caregivers deal with the shame, guilt and embarrassment about the situation and believe they have some responsibility for the biological parent not being able to adequately care for the child/youth. County staff said they need to be informed about the fears and hesitations so that they can address the concerns and encourage kinship caregivers to request services when needed.

A kinship caregiver from a mid-size county said, "There is a whole population out there that do not have contact with DSS. They [county departments] need to get information to those who are not involved with DSS." A kinship caregiver from a large county suggested using media outlets such as discussion boards on Facebook to convey information to kin and provide support to those who are unable to attend support groups, while two kinship caregivers from a large county and two kinship caregivers from a mid-size county suggested airing public service announcements regarding kinship care.

### **The role of family engagement**

Fourteen county departments that were interviewed have a family engagement model, including six large counties, six mid-size, and two small counties. County staff in a large and mid-size county said the "First placement is the best placement." County department staff try to locate relatives and they engage extended family to support the child/youth and parents before removal so that children/youth do not have to enter foster care. Counties described their family engagement strategies. The most noted practices include:

- Diligent search: Public Law 110-351 The Fostering Connections to Success and Increasing Adoptions Act of 2008 and state statute requires diligent search to be completed within 30 calendar days from the removal of a child/youth. County department staff discussed different methods that they used to complete diligent search efforts.
  - At the time of placement, caseworkers ask parents about any potential relatives that may be available to care for the child/youth.
  - At the shelter/detention hearing, the judge orders the biological parents to provide names and contact information to the county department for relatives for the maternal and paternal family members through the completion of an affidavit.
  - County staff use Internet search engines such as Accurint to locate additional relatives or current contact information for kin listed on the relative affidavit, or that was provided verbally.

- Family meetings: Most of the counties interviewed use family meetings for decision-making. Parents and individuals invited by the parents for support, relatives, community providers, and caseworkers attend. Frequently the meeting is facilitated by a county staff that has been specially trained in the role. The meetings serve as an additional opportunity to locate potential relatives that could serve as kinship caregivers, supports, or ongoing connections for the children/youth, and to involve them in supporting the family's treatment plan. The meetings are generally held at key decision points or when there is/was a significant change, which gives family members several opportunities to become engaged in the process.

### **Caseworker knowledge of family dynamics**

Several county staff stated that it is important to know the family dynamics when considering kinship placements. Staff discussed the need to look carefully at the family when assessing for the placement of the child/youth, looking at the broader family issues and asking the right questions. Staff had concerns that children/youth are placed with the family member that is available and that is not always in the best interest of the child/youth without thoughtful assessment. Sometimes a kinship family has a superficial appearance of appropriateness, but there are mental health, multigenerational, and family enmeshment issues that may negatively affect the stability of the placement.

County department staff need to be knowledgeable about available services and the process to refer kinship caregivers so that services are received timely.

### **Information sharing**

Kinship caregivers need to be informed about the case in the beginning and throughout the placement. Many kinship caregivers said they were not given information at the time of placement. County staff stated that information is given but because of the highly emotional state of the kinship caregivers, they do not remember. Kinship caregivers said the information they wanted was information about the current situation, how long the child/youth will be in the home, what is expected of them, and where to locate immediate and ongoing resources.

Five kinship caregivers from large and mid-size counties discussed the need for better communication. A kinship caregiver from a large urban/suburban county suggested having an orientation/training and an informational packet. "We would have loved to have someone say this is a significant undertaking for you and here is a class or two. Come spend two hours and we will put you through the ins and outs and ups and downs of providing this care. If we would have something like that where we could walk away with some knowledge of what to expect, the timing, what to expect in the changes of the dynamics of how it changed our family, just some preparation. If we would have had that, it would have made this far easier and far less stressful." The kinship caregiver also said, "The lack of information we received was staggering."

## **IX. Policies and Practices at the Administrative Level**

### **Coordination and collaboration on multiple levels**

Staff in several county departments stated the need for coordination and collaboration within a division, between divisions, and among counties.

- Within the Child Welfare Division: Many counties have services and resources in place, and not all of their staff are aware of them. For example, staff from a large county said that e-mails are sent regarding services that are available to kinship caregivers. When staff do not have cases where the services would be applicable, they ignore the e-mail. Later when they could use the service, the staff

cannot find the e-mail with the information. Other counties said that they have kinship staff present information about kinship services to other units. Some administrators and supervisors discussed the chain of communication and how caseworkers and their units receive information about services and procedures to access the services. During interviews with the caseworkers, not all had the same detailed knowledge about the services or the procedures to access the services.

- **Between Divisions:** County staff discussed the lack of communication between divisions, such as between child welfare and TANF. The divisions share clients and ongoing communication is important. Some child welfare staff were not aware of the documentation requirements for TANF and TANF staff did not clarify what the child welfare clients needed to know to ensure they were applying for the appropriate services. For example, several kinship caregivers in different counties applied for TANF and were told that they would need to meet the same requirements as any other TANF applicant. The kinship caregivers stated that they were a grandparent but did not request Child-Only TANF. The TANF eligibility technicians did not ask for clarification about the situation.
- **Among Counties:** Staff from county departments described the need for better communication between counties. County departments serve kinship caregivers in different ways and with varying levels of support. Five counties have specific kinship programs. Two large urban/suburban counties have a program available for kinship caregivers, but they must live in that county. Kinship caregivers who care for a child/youth from the two counties and who live in another county are not eligible for the services. Many kinship caregivers do not reside in the county where the child welfare case originated. Staff do not know the services that are available in the county where the kinship caregiver lives and do not know how to refer kinship caregivers to available services in their county of residence.

### **Tracking non-certified kinship families**

In general, there is no system in place to obtain an accurate count of the number of non-certified kinship caregivers in Colorado. There are 4,952 kinship families served through Colorado Works. Some of these kinship caregivers are shared with child welfare. The Department does not require county departments to track non-certified kinship caregivers who receive services in the State's automated system (Trails). Counties have the option to enter non-certified kinship caregivers in Trails as a registered provider without a removal. The following information was provided by county departments:

- 15 (five large, six mid-size, and four small) track their non-certified kinship caregivers in Trails.
- 11 (a large, five mid-size, and five small) do not track their non-certified kinship caregivers in Trails.
- A large county did not specify whether or not they track non-certified kinship caregivers in Trails.

### **Training**

County staff agreed that training about kinship issues is inadequate. County staff identified three key groups that need improvement in how they work with kinship caregivers: Child welfare staff, judicial staff, and TANF staff. In addition, it was recommended that cross-training occur between child welfare and TANF staff

- **Child Welfare Staff:** Staff stated that state training should be accessible regarding kinship issues for consistent practice.
  - **Consistency:** A staff in a large urban/suburban county commented that county trainings tend to be fragmented and that state training would give the same message to all county departments.
  - **Accessibility:** State training could provide accessibility to more county departments through multiple locations and videoconference capacity. County staff also suggested having basic and advanced levels of training. Staff said a basic training would provide them with a core understanding of kinship families and give them guidance about how to work with kinship caregivers. Advanced training would allow staff to develop their skills and improve their

expertise in working with kinship caregivers. The topics staff suggested include family dynamics, family engagement, effective approaches with kinship caregivers, addressing family specific issues and needs, kinship caregiver's internal struggles with long-term placements, understanding and respecting reasons when kin decide not to care for children/youth, the potential for positive outcomes for children/youth placed with kinship caregivers, and finding appropriate resources.

- **Judicial Staff:** County staff from large and mid-size, rural and urban/suburban counties said that judicial staff would benefit from information about the dynamics of kin that could support decisions that can have long-lasting affects on children/youth and their families. For example, some courts choose not to place children/youth with kin because there is concern about familial behaviors being repeated. County staff said that kinship placement is not appropriate in every situation, however they expressed concern that some courts do not place with kinship caregivers and do not support the county department's assessment and recommendation for placement with kinship caregivers. Sometimes the philosophy is to place with kinship caregivers because they are family and children belong with family. In these situations the county department does not have adequate time to complete an assessment or complete appropriate background checks. Conversely some county staff expressed concern about the court placing a child/youth with kin that the county department assessed and did not believe were appropriate. County staff said that additional training about kinship issues may promote consistency in decision-making related to the best interest of the child/youth.
- **TANF:** County staff and kinship caregivers from large, mid-size, and small counties suggested training for TANF eligibility workers about Child-Only TANF. Topics identified include the differences in requirements and benefits of the Colorado Works and Child-Only TANF programs, strategies for assessing families for appropriate services, and understanding kinship dynamics. County staff said that eligibility workers need to assure that kinship caregivers understand all of the services they may be eligible for, and understand the information that is required to apply for the services. Training for eligibility workers is focused on implementing Colorado Works programs. Child-Only TANF is briefly addressed and many eligibility workers need more information to assure accuracy and correct determinations regarding the eligibility of kinship caregivers. Training about the needs of kinship caregivers would provide eligibility workers with a better understanding of their unique situations, promoting empathy and improving customer service. Many kinship caregivers said they had never needed assistance before and they were humiliated about having to ask for help, were overwhelmed by the application process, and then felt further distress because the eligibility workers assisting them were disrespectful.
- **Cross-training:** Staff from several large, mid-size, and small counties discussed the need for cross-training child welfare and TANF staff. The benefits of this cross-training would include better understanding of their respective roles and responsibilities, increased communication, and increased awareness and understanding about the needs of their shared clients.

## **X. Replicable Practices**

County department staff discussed a number of practices or services that they use when working with kinship caregivers that are replicable. The areas, include financial, staffing, training, kinship navigators, and partnering with community agencies.

### **Financial:**

- 23 county departments use Core Services (Special Economic Assistance), 20 county departments use Promoting Safe and Stable Families funds, and a county uses Casey Family funds to provide financial assistance to preserve stability for the children/youth. The funds have been used to make house or car repairs, purchase basic necessities, or shelter costs.
- 10 counties have Collaborative Management Programs (CMP) whose purpose is to provide services to families through cost sharing and minimizing service duplication. The county departments and

other community partners include judicial, mental health, health departments, school districts, and community agencies.

- A mid-size county uses their CMP for wrap around services for youth.
- A mid-size county has a CMP that is broken into two teams, one for school age children/youth and one for young children. The family goes before the appropriate team to present their needs and the team makes funding recommendations.
- Some counties use TANF funds to provide kinship caregivers with a supplemental payment in addition to the minimum monthly \$128.00 Child-Only TANF benefit.
  - A large and two mid-size county departments provide a monthly supplemental payment. Kinship caregivers in these counties generally prefer to be non-certified and benefit from the additional support payment.
  - Four large counties have an annual supplemental fund that is available for specific requests.

### **Staffing:**

Counties described deployment of staff to assist kinship families:

- A large and two small county departments discussed having lower general caseloads, giving staff the opportunity to spend more time with kinship caregivers and focus one-to-one on issues that could potentially jeopardize stability for the children/youth.
- A large county has a “resource room” where kinship caregivers can ask for assistance in completing their TANF application. No appointment is needed for this service.
- Generally kinship caregivers are required to provide documentation to child support enforcement about the whereabouts of the parent(s). A mid-size county has child support enforcement staff initiate getting the necessary information and this removes the responsibility from the kinship caregiver and it helps reduce their sense of guilt.
- Two large county departments have a liaison between child welfare and TANF. The liaison communicates with both divisions to assure that non-certified families receive the services they are eligible for.
- A large county use a paired team or modified paired team approach to maintain worker continuity in the case.
- A large county has a mentoring program for children/youth ages 10 and older. The mentor can spend from 7½-15 hours a week with each child/youth.
- A large county has a mentoring program that pairs an experienced kinship caregiver with a new kinship caregiver to provide support and guidance.
- Two large counties have an intensive therapy team with licensed therapists that provide in-home services in order to preserve placements.
- Two large counties have in-house kinship support groups that are facilitated by child welfare staff.
- Two large counties have child welfare staff assigned to work specifically with kinship caregivers, assisting them with navigating through the various systems including child welfare, the court process, and locating county and community services.

### **Training:**

- A large county requires that the non-certified kinship caregivers complete the same 27 hours of training with the certified kinship families. This provides the opportunity for the kinship caregivers to receive valuable information and to network and develop supportive relationships with the rest of the training class.
- A large county provides a weekly kinship orientation for new kinship caregivers to obtain information about common child welfare practices, the court process, certification options (certified vs. non-certified), what kinship families can expect, policies and procedures, Child-Only TANF, and community resources.

- 10 counties (five large, four mid-size, and a small) provide kinship caregivers with written information about community resources, the SAFE home study, application, fingerprint cards, and caseworker's contact information.

**Kinship Navigators:**

- 11 counties (Seven large, three mid-size, and a small) partner with or refer to community agencies that provide navigation services. Kinship caregivers in these counties rely on the navigation services and stated they have been helpful. A kinship navigator helps navigate systems and provide information about available services including, but not limited to, explaining the child welfare and court processes, assistance in completing applications, making referrals to appropriate services and providing emotional support when needed.

**Partnering with Community Agencies:**

- Services offered by community agencies include monthly support groups, periodic kinship legal clinics, home visitation programs, periodic social events, and a Kids Night Out respite opportunity. Kinship caregivers can leave children/youth in a safe and supervised location for a few hours. A meal, movies, games, and opportunities for socializing are provided for the children/youth. These services are generally funded through Area Agencies on Aging, Extension, Promoting Safe and Stable Families, and non-profit agencies.
- Two large counties partner with several local community agencies to organize an annual kinship conference. Each conference has an average attendance of 40 to 100 participants.
- Two large counties contract with a community agency to manage the Child-Only TANF caseload. The community agency provides three months of case management services in addition to Child-Only TANF.

**XI. Recommendations**

The following recommendations were contributed by county department and community staff, and kinship caregivers:

**Financial:**

- Create a streamlined process to apply for Child-Only TANF benefits through:
  - A kinship-specific technician: A kinship-specific technician should be trained about the eligibility requirements for Child-Only TANF, differences between Child-Only and Workforce TANF, and specific questions to ask kinship caregivers in order to assess the services they need. This would allow the technicians the opportunity to understand and expedite processing kinship cases. It would reduce the number of kinship caregivers that are denied benefits in error and decrease the wait time for benefits, (currently 30-45 days). Kinship caregivers and county staff would have a contact person to direct any kinship specific TANF questions. County department staff and kinship caregivers stated that this strategy could improve customer service.
  - A Child-Only TANF application. Collaboration between Colorado Works and Kinship staff to develop and implement an application specific to Child-Only TANF. According to non-certified kinship caregivers, this application should be a condensed one-page version of the current Colorado Works application, with only the information needed to process Medicaid and Child-Only TANF requests.
  - Creation of a brochure about Child-Only TANF with information about documentation that kinship caregivers need when they apply for benefits such as an explanation of the application with tips about how to complete it, a list of documents that are required when submitting the application, and the impact of their decision to apply (i.e. requirement to comply with child support enforcement).

- A Child Welfare/TANF Liaison: County staff in both mid-size and large counties said a liaison between child welfare and TANF would be beneficial. The liaison would serve two functions:
  - A support for the kinship caregiver in the child welfare case (non-certified kin do not have the support of a coordinator like kinship family foster care families).
  - A link to the TANF system that can support kinship caregivers to receive services timely. A large urban/suburban county has this type of a liaison. Kinship caregivers in the county with a liaison said it was helpful to have the liaison and they gave examples about issues where their Child-Only TANF cases were resolved quickly with the assistance of the liaison. Several large and mid-size county staff expressed interest and thought it would be beneficial to kinship families.
- Medicaid Rollover Program: Developing an interface between Trails and CBMS that allows Health Care Policy and Financing access to Trails for the purpose of transferring a child's Medicaid to CBMS would allow the child/youth's Medicaid to continue without a break in service.
- A Process for Providing Emergency Benefits: Kinship caregivers and county department staff reported a need for a process for kinship families to receive emergency financial assistance at the time that children/youth are placed or in a short period of time, to assist with emergency expenses including beds, cribs, baby items (diapers, formula, etc.), seasonal clothing (i.e. coats in the colder months), immediate child care expenses and any other expense essential to the care of the child or youth.
- Child care: Provide kinship caregivers access to quality, free or low cost child care with a sliding scale fee system.

#### **Well-being:**

- Kinship Coordinator: Have a kinship coordinator with functions similar to a foster care coordinator. Generally caseworkers work with the biological parents and the kinship caregivers at the same time. A kinship coordinator could serve as a buffer between the caseworker and kinship caregiver and provide a person within the department to support the kinship caregiver. In some instances kinship caregivers said the caseworker worked with the biological parent and provided little support to the kin. This was supported by a caseworker who reflected during the interview that he/she realized there was more focus on the parents and he/she didn't spend enough time to support the kinship caregiver.
- Home visits: County staff suggested that caseworkers use home visits to support kinship families. This could be done by asking kinship caregivers the kind of support or services they need and giving them information about available services. Caseworkers said the needs of kinship caregivers and children/youth in their care change and suggested that this support be consistent throughout the time of placement.
- Kinship Navigator: A person within a county department or a community agency to help navigate systems and provide information about available services. This includes, but is not limited to, explaining the child welfare and court processes, assistance in completing applications, making referrals to appropriate services and providing emotional support when needed. Having the navigator based in the community would allow kinship caregivers to access many services without having to contact their county department.
- Networking System: Continue developing a networking system among county agencies and community partners to prevent entry or re-entry into child welfare. County staff, community partners and kinship caregivers stated the focus needs to be on the community as a whole and that all kinship caregivers should be able to receive services, not only those with child welfare involvement. Ideas for collaboration and increased communication include using newsletters, and Internet sites.
- Statewide Staff Training: A statewide training about kinship issues would provide greater accessibility to staff and promote consistent practice.
- Kinship Caregiver Training: A kinship caregiver who chose to be certified for kinship family foster care said that her situation was very different than the other families (non-relative) in the training. She had not planned to care for another child, while the non-relative families in the training made a

conscious decision to care for children/youth. The kinship caregiver said it would have been helpful to be in training with other kinship caregivers who are in the same situation, rather than with “happy people who want babies.”

- **Tracking Non-Certified Kinship Caregivers:** In order to capture an accurate number of non-certified kinship caregivers that are served by county departments, a policy should be implemented requiring county departments to track the number non-certified kinship caregivers in Trails.

#### **Children/Youth:**

- Create support networks for children/youth in kinship care. Many kinship caregivers stated that there are support opportunities for kinship caregivers, but support is limited for the children/youth being raised by kin. County staff and kinship caregivers recommended creating a support network for children/youth in kinship care so they also have the opportunity to be supported by their peers.
- Provide independent living skills to youth in non-certified kinship care. Youth in non-certified kinship care cannot access Chafee services, and they need to have a venue where they can learn these skills to prepare them for adulthood. Some kinship caregivers have limited skills in some areas such as budgeting, and are not able to teach the youth. Providing independent living skills to youth who are involved in an active child welfare case would enable caseworkers to work with both the youth and the kinship caregiver. Working with the kinship caregiver would empower them to improve their own skills and support the youth in learning independent living skills.

#### **Legal:**

- Increased funding for assistance with legal fees.
- Increased access to affordable legal representation.
- Request that judges make specific orders about who will provide medical insurance for the children/youth and what medical information non-custodial parents are entitled to would provide clarification and prevent future challenges regarding medical information.
- Expedited process for obtaining legal authority during crisis situations such as biological parents posing an imminent flight risk or being in an episode of severe mental health issues. Two kinship caregivers in large urban/suburban counties were concerned about the safety and welfare of their grandchildren due to the parent’s unstable lifestyle, inadequate parenting skills, and the possibility of them fleeing the state with the children/youth. An expedited process for obtaining legal authority during crisis situations would be beneficial and assure the safety of the children/youth.