California Social Work Education Center

C A L S W E C

KINSHIP CAREGIVERS AND SOCIAL WORKERS:

THE CHALLENGE OF COLLABORATION

Eileen Mayers Pasztor
Catherine Chase Goodman
Marilyn Potts

and

Monica Insuasti Santana
R. Akilah Runnels

Department of Social Work
California State University, Long Beach

An Evidence-Based Research-to-Practice Curriculum Development Project

2002

Funded by the California Social Work Education Center (CalSWEC); and in part by the National Institute on Aging (R01 AG14977) and the Scholarly and Creative Activity Award, California State University, Long Beach.

TABLE OF CONTENTS

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

PowerPoint Presentation (Located in separate online document)

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

CalSWEC PREFACE

The California Social Work Education Center (CalSWEC) is the nation's largest state coalition of social work educators and practitioners. It is a consortium of the state's 18 accredited graduate schools of social work, the 58 county departments of social services and mental health, the California Department of Social Services, and the California Chapter of the National Association of Social Workers.

The primary purpose of CalSWEC is an educational one. Our central task is to provide specialized education and training for social workers who practice in the field of public child welfare. Our stated mission, in part, is "to facilitate the integration of education and practice." But this is not our ultimate goal. Our ultimate goal is to improve the lives of children and families who are the users and the purpose of the child welfare system. By educating others and ourselves, we intend a positive result for children: safety, a permanent home, and the opportunity to fulfill their developmental promise.

To achieve this challenging goal, the education and practice-related activities of CalSWEC are varied: recruitment of a diverse group of social workers, defining a continuum of education and training, engaging in research and evaluation of best practices, advocating for responsive social policy, and exploring other avenues to accomplish the CalSWEC mission. Education is a process, and necessarily an ongoing one involving interaction with a changing world. One who hopes to practice successfully in any field does not become "educated" and then cease to observe and to learn.

To foster continuing learning and evidence-based practice within the child welfare field, CalSWEC funds a series of curriculum modules that employ applied

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

research methods to advance the knowledge of best practices in child welfare. These modules, on varied child welfare topics, are intended to enhance curriculum for Title IV-E graduate social work education programs and for continuing education of child welfare agency staff. To increase distribution and learning throughout the state, curriculum modules are made available through the CalSWEC Child Welfare Resource Library to all participating schools and collaborating agencies.

The module that follows has been commissioned with your learning in mind. We at CalSWEC hope it serves you well.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

ABOUT THE AUTHORS

Eileen Mayers Pasztor, DSW

Dr. Pasztor is Assistant Professor, Department of Social Work, California State University, Long Beach. She teaches courses in child welfare, administration, supervision, and policy in both the on-campus and distance education programs. She also supervises master's degree thesis students. Dr. Pasztor previously worked for 10 years for the Child Welfare League of America (CWLA) and was its first national program director for kinship care. Dr. Pasztor advanced national use of the term “kinship care” as staff director for the National Commission on Family Foster Care a decade ago, which produced CWLA's first publication relating to kinship care in the chapter, "The Significance of Kinship Care," in *A Blueprint for Fostering Infants, Children, and Youths in the 1990s* (National Commission on Family Foster Care, 1991). She is recognized as a principal developer of foster and adoptive parent training materials such as the MAPP and PRIDE programs, which are used in Los Angeles County, throughout the state, nationally, and overseas. She also was director of CWLA’s Los Angeles-based Western Office, providing consultation and training on policy and practice issues for public and voluntary agencies in the 15 Western states. Dr. Pasztor is also experienced as a foster parent and an adoptive parent. For this project, Dr. Pasztor conducted several of the focus groups and is the principal developer for the *Introduction to the Curriculum* and *Conducting the Training* sections as well as *Modules I, II, IV*, and *V*.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Catherine Chase Goodman, DSW

Dr. Goodman has been on the faculty of the Department of Social Work, California State University, Long Beach for 17 years. She teaches courses in field seminar, research, direct interventions with older adults, and human behavior in adulthood, and she supervises master's degree thesis students. She became interested in kinship care from her expertise as a gerontologist. She is the Principal Investigator of a 3-year, $750,000 research grant from the National Institute on Aging on *Grandparents Who Parent: Family Relationships and Well-Being*. This study of over 1,000 grandmothers includes parent-absent and parent-present families. She is also principal author of the human behavior curriculum. She has been the recipient of 11 research awards from CSULB, including a Mini-Grant to study Filipino grandmothers raising or helping to raising grandchildren. Her research is widely disseminated through publications and presentations that focus on issues concerning older adults. For this CalSWEC project, she was the Principal Investigator, and she directed the CalSWEC needs assessment and service utilization study. Dr. Goodman is the principal author for Module III.

Marilyn Potts, PhD

Dr. Potts has been on the faculty of the Department of Social Work, California State University, Long Beach for a decade. She is director of the Department's research courses and the Department's own evaluation in support of its recently achieved re-accreditation. Dr. Potts teaches courses in computers in social work and research methods, and she is a master's degree thesis advisor. She teaches in both the on-

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

campus and distance education programs. She is Project Manager at CSULB for the California Family Preservation/Family Support Program Statewide Evaluation Study, and Evaluation Consultant for the Inter-University Child Welfare Training Consortium. She was Principal Investigator at CSULB for the comprehensive Evaluation of Family Preservation Programs in Los Angeles County. She is the recipient of a Foundation Collaborative Grant Award and has been the recipient of seven other research awards from CSULB. She has published over 30 empirically based articles in professional journals. For this project, Dr. Potts was instrumental in data analysis and interpretation.

R. Akilah Runnels, MSW

Ms. Runnels was a full-time student in the California State University, Long Beach MSW program, with a concentration in children, youth, and families, and a field placement as a school social worker. Formerly with CWLA as its Western Office Regional Services Coordinator, she was hired as part-time staff for the CalSWEC project on kinship care collaboration because of her demonstrated experience in working well with individuals, understanding of kinship care issues, organizational skills, and sensitivity to the African American community. Ms. Runnels assisted with data collection for the project's focus groups, produced the extensive annotated bibliography, and typed every word of this curriculum.

Monica Insuasti Santana, MSW

Mrs. Santana was a full-time student in the California State University, Long Beach MSW program, and was supported by her employer, Los Angeles Department of Children and Family Services, to obtain her degree and continue her commitment to

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

public child welfare. She participated in the focus group data collection for this project and her master's thesis focused on collaboration in kinship care, providing data for Modules I, II, IV, and V. Mrs. Santana's work with Latino/Hispanic populations in the child welfare system helped to ensure a culturally responsive curriculum.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

ACKNOWLEDGEMENTS

This evidence-based research-to-practice curriculum development project on collaboration was itself a collaborative endeavor on the part of many colleagues. The curriculum developers are truly appreciative of their significant contributions.

First, we thank the California Social Work Education Center (CalSWEC) for the opportunity to produce this curriculum. We especially thank ***Chris Mathias,*** CalSWEC Deputy Director of Training, and ***Susan Jacquet***, CalSWEC Research Specialist, for support in pursuing and completing the project.

This curriculum would not have been possible without the following individuals who generously volunteered their valuable time to share their kinship caregiving, child welfare practice, and training expertise with us. We wish to thank ***Hazel Hill***, Director, Southern Area Community Outreach Project-Relative Care Assistance Program, and ***Sylvie de Toledo***, Founder, Grandparents as Parents, for their assistance in reaching the dedicated caregivers who met with us in focus groups.

We thank ***Anita Bock***, Director, Los Angeles County Department of Children and Family Services, for her agency's enormous contribution to this endeavor. We thank ***Art Lieras***, Regional Administrator in Covina, ***Mike Walker***, Assistant Regional Administrator in Metro Region, and ***Linda Webb***, Regional Administrator in Santa Fe Springs, for expeditiously helping us meet with their staff. We are most grateful to the staff in those offices for devoting their valuable time to participate in our focus groups. Their candid insights helped us learn the complex and often perplexing issues inherent

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

in the delivery of kinship care services. Their experiences also helped us identify the many strengths that also are part of kinship caring.

The final content of this curriculum and the process by which it is presented was enhanced and validated by a unique, committed, and talented group of kinship caregivers and DCFS staff who participated in our field test. The field test would not have been possible without the leadership of the Training Section's Head, ***Phil Moser***. His decades of experience and vision for the future enhanced the quality of our discussions. We were fortunate that Phil connected us with his terrific team of trainers to give us critical feedback in both curriculum content and process: ***Yvonne Bacy-Bujer,*** ***Bobbie Lopez Ledlie, Judith A. Winters, Beth Minor***, and ***Ron Burke***. Special thanks to ***Regina King*** for graciously organizing our on-site arrangements so that everyone felt welcomed. Special recognition goes to ***Terri Telles-Rogers*** who did double duty as both a DCFS supervisor and a CSULB MSW student placed with the Training Section. Terri's collaborative skills made her the perfect liaison. Our field test was further validated by the participation of other knowledgeable and dedicated DCFS staff: ***Lyssa Brasher-Marsh***, Children's Services Administrator; ***Patricia Coursey,*** Dependency Investigations Supervisor; ***Maria Camarillo***, Children's Services Administrator II; ***Stephanie Pierce***, Supervisor, Kinship Resource Center; ***Elma Forest Steward,*** Children's Services Administrator II, Relative Placement Monitoring and Quality Assurance, and Training Section Project Manager for Kinship Training; ***Aldo Marin***, Supervisor, Grandma's House; and ***Monica McCurdy***, Trainer, Training Section.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

The quality of the field test was especially validated by the participation of five remarkable women: the kinship caregivers who took precious time and energy away from family responsibilities to provide their viewpoint on what a kinship caregiver/social worker curriculum should be. Heartfelt thanks to ***Hazel Hill***, Project Director, Relative Assistance Program; ***Charlene Reagan,*** Grandparents as Parents; and ***Anne White, Mary Alice Phillips***, and ***Tony Jefferson*** for your perspectives, support, and direction.

At California State University, Long Beach (CSULB), we are grateful for the leadership of ***Dr. John Oliver***, Director, Department of Social Work, for his continuous support of our initiative. Also at CSULB, we thank staff ***James Ferreira***, MSW, Director, Child Welfare Training Center, and ***Stella M. Corrales***, Center Administrator, for efficient and patient assistance in managing the financial aspects of the project. Special thanks and recognition go to ***Cheryl Fujii***, MPA, CalSWEC Library Resource Specialist, for helping to devise a consistent and readable format, and for her patient and expert editing.

We especially thank the dedicated research staff involved in this project. ***Dolores Scorzo***, BASW, Project Coordinator, Grandmother Parenting Project, provided exceptional management and interviewing skills for the needs assessment. ***Javier Contreras***, MSW, provided magical data management expertise, as well as bilingual interviewing. ***Juana Infante***, MSW, provided bilingual interviewing, and accurate inputting. ***Monica Insuasti Santana***, MSW, expedited her work on her master's thesis, which focuses on kinship care so that her data analysis would be available to us. Thank you, Monica, for your professional and personal commitment. Special thanks to ***R***.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Akilah Runnels, MSW, who has been a stabilizing and loyal support through all phases of the project, from interviewing to inputting to assisting with the preparation of the final curriculum. Other involved and supportive MSW students have *been* ***Richard McCullagh, Janet McDavid***, and ***Carolyn Melton*** who assisted either with focus groups or other grandparent-related meetings.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

INTRODUCTION TO THE CURRICULUM

RATIONALE FOR THE CURRICULUM

The Department of Social Work at California State University, Long Beach (CSULB) applied for and received a curriculum grant from the California Social Work Education Center (CalSWEC) to develop empirically based teaching materials that could reinforce and supplement current competency-based child welfare practice (Goodman, Pasztor, & Potts, 1999). Faculty with interests in gerontology and child welfare viewed the CalSWEC priority area of best practice in out-of-home care as an opportunity to contribute to knowledge and skills in the area of kinship care. The gerontology faculty had been studying issues related to grandparents. The child welfare faculty had been writing in the area of relationships between foster parents and agency staff, especially in the area of foster parent recruitment, selection/assessment, training, and retention. Both perspectives led to concern that there might be inherent challenges in the ways that child welfare caseworkers/social workers and kinship caregivers work together to minimize risks and enhance child safety, well-being, and permanency for the children in their caseloads and in their care.

In the foster care field, considerable attention has been given to the concept of partnership or teamwork between foster parents and caseworkers/social workers, but to date there still is no empirical data or a policy- and practice-based model on how to make this relationship work effectively. The project's research team began to consider the concept of collaboration as a way for kinship caregivers and staff to work together.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Child welfare literature is replete with information about organizational collaboration and interdisciplinary collaboration, but there is much less available on collaboration issues and skills for kinship caregivers and caseworkers/social workers. Little exists in the literature about how collaboration might be applied in a child welfare setting when considerably diverse populations of staff and kinship caregivers must work together to achieve goals that each group may view differently as in the best interests of the children. It was suspected that collaboration between these two groups would be a challenge for several reasons. First, although both groups have the interests of children as their core concern, relatives typically have a moral, ethical, and familial sense of responsibility, while caseworkers/social workers have a legal mandate. This "attachment vs. authority" perspective can affect collaboration. Second, there could be a demographic difference between both groups due to ethnicity/culture, age, education, and socio-economic status. Third, both groups typically lack training and/or support in collaborative relationships.

This curriculum was developed from the research project titled *Formal Kinship Care Versus Informal Care: Characteristics and Service Needs of Grandparent-Headed Households and Implications for Collaboration and Risk Prevention.* It was created to provide an empirical foundation for a practice model that might facilitate collaboration toward a shared goal that might mutually be perceived as best for at-risk children and their families.

A qualitative study titled, *Views of Social Workers and Grandparents Raising Grandchildren on Collaborative Interactions*, provided essential information. Los

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Angeles County Department of Children and Family Services (DCFS) and kinship caregiver groups (such as Grandparents as Parents) graciously provided data collection sites. Seven focus groups were conducted with kinship caregivers and caseworkers/ social workers and their supervisors, resulting in hundreds of pages of narrative data, along with demographic information.

Both groups provided specific examples of collaboration and lack of collaboration in nine areas: legal issues, financial issues, health and mental health, education/school, family relationships, child management, support services, fair and equal treatment, and general satisfaction. These examples were then organized around five competency areas: respecting the knowledge, skills, and experiences of others; building trust by meeting needs; facilitating communication; creating an atmosphere in which cultural traditions, values, and diversity are respected; and using negotiation skills.

The curriculum teaches collaboration in the above nine areas and with the above five competencies from a strengths-based perspective. All negative examples from the focus groups are reframed into positive interventions (i.e., "what to do" instead of "what not to do").

Two other studies were used to provide an empirical foundation for the curriculum. One was an analysis of existing data from a National Institute on Aging funded study (5R01 AG14977) of 581 grandmothers raising grandchildren (Goodman, 1997). Analysis of data on custodial grandmothers provided a view of grandmothers who assumed care informally and those who assumed care as a result of intervention of the child welfare system. These data also offered illustrations of the array of reasons

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

that grandmothers assume care for their grandchildren. Furthermore, quotes from grandmothers about relationships with the parent have been used to illustrate the interpersonal challenges faced by custodial grandparents. Additionally, a re-interview of 181 grandmothers provided needs assessment and service utilization data, which amplified the curriculum for students in human behavior. The expressed needs of grandmothers emphasize challenges in providing care informally or through the child welfare system (Goodman et al., 1999).

OVERVIEW OF THE CURRICULUM

This section, *Introduction to the Curriculum*, describes the rationale for the curriculum, provides this overview, identifies the target group, and identifies the curriculum developers.

The next section, *Conducting the Training,* describes how to use the curriculum and how to prepare for the training. It provides some "practice" techniques and training tips related to adult learning and effective training that may be useful for new trainers and faculty as well as for more experienced trainers.

This curriculum is divided into five modules. The first two are 3-hour modules that are used specifically for inservice training for current practitioners (e.g., line staff who work directly with kinship caregivers). These modules also would be appropriate for the supervisors of those staff to reinforce and support practice skills.

Module I, *The Essential Need for Collaboration Between Social Workers and Kinship Caregivers,* focuses on kinship care as both a child welfare choice and challenge. It explains how this choice and challenge evolved from a national to a local

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

perspective. The module explains the child welfare field's confusion over whether kinship care is more like family preservation or more like family foster care. It suggests why it may be inherently difficult for kinship caregivers and caseworkers/social workers to communicate effectively, based on demographic diversity and conflicts between attachment and authority. This module identifies essential outcomes for kinship care and the risks for children, families, staff, and services when effective working relationships are not in practice. The module suggests new working definitions for kinship care and kinship caregivers, and for collaboration. It also uses the term "caseworker/social worker" to recognize that, in the field, these labels may be used interchangeably. However, the curriculum developers use the term "social worker" in reference to professionals with a BSW or MSW degree, and "caseworker" in reference to professionals with other degrees.

Module II, *Collaboration: A Practice Model for Kinship Care,* demonstrates through case examples how to use the five collaboration competencies in addressing the nine issues for collaboration. The collaboration competencies are: respecting the knowledge, skills, and experiences of others; building trust by meeting needs; facilitating open communication; creating an atmosphere in which cultural traditions, values, and diversity are respected; and using negotiation skills. The nine issues are: legal, financial, medical, education/school, child management, relationships with other family members, support services, fair and equal treatment, and general satisfaction and recommendations. Both Module I and Module II include Activities, Handouts, and Overheads.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Note that the 3-hour time frame for each module is approximate. The time could be more or less, depending upon the size of the group, the knowledge and skill of the participants, information the trainer would like to add or delete, and the style of the trainer (i.e., more didactic or experiential).

While Modules I and II are designed to provide inservice training for caseworkers/social workers in the field, Modules III, IV, and V are for faculty to use in courses for undergraduate and graduate social work students with a focus on behavior, policy, and practice, respectively. Module III, *Grandparents Raising Grandchildren: Stresses and Satisfactions,* could be incorporated into courses on human behavior and child welfare. Module IV, *Challenging Assumptions About Kinship Care Policies,* would be appropriate for courses that focus on policy and child welfare. Finally, Module V, *Challenging Assumptions About Kinship Care Practice,* could be relevant for courses that focus on practice with families and child welfare. These 75-minute modules (time frame is approximate) provide "stand-alone" information that can be incorporated into course plans, based on individual interests and needs. Overheads and handouts provide reference and supportive materials.

References and an annotated bibliography are located at the end of this work.

TARGET GROUP AND CURRICULUM FORMAT

Modules I and II are relevant for kinship caregivers and direct service practitioners who want to improve their collaboration skills, public and private agency supervisors and administrators interested in strategies to improve collaboration to minimize risks and enhance child well-being and permanency, and staff developers who

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

want an accessible and affordable resource for kinship care services. The presentation format includes lectures (covering the project's rationale, instrument development, data collection/analysis methodology, and findings) and demonstrations (covering curriculum vignettes, examples, and strategies).

Modules III, IV, and V are for undergraduate and graduate social work students. The 75-minute presentation format is lecture with opportunities for discussion and exercises.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

CONDUCTING THE TRAINING

HOW TO USE THE MODULES

Training has two components: content and process. Content is the “what,” or the actual material and information to be presented and discussed. Process is the “how,” or the way presentations, discussions, and activities are conducted. This section of the curriculum is especially designed for new faculty or trainers who would like more information about the "how." Therefore, this section addresses process issues: how to use the training materials, how to set the stage for the sessions, fundamentals about adult learning, and training techniques.

All the modules follow the same format. For example, Module I begins with the title page, *The Essential Need for Collaboration Between Social Workers and Kinship Caregivers.* Then there is the *Overview,* which describes how the module is organized (in this case into five parts). *Competencies* is next, followed by *Objectives.* Next is the *Agenda,* organized by Roman numerals. Note that the agenda for Module I offers an opportunity for welcome and participant introductions. If this module is being used as part of an ongoing training program, this activity would, of course, be omitted in the following modules, and then there would be more time for content. After the agenda is a list of *Materials Needed* for the training or class session. Then there is *Content and Process,* which provides the information the trainer or professor needs to cover for workshop or classroom sessions. This part also provides the instructions for the content to be covered; and when to conduct the activities, distribute the handouts, and show the

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

overheads. All activities, handouts, and overheads are included in Appendixes at the end of the document.

In the *Content and Process* sections (e.g., Welcome and Introductions), each of the Roman numeral parts is shaded with capitalized boldface letters. Subparts (e.g., A. Participant Introductions, and B. Review of Competencies, Objectives, and Agenda) are also in boldface as are smaller subparts (e.g., Part III. B. 1. Demographics).

After each letter subpart or number smaller subpart, there is either:

a triangle ▲, or a finger ☞

followed by a narrative that begins with an action verb. These instruction sentences direct the trainer or professor regarding the process of the training. Again, trainers or professors are instructed to distribute a handout, conduct an activity, direct attention to an overhead, or paraphrase certain information.

A copy of the top of the first *Content and Process* page for Module I appears on the next page.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

I. WELCOME AND INTRODUCTIONS

A. Participant Introductions

▲ Welcome participants to the training titled, *Evidence-Based Research Applied to Practice: The Challenge of Collaboration in Kinship Care*.

▲ Provide an opportunity for participants to introduce themselves if this is a "stand-alone" workshop. (Please see Activity #1: Get Acquainted.)

B. Review of Objectives, Competencies, and Agenda

☞ Distribute Handout #1: Module I Competencies, Objectives, and Agenda and review this information with participants.

▲ Explore whether there are additional topics of concern/interest to participants and decide whether those topics could be met within the scope of this workshop.

C. Collaboration Between Trainer(s) and Participants

▲ Clarify the issues discussed in the *Conducting the Training* section's Workshop Agreements.

In cases where content should be covered, the instruction typically is to "paraphrase" the following information. This style of curriculum development is known as "semi-scripted." It is intended to provide the trainer or faculty member with considerable direction. For the trainer or faculty member experienced with training and/or with the content, this style is to provide suggestions only. This content is intended to supplement the trainer or faculty member's own knowledge and experience. It is not intended to be read to participants or students, as we know from our own training and classroom experiences how boring it is when someone reads to us.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

The *References* are located after the modules, and the *Annotated Bibliography,* and the *Activities, Handouts, and Overheads* for all the modules are located in the Appendixes. The *PowerPoint Presentation* in located in a separate online document where this module was found.

Preparing for the Training

This section was adapted with permission from Pasztor (1989), and Pasztor, Polowy, Leighton, and Conte (1992).

Training is most effective when the following processes are given attention: how participants are invited, how the training/workshop is scheduled, how the site is selected, and any issues that are unique to your population and setting.

Inviting Participants. As the trainer or faculty member in charge of the workshop, you should ensure that the verbal and written invitations to or announcements about the training are sent as far in advance as possible to facilitate good attendance. The notice or invitation should include:

- Specific date(s) and time;
- Location, directions, and parking;
- The purpose of the training or workshop;
- A positive statement about your expectations and enthusiasm for the program;
- Information about your background and affiliation; and
- An RSVP form including name, address, phone number, and deadline for responding.

Selecting the Training Site. The location of the training program is critical to the program's success. The location should involve no more than a 1-hour trip for any

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

participant, and parking should be available, affordable, accessible, and safe. If you have any choice, the workshop should be held in participant-friendly surroundings. The most effective training rooms feature:

- Space for circular, u-shaped, or square seating around tables, since theater, classroom, or lecture-style seating is more uncomfortable for adult learners;
- Good ventilation;
- Bright lighting and, preferably, windows;
- No outside disturbances from other groups who may share a common wall;
- Access to refreshments for breaks;
- Chairs comfortable enough for 3 hours of sitting; and
- Space for a flip chart in the front of the room.

Additional Training Resources. In addition to the curriculum, you will need:

- Flip chart paper with an easel;
- Masking tape to attach individual flip chart sheets on the wall (if the flip chart paper is not self-sticking);
- Colored marking pens that can be seen from a distance (black, red, dark blue, or purple);
- Construction paper to make name tents if you want easy recognition of participants names (name tags are generally not helpful from a distance);
- Note pads or extra plain paper and pens; and
- Refreshments – optional.

Training Techniques

This section was adapted with permission from Pasztor (1989), and Pasztor, Polowy, Leighton, & Conte (1992).

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Experienced trainers and faculty know that there are principles of adult learning that are essential to respect in order to have an effective teaching or training experience. In addition, the following training techniques may also be helpful.

Basics About Adult Learning. Individuals have different learning styles. Some people learn by reading or by listening and taking notes, others learn by watching, and still others learn by experimenting and doing. But generally, all adults have certain requirements to make learning effective:

- Adults are independent and self-directed. For them to learn from training and value it, training must relate to their life experiences, which include their culture, knowledge, biases, age, gender, sexual orientation, education, and social and interpersonal relationships.
- Training must provide practical information that is immediately useful.
- Participants can be resources for each other, so opportunities for discussion are helpful. Be careful about setting yourself up as an expert, unless there is concrete information (such as policy) that you are expected to know. It is appropriate to throw questions back to the group and work hard toward group problem solving with case examples.
- Different groups can teach each other. Remember that the people involved in the child welfare system come from many backgrounds and life experiences. A diverse training group can provide rich perspectives on working with today's children, youth, and families needing child welfare services.

The Roles and Responsibilities of Co-Trainers. You may find it effective to conduct this training with a caseworker/social worker and a kinship caregiver, so you should consider some basic information about co-training. The experience of co-training has advantages and disadvantages. It is somewhat like flying an airplane when there is a pilot and a co-pilot. Each has assigned areas of responsibility, and each is expected to complement the other. However, only one has actual control of the plane at a time.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

The other may help navigate or talk to the passengers. And they may switch roles. Both should be committed to guide the plane (in this case, the training) to its destination.

One of the advantages of co-training is that the individuals involved can lead in the areas where they may be more comfortable, particularly at the beginning. For instance, one trainer may be more comfortable providing information, while the other may enjoy structuring and guiding the process of participatory learning. Co-trainers need to pay particular attention to three areas:

- Conflict resolution. Conflicts are inevitable. One or both co-trainers may experience some uneasiness and anxiety (especially early on) about their own roles, and about the way the other person is handling some aspect of the training. Practice sessions can help identify potential problem areas and indicate how co-trainers may work together with honesty and directness. The co-trainers should never argue with each other in front of the group. The appropriate time and place for serious disagreement about co-training issues is during breaks, if necessary, or after the session. It is certainly acceptable to model good techniques for conflict resolution. For example:

  > *I'd like to jump in here for a minute to add something. My perspective on this issue is different from yours and the differences may be helpful to the group in gaining a broader understanding of [the issue]….*

  Sometimes people find that they are not well suited to training with each other for one reason or another. Or, one person may find a comfortable niche in training, but the other person continues to struggle. These kinds of situations cause conflict. Being an effective kinship caregiver, social worker, or program administrator does not mean that an individual will be an effective trainer. Not everyone has training-related skills. And no one should feel that his or her ability to perform other roles is jeopardized if the training role is not successful.

- Achieving balance. One trainer will probably be a full-time professional employee of the agency or a college/university, and the other may be a kinship caregiver, so some differences in experience and background are to be expected. The kinship caregiver can lend credibility to the team effort, and agency or other staff can bring greater familiarity with the training content, especially related to agency procedures.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

When kinship caregivers use experiences from daily life to facilitate the learning process, you must take care to assure the confidentiality of the children and birth families with whom they have worked. Trainers should be clear that their expectations are not necessarily the only experiences that are valid and possible.

- Keeping "in touch." This can occur through frequent eye contact during training sessions. It is important and it will take practice. An advantage of co-training is that the trainer can become so absorbed in his or her delivery that important points are overlooked, or participants' signals that a break is needed go unnoticed. It is essential that you develop ways of communicating nonverbally during training so that the co-trainer can signal when a break appears needed, when an important point needs to be made, when the co-trainer wants to jump in, or when the group has pulled the trainer off on a tangent.

  Co-leaders should "process" what went on in the workshop during breaks. This means that they will need to spend some time talking about what went well, what did not, and how the training might have been improved. Again, honesty and directness between co-trainers is essential, as is taking seriously the feedback that you will receive from participant evaluations.

Establishing a Good Learning Environment. Individuals will come to the workshop with different backgrounds, experiences, and levels of skills. Even so, they generally grant trainers a measure of authority that can be used to promote learning and appropriate behavior. Authority carries with it a kind of power, which can be used in both positive and negative ways. Trainers should be aware of their authority/power so that it can be used wisely and to benefit the group's learning. Generally, groups will model their behavior on the example set by the leaders or trainers. Thus, if you treat people with respect and are sensitive to the feelings and needs of individuals in the group, group members can be expected to emulate these behaviors.

Early in the group's experience together, trainers can set the tone by such techniques as reinforcing appropriate behavior and communication, and refocusing discussion to keep the group on task. Generally, peer pressure will cause groups to

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

quickly adopt these behaviors and expectations as their own. Beyond that, the trainers will impart information and knowledge, and encourage the members of the group to share their thoughts, feelings, and perceptions so that others can benefit.

Workshop Agreements. Participants should agree on ways of working together. Trainers should negotiate workshop agreements with participants during the first session. Essential agreements include:

- Starting and ending on time. Agree with the group to start and end all sessions and breaks on time. Start the session even if only a few people are there. Stop exactly on time. Never keep participants later than scheduled.

- Culture, gender, age, sexual orientation, education, and role sensitivity. Individuals from diverse backgrounds and with diverse perspectives can unknowingly offend each other. Such incidents may even be unnoticed by the trainer. Agree with participants that the sessions will be conducted with dignity and respect. If someone is offended, it is his or her responsibility to acknowledge that feeling with the group. Model open communication; use group problem solving and parallel process.

- Confidentiality. It should be agreed that training content can leave the training site, but training process cannot. This means that participants can and should share training content with colleagues, families, and friends. Any personal issues or shared comments, however, should stay in the training room.

- Reinforcement for the trainers and participants. The end of a training program is too late for trainer and co-trainer to learn that participants are unhappy. Agree with each person in the group that any concerns about the training program will be shared with the trainers immediately, for group problem solving. Also, encourage participants to let the trainers know when they are happy with the program. A group that is working hard should be acknowledged. And trainers should feel free to let a group know when they are frustrated. Again, use good communication and group problem solving.

- Keep an “Issues for Discussion” flip chart sheet on the wall. If someone has an issue that would be more effectively addressed later, write the issue on the sheet and address it at a more appropriate time. This is also known as the "post-it technique” or the “parking lot technique." This is needed so content and process are not inappropriately diverted. In these cases, agree with participants that the issue to be discussed will be listed on a “post-it” and placed on a flip-chart sheet;

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

or simply write the issue on a flip chart sheet. Be sure to cover all the issues posted or listed before the end of the workshop.

Communication Skills. The basis for training is communication, and a key part of communication involves knowing how to listen, how and when to use silence, and how to use verbal techniques to promote learning. Think about some of your own experiences as a trainee. Which trainers conducted a great training program? Which trainers didn't? What was the difference between the two? Here are some general training techniques:

- Call on people by name.
- Maintain eye contact with the group. But break eye contact with a participant who talks too much, demands too much attention, or communicates inappropriately. If two people talk to each other instead of listening and participating, try moving close to them while you are presenting. If that does not work, you might say: "Molly and Mario, is there something you'd like to share with the group?" If all else fails, you might talk privately with them during a break or after the session.
- Change group dynamics by rearranging seats. The dynamics in a room change, depending upon where and whether you sit or stand and by how you move yourselves and others around a room. Some trainers prefer to sit with a group in a circle; some prefer a semi-circle so that role-plays can be more easily set up; others prefer to arrange participants around a table.
- Ask for clarification if a participant's question or comment is unclear.
- Use validation. Summarizing, validating, and reflecting back what you have heard another person say leads to clearer communication. The person then feels understood, or if not, can clarify the message.
- Use "I" messages. Here is an example of integrating reflective listening with an "I" message: Participant A has just expressed concern about handling financial issues with kinship caregivers. Participant B says, "You shouldn't feel that way - that's our job." The trainer can help the communication process here by asking Participant A to feed back to Participant B how it felt to be told that she shouldn't feel that way, and then gently to encourage Participant B to use reflective listening and "I" messages.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Learning to help participants respond to each other's questions, instead of responding personally, may not feel comfortable at first. But with time, trainers learn how to do this in a way that benefits the whole group. It takes practice to learn how to reinforce appropriate responses by saying something like, "Thank you for sharing your feelings about that with the group," and to gently discourage inappropriate responses without saying, "You're wrong," or otherwise confronting participants.

- Use silence. Silence is a powerful form of communication. We are generally not comfortable when a person who is supposed to be "in charge" (such as a trainer) lapses into silence. If you have posed a question to the group, don't rescue the group, no matter how long silence persists. Eventually, anxiety will make someone respond, and this will help the group become "competent."

- Use humor. Humor is a valuable tool in a group, and it can bring energy and pleasure to the learning process. It is also essential to promote humor as a positive means of coping with stress. But humor can be a double-edged sword, sometimes masking feelings of anxiety or hostility, or reflecting a person's need to be the center of attention. The group member who uses humor to wound or belittle others, or to detract from the learning process, can be very destructive to a group. This kind of situation can provide an opportunity to use the group process to redirect the person's ability to see humor in situations. Because humor tends to be grounded in culture, it can offer a means of sharing information about the participants' diversity. It highlights what is acceptable and appropriate, and what is not.

- Accept some self-disclosure. This training program seeks to help participants become aware of and understand their practice strengths and needs. It is important for them to feel comfortable expressing feelings and sharing relevant experiences. People need to feel that they are not alone in the world and that others share their perceptions and feelings--that their reality is not unique. The group process offers many opportunities for participants to share feelings and experiences with others. Trainers can encourage participants to share feelings and experiences, however sensitive, through reinforcement and helping group members to make connections with others. For example, "You know, (name of person), it takes concern about one's work to tell us your frustrations about working with kinship caregivers. No doubt others of us have similar feelings."

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Trainers should also consider disclosing their own feelings and experiences when appropriate. This may be particularly helpful to a group that is slow to warm up and to become a cohesive unit. Self-disclosure may provide others with the "permission" to share material from their backgrounds. For example, anger is an emotion that everyone has experienced, and the training can be an important element in assisting participants to learn constructive ways of dealing with anger.

Self-disclosure need not be lengthy or detailed. For example, a trainer might say, "I remember being so frustrated with our policies that I wanted to quit." One helpful guideline: never ask the group to do or share something that you wouldn't do or share yourself.

- Use parallel process. Every emotion that could possibly come out in a training program may also come out in the course of the kinship care experience. If someone is feeling upset, confused, angry, sad, or frustrated, or if he or she is happy, proud, and successful, that is okay. These feelings also parallel those of children, youth, and their families. Discuss the parallel between the group issue and a kinship care situation. Ask the group to problem solve.

- Use observational techniques. The group process offers excellent opportunities to develop skills in observing body language (another form of communication) and group dynamics. People don't need formal training in such issues to be able to feed back how they interpret the behaviors of others. The group will offer many opportunities for helping participants get in touch with issues related to how they seem to others, and how they react to others.

- Model desired behaviors. Participants remember how you relate to them more than they remember content. Your best training activity will be lost if even one participant feels devalued. Support the learning process by supporting participants.

- Pay courteous attention to all comments and write appropriate responses on the flip chart.

- Reinforce good responses (e.g., "I'm glad you said that," or "That's an important point.").

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

- Be respectful, even when comments are not appropriate (e.g., “You raise an interesting point. What do the rest of you think?”).

- Rely on group problem solving and collaboration. The dynamics of kinship care evoke strong emotional responses. After all, it is not easy or comfortable to discuss physical and sexual abuse, neglect, emotional maltreatment, abuse of alcohol and other drugs, parent-child separation, and managing the developmental delays of children and youth. Effective kinship care requires hard work and collaboration. This collaborative approach should be the foundation for group problem solving throughout the workshop.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

MODULE I

THE ESSENTIAL NEED FOR COLLABORATION BETWEEN SOCIAL WORKERS AND KINSHIP CAREGIVERS

Eileen Mayers Pasztor
Catherine Chase Goodman
Marilyn Potts

and

Monica Insuasti Santana
R. Akilah Runnels

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

MODULE I
THE ESSENTIAL NEED FOR COLLABORATION BETWEEN SOCIAL WORKERS AND KINSHIP CAREGIVERS

OVERVIEW

As can be seen from the agenda, this module is divided into five parts. Part I provides an opportunity for welcome and introductions in the event that this training is a "stand-alone" event (i.e., not part of an ongoing training). This introduction also includes a review of the objectives and agenda, and collaboration agreements between trainer(s) and participants (otherwise known as "housekeeping").

Part II gives background about the curriculum, including its history and rationale, and the methodology for the research that provides the foundation for this "research to practice" endeavor.

Part III provides historical, national, and state perspectives to describe the legal, social, and economic factors that have made kinship care both a child welfare choice and a challenge. It explains why collaboration between social workers and kinship caregivers must be required, despite the challenge. Finally, it discusses the optimal outcomes congruent with federally established standards that may be enhanced by a collaborative approach.

Part IV defines the key terms used in this curriculum, including why "collaboration" was selected as a practice model for describing the relationship between kinship caregivers and caseworkers/social workers. The two major dynamics inherent in collaboration are explained, concluding with the optimal outcomes if collaboration is

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

effective. Included here is a description of five competencies that are essential for kinship care collaboration.

Part V provides a preview of Module II.

COMPETENCIES

This curriculum focuses on empirically based information regarding collaboration between kinship caregivers and caseworkers/social workers to enhance safety, permanency, and well-being for children in kinship care arrangements. As such, its focus reflects the goals and principles established by the CalSWEC Board of Directors in 1998 for the child social work curriculum in California.

Because the purpose of this curriculum is to facilitate collaboration between social workers and kinship caregivers, it inherently addresses all six major competency areas, as follows:

- **Section I: Ethnic Sensitive and Multicultural Practice** because of the disproportionate number of children of color who are growing up in kinship care arrangements.
- **Section II: Core Child Welfare Skills** as they relate to the conditions that cause most children to be placed in kinship care, especially drug and alcohol abuse.
- **Section III: Social Work Skills and Methods**, especially in working with children in kinship care, their parents, and the relatives providing the care.
- **Section IV: Human Development in the Social Environment**, especially because the most recent national research indicates that children in the child welfare system, including in kinship care, often are physically, educationally, and emotionally challenged (Kortenkamp & Ehrle, 2002); and because kinship caregiving changes parenting roles among multiple generations in families.
- **Section V: Workplace Management**, because of the need for multi-disciplinary collaboration.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

- **Section VI: Child Welfare Policy, Planning, and Administration**, because of the impact of federal and state legislation on agency policies, practices, and funding related to kinship care. The Section VI competencies are especially critical because the child welfare system has decades of public and professional concern about outcomes that are in the best interests of children, and there are controversy and confusion about outcomes for children who are placed with kin.

The CalSWEC competencies were last updated in August 1998. The competencies are being reviewed and revised by the Curriculum Committee of the CalSWEC Board of Directors. At this time, this curriculum is based on the 1998 competencies. A review of the CalSWEC curriculum products listed through 2000 indicates that no empirically based curriculum with this focus has been produced, and therefore it is hoped that this curriculum makes a contribution to the competencies.

In addition to the above six sections of competencies, this curriculum proposes five "collaboration competencies," or competencies that are essential for social workers to facilitate effective collaboration with kinship caregivers. These are that the student:

1. **Respects the knowledge, skills, and experiences of others.** This is critical because there is considerable demographic diversity between social workers and kinship caregivers, especially in terms of younger staff. Diversity tends to be in the areas of age, ethnicity, education, parenting experience, and socio-economic status. Further, the attachments that the kin have and the authority that the social workers have may cause additional friction. Thus, it is essential that the social workers help the caregivers appreciate the contribution that the social worker can make while, at the same time, ensuring the caregiver that her (or his) own life experiences and experiences with the child in care are valuable.

2. **Builds trust by meeting needs.** This is critical because, according to child welfare literature, trust is developed between two individuals when those individuals' respective needs are met. Kinship caregivers have multiple needs for information, resources, and support in a variety of areas such as legal, financial, health care, education, child management, extended family relationships, and fair and equal treatment. Social workers who carry the cases of children placed with kin also have multiple needs regarding their ability to provide effective case management. The extent to which mutual trust is established may influence the safety and permanency of children in kinship care arrangements.

3. **Facilitates open communication.** This competency is essential because accurate assessments and their respective appropriate interventions cannot be completed without frank discussions about the needs of children and their caregivers.

4. **Creates an atmosphere in which cultural traditions, values, and diversity are respected.** This competency is critical because kinship care is a family-based service. How children are raised is steeped in cultural traditions and values, ranging from how holidays are celebrated to how discipline is used. Social workers and kinship caregivers may represent diversity in age, gender, ethnicity, socio-economic status, spirituality, and sexual orientation. Each of these characteristics may influence perceptions of how children's needs might best be met. Each social worker involved in a kinship caregiving situation is compelled to consider these dynamics carefully.

5. **Uses negotiation skills.** Clearly, a number of policies and practices in the delivery of kinship care services are not negotiable. By law or by resource availability, there may be limits to what social workers can do. Conversely, kinship caregivers may have limits on their capacities to parent and fulfill certain requirements. It is essential that social workers carefully explain the parameters of the kinship care program and, within those guidelines, resolve potential conflicts and collaborate with caregivers to ensure child protection and permanency.

According to the literature, a competency is a combination of knowledge and skills that is developed through a "natural, predictable process by which most people acquire new knowledge, master it, and then translate it into skill" (Rycus & Hughes, 1998a, p. xv). This progression includes the following stages: (a) awareness of issues and the beginning development of a conceptual framework; (b) development of factual information or knowledge and understanding of concepts that may be applied later to problem-solving; (c) application of concepts, principles, and factual information to job tasks; and (d) acquisition of skills that become more proficient over time.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

It may be expected that experienced social workers would have acquired the above competencies through previous education, training, and work experiences and would apply them to kinship caregiving situations. Clearly, a 6-hour curriculum is not designed to produce competency at the fourth level for newer social workers. This curriculum is structured to address competency development stages of awareness, knowledge, and understanding. It is expected that participants in the workshop would then apply this information to their own practice when in the field, and that collaboration skills in kinship care become more proficient for the field as a whole over time.

OBJECTIVES

By the end of this module, participants will have been introduced to material that should enable them to:

- Summarize the historical evolution of kinship care nationally.
- Explain why kinship care is both a child welfare choice and challenge.
- Describe the demographics of kinship care from a national and state perspective.
- Identify the major legislative and funding provisions for kinship care.
- Explain why kinship care can be viewed as a family preservation service and the exceptions to that identification.
- Explain why kinship care can be viewed as a family foster care service and the exceptions to that identification.
- Identify five major potential outcomes for kinship care.
- Provide a working definition for the terms *kinship care, kinship caregiver, caseworker/social worker,* and *collaboration.*
- Explain the rationale for using a model of collaboration to describe the relationship between kinship caregivers and caseworkers/social workers.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

- Explain the inherent challenges in a collaborative relationship, with a focus on roles, responsibilities, demographic diversity, attachments, and authority.

- Identify the safety and permanency risks to children when collaboration is not practiced.

- Identify nine major issues for kinship care collaboration.

- Identify five essential competencies for kinship care collaboration.

AGENDA

I. Welcome and Introductions

A. Participant introductions
B. Review of competencies, objectives, and agenda
C. Collaboration between trainer and participants

II. About This Curriculum

A. History and rationale
B. Methodology

III. The Child Welfare Choice and Challenge of Kinship Care

A. Historical perspective: The roots of kinship care
B. Current national picture
    1. Demographics
    2. Legislative requirements and policy framework
    3. Financing
C. Practice challenge: Is kinship care more like family preservation? Or more like family foster care?
D. Essential outcomes
    1. Federal outcomes: Child safety, permanency, child well-being
    2. Family stability

IV. Collaboration: A Practice Model for Kinship Care

A. Definitions
    1. Kinship care
    2. Kinship caregiver
    3. Caseworker/Social worker
    4. Collaboration
B. Inherent Practice Challenges
    1. The dynamics of demographic diversity
    2. The dynamics of authority vs. attachment

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

C. Issues for collaboration: Legal, financial, health, education/school, family relationships, child behavior/management, support services, fair and equal treatment, general satisfaction/other issues
D. Collaboration competencies: Respect, trust, open communication, values and diversity, negotiation

V. Preview of Module II

MATERIALS NEEDED

- Module I of this curriculum
- Activity #1
- Handouts #1 - #14, one copy for each participant
- Overheads #1 - #4
- Overhead projector and screen
- Flip chart, easel, and markers – optional
- A name tent for each participant
- Refreshments – optional

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

MODULE I
CONTENT AND PROCESS

I. WELCOME AND INTRODUCTIONS

A. Participant Introductions

▲ Welcome participants to the training titled, *Evidence-Based Research Applied to Practice: The Challenge of Collaboration in Kinship Care.*

▲ Provide an opportunity for participants to introduce themselves if this is a "stand-alone" workshop. (Use Activity #1: Get Acquainted, or another get-acquainted activity of the trainer's choice.)

B. Review of Competencies, Objectives, and Agenda

☞ Distribute Handout #1 – Module I Competencies, Objectives, and Agenda, and review this information with participants.

▲ Explore whether there are additional topics of concern/interest to participants and decide whether those topics could be met within the scope of this workshop.

C. Collaboration Between Trainer and Participants

▲ Clarify the issues discussed in the *Conducting the Training section's* Workshop Agreements.

II. ABOUT THIS CURRICULUM

A. History and Rationale

▲ Paraphrase the following information about the history of and rationale for this curriculum:

The Department of Social Work at California State University, Long Beach (CSULB) applied for and received a curriculum grant from the California Social Work Education Center (CalSWEC) to develop empirically based teaching

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

materials that could reinforce and supplement current competency-based child welfare practice. Faculty with interests in gerontology and child welfare viewed the CalSWEC priority area of best practice in out-of-home care as an opportunity to contribute to knowledge and skills in the area of kinship care. Both perspectives led to concern that there might be inherent challenges in the ways that child welfare caseworkers/social workers and kinship caregivers might be able to work together to minimize risks and enhance safety, well-being, and permanency for the children in their caseloads and in their care.

In the foster care field, considerable attention has been given to the concept of partnership or teamwork between foster parents and caseworkers/social workers, but to date there still are no empirical data or a policy-and-practice-based model on how to make this relationship work effectively. The research team for this project began to consider the concept of collaboration as a way for kinship caregivers and casework staff to work together.

Social services literature is replete with information about organizational collaboration and interdisciplinary collaboration (Andrews, 1990; Mattessich & Monsey, 1992; Orelove & Garner, 1998; Winer & Ray, 1994). There is some information on collaboration between parents and professionals (Bishop, Woll, & Arango, 1993). But there is much less available on collaboration issues and skills for kinship caregivers and staff. Little exists in the literature about how collaboration might be applied in a child welfare setting when considerably diverse populations of professionals and kinship caregivers must work together to achieve goals that each group may view differently as in the best interests of the children. It was suspected that collaboration between these two groups would be a challenge for several reasons:

- First, while both groups have the interests of children as their core concern, relatives typically have a moral, ethical, and family-ties sense of responsibility and caseworkers/social workers have a legal mandate. This “attachment vs. authority” perspective can affect collaboration.

- Second, there could be a demographic difference between both groups due to ethnicity/culture, age, education, and socio-economic status.

- Third, policies and practices within the child welfare system reflect society’s views about family versus foster parent or kinship caregiver responsibility. These policies shape what caseworkers/social workers can provide which, in turn, impacts the collaborative relationship.

- Fourth, both groups typically lack training and/or support in collaborative relationships.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

This was the rationale for the study titled, *Views of Social Workers and Grandparents Raising Grandchildren on Collaborative Interactions*, on which this curriculum is based. The study focused on the service needs and family characteristics of grandparent-headed families in the Los Angeles County Department of Children and Family Services (DCFS) Kinship Care Program compared to those who provide care informally in the community. By identifying examples of best practices, as well as practice problems to be addressed, the goal was to develop an empirically based curriculum designed to:

- Enhance the collaboration between agency-based grandparent caregivers and caseworkers/social workers serving kinship families.
- Minimize risks that can result from ineffective collaboration.
- Explore potential service needs of community-based caregivers to inform agency service planning.

DCFS and kinship caregiver groups (such as Grandparents as Parents) graciously provided data collection sites. Seven focus groups were conducted with kinship caregivers and caseworkers/social workers and their supervisors, resulting in hundreds of pages of narrative data, along with demographic information. Both groups provided specific examples of collaboration and lack of collaboration in nine service areas as indicated on Part V of the agenda, *Collaboration Competencies and Issues for Collaboration*. These examples were then organized around five competency areas: respecting the knowledge, skills, and experiences of others; building trust by meeting needs; facilitating communication; creating an atmosphere in which cultural traditions, values, and diversity are respected; and using negotiation skills.

The curriculum teaches collaboration with the above five competencies from a strengths-based perspective. All negative examples from the focus groups were reframed into positive interventions (i.e., "what to do" instead of "what not to do").

The research titled, *Formal Kinship Care Versus Informal Care: Characteristics and Service Needs of Grandparent-Headed Families*, has elicited the service needs of grandmother caregivers. Data from 73 grandmothers whose grandchildren were followed by DCFS and 108 grandmothers not in the child welfare system were gathered through a structured telephone interview. The juxtaposition of expressed service needs in the collaborative areas against the comments of focus group participants has yielded a perspective on areas of collaboration that are particularly needed.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Finally, a third study was conducted, which was a comparative analysis of data from grandmothers raising grandchildren in 208 DCFS and 373 non-DCFS families. This study provides a perspective on the naturally occurring protective function of grandparents, a tradition that operates outside of formal child welfare. These data were made available through a National Institute on Aging-funded study of caregiving grandmothers. They offer an understanding of the natural authority and connection experienced by grandparent caregivers, whether or not the children in their care are followed by the child welfare system.

The intended optimal benefits for the staff and caregivers should be a strengthened understanding of how they might better work together or collaborate to ensure the protection and development of the children in their caseloads and in their care. The children should benefit by the increased ability of adults who are charged with the responsibility for making decisions about their lives to work more effectively together. Improved collaboration should enhance caseworker/social worker advocacy for kinship care services, potentially improve service access, and most importantly, help reduce protection risks and minimize length of needed involvement with the agency. The end goal is to provide a practice model that might facilitate collaboration toward positive outcomes for at-risk children and their families.

B. Methodology

☞ Direct attention to Overhead #1 – Research Questions.

▲ Review the three questions and cover the following information about the methodology for the study that provided the empirical evidence for this training.

The research questions that directed this study were:

- What areas of authority overlap between child welfare caseworkers/ social workers and grandparent caregivers?
- What do child welfare workers and grandparent caregivers perceive as barriers to their effective collaboration?
- What best practice examples can child welfare workers and grandparent caregivers provide to illustrate their effective collaboration?

This study used information from three focus groups of children's services workers (CSWs) at regional offices of Los Angeles County DCFS by having agency administrators notify staff of the opportunity to participate. Grandparent

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

support groups, such as those organized by *Grandparents as Parents* in Los Angeles County, provided recruitment opportunities for relative caregivers. Four focus groups of grandparents, held in various locations throughout the county, were conducted. All seven focus group sessions were transcribed and the information was used to develop examples and themes for this curriculum. (Protection of human subjects was guaranteed and the researchers obtained clearance to conduct the study through the CSULB Institutional Review Board.)

The focus groups were designed to identify examples of best practices and practice problems regarding collaboration between grandparent caregivers and line staff working with them. In addition, the focus groups addressed ways to minimize risks that could result from ineffective collaboration.

☞ Distribute Handout #2 – Research Methods for Quantitative Studies to participants who would like to read about this project's research in more detail.

III. THE CHILD WELFARE CHOICE AND CHALLENGE OF KINSHIP CARE

A. Historical Perspective: The Roots of Kinship Care

▲ Paraphrase the following information:

Children who are now coming of age in the new millennium have not fared so well in our country. While the child population increased only 7.6%, the number of child abuse and neglect reports has tripled since this generation was born 20 years ago, totaling three million reports. While enhanced reporting may be a factor contributing to the increase, one third of these cases are substantiated (Packard Foundation, 1998). As indicated in the November 2001 *NASW California News* "Child Welfare Forum," while the United States is now focused on a new kind of terror and violence,

> we should remember that several million American children and young people face terror and violence in their homes every day. With over 1,000 children in the U.S. murdered annually by adults through abuse, this is the equivalent to three jumbo jets filled with passengers crashing every year (Pasztor, 2001, p. 6).

From a public policy and advocacy perspective, there is little outrage and federal attention to this needless loss of young life. And with an increase in abuse and neglect, naturally there is a commensurate increase in the formal separation of children from parents. Over 588,000 children are in out-of home

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

care nationally—a 50% increase since 1987 (Child Welfare League of America, n.d., para. 1).

While children being cared for informally by kin has centuries of tradition, it has only been in the past decade that kinship care has been named as a specific program area and become a formal part of the child welfare system's array of services. In fact, in a child welfare literature search, only one brief article about grandparenting was found prior to 1990. In the magazine *Children Today (*a former publication of the U.S. Department of Health and Human Services, Office of Human Development), there was an article titled, *The Vital Connection 1983—Grandparents Are Coming of Age in America* (Kornhaber, 1983). It focused on the "indispensable role that grandparents play in the lives of their children and their families" (p. 31). Eight years of research led to several conclusions by the principal investigator, a psychiatrist, including the finding that the grandparent/grandchild relationship is second in emotional importance only to the bond between parents and children, and that problems that are passed on from grandparent to parent are not directly passed on from grandparent to grandchild (Kornhaber & Woodward, 1981). The recommendations focused on the importance of visitation rights, various roles of grandparents as mentors, and the mutual benefits to both the younger and elder family members. There was no mention of the custodial grandparent. It would be another decade before "grandparents as parents" would emerge in the child welfare literature as a child welfare choice and issue.

From a cultural perspective, however, ethnic traditions have also influenced the naturally occurring process of providing protection and nurturing for younger family members. Grandparents were identified as "surrogate parents" in studies of mostly White families as early as the 1960s (Neugarten & Weinstein, 1964), and there has been a fairly consistent but small number of White families providing custodial care documented to the 1940s (Uhlenberg & Kirby, 1998). However, the tradition is much stronger and more prevalent among African American families. Within a flexible family system that incorporates non-blood or fictive kin, there is a tradition of grandparents, aunts and uncles, and non-related persons raising children in need. The tradition dates back to African customs and the time of slavery, and it reflects the African American community's commitment to children (Hunter & Taylor, 1998).

Latino families have a strong emphasis on familism, and grandparent and grandchild relationships are active and ongoing. Grandparents expect to participate in the lives of their grandchildren, intervene in times of crisis, exert a religious influence, and participate in decision-making about grandchildren (Williams & Torrez, 1998). When the parent is unable to parent, the reciprocal relationships expected in the family are disrupted. A study of custodial, mostly Puerto Rican grandmothers found that half of the grandmothers relied on an

adult child to help with parenting, although this was not typically the child's parent (Burnette, 1999).

Despite the informal tradition of kinship care and the increased attention of the child welfare system, the child welfare field actually had no formally recognized name on a national level for the policy, program, and practice of placing children with relatives until 1991.

☞ Distribute Handout #3 – Kinship Care: The History of a Name, and paraphrase the story of the name from the article.

▲ Paraphrase the following information:

In 1993, the Congressional Research Service (CRS) released a report to Congress titled, "*Kinship" Foster Care: An Emerging Issue.* The report documented the sharp increase in the foster care population in the 1980s and indicated that a "significant percentage of children were not placed in traditional foster homes, but instead were placed with their own relatives in a form of substitute care referred to as 'kinship care'" (Spar, 1993, p. 1). It should be noted that this report attributed the sharp increase to crack/cocaine and increased child abuse reporting. However, other texts identify additional variables, such as the shredding of the social and economic safety net in the 1980s, as well as the HIV/AIDS epidemic.

The CRS report indicated that kinship care was being used to describe the "specific practice by state child welfare agencies of placing children in the homes of their relatives as an alternative to traditional foster care" (Spar, 1993, p. 1). It is interesting that the practice of placing children with unrelated foster parents was considered "traditional" compared to the historical traditional practice of the extended family taking care of its younger members. The Congressional report continued on to state that "child welfare agencies and professional organizations are increasingly viewing kinship care as a new form of child welfare service" (Spar, p. 1) and that the increase, double in some jurisdictions, was most prevalent in large urban areas. In fact, the growth in family foster care was really the growth in kinship care. Just a few years later, it was reported that approximately one third of all children in the United States in agency-based foster care were residing with kin and, in large urban jurisdictions such as Los Angeles, approximately one half of foster care caseloads included children living with kin (Gleeson & Hairston, 1999).

▲ Ask participants to identify possible major factors that were reasons for increased placement with relatives instead of with unrelated foster parents.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Consider, also, why kinship care was the increased "placement of choice" and thus "an emerging federal issue" as noted in the 1993 Congressional report.

▲ Be certain the following factors are identified:

- In some cases, the children already were with the grandparents (or other relatives) because of parental limitations (typically due to poverty and alcohol and drug abuse) although they were not part of the child welfare system. In fact, for every one child in the child welfare system in California there were six living with relatives without a parent at home based on 1990 statistics (Harden, Clark, & Maguire, 1997).

- Although relatives were not specifically mentioned in the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272), placement in the "most family-like setting" was considered to imply a preference for kin (Spar, 1993, p. 13).

- Children were increasingly more challenged and challenging, and while foster parents may not be willing or able to manage their behaviors, it was hoped that relatives may be more tolerant or at least more familiar with the children (Spar, 1993).

- Children who may have been less likely to be adopted might fare better in long-term care if, at least, the caregivers were relatives.

- The foster parent population was decreasing. For example, between 1985 and 1990, while the number of children in foster care increased, the number of foster parents decreased. Reduction was attributed to the poor public image of fostering, increased need for women to enter the workforce, and dissatisfaction of foster parents regarding how they were treated by the child welfare agencies with which they were affiliated (National Commission on Family Foster Care, 1991; Pasztor & Wynne, 1995).

- Relatives would ensure an ethnic and cultural placement match, as the child welfare field became more concerned about the impact of transracial placements for the large number of children of color disproportionately represented in the child welfare system (Chipungu, 1991).

- Placement with relatives might be cost-effective if relatives could be given AFDC (now TANF) payments instead of the higher payments available for foster parents.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

B. Current National Picture

1. Demographics

☞ Direct attention to and review Handout #4 – Demographics of Kinship Care.

▲ Paraphrase the following information: The prevalence of grandparents as parents

> cuts across gender, class, and ethnic lines, although women, African Americans, and people with low incomes are disproportionately represented. Women, recently bereaved persons, and African Americans have roughly twice the odds of becoming a custodial grandparent (Fuller-Thomson, Minkler, & Driver, 1997, p. 406).

Individuals familiar with American folk music may remember a song, "Over the river and through the woods, to grandmother's house we go." It was written over 100 years ago to celebrate the anticipation of a Thanksgiving gathering at the home of the family's elders. That song may have a different meaning for the millions of children who go to grandma's house because of the tragedies of parental addiction to alcohol and other drugs, the HIV/AIDS epidemic, poverty, teenage pregnancy, parental incarceration, child abuse, abandonment, and neglect (Heywood, 1999).

2. Legislative requirements and policy framework

These rapidly changing demographics have naturally led to changes in legislation, policy, and funding, with complex practice implications.

☞ Distribute Handout #5 – Policy Review for Kinship Care, and review the key legislation and policy issues.

3. Financing

☞ Distribute Handout #6 – Financing Review for Kinship Care, and review the key funding issues.

C. Practice Challenge: Is Kinship Care More Like Family Preservation? Or More Like Family Foster Care?

▲ Paraphrase the following information:

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

By the mid-1990s, families and child welfare professionals were struggling because kinship care was being funded and serviced as a family foster care program; yet, there was much about kinship care that seemed a better program and practice fit with family preservation. But family preservation funds were not readily forthcoming for kinship caregivers. A 1995 survey of state-level public welfare administrators indicated that only 11 states referenced kinship care in their Family Preservation and Support Services Plan (Danzy & Jackson, 1997). Only six states chose to make Family Preservation Support Services funding available to kinship caregivers. But kinship caregivers did not "fit" the stereotype of foster parents and few of the dynamics of fostering seemed to fit kinship caring. Kinship care seemed much more like family preservation because the unit of service was a related family with multiple inter-generational needs, possibly including legal services, housing, financial support, and medical care, as well as clinical services. In fact, the literature reflects the interchange of words and the confusion of the program areas.

☞ Distribute Handout #7 - Kinship Care: More Like Family Preservation? Or More like Family Foster Care?

▲ Review the descriptive statements and the chart to identify the factors that may have contributed to the confusion about whether kinship care is more like family preservation or more like family foster care.

▲ Summarize the discussion with the following points:

- **Practice reality and funding streams do not match:** Kinship care is more related to the program model of family preservation than it is to the program model of family foster care. But funding streams, given that children are removed from an AFDC/TANF eligible family, force kin to behave like family and receive less financial support (i.e., TANF) or behave like foster parents facing licensing and other requirements in order to qualify for the higher funding amount. This is essential for foster care reimbursement under Title IV-E, which is considered necessary for Youakim funding.

- **There are fewer services for kinship caregivers compared to the supports received by non-relative foster parents:** Because relatives traditionally provide for children in need, and with the continued existence of kin providing care informally, their status within the child welfare system and legal systems is ambiguous. For example, while most states view kinship care as a type of foster care, services may not be offered to the children and supports to the caregivers to the same extent as to non-kin foster providers. A study of kinship care versus non-relative foster care in California found

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

that kinship families received fewer respite care services, fewer support groups, fewer training programs, and less specialized training, such as how to care for drug-exposed infants (Berrick, Barth, & Needell, 1994). Recently, the Children's Research Institute surveyed 116 kinship caregivers in California and found that most (62%) said they were not informed about financial resources, while 25% said they were never contacted by a social worker (Pitcl, 1997).

- **There are few supports for informal caregivers:** Both formal agency-based and informal community-based care present many challenges. Risk prevention and permanency are needed for children cared for both by kin affiliated with agency-based child welfare care and informally in the community, with the latter group outnumbering the former six to one in California (Harden et al., 1997). Families providing kinship care informally are further removed from supportive services.

- **Demographic characteristics:** The inequality of service and support may place children at greater risk as kinship caregivers have been documented to be perhaps more challenged than foster parents due to a number of factors. These factors include that they are older, work more hours outside the home, have lower levels of education, and have poorer physical health status (Berrick et al., 1994; Scannapieco, 1999).

- **Depression and caregiving:** Previous research has identified a relationship between ineffective parenting and adolescent substance abuse and delinquency. In a recent study, *Parenting Stress, Depression, and Parenting in Grandmothers Raising Their Grandchildren* (Rodgers-Farmer, 1999), the author recommended that social workers assess whether caregivers are depressed and, if so, determine if this is related to the parenting responsibilities or if it is a pre-existing condition. It was reported that stress related to the parenting role is a better predictor of deficits in parenting behavior than stress not related to the parenting role (Rodgers, 1998). Interestingly, the author "unexpectedly" discovered that neither parenting stress nor depression was associated with the use of harsh punishment, and it was anecdotally reported by the participants that the grandchildren's prior histories of physical abuse prevented the grandparents from using physical punishment (Rodgers-Farmer).

- **Services can help:** A multi-disciplinary social work, nursing, legal aid, and research team in Atlanta investigated interventions needed for grandparent caregivers who had a documented need for reduction of psychological stress, improvement of physical and mental health, and strengthening of social support and resource services (Kelley, Yorker, Whitley, & Sipe, 2001). The team used strengths/needs assessments to develop action

plans, home visits by registered nurses and social workers, legal assistance from an attorney, and monthly support meetings. The results showed positive gains in all areas of concern (mental health, social supports, family resources, legal status of children, and financial supports) with the exception of physical health.

- **Informal caregiving:** The number of kinship caregivers within the child welfare system "represents the tip of the iceberg" in terms of families with similar circumstances and needs. For every kinship family within the child welfare system, there are six who appear demographically and functionally quite similar. Yet, their access to services and supports is minimal (Goodman, Potts, Pasztor, & Scorzo, 2002).

☞ Distribute Handout #8 – The Fine Line Between Informal and Formal Grandparent Caregivers.

▲ Review the handout and paraphrase the following information:

The line between formal and informal care is gray and moveable. Families with children supervised by child welfare may leave the system. In California, this is accomplished through Adoption Assistance or KinGAP, two programs which offer subsidies to child welfare families who exit the system. Similarly, families who provide care informally have many of the same problems and care for children without the parent in the household. They may enter the system if the parent reclaims the child and is unable to care for him or her.

The researchers for this curriculum have data from a previous study comparing 373 grandmothers providing care informally (outside of the child welfare system) and 208 grandmothers providing care formally (under Los Angeles County DCFS supervision). Data from this study show:

- The following demographic similarities: age, education level, employment status, per capita household income, and percent living in poverty.

- Health, learning, and emotional/behavioral problems of grandchildren did not differentiate these two groups.

- Physical health, mental health, and life satisfaction of grandmothers did not differentiate these two groups.

- Informal and formal caregiving grandmothers differed primarily in terms of their reasons for assuming care. Informal caregivers were more likely

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

to have assumed care due to developmental reasons (e.g., parent a teenager) and/or reasons related to family benefit (e.g., to enable the grandchild to attend a better school district). On the other hand, formal caregivers were more likely to have assumed care due to parental substance abuse and/or child neglect. It is still noteworthy that over 40% of mothers have neglected their child in informal caregiving families.

Given these challenges, it may seem more appropriate to view the child, parents, and grandparents as a family needing family preservation services. However, because foster care payments are higher, kin are viewed as foster parents and then may be expected to follow the same pattern as unrelated foster parents. Foster parents are specially recruited, assessed, selected, preservice trained, inservice trained, and supported to be service providers. Indeed, in nationally utilized foster parent assessment and training programs (such as MAPP and PRIDE), it is emphasized that children and parents are clients who receive services. In contrast, foster parents are defined as service providers and therefore receive supports, not services (Pasztor & Wynne, 1995). This would not necessarily apply to kinship caregivers.

Scannapieco (1999) presents several models of kinship care. First, there is kinship care as diversion. This model involves children supported by TANF if financial need exists. Children may be placed by child welfare and may receive protective supervision until the family is discharged or it is determined that the family is not meeting the child's need, at which time the agency would assume custody and bring the child into the foster care system. Second, there is kinship care as family preservation. In this situation, the child is in custody of the state. Intensive family preservation services may be provided when the child enters the kinship home, when the family reunifies, or when it is decided that the relative placement will be permanent. Once stability is established, formal child welfare involvement would end. Third, there is kinship care as foster care when the relative caregivers meet federal foster care criteria and the kinship family meets all foster care licensing requirements. Thus, there is a home study with fire safety and health code inspections, medical report, and all other licensing requirements. Ideally, the level of services and standards for case monitoring are similar for all kinship models.

Some literature suggests a specific nomenclature: "kinship caregivers" for those who are not part of the formal child welfare system, "kinship foster parents" for relatives providing agency-based foster care, and "foster parents" for those unrelated to the child (Berrick et al., 1994).

▲ Summarize the dilemma when policies and practices may not be congruent.

As we have been discussing, kinship care as a formal child welfare service has emerged over the past decade due to a variety of social, economic, legal, and value-based factors. The legal rulings and "bio-psychosocial" needs of families have not evolved to keep pace with each other.

☞ Direct attention to Overhead #2 – Practice Challenge Statements.

▲ Make the following points:

- Two statements perhaps best explain the practice challenges for caseworkers.

  (1) One of the most prolific researchers of kinship care, Dr. Jill Duerr Berrick at the University of California at Berkeley, wrote in 1997, "Kinship care is a developing phenomenon, falling somewhere between family preservation and foster care" (p. 280). It seems that kinship care is just that…falling. The child welfare field is still struggling with where and how to place it in the array of the child welfare and family services.

  (2) As stated some years ago by a kinship caregiver panel member at a Child Welfare League of America national conference in Washington, DC, "Why do we families have to change to fit the policies and the rules? Why can't the policies and rules be changed to fit the families?"

- It is the intent of this curriculum to use collaboration between caseworkers and kinship caregivers as a way to minimize the policy and practice challenges and to build on the strengths of families.

D. Essential Outcomes

▲ Introduce the significance of outcomes in the delivery of child welfare services by paraphrasing the following information:

1. Federal outcomes: child well-being, child safety, and permanency

Before a practice model can be considered, it is essential to identify what practice is intended to accomplish. In other words, as a result of the child welfare agency's intervention in the lives of children and their families, in what measurable ways might the child and family function differently?

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Historically, little attention has been given in the child welfare field to outcomes. Typically, agencies would report, for example, the number of children served in foster care (the quantity) without providing information about the quality of that care. With increased accountability, fewer public and voluntary resources, and managed care, there has been a mandate to achieve and report outcomes.

As part of the Adoption and Safe Families Act of 1997 (P.L. 105-89), the federal government established, for the first time, child welfare outcomes or national standards. The outcomes are organized around the indicators of child safety and permanency.

☞ Distribute and review Handout #9 – Child Welfare Outcomes.

▲ Address the following issues:

- What are the implications for states being able to meet national standards regarding time to reunification with parents and time to adoption if children who are placed with kin are being counted as part of the population of children in foster care? This would be instead of having kinship care placements "carved out" or set aside from the population of children in other types of out-of-home care (family foster care, group homes, and residential treatment). This has considerable implications for reunification/adoption outcomes if kinship care is considered foster care. If children placed with kin are not considered part of the foster care population, then there currently are no national standards.

- The federal government has postponed establishing national standards for child well-being. However, the first national study on the well-being of children in the child welfare system provides findings that, as indicated in Handout #9, are going to require critical new thinking in child welfare policy and practice.

2. Family stability

▲ Identify "family stability" as another measure of a positive intervention typically referenced in child welfare literature.

▲ Ask participants to define "family stability" and add the following examples if needed:

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

- Avoiding re-abuse and neglect, and remaining with the parent(s) without placement in kinship care, family foster care, group care, or residential treatment.

- When intervention by the child welfare agency is no longer needed and parent(s) can provide for the child's safety and well-being (McCroskey & Meezan, 1997).

IV. COLLABORATION: A PRACTICE MODEL

A. Definitions

▲ Paraphrase the following rationale for discussing definitions or clarifying terms:

In everyday life, we know that we cannot communicate with another individual without a common language, whether it is through words or signs. And we already have established the reasons why kinship care may be a child welfare program choice, but also continues to be a challenge. However, we need a practice model. So to help develop a practice model with a common definition for this curriculum, the following terms are explained. Examples of how these definitions "come to life" in a practice model will be provided in Module II.

☞ Distribute Handout #10 – Definitions.

3. Kinship care

▲ Discuss how the definition of "kinship care" may be similar to or different from the definitions at the agencies where participants work.

▲ Discuss why it may be important to talk with caregivers about an agency definition for kinship care, when the caregivers may view what they are doing as a natural life event that does not need a child welfare policy and program definition.

4. Kinship caregiver

▲ Review the definition of "kinship caregiver" on Handout #10.

▲ Discuss why it may be important to talk with caregivers about an agency definition of their role. (For example, kinship caregivers and the children in their care may view themselves "simply" as grandma or grandpa, or aunt and uncle,

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

and their role does not need a formal definition. Also, in many cases, children may refer to their grandparents as parents. And in some of those cases, the children do not know that the grandparents are not their parents, which, of course, is a practice issue).

5. Caseworker/social worker

▲ Review the definition of "caseworker/social worker" on Handout #10.

▲ Discuss why it may be important to talk with kinship caregivers about the role and responsibilities of the individual assigned to the child(ren) in their care. (Often, kinship caregivers attribute power and resources to these individuals that may or may not be accurate, and that may or may not be used appropriately).

6. Collaboration

▲ Paraphrase the following information:

Kinship care literature lacks clarity regarding working relationships with kin: Over the past decade, there has been a proliferation of literature about kinship care as it emerged as a formal child welfare program. There is detailed information for program definitions, policy and practice models, legal frameworks, and studies covering national and individual state perspectives. Conspicuously absent is a framework for explaining the working relationship between the caseworker/social worker and the kinship caregiver. Just as there are parallels between kinship care and family foster care, so may the elusive nature of the relationship parallel the decades old confusing relationship between caseworkers/social workers and foster parents.

Lack of role clarity parallels the same confusion over the foster parent's role: The role of foster parents has slowly evolved over the past century in accordance with the changing needs of the children needing foster care. Originally designed to "substitute" for the birth parents, foster parents were often seen as "glorified baby-sitters." But as the needs of children became more complex, the role of the foster parent was called into question. In fact, the first article addressing this concern was written in the 1940s, but contemporary literature states that if children in foster care have special (if not extraordinary) needs, their foster parents must have special (if not extraordinary) skills (Pasztor & Wynne, 1995).

But there is still considerable controversy over how to recruit, assess, select, train, support, and retain foster parents as the role reciprocal with caseworkers/

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

social workers. In other words, these two individuals most closely determine the outcomes for the children in their care and in their caseloads. Naturally, then, the interactions between them also would influence outcomes. As a result, several program models have been developed that focus on partnership, teamwork, and professional parenting.

With the exception of formal treatment or therapeutic foster care in which foster parents are salaried (not just reimbursed for costs), there is no empirical evidence that any role definitions work. In fact, there has been a significant decrease nationally in the foster parent population with retention a critical issue. National studies indicate that the most common reason why foster parents terminate their relationship with their agencies is confusion over their role and responsibilities and lack of being treated with dignity and respect (Pasztor & Wynne, 1995).

Even more than foster parents, kinship caregivers may face confusion over their role and responsibility, and lack of being treated with dignity and respect.

What, then, are the implications for the relationship between kinship caregivers and caseworkers/social workers? There are no program models for the comprehensive recruitment, assessment, selection, training, and retention of kinship caregivers. From a role theory perspective, it is not possible to recruit and train individuals unless it is clear what they are being recruited and trained to do.

☞ Distribute Handout #11 - In Search of a Definition for a Practice Model.

▲ Discuss the various definitions for the relationship between kinship caregivers and social workers (i.e., Partnership, Teamwork, Cooperation, Coordination, and Collaboration).

▲ Note that a good case can be made for any of the definitions. However, this curriculum proposes collaboration as the practice model for two reasons.

- Partnership and teamwork have been used over the past two decades to describe the relationship between agency staff and foster parents and there still is no documented effective model.

- There is literature in the field that describes collaboration as a supportive process and therefore it may be, for the other definitional reasons as noted on the handout, more applicable to kinship care.

▲ Emphasize the curriculum definition of collaboration in kinship care.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Collaboration is a process by which adults who have the responsibility for a child's safety, well-being, and permanency support each other in the fulfillment of their respective commitments. This support is demonstrated by:

- Respecting mutual knowledge, skills, and experiences.
- Building trust by meeting needs.
- Facilitating open communication.
- Creating an atmosphere in which cultural traditions, values, and diversity are respected.
- Using negotiation skills.

B. Inherent Practice Challenges

▲ Paraphrase the following information about the two naturally occurring dynamics that have implications for collaboration:

There are two dynamics that will be a challenge for all participants. These are the "dynamics of demographic diversity" and the "dynamics of authority versus attachment."

1. The Dynamics of Demographic Diversity

▲ Paraphrase the following information regarding the dynamics of demographic diversity between kinship caregivers and social workers:

It can be difficult to find a common ground when individuals with considerable differences in age, ethnicity, education, marital status, and even number of birth children they have must work together around the emotionally charged issues inherent in kinship care.

The collaborative process may be challenged by a *generation gap*, as typically younger caseworkers or social workers must understand the needs of kinship caregivers, typically grandparents, who are parenting for a second time around. According to the 1992 Current Population Survey, 3 out of 4 caregiving grandparents were between 45 and 64 (Chalfie, 1994). According to a 1998 survey of California social workers in the child welfare system, the average age of direct service social workers in Los Angeles County was 37 years (Perry, Limb, Rogers, & Dickinson, 1998), whereas caregiving grandparents were 59 years old on average, based on the National Survey of Families and Households (Fuller-Thomson et al., 1997).

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

There may be *cultural and language gaps* between social workers and kinship caregivers. Fewer than 25% of children's services workers in Los Angeles County were African American, compared to an estimated 40% of DCFS clients. The worker-client ethnic distribution was almost the same for Hispanic workers and clients, whereas about 35% of the social workers were white compared to about 20% of their clients (Perry et al., 1998). Considering California children in DCFS kinship care in 1993, over half were African American (Berrick, 1996).

☞ Direct attention to Handout #12 – The Demographic Gap Between Kinship Caregivers and Child Welfare Workers.

The kinship caregivers and social workers who participated in focus groups associated with this project reflected the above demographic diversity as well as educational and socio-economic diversity, as described in Handout #12.

Finally, many social workers are inexperienced in working with at-risk children. The previously mentioned study by Perry et al. (1998) found 43% of the DCFS social workers were employed in children services for fewer than 3 years. All of these factors can lead to frustration and friction between social workers and caregivers, thus working against the outcomes of child safety, well-being, and permanency.

2. The Dynamics of Authority Versus Attachment

☞ Direct attention to Overhead #3 - The Dynamics of Authority vs. Attachment, and paraphrase the following information:

In addition to the dynamics of demographic diversity, there is another dynamic inherent in the relationship between kinship caregivers and social workers: "authority vs. attachment."

When child protective services and the court take responsibility for the safety, well-being, and permanency of children, there are policies and regulations that must be implemented. Grandparents or other kin assume responsibility because of affectional ties and family bonds, or perhaps a sense of moral responsibility. Kinship families have to comply with rules and restrictions they may neither understand nor see as needed. Social workers are responsible for enforcing policies and regulations. They are not expected to have personal attachments to kinship caregivers and the children in their care and, if they do, there may be boundary issues. Therefore, there can be an *authority-attachment conflict* in the sense that both government and family view themselves as responsible for oversight of the child based on different sanctions and

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

obligations. Collaboration may be the process by which these dynamics can be addressed.

C. Issues for Collaboration

☞ Distribute Handout #13 – Issues for Collaboration: Data Collection Instrument, and paraphrase the following information that identifies the issues that require collaboration:

In preparation for the seven focus groups (four with kinship caregivers and three with caseworkers/social workers) to collect data for this curriculum, the researchers and curriculum developers reviewed both child welfare and gerontology literature to identify issues of concern to both kinship caregivers and caseworkers/social workers. These issues were organized into nine categories, which, as can be seen from the handout, provided the structure and content of the focus groups. There is too much information on this handout to be reviewed at this time. However, those of you who are interested in how the focus group information was collected may find this material to be of interest. These questions produced 210 pages of narrative comments. The intent was to identify issues of concern to both kinship caregivers and caseworkers/social workers that could be reframed into positive actions and, of course, inform the field of positive actions that could be replicated.

☞ Distribute Handout #14 – Issues for Collaboration: Findings From the Field, and paraphrase the following information. Take a few examples from the handout as time permits.

As indicated on the first page of Handout #14, in addition to collecting narrative data, the researchers also collected additional data through telephone interviews of a quantitative survey of 73 grandmothers in the child welfare system. This handout describes each major issue, beginning with legal, by first showing a chart that describes the extent to which kinship caregivers reported that they received help (i.e., never, sometimes, often, or always). Under the chart are sample comments from both kinship caregivers and caseworkers/ social workers in the focus groups regarding these major issues. Please remember that, although the statistics are from one sample population and the narrative comments are from another, the narrative statements reflect the statistical findings.

D. Collaboration Competencies

▲ Paraphrase the following information that explains the rationale for collaboration as a practice model:

The focus of our discussion thus far has been to provide some perspective on why kinship care has emerged over the past decade as both a child welfare program choice and a challenge. It is hoped that this information may help validate the value of kinship care and minimize some of the frustration. While kinship care is a natural process that occurs among some families, it seems that the public in general and child welfare agencies specifically have not been able to find the right blend of services to maximize supports and minimize risks. Clearly, the data just discussed give evidence that both kinship caregivers and staff alike are struggling with ways to understand each other and work together for the safety, well-being, and permanency needs of the children in their care and in their caseloads.

With the perspective of kinship care as both a choice and challenge, the information collected and data that were analyzed for this project resulted in the identification of five themes related to respect, trust, communication, values and diversity, and negotiation. These themes were reconceptualized into five competencies for caseworkers/social workers to encourage collaboration with kinship caregivers.

Of course, it is recognized that some kinship caregivers may naturally have these competencies, and others may learn them through the modeling process of the caseworker or social worker with whom they work. This may help promote the kinship care outcomes discussed earlier. It also is recognized that some caseworkers/social workers may not be willing or able to develop these competencies, nor may some kinship caregivers.

☞ Direct attention to Overhead #4 – Summary Statement on Collaboration, and paraphrase the following information:

This statement is from the four-volume child welfare text published by the Child Welfare League of America and used in the MSW program at CSULB. The quote, written several years ago, is relevant to this training program. Without collaboration, it is difficult to imagine many positive outcomes for the safety, well-being, and permanency of children in kinship care.

V. PREVIEW OF MODULE II

▲ Paraphrase the following information:

Now we have an explanation for kinship care as a child welfare choice and challenge. We have identified nine issues of concern to kin and to caseworkers/social workers. The focus of Module II is to use the examples from

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

the focus groups and the literature to identify ways in which collaboration may enhance positive outcomes for at-risk children and families. Five collaboration competencies will form the foundation of our practice model. The focus of these competencies is listed on the agenda, under Part IV.D.

Thank you for collaborating with the trainer to complete Module I. Module II is scheduled for (date, time, place).

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

MODULE II

COLLABORATION:
A PRACTICE MODEL FOR KINSHIP CARE

Eileen Mayers Pasztor
Catherine Chase Goodman
Marilyn Potts

and

Monica Insuasti Santana
R. Akilah Runnels

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

MODULE II
COLLABORATION:
A PRACTICE MODEL FOR KINSHIP CARE

OVERVIEW

This module is divided into four parts. Part I provides an opportunity to welcome participants back to Module II from Module I, and to review the objectives, competencies, and agenda for this module. This part provides a "bridge" from Module I, which enables participants to transition to Module II by remembering key points from Module I. It also enables the trainer(s) to assess what seemed to be most significant to the group. It should be remembered that Module I ended with charts and narrative comments describing the experiences of both kinship caregivers and caseworkers/ social workers. These comments may have been perceived by participants as upsetting, unfair, poignant, and/or even reflective of their own feelings. Thus, extra time should be given in this opening part of Module II to provide time for discussion and debriefing. This part also provides an opportunity for participants to restate the nine major issues needing collaboration. This will be important when discussing the collaboration competencies that will be covered in the module.

As discussed at the end of Module I, the data obtained from surveying kinship caregivers and caseworkers/social workers were organized into themes. These themes were then operationalized into five collaboration competencies. These competencies were named in Module I.

Part II provides an opportunity to define these competencies in more detail. It

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

combines the issues of concern identified in Module I and restated in Part I of this module with the five collaboration competencies.

Part III enables participants to discuss implementation of the five competencies. Also included is a tool to assess their strengths and needs in implementation.

Part IV closes the training by including an opportunity for any final remarks, suggestions for any next steps in training or implementation, and training evaluation.

Please note that this module has considerably fewer pages than Module I because it includes several activities that are time-consuming. In other words, it is more experiential than didactic.

COMPETENCIES

This module is a continuation of the competencies that were outlined in Module I, and are repeated below.

This curriculum focuses on empirically based information regarding collaboration between kinship caregivers and caseworkers/social workers to enhance safety, permanency, and well-being for children in kinship care arrangements. As such, its focus reflects the goals and principles established by the CalSWEC Board of Directors in 1998 for the child social work curriculum in California.

Because the purpose of this curriculum is to facilitate collaboration between social workers and kinship caregivers, it inherently addresses all six major competency areas, as follows:

- **Section I: Ethnic Sensitive and Multicultural Practice** because of the disproportionate number of children of color who are growing up in kinship care arrangements.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

- **Section II: Core Child Welfare Skills** as they relate to the conditions that cause most children to be placed in kinship care, especially drug and alcohol abuse.

- **Section III: Social Work Skills and Methods,** especially in working with children in kinship care, their parents, and the relatives providing the care.

- **Section IV: Human Development in the Social Environment,** especially because the most recent national research indicates that children in the child welfare system, including in kinship care, often are physically, educationally, and emotionally challenged (Kortenkamp & Ehrle, 2002); and because kinship caregiving changes parenting roles among multiple generations in families.

- **Section V: Workplace Management,** because of the need for multi-disciplinary collaboration.

- **Section VI: Child Welfare Policy, Planning, and Administration,** because of the impact of federal and state legislation on agency policies, practices, and funding related to kinship care. The Section VI competencies are especially critical because the child welfare system has decades of public and professional concern about outcomes that are in the best interests of children, and there are controversy and confusion about outcomes for children who are placed with kin.

The CalSWEC competencies were last updated in August 1998. The competencies are being reviewed and revised by the Curriculum Committee of the CalSWEC Board of Directors. At this time, this curriculum is based on the 1998 competencies. A review of the CalSWEC curriculum products listed through 2000 indicates that no empirically based curriculum with this focus has been produced, and therefore it is hoped that this curriculum makes a contribution to the competencies.

In addition to the above six sections of competencies, this curriculum proposes five "collaboration competencies," or competencies that are essential for social workers to facilitate effective collaboration with kinship caregivers. These are that the student:

1. **Respects the knowledge, skills, and experiences of others.** This is critical because there is considerable demographic diversity between social workers and kinship caregivers, especially in terms of younger staff. Diversity tends to be in the areas of age, ethnicity, education, parenting experience, and socio-economic

status. Further, the attachments that the kin have and the authority that the social workers have may cause additional friction. Thus, it is essential that the social workers help the caregivers appreciate the contribution that the social worker can make while, at the same time, ensuring the caregiver that her (or his) own life experiences and experiences with the child in care are valuable.

2. **Builds trust by meeting needs.** This is critical because, according to child welfare literature, trust is developed between two individuals when those individuals' respective needs are met. Kinship caregivers have multiple needs for information, resources, and support in a variety of areas such as legal, financial, health care, education, child management, extended family relationships, and fair and equal treatment. Social workers who carry the cases of children placed with kin also have multiple needs regarding their ability to provide effective case management. The extent to which mutual trust is established may influence the safety and permanency of children in kinship care arrangements.

3. **Facilitates open communication.** This competency is essential because accurate assessments and their respective appropriate interventions cannot be completed without frank discussions about the needs of children and their caregivers.

4. **Creates an atmosphere in which cultural traditions, values, and diversity are respected.** This competency is critical because kinship care is a family-based service. How children are raised is steeped in cultural traditions and values, ranging from how holidays are celebrated to how discipline is used. Social workers and kinship caregivers may represent diversity in age, gender, ethnicity, socio-economic status, spirituality, and sexual orientation. Each of these characteristics may influence perceptions of how children's needs might best be met. Each social worker involved in a kinship caregiving situation is compelled to consider these dynamics carefully.

5. **Uses negotiation skills.** Clearly, a number of policies and practices in the delivery of kinship care services are not negotiable. By law or by resource availability, there may be limits to what social workers can do. Conversely, kinship caregivers may have limits on their capacities to parent and fulfill certain requirements. It is essential that social workers carefully explain the parameters of the kinship care program and, within those guidelines, resolve potential conflicts and collaborate with caregivers to ensure child protection and permanency.

According to the literature, a competency is a combination of knowledge and skills that is developed through a "natural, predictable process by which most people

acquire new knowledge, master it, and then translate it into skill" (Rycus & Hughes, 1998a, p. xv). This progression includes the following stages: (a) awareness of issues and the beginning development of a conceptual framework; (b) development of factual information or knowledge and understanding of concepts that may be applied later to problem solving; (c) application of concepts, principles, and factual information to job tasks; and (d) acquisition of skills that become more proficient over time.

It may be expected that experienced social workers would have acquired the above competencies through previous education, training, and work experiences and would apply them to kinship caregiving situations. Clearly, a 6-hour curriculum is not designed to produce competency at the fourth level for newer social workers. This curriculum is structured to address competency development stages of awareness, knowledge, and understanding. It is expected that participants in the workshop would then apply this information to their own practice when in the field, and that collaboration skills in kinship care become more proficient for the field as a whole over time.

OBJECTIVES

At the end of this module, participants will have been introduced to material that should enable them to:

- Give examples from data of nine major issues of concern that require collaboration between caseworkers/social workers and kinship caregivers. These are: legal, financial, health care, school/educational, child behavior/ management, family relationships, support services, fair and equal treatment, and general satisfaction.

- Define the collaboration competencies identified in Module I. These are: respecting the knowledge, skills, and experiences of others; building trust by meeting needs; facilitating open communication; creating an atmosphere in

which cultural traditions, values, and diversity are respected; and using negotiation skills.

- Provide examples of how to use the collaboration competencies in addressing nine major issues of concern identified by caseworkers/social workers and kinship caregivers.

- Assess individual strengths and needs in using collaboration competencies to address the nine major issues of concern affecting collaboration between caseworkers/social workers and kinship caregivers.

- Apply the collaboration competencies to the kinship care placement process to help achieve the federally mandated outcomes of child safety, well-being, and permanency.

- Provide closing remarks for the training and evaluate the training.

AGENDA

I. Introduction to Module II
- A. Review of Competencies, Objectives, and Agenda
- B. Bridge From Module I
  1. Review of key points
  2. Restatement and discussion of the major issues needing collaboration
  3. Restatement and discussion of the focus of the collaboration competencies

II. Defining Collaboration Competencies

III. Implementing the Collaboration Model
- A. Collaboration Interventions
- B. Implementation Strengths and Needs Assessment

IV. Closing Remarks
- A. Next Steps
- B. Summary Statements
- C. Training Evaluation

MATERIALS NEEDED

- Module II of this curriculum.
- Handout #15, one copy for each participant.
- Activities #2 - #5, one copy for each participant.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

- Overhead projector and screen (continued from Module I).
- Flip chart, easel, and markers (continued from Module I).
- Refreshments – optional.
- Reinforcement candy (symbolic candy such as “Smarties,” or “M & M’s,” or “Lifesavers”) to give to those participants who can identify most or all of the nine issues of concern and the five competencies, as recommended in agenda topic I. B.2.
- A name tent for each participant (continued from Module I).

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

MODULE II
CONTENT AND PROCESS

I. INTRODUCTION TO MODULE II

A. Review of Competencies, Objectives, and Agenda

▲ Welcome participants back for Module II of the training "Kinship Caregivers and Social Workers: The Challenge of Collaboration in Kinship Care."

☞ Distribute Handout #15 – Module II Competencies, Objectives, and Agenda, and review this information with participants.

▲ Paraphrase the following information:

Module I explained how and why kinship care has evolved from an informal tradition of natural helping networks into an additional formal child welfare service. While kinship caregivers both outside and within child welfare have similar stresses and needs, there are additional complications when kin are connected to a social service agency. Module I identified those complications as a framework for understanding the rationale for collaboration. It also provided specific examples of nine major issues of concern to both kinship caregivers and caseworkers/social workers. In those examples, there was evidence of a need for greater collaboration. Module II provides the opportunity to consider how collaboration can be facilitated, especially around the nine major issues of concern outlined in Module I.

▲ Explore whether there are additional topics of concern/interest to participants and decide whether those topics could be met within the scope of this module.

B. Bridge from Module I

1. Review of key points

▲ Ask participants, as a "bridge" from Module I:

- What do you most remember about Module I?
- What concerns and questions does Module I raise?

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Note to the trainer(s): As explained in the introduction to this module, Module I closed with a discussion of comments by kinship caregivers and caseworkers/social workers that may be perceived by participants as upsetting, unfair, poignant, and/or even reflective of their own feelings. Thus, extra time is given in this opening part of Module II to provide time for discussion and debriefing. Should participants be critical of the information shared, it is important for trainers not to become defensive. You are the messenger for this training program; you are not responsible for the issues raised. Time should be allocated for participants to express their feelings. Keep control of the time, however. Statements that may help get closure on the dynamics of defensiveness and provide transition to the rest of this module are:

- There is an expression: "Statistics are people with the tears washed off." Even if these comments are reflective of just a few individuals, attention must be given to those concerns. It is difficult for children to feel protected and nurtured when they live with adults who believe they are not respected, are treated unkindly, and are treated unfairly. Those feelings can affect the safety, well-being, and permanency outcomes for children.

- Most everyone working in the child welfare field today inherited the current policies and resources; they did not create them. We can acknowledge that it is an imperfect system, and then we must work with kin and other colleagues to manage and cope as best we can. Not collaborating may make policies that seem unfair or unnecessary even worse. Collaboration may stretch the few resources there are.

- Invite participants who disagree with the premises of this curriculum to provide alternative perspectives.

2. Restatement and discussion of the major issues needing collaboration

▲ Ask participants to identify the nine major issues needing collaboration.

Note to the trainer(s): Give the "reinforcement candy" listed in the Materials section to participants who can identify any of the nine major issues, and/or refer to Module I – Handout #1, Agenda, which lists the nine major issues.

3. Restatement and discussion of the focus of the collaboration competencies.

▲ Ask participants to identify the focus of the five collaboration competencies.

Note to the trainer(s): Again, give the "reinforcement candy" listed in the "Materials" section to participants who can identify the focus of any of the five collaboration

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

competencies, and/or refer to "Module I – Handout #1, Agenda," which lists the focus of the five collaboration competencies. The point is to encourage participants to memorize the competencies because they provide an assessment tool for the focus of collaboration.

II. DEFINING COLLABORATION COMPETENCIES

☞ Distribute and discuss Activity #2 - Collaboration Competencies.

III. IMPLEMENTING THE COLLABORATION MODEL

A. Collaboration Interventions

▲ *Paraphrase the following information:*

Now that we have identified the major issues of concern to kinship caregivers and caseworkers/social workers and the five competencies for collaboration, we need to integrate the two concepts so they can be implemented throughout the process of working with a kinship care family.

☞ Distribute and discuss Activity #3 – The Collaboration Practice Model.

B. Implementation Strengths and Needs Assessment

☞ Distribute and discuss Activity #4 – Implementation Strengths and Needs Assessment.

IV. CLOSING REMARKS

A. Next Steps

▲ *Ask the "know," "feel," and "do" questions.*

As our training comes to a close, it may be helpful to identify ways in which we can take information from this program back to the office and out to the field. One way to share this information is by considering the following questions:

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

- What do you know about the challenge and choice of kinship care, the inherent conflicts, the major issues, and the competencies that you did not know before this training? Or what information was reinforced for you?

- What do you feel the same or differently about as a result of this training?

- What is one competency you are certain to implement and one issue you are certain to address when you return to the field?

Note to the trainer(s): In the brief time allotted for this part, it may be possible to obtain just one example from just a few participants.

B. Summary Statements

▲ Share with participants your own observation(s) of the training program: what was positive and what you learned.

Note to the trainer(s): If there are two trainers, both should share this information.

C. Training Evaluation

☞ Distribute and complete Activity #5 – Training Evaluation.

▲ Thank participants for their collaboration in this training program.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

MODULE III

GRANDPARENTS RAISING GRANDCHILDREN: STRESSES AND SATISFACTIONS

Catherine Chase Goodman
Eileen Mayers Pasztor
Marilyn Potts

and

R. Akilah Runnels

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

MODULE III
GRANDPARENTS RAISING GRANDCHILDREN: STRESSES AND SATISFACTIONS

OVERVIEW

This module is developed for classroom use with human behavior students in social work. It can be arranged as a 75-minute session by going in less depth or it can be a longer module, adapted by providing greater detail within a section or adding one's own material. The handouts are provided as supplemental and reference material.

This four-section module focuses primarily on the developmental issues of the caregiving grandparent within the context of family when the parent is not in the household. Attention is given to the well-being of the caregiving grandmother and the impact of this family structure on intergenerational relationships.

Part I provides an introduction to the module, with an explanation of the data on which many of the illustrations are based.

Part II addresses the increase in grandparent-headed families. Demographic shifts, the reasons for the shifts, and the relevance for child welfare are presented.

Part III provides information about intergenerational family relationships in grandparent-headed families. It focuses on role changes for the caregiving grandparents, the child's well-being, and relationships with the parent.

Part IV provides a summary, which highlights kinship families with special needs, presents data on their expressed needs, and stresses recommendations for service delivery.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

OBJECTIVES AND COMPETENCIES

The objectives of the module are related to the CalSWEC competencies listed below. This session focuses on grandparent-headed families in situations where the grandchild's parent is not at home. At the end of the session, students will have been introduced to material that will enable them to:

- Develop an appreciation of the satisfactions and stresses of grandparent caregivers and an appreciation of cultural differences in grandparenting traditions.

  Related Competency: **Ethnic Sensitive and Multicultural Practice 1.5:** Student considers the influence of culture on behavior and is aware of the importance of utilizing this knowledge in helping families improve parenting and care of their children within their own cultural context.

- Consider the needs of the kinship family as a whole (i.e., child, parent, and grandparent).

- Appreciate the developmental needs of grandparents and grandchildren.

  Related Competency: **Human Development and the Social Environment 4.6:** Student understands the stages of the family life cycle as they occur in a variety of familial patterns.

- Understand some aspects of the parent's circumstances and how these impact the family.

  Related Competencies: **Human Development and Social Environment 4.8:** Student understands the impact of adult/parental substance abuse on child development and family functioning; and **Human Development and Social Environment 4.9:** Student understands the impact of adult/parental psychopathology on child development and family functioning.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

AGENDA

I. Introduction and Project Background

A. Introduction to the Session
B. History and Rationale

II. The Growth in Grandparent-Headed Families

A. Demographic Shifts
   1. Types and Prevalence of Grandparent-Headed Families
   2. Who are Caregiving Grandmothers?
   3. Ethnic Distributions and Traditions
B. Reasons for Increased Grandparent Caregiving
   1. Reasons in the Los Angeles Sample
   2. Reasons by Ethnicity
   3. Importance for Child Welfare

III. Changing Intergenerational Family Relationships

A. New Roles for Grandparent Caregivers
   1. Off-Time Caregiving
   2. Lifestyle Shifts
   3. Role Satisfaction
   4. Grandparent Well-Being
B. Grandchild's Well-Being
   1. Grandchildren Raised by Grandparents
   2. Children in the Child Welfare System
C. Relationship with the Parent
   1. Relationship Between Grandparent and Parent
   2. Relationship Between Parent and Grandchild

IV. Summary and Conclusions

A. Diversity, Identify, and Commitment
B. Families Most At Risk
C. A Program Model

MATERIALS NEEDED

- Module III of this curriculum
- Activities #6-7
- Handouts #16-29, one copy for each participant
- Overheads #5-20
- Overhead projector and screen

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

MODULE III
CONTENT AND PROCESS

I. INTRODUCTIONS AND PROJECT BACKROUND

A. Introduction to the Session

▲ Welcome to this session, Grandparents Raising Grandchildren: Stresses and Satisfactions.

▲ Use some type of introductory activity, such as the one in the appendix (Activity #6 – Grandparent Experiences), to get students involved in the material and demonstrate that they may have personal experiences relevant to the topic.

☞ Distribute Handout #16 – Agenda, Competencies, and Objectives, and review this information with participants.

B. History and Rationale

☞ Distribute Handout #17 – Research Methods, for students who would like to read about the methods in some detail.

▲ Paraphrase the following information:

The Department of Social Work at California State University, Long Beach (CSULB) applied for and received a curriculum grant from the California Social Work Education Center (CalSWEC) to develop empirically-based teaching materials that could reinforce and supplement current competency-based child welfare practice. Faculty with interests in gerontology and child welfare viewed the CalSWEC priority area of best practice in out-of-home care as an opportunity to contribute to knowledge and skills in the area of kinship care.

Empirical foundation for this curriculum is based on two studies.

- The Los Angeles Sample: Most of the data used in this module are from a National Institute on Aging-funded study of grandparents raising grandchildren, *Grandmothers Who Parent: Family Relations and Well-being* (Goodman, 1997). This study was initiated in Los Angeles County and data

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

were collected over a 3½-year period, from 1997-2001. A subsample of 581 grandmothers raising grandchildren without a parent in the household is used to illustrate reasons for assuming care and the impact on intergenerational relationships from the perspective of the caregiving grandmother. One grandchild was selected for greater description by the grandmother. These grandchildren were separated from their parents in terms of living arrangement, although some had frequent parental visits.

The grandmothers were recruited through the Los Angeles Unified School District and the media, with the goal of developing quota samples of African American, Latino, and White grandmothers.

Grandmothers volunteered in response to a notice that their grandchildren brought home from school (53% of this subsample) or they responded to a media announcement (47% of this subsample). As a result of study criteria, the sample reflects grandmothers raising school-aged grandchildren. Frequencies are referred to from this sample and quotes from grandmothers are included. This sample is referred to in the curriculum as the *Los Angeles* sample.

- Needs Assessment: A second study was a needs assessment which addressed areas in which grandmothers expressed need for assistance. A subsample (n = 181) of the 581 grandmother caregivers were re-interviewed in 2001 for a needs assessment funded by CalSWEC as part of the development of this curriculum. This was a telephone interview, which included grandmothers whose target grandchild was followed by child welfare (n = 73) and those whose target grandchild was not followed by child welfare (n = 108). This will be referred to as the *Needs Assessment* sample.

II. THE GROWTH IN GRANDPARENT-HEADED FAMILIES

A. Demographic Shifts

1. Types and Prevalence of Grandparent-Headed Families

☞ Show Overhead #5: Increases in Grandparent Caregiving, and distribute Handout #18: Demographics of Grandparent-Headed Families.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

▲ Paraphrase the following information about types of families referred to in census data. Explain that handouts are provided as reference material, and provide greater detail on topics covered in the overheads:

There are fairly large proportions of children raised in grandparent-headed families, and there are marked **increases** over the past 30 years. In 1970, there were 2.2 million children (3.2% of children under 18) raised in grandparent-headed households. Recent census data demonstrate that 4.5 million children (6.3% of children under 18) are raised in grandparent-headed families. Therefore, the numbers and proportions have about doubled (Bryson, 2001; Casper & Bryson, 1998).

In the Census 2000, statistics show an additional 1.5 million children (2.1% of children under 18) being raised in the homes of other relatives. Grandparent-headed and other-relative headed families provide homes to about 1 in 12 children (Bryson, 2001).

Different Types of Families: Statistics about grandparent-headed families typically refer to two types of families: (a) Grandparent-headed families may have one or both parents living with the grandparent and grandchildren, referred to here as coparenting families. These are three-generational families in which the grandparent provides a home for parent and grandchildren; (b) Grandparent-headed families may have no parent at home, referred to here as custodial families. These families are sometimes called "skipped generation" families because the parent is not in the household. This module will focus on custodial or skipped generation families. Grandchildren are separated from their parents in terms of living situation, although a sizeable percentage have regular contact with parents.

- **Custodial Families:** Custodial or "skipped generation" families are most important for the child welfare system. When there is no parent at home, grandparents are solely responsible as caregivers of their grandchildren. There were 1.5 million children raised in this family type in 1997 (1.8% of children), a 37% increase since 1970 (Casper & Bryson, 1998). Custodial does not necessarily imply that the grandparent has a legal arrangement for the grandchild—only that the grandparent has full responsibility for the care of the grandchild.

- **Coparenting Families:** The larger group of grandparent-headed families is coparenting families, in which one or both parents live at home. Typically, two thirds of children raised in grandparent-headed families are in this three-generation type of family (Casper & Bryson, 1998). This type of family is important for the general well-being of

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

children because the grandparent is supporting teen or working parents or assisting the young family financially.

- **Families in Transition:** According to the Los Angeles sample, 13% of the families have a parent who is in-and-out of the household. That is, they are not currently at home, but they lived in the household within the past year, or they are currently at home, but they did not live there last year, suggesting that these families are in transition (Goodman, 1997).

☞ Distribute Handout #19 - New Census Questions for 2000.

▲ Cover the following information:

There are new ways to count grandparents raising grandchildren. So much public attention was focused on grandparent caregivers in the 1990s that the Census Bureau added a new set of questions to Census 2000. These data will be available in the latter part of 2002 and estimates are currently available.

- Estimates from Supplemental Survey: Based on a survey of 700,000 households, the Supplemental Survey provides estimates of national figures in response to the new census questions. Of 5.6 million grandparents estimated to be living with grandchildren, 42%, or 2.4 million, are "responsible for their grandchildren" (Bryson, 2001). Note that previous statistics presented were about children living in grandparent-headed families. These figures reflect grandparents living with grandchildren, so the unit of analysis has shifted from children to grandparent.

- "Responsible," as referred to in the new census question, is a subjective assessment. Probably there are also parents in the homes of many of these families. Probably some of them are also parent-headed families, or families in which the parent owns or rents the house or apartment instead of the grandparent. The Supplemental Survey estimate of 5.6 million co-resident grandparents still represents an important increase in co-resident grandparents—those living with grandchildren. In 1997, there were 4.7 million co-resident grandparents, according to census reports (Bryson & Casper, 1999).

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

2. Who Are Caregiving Grandmothers?

☞ Show Overhead #6: Who Are Grandmother Caregivers Nationally?, and distribute Handout #20: Who Are Grandmother Caregivers?

▲ Cover the following information:

The slide represents national data, and the Los Angeles sample is roughly comparable to national characteristics.

Although grandfathers play an important role in raising grandchildren, grandmothers are typically the caregivers.

- Age in National Data: Grandmother caregivers are typically middle aged. The mean age was 59 years in a sample of custodial grandparents in the National Survey of Families and Households (Fuller-Thomson & Minkler, 2000).

  In the Los Angeles sample, the mean age of the grandmother was 57 years. Age ranged from 38 to 84.

- Marital Status: Over half of the grandmother caregivers are married (55%), according to national statistics for 1997 (Casper & Bryson, 1998). Over half of grandparents have at least a high school education. Grandmothers are employed 42% of the time, according to 1997 census data. Employment and marital status are often social resources, and many grandmothers must provide care without the support of a salary or partner (Casper & Bryson).

  In the Los Angeles sample, 40% of the grandmothers were married, considerably less than in other samples. The average educational level was 12 years of school for custodial grandmothers. Working grandmothers made up 41% of the sample, roughly comparable to national statistics.

- The poverty rate for married grandmothers was 14%, and 57% for unmarried grandmothers, using 1997 national statistics (Casper & Bryson, 1998), demonstrating how important marital status is for financial well-being.

  In the Los Angeles sample, there was a 24% poverty rate for the family. Married grandmothers had a 14% poverty rate and unmarried grandmothers had a 31% poverty rate. However, the sample was

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

diverse and income for the family ranged from under $3,000 per year to over $80,000 per year.

- Poverty rates for children are even more alarming. Considering grandchildren who are raised solely by grandparents, 31% are poor or near poor (100-149% of poverty level) when living with a grandparent couple; 79% are poor or near poor when living with an unmarried grandmother, based on 1997 national statistics (Casper & Bryson, 1998).

- Nationally, there are more White grandparents raising grandchildren numerically, but proportionally, Whites have a lower percentage raising grandchildren than African Americans or Latinos (Casper & Bryson, 1998).

3. Ethnic Distributions and Traditions

☞ Show Overhead #7: Ethnic Differences in Grandparent-Headed Families, and distribute Handout #21: Ethnic Traditions of Grandparenting.

▲ Cover the following information. This section can be expanded with a discussion of students' ethnic traditions or provided in an overview.

Grandchildren raised in grandparent-headed families are more likely to be African American. According to 1994 census data, 5.6% of African American children, 1.6% of Hispanic children, and 1.2% of White children were being raised in grandparent-headed households without a parent at home (Saluter, 1996). Generalizations about groups always miss the broad range of differences experienced by individuals. However, some general group differences in tradition are relevant.

- African Americans have the largest proportion of children raised by grandparents. The tradition was developed as an effort to cope with slavery, when older women raised children while younger women worked in the fields, as well as a response to harsh economic realities during northern migration and the depression (Jimenez, 2001). As a result, there may be greater familiarity, less stigma, and greater pride attached to grandparent caregiving. Pruchno (1999) found that African American grandmothers were more familiar with the role than White grandmothers: more African American grandmothers had friends living with a grandchild, had experienced multiple generations living together, had lived with their grandparent at some point in their lives, and had their grandparent help raise them. African American grandparents are

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

expected to take an active role and guide their grandchildren. Cherlin and Furstenberg (1986) found that African American grandmothers, compared to White grandmothers, were more apt to correct (87% compared to 43%) and discipline (71% compared to 38%) their grandchildren. African American grandparents are also expected by their grandchildren to be in authority and provide discipline and guidance (Kennedy, 1990; Hunter & Taylor, 1998).

- A generalization about grandparent traditions of Latino grandmothers is difficult because of the heterogeneity of Latino populations. Different groups arrived in the United States at different times, for different reasons, from many nations, and are racially heterogeneous, with varying levels of residential segregation in the United States and varying levels of acculturation (Massey, Zambrana, & Bell, 1995). In general, there is an emphasis on *familism*, a commitment to see the collective as important when the family needs are different from individual needs. Grandmothers are expected to be involved in child rearing, but generally they expect to provide childcare to assist functioning parents, who will then be able to help the grandmother in her old age. The likelihood for filial responsibility (the obligation of children to care for their parents - *"el deber de los hijos")*, is diminished by custodial grandparenting in situations where the parent is unable to parent. Even so, Burnette (1999) found that custodial Latino grandparents, mostly Puerto Rican, raising grandchildren often had an adult child living at home. Almost half had an adult child who was available as a helper even though this was not typically the parent of the grandchild being raised by the grandparent.

- White grandmothers historically have a low prevalence of raising grandchildren. Most studies of White grandmothers have addressed the different roles played by grandparents. The emphasis is on companionate relationships with grandchildren and non-interference in parenting responsibilities. A study of the grandparent role among primarily White grandparents found that most were companionate (55%), a smaller proportion (16%) were classified as involved, and 29% were remote (Cherlin & Furstenberg, 1986). Some authors have discussed a norm of non-interference, and White grandmothers are expected to walk the narrow line between supporting parents and interfering in their approach to childrearing (Johnson, 1983). The new emphasis on custodial grandparenting may shift some of these perspectives (Szinovacz, 1998).

- History of Grandparents Raising Grandchildren: In spite of increases in grandparent-headed families, grandparents "to the rescue" is a long tradition for families of all ethnicities. Figures presented by Uhlenberg

and Kirby (1998) cover the period from 1940 to 1991 and trace the percent of children raised with a grandparent at home. They find that there is a pattern of long duration of Black and White grandparents raising grandchildren without a parent at home, although the proportion of children raised in this type of family is higher for African American children.

B. Reasons for Increased Grandparent Caregiving

▲ Paraphrase the following information:
There are many reasons why grandparents assume care for their grandchildren, including the increased life expectancy of older people; the parent's substance abuse, illness, or mental illness; financial assistance for the young family; and assistance to the parent who is working, attending school, or still a teen. Grandparents step in when the parents are deceased or unavailable to parent or when they need assistance.

☞ Show Overheads #8a-b: Reasons to Assume Care: Custodial Grandmothers.

▲ Cover the following information:

1. Reasons in the Los Angeles Sample

Results from the Los Angeles sample are used to illustrate reasons that grandparents assume care for grandchildren. The most common reasons for the grandmother caregivers were mother's drug use and mother's neglect. Also prevalent were father's drug problem, to avoid foster care, mother's mental and emotional problems, to help parents financially, gave the grandmother something to do, grandmother wanted the grandchild in a better school district, and father in trouble with the law. These are the reasons endorsed by 30% or more of the grandmothers (Goodman & Silverstein, 2002).

- Substance Abuse: The most publicized reason to assume care is substance abuse. In other studies, results have been similar to the Los Angeles sample, indicating that roughly half of the mothers have had a drug problem (Jendrek, 1994; Pruchno, 1999). Alcohol was also a problem for many. Jendrek's sample was mostly White grandmothers, while Pruchno's sample was Black and White grandmothers recruited nationally through the media.

- Mental Illness and Emotional Problems: In comparison to the Los Angeles sample, mother's emotional problem was listed even more frequently in Jendrek's (1994) study (73%), as was the mother's "mental

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

problems" (slightly under half). In contrast, Pruchno (1999) found only 6% of the mothers evaluated as mentally ill by the grandmother. This factor appears to vary to some extent depending on how the question was asked.

- Incarceration: This reason applied more to fathers than mothers in the Los Angeles sample. Pruchno (1999) found a low proportion of mothers (6%) and fathers (9%) in jail. Jendrek (1994) found a third of the mothers "in trouble with the law" and fewer fathers (13%).

- Developmental Reasons: In the Los Angeles sample, the parent's developmental reasons, such as working parent, parent in school, or teen parent were also chosen frequently—slightly more so than in Jendrek's (1994) sample. The percents are: working mothers (14%) or fathers (19%); mothers (16%) or fathers (11%) in school; teen mother (27%) or father (16%). Pruchno (1999) found teen parents to have a less frequent incidence, but working and school were not reasons grandmothers gave in response to the question, "How did it come about that you and your grandchild are living together?"

- Financial Assistance: Over a third of the grandparents in the Los Angeles sample assumed care in order to help the parents financially. This proportion was lower (21%) for Jendrek (1994), and Pruchno (1999) found only 8% of the mothers and 5% of the fathers financially unable to care for the child. Thus, the Los Angeles sample has a particularly high proportion of grandmothers subscribing to this reason.

- Other Reasons: Many grandmothers also said that they wanted to avoid foster care for their grandchild, they were helping an unmarried or divorcing son or daughter, they wanted their grandchild to be in a better school district, or that assuming care gave them "something to do." Important, but less frequently reported, reasons in the Los Angeles sample were physical illness (including HIV/AIDS—9% for mothers, 4% for fathers), and parental death (5% for mothers; 5% for fathers) (Goodman & Silverstein, 2002a).

2. Reasons by Ethnicity

☞ Show Overhead #8c-d: Reasons by Ethnicity.

▲ Cover the following information:

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

In the Los Angeles sample, “mother on drugs” was among the most prominent reasons for all ethnic groups. Thereafter, financial and developmental reasons are selected more often by African American and Latino grandmothers, whereas child abuse and neglect, emotional/mental problems, and incarceration are more often given as reasons by White grandmothers.

The overhead displays higher incidence among Whites for mother’s drug use, mother’s emotional and mental health, mother’s child neglect, and father’s drug use. This same pattern persisted for legal troubles, physical illness, physical abuse of the child, and alcohol use for mothers, and for all of these reasons among fathers (Goodman & Silverstein, 2003).

In the Los Angeles sample, financial assistance to the parent was more important for African American and Latino grandmothers than for White grandmothers. Similarly, having the child in a better school district was most important for African American, then Latino, and lastly White grandmothers. These **socio-environmental reasons** are less important to White families, who are better off financially. Poverty for Whites was 12%, African Americans 26%, and Latinos 36% in the Los Angeles sample. For African American grandmothers, the three most prevalent reasons were mother’s drug use, financial assistance, and a better school district for the grandchild. For Latino grandmothers, having something to do, avoiding foster care, and mother’s drug use were the three most important reasons. For White grandmothers, the most prevalent reasons were mother’s child neglect, mother’s drug use, and avoiding foster care.

Parent developmental reasons (i.e., teen parent, parent in school, working parent) have higher proportions selected by African American and Latino grandmothers. Teen parent was higher for Latinos, while working parent or parent in school was higher for African American families.

The pathway into custodial care may be socioeconomic or environmental for a higher proportion of African American and Latino grandmothers, or they may step in to help parents who have developmental issues, such as school or work commitments. White grandmothers appear to have a different pathway into custodial caregiving. They step in more often when a crisis has become severe, and the parent is incapacitated by drug/alcohol use and has neglected the child (Goodman & Silverstein, 2003).

3. Importance for Child Welfare

▲ Discuss the following information and cover the main points in the discussion:

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

The demographic shifts have been particularly important for child welfare because children are increasingly placed with relative caregivers when they are separated from parents as a result of abuse or neglect. Kinship families are those in which children are raised by a relative other than their parent. Two out of three kinship caregivers are grandparents, but children may also be raised by an aunt or uncle, sibling, or other relative. The child welfare system differentiates between children placed with relatives, known as "kinship care," and children placed with unrelated families, known as "family foster care." Furthermore, in California, for every child living with relatives under the oversight of the child welfare system, there are six other children living with relatives in informal arrangements (Harden et al., 1997).

Whereas kin were not frequently considered for foster placements before the 1980s, their entry into the child welfare system increased dramatically thereafter. For example in Illinois, the kinship care caseload increased from 3,700 in 1986 to 16,000 just 6 years later (Testa, 1997). Presently, about a third of the out-of-home placements are in kinship care nationally, and in some states the rate is substantially higher. The two states with the largest out-of-home caseloads are California and Illinois. In both states, more than 50% of children in out-of-home care were in kinship families (Scannapieco & Hegar, 1999).

- The Growth in Abuse and Neglect: During the 1980s, reports of child abuse and neglect rose from 1.2 million in 1980 to 3.1 million in 1995 (Courtney, 1999; Curtis, 1999). This was due, in part, to better reporting requirements, as well as the impact of crack cocaine, HIV/AIDS, and "shredding of the social safety net." The Child Abuse Prevention and Treatment Act of 1974 (CAPTA, Public Law 93-247) included mandated reporting for professionals, which had to be adopted by states in order to qualify for funds for prevention and treatment of abuse and neglect (Curtis).

- Decline in Availability of Non-Related Foster Parents: During the 1980s the number of non-relative foster parents was also decreasing, from 147,000 in 1984 to 100,000 in 1990 (Scannapieco & Hegar, 1999). This decline may be due, in part, to more women who are in the labor force and no longer available and willing to become foster parents (Courtney & Maluccio, 1999), as well as agency practices (Pasztor & Wynne, 1995).

- Placement in the Least Restrictive Environment: When the Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272) was passed, it mandated that children be placed in the "least restrictive" environment, thus encouraging placement of children with relatives (Courtney & Maluccio, 1999).

- Kinship placements are more stable and have fewer disrupted placements than unrelated foster care (Berrick, Needell, Barth, & Jonson-Reid, 1998). Relatives have been found to feel more responsible in their caregiving roles about facilitating the child's relationship with birth family, assisting with social and emotional development, providing parenting, and partnering with the child welfare agency (LeProhn, 1994). Furthermore, parents are more apt to be in contact when children are placed with relatives than when children are in non-related foster care (Berrick, 1997).

☞ Show Overhead #9: Benefits of Grandparent Caregivers.

▲ Paraphrase the following summary:

Grandparents raising grandchildren are an increasingly prevalent family arrangement, sometimes known as "grandfamilies." This type of family is more visible than it used to be because of the media, which coined the phrase "silent saviors" to refer to grandparent caregivers (Creighton, 1991). However, people still expect parents to parent and institutions are created without grandfamilies in mind. The child welfare system has jumped aboard a naturally occurring tradition, which provides for children informally, and has institutionalized the tradition as "kinship care" when grandchildren are abused or neglected and separated from their parents.

III. CHANGING INTERGENERATIONAL FAMILY RELATIONSHIPS

A. New Roles for Grandparent Caregivers

1. Off-Time Caregiving

☞ Show Overhead #10a: The Caller Asked (first half), and distribute Handout #22: The Caller Asked (which has both halves—see below).

▲ Discuss the poem and cover the following points:

What are the issues raised in this poem? This poem shows the apprehension that grandparents often face when asked to take on the custodial role. It illustrates the stresses involved in raising a grandchild.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Grandparents typically assume care just about the time they have launched their children and expect to have an empty nest. This is referred to as "off-time" because it is not congruent with the normative developmental schedule. This results in a "developmental delay," with retirement dreams unfulfilled and a sense of being "invisible" or "always caregiving."

- Unanticipated, Involuntary Beginning and Ambiguous End to Role: Grandparents typically hope and expect their sons and daughters to be able to solve their problems and resume the parenting of their grandchildren. There are risk factors for psychological stress when there is ambiguity about the beginning or end of the caregiving role and the role is involuntary (Pearlin, 1993).

- "Bonding Ambiguity": This is a term applied to grandparent caregivers because of the indefinite timetable of their new responsibilities and their expectation that the parent may return and reclaim the child (Hirshorn, Van Meter, & Brown, 2000).

- Longevity Concerns: Many grandparents worry that they will not live long enough to raise their grandchildren. One study found that almost a third of the 41 grandparents expressed concern about longevity (Kelley, 1993). Many grandmother caregivers have health concerns, accentuating their worry about the future of their grandchildren. Grandmothers are often overloaded and give their own health care a lower priority than the care they provide for their grandchildren.

- New Parenting Demands: Grandparents have raised their own children during a different era. They often feel they need to learn new parenting techniques and approaches, and courses have been devised to assist with parenting skills (Cox, 2000a; Cox 2000b).

  Grandparents raising children with special needs have a particularly difficult time. Many of the grandchildren have been born drug involved and some have HIV/AIDS. There are enormous stresses arising from the struggle to nurture children who may have behavior, learning, or health problems. The impact on grandparents raising special needs children has been well documented by studies which show lower well-being and greater parental stress under these circumstances (Emick & Hayslip, 1999; Force, Botsford, Pisano, & Holbert, 2000; Hayslip, Shore, Henderson, & Lambert, 1998;).

- Constant Caregiving: In a study of African American grandmothers raising grandchildren of cocaine-addicted parents, grandmothers described the persistence of caregiving. They described their

circumstance as feeling a loss of freedom, cheated from a more ideal retirement, moving backwards into second childrearing, or always caregiving (Roe, Minkler, & Barnwell, 1994).

2. Lifestyle Shifts

Grandparents must accommodate to new lifestyles in which they once again have children at home, or they may have been involved in continuous child rearing. The caregiving grandmother must sometimes return to work or quit her job and relationships with spouses are often impacted. The demands of the role are sometimes overwhelming. Many grandparents are constantly coping with the parents' incapacity to parent, and sometimes parents return home and leave again, disrupting family routines.

☞ Ask students to complete Activity #7 – Visualizations.

- Impact on Work: Pruchno (1999) studied African American and White grandparents raising grandchildren. Of her sample of over 700 grandmothers, she found considerable impact on the grandmother's employment, either decreasing or increasing work. Additionally, 61% had to miss work; 50% came late to work; and 65% had to leave work for a medical appointment for the grandchild. In another study, over half of a sample of 114 mostly White grandparents raising grandchildren reported having less privacy, less time for themselves, physical tiredness, and less time to get everything done. About 80% had to alter routines and plans (Jendrek, 1994).

- Coping with Parents: Grandparents typically experience disappointment or grief over the parent's situation. Most grandparents assume care for their grandchildren because of the parent's drug use, or child abuse or neglect. Overall, disappointment over the parent's situation is a common theme and grandparents describe frustration, conflict, sadness, and loss in relationship to the parent's circumstance. Sometimes there are custody battles and often there is uncertainty resulting from the parent's return home or the possibility that the parent may reclaim the grandchild.

3. Role Satisfaction

☞ Show Overhead #22b: The Caller Asked (second half).

▲ Paraphrase the following information:

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

The author of the poem, Duane Kriesel, also shows the positive side of raising a grandchild.

Grandparents often express satisfaction with their grandchildren and their grandparenting role in spite of many hardships. Children provide joy and the pleasure experienced by grandparents of seeing their grandchildren develop is central to grandparent role satisfaction.

Pruchno (1999), in her study of over 700 grandmothers raising grandchildren, found that 99% reported getting a sense of satisfaction from helping, a closer relationship, enjoyment being with their grandchild, pleasure over the grandchild's pleasure, reassurance their grandchild had proper care, and general happiness because of their grandchild. These reports of satisfaction were in spite of burden expressed by many grandmothers.

☞ Distribute Handout #23: Grandmother Burden and Satisfaction, for students who want to see the responses of grandmothers to burden and satisfaction questions.

▲ Paraphrase the following information:

In the Needs Assessment based on the Los Angeles sample, 181 grandmothers were interviewed regarding their satisfactions and burdens. Roughly 90% of the grandmothers reported satisfaction regarding most items, including "reassured because grandchild is getting care," "sense of satisfaction due to helping," "grandchild makes me happy," and "really enjoy grandchild." Burdens described by roughly one in five related to decline in social life, not having time for oneself, or being tired (Goodman et al., 1999).

4. Grandparent Well-Being

☞ Show Overhead #11: Well-Being of Caregiving Grandmothers.

☞ Distribute Handout #24: Human Behavior Review: Grandparent Well-Being.

▲ Cover major findings about grandparent well-being when custodial grandparents are compared to non-custodial grandparents.

Stresses take a toll in spite of satisfactions. Grandparents raising grandchildren have been studied in comparison to grandparents in more traditional roles. In general, they show worse health and greater level of depression than

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

"traditional" grandparents. Stress from parenting seems to contribute to depression.

- Depression: Minkler, Fuller-Thomson, Miller, and Driver (1997) found that grandparents who provided primary care for a grandchild were almost twice as likely to be depressed as non-caregiving grandparents were. Those who recently assumed care were more depressed than those who started caregiving five or more years ago (Minkler, Fuller-Thomson, Miller & Driver, 2000), suggesting that there is a period of adaptation.

- Poor Health: Custodial grandparents had 50% higher odds of having an activity of daily living limitation and were significantly more likely to report lower satisfaction with health compared to non-caregiving grandparents (Minkler & Fuller-Thomson, 1999). Another study of full-time custodial African American and White grandparents also reported poorer health than those providing less childcare (Solomon & Marx, 1998).

- Distress With Parenting and Lack of Support: There is also evidence that parenting distress contributes to depression among grandmothers raising grandchildren (Rodgers-Farmer, 1999). Grandmothers who had fewer social supports, fewer family resources, and worse physical health experienced greater psychological distress. Family resources referred to financial resources, health, nutrition, physical shelter, employment, childcare, and help within the family. Social support referred to both formal services and informal kinship help (Kelley, Whitley, Sipe, & Yorker, 2000).

B. Grandchild's Well-Being

☞ Distribute Handout #25: Grandchildren's Well-Being.

▲ Summarize the following information:

1. Grandchildren Raised by Grandparents

In general, the little research that addresses the well-being of children raised by grandparents suggests some educational disadvantage, but health indices are only slightly lower or on a level with other children.

- Los Angeles Sample: A short measure of behavior problems (The Behavior Rating Index for Children; Stiffman, Orme, Evans, Feldman, & Keeney, 1984) was used to measure behavior problems in the Los

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Angeles sample. Roughly, a third were in the "clinical" range, indicating they had serious behavior problems. Almost one in four grandchildren had school problems (23%), comparable to grandchildren in Pruchno's sample (1999). In contrast, health was not a problem for most. Only 11% of the grandmothers said their grandchild had a physical health problem. Almost four out of five rated the grandchild's health as excellent or very good and only 6% said the child's health was fair or poor.

- Solomon and Marx (1995) compared school and health indices of children raised solely by grandparents to those raised by two biological parents and those raised by one biological parent in a national sample. Children raised by grandparents were similar to children in two biological parent families in terms of health indices. However, they had lower academic achievement (although they had better behavior at school when compared to children in one biological parent families).

2. Children in the Child Welfare System

Children in the child welfare system, or children who have been abused or neglected, generally demonstrate behavioral, educational, and health disadvantages. The research on children in kinship care compared to foster care suggests that children in kinship may have somewhat greater well-being. These studies are relevant to grandchildren raised by grandparents because of the high proportions who have experienced parental neglect. In the Los Angeles sample, the grandchild in over a third of the custodial families had child welfare involvement.

- An important recent study using data from the National Survey of America's Families (NSAF) made a comparison of children involved with the child welfare system, children raised by parents, and children raised by parents in high risk circumstances (i.e., those living in single parent, low-income families). This study found higher levels of behavioral and emotional problems among children involved with the child welfare system (27%) compared to children in parent care (7%) or high risk parent care (13%). School suspension during the past year was also higher for children involved with child welfare (32%) than for children in parent care, although not higher than children in high-risk parent care. Finally, more children involved with child welfare had poor or fair health (10%) compared to children in parent care (4%), although their health was comparable to those in high-risk parent care (9%; Kortenkamp & Ehrle, 2002).

- A few studies have compared children in kinship care and those in non-related foster care. Fewer kinship children had repeated one grade or

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

were in special education (Berrick et al., 1994). Fewer adolescents in kinship care had mental health problems (Iglehart, 1994). Additionally, children in kinship care more often reported being "always loved," (94% versus 82%) compared to children in non-related foster care (Wilson & Conroy, 1999). Greater parental visitation and closeness to the mother has also been reported for children cared for by relatives (Berrick et al., 1998).

C. Relationships With the Parent

1. Relationship Between Grandparent and Parent

☞ Show Overhead #12: Quotes About Grandmother-Parent Relationships, and distribute Handout #26: Quotes About Grandmother-Parent Relationships.

▲ Cover the following information:

When parents are not living in the household and grandparents have assumed full care for their grandchildren, many children are completely separated from their parents. In contrast, some parents remain actively involved in the lives of their children and have frequent contact with the grandparent.

- Parental Separation: Many parents just are not available. The Los Angeles sample showed that death and lack of any contact at all were evident for one in four of the mothers (24%) and over half of the fathers (54%). Some of the parents had died: 5% of the mothers and 5% of the fathers. No information at all was available for about 13% of the fathers (1% for mothers).

- Parental Involvement: On the other hand, a third of the mothers (34%) and 16% of the fathers were in some kind of contact with the grandmother weekly or more often (Goodman, 1997).

- Quotes from grandmothers in the Los Angeles sample show areas of satisfaction and dissatisfaction. Grandmothers appreciated that the parent supported their efforts to raise the grandchild or that the parent was pulling things together or doing better. Some of them feel connected simply because they are related as parent and child, regardless of the quality of the relationship. Some also felt appreciation that the parent had given them a wonderful grandchild or loved the grandchild. Sometimes they described favorable qualities about the parent.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

- When grandmothers described dissatisfaction, they focused on aspects of the parent's lifestyle or that the parent was not parenting the child. Sometimes grandmothers mentioned that the parent was on drugs and not responsible. Often they said that there was little or no relationship anymore or that there was conflict or antipathy in the relationship (Goodman, 1997).

☞ Show Overhead #13: "My Sweet Juliette, The Sea Brings You Closer To Me," and distribute Handout #27: "My Sweet Juliette, The Sea Brings You Closer To Me."

▲ Paraphrase the following information and give students an opportunity to comment on the eulogy:

This was written by a grandmother about her daughter and granddaughter. Consider the importance of the parent for the family and the struggle to help parents in trouble.

2. Relationship Between Parent and Grandchild

☞ Show Overhead #14: Quotes About Parent-Child Relationships, and distribute Handout #28: Quotes About Parent-Child Relationships.

▲ Cover the following information:

Children need stability and nurturing, and they want to have a parent. Many children would call their grandmother "Mom." Children may also have been neglected or abused and carry the scars from that experience. What is clear is that the parent is important to the family. Grandparents mourn the loss of their sons and daughters, and children often want more contact with their parents. In many families, relationships are disrupted between grandparent and parent and between parent and child.

- Children living in kinship care have greater contact with their parents than children in non-related foster families (Berrick & Needell, 1999). Going one step beyond, children raised by their grandparents in informal arrangements are more apt to have contact with their parents than children in situations supervised by child welfare (Goodman et al., 2002).

- Nevertheless, many children have no contact with their parents at all. In the Los Angeles sample, one in four grandchildren has no contact at all with his or her mother. Over half have no contact at all with their fathers.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

In contrast, a third (33%) has regular contact with their mothers (weekly or more often) and almost one in five has regular contact with his or her father (weekly or more often).

- Some quotes from grandmothers in the Los Angeles sample illustrate satisfactions and dissatisfactions with the relationship that they observed between parent and child. Satisfactions emphasize the child's connection, love, and longing for his or her parent. Satisfaction was also expressed when the parent was involved, helped the grandchild, and did activities with the grandchild.

- Some grandmothers were dissatisfied when there was a lack of parental involvement, when the child experienced loss or rejection, and when the family was fragmented due to separation of siblings or the parent had built another family without the grandchild.

IV. SUMMARY AND CONCLUSIONS

A. Diversity, Identity, and Commitment

▲ Paraphrase the following information:

Grandparent caregivers are tremendously diverse. They represent a broad age span, all ethnicities, are married and unmarried, and are more and less affluent. At the same time, there is a strong identification among caregiving grandparents. Grandparents who raise their grandchildren identify as being a special type of family in response to unique circumstances and family crisis. "Grandfamilies" provide an important service to society by rescuing children, consolidating the family, sharing resources, nurturing their grandchildren, and giving grandchildren a sense of family continuity. Grandparents often experience a sense of commitment—the dedication to keeping the family together. The fact that grandparents put aside their own lives in order to raise their children's children demonstrates a strong commitment and sense of purpose. With **diversity**, **identity**, and **commitment**, there is potential to develop strong grandparent advocacy initiatives, and to continue pressure for a greater societal responsiveness and increased recognition by institutions.

B. Families Most At-Risk and Service Needs

☞ Show Overhead #15: Summary and Risk Factors, and distribute Handout #29: Grandmother's Needs.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

▲ Cover the following information:

Grandparents need an array of supports and services, particularly those who are at risk for poverty, family disruption, poor health, or depression, or who are parenting children with special needs. Most (50% or over) need money for necessities, activities/tutoring for children, help managing children, someone to talk with, and time for themselves or "respite" care. Most grandmothers with children in child welfare also need assistance with legal issues and support groups. The handout shows the responses of grandmothers to questions about their needs (legal, financial, medical, school-related, child behavior, family relationship, emotional support, and respite care).

There were few areas that showed different needs expressed by grandmothers with children in child welfare compared to those not in the child welfare system. Informal grandparent caregivers have basically the same needs as grandparents with children in the child welfare system. There are, however, five areas of special need:

- Poverty and Double Jeopardy: Minority, women-headed households are particularly at risk for poverty. The resources provided through CalWORKS can be obtained for the child only if the family as a unit doesn't meet the criteria, or the grandmother may be eligible as well. Families that provide care under supervision of the child welfare system can be eligible for foster care funds, which are considerably higher than CalWORKS. In the Los Angeles sample, about one in four families was poor by national standards. In the Needs Assessment of 181 grandmothers raising grandchildren, 60% reported that there were times when they needed money for necessities.

- Disrupted Families: Children and grandparents grieve when parents are not available or involved. Whenever possible, the parent-grandparent and parent-child relationship should be maintained. Quotes from grandmothers in the Los Angeles sample demonstrated the importance of the parent. In the Needs Assessment of 181 grandmothers, over 40% reported that they needed help with family conflict.

- Older and Ill Grandmothers: Grandmothers tend to make their own health the lowest priority. In the Needs Assessment of 181 grandmothers raising grandchildren, one in five said they had health needs and 16% had no health insurance for themselves. One in ten said their grandchild had health needs and 6% of the grandchildren had no health insurance. Children can get Medi-Cal if the family receives TANF for the child, but many grandmothers have no health insurance for themselves.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

- Depressed and Burdened Grandmothers: Grandmothers may need counseling to deal with the complex family issues in grandparent-headed families. Three fourths said they needed to talk about their grandchild or about themselves. The challenges of off-time parenting, bonding ambiguity, raising children with behavioral problems, and constant caregiving produce a sense of burden and depression for some grandmothers. Respite care, defined as a few days away from caregiving, was needed by three out of four grandmothers,

- Children with Special Needs: Particularly when children have been abused or neglected, higher levels of behavior problems often require mental health intervention. In the Needs Assessment (N = 181), about half of the grandmothers said they needed assistance managing the behavior problems of their grandchild and over half felt their grandchild needed tutoring or help with homework.

☞ Show Overhead #16: Conclusions.

C. A Program Model

▲ Cover the following information:

What is needed are programs with three essential characteristics: (a) a holistic approach to focus on all family members; (b) a multidisciplinary approach to deal with financial, legal, medical, child behavior, school/educational, family relationship, support services, and issues of fair and equal treatment; (c) and an ecological approach, which includes advocacy for institutional change. In other words, more of a family preservation than family foster care approach. Because grandparents raising grandchildren and relative caregivers tend to identify as a special and unique family type, they would access and utilize a service system focused specifically on their needs. Their diversity is also an asset in launching efforts to improve service and institutional systems in that grandparents raising grandchildren represent a broad interest group. Furthermore, grandparent caregivers typically have a sense of commitment, to protect and contribute to the development of their grandchildren. Subgroups with the greatest need are families in poverty, families in conflict, depressed caregivers, older caregivers in poor health, and grandfamilies in which children who have been abused and/or neglected have special needs.

- An effective model is a service center that could provide multidisciplinary attention to the whole family, such as Edgewood's Kinship Support Network. At Edgewood, services are provided by paraprofessional staff members who are themselves kin caregivers. Program options include

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

case management or involvement without case management. Case managed families receive an assessment, case plan, minimum monthly home visits, weekly phone contacts, and collateral visits. Families that do not elect case management are provided with access to support groups, recreation and respite, training workshops, tutoring/mentoring, health support, and transportation. Edgewood receives referrals from child welfare, but operates as a private non-profit agency (Cohon & Cooper, 1999).

- Collaboration is needed between caseworkers/social workers and grandparent caregivers within the child welfare system. Grandparents provide care based on their attachment and commitment to their grandchildren. They have assumed care to provide for their family members. On the other hand, caseworkers/social workers have legal authority and are responsible for the safety of the child. These different motivations often cause misunderstandings and friction as grandparent and caseworker/social worker both attempt to provide for children's safety, well-being, and permanency.

For the most part, grandparents raising their grandchildren are essential to society in general and child welfare specifically by keeping children in their own families, enabling siblings to grow up together, providing stability, ensuring cultural identity, and offering loving care by a family member. Grandfamilies also face special challenges and need support in maintaining equilibrium and guiding children to maximize their potential. Investment in supportive services is a small cost to society in light of the benefits provided by grandparent caregivers.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

MODULE IV

CHALLENGING ASSUMPTIONS ABOUT KINSHIP CARE POLICY

Eileen Mayers Pasztor
Catherine Chase Goodman
Marilyn Potts

and

Monica Insuasti Santana
R. Akilah Runnels

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

MODULE IV
CHALLENGING ASSUMPTIONS ABOUT KINSHIP CARE POLICY

OVERVIEW

This module was developed for classroom use with policy students in social work. It is a 75-minute module, which can be adapted for somewhat greater or lesser time by omitting sections, utilizing time to provide greater detail within a section, or adding one's own material.

As can be seen from the agenda that follows, this module is divided into four parts. Part I is an introduction to the module. This includes a review of its competencies, objectives and agenda, and an overview or background of the research project, which provided the opportunity to write this curriculum.

Part II provides a historical perspective to describe the legal, social, and economic factors that have made kinship care both a policy choice and a challenge for child welfare. The current realities include the federally established standards for child safety and permanency, which have implications for kinship care, as well as a recent national study, which has implications for the well-being of children in the child welfare system.

Building on the historical perspective and current realities, Part III focuses on kinship care as both a child welfare choice and challenge. Included is the perspective of kinship care's similarities to family preservation and, also, to family foster care. This part concludes with nine issues that are of concern to kinship caregivers and social workers,

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

issues that have emerged primarily because of the lack of congruence between policy and practice. It also identifies five competencies that social workers and kinship caregivers need to achieve optimal outcomes for children in their caseloads and in their care.

Part IV provides a brief summary.

Please note that, in this module, the word “challenging” is used as both a verb and adjective. As a verb, this module makes the point that a number of assumptions about kinship care should be challenged. As an adjective, this module indicates that we may have to replace one set of assumptions with different assumptions that pose new challenges.

COMPETENCIES

This module is one of five in a curriculum that focuses on empirically-based information regarding collaboration between kinship caregivers and social workers to enhance safety, permanency, and well-being for children in kinship care arrangements. As such, it reflects the goals and principles established by the CalSWEC Board of Directors in 1998 for the child social work curriculum in California.

Because the purpose of the five-module curriculum is to facilitate collaboration between social workers and kinship caregivers, it inherently addresses all six major competency areas, as follows:

- **Section I: Ethnic Sensitive and Multicultural Practice** because of the disproportionate number of children of color who are growing up in kinship care arrangements.
- **Section II: Core Child Welfare Skills** as they relate to the conditions that cause most children to be placed in kinship care, especially drug and alcohol abuse.

- **Section III: Social Work Skills and Methods,** especially in working with children in kinship care, their parents, and the relatives providing the care.

- **Section IV: Human Development in the Social Environment,** especially because the most recent national research indicates that children in the child welfare system, including those in kinship care, often are physically, educationally, and emotionally challenged (Kortenkamp & Ehrle, 2002), and because kinship caregiving changes parenting roles among multiple generations in families.

- **Section V: Workplace Management,** because of the need for multidisciplinary collaboration.

- **Section VI: Child Welfare Policy, Planning, and Administration,** because of the impact of federal and state legislation on agency policies, practices, and funding related to kinship care. The Section VI competencies are especially critical because the child welfare system has had decades of public and professional concern about outcomes that are in the best interests of children. In addition, there is controversy and confusion regarding outcomes for children placed with kin.

Module IV focuses predominantly on Section VI of the CalSWEC competencies.

OBJECTIVES

As a result of this module, students should be able to:

- Summarize the historical evolution of kinship care nationally from a social and policy perspective.

- Describe the demographics of kinship care from a national and state perspective.

- Identify the major legislative and funding provisions for kinship care.

- Explain why kinship care can be viewed as a family preservation service and the exceptions to that identification.

- Explain why kinship care can be viewed as a family foster care service and the exceptions to that identification.

- Explain why kinship care is both a child welfare choice and challenge.

- Identify major issues of concern to kinship caregivers and social workers.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

- Identify the rationale for kinship care collaboration competencies.

- Consider the policy implications of the major issues of concern to kinship caregivers and social workers.

- Consider the policy implications for collaboration between kinship caregivers and social workers.

AGENDA

I. Introduction to Module IV
- A. Review of Competencies, Objectives, and Agenda
- B. Background of This Module

II. Historical Perspective: The Roots of Kinship Care
- A. The Early Years (before 1960)
- B. The Transition Years (1970s - 1980s)
- C. Current Realities (1990s - present)

III. Kinship Care: A Policy Choice and Challenge
- A. More Like Family Preservation? Or More Like Family Foster Care?
    1. Evolution of kinship care as a policy choice and challenge
    2. Demographics of kinship care
    3. Financing challenges
- B. Issues of Concern
- C. Rationale for Collaboration Competencies

IV. Summary

MATERIALS NEEDED

- Module IV of this curriculum
- Handouts #30-37, one copy for each participant
- Overheads #17-18
- Overhead projector and screen
- Flip chart, easel, and markers – optional

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

MODULE IV
CONTENT AND PROCESS

I. INTRODUCTION TO MODULE IV

A. Review of Competencies, Objectives, and Agenda

▲ Welcome to this session titled, Challenging Assumptions About Kinship Care Policy.

☞ Distribute Handout #30 – Module IV Competencies, Objectives, and Agenda, and review this information with participants.

B. Background of this Module

▲ Paraphrase the following information:

The Department of Social Work at California State University, Long Beach (CSULB) applied for and received a curriculum grant from the California Social Work Education Center (CalSWEC) to develop empirically-based teaching materials that could reinforce and supplement current competency-based child welfare practice. Faculty with interests in gerontology and child welfare viewed the CalSWEC priority area of best practice in out-of-home care as an opportunity to contribute to knowledge and skills in the area of kinship care.

This module is one of five developed for the curriculum. Two modules are for current staff and they focus on policy and practice. Three modules are for social work students and they address behavior, policy, and practice.

Most of the data used in this module are from a National Institute on Aging-funded study of grandparents raising grandchildren entitled *Grandmothers Who Parent: Family Relations and Well-being* (Goodman, 1997). This study was initiated in Los Angeles County and data were collected over a 3½-half year period, from 1997-2001. A subsample of 581 grandmothers raising grandchildren without a parent in the household is used to illustrate similarities and differences between two groups: grandmothers caring for grandchildren informally and grandmothers caring for grandchildren formally (i.e., through child welfare system oversight). There were 373 grandmothers in the informal caregiving group and 208 grandmothers in the formal caregiving group.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

The grandmothers were recruited through the Los Angeles Unified School District and the media, with the goal of developing quota samples of African American, Latino, and White grandmothers. Grandmothers volunteered in response to a notice that their grandchildren brought home from school (53% of this subsample) or they responded to a media announcement (47% of this subsample). As a result of study criteria, the sample reflects grandmothers raising school-aged grandchildren.

Ethnically- and linguistically-matched interviewers conducted face-to-face interviews, which lasted about 1 hour each. Grandmothers were asked to describe themselves, their grandchild's parents, and one grandchild in detail. Questions included demographic characteristics, grandchild's behavioral problems, reasons for assuming care, and grandmother's physical and mental health.

II. HISTORICAL PERSPECTIVE: THE ROOTS OF KINSHIP CARE

A. The Early Years (before 1960s)

☞ Distribute Handout #31: Historical Assumptions About Foster Care, Kinship Care, and Adoption

▲ Paraphrase the following information:

Just as children and adults have social histories that help us understand their current behavior, so does kinship care have a history that may help us better understand the policies that drive today's issues. This chart is intended to provide a visual overview of the evolution of kinship care policy and its impact on practice. The title of this chart, like the title of this module, includes the word "assumption," which means these are premises believed to be true and perhaps they should be challenged.

Within the United States, kinship care may be considered as having three distinct phases or eras of child welfare evolution. These are listed across the top of the chart: the early years (before the 1960s), the transition years (1970s-1980s), and the present (1990s on). On the left side, vertically, is a list titled children, their parents, kinship families, foster parents, adoptive families, and caseworkers/social workers. This chart summarizes how these individuals have been viewed through the three phases or eras.

Child welfare as it is known today can be recognized from as long ago as the 19th century. When children's parents were not willing or able to care for them, they lived with relatives (informal kinship care) or in institutions (known as orphan asylums).

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Agency-based family foster care, created by Rev. Charles Loring Brace and the private, non-profit Children's Aid Society in New York, began after the Civil War. It moved hundreds of thousands of children from city streets to farm families in the Midwest, through a program known as the "Orphan Trains." There were no formal, government-based child welfare agencies.

During these years, children were characterized as "dependent and neglected." It was expected that they could be raised like any other child, taught a skill or trade by age 16, which is when many reached puberty and married. Birth parents were disregarded. It was assumed that one set of parents could be replaced by another without much effect on the child; hence, the term "substitute care" which is used in many jurisdictions and in the literature today. Foster parents were not expected to have special skills; they were simply respected community members who would raise a child in exchange for the child's labor. The current "assumption" that foster parents take children for the money may have evolved from 19th century practices of enhancing a family's resources by taking indentured children.

The orphan train movement makes little reference to children of color; it is assumed that they were with extended family members in kinship care arrangements. Hence, kinship care predates formal, agency-based foster care.

In this era, adoption did not focus on the importance of family life for children specifically, but there was concern that adoption promote the welfare of children and certainly children's rights to inheritance. The first state to pass adoption legislation was Massachusetts in 1851 (Pecora, Whittaker, Maluccio, & Barth, 2000).

The staff (known today as "caseworkers" or "social workers") were called "agents" and they were supposed to visit the orphan train children once a year. That may have rarely occurred because of the distance and expense required to travel by train.

B. The Transition Years (1970s-1980s)

By the 1970s, several significant events had occurred that would influence child welfare policy. In the earlier part of the century, childhood became viewed as an opportunity for education and growth. As children no longer were needed in the work force, child labor was officially abolished and mandatory education was created. With large numbers of children in school, developmental milestones could be recognized. For example, the stage of development known today as "adolescence" was an "invention" of the 20th century; the idea of "teenagers" did not exist in the 1800s. The Civil Rights Movement in the 1960s led to the Women's Movement and, naturally then, to an increased interest in the welfare of children, including children of color (Downs, Moore, McFadden, & Costin, 2000).

The Child Abuse Prevention and Treatment Act (CAPTA) was passed in 1974. Its provisions included the first national definition of child maltreatment and the requirement for states to have reporting laws. Social work students may find it astonishing that a national policy on child abuse and neglect has little more than a quarter of a century history. It is not surprising, then, that with increased attention to child maltreatment came an increased population of children in foster care.

By the late 1970s, several major factors came together. The country's population of children in out-of-home care grew to a record high of 500,000 (including family foster care, group homes, and residential treatment.) The latter evolved from the old orphan asylums, as improved health care reduced the number of orphaned children. But the nature of the children changed, from being "dependent/neglected" to having "special needs." Further, the quality of foster care was questioned in the professional literature, citing the instability of foster care placements for too many children who were "drifting" in foster care. The media reported that parental neglect was being replaced by government neglect. The need and right for children not to grow up in foster care but to have "permanency" with a family of their own (birth, adopted, or foster care guardianship) grew out of the Oregon Permanency Planning Project (Pecora et al., 2000).

The availability of birth control pills and abortion, along with changing social values, led to a decrease in the number of White children available for adoption. White infertile couples had been the targeted clients because adoption had been viewed as a service for adults, not children. Therefore, they turned to other ethnicities for their supply of babies. Adoption became viewed as a mandate to find families for children, instead of a mandate to find children for infertile couples. More attention was given to finding families for children with special needs, which included children of color.

Increased sensitivity to the historical discrimination against children of color resulted in the passage of the Indian Child Welfare Act of 1978 (P.L. 95-608), which gave tribal courts jurisdiction in child welfare cases involving Native Americans.

The beginning of the decade of the 1980s held out the hope of great reform. The federal government passed P.L. 96-272, the Adoption Assistance and Child Welfare Act of 1980, which was intended to increase permanency outcomes for children in care by preventing unnecessary separation from the parents. The value of "family preservation" began to emerge as a legal, conceptual, and practice framework and one that might "establish a continuum of coordinated, culturally relevant, and family-focused services" (Downs et al., 2000, p. 276). P.L. 96-272 also required agencies to make "reasonable efforts" to reunite children and parents, and then to facilitate adoption when reunification from foster care was not possible.

However, the legislation's authorization was not matched with appropriation, and much was left to the states' own laws, policies, programs, and personnel. The

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

number of older children growing up in foster care continued to increase, resulting in the passage of the Independent Living Initiative of 1986 (P.L. 99-272). Funding was provided to states for programs intended to help prepare youth in care for life on their own at age 18 when they would no longer have the support of the child welfare agency and, in many cases, their caregivers.

With a new category of "special needs" child, it was logical that their caregivers—predominantly foster parents—would need "special skills." The Child Welfare League of America developed the first national training program for foster parents, titled *Parenting Plus*. This curriculum recognized that foster parents had to provide children with more than "three hots and a cot," but the operationalization of the "plus" was not realized. In fact, a debate ensued (which continues today) about the role of foster parents as partners in permanency planning. Other organizations, such as Eastern Michigan University, Nova University, and the Child Welfare Institute also developed methods for recruiting, assessing, selecting, training, and retaining foster parents to increase their willingness and ability to work with children with special needs (Pasztor & Wynne, 1995).

Also by 1980, a couple in Illinois, named Youakim, sued the state claiming that they should receive the same foster care reimbursement rate as unrelated foster parents, instead of the much lesser AFDC amount. The case went to the Supreme Court, which concurred.

C. Current Realities (1990s-Present)

Despite these historical legislative, judicial, and practice endeavors, children who are now coming of age in the new millennium have not fared so well. While the child population increased only 7.6%, the number of child abuse and neglect reports has tripled since this generation was born 20 years ago, totaling over three million reports. While enhanced reporting may be a factor contributing to the increase, one third of these cases are substantiated (Packard Foundation, 1998). As indicated in the November 2001 *NASW California News* “Child Welfare Forum,” while the United States is now focused on a new kind of terror and violence,

> we should remember that several million American children and young people face terror and violence in their homes every day. With over 1,000 children in the U.S. murdered annually by adults through abuse, this is the equivalent to three jumbo jets filled with passengers crashing every year (Pasztor, 2001, p. 6).

From a public policy and advocacy perspective, the outrage and federal attention to this needless loss of life may be questioned. And with an increase in abuse and neglect, naturally there is a commensurate increase in the formal separation of children from parents (Fox, Frasch, & Berrick, 2000). Currently, there are

approximately 588,000 children in out-of home care nationally, and one fifth of these children are in California's child welfare system. Since 1992, caseload growth has continued to rise to 111,652, compared to only 74,484 children at the end of 1991 (Fox et al., 2000; CWLA, n.d.).

Once again, the nature of children in care has changed. In the 1970s, there was the emergence of the "special needs" child. Today, with the devastating effects of crack/cocaine, HIV/AIDS, and the shredding of the social safety net, there is a new category of children who have "extraordinary needs" (National Commission on Family Foster Care, 1991). Their biopsychosocial challenges are compelling.

Additional legislation in the 1990s has further changed the focus of work, especially for children of color. The Multi-Ethnic Placement Act (P.L. 103-382), passed in 1994, forbids agencies that receive federal funding from using race, ethnicity, and culture as the principle factors in determining adoptive families.

The Adoption and Safe Families Act (ASFA) of 1997 (P.L. 105-89), which updates P.L. 96-272, requires child safety and permanency outcomes with which states must comply, and shortens the time frames in which reunification may occur.

▲ Introduce the significance of outcomes in the delivery of child welfare services by paraphrasing the following information:

Historically, the child welfare field has given little attention to outcomes. Typically, agencies would report the number of children served, for example, in foster care, without providing information about the quality of that care. With increased accountability, fewer public and voluntary resources, and managed care in a number of states, there has been a mandate to achieve and report outcomes.

☞ Distribute and discuss Handout #32: Child Welfare Outcomes.

▲ Address the following issues in addition to covering the major points of the handout:

What are the implications for states being able to meet national standards regarding time to reunification with parents and time to adoption if children who are placed with kin are being counted as part of the population of children in foster care? This would be instead of having kinship care placements “carved out” or set aside from the population of children in other types of out-of-home care (family foster care, group homes, and residential treatment). This has considerable implications for reunification/adoption outcomes if kinship care is considered foster care. If children placed with kin are not considered part of the foster care population, then there currently are no national standards.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

III. KINSHIP CARE: A POLICY CHOICE AND CHALLENGE

A. More Like Family Preservation? Or More Like Family Foster Care?

1. Evolution of kinship care as a choice and challenge

▲ Paraphrase the following information:

Where does kinship care fit within this historical context, and what are the implications for safety, permanency, and well-being for children residing with kin?

While children being cared for informally by kin has centuries of tradition, it has only been in the past decade that kinship care has been named as a specific program area and become a formal part of the child welfare system's array of services. In fact, in a child welfare literature search, only one brief article about grandparenting was found prior to 1990. In the magazine *Children Today (*a former publication of the U.S. Department of Health and Human Services, Office of Human Development), there was an article titled, "The Vital Connection 1983—Grandparents Are Coming of Age in America" (Kornhaber, 1983). It focused on the "indispensable role that grandparents play in the lives of their children and their families" (p. 31). Eight years of research led to several conclusions by the principal investigator, a psychiatrist, including the finding that the grandparent/grandchild relationship is second in emotional importance only to the bond between parents and children, and that problems that are passed on from grandparent to parent are not directly passed on from grandparent to grandchild (Kornhaber & Woodward, 1981). The recommendations focused on the importance of visitation rights, various roles of grandparents as mentors, and the mutual benefits to both the younger and elder family members. There was no mention of the custodial grandparent. It would be another decade before "grandparents as parents" would emerge in the child welfare literature as a child welfare choice and issue.

From a cultural perspective, however, ethnic traditions have also influenced the naturally occurring process of providing protection and nurturing for younger family members. Grandparents were identified as "surrogate parents" in studies of mostly White families as early as the 1960s (Neugarten & Weinstein, 1964), and there has been documentation of a fairly consistent but small number of White families providing custodial care from the 1940s onward (Uhlenberg & Kirby, 1998). However, the tradition is much stronger and more prevalent among African American families. Within a flexible family system that incorporates non-blood or fictive kin, there is a tradition of grandparents, aunts and uncles, and non-related persons raising children in need. The tradition dates back to African customs and the

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

time of slavery and it reflects the African American community's commitment to children (Hunter & Taylor, 1998).

Latino families have a strong emphasis on familism, and grandparent and grandchild relationships are active and ongoing. Grandparents expect to participate in the lives of their grandchildren, intervene in times of crisis, exert a religious influence, and participate in decision-making about grandchildren (Williams & Torrez, 1998). When the parent is unable to parent, the reciprocal relationships expected in the family are disrupted. A study of custodial, mostly Puerto Rican grandmothers found that half of the grandmothers relied on an adult child to help with parenting, although this was not typically the child's parent (Burnette, 1999).

Despite the informal tradition of kinship care and the increased attention of the child welfare system, the child welfare field actually had no formally recognized national level name for the policy, program, and practice of placing children with relatives until 1991. The term "kinship care" was advanced by the National Commission on Family Foster Care convened by the Child Welfare League of America and the National Foster Parent Association. (For more detailed information, please see Module I, Handout #3: Kinship Care: The History of a Name.)

In 1993, the Congressional Research Service (CRS) released a report to Congress titled, *"Kinship" Foster Care: An Emerging Issue*. The report documented the sharp increase in the foster care population in the 1980s and indicated that a "significant percentage of children were not placed in traditional foster homes, but instead were placed with their own relatives in a form of substitute care referred to as kinship care" (Spar, 1993, p. 1). It should be noted that this report attributed the sharp increase to crack/cocaine and increased child abuse reporting. However, other texts identified additional variables, such as the shredding of the social and economic safety net in the 1980s, as well as the HIV/AIDS epidemic. The CRS report indicated that kinship care was being used to describe the "specific practice by state child welfare agencies of placing children in the homes of their relatives as an alternative to traditional foster care" (Spar, p. 1). It is interesting that the practice of placing children with unrelated foster parents was considered "traditional" compared to the historical traditional practice of the extended family taking care of its younger members.

The Congressional report continued on to state that "child welfare agencies and professional organizations are increasingly viewing kinship care as a new form of child welfare service" (Spar, 1993, p. 1) and that the increase, double in some jurisdictions, was most prevalent in large urban areas. In fact, the growth in family foster care was really the growth in kinship care. Just a few years later, it was reported that approximately one third of all children in the United States in agency-based foster care were residing with kin and, in large urban jurisdictions such as Los

Angeles, approximately one half of foster care caseloads included children living with kin (Gleeson & Hairston, 1999).

▲ Ask participants to identify possible major factors that were reasons for increased placement with relatives instead of with unrelated foster parents. Consider, also, why kinship care was the increased "placement of choice" and thus "an emerging federal issue" as noted in the 1993 Congressional report. Be certain the following factors are identified:

- In some cases, the children already were with the grandparents (or other relatives) because of parental limitations (typically due to poverty and alcohol and drug abuse), although they were not part of the child welfare system. In fact, for every one child in the child welfare system, there were six living with relatives without a parent at home in California, based on 1990 statistics (Harden et al., 1997).

- Although relatives were not specifically mentioned in the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272), placement in the "most family-like setting" was considered to imply a preference for kin (Spar, 1993, p. 13).

- Children were increasingly more challenged and challenging, and while foster parents may not be willing or able to manage their behaviors, it was hoped that relatives might be more tolerant or at least more familiar with the children (Spar, 1993).

- Children who may have been less likely to be adopted might fare better in long-term care if, at least, the caregivers were relatives.

- The foster parent population was decreasing. For example, between 1985 and 1990, while the number of children in foster care increased by 47%, the number of foster parents decreased by 47%. Reduction was attributed to the poor public image of fostering, increased need for women to enter the workforce, and dissatisfaction of foster parents regarding how they were treated by the child welfare agencies with which they were affiliated (National Commission on Family Foster Care, 1991; Pasztor & Wynne, 1995).

- Relatives would ensure an ethnic and cultural placement match, as the child welfare field became more concerned about the impact of transracial placements for the large number of children of color disproportionately represented in the child welfare system (Chipungu, 1991).

- Placement with relatives might be cost-effective if relatives could be given AFDC (now TANF) payments instead of the higher payments available for foster parents.

2. Demographics

☞ Distribute and discuss Handout #33: Demographics of Kinship Care.

▲ Paraphrase the following information:

The prevalence of grandparents as parents

> cuts across gender, class, and ethnic lines, although women, African Americans, and people with low incomes are disproportionately represented. Women, recently bereaved persons, and African Americans have roughly twice the odds of becoming a custodial grandparent (Fuller-Thomson, Minkler, & Driver, 1997, p. 406).

Individuals familiar with American folk music may remember a song, "Over the river and through the woods, to grandmother's house we go." It was written over 100 years ago to celebrate the anticipation of a Thanksgiving gathering at the home of the family's elders. That song may have a different meaning for the millions of children who go to grandma's house because of the tragedies of parental addiction to alcohol and other drugs, the HIV/AIDS epidemic, poverty, teenage pregnancy, parental incarceration, child abuse, abandonment, and neglect (Heywood, 1999).

3. Financing

☞ Distribute and discuss Handout #34: Financing Review for Kinship Care.

▲ Address the following issues in addition to covering the major points of the handout:

- The handout displays the various financing options for kinship care in order to address some of the confusion around eligibility and financial assistance. For example, some grandparents in California are approved as foster parents and receive foster care funds. Others, who need assistance, receive Temporary Assistance to Needy Families or TANF (CalWORKS in California), which is a substantially lesser amount.

- In order to qualify for federal foster care funds, the children in care must be a dependent of the court, supervised by a child welfare agency, AFDC-eligible in

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

the home from which they were removed, and had lived in that home within six months prior to the date the court petition was filed. AFDC is Aid to Families with Dependent Children, the welfare program prior to TANF. The grandparent would also have to meet the same approvals that are required for non-related foster parents (California AB 1695, enacted October 2001).

- The CalWORKs program varies considerably depending on the county. However, there are time limits (60 months) for adults who are part of the program, although caregivers who are age 60 or over are exempt. Other exemptions apply if the county determines that responsibilities (e.g., for children who are dependents of the court or for incapacitated household members) impair the person's ability for employment; or if the person is disabled and therefore unable to be employed. CalWORKS also has a requirement that recipients be involved in work or welfare-to-work activities. However, if a grandparent is providing care for a child who is a dependent of the court, the grandparent is exempt from these requirements (Legal Aid Foundation of Los Angeles, 2001b). A child-only grant is possible, and these requirements do not apply to the non-needy caregiver of the child.

- When a child has been in the child welfare system, a relative can make a permanent commitment to the child through adoption or guardianship. California has two programs that offer subsidies in these circumstances. Adoption Assistance Program (AAP) is a federal program, which provides funds to adopting caregivers. The amount provided is based on an assessment of the child's needs and the family's resources and it can be re-negotiated every two years. The amount cannot be higher than the amount for federal foster care. The current practice in Los Angeles County, for example, is to provide funds that are the same as the foster care rate (Legal Aid Foundation of Los Angeles, 2001b).

- The other program is called Kin-GAP. It applies to children who are dependents of the court and have lived with a relative for at least 12 consecutive months. The relative may become the child's guardian, and the child welfare system will typically no longer be involved. The payment is the same as the foster care rate. However, special needs funds are not available under Kin-GAP (Legal Aid Foundation of Los Angeles, 2001b). Therefore, this may not be the best choice for families in which there are children whose level of care may require additional supports.

B. Issues of Concern

▲ Paraphrase the following information:

By the mid-1990s, families and child welfare professionals were struggling because kinship care was being funded and serviced as a family foster care program; yet,

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

there was much about kinship care that seemed to be a better program and practice fit with family preservation. But family preservation funds were not readily forthcoming for kinship caregivers. A 1995 survey of state-level public welfare administrators indicated that only 11 states referenced kinship care in their Family Preservation and Support Services Plan (Danzy & Jackson, 1997). Only six states chose to make Family Preservation Support Services funding available to kinship caregivers. But kinship caregivers did not fit the stereotype of foster parents and few of the dynamics of fostering seemed to fit kinship caring. Kinship care seemed much more like family preservation because the unit of service was a related family with multiple inter-generational needs, possibly including legal services, housing, financial support, and medical care, as well as clinical services. In fact, the literature reflects the interchange of words and the confusion of the program areas.

☞ Distribute Handout #35: Kinship Care: More Like Family Preservation? Or More Like Family Foster Care?

▲ Review the descriptive statements and the chart to identify the factors that may have contributed to the confusion about whether kinship care is more like family preservation or more like family foster care.

▲ Summarize the discussion with the following points:

- **Practice reality and funding streams do not match:** Kinship care is more related to the program model of family preservation than it is to the program model of family foster care. But funding streams, given that children are removed from an AFDC/TANF eligible family, force kin to behave like family and receive less financial support (i.e., TANF) or behave like foster parents facing licensing and other requirements in order to qualify for the higher funding amount. This is essential for foster care reimbursement under Title IV-E, which is considered necessary for Youakim funding.

- **There are fewer services for kinship caregivers compared to the supports received by non-relative foster parents:** Because relatives traditionally provide for children in need, and with the continued existence of kin caregiving informally, their status within the child welfare system and legal systems is ambiguous. For example, while most states view kinship care as a type of foster care, services may not be offered to the children and caregivers to the same extent as to non-kin foster providers. A study of kinship care versus non-relative foster care in California found that kinship families received fewer respite care services, fewer support groups, fewer training programs, and less specialized training, such as how to care for drug-exposed infants (Berrick et al., 1994). Recently, the Children's Research Institute surveyed 116 kinship caregivers in California and

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

found that most (62%) said they were not informed about financial resources, while 25% said they were never contacted by a social worker (Pitcl, 1997).

- **There are few supports for informal caregivers:** Both formal agency-based care and informal community-based care present many challenges. Risk prevention and permanency are needed for children cared for both by kin affiliated with agency-based child welfare care and informally in the community, with the latter group outnumbering the former six to one in California (Harden et al., 1997). Families providing kinship care informally are further removed from supportive services.

- **Families of color receive fewer services:** Research documents that there are "striking inequalities" (Berrick et al., 1994, p. 60) in the services and supports that kinship caregivers receive from caseworkers compared to foster parents. Families of color receive even less contact and support than do White foster parents, and kinship families receive considerably less financial support.

- **The inequality of service and support may place children at greater risk:** This is because kinship caregivers have been documented to be perhaps more challenged than foster parents due to a number of factors. These factors include that they are older, work more hours outside the home, have lower levels of education, and have poorer physical health status (Berrick et al., 1994; Scannapieco, 1999).

- **Depression and caregiving:** Previous research has identified a relationship between ineffective parenting and adolescent substance abuse and delinquency. In a recent study, *Parenting Stress, Depression, and Parenting in Grandmothers Raising Their Grandchildren* (Rodgers-Farmer, 1999), the author recommended that social workers assess whether caregivers are depressed and, if so, determine if this is related to the parenting responsibilities or if it is a pre-existing condition. It was reported that stress related to the parenting role is a better predictor of deficits in parenting behavior than stress not related to the parenting role (Rodgers, 1998). Interestingly, the author "unexpectedly" discovered that neither parenting stress nor depression was associated with the use of harsh punishment and it was anecdotally reported by the participants that the grandchildren's prior histories of physical abuse prevented the grandparents from using physical punishment (Rodgers-Farmer).

- **Services can help:** A multi-disciplinary social work, nursing, legal aid, and research team in Atlanta investigated interventions needed for grandparent caregivers who had a documented need for reduction of psychological stress, improvement of physical and mental health, and strengthening of social support

and resource services (Kelley et al., 2001). The team used strengths/needs assessments to develop action plans, home visits by registered nurses and social workers, legal assistance from an attorney, and monthly support meetings. The results showed positive gains in all areas of concern (mental health, social supports, family resources, legal status of children, and financial supports) with the exception of physical health.

- **Informal caregiving:** The number of kinship caregivers within the child welfare system "represents the tip of the iceberg" in terms of families with similar circumstances and needs. For every kinship family within the child welfare system, there are six who appear demographically and functionally quite similar. Yet, their access to services and supports is minimal (Goodman et al., 2002).

☞ Distribute Handout #36: The Fine Line Between Informal and Formal Grandparent Caregivers.

▲ Paraphrase the following information:

The line between formal and informal care is gray and moveable. Families with children supervised by child welfare may leave the system. In California, this is accomplished through Adoption Assistance or KinGAP, programs that offer subsidies to child welfare families who exit the system. Similarly, families who provide care informally have many of the same problems, and also care for children without the parent in the household. Children may enter the system if their parents reclaim them and then are unable to care for them. The researchers for this curriculum have data from a previous study comparing 373 grandmothers providing care informally (outside of the child welfare system) and 208 grandmothers providing care formally (under Los Angeles County DCFS supervision). The data showed that:

- There were demographic similarities: age, education level, employment status, per capita household income, and percent living in poverty.

- Health, learning, and emotional/behavioral problems of grandchildren did not differentiate these two groups.

- Physical health, mental health, and life satisfaction of grandmothers did not differentiate these two groups.

- Informal and formal caregiving grandmothers differed primarily in terms of their reasons for assuming care. Informal caregivers were more likely to have assumed care due to developmental reasons (e.g., parent a teenager) and/or reasons related to family benefit (e.g., to enable the grandchild to attend a better school district). On the other hand, formal caregivers were more likely

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

to have assumed care due to parental substance abuse and/or child neglect. It is still noteworthy that over 40% of mothers had neglected their child in informal families.

Given these challenges, it may seem more appropriate to view the child, parents, and grandparents as a family needing family preservation services. However, because foster care payments are higher, kin are viewed as foster parents and then may be expected to follow the same pattern as unrelated foster parents. Foster parents are specially recruited, assessed, selected, preservice trained, inservice trained, and supported to be service providers. Indeed, in nationally utilized foster parent assessment and training programs (such as MAPP and PRIDE), it is emphasized that children and parents are clients who receive services. In contrast, foster parents are defined as service providers and therefore receive supports, not services (Pasztor & Wynne, 1995). This would not necessarily apply to kinship caregivers.

Scannapieco (1999) presents several models of kinship care:

- Kinship care as diversion. This model involves children supported by TANF if financial need exists. Children may be placed by child welfare and may receive protective supervision until the family is discharged or it is determined the family is not meeting the child's needs, at which time the agency would assume custody and bring the child into the foster care system.

- Kinship care as family preservation or out-of-home care. In this situation, the child is in the custody of the state. Intensive family preservation services may be provided when the child enters the kinship home, when the family is reunified, or it is decided that the relative placement would be permanent. Once stability is established, formal child welfare involvement would end.

- When federal foster care criteria are met by the relative caregivers, the kinship family meets all foster care licensing requirements. Thus, families go through a home study, fire safety and health code inspections, medical report, and all other licensing requirements. Ideally, the level of services and standards for case monitoring are similar for all kinship models.

Some literature suggests a specific nomenclature: "kinship caregivers" for those who are not part of the formal child welfare system, "kinship foster parents" for relatives providing agency-based foster care, and "foster parents" for those unrelated to the child (Berrick et al., 1994).

☞ Distribute and discuss Handout #37: Kinship Care Issues of Concern and Collaboration Competencies.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Whatever the term used to describe the program and the caregivers, and whether the caregivers are part of the formal foster care system or not, there are nine issues of concern that must be addressed.

For these issues to be addressed, social workers need to have, and need to help kinship caregivers acquire, five competencies to be able to work together. These competencies, called collaboration competencies, are the focus of Modules II and V.

IV. SUMMARY

▲ Paraphrase the following information:

In this brief time together, we have endeavored to provide a historical perspective to describe the legal, social, and economic factors that have made kinship care both a policy choice and a challenge for child welfare. It is hoped that students will pay particular attention to the federally established standards for child safety and permanency, which have implications for kinship care, as well as to the recent national study, which has implications for the well-being of children in the child welfare system.

By explaining why and how kinship care has become both a child welfare choice and challenge, including its similarities to and differences from family preservation and family foster care, it is hoped that students will have increased respect for the impact of policy on practice.

▲ Summarize the dilemma when policies and practices may not be congruent.

☞ Direct attention to Overhead #17: Policy - Practice Challenge Statements.

▲ Paraphrase the following information:

Several statements perhaps best explain the policy-practice challenges for social workers.

- One of the most prolific researchers of kinship care, Dr. Jill Duerr Berrick at the University of California at Berkeley, wrote in 1997, “Kinship care is a developing phenomenon, falling somewhere between family preservation and foster care” (p. 280). Indeed, it seems that kinship care is just that…falling. The child welfare field is still struggling with where and how to place it in the array of the child welfare and family services.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

- As stated some years ago by a kinship caregiver panel member at a Child Welfare League of America national conference in Washington, DC, “Why do we families have to change to fit the policies and the rules? Why can’t the policies and rules be changed to fit the families?”

- A most important point, however, is that there is a dilemma when policies and practices are not congruent. As we have been discussing, kinship care as a formal child welfare service has emerged over the past decade due to a variety of social, economic, legal, and value-based factors. The legal rulings and “bio-psychosocial” needs of families have not evolved to keep pace with each other.

- It is further hoped that this module makes the case that, by using the concept of “challenging assumptions,” students will better understand two points. First, there are assumptions about kinship care that should be challenged. Second, we may have to replace one set of assumptions with others. New assumptions may be challenging in their own right.

☞ Direct attention to Overhead #18: The Child Welfare Challenge.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

MODULE V

CHALLENGING ASSUMPTIONS ABOUT KINSHIP CARE PRACTICE

Eileen Mayers Pasztor
Catherine Chase Goodman
Marilyn Potts

and

Monica Insuasti Santana
R. Akilah Runnels

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

MODULE V
CHALLENGING ASSUMPTIONS ABOUT KINSHIP CARE PRACTICE

OVERVIEW

This module was developed for classroom use with social work students studying practice. It is a 75-minute module, which can be adapted for somewhat greater or lesser time by omitting sections, by utilizing time to provide greater detail within a section, or by adding one's own material.

This module is divided into four parts. Part I is an introduction to the module. This includes a review of its competencies, objectives, and agenda, and an overview of the research project that provided the opportunity to write this curriculum. As mentioned in previous modules, the data that provided the foundation for this curriculum were obtained by surveying kinship caregivers and caseworkers/social workers. Their responses were organized into issues and themes.

Part II of this module explains how kinship care became a practice choice and challenge and the nine major issues of concern to both kinship caregivers and social workers. It also provides the opportunity to discuss five collaboration competencies that are essential for best practice.

Part III combines the issues of concern with the collaboration competencies as a practice model that could be used through the phases of the kinship care placement process. This will be essential to help achieve the federally mandated outcomes of child safety, well-being, and permanency.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Part IV provides a brief summary.

COMPETENCIES

This module is one of five in a curriculum that focuses on empirically based information regarding collaboration between kinship caregivers and social workers to enhance safety, permanency, and well-being for children in kinship care arrangements. As such, it reflects the goals and principles established by the CalSWEC Board of Directors in 1998 for the child social work curriculum in California.

Because the purpose of the five-module curriculum is to facilitate collaboration between social workers and kinship caregivers, it inherently addresses all six major competency areas, as follows:

- **Section I: Ethnic Sensitive and Multicultural Practice,** because of the disproportionate number of children of color who are growing up in kinship care arrangements.

- **Section II: Core Child Welfare Skills** as they relate to the conditions that cause most children to be placed in kinship care, especially drug and alcohol abuse.

- **Section III: Social Work Skills and Methods**, especially in working with children in kinship care, their parents, and the relatives providing the care.

- **Section IV: Human Development in the Social Environment,** especially because the most recent national research indicates that children in the child welfare system, including in kinship care, often are physically, educationally, and emotionally challenged (Kortenkamp & Ehrle, 2002), and because kinship caregiving changes parenting roles among multiple generations in families.

- **Section V: Workplace Management,** because of the need for multi-disciplinary collaboration.

- **Section VI: Child Welfare Policy, Planning, and Administration,** because of the impact of federal and state legislation on agency policies, practices, and funding related to kinship care. The Section VI competencies are especially critical because the child welfare system has had decades of public and professional concern about outcomes that are in the best interests of children. In

addition, there is controversy and confusion regarding outcomes for children placed with kin.

Module V focuses predominantly on Sections I-V of the CalSWEC competencies.

In addition to the above six sections of competencies, this curriculum proposes five "collaboration competencies," or competencies that are essential for social workers to facilitate effective collaboration with kinship caregivers. These are that the student:

1. **Respects the knowledge, skills, and experiences of others.** This is critical because there is considerable demographic diversity between social workers and kinship caregivers, especially in terms of younger staff. Diversity tends to be in the areas of age, ethnicity, education, parenting experience, and socio-economic status. Further, the attachments that the kin have and the authority that the social workers have may cause additional friction. Thus, it is essential that the social workers help the caregivers appreciate the contribution that the social worker can make while, at the same time, ensuring the caregiver that her (or his) own life experiences and experiences with the child in care are valuable.

2. **Builds trust by meeting needs.** This is critical because, according to child welfare literature, trust is developed between two individuals when those individuals' respective needs are met. Kinship caregivers have multiple needs for information, resources, and support in a variety of areas such as legal, financial, health care, education, child management, extended family relationships, and fair and equal treatment. Social workers who carry the cases of children placed with kin also have multiple needs regarding their ability to provide effective case management. The extent to which mutual trust is established may influence the safety and permanency of children in kinship care arrangements.

3. **Facilitates open communication.** This competency is essential because accurate assessments and their appropriate interventions cannot be completed without frank discussions about the needs of children and their caregivers.

4. **Creates an atmosphere in which cultural traditions, values, and diversity are respected.** This competency is critical because kinship care is a family-based service. How children are raised is steeped in cultural traditions and values, ranging from how holidays are celebrated to how discipline is used. Social workers and kinship caregivers may represent diversity in age, gender, ethnicity, socio-economic status, spirituality, and sexual orientation. Each of these characteristics may influence perceptions of how children's needs might best be met. Each social worker involved in a kinship caregiving situation is compelled to consider these dynamics carefully.

5. **Uses negotiation skills.** Clearly, a number of policies and practices in the delivery of kinship care services are not negotiable. By law or by resource availability, there may be limits to what social workers can do. Conversely, kinship caregivers may have limits on their capacities to parent and fulfill certain requirements. It is essential that social workers carefully explain the parameters of the kinship care program and, within those guidelines, resolve potential conflicts and collaborate with caregivers to ensure child protection and permanency.

According to the literature, a competency is a combination of knowledge and skills that is developed through a "natural, predictable process by which most people acquire new knowledge, master it, and then translate it into skill" (Rycus & Hughes, 1998a, p. xv). This progression includes the following stages: (a) awareness of issues and the beginning development of a conceptual framework; (b) development of factual information or knowledge and understanding of concepts that may be applied later to problem-solving; (c) application of concepts, principles, and factual information to job tasks; and (d) acquisition of skills that become more proficient over time (Illinois Department of Children and Family Services, 1997).

It may be expected that experienced social workers would have acquired the above competencies through previous education, training, and work experiences and would apply them to kinship caregiving situations. Clearly, a 6-hour curriculum is not designed to produce competency at the fourth level for newer social workers. This curriculum is structured to address the competency development stages of awareness, knowledge, and understanding. It is expected that participants in the workshop would then apply this information to their own practice when in the field, and that collaboration skills in kinship care become more proficient for the field as a whole over time.

OBJECTIVES

At the end of this module, participants will have been introduced to material that should enable them to:

- Explain why kinship care became a practice choice and challenge.
- Identify two inherent practice challenges.
- Give examples of nine major issues of concern that require collaboration between social workers and kinship caregivers: legal, financial, health care, school/educational, child behavior/management, family relationships, support services, fair and equal treatment, and general satisfaction/recommendations.
- Explain why collaboration may be an effective practice approach.
- Define collaboration competencies: respecting the knowledge, skills, and experiences of others; building trust by meeting needs; facilitating open communication; creating an atmosphere in which cultural traditions, values, and diversity are respected; and using negotiation skills.
- Explain how collaboration competencies could be used to address the major issues of concern identified by social workers and kinship caregivers.
- Apply the collaboration competencies to the kinship care placement process to help achieve the federally mandated outcomes of child safety, well-being, and permanency.

AGENDA

I. Introduction to Module V
- A. Review of Competencies, Objectives, and Agenda
- B. Background of the Module

II. Why "Collaboration" as a Practice Model?
- A. How Kinship Care Became a Practice Choice and Challenge
  1. Why there is a practice challenge
  2. Issues that practice must address
- B. Rationale for Collaboration
  1. Definitions
  2. Inherent practice challenges

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

III. Implementing the Collaboration Model

A. Collaboration Competencies
B. Applying Collaboration Competencies to the Kinship Service Process

IV. Summary

MATERIALS NEEDED

- Module V of this curriculum
- Handouts #38-42, one copy for each participant
- Activities #2-3, one copy for each participant
- Overheads #19-20
- Overhead projector and screen
- Flip chart, easel, and markers – optional

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

MODULE V
CONTENT AND PROCESS

I. WELCOME AND INTRODUCTIONS

A. Review of Competencies, Objectives, and Agenda

▲ Welcome to this session titled, Challenging Assumptions About Kinship Care Practice.

☞ Distribute Handout #38: Module V Competencies, Objectives, and Agenda, and review this information with participants.

B. Background of This Module

▲ Paraphrase the following information:

The Department of Social Work at California State University, Long Beach (CSULB) applied for and received a curriculum grant from the California Social Work Education Center (CalSWEC) to develop empirically based teaching materials that could reinforce and supplement current competency-based child welfare practice. Faculty with interests in gerontology and child welfare viewed the CalSWEC priority area of best practice in out-of-home care as an opportunity to contribute to knowledge and skills in the area of kinship care. Both perspectives led to concern that there might be inherent challenges in the ways that child welfare social workers and kinship caregivers might be able to work together to minimize risks and enhance safety, well-being, and permanency for the children in their caseloads and in their care.

In the foster care field, considerable attention has been given to the concept of partnership or teamwork between foster parents and caseworkers, but to date there still are no empirical data or a policy and practice-based model on how to make this relationship work effectively. The research team for this project began to consider the concept of collaboration as a way for kinship caregivers and casework staff to work together.

Social services literature is replete with information about organizational collaboration and interdisciplinary collaboration (Andrews, 1990; Mattessich & Monsey, 1992; Winer & Ray, 1994; Orelove & Garner, 1998). There is some information on collaboration between parents and professionals (Bishop et al.,

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

1993). But there is much less available on collaboration issues and skills for kinship caregivers and caseworkers. Little exists in the literature about how collaboration might be applied in a child welfare setting where considerably diverse populations of caseworkers and kinship caregivers must work together to achieve goals that each group may perceive differently as being in the best interests of the children. It was suspected that collaboration between these two groups would be a challenge for several reasons:

- First, while both groups have the interests of children as their core concern, relatives typically have a moral, ethical, and family-ties sense of responsibility, while caseworkers have a legal mandate. This "attachment vs. authority" perspective can affect collaboration.

- Second, there could be a demographic difference between both groups due to ethnicity/culture, age, education, and socio-economic status.

- Third, policies and practices within the child welfare system reflect society's views about family versus foster parent or kinship caregiver responsibility. These policies shape what services social workers can provide, which, in turn, impacts collaborative relationships.

- Fourth, both groups typically lack training and/or support in the practice of collaborative relationships.

This was the rationale for a study on collaborative interactions between social workers and grandparents raising grandchildren, on which this curriculum is based. The study focused on the service needs and family characteristics of grandparent-headed families in the Los Angeles County Department of Children and Family Services (DCFS) Kinship Care Program compared to those who provide care informally in the community. By identifying examples of best practices, as well as practice problems to be addressed, the goal was to develop an empirically based curriculum designed to:

- Enhance the collaboration between agency-based grandparent caregivers and DCFS caseworkers/social workers serving kinship families,

- Minimize risks that can result from ineffective collaboration, and

- Explore potential service needs of community-based caregivers to inform agency service planning.

This module uses information collected from three focus groups of children's services workers (CSWs) at regional offices of the Los Angeles County Department of Children and Family Services. Grandparent support groups, such as those

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

organized by "Grandparents as Parents" in Los Angeles County, provided recruitment opportunities for relative caregivers. Four focus groups of grandparents were conducted, held in various locations throughout the county. (Protection of human subjects was guaranteed and the researchers obtained clearance to conduct the study through the CSULB Institutional Review Board.)

The focus groups were designed to identify examples of best practices and practice problems regarding collaboration between grandparent caregivers and line staff working with them. In addition, the focus groups addressed ways to minimize risks that could result from ineffective collaboration. All seven focus group sessions were transcribed, resulting in hundreds of pages of narrative. This information was used to develop examples and themes for this curriculum.

The intended optimal benefits for the staff and caregivers should be a strengthened understanding of how they might better work together (collaborate) to ensure safety, well-being, and permanency for the children in their caseloads and in their care. The children should benefit by the increased ability of adults, who are charged with the responsibility for making decisions about their lives, to work more effectively together. Improved collaboration should enhance social worker advocacy for kinship care services, potentially improve service access, and, most importantly, help reduce protection risks and minimize length of needed involvement with the agency. The end goal is to provide a practice model that might facilitate collaboration toward positive outcomes for at-risk children and their families.

II. WHY "COLLABORATION" AS A PRACTICE MODEL?

A. How Kinship Care Became a Practice Choice and Challenge

1. Why there is a practice challenge

▲ Paraphrase the following information:

While children being cared for informally by kin has centuries of tradition, especially among families of color, it has only been in the past decade that kinship care has been named as a specific program area and become a formal part of the child welfare system's array of services, along with family preservation, family foster care, adoption, independent living, residential treatment, etc.

Despite the informal tradition of kinship care and the increased attention of the child welfare system, the child welfare field actually had no formally recognized name on a national level for the policy, program, and practice of placing children with relatives until 1991. The term "kinship care" was advanced by the National

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Commission on Family Foster Care convened by the Child Welfare League of America and the National Foster Parent Association. (For more detailed information, please see Module I, Handout #3: Kinship Care: The History of a Name.)

In 1993, the Congressional Research Service (CRS) released a report to Congress entitled, *"Kinship" Foster Care: An Emerging Issue.* The report documented the sharp increase in the foster care population in the 1980s and indicated that a "significant percentage of children were not placed in traditional foster homes, but instead were placed with their own relatives in a form of substitute care referred to as 'kinship care'"(Spar, 1993, p. 1). Just a few years later, it was reported that approximately one third of all children in the United States in agency-based foster care were residing with kin and, in large urban jurisdictions such as Los Angeles, approximately one half of foster care caseloads included children living with kin (Gleeson & Hairston, 1999).

☞ Distribute and discuss Handout #39: Factors Influencing the Growth of Kinship Care.

▲ Paraphrase the following information:

By the mid-1990s, families and child welfare professionals were struggling over whether kinship care was more like family preservation or more like family foster care. It seemed more like family preservation because the unit of service was a related family with multiple inter-generational needs, possibly including legal services, housing, financial support, and medical care, as well as clinical services. But family preservation funds were not readily forthcoming for kinship caregivers. Kinship care was being funded and serviced as a family foster care program. But kinship caregivers did not fit the profile of foster parents who were recruited, selected, and trained as service providers. In fact, the literature reflects the interchange of words and the confusion of the program areas.

☞ Distribute and discuss Handout #40 – Factors Contributing to the Practice Challenge.

▲ Paraphrase the following information:

Not surprisingly, child welfare policies and practices have been challenged to keep up with the rapid growth. Individuals familiar with American folk music may remember a song, "Over the river and through the woods, to grandmother's house we go." It was written over 100 years ago to celebrate the anticipation of a Thanksgiving gathering at the home of the family's elders. However, that song

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

may have a different meaning for the millions of children who go to grandma's house because of the tragedies of parental addiction to alcohol and other drugs, the HIV/AIDS epidemic, poverty, teenage pregnancy, parental incarceration, child abuse, abandonment, and neglect (Heywood, 1999).

2. Issues that practice must address

▲ Paraphrase the following information:

As a result of these socio-economic factors, nine issues have been identified by kinship caregivers and social workers as problematic.

☞ Distribute and review Handout #41: Issues of Concern.

B. Rationale for Collaboration

1. Definition

▲ Paraphrase the following information:

- Kinship care literature lacks clarity regarding working relationships with kin: Over the past decade, there has been a proliferation of literature about kinship care as it emerged as a formal child welfare program. There is detailed information for program definitions, policy and practice models, legal frameworks, and studies covering national and individual state perspectives. Conspicuously absent is a framework for explaining the working relationship between the social worker and the kinship caregiver. This is not surprising when you consider the fact that there has been a decades-long lack of framework defining the relationship between caseworkers/social workers and foster parents, and then take the parallels between kinship care and family foster care into account.

- Lack of role clarity parallels the same confusion over the foster parent's role: The role of foster parents has slowly evolved over the past century in accordance with the changing needs of the children needing foster care. Originally designed to "substitute" for the birth parents, foster parents were often seen as "glorified baby-sitters." But as the needs of children became more complex, the role of the foster parent was called into question. In fact, the first article addressing this concern was written in the 1940s, but contemporary literature states that if children in foster care have special, if not extraordinary, needs, their foster parents must have special, if not extraordinary, skills (Pasztor & Wynne, 1995).

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

But there is still considerable controversy over how to recruit, assess, select, train, support, and retain foster parents as the role reciprocal of caseworkers/ social workers. In other words, these two individuals most closely determine the outcomes for the children in their care and in their caseloads. Naturally, then, the interactions between them also would influence outcomes. As a result, several program models have been developed that focus on partnership, teamwork, and professional parenting.

With the exception of formal treatment or therapeutic foster care in which foster parents are salaried (not just reimbursed for costs), there is no empirical evidence that any role definitions work. In fact, there has been a significant decrease nationally in the foster parent population with retention a critical issue. National studies indicate that the most common reason why foster parents terminate their relationship with their agencies is confusion over their role and responsibilities, and lack of being treated with dignity and respect (Pasztor & Wynne, 1995).

- Even more than foster parents, kinship caregivers may face confusion over their role and responsibility, and lack of being treated with dignity and respect.

What, then, are the implications for the relationship between kinship caregivers and caseworkers/social workers? There are no program models for the comprehensive recruitment, assessment, selection, training, and retention of kinship caregivers. From a role theory perspective, it is not possible to recruit and train individuals unless it is clear what they are being recruited and trained to do. Collaboration is proposed as the practice model for two reasons.

- Partnership and teamwork have been used over the past two decades to describe the relationship between agency staff and foster parents, and there still is no documented effective model.

- There is literature in the field that describes collaboration as a supportive process and therefore it may be, for the other definitional reasons as noted on the handout, more applicable to kinship care.

2. Inherent Practice Challenges

☞ Direct attention to Overhead #19: Inherent Practice Challenges, and paraphrase the following information:

Whether the practice model is collaboration or whatever practice model may be selected, there are two naturally occurring dynamics that will be a challenge for

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

all participants. These are the “dynamics of demographic diversity” and the “dynamics of authority versus attachment."

It can be difficult to find a common ground when individuals with considerable differences in age, ethnicity, education, marital status, and even number of birth children they have must work together around the emotionally-charged issues inherent in kinship care.

- The collaborative process may be challenged by a *generation gap*, as typically younger social workers must understand the needs of kinship caregivers, typically grandparents, who are parenting for a second time around. According to the 1992 Current Population Survey, three out of four caregiving grandparents were between 45 and 64 (Chalfie, 1994). For example, according to a 1998 survey of California social workers in the child welfare system, the average age of direct service social workers in Los Angeles County was 37 years (Perry et al., 1998), whereas caregiving grandparents were 59 years old on average, based on the National Survey of Families and Households (Thomson, Minkler, & Driver, 1997).

- There may be *cultural and language gaps* between social workers and kinship caregivers. Less than 25% of children’s services workers in Los Angeles County were African American, compared to an estimated 40% of DCFS clients. The worker-client ethnic distribution was almost the same for Hispanic workers and clients, whereas about 35% of the social workers were White compared to about 20% of their clients (Perry et al., 1998). Considering California children in DCFS kinship care in 1993, over half were African American (Berrick, 1996).

Finally, many social workers are inexperienced in working with at-risk children. The previously mentioned study by Perry et al. (1998) found 43% of the DCFS social workers employed in children’s services for fewer than 3 years. All of these factors can lead to frustration and friction between social workers and caregivers, thus working against the outcomes of child safety, well-being, and permanency.

In addition to the dynamics of demographic diversity, there is another dynamic inherent in the relationship between kinship caregivers and social workers: “authority vs. attachment.”

When child protective services and the court take responsibility for the safety, well-being, and permanency for children, there are policies and regulations that must be implemented. Grandparents or other kin assume responsibility because of affectional ties and family bonds, or perhaps a sense of moral responsibility. Kinship families have to comply with rules and restrictions they may neither understand nor see as needed. Social workers are responsible for enforcing

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

policies and regulations. They are not expected to have personal attachments to kinship caregivers and the children in their care and, if they do, there may be boundary issues. Therefore, there can be an *authority-attachment conflict* in the sense that both government and family view themselves as responsible for oversight of the child based on different sanctions, obligations, and feelings.

III. IMPLEMENTING THE COLLABORATION MODEL

A. Collaboration Competencies

▲ Paraphrase the following information:

With the perspective of kinship care as both a choice and challenge, the approach that seems most applicable to direct the relationship between kinship caregivers and social workers would be "collaboration."

In addition, the information collected and data that were analyzed for this project resulted in the identification of five themes related to respect, trust, communication, values and diversity, and negotiation. These themes were reconceptualized into five competencies for social workers to facilitate collaboration with kinship caregivers.

☞ Distribute and review Handout #42: Collaboration Competencies.

▲ Paraphrase the following information:

We recognize that some kinship caregivers may naturally have these competencies, and others may learn them through the modeling process of the caseworker or social worker with whom they work. This may help promote the kinship care outcomes discussed earlier. It also is recognized that some social workers may not be willing or able to develop these competencies nor may some kinship caregivers.

B. Applying the Collaboration Competencies to the Kinship Service Process

☞ Distribute and complete Activity #2 - Collaboration Competencies.

▲ Paraphrase the following information:

Now that we have identified the major issues of concern to kinship caregivers and caseworkers/social workers and the five competencies for collaboration, we need to integrate the two concepts so they can be implemented throughout the process of working with a kinship care family.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

☞ Distribute and complete Activity #3 – The Collaboration Practice Model.

IV. SUMMARY

▲ Paraphrase the following information:

In this module, we have tried to provide a historical, national, and state perspective to describe the legal, social, and economic factors that have made kinship care both a policy choice and a challenge for child welfare. It is hoped that students will pay particular attention to the federally established standards for child safety and permanency that have implications for kinship care, as well as to the recent national study that has implications for the well-being of children in the child welfare system.

By explaining why and how kinship care has become both a child welfare choice and challenge, including its similarities to and differences from family preservation and family foster care, it is hoped that students will have an increased respect for the impact of policy on practice. This has been evidenced by the nine issues of most concern to kinship caregivers and social workers. Furthermore, it is hoped that this module has provided an explanation for why social workers and kinship caregivers need some specific competencies to achieve optimal outcomes for children in their caseloads and in their care.

Finally, it is hoped that a case can be made by using the concept of "challenging assumptions," students will better understand two points: there are assumptions about kinship care that should be challenged; and we may have to replace one set of assumptions for others, which may be challenging in their own right.

▲ Summarize the dilemma when policies and practices may not be congruent:

The most important point, however, is that there is a dilemma when policies and practices are not congruent. As we have been discussing, kinship care as a formal child welfare service has emerged over the past decade due to a variety of social, economic, legal, and value-based factors. The legal rulings and "bio-psychosocial" needs of families have not evolved to keep pace with each other.

This challenge is most concisely stated by the authors of the book, *The Child Welfare Challenge* (Pecora et al.).

☞ Direct attention to Overhead #20: Child Welfare Challenge.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

REFERENCES

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

REFERENCES

Andrews, A. B. (1990). Interdisciplinary and interorganizational collaboration. In Encyclopedia of Social Work (18th ed.; Vol. 2, pp. 1479-1489). Silver Spring, MD: National Association of Social Work Press.

Angelou, M. (1985). Introduction. In Edna McConnell Clark Foundation, *Keeping families together: The case for family preservation* (Introduction, para. 17). New York: Edna McConnell Clark Foundation.

Barbell, K., & Wright, L. (1999). Family foster care in the next century. *Child Welfare, 77*(1), 3-14.

Barth, R. P., Courtney M., Berrick, J. D., & Albert, V. (1994). *From child abuse to permanency planning: Child welfare services pathways and placements.* New York: Walter de Gruyter.

Bengtson, V. L. (1985). Diversity and symbolism in grandparental roles. In V. L. Bengtson & J. F. Robertson (Eds.), *Grandparenthood* (pp. 11-29). Beverly Hills, CA: Sage.

Bengtson, V. L. (1991). *A longitudinal study of three-generation families: 1991 survey.* Los Angeles: Andrus Gerontology Center, University of Southern California.

Berrick, J. D. (1996). *Research on kinship care in California*. Paper presented for the California Policy Summit on Kinship Care. Berkeley: Child Welfare Research Center, School of Social Welfare, University of California at Berkeley.

Berrick, J. D. (1997). Assessing quality of care in kinship and family foster care*. Family Relations, 46*(3), 273-280.

Berrick, J. D., Barth, R. P., & Needell, B. (1994). A comparison of kinship foster homes and foster family homes: Implications for kinship foster care as family preservation. *Children and Youth Services Review, 16*(1/2), 33-63.

Berrick, J. D., & Lawrence-Karski, R. (1995). Emerging issues in child welfare. *Public Welfare, 53*, 4-11.

Berrick, J. D., & Needell, B. (1999). Recent trends in kinship care: Public policy, payments, and outcomes for children. In P. A. Curtis, G. Dale, Jr., & J. C. Kendall (Eds.), *The foster care crisis: Translating research into policy and practice* (pp. 152-174). Lincoln: University of Nebraska Press.

Berrick, J., Needell, B., & Barth, R. (1995). *Kinship care in California: An empirically–based curriculum.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Berrick, J. D., Needell, B., Barth, R. P., & Jonson-Reid, M. (1998). *The tender years: Toward developmentally sensitive child welfare services for very young children*. New York: Oxford University Press.

Bishop, K. K., Woll, J., & Arango, P. (1993). *Family/professional collaboration for children with special health needs and their families.* Burlington: Department of Social Work, University of Vermont.

Bowers, B. F., & Myers, B. J. (1999). Grandmothers providing care for grandchildren: Consequences of various levels of caregiving. *Family Relations, 48*(3), 303-311.

Bryson, K. (2001). *New Census Bureau data on grandparents raising grandchildren.* Paper presented at the Gerontological Society of America Annual Scientific Meeting, Chicago.

Bryson, K., & Casper, L. M. (1999). *Current populations reports: Special studies,* (P23-198). Washington, DC: U.S. Census Bureau.

Burnette, D. (1999). Social relationships of Latino grandparents: A role theory perspective. *The Gerontologist, 39*(1), 49-58.

Casper, L. M., & Bryson, K. R. (1998). *Co-resident grandparents and their grandchildren: Grandparent maintained families.* Population Division Working Paper No. 26. Washington, DC: U.S. Bureau of the Census.

Chalfie, D. (1994). *Going it alone: A closer look at grandparents parenting grandchildren* Washington, DC: AARP, Woman's Initiative.

Cherlin, A. J., & Furstenberg, F. F., Jr. (1986). *The new American grandparent: A place in the family, a life apart*. Cambridge, MA: Harvard University Press.

Child Welfare League of America (n.d.). *Family foster care fact sheet*. Retrieved February 3, 2003, from http://www.cwla.org/programs/fostercare/fact sheet.htm

Child Welfare League of America. (1994). *Kinship care: A natural bridge*. Washington, DC: Child Welfare League of America.

Chipungu, S. S. (1991). A value-based policy framework. In J. E. Everett, S. S. Chipungu, & B. R. Leashore (Eds.), *Child welfare: An Africentric perspective* (pp. 290-305). New Brunswick, NJ: Rutgers University Press.

Cohon, J. D., & Cooper, B. A. (1999). Kinship support network: Edgewood's program model and client characteristics. *Children and Youth Services Review, 21*(4), 311-338.

Collins, R. (1999). The adoption and foster care analysis and reporting system: Implications for foster care policy. In P. A. Curtis, G. Dale, Jr., & J. C. Kendall (Eds.), *The foster care crisis: Translating research into policy and practice* (pp. 45-62). Lincoln: University of Nebraska Press.

Courtney, M. E. (1999). Foster care and the costs of welfare reform. In P. A. Curtis, G. Dale, Jr., & J. C. Kendall (Eds.), *The foster care crisis: Translating research into policy and practice* (pp. 129-151). Lincoln: University of Nebraska Press.

Courtney, M. E., & Maluccio, A. N. (1999). The rationalization of foster care in the twenty-first century. In P. A. Curtis, G. Dale, Jr., & J. C. Kendall (Eds.), *The foster care crisis: Translating research into policy and practice* (pp. 225-242). Lincoln: University of Nebraska Press.

Cox, C. (2000a). Empowering grandparents raising grandchildren. In C. Cox (Ed.), *To grandmother's house we go and stay* (pp. 253-267). New York: Springer.

Cox, C. B. (2000b). *Empowering grandparents raising grandchildren: A training manual for group leaders*. New York: Springer.

Creighton, L. (1991, December 16). Grandparents: The silent saviors. *U.S. News and World Report,* 80-89.

Curtis, P. A. (1999). Introduction: The chronic nature of the foster care crisis. In P. A. Curtis, G. Dale, Jr., & J. C. Kendall (Eds.), *The foster care crisis: Translating research into policy and practice* (pp. 1-16). Lincoln: University of Nebraska Press.

Danzy, J., & Jackson, S. M. (1997). Family preservation and support services: A missed opportunity for kinship care. *Child Welfare, 76*(1), 31-44.

Downs, S., Moore, E., McFadden, E. J., & Costin, L. (2000). *Child welfare and family services–Policies and practices* (6th ed.). Boston: Allyn & Bacon.

Emick, M. A., & Hayslip, B., Jr. (1999). Custodial grandparenting: Stresses, coping skills, and relationships with grandchildren. *International Journal of Aging and Human Development, 48*(1), 35-61.

Evans, L. (2001). My sweet Juliette, the sea brings you closer to me. *Reflections: Narratives of Professional Helping, 7*(2), 6-9.

Force, L. T., Botsford, A., Pisano, P. A., & Holbert, A. (2000). Grandparents raising children with and without a developmental disability: Preliminary comparisons. *Journal of Gerontological Social Work, 33*(4), 5-21.

Forum on Child and Family Statistics. (2001). *America's children 2001: Highlights and list of indicators.* Retrieved June 1, 2003, from http://childstats.gov/ac2001/highlight.asp

Fox, A., Frasch, K. & Berrick, J. D. (2000). *Listening to children in foster care: An empirically based curriculum.* Berkeley: University of California at Berkeley, Child Welfare Research Center.

Fuller-Thomson, E., & Minkler, M. (2000). The mental and physical health of grandmothers who are raising their grandchildren. *Journal of Mental Health and Aging, 6*(4), 311-323.

Fuller-Thomson, E., Minkler, M., & Driver, D. (1997). A profile of grandparents raising grandchildren in the United States. *The Gerontologist, 37,* 406-411.

Generations United. (2001). *Legislation: A national coalition dedicated to intergenerational policy, programs and issues.* Retrieved March 26, 2003, from http://www.gu.org/projg&olegis.htm

Gil, A. G., Vega, W. A., & Dimas, J. M. (1994). Acculturative stress and personal adjustment among Hispanic adolescent boys. *Journal of Community Psychology, 22*, 43-53.

Gleeson, J. P. (1995). Kinship care and public child welfare: Challenges and opportunities for social work education. *Journal of Social Work Education, 31*(2), 182-193.

Gleeson, J. P. (1999). Who decides? Predicting caseworkers' adoption and guardianship discussions with kinship caregivers. *Child Welfare, 78,* 61-84.

Gleeson, J. P., & Craig, L. C. (1994). Kinship care in child welfare: An analysis of states' policies. *Children and Youth Services Review, 16*(1/2), 7-32.

Gleeson, J. P., & Hairston, C. F. (1999). *Kinship care – Improving policy through research.* Washington, DC: Child Welfare League of America.

Goerge, R. M., Wulczyn, F., & Harden, A. (1999). Foster care dynamics. In P. A. Curtis, G. Dale, Jr., & J. C. Kendall (Eds.), *The foster care crisis: Translating research into policy and practice* (pp. 17-44). Lincoln: University of Nebraska Press.

Goodman, C. C. (1997). *Grandmothers who parent: Family relations and well being* (Funded Grant 5RO1AG14977). Bethesda, MD: National Institute on Aging, U.S. Health and Human Service.

Goodman, C. C. (1998). *Grandmother Parenting Project: Survey of intergenerational family relations.* Survey instrument, Department of Social Work, California State University, Long Beach.

Goodman, C. C., Pasztor, E. M., & Potts, M. (1999). *Formal kinship care versus informal care: Characteristics and service needs of grandparent-headed households and implications for collaboration and risk prevention* (Funded Grant). Berkeley: University of California, Berkeley; California Social Work Education Center.

Goodman, C. C., Potts, M., Pasztor, E., & Scorzo, D. (2002). *Grandmothers as kinship caregivers: Informal arrangements compared to child welfare oversight*. Manuscript submitted for publication.

Goodman, C. C., & Silverstein, M. (2002a). Complete reference not provided.

Goodman, C. C., & Silverstein, M. (2002). Grandmothers raising grandchildren: Cultural pathways to well being in custodial and co-parenting families. Manuscript submitted for publication.

Goodman, C. C., & Silverstein, M. (2003). *Grandparents raising grandchildren: Cultural pathways to well-being in custodial and co-parenting families*. Manuscript submitted for publication.

Guralnik, D. B. (ed.) (1976). *New world dictionary.* Cleveland, OH: William Collins & World Publishing Co., Inc.

Hajat, A., Lucas, J. B., & Kington, R. (2000). *Health outcomes among Hispanic subgroups: Data from the National Health Interview Survey, 1992-95* (CDC National Center for Health Statistics No. 310). Washington, DC: U.S. Department of Health and Human Service.

Harden, A. W., Clark, R. L., & Maguire, K. (1997). *Informal and formal kinship care: Volume I - Narrative reports*. Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Division of Children and Youth Policy.

Harden, A. W., Clark, R. L., & Maguire, K. (1997). *Informal and formal kinship care: Volume II - Tables and figures*. Washington, DC: U.S. Department of Health and

Human Services, Office of the Assistant Secretary for Planning and Evaluation, Division of Children and Youth Policy.

Hayslip, B., Jr., Shore, R. J., Henderson, C. E., & Lambert, P. L. (1998). Custodial grandparenting and the impact of grandchildren with problems on role satisfaction and role meaning. *Journal of Gerontology: SOCIAL SCIENCES, 53B*(3), S164-S173.

Heywood, E. M. (1999). Custodial grandparents and their children. *The Family Journal: Counseling and Therapy for Couples and Families, 7*(4), 367-372.

Hirshorn, B. A., Van Meter, J. V., & Brown, D. R. (2000). When grandparents raise grandchildren due to substance abuse: Responding to a uniquely destabilizing factor. In B. Hayslip, Jr. & R. Goldberg-Glen (Eds.), *Grandparents raising grandchildren: Theoretical, empirical, and clinical perspectives* (pp. 269-288). New York: Springer.

Hunter, A. G. (1997). Counting on grandmothers: Black mothers' and fathers' reliance on grandmothers for parenting support. *Journal of Family Issues, 18*(3), 251-270.

Hunter, A. G., & Taylor, R. J. (1998). Grandparenthood in African American families. In M. E. Szinovacz (Ed.), *Handbook on grandparenthood* (pp. 70-86). Westport, CT: Greenwood Press.

Iglehart, A. P. (1994). Kinship foster care: Placement, service, and outcome issues. *Children and Youth Services Review, 16*(1/2), 107-122.

Illinois Department of Children and Family Services. (1997). *The process to develop and support resource families: Practice handbook.* Washington, DC: Child Welfare League of America.

Jendrek, M. P. (1994). Grandparents who parent their grandchildren: Circumstances and decisions. *The Gerontologist, 34*(2), 206-216.

Jimenez, M. (2001). *The history of grandmothers in the African American community* (Report to the Lois and Samuel Silberman Fund). New York: New York Trust.

Johnson, C. L. (1983). A cultural analysis of the grandmother. *Research on Aging, 5*(4), 547-567.

Kelley, S. J. (1993). Caregiver stress in grandparents raising grandchildren. *Journal of Nursing Scholarship, 25*(4), 331-337.

Kelley, S. J., Whitley, D., Sipe, T. A., & Yorker, B. C. (2000). Psychological distress in grandmother kinship care providers: The role of resources, social support, and physical health. *Child Abuse and Neglect, 24*(3), 311-321.

Kelley, S. J., Yorker, B. C., Whitley, D. M., & Sipe, T. A. (2001). A multimodal intervention for grandparents raising grandchildren: Results of an exploratory study. *Child Welfare, 80*(1), 27-50.

Kendall, K. A., & Eckenrode, J. (1996). The effects of neglect on academic achievement and disciplinary problems: A developmental perspective. *Child Abuse and Neglect, 20*(3), 161-169.

Kennedy, G. E. (1990). College students' expectations of grandparent and grandchild behaviors. *The Gerontologist, 30*, 43-48.

Kornhaber, A. (1983). The vital connection 1983 – Grandparents are coming of age in America*. Children Today, 12,* 31-33.

Kornhaber, A., & Woodward, K. (1981). *Grandparents/grandchildren: The vital connection.* Garden City, NY: Doubleday

Kortenkamp, K., & Ehrle, J. (2002). *The well-being of children involved with the child welfare system: A national overview* (Series B, No. B-43). Retrieved March 28, 2003, from http://www.urban.org/content/Research/NewFederalism/Publications/PublicationsbyTopic/Income/ChildWelfare/Child/htm

Kriesel, D. J. (2001). The caller asked. *Reflections: Narratives of Professional Helping, 7*(2), 24.

Lawton, M. P., Kelban, M. H., Moss, M., Rovine, M., & Glicksman, A. (1989). Measuring caregiving appraisal. *Journal of Gerontology: Psychological Sciences, 44*(3), P61-71.

Legal Aid Foundation of Los Angeles. (2001a). *Adoption Assistance Program*. Los Angeles: Legal Aid Foundation.

Legal Aid Foundation of Los Angeles. (2001b). *CalWORKS Overview*. Los Angeles: Author.

LeProhn, N. S. (1994). The role of the kinship foster parent: A comparison of the role conceptions of relative and non-relative foster parents. *Children and Youth Services Review, 16*(1/2), 65-84.

Maluccio, A. N., & Daly, J. (2000). Family group conferences as "good" child welfare practice. In G. Buford, & J. Hudson (Eds). Family group conferencing: New directions in community-centered child and family practice. New York: Aldine de Gruyter.

Massey, D. S., Zambrana, R. E., & Bell, S. A. (1995). Contemporary issues in Latino families: Future directions for research, policy, and practice. In R. E. Zambrana (Ed.), *Understanding Latino families: Scholarship, policy, and practice* (pp. 190-204). Thousand Oaks, CA: Sage.

Mattessich, P., & Monsey, B. (1992). *Collaboration: What makes it work*. St. Paul, MN: Wilder Research Center.

McCroskey, J., & Meezan, W. (1997). *Family preservation and family functioning*. Washington, DC: CWLA Press.

Minkler, M., Berrick, J. D., & Needell, B. (1999). *The impact of welfare reform on grandparents raising grandchildren* (Working Paper No. 99-18). San Francisco: Public Policy Institute of California.

Minkler, M., & Fuller-Thomson, E. (1999). The health of grandparents raising grandchildren: Results of a national study. *American Journal of Public Health, 89*(9), 1384-1389.

Minkler, M., Fuller-Thomson, E., Miller, D., & Driver, D. (1997). Depression in grandparents raising grandchildren. *Archives of Family Medicine, 6*, 445-462.

Minkler, M., Fuller-Thomson, E., Miller, D., & Driver, D. (2000). Grandparent caregiving and depression. In B. Hayslip, Jr. & R. Goldberg-Glen, (Eds.), *Grandparents raising grandchildren: Theoretical, empirical, and clinical perspectives* (pp. 207-220). New York: Springer.

Mizrahi, T., & Rosenthal, B. (1992). Managing dynamic tensions in social change coalitions. In T. Mizrahi & J. Morrison (Eds.), *Community organization and social administration: Advances, trends and emerging principles* (pp. 11-40). New York: Haworth Press.

National Black Child Development Institute. (1991). *Parental drug abuse and African American children in foster care: Issues and study findings.* Washington, DC: Author.

National Commission on Family Foster Care. (1991). *A blueprint for fostering infants, children, and youths in the 1990s.* Washington, DC: Child Welfare League of America.

Needell, B., Webster, D., Cuccaro-Alamin, S., Armijo, M., Lee, S., Brookhart, A., et al. (2003). *Child welfare service reports for California.* Retrieved June 16, 2003, from University of California at Berkeley Center for Social Services Research website http://cssr.berkeley.edu/CWSCMSreports.

Neugarten, B. L., & Weinstein, K. K. (1964). The changing American grandparent. *Journal of Marriage and the Family, 26*(2), 199-204.

Orelove, F. P., & Garner, H. G. (1998). *Teamwork: Parents and professionals speak for themselves.* Washington, DC: CWLA Press.

Packard Foundation (1998, Spring). *The future of children: Protecting children from abuse and neglect.* Los Altos, CA: Center for the Future of Children.

Pasztor, E. M. (1989). *Trainer's guide: Advanced training course for residential child care workers.* Tulsa: National Resource Center for Youth Services, University of Oklahoma.

Pasztor, E. M. (2001, November). Land mines [The child welfare forum]. *NASW California News,* p. 6.

Pasztor, E. M. (2000, Spring). Kinship care: The history of a name. *CalSWEC News,* 1.

Pasztor, E. M., & Jones, M. (1988). *Partnerships in parenting—Working with parents of children in foster care to support reunification.* Atlanta, GA: Child Welfare Institute.

Pasztor, E. M., Polowy, M., Leighton, M., & Conte, R. (1992). *The ultimate challenge: Foster parenting in the 1990s (Trainer's Guide).* Washington, DC: Child Welfare League of America.

Pasztor, E. M., & Wynne, S. (1995). *Foster parent retention and recruitment: The state of the art in policy and practice.* Washington, DC: Child Welfare League of America.

Pearlin, L. I. (1993). The social contexts of stress. In L. Goldberger & S. Breznitz (Eds.), *Handbook of stress: Theoretical and clinical aspects* (2nd ed., pp. 303-315). New York: Free Press.

Pecora, P. J., Whittaker, J. K., Maluccio, A. N., & Barth, R. P. (with Plotnick, R. D.; 2000). *The child welfare challenge*. New York: Aldine de Gruyter.

Perry, R., Limb, G., Rogers, K., Dickinson, N. (1998). *A report on the public child welfare workforce in California—1998.* Berkeley: *Unhiversity of California at Berkeley, School of Social Welfare,* California Social Work Education Center.

Pitcl, J. (1997). *Kinship care in California: The challenges and opportunities facing relatives and the children placed in their care.* Sacramento, CA: Children's Research Institute of California and the California Partnership for Children.

Pinson-Milburn, N. M., Fabian, E. S., Schlossberg, N. K., & Pyle, M. (1966). Grandparents raising grandchildren. *Journal of Counseling & Development, 75,* 548-554.

Pruchno, R. (1999). Raising grandchildren: The experiences of Black and White grandmothers. *The Gerontologist, 39*(2), 209-221.

Rodgers, A. Y. (1998). Multiple sources of stress and parenting behavior*. Children and Youth Services Review, 20,* 525-546.

Rodgers-Farmer, A. Y. (1999). Parenting stress, depression, and parenting in grandmothers raising their grandchildren. *Children and Youth Services Review, 21*(5), 377-388.

Roe, K. M., Minkler, M., & Barnwell, R. S. (1994). The assumption of caregiving: Grandmothers raising the children of the crack cocaine epidemic. *Qualitative Health Research, 4*(3), 281-303.

Rycus, J., & Hughes, R. (1998a). *Field guide to child welfare: Volume I – Foundations of child protective services*. Washington, DC: CWLA Press.

Rycus, J., & Hughes, R. (1998b). *Field guide to child welfare: Volume IV – Placement and permanence*. Washington, DC: CWLA Press.

Saluter, A. F. (1996). *Marital status and living arrangements: March 1994, Current population reports* (U.S. Census Bureau, Series P20-484). Washington, DC: U.S. Government Printing Office.

Sands, R. G., & Goldberg-Glen, R. S. (2000). Factors associated with stress among grandparents raising their grandchildren. *Family Relations, 49*(1), 97-105.

Scannapieco, M. (1999). Kinship care in the public child welfare system: A systematic review of the research. In R. L. Hegar, & M. Scannapieco (Eds.), *Kinship foster care: Policy, practice, and research* (pp. 141-154). New York: Oxford University Press.

Scannapieco, M., & Hegar, R. L. (1999). Kinship foster care in context. In R. L. Hegar & M. Scannapieco (Eds.), *Kinship foster care: Policy, practice, and research* (pp. 1-16). New York: Oxford University Press.

Solomon, J. C., & Marx, J. (1995). "To grandmother's house we go": Health and school adjustment of children raised solely by grandparents. *The Gerontologist, 35*(3), 386-394.

Solomon, J. C., & Marx, J. (1998). *The grandparent/grandchild caregiving gradient: Hours of caring for grandchildren and its relationship to grandparent health.* The Southwest Journal of Aging, 14*(2), 31-39.*

Solomon, J. C., & Marx, J. (1999). Who cares? Grandparent/grandchild households. *Journal of Women & Aging, 11*(1), 3-25.

Sotomayor, M. (1973). *A study of Chicano grandparents in an urban barrio.* Unpublished doctoral dissertation, University of Denver Graduate School of Social Work.

Spar, K. (1993). *CRS report to Congress - "Kinship" foster care: An emerging federal issue.* Washington, DC: Congressional Research Service, The Library of Congress.

Stiffman, A. R., Orme, J. G., Evans, D. A., Feldman, R. A., & Keeney, P. A. (1984). A brief measure of children's behavior problems: The Behavior Rating Index for Children. *Measurement and Evaluation in Counseling and Development, 17*(2), 83-90.

Strawbridge, W. J., Wallhagen, M. I., Shema, S. J., & Kaplan, G. A. (1997). New burdens or more of the same? Comparing grandparent, spouse, and adult-child caregivers. *The Gerontologist, 37*(4), 505-510.

Strom, R., Collinsworth, P., Strom, S., & Griswold, D. (1992-93). Strengths and needs of Black grandparents. *International Journal of Aging and Human Development, 36*(4), 255-268.

Strom, R., Collinsworth, P., Strom, S., Griswold, D., & Strom, P. (1992). Grandparent education for Black families. *Journal of Negro Education, 61*(4), 554-569.

Szinovacz, M. E. (1998). Grandparent research: Past, present, and future. In M. E. Szinovacz (Ed.), *Handbook on grandparenthood* (pp. 1-20). Westport, CT: Greenwood Press.

Szinovacz, M. E., DeViney, S., & Atkinson, M. P. (1999). Effects of surrogate parenting on grandparent's well-being. *Journal of Gerontology: SOCIAL SCIENCES, 54B*(6), S376-S388.

Testa, M. F. (1997). Kinship foster care in Illinois. In J. D. Berrick, R. P. Barth, & N. Gilbert (Eds.), *Child welfare research review: Volume 2* (pp. 101-129). New York: Columbia University Press.

Thomson, E. F., Minkler, M., & Driver, D. (1997). A profile of grandparents raising grandchildren in the United States. *Gerontologist, 37*, 394-505.

Uhlenberg, P., & Kirby, J. B. (1998). Grandparenthood over time: Historical and demographic trends. In M. E. Szinovacz (Ed.), *Handbook on grandparenthood* (pp. 23-39). Westport, CT: Greenwood Press.

U.S. Department of Health and Human Services. (1997). *Informal and formal kinship care. Volume I – Narrative reports*. Washington, DC: Author

U.S. Department of Health and Human Services. (1997). *Informal and formal kinship care. Volume II – Tables and figures*. Washington, DC: Author.

U.S. Department of Health and Human Services. (1999). *Federal Register* (August, 45552-45554). Washington, DC: U.S. Government Printing Office.

U.S. Department of Health and Human Services, Administration for Children, Youth and Families. (2001, February 21). *Information memorandum–Federal child and family services review outcomes/national standards.* Washington, DC: Author.

U.S. General Accounting Office. (1999). *Foster care: Kinship care quality and permanency issues* (GAO/HEHS 99-32). Washington, DC: Author.

Vega, W. A. (1995). The study of Latino families: A point of departure. In R. E. Zambrana (Ed.), *Understanding Latino families: Scholarship, policy, and practice* (pp. 3-17). Thousand Oaks, CA: Sage.

Ware, J. E. (1993). *SF-36 health survey: Manual and interpretation guide*. Boston: The Health Institute, New England Medical Center.

Warsh, R., Pine, B., Maluccio, A. (1995). Essay, the meaning of family preservation: Shared mission; diverse methods. *Families in Society: The Journal of Contemporary Human Services, 76*(10), 625-626.

Wilhelmus, M. (1998). Mediation in kinship care: Another step in the provision of culturally relevant child welfare services. *Social Work, 43*(2), 117-125.

Williams, N., & Torrez, D. J. (1998). Grandparenthood among Hispanics. In M. E. Szinovacz (Ed.), *Handbook on grandparenthood* (pp. 87-96). Westport, CT: Greenwood Press.

Wilson, D. B., & Allen, M. L. (1998). Kinship caregiving and the child welfare system. In Generations United (Ed.), *Grandparents and other relatives raising children: Background papers from Generations United Expert Symposium* (pp. 26-35). Washington, DC: Generations United.

Wilson, L., & Conroy, J. (1999). Satisfaction of children in out-of-home care. *Child Welfare, 78*(1), 53-69.

Winer, M., & Ray, K. (1994). *Collaboration handbook – Creating, sustaining, and enjoying the journey.* St. Paul, MN: Amherst H. Wilder Foundation.

APPENDIXES

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

ANNOTATED BIBLIOGRAPHY

BOOKS AND JOURNALS

Adnopoz, J. (1998). Crisis placement. *Child and Adolescent Psychiatric Clinics of North America 7*(2), 335-344.

While Child Protective Services (CPS) is responsible for investigating the several million reported cases of abuse and neglect annually, some children continue to be harmed or killed while in the custody of their parents. This article hypothesizes that in-home family preservation services might help prevent child abuse and neglect with such services as psychological assessments and treatment plans.

Ajrouch, K. J., Antonucci, T. C., & Janevic, M. R. (2001). Social networks among Blacks and Whites: The interaction between race and age. *Journal of Gerontology: Social Sciences, 56B*(2), S112-S118.

This study used a stratified probability sample of 1,382 people aged 20-93 of which 30% were African American and participants over 60 years old were over-sampled. The study's purpose was to determine the effects of age and race on the core characteristics of social networks. Results for network size indicated that married people had larger networks and African Americans and older respondents had smaller ones. Results for frequency of contact indicated older respondents had less contact with network members and African Americans had more frequent contact. Results for proximity indicated that older adults had less proximate networks. However, there were no significant differences for race on proximity.

Altshuler, S. J. (1999). The well-being of children in kinship foster care. In J. P. Gleeson & C. F. Hairston (Eds.), *Kinship care: Improving practice through research* (pp. 117-143). Washington, DC: Child Welfare League of America.

A study was conducted to determine whether variables could explain the well being of children in non-related foster care and those in kinship foster care. Seventy-seven children in kinship foster care, between ages 10 and 15, were interviewed in this study. The variables that were examined included the child's individual case history, the mother's life situation, the caregiver's life situation, and the scale of involvement of children in decision-making processes. The findings were that both the mother's and caregiver's life situations were highly correlated with child well being.

Barrera, M., Jr. (2000). Social support research in community psychology. In J. Rappaport & E. Seidman (Eds.), *Handbook of community psychology* (pp. 215-245). New York: Kluwer Academic/Plenum Publishers.

Twenty years of research and over 180 referenced works were used to examine the meta-concept of social support. The study was organized around six topics that have been focal points of research: (a) measure of support, (b) the empirical structure of support, (c) the determinants of support, (d) models of support's beneficial effects, (e) negative influences of social interaction, and (f) interventions.

Barth, R. P. (1996). The juvenile court and dependency cases. *The Juvenile Court 6*(3), 100-110.

The article discussed child abuse and neglect trends. Since 1994, over 2 million children were reported as being abused or neglected by their parents annually: 53% of the children were neglected, 26% were physically abused, and 14% were sexually abused. About 1 million of the reported child abuse cases were substantiated. Once children were separated from their parents, they were more likely to receive services in foster care. However, they sometimes remained in long-term foster care. As a result, services that promote concurrent planning for children must be developed so that the children can either be reunified with their parents or adopted.

Benedict, M. I., Zuravin, S., & Stallings, R. Y. (1996). Adult functioning of children who lived in kin versus non-relative family foster homes. *Child Welfare 75*(5), 529-549.

This study focused on differences in formal and informal foster care in Baltimore, Maryland. Kinship care providers tended to be single, older women of color in poor health. In addition, they often worked outside of their homes, had less education, and received fewer services than foster parents. While there appeared to be no differences in the duration of stay in placements between children in kinship care and foster care, children placed in non-relative homes were more likely to have developmental, behavioral, and school problems. In terms of adult behavior, there were very few differences found in the study.

Berrick, J. D. (1996). *Research on kinship care in California.* Berkeley: University of California at Berkeley, School of Social Welfare, Child Welfare Research Center.

The paper addresses the kinship foster care system and discusses permanency outcomes for children in kinship foster care. There were 80,984 children placed in the foster care system in 1993. Over 36,000 of these children were placed with their relatives. Fifty-two percent of the children in kinship care were African American. Most of the children in kinship care were reunified with their birth parents.

Berrick, J. D. (1997). Assessing quality of care in kinship and foster family care. *Family Relations, 46*(3), 273-280.

This study examined the quality of foster care services being provided to children in Santa Clara County, California. One hundred twenty-three kinship homes and 90 foster families were surveyed for information about characteristics of the home, physical safety, child supervision, neighborhood conditions, health and education issues, and family relationships. Results indicated that kinship providers were more likely to rent and had less space. Also, non-kin were more likely to have first aid kits within their homes. Both kin and non-kin often arranged for supervision since they were both likely to work outside the home. Finally, both kin and non-kin felt that their neighborhoods were safe for children to play.

Berrick, J. D., Barth, R. P., & Needell, B. (1994). A comparison of kinship foster homes and foster family homes: Implications for kinship foster care as family preservation. *Children and Youth Services Review*, *16*(1/2), 33-63.

This study compares differences between kinship caregivers and foster parents. Six hundred kin caregivers and foster parents in California participated in the study. The respondents were asked questions about demographic information including their own physical health and their social and economic backgrounds. Also, they were asked about the heath and mental health needs of the children in their care. The results showed that kin caregivers were typically single, minority women with limited educational backgrounds and in poor physical health. In contrast, foster parents were often from higher socioeconomic backgrounds and were more likely to have more access to resources.

Berrick, J., & Lawrence-Karski, R. (1995). Emerging issues in child welfare. *Public Welfare, 53*(4), 4-12.

A statewide survey was conducted with public child welfare administrators to identify issues and concerns. One thousand and ninety-six administrators completed the survey, which asked questions about their opinions on child abuse and neglect, family preservation, and permanency outcomes. Most administrators were satisfied with child abuse and neglect reporting policies. Also, they believed that kinship caregivers should be expected to follow the same standards as foster parents and that kinship caregivers should receive the same type of services as foster parents. Some administrators were skeptical about the effectiveness of family preservation programs.

Berrick, J. D., & Needell, B. (1999). Recent trends in kinship care: Public policy, payments, and outcomes for children. In P. A. Curtis, G. Dale, Jr., & J. C. Kendall (Eds.), *The foster care crisis: Translating research into policy and practice* (pp. 152-174). Lincoln: University of Nebraska Press.

This book chapter discusses foster parent licensure issues. For instance, kinship caregivers in California were not required to be licensed but they could receive foster care funds if they met certain eligibility requirements. Sixty percent of kinship caregivers received AFDC-FC funds. The benefits of kinship care included: (a) children were more likely to have contact with their birth parents; and (b) children were generally placed with relatives with whom they had prior contact, so being separated from parents was less traumatic than being placed with foster parents. Children in kinship care tended to stay in the child welfare system for longer periods of time and kinship families typically received fewer services and supports than children in foster families. Limited resources tended to affect permanency outcomes. The authors propose that kinship caregivers be exempt from welfare reform initiatives, and that policymakers consider providing special services and support systems for kinship caregivers.

Bonecutter, F. J. (1999). Defining best practice in kinship care through research and demonstration. In J. P. Gleeson & C. F. Hairston (Eds.), *Kinship care: Improving practice through research* (pp. 37-59). Washington, DC: Child Welfare League of America.

The Illinois Project was designed to explore permanency outcomes for children in the kinship care system. Within this project, 12 cases were examined. The variables included: examining policy and practice, barriers to permanence, and supervision for caseworkers. Interviews were conducted with 41 caseworkers and supervisors to examine kinship care practices. The caseworkers were asked about their relationships with clients as well as the resources that they provided clients. The supervisors were asked about their supervision practices. The results showed that caseworkers did not always involve relative caregivers in permanency planning efforts. Also, there were high turnover rates among caseworkers and supervisors, and supervisors did not always provide caseworkers with support. A curriculum that emphasizes the need for caseworkers to learn how to work with caregivers was developed. Also, supervisors should offer case consultations, monthly consultation sessions, and ongoing reminders to the caseworkers so they are better supported.

Bowers, B. F., & Myers, B. J. (1999). Grandmothers providing care for grandchildren: Consequences of various levels of caregiving. *Family Relations, 48*(3), 303-311.

Grandmothers providing full-time care, part-time care, and those with no caregiving responsibilities were compared for burden and satisfaction in the grandmother role. A theoretical framework was created for grandparents by examining the components of stressors, the perceptions and appraisals of caregiving, resources and coping, and outcomes for the caregiver. The sample included 101 grandmothers with grandchildren aged 14 and younger (23 full-time caregivers, 33 part-time, 45 who just visit regularly). An eight-section instrument included questions on demographics, the Child Behavior Checklist

measure, the Zarit Burden Interview measure, the Satisfaction With Grandparenting scale, the Parenting Stress Index, the Interpersonal Support Evaluation List, and the Life Satisfaction Index A. Results indicated most full-time grandmothers providing care were doing so because of child's parents' abuse of alcohol or drugs. Findings also indicated they had a good relationship with grandchild's parent, and they had an excellent relationship with grandchild. They had a change for the worse in relationship with spouse, reported no change in health, and would take on the role again. Full-time caregivers also had higher levels of caregiver burden, parenting stress, more child behavior problems, less satisfaction with the role, and lower life satisfaction than the other two levels of caregivers. Overall, grandchild's behavior had the most important impact on caregiving grandmother's feelings of burden, parenting stress, and grandparenting satisfaction.

Burnette, D. (1999). Social relationships of Latino grandparent caregivers: A role theory perspective. *The Gerontologist 39*(1), 49-58.

This article provides a role theory perspective examining the social relationships of 74 Latino women rearing their grandchildren; described social role theory research and the social relationships of grandparent caregivers; and reviewed Latino social support systems, culture, and role of elders. The study interviewed 74 predominately Puerto Rican and Dominican women (69 foreign born grandparents). The study measured social relationships; language acculturation and familism; role-related sources of strain and support; and impact of role on social networks, social supports, and social integration. Results indicate role-related problems interact negatively with social relationships. Large well-meaning familial networks did not indicate that all needs were met. Eighty percent still had unmet service needs. Poverty was a contributing factor. Religion was viewed as extremely important in meeting their emotional needs, and over half of the participants had received support from the church.

Carroll, M. (1980). *Collaboration with social work clients: A review of literature*. Washington, DC: Child Welfare League of America

In the history of the social work profession, the role of social work clients has drastically changed. Social workers were considered experts who could solve client problems. Also, clients were sometimes "blamed" for their problems. Now, social workers and clients are both considered experts in the professional relationship, and social workers are expected to be non-judgmental toward their clients. Clients do contribute to the professional relationship.

Child Welfare League of America. (1994). Kinship care – A natural bridge. Washington, DC: Author.

This book examines challenges within the kinship care system including diverse policy issues and limited resources for kinship care providers. Kinship care should be recognized as a family preservation service. The book suggests that the state have more flexible licensing policies for kinship caregivers than for foster parents. At the same time, kinship homes should be assessed to make sure that there are no dangers present for children who are placed with relatives. Also, more support services that lead to family reunification should be given to both parents and relatives. Kinship caregivers should be given orientation or training on important areas such as child behavior, special needs, and family dynamics.

Collins, R. (1999). The Adoption and Foster Care Analysis and Reporting System: Implications for foster care policy. In P. A. Curtis, G. Dale, Jr., & J. C. Kendall (Eds.), *The foster care crisis: Translating research into policy and practice* (pp. 45-62). Lincoln: University of Nebraska Press.

The Adoption and Foster Care Analysis and Reporting System (AFCARS) database is designed to monitor the progress of children in foster care throughout the United States. All states are required to report information on children every 6 months, including the reasons for separation from parent(s), their placement setting, and outcome information. The database has shown that there has been an increase of over 25,000 children in the foster care system in a 6-month period and that fewer children are being discharged from foster care settings.

Courtney, M. E. (1999). Foster care and the costs of welfare reform. In P. A. Curtis, G. Dale, Jr., & J. C. Kendall (Eds.), *The foster care crisis: Translating research into policy and practice* (pp. 129-151). Lincoln: University of Nebraska Press.

Approximately half of families with children in foster care were either eligible for or were receiving Aid to Families with Dependent Children (ADFC). Since 1961, foster care providers have been receiving AFDC funds. The recent increase of children being placed in foster care has made a financial impact on the Department of Public Social Services. Now that term limits for Temporary Assistance to Needy Families (TANF, formerly AFDC) have been established, needy families have an uncertain future. The author urges policymakers to consider the impact that welfare reform might have on poor families.

Courtney, M. E. & Maluccio, A. N. (1999). The rationalization of foster care in the twenty-first century. In P. A. Curtis, G. Dale, Jr., & J. C. Kendall (Eds.), *The foster care crisis: Translating research into policy and practice* (pp. 225-242). Lincoln: University of Nebraska Press.

Challenges associated with the foster care system, including the increase in kinship care cases and welfare reform, have caused many professionals to question the future of the foster care system. For instance, children of color are placed in relative homes in greater numbers but they are less likely to

receive adequate support services. The authors encouraged policymakers, administrators, and advocates to monitor changes that are occurring within the foster care system so that better services and resources can be provided to families.

Cox, C. (2000c). Empowerment practice: Implications for interventions with African American and Latina custodial grandmothers. *Journal of Mental Health and Aging, 6*(4), 385-397.

This article features a program in empowerment training for African American and Latina custodial grandmothers, including aspects of African American and Latino cultures' gender roles and commitments to family. The program provided definitions and concepts of empowerment and the empowerment process. The training program includes a 12-class curriculum covering relevant subjects for grandparents such as loss, grief, and self-esteem. Classes are geared to help grandmothers become more empowered within the family and build upon their strengths. The long-term goal of the program is to increase advocacy skills and to encourage these grandmothers to share their learning within the custodial grandparenting community. Fourteen African American and 11 Latino group-training participants were compared and findings for similarities and differences in demographic categories, roles as grandparents, involvement in the community, and experiences in the training were reported.

Curran, M. C., & Pecora, P. J. (1999). Incorporating the perspectives of youth placed in family foster care: Selected research findings and methodological challenges. In P. A. Curtis, G. Dale, Jr., & J. C. Kendall (Eds.), *The foster care crisis: Translating research into policy and practice* (pp. 99-125). Lincoln: University of Nebraska Press.

This chapter proposes that children and adolescents in foster care settings be allowed to evaluate family foster care agencies. Although children are clients, they seldom if ever have the chance to assess services for their effectiveness. The major challenges include the fact that few foster care agencies conduct client evaluations and that some children might be hesitant to give criticism. However, foster care agencies should create opportunities and approaches for young people in their care to give evaluative feedback.

Dale, G., Jr., Kendall, J. C., & Schultz, J. S. (1999). A proposal for universal medical and mental health screenings for children entering foster care. In P. A. Curtis, G. Dale, Jr., & J. C. Kendall (Eds.), *The foster care crisis: Translating research into policy and practice* (pp. 175-192). Lincoln: University of Nebraska Press.

This chapter emphasizes the need for comprehensive medical and mental health services for children in foster care. The neglect, physical abuse, emotional abuse, and sexual abuse that result in the placement of children in foster care would require the need for adequate medical services. Several

studies have been conducted which show that children in foster care often have medical problems such as asthma, ear infections, bronchitis, tuberculosis, and pneumonia. Although the law requires that children receive health care assessments, sometimes these may be just brief informal inquiries due to physicians' limited training on child abuse and neglect issues or meager reimbursement rates for conducting comprehensive examinations. The authors recommend that universal screenings should be conducted for all children within 2 weeks of placement.

Dressel, P. (1996). Grandparenting at century's end: An introduction to the issue. *Generations*, *20*(1), 5-7.

This editorial discusses challenges that relative caregivers experience. For instance, many grandparents hope that when they get older they will be able to relax. However, many grandparents are forced to work to care for their adult offspring and grandchildren. Other challenges included family dynamics, economic challenges, and workplace trends.

Dubowitz, H. (1994). Kinship care: Suggestions for future research. *Child Welfare, 73*(5), 553-564.

As an integral part of the child welfare system, kinship care has many benefits, such as placing children with family members instead of individuals unfamiliar to them. Despite obvious benefits, challenges include the facts that children may have mental, physical, and emotional needs that are not always being met. Since more children are being placed with relatives, these relatives should be assessed to ensure that they could adequately care for their younger family members. And agencies need to continuously evaluate the services that they provide for relative caregivers. Finally, training for both caseworkers and caregivers could be instrumental in helping them provide quality services to children.

Dubowitz, H., Feigelman, S., Harrington, D., Starr, R., Jr., Zuravin, S., & Sawyer, R. (1994). Children in kinship care: How do they fare? *Children and Youth Services Review*, *16*(1/2), 85-106.

This study examined the physical, mental, and educational health of children in kinship care in the Baltimore Department of Social Services. Caseworkers, parents, relative caregivers, healthcare providers, and teachers completed questionnaires that asked about physical, mental, and educational issues. The results showed that the children had health problems such as anemia, asthma, and poor dental care. In addition, they had behavior problems as well as difficulty in schools. These results suggested the need for appropriate interventions across health, mental health, and educational domains.

Dubowitz, H., Feigelman, S., & Zuravin, S. (1993). A profile of kinship care. *Children and Youth Services Review*, *72*(2), 153-169.

A study was conducted in the Baltimore Department of Social Services to examine issues related to kinship care. Relatives who participated in the study were asked about the reasons that precipitated children's placement with them as well as concerns about the children's behaviors. Kinship caregivers reported that neglect was the primary reason for placement, and most reported children's behaviors to be "good" or "okay." Very few grandparents reported "bad" behavior.

Emick, M. A., & Hayslip, B. (1999). Custodial grandparenting: Stresses, coping skills, and relationships with grandchildren. *International Journal of Aging and Human Development*, *48*(1) 35-61.

This cross-sectional study compares custodial grandparents represented by two groups: one raising grandchildren with neurological, emotional, or behavior problems, and one group raising "normal" grandchildren. The purpose was to determine if the grandparents raising grandchildren with challenges faced different obstacles. The study also sought to determine if difficulties were due to the grandchildren's problems or grandparents' inability to adjust to their new caregiving roles, and also explored if custodial grandparents sought assistance to deal with their challenges. Results indicated that grandparents raising grandchildren with problems reported less available support, less satisfaction with their role, more parental role strain, more financial strain, more life disruption, and were more irritated by the grandchild's behavior. The study's findings suggest that it was the demands of reassuming the parental role with a problem grandchild that were the source of stresses and strains. The majority of grandparents in all groups reported they had not sought mental health treatment for themselves.

Fuller-Thomson, E., & Minkler, M. (2001). American grandparents providing extensive childcare to their grandchildren: Prevalence and profile. *The Gerontologist*, *41*(2), 201-209.

This study used a subsample drawn from the National Survey of Families and Households 1992-1994 data. Five categories of grandparents were created and explored: (a) primary caregiver--custodial grandparent; (b) extensive caregiver--cared for grandchildren at least 90 nights per year; (c) intermediate caregiver--provided childcare 10-29 hours a week; (d) occasional caregiver--1-9 hours a week; and (5) noncaregiving grandparent--no childcare provided. Demographics between categories were compared. Findings indicated that extensive caregivers resembled custodial caregivers regarding poverty levels. However, custodial caregivers were more likely to be African American, unmarried, female, and have more grandchildren.

Fuller-Thomson, E., Minkler, M., & Driver, D. (1997). A profile of grandparents raising grandchildren in the United States. *The Gerontologist*, *37*, 406-411.

Informal kinship care has been a long-standing tradition within African American communities. More recently, kinship care has become a part of the child welfare system. Currently, many relatives are caring for children primarily due to parental drug addiction, incarceration, teen pregnancy, and incapacitation due to AIDS. Given these challenges, more research is needed to determine the types of support that relative caregivers need to adequately care for children.

Fuller-Thomson, E., & Minkler, M. (2000). The mental and physical health of grandmothers who are raising their grandchildren. *Journal of Mental Health and Aging*, *6*(4), 311-323.

This was a comparison study of women who had either been caregivers for grandchildren during the 1990s or had never been a primary caregiver. The purpose was to compare the physical and mental health of caregiving and noncaregiving grandmothers. Participants were measured for levels of depression, limitations in activities of daily living, and their perceived health status. Results indicated that those grandmothers who had been or were primary caregivers were more likely to have limitations in their activities of daily living and have significant levels of depressive symptoms.

Gailey, C. W. (1998). Making kinship in the wake of history: Gendered violence and older child adoption. *Identities, 5*(2), 249-292.

This article explores the phenomenon of older child adoption. It reports that children in kinship care are often children of color who live in single parent households. Often, some states refer to ethnic minorities as special needs children. Within kinship care settings, girls are more often at-risk for physical punishment by both male and female caregivers, and they are often more at-risk for sexual abuse. The article recommends pre- and post-adoption training for caregivers, including attention to incest as well as issues of loss and abandonment.

Geen, R. (2000). In the interests of children: Rethinking federal and state policies affecting kinship care. *Policy & Practice of Public Human Services, (58)*1, 19-27.

The author differentiates between informal kinship care (private family arrangements) and kinship foster care (when child welfare agencies place children with relatives who function like foster parents). The article contends that this latter practice has been increasing despite the lack of information that policymakers have on how consistent kinship care is with the best interests of children, especially in the areas of safety, well-being, and permanency. The author reviews federal and state kinship care policies dating back to a 1950 Social Security Act amendment offering AFDC to kin and describes challenges facing kinship foster care families given their demographic characteristics, such as age and income. Finally, the article questions kinship care policies and practices in the areas of

licensing/assessment, payment, supervision and service delivery, and permanency planning.

Giarrusso, R., Silverstein, M., & Bengtson, V. L. (1996). Family complexity and the grandparent role. *Generations*, *20*(1), 17-23.

This article examines trends within the aging population. More grandparents are living longer than before. Also, people are becoming grandparents at a younger age. Grandparents can range in age from 30 to 100. Research also shows that older grandparents are caring for younger grandchildren. Dynamics such as divorce and remarriage can impact grandparent-grandchild relationships. These dynamics can create distress for grandparents, especially those who have bonded with their grandchildren. The article suggests that new programs and policies be created to strengthen relationships between grandparents and their grandchildren.

Gleeson, J. P. (1999). Kinship care as a child welfare service: What do we really know? In J. P. Gleeson, & C. F. Hairston (Eds.), *Kinship care: Improving practice through research* (pp. 3-34). Washington, DC: Child Welfare League of America.

This chapter explores trends within Illinois' kinship care system. Most of the kinship caregivers were reported to be single African Americans with health problems. Also, in both formal and informal settings, kinship caregivers were economically challenged and received fewer financial resources than foster parents. Interestingly, some kinship care providers reported a high level of satisfaction with their caseworkers, although they typically received fewer services than foster parents. The study also reports that children placed with relatives often remained in foster care status for longer periods of time than those placed in other out-of-home care settings.

Gleeson, J. P. (1999). Who decides? Predicting caseworkers' adoption and guardianship discussions with kinship caregivers. *Child Welfare, 78*, 61-84.

This study explores possible permanency barriers for children in kinship care based on 77 kinship care cases in the Illinois Department of Children and Family Services. These cases were examined to determine whether caseworkers explored all permanency options with relative caregivers. Some variables included the caregiver's age and the caseworker's perception about whether the caregivers needed financial assistance. In a few of the cases, reunification with birth parents was a permanency goal; few children reunified with their birth parents. Also, caseworkers talked about guardianship with only 51% of the caregivers while they discussed adoption with 82% of the caregivers. The longer children stayed in kinship care, the less likely they were to be adopted.

Gleeson, J. P., & Craig, L. C. (1994). Kinship care in child welfare service: An analysis of states' policies. *Children and Youth Services Review 16*(1/2), 7-31.

A national study was conducted to examine kinship care policies, especially around foster care payments. Documents relating to kinship care, including rules and procedures, were obtained from 32 states including California, Illinois, and New York. An independent project coordinator and research assistants examined the documents. The findings showed that most states do not define the purpose of kinship care. Eight of the 32 states used relatives as first priority when children needed placement. In some states, relatives could not be considered as foster parents if they had "adversary relationships with the birth parents." Also, some states required kinship caregivers to meet the same requirements as foster parents.

Gleeson, J. P., O'Donnell, J., & Bonecutter, F. J. (1997). Understanding the complexity of children in kinship foster care. *Child Welfare, 76*(6), 801-826.

The growth of kinship care was reported, occurring primarily in large urban areas with disproportionate numbers of children of color. A study was conducted in the Illinois Department of Children and Family Services to explore caseworker perceptions of relative caregivers. Forty-one in-person interviews were conducted with caseworkers. The variables examined included interactions with biological parents, case planning activities, and casework supervision. These workers had caregivers on their caseloads that ranged from ages 25 to 72. Most were maternal grandmothers from low-income communities. Twenty-five percent were receiving AFDC and 26% were receiving SSI or Social Security. In terms of permanency outcomes, 4% of the children in the kinship cases had been reunified with their parents, 12% had been adopted by caregivers, and the remaining children were in guardianship. The caseworkers revealed that working with biological parents, especially those with histories of substance abuse was challenging. Also, case planning tends to be done by caseworkers and supervisors without any input from biological parents, caregivers, and children. The implications were that caseworkers needed to develop better skills in working with caregivers and birth parents.

Gleeson, J. P., & Hairston, C. F. (1999). Future directions for research in kinship care. In J. P. Gleeson & C. F. Hairston (Eds.), *Kinship care: Improving practice through research* (pp. 281-313). Washington, DC: Child Welfare League of America.

This chapter explores challenges in the kinship care system, noting that one third of the children involved in the child welfare system are in kinship care. Many of the children are from diverse ethnic communities, making it essential for caseworkers to appreciate cultural diversity. Also, relative caregivers lack knowledge and information about services. The authors recommend that caseworkers receive training on how to provide accurate information for caregivers as well as learn to promote more timely access to services and resources.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Goerge, R. M., Wulczyn, F., & Harden, A. (1999). Foster care dynamics. In P. A. Curtis, G. Dale, Jr., & J. C. Kendall (Eds.), *The foster care crisis: Translating research into policy and practice* (pp. 17-44). Lincoln: University of Nebraska Press.

This chapter provides an analysis of foster care trends within California, Illinois, Michigan, New York, and Texas. The ethnicity of children and their duration of stay in foster care placements are discussed. California has experienced an increase in Hispanic children and a decrease in African American children in foster care. Within New York and Illinois, Hispanic children had longer placements than Caucasian or African American children.

Grogan-Kaylor, A. (2000). Who goes into kinship care? The relationship of child and family characteristics to placement into kinship foster care. *Social Work Research*, *24*(3), 132-141.

The author notes that one factor contributing to the increase in out-of-home care has been kinship care, defined as the placement of children with foster parents who are biologically related to them. The author used administrative data from California, looking at a 10% random sample of all children who entered foster care for the first time between 1989 and 1996. Findings indicated that a number of variables influenced placement in kinship care. These included that children were least likely to be placed with kin if they: (a) were over age 12 or under 1 year of age; (b) had health problems; and (c) had been separated from parents who were receiving AFDC.

Harris, M. S. (1999). Comparing mothers of children in kinship foster care: Reunification vs. remaining in care. In J. P. Gleeson & C. F. Hairston (Eds.), *Kinship care: Improving practice through research* (pp.145-166). Washington, DC: Child Welfare League of America.

Interviews were conducted with 20 African American mothers in the Chicago area with children in kinship care to determine whether variables such as socioeconomic status and age influenced reunification. Ten of the women had children in placement and 10 of them had their children reunified with them. The women ranged from ages 19 to 33. Overall, there were no significant differences between the two groups. However, mothers whose children were returned to them had higher incomes, were slightly younger, and had children in placement less than 4 years.

Heywood, E. M. (1999). Custodial grandparents and their grandchildren. *The Family Journal: Counseling and Therapy for Couples and Families, 7*(4), 367-372.

This article is a literature review of custodial grandparenting; prevalence, demographics, reasons for and patterns of caregiving; problem identification; and treatment focus areas. It also includes identified and possible treatment issues for grandchildren. Narrative family therapy is suggested and described as an intervention to help enhance the quality of life and well-being of custodial grandparents and their grandchildren.

Iglehart, A. P. (1994). Kinship foster care: Placement, service, and outcome issues. *Children and Youth Services Review, 16*(1/2), 107-122.

A study was conducted in Los Angeles County to examine placement history, placement adjustment, and agency monitoring of kinship caregivers. Cases of 900 adolescents (638 in foster care and 352 in kinship care) were reviewed. The findings indicated that children in kinship care were likely to have fewer placements than children in foster care placements. Youth in kinship care were reported to have fewer mental health problems than children placed in foster care, and caseworkers made fewer visits to children in kinship care compared to those in foster care.

Jackson, S. M. (1996). The kinship triad: A service delivery model. *Child Welfare, 75*(5), 583-599.

Kinship care has become an important part of the child welfare system. The kinship triad consists of children, their birth parents, and their relative caregivers. Kinship care should have a beginning, middle, and ending phase. The first phase of the kinship triad should occur within 30 days. Here, the caseworker makes the decision to place the children with kin. Ideally, an assessment that notes the family's cultural patterns along with the mental and physical health of the children should occur. The second phase involves case planning. Within 30-60 days, specific intervention methods should be developed which focus on the children's physical, emotional, social, and educational areas. All services should have a permanency goal of either reunification with parents, adoption, or long-term guardianship. The final phase is service termination, in which the caseworker, along with the family members, assesses whether the case plan should be closed. Permanency goals should be implemented in the services being provided to families.

Karp, N. (1996). Legal problems of grandparents and other kinship caregivers. *Generations*, *20*(1), 57-61.

Grandparent caregivers have full responsibility for their grandchildren when they have formal custody. But without custody or guardianship, many caregivers cannot access financial, medical, or educational services that are needed for the children in their care. As a result, needs often are not met.

Kelley, S. J., Whitley, D., Sipe, T. A., & Yorker, B. C. (2000). Psychological distress in grandmother kinship care providers: The role of resources, social support, and physical health. *Child Abuse and Neglect*, *24*(3), 311-321.

This study investigates predictors of psychological distress in grandmother kinship caregivers and focuses on the relationship between social support, family resources, and physical health with psychological distress. All 102 participants were African American. Measures included the Brief Symptom Inventory, the Family Resource Scale, the Family Support Scale, and the Short Form-36 General Health Survey. Results indicated greater

psychological distress and poorer self-reported health compared to the national norm. Grandmothers who reported fewer resources and poorer physical health tended to experience higher levels of psychological distress. Less social support contributed, to a lesser extent, to psychological distress.

Kelley, S. J., Yorker, B. C., Whitley, D. M., & Sipe, T. A. (2001). A multimodal intervention for grandparents raising grandparents: Results of an exploratory study. *Child Welfare*, *80*(1), 27-50.

Home-based intervention can be useful when providing services to relative caregivers who often have psychological, physical health, lack of social support, and legal issues. A 6-month multimodal, home-based intervention study was conducted to improve the well-being of grandparents raising grandchildren. Study participants (24 grandparents raising 63 grandchildren) received in-home services from registered nurses, social workers, and legal assistants. Also, the grandparents participated in support group meetings. The results of the program showed that there was improvement in the mental health, physical health, and social support of caregivers.

Landsverk, J., & Garland, A. F. (1999). Foster care and pathways to mental health services. In P. A. Curtis, G. Dale, Jr., & J. C. Kendall (Eds.), *The foster care crisis: Translating research into policy and practice* (pp. 193-210). Lincoln: University of Nebraska Press.

This chapter emphasizes the need for mental health services for children who have been emotionally and/or physically abused and neglected and placed in kinship or family foster care. Many times, they exhibit behavior that indicates the need for mental health services. Several studies have been conducted that confirm that these children often may not be receiving mental health counseling. Some reports showed that children placed with relatives might have fewer behavior problems. Recommendations include providing children with comprehensive mental health assessments rather than brief screenings prior to being placed, and utilizing psychosocial information to determine case plans, such as reunification.

LeProhn, N. S. (1994). The role of the kinship foster parent: A comparison of the role conceptions of relative and non-relative foster parents. *Children and Youth Services Review, 16*(1/2), 65-84.

This study focuses on the roles of relative and non-relative caregivers using a sample of 82 relatives and 98 foster parents. Most of the children in kinship care were placed with their grandparents, usually maternal grandmothers. Many of the caregivers were older, single African American females with lower incomes than foster parents. Roles depended on the perceptions of those who defined them. The areas examined were: (a) assist with social and emotional development, (b) agency partner, and (c) birth family facilitator. Results showed that relatives were challenged to balance their roles of

grandmother and birth mother with the role of foster mother. Relatives felt they had a strong responsibility for helping children with their social, emotional, and spiritual development, but did not feel responsible for ensuring that the children placed with them had contact with their birth parents. Foster parents tended to feel more like partners with the child welfare agency.

Leslie, L. K., Landsverk, J., Horton, M. B., Ganger, W., & Newton, R. R. (2000). The heterogeneity of children and their experiences in kinship care. *Child Welfare*, *79*, 315-334.

Data suggests that kinship care is the fastest growing sector of out-of-home care, with estimates that over 25% of the over 500,000 children in out-of-home care are placed with relatives. This growth has been attributed to the decrease in foster families and the federal and state policies supportive of family preservation and family ties. Despite the growth, the authors contend that there have been few longitudinal studies to follow children in kinship care. This study investigated 484 children placed with relatives in San Diego County, California and tracked their placement histories. Findings indicated that children placed in kinship care had "remarkably different" placement experiences. Children placed only with kin were predominantly young and were placed due to parental neglect or absence. Children who also had other placement experiences tended to be older with histories of sexual, physical, emotional, and multiple types of abuse. African American and Latino children tended to have predominantly kinship care placements, and Asian and Caucasian children were over-represented among children with restrictive placement histories. The authors caution that the "critical impact" of the total number of placement changes experienced by the children in their study should be given careful attention.

Magruder, J. (1994). Characteristics of relative and non-relative adoptions by California public adoption agencies. *Children and Youth Services Review*, *16*(1/2), 123-131.

With a sample of 3,214 children placed for adoption by public agencies in California, this study compares ethnicity, age, and socioeconomic status of the relatives and non-relatives with whom the children were placed. Findings showed that African American children in either kin or non-kin placements were likely to be placed with single parents. Relatives were slightly older and had significantly lower incomes. The fact that many single parents are adopting children, despite their status as relatives or non-relatives, indicates that agencies are not exclusively placing children in middle-income households.

Maluccio, A. N. (1999). Foster care and family reunification. In P. A. Curtis, G. Dale, Jr., & J. C. Kendall (Eds.), *The foster care crisis: Translating research into policy and practice* (pp. 211-223). Lincoln: University of Nebraska Press.

This chapter explores permanency outcomes, particularly around reunification with birth parents. Children in foster care are seldom reunified with their parents, which can be attributed to the fact that pre- and post-reunification services are not adequate. The author suggests services be provided to both parents and children to help foster reunification.

Mason, S. J., & Gleeson, J. P. (1999). Adoption and subsidized guardianship as permanency options in kinship foster care: Barriers and facilitating conditions. In J. P. Gleeson & C. F. Hairston (Eds.), *Kinship care: Improving practice through research* (pp. 85-114). Washington, DC: Child Welfare League of America.

Federal foster care legislation stipulates that states are required to pay foster care funds to kinship care providers. The increase in kinship care cases has forced many states to re-examine their payment policies. A study was conducted in Illinois, which has a large number of kinship care cases, to identify barriers to adoption or subsidized guardianship. These included family dynamics, caseworker bias, caseworker knowledge and skills, and insufficient or inadequate services and resources.

McLean, B., & Thomas, R. (1996). Informal and formal kinship care populations: A study in contrasts. *Child Welfare*, *75*(5), 489-505.

This study examines caregivers in both formal and informal kinship care systems in Philadelphia. Over 220 families participated in the study. The participants were families that were served in the Kids'n'Kin program, which offers legal, social services, and in-home counseling services to families. The findings indicated that both formal and informal kinship caregivers need legal, financial, childcare, medical, and mental health resources.

Miller, B., Townsend, A., Carpenter, E., Montgomery, R. V. J., Stull, D., & Young, R. F. (2001). Social support and caregiver distress: A replication analysis. *Journal of Gerontology: Social Sciences*, *56B*(4), S249-S256.

The study examines the replicability of four community-based caregiving studies: (a) Alzheimer's care study, (b) respite care study, (c) health care study, and (d) elder care study. The goal was to identify areas of consistency in findings. The study measured stressors and support measures common and unique to all data sets. Consistencies in findings were behavior problems and caregiver health as contributors to caregiver distress. There were mixed results in the relationship between social support and distress. Less emotional support was associated with higher levels of distress in two studies. Less informal instrumental support and greater use of formal support was associated with higher levels of distress in another. There was a lack of consistent findings with respect to the association between social support and caregiver distress.

Mills, C. S., & Usher, D. (1996). A kinship care case management approach. *Child Welfare, 75*(5), 600-618.

This article discusses the need for the training of caseworkers working with kinship care families. It emphasizes the importance of family participation and empowerment as well as individualized and comprehensive services for children. Tools such as genograms can help caseworkers learn more about important family history, which can ultimately help them develop individualized service plans. These documents can also highlight the importance of family events such as marriage, divorce, births, and deaths.

Minkler, M., Berrick, J. D., & Needell, B. (1999). The impact of welfare reform on grandparents raising grandchildren: Reflections from the field. *Journal of Aging and Social Policy, 10*(3), 45-63.

This article explores the impact of Temporary Aid to Needy Families (TANF) on relative caregivers, especially informal caregivers, as TANF placed term limits on individuals receiving public assistance beginning in 1996. Most informal caregivers tend to receive TANF. Research was conducted with 36 caregivers to determine whether informal caregivers might be influenced by the policy change. The results showed that it might be impossible to predict how welfare reform might affect caregivers.

National Commission on Family Foster Care. (1991). *A blueprint for fostering infants, children, and youths in the 1990s*. Washington, DC: Child Welfare League of America.

The Child Welfare League of America and the National Foster Parent Association, in response to mounting concerns at the time regarding the country's foster care system, convened the Commission. Its focus was to reconceptualize family foster care and recommend policies, programs, and practices. At that time, placing children with relatives was just emerging as a trend in large urban areas and, thus, the Commission recognized the need to differentiate between family foster care and kinship care. It was the Commission that coined the term "kinship care" (see Module 1, Handout #3 in this curriculum), and included a chapter on "The Significance of Kinship Care" in its publication. It was suggested that kinship care might be less traumatic for children than placement with families not known to them. The Commission also identified policy and program challenges, including funding, and health and mental health services. Attention to culturally-sensitive services are also highlighted.

Nissivoccia, D. (1996). Working with kinship foster families: Principles of practice. *Community Alternatives, 8*(1), 1-21.

With more children being placed with kin, many critics question whether it is an appropriate part of the child welfare system considering that minority children are disproportionately represented in kinship care. Given that kinship care

providers are often of color, it is important to provide culturally relevant and sensitive services to clients. Since birth parents are important to the reunification process, it is important to include them in case planning activities. But some caregivers had difficulty setting boundaries with the parents. It is also recommended that caseworkers utilize a strengths perspective when working with kinship families, who were noted to receive fewer resources and supports than foster parents.

O'Donnell, J. M. (2001). Parental involvement in kinship foster care services in one father and multiple father families. *Child Welfare, 80*(4), 453-479.

This article explores the involvement of fathers whose children are placed in foster care. Interviews were conducted with caseworkers to examine their involvement with fathers. Some research has shown that fathers, especially African Americans, were usually more involved than reflected in the data. Often, they provided emotional and financial support. Caseworkers reviewed progress notes for information and completed a questionnaire regarding contact with father and the number of visits that fathers made to their children. Findings indicated that records showed no evidence of in-person or telephone contact between the caseworkers and fathers. Few caseworkers tried to collaborate with fathers in permanency planning, 70% of the fathers had never participated in case planning activities, and 14% had participated in permanency planning. The implications are that the lack of information about paternal involvement should be explored so that there is an increased understanding about how to maximize paternal involvement.

Osby, O. (1999). Child rearing perspectives of grandparent caregivers. In J. P. Gleeson, & C. F. Hairston (Eds.). *Kinship care: Improving practice through research* (pp. 215-232). Washington, DC: Child Welfare League of America.

Interviews were conducted with relative caregivers in the Illinois Department of Children and Family Services to determine how their worldviews impact their childrearing practices. A person's worldview is based on their culture and ethnicity. Understanding a person's worldview provides insight into that person's life, values, and beliefs. The findings indicated that most relative caregivers feel resentment towards the child welfare system for being told how to raise their younger family members. The article concludes by encouraging child welfare professionals to acknowledge a person's worldview so that they can better work with clients.

Pasztor, E. M., & Wynne, S. (1995). *Foster parent retention and recruitment: State of the art in policy and practice*. Washington, DC: Child Welfare League of America.

The purpose of this book is to organize research and demonstration projects, as well as agency practices on approaches to the retention and recruitment of foster parents in one document. In the last chapter, more than 25 interventions that would provide a model for foster parent "development and support" (which

is how the authors reframe recruitment and retention), are described. The focus is on retention/support as a way to minimize the need for recruitment/ development. There is no mention of kinship caregivers in this book, as the authors believe that the role of foster parents is separate and apart from kinship caregiving.

Pruchno, R. (1999). Raising grandchildren: The experiences of Black and White grandmothers. *The Gerontologist 39*(2), 209-221.

This study explores similarities and differences in experiences of Black and White grandmother caregivers. Measures examined reasons the grandchildren were not living with parents; grandchildren behaviors; extent to which parents and grandmothers help grandchildren; effects on work, life, and marriage; supports received by families; and burden and satisfaction associated with the caregiving role. Results indicated that Black and White grandmothers reported high levels of satisfaction with their role as grandparents. However, there was a difference in degree of burden experienced. White grandmothers more often felt trapped in their role, isolated, and alone. They also felt that their social life and other family member relationships had suffered because of their caring for their grandchildren. Black grandmothers were more likely to have friends living with a grandchild, to feel comfortable with the concept of multigenerational living arrangements, and to have lived with or had a grandparent help raise them when they were young.

Pruchno, R. A., & Johnson, K. W. (1996). Research on grandparenting: Review of current studies and future needs. *Generations, 20*, 65-70.

This article discusses the need for more research on aging issues, as grandparents are taking care of their younger family members in increasing numbers. While grandparents often become caregivers of their grandchildren due to factors such as divorce, drug addiction, or adolescent pregnancy, few studies have been conducted on grandparents despite their important role within families.

Rector, C., Garcia, B., & Foster, D. (1997). *Interprofessional collaboration.* Berkeley: University of California at Berkeley, School of Social Welfare, California Social Work Education Center.

An interdisciplinary team with educational credentials in nursing and social work developed this five-module curriculum. Module 1: The purpose and characteristics of interprofessional collaboration. Module 2: Team building. Module 3: Communication skills and conflict resolution. Module 4: Working with children and families, including "joining with families." Module 5: The "whole child perspective."

Robinson, M. M., Kropf, N., & Myers, L. L. (2000). Grandparents raising grandchildren in rural communities. *Journal of Mental Health and Aging*, *6*(4), 353-365.

As a part of a larger project, Project Healthy Grandparents, this study examined 22 grandparent caregivers in two rural areas. The focus was on functioning assessed by their level of psychological distress, perception of empowerment as caregivers, and perception of control in their relationship to grandchildren. The availability of resources and support was also assessed. Instruments included the Brief Symptom Inventory, Family Empowerment Scale, Parental Locus of Control Scale, Family Resource Scale, and the Family Support Scale. Results indicated that functioning was impacted by raising a grandchild with difficult behaviors, having limited community support, and few resources. Those raising older grandchildren and those who had fewer resources had the lowest sense of control in their relationships and reported more psychiatric symptoms.

Roschelle, A. R. (1997). *No more kin: Exploring race, class and gender in family networks*. Thousand Oaks, CA: Sage Publications.

This study explores the side of the debate on welfare reform that assumes if institutional mechanisms of social support were eliminated, impoverished families would rely on an extensive web of kinship networks for their survival. Cultural and structural context of care–theoretical frameworks and empirical frameworks–were reviewed. Using the National Survey of Families and Households data of 13,017 respondents, measures of cultural attitudes, socioeconomic resources, availability and proximity of support group members, and racial and gender difference in social support networks were analyzed. Results indicated that generalizations regarding minority group participation in social support networks are not always accurate.

Sands, R. G., & Goldberg-Glen, R. S. (1998). The impact of employment and serious illness on grandmothers who are raising their grandchildren. *Journal of Women and Aging*, *10*(3), 41-58.

This study explores how health and employment affected 123 grandmothers who were raising their grandchildren. The majority of the study participants had never had a time in their lives when they were not caring for a child or grandchild. Forty-three percent had lived in the same household with their own grandparents during childhood. Statistics on employment before and during the role as grandmother caregiver indicated a marked decline in the percent of grandmothers working before and after caregiving. Those unemployed were more likely to be associated with poor mental health. Physical health deteriorated for 25%, and emotional health deteriorated for 30%.

Sands, R. G., & Goldberg-Glen, R. S. (2000). Grandparent caregivers' perception of the stress of surrogate parenting. *Journal of Social Service Research*, *26*(3), 77-95.

This cross-sectional study of 129 grandparents and great grandparent caregivers explores relationships between sociodemographic factors, stressors, resources, and grandparents' perception of stress. Stress theory

and the buffering hypothesis for sufficient supports were reviewed. In-person interviews were conducted with questionnaires measuring sociodemographic characteristics, stressors, health, conflict with child's parents, grandchild problems, resources, family supports (using the Family Inventory of Resource and Management scale) and perception of stress (using the Grandparent Perception of Stress scale). Findings indicated that the sociodemographic characteristics of: young age, Caucasian, and employed, were significantly associated with a high perception of stress. Issues with children's parents such as visiting (not visiting and disruptive when visiting) and lack of financial support along with children's problems and lack of family resources were also associated with grandparents' perception of stress. The study included suggestions for future caseworker interventions.

Shlonsky, A. R., & Berrick, J. D. (2001). Assessing and promoting quality in kin and nonkin foster care. *Social Service Review*, 75(1), 60–83.

This article identifies the rationale for and significance of quality of care in both kinship and family foster care placements, continuing with "domains of quality" that should be considered when placing children in those settings. These domains included child safety, educational support, mental health and behavioral support, developmental support, positive reciprocal attachment, quality of caregivers, and quality of life. The authors referenced data, which suggest that in too many cases, care is "substandard." Reform of the child welfare system is essential, including the prevention of abuse and unnecessary separation of children from parents, shortened stays in care, and the support of foster parents and kin to help them "mend" and not just "maintain" the children in their care.

Smith, C. J., Beltran, A., Butts, D. M., & Kingson, E. R. (2000). Grandparents raising grandchildren: Emerging program and policy issues for the 21st century. *Journal of Gerontological Social Work*, *34*(1), 81-95.

This article offers an intergenerational approach to public policies that could unify diverse groups, such as older adults as well as children and youth. The authors explore why kinship care has emerged as a public policy agenda issue and how advocates of children and elders are presented with the opportunity to build alliances and policy agendas. Changes were reported in: (a) childrearing and child welfare policy, (b) societal changes, (c) changing politics of aging, and (d) caregiving from private troubles to public concerns. Challenges faced by grandparent-headed households included TANF rules and regulations, and informal versus legal custodial relationships. Examples of emerging policies to assist these families included subsidized guardianship programs, support services, educational and medical consent laws, and housing policies.

Smith, L. (1998). To grandmother's house they go. *Good Housekeeping, 226*(2), 92-96.
This magazine article highlights some challenges within kinship care. Often, children are placed with family members due to factors such as substance abuse, child abuse and neglect, and divorce. As a result, many children in kinship care often have emotional problems. Also, caregivers may have emotional issues such as feeling guilty that their adult children were not able to parent.

Spar, K. (1993). "Kinship" foster care: An emerging federal issue. Washington, DC: Congressional Research Service.
Following the 1991 report of the National Commission on Family Foster Care, which highlighted the "trend" of kinship care, this was one of the earliest publications on the topic. It was noted that kinship care had grown in urban areas, attributed to factors such as parental involvement with drugs (such as crack cocaine), homelessness, and AIDS. Kinship care providers were typically grandparents, and particularly single grandmothers. Furthermore, most of these women received Aid to Families with Dependent Children (AFDC). Policies regarding foster care payments or reimbursements to relative caregivers varied from state to state. Some states required caregivers to meet family foster care licensing standards while other states allowed relatives to be licensed with or without waivers.

Terpstra, J., & McFadden, E. J. (1993). Looking backward: Looking forward—New directions in foster care. *Community Alternatives, 5*(1), 115-134.
This article focuses on legal issues within the child welfare system. Historically, abused and neglected children were placed in orphanages where they received basic food, shelter, and clothing. Eventually, foster families were created to meet children's basic needs as well as to provide them with emotional support and the opportunity for family living. However, some children placed with foster families have been re-abused and neglected. As a result, more attorneys are being appointed by courts to protect children in foster care. The article recommends that comprehensive assessments should be used to identify which foster parents should be licensed.

Thornton, A. (Ed). (2001). *The well-being of children and families: Research and data needs*. Ann Arbor: University of Michigan Press.
This is a collection of 18 essays by experts from diverse disciplines (anthropology, biology, demography, economics, family science, genetics, medicine, psychology, public policy, and sociology), who were asked to identify, from their unique perspectives, those factors that they considered to be of influence for family and child well-being. They also commented on the extent of knowledge about these factors, identifying limitations and gaps in the research and suggesting new directions for conceptualizing research design and improving methodology.

Urquiza, A. J., Wu, J., & Borrego, A., Jr. (1999). Foster care and the special needs of minority children. In P. A. Curtis, G. Dale, Jr., & J. C. Kendall (Eds.), *The foster care crisis: Translating research into policy and practice* (pp. 84-98). Lincoln: University of Nebraska Press.

This chapter discusses the fact that ethnic minorities make up most of the kinship care cases. Children in kinship care lack access to culturally competent services. Often, children of color are placed with foster parents who represent different cultural backgrounds than the children. The authors recommend that agencies need to acknowledge the culture and ethnicity of their clients, work to preserve children's ethnic identity, and offer culturally specific services to children and families. Finally, foster parents need to participate in training where they learn how to be more effective parents.

Wilhelmus, M. (1998). Mediation in kinship care: Another step in the provision of culturally relevant child welfare services. *Social Work, 43*(2), 117-125.

The kinship care system is over-represented by African American caregivers and children. Often, there are conflicts between relative caregivers and child welfare agencies. Through mediation, disputes can be resolved. Although mediation can be helpful in the child welfare system, it would be important to determine when it should be used. Also, it is recommended to find neutral mediators from outside the child welfare system.

Winer, M., & Ray, K. (1994). *Collaboration handbook: Creating, sustaining, and enjoying the journey*. St. Paul, MN: Amherst H. Wilder Foundation.

This handbook discusses the importance of collaboration between agencies as well as providing strategies for effective collaboration. Topics highlighted include ways to select partners, hold effective meetings, create vision statements, conduct strategic planning, and resolve conflicts. The manual includes resource materials and worksheets that can be used to implement the collaborative strategies detailed in each chapter.

Woodley, A. B., & Bailey-Etta, B. (1997). African American children and families and the out-of-home care system. *Child Welfare*, *76*(1), 65-84.

The number of children in the child welfare system has increased since the 1980s due to such factors as racism, poverty, substance abuse, and incarceration. Currently, issues such as the decline in foster families and the decline in the number of children being reunified with their parents have had impacts on the child welfare system. Children from lower socioeconomic communities are disproportionately represented in the foster care system. This can be attributed to the fact that people from poor communities are more likely to utilize social services. Cultural competency should be respected and promoted within child welfare agencies to better ensure that children and their families receive vital services.

Zuravin, S., & DePanfilis, D. (1999). Predictors of child protective services intake decisions: Case closure, referral to continuing services, or foster care placement. In P. A. Curtis, G. Dale, Jr., & J. C. Kendall (Eds.), *The foster care crisis: Translating research into policy and practice* (pp. 63-83). Lincoln: University of Nebraska Press.

A study was conducted in the Baltimore County Department of Public Services to assess families for physical abuse, and child abuse and neglect. The participants were 1,034 families who had recently been investigated for potential abuse and neglect. The purpose of the study was to determine whether families involved in DPSS would have children remain with them or be placed in foster care. The younger the age of the mothers, the more likely the children would be placed in foster care.

REPORTS

U.S. Department of Health and Human Services. (1997). *Informal and formal kinship care. Volume I – Narrative reports*. Washington, DC: Author.

This report discusses both informal and formal kinship care patterns in California, Illinois, Missouri, and New York. In general, formal kinship care was more common in larger cities. Most caregivers were single women. Within all four states, most children in kinship care were African American. Children in kinship care were likely to be receiving public assistance. In both California and Illinois, kinship cases tended to outnumber family foster care arrangements. Within Los Angeles County, there were higher rates of kinship cases.

U.S. Department of Health and Human Services. (1997). *Informal and formal kinship care. Volume II – Tables and figures.* Washington, DC: Author.

This report highlights demographic information for kinship care cases in California, Illinois, Missouri, and New York. Data showed the number of children in kinship care from 1983 to 1994, the ethnic breakdowns of children in kinship care, and the ages of both caregivers and children in kinship care among other areas.

ACTIVITY #1
GET ACQUAINTED

It is helpful if the "Get Acquainted" activity includes some reference or parallel to the topic. Therefore, beginning with the trainer (because the trainer should not ask participants to perform any task that the trainer has not also performed), provide the following information:

- Name
- Agency of affiliation (if multiple agencies are involved) and/or unit
- Role in the agency/unit
- First experience with kinship care (either professionally or personally)

The trainer should summarize the similarities and/or diversity of the participants. If there are co-trainers, it is effective to start with one and end with the second.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

ACTIVITY #2
COLLABORATION COMPETENCIES

▲ **Review these key points.**

1. Remember that these competencies were identified from the literature (Bishop, Woll, & Arango, 1993) and the need for greater collaboration was evident during the data analysis from the transcripts of the focus group tapes.

2. The themes were "operationalized" into five competencies. A competency typically is defined as knowledge and skill. Individuals who are "competent" are recognized as knowing information and being able to use that information appropriately.

3. The questions asked of the focus group participants were open-ended and invited both positive and negative comments. While the majority of the comments reflected difficult experiences (and that may be what the dynamics of a focus group inherently elicit), there also were positive comments. Both positive and negative comments are used in the examples below.

4. For each of the five competencies listed below:

    a. Review the definition provided in the handout.
    b. List evidence that a caseworker/social worker has the knowledge and skills to implement that competency. For example, if a caseworker/social worker respected the knowledge, skills, and experiences of others (i.e., kinship caregivers), what would that individual be doing?
    c. Review the narrative comments by kinship caregivers and caseworkers/social workers providing evidence of this competency.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Respecting the Knowledge, Skills, and Experiences of Others

***Sample definition*:** A competency is a combination of knowledge and skills. Caseworkers/social workers and kinship caregivers each have unique knowledge, skills, and experiences. The caseworkers/social workers should know agency policy and have practice skills that facilitate positive outcomes. Kinship caregivers have life experience and information about the strengths and needs of their individual family members. It is essential that caseworkers/social workers demonstrate to caregivers their own knowledge and skills and, simultaneously, learn the information and skills that the caregivers have to help ensure child safety, well-being, and permanency.

Evidence of this competency:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Quotes from the field:

Kinship caregiver: "The social worker we have now is very, very good in that she will visit our family and if she thinks that there is something going on, she will call me. She will ask me if I am aware of this or that."

Caseworker/social worker: "I put in an extraordinary amount of time with my families. I truly can tell you I make a difference. I have gotten a lot of rewards because I make a difference."

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Building Trust by Meeting Needs

Sample definition: The child welfare system is imperfect. Most everyone who is a part of this system must work with rules, regulations, and conditions they did not create. Thus, kinship caregivers and caseworkers/social workers alike have many needs. They may be for information, for resources, for support, to complete paperwork, and/or to meet deadlines. Trust is established between individuals when needs are met; this is reinforcing. We like to be around people who make us feel good. In fact, when individuals do not meet our needs, we tend to avoid them, dislike them, and even fear them. This dynamic typically causes even more problems and thus more needs are not met. It is the chosen professional responsibility of caseworkers/social workers to meet the needs of others. It is not the responsibility of kinship caregivers to meet the needs of agency staff. It is, however, their responsibility to meet the safety, well-being, and permanency needs of the children in their care. By doing this, they help meet the needs of staff whose responsibility it is to facilitate and document the safety, well-being, and permanency needs of the children in their care.

Evidence of this competency:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Quotes from the field:

Kinship caregiver: “The social worker I got now, she’s really helping me with my daughter taking her through all the channels for different things, to see a psychiatrist, this and everything. This is one of the best social workers I have had all through the system. “

Caseworker/social worker: “Let’s take the funds that were going for foster care and use them to bring grandma’s house up to par.”

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Facilitating Open Communication

Sample definition: Identifying knowledge, skills, experiences, and needs happens through open communication. Open communication rests on trust. When people represent diverse perspectives and interests, trust must be developed. Initially, open communication is facilitated by clear expectations about the information that needs to be shared. Staff needs to be open about what the agency can offer, its rules and procedures, and their role in child protection. Relative caregivers need to be open about the well-being and development of the child. As the relationship develops, both participants may share more about the difficulties they face in their mutual task of helping children stay protected and nurtured. Open communication may be impeded for caregivers when they feel that children may be taken away arbitrarily; or that they will not have the resources to which they believe, correctly or not, they are entitled. Open communication may be impeded for caseworkers/social workers when they believe that caregivers may be placing a child at risk or violating important rules. Of course, communication styles reflect diversity in age, gender, ethnicity, culture, and individual personality. Generally, however, open communication includes skills such as: listening actively, listening reflectively, asking for clarification, using "I statements," not interrupting, and making eye contact (if culturally appropriate).

Evidence of this competency:

_____
_____
_____
_____
_____
_____
_____

Quotes from the field:

Kinship caregiver: "The new social worker did write me a letter saying she was the new worker and would like to know if I had any issues or concerns. She wanted a fresh start. What could she do to assist me? That was a first. It meant a lot."

Caseworker/social worker: "I have learned to try to work with the birth parents, too. They are still in the children's lives. You have to get people to talk together."

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Creating an Atmosphere in Which Cultural Traditions, Values, and Diversity Are Respected

Sample definition: As discussed earlier, kinship care is inherently challenged because two groups of typically diverse individuals must work together around a number of emotionally charged issues of family and resources. One of the least intrusive and most effective ways to facilitate communication, identify needs, and build trust is by discussing the traditions and values that are important to the kinship family. When kinship caregivers and caseworkers/social workers differ by age, gender, and ethnicity, this must also be brought into the open and discussed so that ways to understand each other and work together can be found.

Evidence of this competency:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Quotes from the field:

Kinship caregiver: “My kids say they better tell me things because I’m going to find out anyway. They said that God lets me know. They got it down. God is helping me raise them.”

Caseworker/social worker: “You have to value their commitment to the kids. They would be there for the kids even if the money wasn’t there.”

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Using Negotiation Skills

Sample definition: According to the *New World Dictionary*, to negotiate means to confer, to bargain, and to discuss with the aim of reaching agreement. It also means to succeed in crossing or surmounting (e.g., negotiate a deep river; (Guralnik, 1976). This is a perfect description of what kinship caregivers and caseworkers/social workers must do. They must succeed in transitioning from a situation in which children may be at risk to outcomes in which children are safe, their well-being is promoted, and they have the opportunity to be connected to safe, nurturing relationships intended to last a lifetime (National Commission on Family Foster Care, 1991).

Evidence of this competency:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

There is literature that describes “mediation” as an effective approach to working with kinship caregivers (Wilhelmus, 1998). This is because the dynamics that lead to placement, internal family relationships, and family/agency relationships are complicated (National Commission on Family Foster Care, 1991). Also, the issues of family decision-making, level of government support/intrusion in families’ lives, permanency concerns, and financial responsibilities of both kin and the government are unclear (Gleeson, 1995). Further, they often are emotionally charged. Mediation has been proposed because it has history in communities of color and because “there should be basic recognition that kin invested in an equitable and lasting resolution to conflict involving their family may offer the most ingenious approach to seemingly intractable problems" (Wilhelmus, 1998, p. 123). While mediation requires trained staff and thus special costs, it may be that negotiation provides a more informal way to enhance the relationship between kinship caregivers and caseworkers/social workers.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Quotes from the field:

Kinship caregiver: “I’ve never had a bad experience with my social worker. We figure out together how to advocate for the children. We have to work together. It is for the interests of the kids, not for me, for the children.”

Caseworker/social worker: “Grandparents and social workers have the same common goals: safety for the children. Safety has been overlooked. We all care about the children. They love the children and we are overloaded. They want to talk—we want to help. We just have to figure out how."

References

Bishop, K. K., Woll, J., & Arango, P. (1993). *Family/professional collaboration for children with special health needs and their families.* Burlington: University of Vermont, Department of Social Work.

Gleeson, J. P. (1995). Kinship care and public child welfare: Challenges and opportunities for social work education. *Journal of Social Work Education, 31*(2), 182-193.

Guralnik, D. B. (Ed.). (1976). *New world dictionary.* Cleveland, OH: William Collins & World Publishing Co., Inc.

National Commission on Family Foster Care. (1991). *A blueprint for fostering infants, children, and youths in the 1990s.* Washington, DC: Child Welfare League of America.

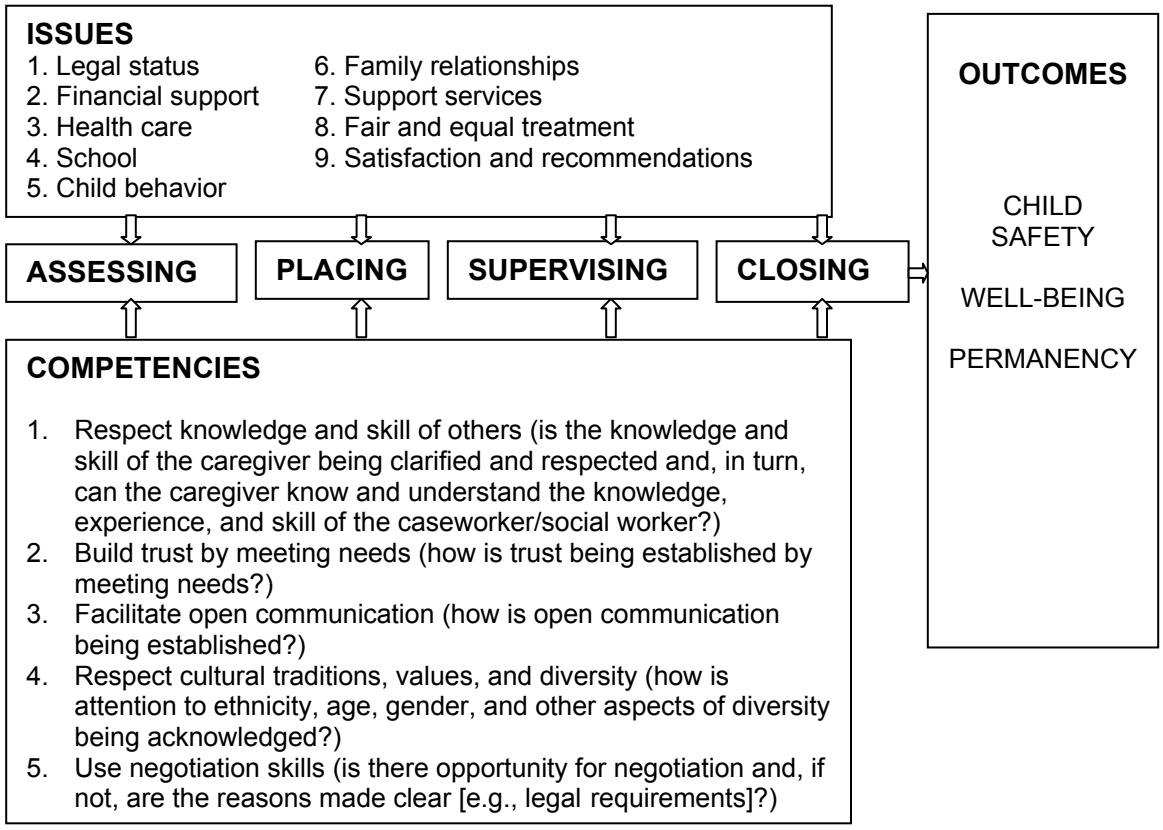
Wilhelmus, M. (1998). Mediation in kinship care: Another step in the provision of culturally relevant child welfare services. *Social Work, 43*(2), 117-125.

ACTIVITY #3
THE COLLABORATION PRACTICE MODEL

▲ ***Discuss the Collaboration Practice Model diagram.***

The "Collaboration Intervention Practice Model" suggests:

- There are four phases in kinship care services: *assessing* the kinship family, *placing* the child with kin, *supervising* the placement, and *closing* the case.
- There are nine major issues that must be addressed during these four phases.
- There are five collaboration competencies that should be integrated throughout the four phases and while addressing the nine issues; and
- There are three federally mandated outcomes for children placed away from parents: child safety, well-being, and permanency.



Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

▲ ***Discuss the purpose and collaboration focus of the "assessing phase" of kinship care services.***

Assessing Phase

Purpose: The purpose of this phase is to assess the willingness, ability, and resources of the kinship caregiver to help ensure child safety, well-being, and permanency. Collaboration begins here. In most cases, the kinship caregiver has far more knowledge, skills, and experience than does the caseworker/social worker regarding the caregiver's willingness, ability, and resources to ensure child safety, well-being, and permanency.

This phase would be an appropriate time to use Family Group Conferencing (FGC). "The philosophy and practice of family group conferences reflect basic principles of 'good' child and family welfare practice" (Maluccio & Daly, 2000, p. 65). FGC is both nationally and internationally respected as an approach that engages kinship networks in making culturally appropriate assessments and planning for at-risk children and families.

Collaboration focus: At the first contact, it is essential for the caseworker/social worker to:

- Express thanks for the relative's willingness to work with the agency.
- State the three mandated outcomes for the agency: child safety, well-being, and permanency.
- Explain what the goals mean: the child is not re-abused or neglected; the child's developmental needs are met (health, emotional stability, education, social skills, spiritual/cultural identity); and the child grows up with safe, nurturing lifetime relationships (stability).
- Establish that assessment is a legal requirement.
- Ask if the caregiver will join in a collaborative relationship—working together in support of each other's commitment to the child.
- Acknowledge that there can be differences in perceptions and opinions based on age, ethnicity, gender, education, life experience, professional experience, and even sexual orientation. Therefore, creating an atmosphere in which diversity is respected is important.
- Explain the collaboration process as a way to ensure the child's safety, well-being, and permanency while addressing any differences in perceptions and opinions.
- Identify the five ways in which the caseworker/social worker plans to collaborate:
    - -- respect the knowledge, skills, and experiences of the caregiver,
    - -- build trust by meeting needs,

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

  - -- facilitate (strive for) open communication,
  - -- create an atmosphere in which cultural traditions, values, and diversity are respected,
  - -- use negotiation skills.
- Ask the caregiver to consider ways to do the same in return.

Perhaps the two most critical collaboration competencies in this phase are "respecting the knowledge, skills, and experiences of others" and "building trust by meeting needs." The opinions and perspectives of the caregiver are essential in order to assess:

- Licensing requirements: Be certain the caregiver understands that these are for child safety, not to be disrespectful. Here's a technique: Ask the caregiver, "If there were no kin and the child had to live with someone unknown to the agency or to the kin, what questions would you want to ask to help ensure safety?"
- Caregiver's willingness, ability, and resources to discuss legal status; financial needs; health care needs (both the kin's and the child's); school/educational needs; special child management needs (is the child taking medication); relationship with other family members, especially around in-person contact; support services needs (child care or support groups); and concerns about fair and equal treatment. And, at the end of the meeting, ask if the caregiver is satisfied with the contact and if there are recommendations for next steps.

Remember that, in some cases, the children may already have been residing with these relatives and the possibility that they would not be approved, licensed, or certified kinship caregivers could be threatening and even frightening. Casework and social work practice skills are essential.

▲ ***Add other "assessing phase" issues and concerns here.***

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

▲ ***Discuss the purpose and critical competencies of the "placing phase" of kinship care services.***

Placing Phase

Purpose: The purpose of this phase is to prepare the child and appropriate family members for the placement. Of course, the practice issues unique to this phase hinge upon whether the child has been living with kin and the nature of the relationship between the child and the caregiver, and among the child, caregiver, parents, and even siblings or other significant others. Collaboration with the caregiver continues here.

Collaboration focus: The issues and dynamics identified in the previous phase may carry over to this phase. It is essential that the caseworker/social worker:

- Elicit the caregiver's knowledge, skills, and experience regarding how the placement process can help ensure child safety and well-being. Permanency is less an issue at this time.
- Continue to build trust by meeting needs, especially those that relate to child safety and well-being, such as a Medi-Cal card, immunization record, medical appointments, special needs (e.g., diapers, coats), and school information.
- Facilitate open communication by also helping the caregiver understand the needs of the agency, especially around maintaining licensing standards, visiting agreements concerning parents, court dates, and agency contact information.
- Negotiate any issues that may cause actual or potential conflict. Remember to keep the focus on child safety and well-being.
- Know that the addition of a child or children into this caregiver's life on a daily basis may cause an unprecedented level of stress. Be sensitive to extended family dynamics, anxiety on the part of the caregiver, and especially confusion or inappropriate behavior on the part of the child.
- Know that a change in casework or social work staff at this time means the collaboration competencies addressed in the previous phase must be re-addressed.
- Continue to express the agency's appreciation.

▲ ***Add other "placing phase" issues and concerns here.***

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

▲ ***Discuss the purpose and collaboration focus of the "supervising phase" of kinship care services.***

Supervising Phase

Purpose: The purpose of this phase is the ongoing supervision of the child with kin to achieve the outcomes of safety, well-being, and permanency. This phase can last for weeks, months, or years. Practice issues unique to this phase depend upon the complex interactive effects of the strengths and needs of the child; the willingness, ability, and resources of the caregivers; the strengths and needs of the birth parents; the willingness, ability and resources of the agency and its staff to support this kinship care arrangement; and, of course, the court.

Collaboration focus: The issues and dynamics identified in the previous phases may carry over to this phase. It is essential that the caseworker/social worker:

- Build on the relationship established through demonstrating the competencies described above;
- Use negotiation skills to help caregivers understand and work with the limitations of the child welfare system. Caregivers sometimes believe that caseworkers/social workers deliberately withhold information and resources as a form of discrimination, or because the staff are not competent. It may be helpful for them to understand caseload sizes and non-negotiable policies. Conversely, caseworkers/social workers need to learn and understand what may be "non-negotiable" for kin in their own endeavors to promote child safety, well-being, and permanency.
- Use open communication to keep a constant focus on the outcomes—each phone and in-person contact with kin should be used to mutually assess individual contributions toward safety, well-being, and permanency. All questions and concerns should fit into one of those three categories, or the issues probably are not relevant.
- Remember that a change in caseworkers/social workers will require a new demonstration of the competencies.

▲ ***Add other "supervising phase" issues and concerns here.***

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

▲ ***Discuss the purpose and collaboration focus of the "closing phase" of kinship care services.***

Purpose: The purpose of this phase is to terminate or close the case because a plan has been achieved in which the child is being connected to safe, nurturing lifetime relationships or permanency, and the involvement of the child welfare agency and court is no longer needed. The child may be transitioned to parents, legal guardianship, or adoption with relatives.

Practice issues unique to this phase depend upon the work that was done in the previous four phases to ensure child safety, well-being, and permanency. Whatever relationships were established with agency staff now must be ended.

Collaboration focus: The issues and dynamics identified in the previous phases may carry over to this next phase. It is essential that the caseworker/social worker:

- Use the knowledge, skills, and experiences of the caregiver to inform the court about the appropriateness of closing the case.
- Identify the strengths and needs of the child, and the willingness, ability, and resources of the caregiver to support the transition plan.
- Use casework and social work practice skills to assess and address loss issues and other feelings that may surface.
- Consider a special event that marks the closing of the case that may reflect the cultural identity or traditions and values of the family.
- Keep communication open.
- Negotiate with the caregiver around timing and transitional needs, while discussing the issues that are non-negotiable.
- Express the agency's gratitude for the caregiver's support. (A thank you letter may be meaningful.)

It should be noted that, in some cases, the child might need to be moved from the relative to another setting (e.g., another relative, a foster family, or a residential program). Therefore, the case may not be closed but the agency's relationship with the caregiver may end. Loss issues should be considered and addressed.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

▲ ***Add other "closing phase" issues and concerns here.***

Reference

Maluccio, A. N., & Daly, J. (2000). Family group conferences as “good” child welfare practice. In G. Buford, & J. Hudson (Eds.), *Family group conferencing: New directions in community-centered child and family practice.* New York: Aldine de Gruyter.

ACTIVITY #4
IMPLEMENTATION STRENGTHS AND NEEDS ASSESSMENT

Explanation

In the child welfare field, the implementation of policies, procedures, or practices may be altered by three factors on the part of those responsible for implementation. These factors are: willingness, ability, and resources (Illinois Department of Children and Family Services, 1997). Some individuals are willing but not able. They may have the motivation and appreciate the value, but they do not have the knowledge or skills. Other individuals may be able to implement but they are not willing; they know what to do and how to do it, but perhaps they do not see the importance. Others may be both willing and able, but they do not have the resources. Resources could include time, caseload size, and supervisory or administrative support. And, of course, there are those who are neither willing nor able regardless of access to resources.

Implementing the five competencies to address the nine major issues requires a combination of individual willingness, ability, and organizational resources. On the next two pages is a checklist to help assess your willingness, ability, and resources. The vertical column on the left provides a list of the five competencies and, under each category, is a list of the nine major issues. The horizontal column on the right indicates willingness, ability, and resources. Under each of those three categories is “S” for strength and “N” for needs work.

Please check whether your willingness, ability, and resources for each competency and for each issue is a strength or whether it needs work. Of course, the more “strengths” that are checked, the more likely caseworkers/social workers will be to help achieve child safety, well-being, and permanency outcomes for children and encourage collaboration on the part of the kinship caregivers. Items checked as “needs work” could be reviewed within a supervisory unit. Resources that are barriers should be identified and given administrative attention and intervention. Staff who have the competencies may be able to help those who do not so that all will become more willing and able.

Reference

Illinois Department of Children and Family Services. (1997). *The process to develop and support resource families: Practice handbook.* Washington, DC: Child Welfare League of America.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

CHECKLIST

	Willing		Able		Resources	
	S	N	S	N	S	N
1. Respects the knowledge, skills, & experiences of others						
a. Legal	_____		_____		_____	
b. Financial	_____		_____		_____	
c. Health care	_____		_____		_____	
d. School	_____		_____		_____	
e. Child behavior/management	_____		_____		_____	
f. Relationships with other family members	_____		_____		_____	
g. Support services	_____		_____		_____	
h. Fair & equal treatment & opportunities	_____		_____		_____	
i. General satisfaction	_____		_____		_____	
2. Builds trust by meeting needs						
a. Legal	_____		_____		_____	
b. Financial	_____		_____		_____	
c. Health care	_____		_____		_____	
d. School	_____		_____		_____	
e. Child behavior/management	_____		_____		_____	
f. Relationships with other family members	_____		_____		_____	
g. Support services	_____		_____		_____	
h. Fair & equal treatment & opportunities	_____		_____		_____	
i. General satisfaction	_____		_____		_____	
3. Facilitates open communication						
a. Legal	_____		_____		_____	
b. Financial	_____		_____		_____	
c. Health care	_____		_____		_____	
d. School	_____		_____		_____	
e. Child behavior/management	_____		_____		_____	
f. Relationships with other family members	_____		_____		_____	
g. Support services	_____		_____		_____	
h. Fair & equal treatment & opportunities	_____		_____		_____	
i. General satisfaction	_____		_____		_____	

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

	Willing		Able		Resources	
	S	N	S	N	S	N
4. Creates an atmosphere where cultural traditions, values, & diversity are respected						
a. Legal	_____		_____		_____	
b. Financial	_____		_____		_____	
c. Health care	_____		_____		_____	
d. School	_____		_____		_____	
e. Child behavior/management	_____		_____		_____	
f. Relationships with other family members	_____		_____		_____	
g. Support services	_____		_____		_____	
h. Fair & equal treatment & opportunities	_____		_____		_____	
i. General satisfaction	_____		_____		_____	
5. Uses negotiation skills						
a. Legal	_____		_____		_____	
b. Financial	_____		_____		_____	
c. Health care	_____		_____		_____	
d. School	_____		_____		_____	
e. Child behavior/management	_____		_____		_____	
f. Relationships with other family members	_____		_____		_____	
g. Support services	_____		_____		_____	
h. Fair & equal treatment & opportunities	_____		_____		_____	
i. General satisfaction	_____		_____		_____	

Summary

1. List the above items that are strengths.

2. List the above items that need work.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

3. List strategies that could move items listed as “needs work” into the strengths column.

4. List resources that are needed.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

ACTIVITY #5
TRAINING EVALUATION

Training Module: _____

Trainer(s): _____

Date: _____

Location: _____

Please rate the following aspects of this training, with 1 being the most NEGATIVE and 5 being the most POSITIVE.

Overall:

1. Extent to which course met your expectations. 1 2 3 4 5
2. Extent to which course will be relevant to your work. 1 2 3 4 5

Presentation:

1. Ability of trainer(s) to present material. 1 2 3 4 5
2. Ability of trainer(s) to conduct activities. 1 2 3 4 5
3. Responsiveness of trainer(s) to questions/discussion. 1 2 3 4 5
4. Ability of trainer(s) to stimulate your interest. 1 2 3 4 5

Content:

1. Information was current. 1 2 3 4 5
2. Content covered important issues regarding this topic. 1 2 3 4 5
3. Information was understandable. 1 2 3 4 5
4. Activities were useful. 1 2 3 4 5

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Materials:

1. Handouts provided good supplement to content. 1 2 3 4 5
2. Handouts were understandable. 1 2 3 4 5
3. Overheads provided good supplement to content. 1 2 3 4 5
4. Overheads were understandable. 1 2 3 4 5
5. Bibliography was useful. 1 2 3 4 5

Facility:

1. Environment was conducive to learning. 1 2 3 4 5
2. Location was easily accessible. 1 2 3 4 5
3. Training was held at convenient time. 1 2 3 4 5

Comments:

1. What parts of this training will be most helpful to you in your work and why?

2. What parts of this training will not be helpful to you in your work and why?

3. What did you find most effective about the skills of the trainer(s)?

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

4. In what ways could the skills of the trainer(s) be improved?

5. What aspects of this training were under-emphasized and should be expanded?

6. What aspects of this training were over-emphasized and should be shortened?

7. Would you (please circle one):

    a. Highly recommend this training to your peers or supervisor?
    b. Recommend this training to your peers or supervisor?
    c. Not recommend this training to your peers or supervisor?

8. If you circled “b” or “c” above, please describe what would need to change about the training before you could highly recommend it:

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

ACTIVITY #6
GRANDPARENT EXPERIENCES

Ask participants to think of four words.

(1) Grandparents: Think of grandparents because we've all had grandparents. Are your grandparents living? How old are they?

(2) Grandchildren: Think of grandchildren because we're all grandchildren. Did you know your grandparents when you were little? What did you expect from your grandparents when you were growing up? Did you ever stay with grandparents for an extended time? Were you raised by grandparents?

(3) Stress: Can you think of any stress your grandparent had as a result of being a grandparent? What might be some of the stresses of grandparents raising grandchildren?

(4) Satisfaction: What are some satisfactions you think your grandparent has had? What might be some of the satisfactions of grandparents raising grandchildren?

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

ACTIVITY #7
VISUALIZATIONS

1. Visualize yourself at a stage in life in which you raised children but they no longer are with you. You are in your mid- to late 50s and in quite good health. You are active and employed. Think about what you might be able to do in the near future, now that your children are no longer at home. Would you want to: Go back to school? Get a different type of job or a second career? Travel with your spouse or partner or friends? Do political work or volunteer work that interests you? Work longer hours and make more money? Enjoy a hobby, such as gardening or sports?

   Write your visualized late middle age years in the box below.

Retirement Years (late 50s, after your children leave home): What do you want to do?

2. Now imagine that your son or daughter needs assistance and is asking you to assume care for your grandchild. It is a pressing situation, and you agree. How might you feel about your change in plans? Will your new role change your relationship with friends? What about children you might be still launching? What about your relationship with other grandchildren?

   Write your visualized life with your grandchild in the box below.

Grandchild comes to live with you: How do you feel about your former plans and current situation?

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

HANDOUT #1
MODULE I COMPETENCIES

This curriculum focuses on empirically-based information regarding collaboration between kinship caregivers and social workers to enhance safety, permanency, and well-being for children in kinship care arrangements. As such, its focus reflects the goals and principles established by the CalSWEC Board of Directors in 1998 for the child social work curriculum in California.

Because the purpose of this curriculum is to facilitate collaboration between social workers and kinship caregivers, it inherently addresses all the six major competency areas, as follows:

Section I: Ethnic Sensitive and Multicultural Practice because of the number of children of color who are growing up in kinship care arrangements.

Section II: Core Child Welfare Skills as they relate to the conditions that cause most children to be placed in kinship care, especially drug and alcohol abuse.

Section III: Social Work Skills and Methods, especially in working with kinship caregivers and their children who are the parents of the younger children placed with them.

Section IV: Human Development in the Social Environment, especially because children in the child welfare system often are academically, socially, and emotionally delayed, and because kinship caregiving changes parenting roles among multiple generations in families.

Section V: Workplace Management, because of the need for multi-disciplinary collaboration.

Section VI: Child Welfare Policy, Planning, and Administration, because of the impact of federal and state legislation on agency policies, practices, and funding related to kinship care. The Section VI competencies are especially critical because the child welfare system has decades of public and professional concern about outcomes that are in the best interests of children and there is controversy and confusion about outcomes for children who are placed with kin.

The current CalSWEC competencies were last produced in August 1998. It is understood that the current competencies are being reviewed and revised by the Curriculum Committee of the CalSWEC Board of Directors. This curriculum is based on the 1998 competencies. A review of the CalSWEC curriculum products listed through

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

2000 indicates that no empirically-based curriculum with this focus has been produced, and therefore it is hoped that this curriculum makes a contribution to the competencies.

In addition to the above six sections of competencies, this curriculum proposes five "collaboration competencies" or competencies that are essential for social workers to facilitate effective collaboration with kinship caregivers. These are that the student:

1. **Respects the knowledge, skills, and experiences of others.**
   This is critical because there is considerable demographic diversity between social workers and kinship caregivers, which is especially true in terms of younger staff. Diversity tends to be in the areas of age, ethnicity, education, parenting experience, and socio-economic status. Further, the attachments that the kin have and the authority that the social workers have may cause additional friction. Thus, it is essential that the social workers help the caregivers appreciate the contribution that the social worker can make while, at the same time, ensuring the caregiver that her (or his) own life experiences and experiences with the child in care are valuable.

2. **Builds trust by meeting needs.**
   This is critical because, according to child welfare literature, trust is developed between two individuals when those individuals' respective needs are met. Kinship caregivers have multiple needs for information, resources, and support in a variety of areas such as legal, financial, health care, education, child management, extended family relationships, and fair and equal treatment. Social workers who carry the cases of children placed with kin also have multiple needs regarding their ability to provide effective case management. The extent to which mutual trust is established may influence the safety and permanency of children in kinship care arrangements.

3. **Facilitates open communication.**
   This competency is essential because accurate assessments and their respective appropriate interventions cannot be completed without frank discussions about the needs of children and their caregivers.

4. **Creates an atmosphere in which cultural traditions, values, and diversity are respected.**
   This competency is critical because kinship care is a family-based service. How children are raised is steeped in cultural traditions and values, ranging from how holidays are celebrated to how discipline is used. Social workers and kinship caregivers may represent diversity in age, gender, ethnicity, socio-economic status, spirituality, and sexual orientation. Each of these characteristics may influence perceptions of how children's needs might best be met. Each social worker involved in a kinship caregiving situation is compelled to consider these dynamics carefully.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

5. Uses negotiation skills.

Clearly, a number of policies and practices in the delivery of kinship care services are not negotiable. By law or by resource availability, there may be limits to what social workers can do. Conversely, kinship caregivers may have limits on their capacities to parent and fulfill certain requirements. It is essential that social workers carefully explain the parameters of the kinship care program and, within those guidelines, resolve potential conflicts and collaborate with caregivers to ensure child protection and permanency.

According to the literature, a competency is a combination of knowledge and skills that is developed through a "natural, predictable process by which most people acquire new knowledge, master it, and then translate it into skill" (Rycus & Hughes, 1998a, p. xv). This progression includes the following stages:

(1) Awareness of issues and the beginning development of a conceptual framework;

(2) Development of factual information or knowledge and understanding of concepts that may be applied later to problem-solving;

(3) Application of concepts, principles, and factual information to job tasks; and

(4) Acquisition of skills that become more proficient over time.

It may be expected that experienced social workers would have acquired the above competencies through previous education, training, and work experiences and would apply them to kinship caregiving situations. Clearly, a 6-hour curriculum is not designed to produce competency at the fourth level for newer social workers. This curriculum is structured to address the competency development stages of awareness, knowledge, and understanding. It is expected that participants in the workshop would then apply this information to their own practice when in the field and that collaboration skills in kinship care become more proficient for the field as a whole over time.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

MODULE I
OBJECTIVES

- Student can summarize the historical evolution of kinship care nationally.
- Student can explain why kinship care is both a child welfare choice and challenge.
- Student can describe the demographics of kinship care from a national and state perspective.
- Student can identify the major the legislative and funding provisions for kinship care.
- Student can explain why kinship care can be viewed as a family preservation service and the exceptions to that identification.
- Student can explain why kinship care can be viewed as a family foster care service and the exceptions to that identification.
- Student can identify five major potential outcomes for kinship care.
- Student can provide a working definition for the terms *kinship care, kinship caregiver, caseworker/social worker,* and *collaboration.*
- Student can explain the rationale for using a model of collaboration to describe the relationship between kinship caregivers and caseworkers/social workers.
- Student can explain the inherent challenges in a collaborative relationship, with a focus on roles, responsibilities, demographic diversity, attachments, and authority.
- Student can identify the safety and permanency risks to children when collaboration is not practiced.
- Student can identify nine major issues for kinship care collaboration.
- Student can identify five essential competencies for kinship care collaboration.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

MODULE I AGENDA

I. Welcome and Introductions
   A. Participant Introductions
   B. Review of Objectives and Agenda
   C. Collaboration Agreements Between Trainer(s) and Participants

II. About this Curriculum
   A. History and Rationale
   B. Methodology

III. The Child Welfare Choice and Challenge of Kinship Care

   A. Historical Perspective: The Roots of Kinship Care
   B. Current National Picture
      1. Demographics
      2. Legislative requirements and policy framework
      3. Financing

   C. Practice Challenge: Is Kinship Care More Like Family Preservation? Or More Like Family Foster Care?

   D. Essential Outcomes
      1. Federal Outcomes: Child safety, permanency, child well-being
      2. Family stability

IV. Collaboration: A Practice Model for Kinship Care
   A. Definitions
      1. Kinship care
      2. Kinship caregiver
      3. Caseworker/social worker
      4. Collaboration
   B. Inherent Practice Challenges
      1. The dynamics of authority vs. attachment
      2. The dynamics of demographic diversity
   C. Issues for Collaboration: Legal, Financial, Health, Education/School, Family Relationships, Child Behavior/Management, Support Services, Fair and Equal Treatment, General Satisfaction/Other Issues
   D. Focus of Collaboration Competencies: Respect, Trust, Open Communication, Values and Diversity, Negotiation

V. Preview of Module II

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

HANDOUT #2
RESEARCH METHODS FOR QUANTITATIVE STUDIES

Two quantitative studies were conducted. One used existing data and the other developed new data on grandmothers raising school-aged grandchildren (described below).

1. The first part of this study was a comparative analysis of Los Angeles County Department of Children and Family Services (DCFS) and non-DCFS families. There were existing data on 581 grandmothers raising school aged grandchildren in the Los Angeles area by Fall 2001, collected as part of a study conducted by CSULB Department of Social Work Professor Catherine Goodman, funded by the National Institute of Aging (Goodman, 1997).

   (a) Sample and Data Collection: The sample of DCFS families consisted of 208 subjects and the informal grandmother caregiver sample consisted of 373 subjects. All subjects were recruited through flyers distributed to grandchildren in the Los Angeles Unified School District and through media announcements. Interested grandmothers contacted the Grandmother Parenting Project at CSULB. After a brief screening of their qualifications for inclusion in the study, they were referred for interviewing by the Survey Research Center at the University of California, Los Angeles.

   (b) Measures: Measures available included: (a) Demographic items (age, marital status, education, ethnicity, family income, number in household, number of grandchildren) and social items (contact with mother and father; decision making with mother and father; time providing childcare for mother, father, and grandmother), which were constructed for the Grandmother Parenting Project (Goodman, 1998). (b) Five items on Affective Solidarity, which measure closeness between family members (Bengtson, 1991). These items have been widely field tested in the University of Southern California Longitudinal Study of Three Generations. Affective items have good internal consistency and have correlated highly with related affective solidarity items. (c) A 32-item measure adapted from Jendrek (1994) lists reasons for assuming care for grandchildren. There were 12 items (yes-no) answered for both mother and father, such as drug addiction or mental/emotional problems. There were 8 items (yes-no) reflecting general reasons, such as wanting to avoid foster placement or financial assistance. (d) A 10-item behavior problem list (Stiffman, Orme, Evans, Feldman, & Keeney, 1984). These items were rated on a 5-point scale. This measure correlated highly with Achenbach's Child Behavior Checklist ($r = .76$, $p<.001$) and has a coefficient alpha for parent raters of .81. (4) The SF-36, a widely used measure of health and mental health (Ware, 1993).

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

(c) Analysis: Subjects identified as DCFS clients were compared to those who provide care informally using logistic regression in order to develop the best predictive model. An odds ratio was calculated to represent the greater likelihood of being in the DCFS or non-DCFS group.

2. Development of new data was through a re-interview of all available DCFS subjects in the NIA study and a random sample of non-DCFS subjects (n = 181).

   (a) Sample and Data Collection: Potential subjects were contacted from the Grandmother Parenting Project and invited to participate in paid telephone interviews. The sample included all available participants who were involved with DCFS and a random sample of non-DCFS grandmothers. Data were collected through confidential telephone interviews with grandmothers lasting approximately 45 minutes. Respondents were paid $20 for their involvement.

   (b) Measures: A measure was developed listing services used and needed within categories of *respite* (e.g., time to do things, emergency child care); *services for the grandchild* (e.g., after school activities, school achievement, behavior problems, or special education or vocational needs); *emotional support* (e.g., someone to talk to, support group, assistance with substance abuse, or help with parenting); *medical and health needs* (e.g., help finding medical and dental care); *basic household needs* (e.g., money for necessities, help getting a place to live or get supplies and equipment); and *legal needs* (e.g., advice about adoption or guardianship or other legal assistance). For each item, respondents were asked the frequency of their need, from never to always on a 4-point scale. The needs assessment measure was developed based on Cohon and Cooper (1999). Grandmothers were also asked if they had received services to help with these needs, the services they received, and barriers to receiving services.

   (c) Analysis: The expressed service needs and the services utilized were compared for DCFS and non-DCFS families using t-tests and chi-square.

References

Bengtson, V. L. (1991). *The longitudinal study of three-generation families: 1991 Survey*. Los Angeles: Andrus Gerontology Center, University of Southern California.

Cohon, J. D., & Cooper, B. A. (1999). Kinship support network: Edgewood's program model and client characteristics. *Children and Youth Services Review, 21*(4), 311-338.

Goodman, C. C. (1997). *Grandmothers who parent: Family relations and well-being* (Grant Proposal). Bethesda, MD: National Institute on Aging, U.S. Department of Health and Human Services.

Goodman, C. C. (1998). *Grandmother Parenting Project: Survey of intergenerational family relationships*. Long Beach: California State University, Long Beach.

Jendrek, M. P. (1994). Grandparents who parent their grandchildren: Circumstances and decisions. *The Gerontologist, 34*(2), 206-216.

Stiffman, A. R., Orme, J. G., Evans, D. A., Feldman, R. A., & Keeney, P. A. (1984). A brief measure of children's behavior problems: The Behavior Rating Index for Children. *Measurement and Evaluation in Counseling and Development, 17*(2), 83-90.

Ware, J. E. (1993). *SF-36 health survey: Manual and interpretation guide*. Boston, MA: The Health Institute, New England Medical Center.

HANDOUT #3
THE HISTORY OF A NAME

(Dr. Pasztor is Assistant Professor, CSULB Department of Social Work, former National Commission on Family Foster Care staff director, and first CWLA program director for family foster care and kinship care).

During the past decade, the child welfare field has given much attention to research, policies, programs, and practices concerning the care of children by relatives, typically known as “kinship care.” Just as children often are eager to know how they were named and, as adults, we seek family history concerning our last names, here is how “kinship care” was named.

In 1990, the Child Welfare League of America convened the National Commission on Family Foster Care in collaboration with the National Foster Parent Association. Its mission was to “focus national attention on strengthening family foster care as an essential service option for children, youths, and their families.” The 49-member Commission included two Congressmen, the president of the National Foster Parent Association, public agency commissioners/ administrators/managers, voluntary agency executives, foundation representation, university-based educators and researchers, national advocacy groups, and two young people with foster care experience. Nine CWLA staff provided support, along with an MSW intern. It was in the first half of the first meeting, that several members asked the question, “We’re focusing on family foster care, but what about the relatives? How will the strengths and needs of relatives involved in the foster care system be addressed?”

As the Commission struggled with a definition of family foster care as well as issues and recommendations, it also was challenged to have some kind of shared terminology for the “relative” part, but what? As the members came from across the United States, they shared their “local” perspectives. How about “relative foster care?” Okay, but relative to what? How about “home of relative?” Okay, but the acronym was not appealing. How about “de facto foster care?” No, not clear. The Commissioner’s staff director was charged with the task of naming the service, making it concise, positive, and family-friendly.

When in doubt, go to history. In a literature search, the pioneer work of Carol Stack was remembered. A young white social sciences researcher with a 3-year-old son and national funding from the then DHEW (now HHS), Stack lived for some time in the ‘60s in a black ghetto community in a large urban Midwest city. Her book highlighted the strengths of kinship networks. The book, published in 1974, was titled *All Our Kin: Strategies for Survival in a Black Community*. Many of the Commission members remembered this book from their undergraduate and graduate programs.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

The staff director proposed the name, “kinship care.” CWLA published the Commission’s report in *A Blueprint for Fostering Infants, Children, and Youths in the 1990s* with a special chapter titled “The Significance of Kinship Care.” CWLA added kinship care as one of its major program areas.

In 1997, CWLA convened its first national conference on Kinship Care in San Francisco. Carol Stack, now a professor at UC Berkeley, was a guest speaker. She autographed my 23-year-old copy of “All Our Kin.”

Reference

Pasztor, E. M. (2000, Spring). Kinship care: The history of a name. *CalSWEC News,* 1.

HANDOUT #4
DEMOGRAPHICS OF KINSHIP CARE

Nationally

- The number of grandparent-headed households continues to grow nationally. In 1970, there were 2.2 million children (3.2% of all children) living in grandparent-headed households. By 2000, there were 4.5 million children (6.3% of all children), constituting over a 100% increase (Casper & Bryson, 1998; Bryson, 2001). These figures also include three-generation families that have a parent at home.

- 10.9% of America's grandparents who are raising their grandchildren say that they are responsible for the care of the child (Fuller-Thomson, Minkler, & Driver, 1997).

- In 1997, 2.4 million children were being raised with grandparents with the parents in the home; and 1.5 million children were with grandparents and the parents were not there in 1997 (Casper & Bryson, 1998).

- Grandparent caregivers range in age from 30 to over 70, with the mean age of 59.4 (Fuller-Thomson et al., 1997).

- 54% are married (Fuller-Thomson et al., 1997).

- There is about a 50-50 split in working/not working grandmother caregivers as of 1997 (Casper & Bryson, 1998).

- 40% have incomes under $20,000 annually, 41% have incomes between $20,000 and $40,000, and 20% have incomes over $40,000. When both grandparents are raising grandchildren without the parent, the poverty rate for children in the family is 15%, but when grandmothers alone are raising grandchildren, the rate of poverty for children is 63%. When grandfathers are raising grandchildren alone, children have a 23% poverty rate. These are compared to 19% poverty rate for children in parent-headed families in 1997 (Casper & Bryson, 1998).

- Caregiving grandparents were more likely than non-custodial grandparents to be poor (23% versus 14%; Fuller-Thomson et al., 1997) and had a median income of $22,176 (compared to $29,000 for non-custodial grandparents).

- Close to 75% of the grandparents began caregiving before the child was five (Fuller-Thompson et al., 1997).

- 44% are raising grandchildren under 1 year old; 28% 1-4 years old; 16% 5-10 years old, and 12% over 10 years old, based on the National Survey of Families and Households 1992-1994 (Fuller-Thomson et al., 1997).

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

- Distribution varies by ethnicity. The prevalence of grandparent-headed custodial families by ethnicity in 1994 shows 5.6% of African American children, 1.6% of Hispanic children, and 1.4% of white children being raised by grandparents without a parent at home (Saluter, 1996).

- Many of these families have special needs. Growth in both formal and informal kinship care has occurred primarily among families in economically disadvantaged communities, many of whom require some kind of support through economic assistance, SSI, school lunch programs, public housing, food stamps, social security, or disability (Harden, Clark, & Maguire, 1997). Many grandparents are widowed or divorced, and live on fixed incomes that do not support the raising of children.

California

Of California's 9 million children, 6.8% are living in grandparent-headed families and 3.6% are living with other relatives. These figures are somewhat higher than the national figures, which show 6.3% of all children in grandparent-headed families and 2.1% living with other relatives (Bryson, 2001). Typically, a third of grandparent-headed families have no parent at home, so these new figures also include three-generation families.

References

Bryson, K. (2001). *New Census Bureau data on grandparents raising grandchildren.* Paper presented at the Gerontological Society of America Annual Scientific Meeting, Chicago.

Casper, L. M., & Bryson, K. R. (1998). *Co-resident grandparents and their grandchildren: Grandparent maintained families* (Population Division Working Paper No. 26). Washington, DC: U.S. Census Bureau.

Fuller-Thomson, E., Minkler, M., & Driver, D. (1997). A profile of grandparents raising grandchildren in the United States. *The Gerontologist, 37*(3), 406-411.

Harden, A. W., Clark, R. L., & Maguire, K. (1997). *Informal and formal kinship care: Volume 1*. Washington, DC: U.S. Department of Health and Human Services.

Harden, A. W., Clark, R. L., & Maguire, K. (1997). *Informal and formal kinship care: Volume 2*. Washington, DC: U.S. Department of Health and Human Services.

Saluter, A. F. (1996). *Marital status and living arrangements: March 1994*. U.S. Bureau of the Census, Current Population Reports, Series P20-484. Washington, DC: U.S. Government Printing Office.

HANDOUT #5
POLICY REVIEW FOR KINSHIP CARE

Kinship care has its roots in legislation that goes back almost 100 years. Here are the key legislative events on which today's current policies are based.

White House Conference on Children in 1906: This event established that children have the "inalienable right" to a family. The majority of children without parents lived in orphanages or orphan asylums, although the "Orphan Train" movement, which began in the 1860s, moved hundreds of thousands of children in the eastern cities to farm families (i.e., foster families) in the Midwest. At that time, the numbers were approximately 170,000 children in institutions, and 50,000 in family foster care (Curtis, 1999). These children were predominantly Caucasian children of European immigrant families. African American children, Native American children, and other children of color were with kin.

Aid to Families with Dependent Children (AFDC) in 1961 (Title IV-A of the Social Security Act). This was the first federal funding to help states pay for children in out-of-home care. The regulations required states to continue ADC payments and improve conditions in the home, as ADC funds previously were denied to "unfit" families. At that time, federal financial participation was only for children who were receiving ADC prior to being placed in foster care. Eventually, eligibility included children from families who were eligible when the child was placed, regardless of whether or not they had been receiving ADC (Courtney, 1999).

Child Abuse Prevention and Treatment Act of 1974 (CAPTA, Public Law 93-247). As the general public became more aware of abuse and neglect because of the highly publicized "battered child syndrome," this law required mandated reporting for professionals. This led to supporting legislation by individual states in order to qualify for funds for prevention and treatment of abuse and neglect (Curtis, 1999).

Indian Child Welfare Act of 1978. This was the first federal law to make reference to placement with extended family members, giving preference to extended family whenever Indian children are placed in foster or adoptive families (Wilson & Allen, 1998).

Miller v. Youakim, 1979 (440 U.S. 125). This Supreme Court case provides that kin raising children who have been abused or neglected should receive foster care rates for the care of the children if they meet state requirements for foster payments under Title IV-E of the Social Security Act. These requirements are that the children be physically separated from an AFDC-eligible family, entered care through voluntary placement or judicial determination that conditions in the home were contrary to the child's welfare, and placed in a home that is licensed or approved by the state (Wilson & Allen, 1998).

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

In California, following these standards, there must be a judicial determination, the child must be the responsibility of the state, and the child must have been receiving or eligible for aid (Aid to Families with Dependent Children or AFDC) at the time of its separation from its parents. In California, 60% of the children in foster care receive foster payments and the rest may receive the lower aid payment (AFDC, now Temporary Assistance for Needy Families or TANF; Berrick & Needell, 1999).

Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272). This law shifted foster care funding from Title IV-A to a new Title IV-E. The law retained the entitlement status, but linked it to the Child Welfare Services provisions of Title IV-B. But although the costs of Title IV-E Foster Care grew dramatically between 1985 and 1995, the spending for services under Title IV-B child welfare services did not. Title IV-E spending increased 900% between 1981 and 1995, but Title IV-B spending increased only about 80% (Courtney, 1999). It also created a program of adoption assistance payments to parents who adopt children with special needs. States must develop a statewide information system, pre-placement preventive services showing "reasonable efforts" to keep the child at home, have a case plan for every child, place the child in the "least restrictive" environment, have judicial or administrative reviews every 6 months and a disposition hearing within 18 months of the child's placement, and have services to reunite children with their families or find another "permanent" placement (Courtney). This later became known in the field as "the great paperwork act of 1980" as the requirements for accountability through the authorization of the act were not supported by the appropriation of funds).

Omnibus Budget Reconciliation Act of 1986. Title IV-E of the Social Security Act was amended by adding Section 479 and passed as part of the Omnibus Budget Reconciliation Act of 1986. This provision began the development of the Adoption and Foster Care Analysis and Reporting System (AFCARS), which provides nationwide, systematic data on children in foster care.

Amendment of the Omnibus Budget Reconciliation Act (PL. 103-66) of 1993. The Family Preservation and Family Support program was created as part of the Omnibus Budget Reconciliation Act of 1993 during the Clinton administration. This program added funding for services, including family preservation and reunification services and automated child welfare systems (Barbell & Wright, 1999; Collins, 1999).

Family Preservation and Support Services Act of 1993. This was the first program to identify extended family members as eligible for family preservation and support services. Funds are provided to the states to provide preventive family support services to prevent child abuse and neglect or to help families in crisis (Wilson & Allen, 1998).

Personal Responsibility and Work Opportunity Reconciliation Act (HR 3734), 1996. Welfare reform changed welfare for children to a block grant, which included AFDC, Emergency Assistance, and the JOBS program in a single capped entitlement to

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

states, with an estimated funding level of $16.4 billion from 1996 through 2003. State funding levels were based on recent federal legislation (Courtney, 1999). The impact of welfare reform is likely to be felt most at state and local levels. The reforms provide financial and in-kind incentives (e.g., childcare and health care) for work and provide "sanctions" (such as the denial of benefits), for parents who will not work or who are involved in substance abuse. The child welfare system's goals of providing for children are sometimes at odds with the work-related sanctions of welfare reform (Courtney). However, the law also requires states to consider preference for a relative or non-related caregiver for out-of-home placement in order to receive federal foster care funds (Wilson & Allen, 1998).

Child Abuse Prevention and Treatment Act Amendments of 1996. This amendment authorized grants to public and private nonprofit organizations to assist in the establishment of procedures for using relatives as the preferred placement for children removed from their parents (Wilson & Allen, 1998). This law led to increased reporting of child abuse.

Adoption and Safe Families Act of 1997 (P.L. 105-89). This act includes provisions intended to facilitate the safety of children in foster care and expedite permanency for them (U.S. General Accounting Office, 1999). In late 1996, the Department of Health and Human Services (DHHS) described a blueprint for Adoption 2002, which was intended to double the number of adoptions and guardianships by 2002. Known as ASFA, this legislation represents a revision of the Adoption and Child Welfare Act of 1980. The emphasis was on goals of the Adoption 2002 initiative, and the act included permission to use concurrent planning—engage in reunification and adoption planning at the same time when children are unlikely to return to parents. It also stated that children are entitled to "reasonable efforts" toward an adoptive home if they cannot return to their parents. It also mandated that counties cooperate for placement in another state if that were more expeditious (Pecora et al., 2000). This legislation requires that states meet national standards regarding specific child welfare outcomes related to child safety, reunification, and adoption. (Please see Handout #9 for more information about these outcomes.) This legislation requires that states hold kinship care to the same standard as family foster care in order to obtain Title IV-E funds.

California Adoption and Guardianship Legislation. In California, the Adoption Assistance Program (WIC §§ 16115, 16120 (a)(2)) which was established under the Federal Adoptions Assistance and Safe Families Act, is administered through the California Department of Social Services. The law provides for funds based on the child's need, not to exceed the basic foster care rate (Legal Aid Foundation of Los Angeles, 2001). In addition, California has instituted a form of guardianship, Kin-GAP or Guardian Assistance Payments (SB1901, Chapter 1055, 1998) (California Welfare and Institutions Code, Sec. 11360-11370). Relatives exit the system and receive ongoing subsidies. Guardians under Kin-GAP receive a subsidy equal to payment for foster care, although additional funds for children with special needs are not included. Children

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

whose relatives are guardians through Kin-GAP are discharged from the child welfare system (Minkler, Berrick, & Needell, 1999).

National Family Caregiver Support Act (PL 106-501, Section 316), 1999. This legislation provided funding for caregivers of older adults and included a provision that up to 10% of the funds would be designated for older (60 and over) grandparent and relative caregivers raising relative children (Generations United, 2001).

Data Information Systems: An analysis of the Multi-State Foster Care Data Archive determined a large number of first entrants into foster care in the late 1980s, with increases particularly in very young children, children in cities, and children in kinship placements. This Archive is a collaborative effort of the U.S. Department of Health and Human Services and state welfare agencies and is maintained at the Chapin Hall Center for Children at the University of Chicago (Goerge, Wulczyn, & Harden, 1999). Urban regions accounted for over two-thirds of total caseload growth from 1988 to 1994. In some states, the urban centers outpaced growth in other areas of the state. In California, Los Angeles grew dramatically, but growth in the total census for Los Angeles was not greater than for the state at large. In California, from 1988 to 1994, there was an increase in white and Latino children and a decrease in African American children in foster care. Discharges grew in California at a rate of 55% between 1988 and 1990 and then leveled off. However, because admissions continued to exceed discharges, there was an increase in the state's caseload by 50% between 1988 and 1994 (Goerge et al., 1999). Another data source is the Voluntary Cooperative Information System (VCIS) by the American Public Welfare Association (APWS), supported by the U.S. Department of Health and Human Services. This system collects annual data from state child welfare agencies about children in out-of-home care.

California AB 1695 enacted October 2001. This state legislation was passed to conform to ASFA. It reinforces the mandate to use the same licensing standards for both kinship care and family foster care. It creates a new category of caregiver titled "non-relative extended family member."

References

Barbell, K., & Wright, L. (1999). Family foster care in the next century. *Child Welfare, 77*(1), 3-14.

Berrick, J. D., & Needell, B. (1999). Recent trends in kinship care: Public policy, payments, and outcomes for children. In P. A. Curtis, G. Dale, Jr., & J. C. Kendall (Eds.), *The foster care crisis: Translating research into policy and practice* (pp. 152-174). Lincoln: University of Nebraska Press.

Collins, R. (1999). The adoption and foster care analysis and reporting system: Implications for foster care policy. In P. A. Curtis, G. Dale, Jr., & J. C. Kendall (Eds.), *The foster care crisis: Translating research into policy and practice* (pp. 45-62). Lincoln: University of Nebraska Press.

Courtney, M. E. (1999). Foster care and the costs of welfare reform. In P. A. Curtis, G. Dale, Jr., & J. C. Kendall (Eds.), *The foster care crisis: Translating research into policy and practice* (pp. 129-151). Lincoln: University of Nebraska Press.

Curtis, P. A. (1999). Introduction: the chronic nature of the foster care crisis. In P. A. Curtis, G. Dale, Jr., & J. C. Kendall (Eds.), *The foster care crisis: Translating research into policy and practice* (pp. 1-16). Lincoln: University of Nebraska Press.

Generations United. (2003). *Federal legislation.* Retrieved June 30, 2003, from http://www.gu.org/projg&olegis.htm

Goerge, R. M., Wulczyn, F., & Harden, A. (1999). Foster care dynamics. In P. A. Curtis, G. Dale, Jr., & J. C. Kendall (Eds.), *The foster care crisis: Translating research into policy and practice* (pp. 17-44). Lincoln: University of Nebraska Press.

Legal Aid Foundation of Los Angeles. (2001a). *Adoption Assistance Program*. Los Angeles: Legal Aid Foundation.

Minkler, M., Berrick, J. D., & Needell, B. (1999). *The impact of welfare reform on grandparents raising grandchildren* (Working Paper No. 99-18). San Francisco: Public Policy Institute of California.

Pecora, P. J., Whittaker, J. K., Maluccio, A. N., & Barth, R. P., with Plotnick, R. D. (2000). *The child welfare challenge*. New York: Aldine de Gruyter.

U.S. General Accounting Office. (1999). *Foster care: Kinship care quality and permanency issues* (GAO/HEHS 99-32). Washington, DC: Author.

Wilson, D. B., & Allen, M. L. (1998). Kinship caregiving and the child welfare system. In Generations United (Ed.), *Grandparents and other relatives raising children: Background papers from Generations United Expert Symposium* (pp. 26-35). Washington, DC: Generations United.

HANDOUT #6
FINANCING REVIEW FOR KINSHIP CARE

Financial Category	***Criteria***	***Age***	**Rate**	**Other**
Adoption Assistance Program (AAP)	The Dependency Court terminates jurisdiction. The child must be under 18 years of age. The adoptive family has signed or agreed to sign an adoption assistance agreement. Medi-Cal benefits continue.	0-4 5-8 9-11 12-14 15-19	Not higher than foster care. In Los Angeles, same as foster care rate. Special Needs rates apply.	Reviewed every two years; continues until age 18, or 21 if child has a handicap; no means test. The benefit is based on the child's needs and the family's ability to meet needs.
CalWORKS California's version of Temporary Assistance to Needy Families (TANF), formerly Aid to Families with Dependent Children (AFDC)	CalWORKS is a cash aid program for needy families with one or more eligible children. The child must be deprived parental support (e.g., one or both parents are absent, unemployed or underemployed, or disabled). Eligibility continues until the child is 18 or 19 if in high school/ training. There is no increased benefit for an additional child born after 8/31/97 (with exceptions). The child is eligible for Medi-Cal and Food Stamps. Persons with drug-related felony convictions after 12/31/97 are not eligible. Non-needy caretakers get an exempt grant for the children.	0-18, or 19	Depends on region and exemption. In Los Angeles, $373 for exempt or $336 non-exempt (for one child) as of 10/01.	There is a 60-month time limit for CalWORKs adult recipients. There are exceptions: (a) all caregiver(s) or parent(s) must be 60 years of age or older; (b) the county determines that the caregiver's capacity to work is impaired by care for a child who is a dependent of the court, care of an ill household member, or the caregiver has a disability. Non-parent caregivers are exempt from welfare-to-work requirements under the same conditions as above: (a) and (b).

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Financial Category	**Criteria**	**Age**	**Rate**	**Other**
Foster care funds or Youakim funds	The minor child is under the jurisdiction of the dependency court and supervised by DCFS. Also, the child was eligible for CalWORKS/AFDC in the home from which he/she was removed, during the month of petition or within the prior six month. And, the child must have lived with the parent/relative from whom he/she was separated within six months prior to petition.	0-4 5-8 9-11 12-14 15-19	$425 462 500 546 597 Los Angeles rates 7/01.	New federal restrictions require relative caregivers, and their homes, to meet the same standards as non-related licensed foster parents. A relative whose only child gets foster care (or AAP or Kin-GAP) can get CalWORKS for him/herself.
KinGAP	A relative becomes the legal guardian and dependency jurisdiction is terminated. The child has to have lived with that relative for at least 12 months. Also, the minor must meet the basic CalWORKS requirements. Medi-Cal benefits continue. (Reviewed every year.)	0-4 5-8 9-11 12-14 15-19	$425 462 500 546 597 Los Angeles rates 7/01.	KinGAP is the same rate as Youakim. The two main differences are that (a) social workers no longer visit the home, and (b) no more court hearings. If a caregiver has a special needs child, then KinGAP is not a good option for the family.
Supplemental Security Income (SSI)	A child must have a physical or mental condition that meets federal standards, as determined by medical evidence. The case is usually reviewed at least every three years, to evaluate the current medical status of the child.	0-18, 19	SSI rate is lower than Foster Care Special Needs rate.	The child who loses SSI will not lose Medicaid/Medi-Cal benefits if the family income is low.

Note - This chart was created based on information obtained from Legal Aid Foundation of Los Angeles (2001b); foster care rates were provided by Los Angeles County Department of Children and Family Services, Los Angeles.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

HANDOUT #7
KINSHIP CARE: MORE LIKE FAMILY PRESERVATION? OR MORE LIKE FAMILY FOSTER CARE?

Family Preservation

Family preservation is "a philosophy that supports policies, programs, and practices which recognize the central importance of the biological family to human beings" (Warsh, Pine, & Maluccio, 1995, p. 265). As a philosophy, it "relates to kinship care, reunification from foster care, and child protective services decision-making" (Downs et al., 2000, p. 272). The theory base typically reflects ecological systems and family systems along with cognitive-behavioral approaches. Common elements include:

- Making a commitment to maintaining children in their own families.
- Focusing on the entire family instead of on individuals.
- Working with families in their own homes and communities.
- Providing comprehensive services to meet a variety of concrete and supportive needs.
- Teaching family members skills.
- Using flexible funding.
- Keeping caseloads small.
- Having time-limited services (Downs et al., 2000).

Family Foster Care

Family foster care is

> an essential child welfare service option for children and parents who must live apart while maintaining legal and, usually, affectional ties. When children and parents must be separated because of the tragedy of physical abuse, sexual abuse, neglect, maltreatment, or special circumstances, family foster care provides a planned, goal-directed service in which the care of children and youth takes place in an agency-approved family. The value of family foster care is that it can respond to the unique, individual needs of infants, children, youth, and their families through the strength of family living, and through family and community supports. The goal of family foster care is to provide opportunities for healing, growth, and development leading to healthier infants, children, youth, and families, with safe, nurturing relationships intended to be permanent (National Commission on Family Foster Care, 1991, p. 6).

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Kinship Care

Kinship care is

> the full-time nurturing and protection of children who must be separated from their parents by relatives, members of their tribes or clans, godparents, step-parents, or other adults who have a kinship bond with a child. Kinship arrangements vary. While they always involve caregiving by kin, the arrangements themselves may be made between and among family members or, alternatively, may involve child welfare agencies (Child Welfare League of America, 1994, p. 2).
>
> …formal kinship care involves the parenting of children by kin as a result of determination by the court and the public child protective service agency that a child must be separated from his or her parents because of abuse, neglect, dependency, abandonment, or special medical circumstances….While many issues remain regarding the nature of kinship care and its primary role as a family preservation service or as an alternative to family foster care, formal kinship care in its current context is tied inextricably to foster care (Child Welfare League of America, 1994, pp. 3-4).

Kinship care can be viewed as a "form of extended family preservation; original ties to the family are maintained, but under the close supervision and support of the social services agency" (Berrick et al., 1994, p. 59).

Kinship care is more like family foster care because…

- In 1979, the U.S. Supreme Court ruled on a case named Miller v. Youakim. This case was originally filed by relatives in Illinois who sued to obtain the same financial supports as foster parents for the care of abused and neglected children. Prior to that, relatives were eligible only for what was then AFDC (now TANF) and the financial subsidy for welfare assistance was considerably lower than foster care payments. The Supreme Court held that relatives had the same financial standing as foster parents, providing that they met their state requirements for fostering.

- Many jurisdictions require kinship caregivers to be licensed as foster parents.

- Children in kinship care typically are carried in foster care caseloads.

But…

- Relatives sometimes cannot meet the licensing requirements for foster care, especially because of lack of financial ability, age, existing obligations to care for

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

other children, substance abuse by the relatives, or concerns by the child welfare agency about future abuse or neglect (National Black Child Development Institute, 1991), as well as housing/space.

- Relatives do not want or need, in some cases, the training that is especially designed for foster parents and which often is a licensing requirement.

- The children, especially the adolescents, who live with their relatives do not view themselves as "foster children" and a "visit" by a caseworker to their home or school often causes considerable anxiety at most and embarrassment at least.

- Kinship caregivers may not be able to set limits on parental contact because the parents typically know the location of their children and kinship caregivers may not be willing and/or able to set limits on parental contact.

Children placed with kin are less likely to be reunified or unified with birth parents; and are more likely to stay in foster care status longer than children placed with foster parents. (Barth, Courtney, Berrick, & Albert, 1994; Gleeson, 1999). Major factors contributing to this finding include: caseworkers and kin view children as already with family and thus have no need for "reunification;" grandparents and other relatives are uncomfortable with adoption, preferring instead long-term care; and parents have access to the children and can maintain contact, making termination of parental rights less likely.

- Children placed with kin are less likely to be adopted.

Kinship care is more like family preservation because…

- Parents often know the location of their children and contact may take place more frequently and informally than is typically arranged for family foster care.

- When placement changes are made, children are more likely to move to other extended family (Berrick, Needell, & Barth, 1995).

- Children with kin are more likely to have siblings with them (Berrick et al., 1995).

- Kinship families need services for the whole family, such as housing and household furniture (beds), legal and financial supports, and health care.

But…

- While some states use child protection regulation and standards to assess the suitability of a prospective kinship caregiver, other jurisdictions use foster care

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

licensing/certification standards and, in some cases, waive those standards (Gleeson & Craig, 1994).

And…

In a national survey of 1,096 state child welfare administrators, there was "unequivocal" agreement that "relative foster parents" should:

- Be maintained within the formal child welfare system.
- Receive the same services and pay as foster parents.
- Be held to the same standards and responsibilities as foster parents (Berrick & Lawrence-Karski, 1995).

Finally, consider that, as stated by Maya Angelou…

> Each family is so complex as to be known and understood only in part even by its own members. Families struggle with contradictions as massive as Everest, as fluid and changing as the Mississippi…Yet, when practical the preference should be for family (Angelou, 1985, Introduction, para. 17).

References

Angelou, M. (1985). Introduction. In Edna McConnell Clark Foundation, *Keeping families together: The case for family preservation* (Introduction, para. 17). New York: Edna McConnell Clark Foundation.

Barth, R. P., Courtney, M., Berrick, J. D., & Albert, V. (1994). *From child abuse to permanency planning: Child welfare services pathways and placements*. New York: Aldine de Gruyter.

Berrick, J. D., Barth, R. P., & Needell, B. (1994). A comparison of kinship foster homes and foster family homes: Implications for kinship foster care as family preservation. *Children and Youth Services Review, 16*(1/2), 33-63.

Berrick, J. D., & Lawrence-Karski, R. (1995). Emerging issues in child welfare. *Public Welfare, 53*, 4-11.

Berrick, J. D., Needell, B., & Barth, R. P. (1995). *Kinship care in California: An empirically based curriculum*. Berkeley, CA: California Social Work Education Center.

Child Welfare League of America. (1994). *Kinship care: A natural bridge*. Washington, DC: Child Welfare League of America.

Downs, S., Moore, E., McFadden, E. J., & Costin, L. (2000). *Child welfare and family services – policies and practices* (6th ed.). Boston: Allyn & Bacon.

Gleeson, J. P. (1999). Kinship care as a child welfare system: What do we really know? In J. P. Gleeson, & C. F. Hairston (Eds.), *Kinship care: Improving practice through research* (pp. 3-34). Washington, DC: Child Welfare League of America.

Gleeson, J. P. & Craig, L. C. (1994). Kinship care in child welfare: An analysis of states' policies. *Children and Youth Services Review, 16*(1/2), 7-32.

National Black Child Development Institute. (1991). *Parental drug abuse and African American children in foster care: Issues and study findings*. Washington, DC: Author.

National Commission on Family Foster Care. (1991). *A blueprint for fostering infants, children, and youths in the 1990s.* Washington, DC: Child Welfare League of America.

Warsh, R., Pine, B., & Maluccio, A. N. (1995). Essay, the meaning of family preservation: Shared mission; diverse methods. *Families in Society: The Journal of Contemporary Human Services*, *76*(10), pp. 625-626.

HANDOUT #8
THE FINE LINE BETWEEN INFORMAL AND FORMAL GRANDPARENT CAREGIVERS

In terms of characteristics and needs, there is a fine line between two groups of grandmothers as parents: (a) informal caregivers (those providing care outside of the child welfare system) and (b) formal caregivers (those providing care under the auspices of the child welfare system).

The following data were collected from 373 grandmothers providing care informally and from 208 grandmothers providing care through the Los Angeles County Department of Children and Family Services. The sample was limited to grandmothers raising school-aged grandchildren. Efforts were made to sample roughly equal numbers of African American, Latina, and white grandmothers. Recruitment was conducted through the schools, media announcements, community agencies, and word of mouth. Face-to face-interviews, lasting about one hour each, were conducted by ethnically and linguistically matched interviewers. Grandmothers were asked to describe themselves, their grandchild's parents, and one grandchild in detail. Questions included demographic characteristics, grandchild's behavioral problems, reasons for assuming care, and grandmother's health and mental health.

- There were more **similarities** than differences between the two groups in terms of grandmother demographic characteristics. The following showed no significant differences.

	Informal Caregivers	**Formal Caregivers**	**X^2 or t**
Age	56.4 years	57.3 years	t=1.21
Education Level	12.1 years	11.6 years	t=1.74
Employed Full- or Part-Time	41.0%	39.9%	X^2= 3.05
Per Capita Household Income	$9,802	$8,935	t=1.40
Living in Poverty	22.8%	26.9%	X^2= 1.03
Born in US	82.0%	82.2%	X^2= 0.00

- However, the following grandmother demographic characteristics did distinguish the two groups. **Informal** caregiving grandmothers were more likely to be married or cohabitating. **Formal** caregiving grandmothers were caring for more grandchildren in the home.

	Informal Caregivers	**Formal Caregivers**	**X^2 or t**
Married or Cohabitating	**43.4%**	33.2%	X^2= 5.45*
Number of Grandchildren in Home	1.8	**2.3**	t=4.21**

*p<.05 **p<.001

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

- There were also more **similarities** than differences between the two groups in terms of grandchild characteristics. No significant differences were found for the following overall ratings.

Type of Problem	Informal Caregivers	Formal Caregivers	X^2
Physical Health	12.1%	10.1%	0.34
Learning or School	20.6%	26.9%	0.64
Emotional or Behavioral	27.9%	34.1%	0.19

- However, grandchildren cared for **informally** had been living in the grandmother's home for a longer period of time. Those cared for **formally** had higher scores on an indicator of child behavioral problems (Stiffman, Orme, Evans, Feldman, & Keeney, 1984).

	Informal Caregivers	Formal Caregivers	t
Time Living with Grandmother	**6.9 years**	6.0 years	2.72*
Behavior Rating Index for Children	24.6	**28.3**	2.58*

*p<.01

- There were **marked similarities**, and no significant differences, between the two groups in terms of grandmother mental and physical health.

	Informal Caregivers	Formal Caregivers	t
General Mental Health	52.4	52.7	0.34
General Physical Health	46.4	48.1	1.72

- **Reasons for assuming care** of the grandchild were the primary distinguishing factors between the two groups.

- Nearly all reasons related to parental development were more likely to be reported by **informal** caregiving grandmothers.

	Informal Caregivers	Formal Caregivers	X^2
Developmental, Mother			
Teenage	**30.9%**	21.1%	5.74*
In school	**19.2%**	9.8%	7.90**
Working	**18.7%**	5.4%	18.03***
Developmental, Father			
Teenage	**19.9%**	7.8%	11.09***
In school	**12.5%**	8.4%	1.44
Working	**23.0%**	11.4%	8.64**

*p<.05, **p<.01, ***p<.001

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

- All reasons related to substance abuse were more likely to be reported by **formal** caregiving grandmothers.

	Informal Caregivers	Formal Caregivers	X^2
Substance Abuse, Mother			
Drugs	42.7%	**73.8%**	48.12**
Alcohol	22.2%	**39.9%**	18.59**
Substance Abuse, Father			
Drugs	39.9%	**51.8%**	5.69*
Alcohol	23.1%	**33.3%**	5.20*

* p<.05
**p<.001

- Physical and sexual child abuse did not distinguish the two groups. Only neglect was more likely to be reported by **formal** caregiving grandmothers.

	Informal Caregivers	Formal Caregivers	X^2
Child Abuse/Neglect, Mother			
Physical	10.7%	9.5%	0.11
Sexual	0.9%	2.0%	NA
Neglect	41.9%	**65.2%**	26.97**
Child Abuse/Neglect, Father			
Physical	6.2%	6.6%	0.00
Sexual	1.3%	1.8%	NA
Neglect	24.2%	**38.0%**	9.21*

Note: NA because there were too few cases of sexual abuse.
*p<.01
**p<.001

- Reasons related to family benefit were mixed. **Informal** caregiving grandmothers were more likely to report wanting to help the parents financially and to enable the grandchild to attend a better school district.

	Informal Caregivers	Formal Caregivers	X^2
Family Benefit			
Help parents financially	**40.8%**	29.8%	6.41*
Better school district	**34.9%**	26.6%	3.83*

*p<.05

- The groups were **equally** likely to report medical problems of the grandchild, the desire to avoid a babysitter or day care arrangement, and the grandmother's wish to have something to do.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

	Informal Caregivers	Formal Caregivers	X^2
Family Benefit			
Medical problems of grandchild	12.1%	13.5%	0.13
Avoid babysitter or day care	22.8%	16.8%	2.54
Gave grandmother something to do	36.5%	28.8%	3.13

- **Formal** caregiving grandmothers were much more likely than other grandmothers to report the avoidance of foster care as a reason for assuming the care of their grandchild.

	Informal Caregivers	Formal Caregivers	X^2
Family Benefit			
Avoid foster care	37.1%	**57.0%**	20.57*

*p<.001

- Notably, the above differences in reasons for assuming care remained apparent after controlling statistically for grandmother characteristics, grandchild characteristics, parental involvement, and grandmother well-being.

    - Reasons for assuming care related to parental development decreased the odds of being in the formal child welfare system by about 30%.

    - Grandmothers who reported substance abuse as a reason for assuming care were **2.8 times more likely** than other grandmothers to be in the formal child welfare system.

    - Grandmothers who reported child abuse or neglect as a reason for assuming care were **2 times more likely** than other grandmothers to be in the formal child welfare system.

    - Grandmothers who reported wanting to avoid foster care as a reason for assuming care were **2 times more likely** than other grandmothers to be in the formal child welfare system.

References

Goodman, C. C., Potts, M., Pasztor, E. M., & Scorzo, D. (2002). *Grandmothers as caregivers: Informal arrangements compared to formal child welfare oversight.* Manuscript submitted for publication.

Stiffman, A. R., Orme, J. G., Evans, D. A., Feldman, R. A., & Keeney, P. A. (1984). A brief measure of children's behavior problems: The Behavior Rating Index for Children. *Measurement and Evaluation in Counseling and Development, 17*(2), 83-90.

HANDOUT #9
CHILD WELFARE OUTCOMES

For the first time, the federal government has "unequivocally established that national goals for children in the child welfare system are safety, permanency, and well-being" (U.S. Department of Health and Human Services [DHHS], 1999, pp. 45552-45554). To help achieve these goals, this legislation requires the DHHS to assess state and federal progress in achieving seven specific outcomes measures as the basis for annual reports to Congress on the performance of each state. These are:

- Outcome 1 - reduce recurrence of child abuse and neglect.
- Outcome 2 - reduce the incidence of child abuse and/or neglect in foster care.
- Outcome 3 - increase permanency for children in foster care.
- Outcome 4 - reduce time in foster care to reunification without increasing re-entry.
- Outcome 5 - reduce time in foster care to adoption.
- Outcome 6 - increase placement stability.
- Outcome 7 - reduce placements of young children in group homes or institutions

(U.S. Department of Health and Human Services, 1999).

The following explains the national standards used to measure these outcomes and compares the national standards to California's actual results (Needell et al., 2003):

Safety Outcomes: Children are, first and foremost, protected from abuse and neglect.

- *Recurrence of maltreatment*
  Of all children who were victims of substantiated or indicated child abuse and/or neglect during the first 6 months of the reporting period, 11.6% had another substantiated or indicated report within a 6-month period. **The National Standard is 6.1%.**

- *Incidence of child abuse and/or neglect in foster care.*
  Of all children in foster care in the state during the period under review, 0.75% were the subject of substantiated or indicated maltreatment by a foster parent or facility staff. **The National Standard is 0.57%.**

Permanency Outcomes: Children have permanency and stability in their living situations.

- *Foster care re-entries*
  Of all children who entered care during the year under review, 9.3% re-entered foster care within 12 months of a prior foster care episode. **The National Standard is 8.6%.**

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

- *Stability of foster care placement*
  Of all children who have been in foster care less than 12 months from the time of the latest removal, 84.8% had no more than two placement settings. **The National Standard is 86.7%.**

- *Length of time to achieve adoption goal*
  Of all the children who exited foster care during the period under review to a finalized adoption, 20.3% exited care less than 24 months from the time of the latest removal from home. **The National Standard is 32.0%.**

- *Length of time to achieve reunification*
  Of all children who were reunified with their parents or caregivers at the time of the discharge from foster care, 63.0% were reunified in less than 12 months from the time of the latest removal from home. **The National Standard is 76.2%** (U.S. DHHS, 2001).

The federal government has postponed citing national standards for child well-being. Typical indicators of child well-being are economic security (i.e., the number of children living in poverty), health (i.e., the number of children immunized or the adolescent birth rate), behavior and social environment (i.e., the number of children who use alcohol and other drugs), and education (i.e., the percentage of high school graduates; Forum on Child and Family Statistics, 2001).

However, The Urban Institute has published "the first national overview of the well-being of children involved with the child welfare system" based on data from the 1997 and 1999 National Survey of America's Families (Kortenkamp & Ehrle, 2002, p. 1). Findings included:

- Children in the child welfare system are more likely to have emotional and behavioral problems than other children, and children placed with foster parents or relatives are more likely to have high levels of behavior problems,

  to have been suspended or expelled from school, and to have received mental health services.

- Over one quarter of children placed with foster parents or kin have a physical, learning, or mental health condition that limits their activities.

- Many children have been placed with foster parents and relatives who themselves reported poor mental health and high levels of aggravation with the children.
- Over one third of children in the child welfare system with high levels of behavioral and emotional problems have not received mental health services, and little stimulation was reported for young children placed with foster parents or kin.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

- The well-being of many children involved with the child welfare system is compromised and their caregivers are often strained.

- Administrators must addresses such challenges as: recruiting foster parents to care for children with complex needs; finding adoptive families to develop lasting attachments with traumatized children; and providing caseworkers with sufficient time to make assessments and referrals, especially to mental heath and medical services (Kortenkamp & Ehrle, pp. 1-7).

References

Forum on Child and Family Statistics. (2001). *America's children 2001 – Highlights and list of indicators.* Retrieved March 28, 2003, from http://childstats.gov/ac2001/highlight.asp

Kortenkamp, K., & Ehrle, J. (2002). *The well-being of children involved with the child welfare system: A national overview* (Series B, No. B-43). Retrieved March 28, 2003, from http://www.urban.org/content/Research/NewFederalism/Publications/PublicationsbyTopic/Income/ChildWelfare/Child/htm

Needell, B., Webster, D., Cuccaro-Alamin, S., Armijo, M., Lee, S., Brookhart, A., et al. (2003). *Child welfare service reports for California.* Retrieved June 16, 2003, from University of California at Berkeley Center for Social Services Research website http://cssr.berkeley.edu/CWSCMSreports.

U.S. Department of Health and Human Services. (1999). *Federal register* (August, 45552-45554). Washington, DC: U.S. Government Printing Office.

U.S. Department of Health and Human Services, Administration for Children, Youth and Families. (2001, February 21). *Information memorandum – Federal child and family services review outcomes/national standards.* Washington, DC: Author.

HANDOUT #10
DEFINITIONS

Kinship Care

Kinship care is the full-time protection and nurturing of children by adults to whom a family relationship is ascribed by attachment and/or by law, when the children's mothers and fathers do not have the ability, resources, or willingness to parent them. The term "kinship care" is used to differentiate the unique nature of this child-caring arrangement from family foster care, which is a program in which foster parents are specially recruited, selected, trained, and retained to be service providers for unrelated groups of children over time.

Kinship care builds on the traditional strength of family relationships while recognizing that the entire family (children, parents, and kinship caregivers) may need an array of services. These services may be legal, financial, health and mental health, educational, counseling, and even housing assistance. Collaboration between the family and the service providers may provide the most effective method to assess and ensure that culturally appropriate services are available. While the primary form of financing for formal kinship care is through the foster care system, the conceptual framework and therefore practice skills used by social workers should be from the family preservation model.

Whether kinship care is informally arranged by families or formally supported by child welfare agencies, professionals and families together should collaborate and advocate for legislation and policies that promote child safety, well-being, and permanency through the strength of family relationships.

Kinship Caregiver

Kinship caregivers provide full-time protection and nurturing for children who are related by attachment and/or by law. Typically grandparents, these caregivers also may be aunts and uncles, older siblings, members of a tribe or clan, or others with whom the child has a previously established healthy attachment. Whether kinship caregivers are raising children through informal family arrangements or formally through child welfare agencies, they may need an array of services to ensure the safety, well-being, and permanency of the children in their care. The most effective relationship between caregivers and service providers is collaboration to ensure that culturally appropriate services are assessed and accessed.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Caseworker/Social Worker

The individuals assigned by child welfare agencies to work collaboratively with kinship caregivers have a variety of titles. They may be caseworkers, case managers, children's service workers, or social workers. Despite a variety of titles, they are responsible for working with kinship caregivers, other family members, and other service providers to help ensure that culturally appropriate services are assessed and accessed. The title "social worker" is ascribed to those individuals with a bachelor's or master's degree from an accredited school or department of social work.

Collaboration

Collaboration is a process by which adults who have, by attachment or authority, the responsibility for a child's safety, well-being, and permanency support each other in the fulfillment of their respective commitments. This support is demonstrated by:

- Respecting the knowledge, skills, and experiences of others.
- Building trust by meeting needs.
- Facilitating open communication.
- Creating an atmosphere in which cultural traditions, values, and diversity are respected.
- Using negotiation skills.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

HANDOUT #11
IN SEARCH OF A DEFINITION FOR A PRACTICE MODEL

Kinship caregivers have a child in their care; social workers have a child in their caseload. They have in common a commitment to the child's safety, well-being, and connection to lifetime relationships (permanency). Various terms could be used to describe the relationship, such as partnership, teamwork, cooperation, and coordination. Here are definitions for those terms, concluding with collaboration. It is collaboration that is being proposed as the process for an effective relationship.

Partnership

- Individuals engaged in an activity in common with another; individuals engaged in the same business enterprise contributing resources and sharing in the profits and risks; persons on the same side or competing against each other (Guralnik, 1976).

- Someone with whom you play a game or activity (e.g., cards, tennis, or dancing); someone with whom you are emotionally and/or legally involved (e.g., a marriage, family, or household partner; Pasztor & Jones, 1988).

- The legal, emotional and/or social relationship between child welfare agencies, foster parents, and parents of children in care (Pasztor, 1985).

Teamwork

- Joint action by a group of people in which individual interests are subordinated to group unity and efficiency (Guralnik, 1976).

- Two or more people who share common purposes, goals, objectives, and values; have complementary roles with individual expertise needed by the team to achieve its goals; make mutually agreed-upon decisions; work together to implement decisions and plans; have established methods for preventing and resolving conflict; assess achievement of goals and objectives; and reframe goals and objectives, roles and expertise needed, decisions and plans, and ways of resolving conflict accordingly (Pasztor et al., 1992).

Cooperation

- An association of a number of people in an enterprise for mutual benefits or profits (Guralnik, 1976).

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

- Shorter-term informal relations that exist without any clearly defined mission, structure, or planning effort. Individuals share information only about the subject at hand. Each retains authority and keeps resources separate, so virtually no risk exists (Winer & Ray, 1994).

Coordination

- To bring into proper order for harmonious action (Guralnik, 1976).

- Formal relationship and understanding of mission; longer-term interaction around a specific effort; requires some planning and division of roles; authority rests with individuals and everyone's risk increases; power can be an issue (Winer & Ray, 1994).

Collaboration

- A more durable and pervasive relationship with comprehensive planning and well-defined communication; authority is determined; power is an issue and can be unequal; members pool or jointly secure resources and share the results and rewards (Winer & Ray, 1994).

- Interdisciplinary collaboration—Process by which the expertise of different categories of professionals is shared and coordinated to resolve the problems of clients (Andrews, 1990).

- Interorganizational collaboration—Process by which independent organizations commit to working together for specific purposes and tangible outcomes; they maintain their own autonomy and terminate their collaboration when their purpose is met (Mizrahi & Rosenthal, 1992).

- A mutually beneficial and well-defined relationship to achieve a common goal; components are: mutual respect, understanding, trust, history of cooperation or collaboration in the community, diverse representatives, open and frequent communication, equal participation in decision making, shared goals and objectives that are clear and realistic, and ownership of the outcomes; (Mattessich & Monsey, 1992).

- A process that begins with the premise that professionals, and the agencies or programs in which they work, work for the customer (Orelove & Garner, 1998).

- Collaborative teamwork: individuals working hard to identify and embrace common values and goals while seeking to understand and celebrate differences in background, philosophy, approaches, etc. An understanding of what is common and

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

what is different comes from commitment and trust that grows from hard work over time (Orelove & Garner, 1998).

- A way of thinking and relating, a philosophy, a paradigm shift, an attitude change requiring a set of behaviors, beliefs, attitudes, and values. Collaboration involves parent and professional, professional and child, parent and parent, professional and professional, agency and parent…it will not look the same for all families and professionals…collaboration will be simple to develop in some relationships, more complex and demanding in others (Bishop et al., 1993).

- Collaboration promotes the primary values of social work—respect for the uniqueness and dignity of the individual and self-determination. Lack of collaboration often undermines these values, and interventions tend to reflect problems rather than provide viable alternatives. Collaboration as a process of working together for mutual benefit should be built into the standard operating procedures of social work agencies (Carroll, 1980).

A process by which adults who have, by attachment or authority, the responsibility for a child's safety, well-being, and permanency support each other in the fulfillment of their respective commitments. This support is demonstrated by:

- Respecting the knowledge, skills, and experiences of others.
- Building trust by meeting needs.
- Facilitating open communication.
- Creating an atmosphere in which cultural traditions, values, and diversity are respected.
- Using negotiation skills.

References

Andrews, A. B. (1990). Interdisciplinary and interorganizational collaboration. In *Encyclopedia of Social Work* (18th ed.; Vol. 2, pp. 1479-1489). Silver Spring, MD: National Association of Social Work Press.

Bishop, K., Woll, J., & Arango, P. (1993). *Family/professional collaboration for children with special health needs and their families.* Burlington: Department of Social Work, University of Vermont.

Carroll, M. (1980). Collaboration with social work clients: A review of the literature. *Child Welfare. 59*(7), 407-417.

Guralnik, D.B. (Ed.) (1976). *New world dictionary.* Cleveland, OH: William Collins & World Publishing Co., Inc.

Mattessich, P., & Monsey, B. (1992). *Collaboration: What makes it work.* St. Paul, MN: Wilder Research Center.

Mizrahi, T., & Rosenthal, B. (1992). Managing dynamic tensions in social change coalitions. In T. Mizrahi & J. Morrison (Eds.), *Community organization and social administration: Advances, trends and emerging principles* (pp. 11-40). New York: Haworth Press.

Orelove, F. P., & Garner, H. G. (1998). *Teamwork–Parents and professionals speak for themselves.* Washington, DC: CWLA Press.

Pasztor, E. M. (1985). *Model Approach to Partnerships in Parenting (MAPP).* Atlanta, GA: Child Welfare Institute.

Pasztor, E. M., & Jones, M. (1988). *Partnerships in parenting–Working with parents of children in foster care to support reunification.* Atlanta, GA: Child Welfare Institute.

Pasztor, E. M., Polowy, M., Leighton, M., & Conte, R. (1992). *The ultimate challenge: foster parenting in the 1990s.* Washington, DC: Child Welfare League of America.

Winer, M., & Ray, K. (1994). *Collaboration handbook–Creating, sustaining, and enjoying the journey.* St. Paul, MN: Amherst H. Wilder Foundation.

HANDOUT #12
THE DEMOGRAPHIC GAP BETWEEN KINSHIP CAREGIVERS AND CHILD WELFARE WORKERS

Los Angeles County Focus Groups

The data reported in Table 1 came from a series of focus groups with kinship caregivers and child welfare caseworkers/social workers or supervisors from the Department of Children and Family Services (DCFS) in Los Angeles County. Four focus groups were held with kinship caregivers and three with DCFS caseworkers/social workers. Their demographic characteristics, although not representative of all kinship caregivers or all child welfare caseworkers/social workers, illustrate the extent to which there exists a "demographic gap" between these two groups. Among these focus group participants, it is clear that the kinship caregivers were older, more likely to be African American/black, and more likely to be living without a spouse/partner in comparison to the caseworkers/social workers. In contrast, the social workers were more highly educated (all had at least a college degree compared to only 6 {17.1%} of the kinship caregivers) and had higher incomes (nearly two thirds earned $50,000 or more compared to only 1 {5.0%} of the kinship caregivers).

TABLE 1. Demographics of Focus Group Participants

Characteristic	Kinship Caregivers (N = 35)		Child Welfare Social Workers or Supervisors (N = 27)	
	#	(%)	#	(%)
Age (Years)*				
40 or less	3	(8.6)	9	(39.1)
41-60	18	(51.4)	11	(47.8)
Over 60	14	(40.0)	3	(13.0)
Gender				
Female	35	(100.0)	23	(85.2)
Male	0	(0.0)	4	(14.8)
Ethnicity				
African American/Black	26	(74.3)	7	(25.9)
White	6	(17.1)	10	(37.0)
Hispanic	1	(2.9)	5	(18.5)
Other	2	(5.7)	5	(18.5)
Marital Status*				
Divorced or separated	16	(45.7)	6	(23.1)
Widowed	7	(20.0)	1	(3.8)
Married	6	(17.1)	9	(34.6)
Single, never married	6	(17.1)	10	(38.5)

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

TABLE 1. Demographics of Focus Group Participants (cont'd)				
Characteristic	**Kinship Caregivers (N = 35)**		**Child Welfare Social Workers or Supervisors (N = 27)**	
	#	**(%)**	**#**	**(%)**
Education Level				
High school or less	21	(60.0)	0	(0.0)
Some college	8	(22.9)	0	(0.0)
College or beyond	6	(17.1)	27	(100.0)
Annual Family Income*				
Under $30,000	14	(70.0)	0	(0.0)
$30,000-$49,999	5	(25.0)	8	(38.1)
$50,000 or more	1	(5.0)	13	(61.9)

*Contained missing data.

National Data on Kinship Caregivers and California Data on Child Welfare Workers and Their Clients

National data from the Current Population Survey, 1992-1994 (Harden et al., 1997), and California data from a study of the public child welfare workforce (Perry et al., 1998), also indicate that there is a "demographic gap" between kinship caregivers and child welfare social workers. These statistics reflect all kinship caregivers and not only grandparents. Again, it is apparent that kinship caregivers tend to be older, less highly educated, and poorer.

National Data on Kinship Caregivers

- 43.8% are single females
- 56.5% of female kinship caregivers are 50 years old or older
- 27.2% of female kinship caregivers are 60 years old or older
- 42.6% have not graduated from high school
- 8.1% are college graduates
- 38.8% are living below the federal poverty line
- 27.0% receive public assistance, 14.5% receive Supplemental Security Income benefits, and 34.6% receive Social Security benefits

California Data on Child Welfare Workers

- Mean age = 40.4 years
- Mean annual salary = $37,141

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Ethnicity: California Data on Kinship Caregiver Clients and Child Welfare Workers

- Kinship caregiver clients are *more* likely than child welfare workers to be African American/Black or Hispanic/Latino(a).
- Kinship caregiver clients are *less* likely than child welfare workers to be white.
- This is the case for both California as a whole and for Los Angeles County.
- Although Los Angeles County has proportionally more African American/Black child welfare workers, the disparity between clients and workers is greater than is the case for California as a whole.

TABLE 2. Ethnicity: Kinship Caregiver Clients and Child Welfare Workers, California and Los Angeles County

	African American/Black	Hispanic/ Latino(a)	White
California, Mean %			
Kinship Caregiver Clients	24.2	31.0	38.8
Child Welfare Workers	13.6	17.7	53.3
Difference	10.6	13.3	-14.5
Los Angeles County, %			
Kinship Caregiver Clients	39.9	38.7	19.1
Child Welfare Workers	23.8	24.8	34.5
Difference	16.1	13.9	-15.4

References

Harden, A. W., Clark, R. L., and Maguire, K. (1997). *Informal and formal kinship care*. ASPE Task Order HHS-100-95-0021. Washington, DC: Division of Children and Youth Policy, Office of the Assistant Secretary for Planning and Evaluation, US Department of Health and Human Services,

Perry, R., Limb, G., Rogers, K., and Dickinson, N. (1998). *A report on the public child welfare workforce in California*. Berkeley, CA: California Social Work Education Center (CalSWEC).

HANDOUT #13
ISSUES FOR COLLABORATION:
DATA COLLECTION INSTRUMENT

Questions for Kinship Caregivers Focus Group

Part I: Protocol

1. Welcome participants and introduce project

   "Good (morning, afternoon, evening). My name is Eileen Pasztor and, on behalf of our California State University, Long Beach Kinship Caregivers Project, thank you for giving us the benefit of your valuable time and expertise and to talk with us about your successes and concerns regarding your experiences raising your grandchildren.

   I am joined today by (identify name and role of other Project staff). We especially want to thank (identify name of host or focus group arranger) for providing the opportunity for us to meet together.

   As we discussed by phone, the purpose of our project is to learn how you and your grandchildren are helped and/or are hindered by your connection to the Department of Children and Family Services. We are interested in how your experiences in getting supports and services may be different from grandparents whose children are not in the custody of social services."

2. Review the "Informed Consent Form"

   "As we discussed by phone, you need to complete an Informed Consent Form. Let's read the form together and I will answer any questions you might have to be certain you understand."

3. Negotiate "ground rules" in addition to the Informed Consent Form.

   "In addition to our written agreements, let's discuss several other issues. These include:

   a. Having only one person talking at a time
   b. Keeping a list of who wants to talk next
   c. Ending time
   d. Clarifying terms, such as "kinship caregiver," "the Department," "CSW"

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

4. Obtain general demographic information

"In order to know something about the expertise of you as a group, it would be helpful if each of you would take one of these little (index) cards and fill in the requested information:

a. When you became a kinship caregiver.
b. How many children are in your care and what are their ages?
c. Whether you are the maternal or paternal grandparent.

"As a way of 'warming up' to our discussion, perhaps we could take a few minutes to share some general information about ourselves. For example, I'm a social worker and a foster parent and adoptive parent. My husband and I are still providing support for our adult children who have special needs, at ages 37 and 27—they came to us when they were 13 and 10. Our foster daughter and her child also came back to live with us when her son was 10 years old. Now we also are taking care of two elders. Caring for children and caring for elders have been both blessings and challenges. "

"What about you? How many grandchildren do you have? What are their ages? How long have they been with you?"

"Now that we have warmed up a little, we want to talk about specific topics: legal custody experiences, financial support, medical care, school, family relationships, child management, counseling and other supports, rights and opportunities."

Part II: Focus Group Questions

1. Legal issues

a. What is the legal status of your grandchildren, that is, who has temporary or permanent custody?
b. What are your concerns, if any, about their status? Probe: Does the child understand the legal status? In what ways do other members of the family agree on the child's legal status and in what ways might they not agree?
c. Have you discussed the legal status issues or concerns with the CSW? Probe: If yes, what was the response? If no, why not?
d. Overall, how would you describe your relationship with the Department regarding your grandchild's legal status? Probe: Do you receive more help or hindrance? Explain/get examples.

2. Financial issues

a. How is financial support for your grandchildren provided?

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

b. What are your concerns, if any, about this support? Probe: How easy or difficult was it to obtain financial support? What or who has made it easier, and what or who made it more difficult?
c. Have you discussed financial issues or concerns with the CSW? Probe: If yes, what was the response? If no, why not?
d. Overall, how would you describe your relationship with the Department regarding financial support for your grandchildren? Probe: Do you receive more help or hindrance? Explain/get examples.

3. Medical care

a. How would you describe the health of your grandchildren? Probe: Good, poor, excellent? Do any of your grandchildren have special medical needs and/or do they take any kind of medication?
b. How do you obtain health care for your grandchildren?
c. What special medical needs, if any, do you have? Probe: Explain.
d. How do you obtain health care for yourself?
e. Have you discussed medical issues or concerns with the CSW? Probe: If yes, what was the response; if no, why not?
f. Overall, how would you describe your relationship with the Department regarding medical care for your grandchildren and yourself? Probe: Do you receive more help or hindrance? Explain/get examples.

4. School/education issues

a. Did your grandchildren change schools when you became their caregiver?
b. If yes, were there any special issues in getting them enrolled? Probe: If yes, what were they (e.g., legal, financial, medical or other examples)? If no, why not?
c. How would you describe your grandchildren's school performance? Probe: Good, poor, excellent? Are any of your grandchildren receiving special education?
d. Have you discussed any school issues or concerns with the CSW? Probe: If yes, what was the response; if no, why not?
e. Overall, how would you describe your relationship with the Department regarding educational issues/concerns regarding your grandchildren? Probe: Do you receive more help or hindrance? Explain/get examples.

5. Child behavior/management

a. In what ways are your grandchildren well-behaved and in what ways are they not? Probe: In what ways are you successful in managing or disciplining your grandchildren and what challenges do you have? What

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

concerns do you have, if any, regarding keeping your grandchildren safe from gangs, drug involvement, and teenage pregnancy?

b. What policies or rules does the Department have that help you with your grandchildren or make it more difficult for you to manage them? Probe: Explain/get examples.
c. Have you discussed any child behavior/management issues or concerns with the CSW? Probe: If yes, what was the response; if no, why not?
d. Overall, how would you describe your relationship with the Department regarding child behavior/management issues/concerns? Probe: Do you receive more help or hindrance? Explain/get examples.

6. Child/parent, parent/grandparent and other family relationships

a. How would you describe the contact between: your grandchildren and their parents; you and your grandchildren's parents; and your grandchildren's parents and the Department? Probe: Explain/get examples
b. What policies or rules does the Department have that affect the above contact/relationships? Probe: Do these policies or rules make contact/relationships easier or more difficult? Explain/get examples.
c. In what ways do you have help or hindrance from other family members? Probe: Legal advice, financial help, medical care, school-related issues, child management?
d. Do you and the Department agree on the long-term goals for your grandchildren (i.e., return to parents, stay with you, guardianship, adoption)? Probe: If yes, how was this agreement reached? If no, why not? Explain/get examples. Probe: What is the understanding of your grandchildren and their parents regarding these goals?
e. Have you discussed any family relationship issues or concerns with the CSW? Probe: If yes, what was the response; if no, why not?
f. Overall, how would you describe your relationship with the Department concerning the "case" or "permanency" or "service planning" goals for your grandchildren? Probe: Do you receive more help or hindrance? Explain/get examples.

7. Support services

a. Are there specific supports or services you would like to have for your grandchildren, their parents, and you? Probe: Get examples, such as child counseling, family counseling, drug treatment or housing (for the parents), tutoring, respite care.
b. Have you discussed these needs or concerns with the CSW? Probe: If yes, what was the response? If no, why not? Probe: Get examples.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

c. How often do you see the CSW and how easy is it to contact the CSW by phone? Probe: Is this amount of contact supportive?
d. Overall, how would you describe your relationship with the Department concerning how you obtain needed supports and services? Probe: Do you receive more help or hindrance? Explain/get examples.

8. Fair and equal treatment and opportunities

a. Do you believe that, when it comes to obtaining services for the grandchildren or yourself, you are treated fairly and equally?
b. In what ways might you have felt discrimination because of being a kinship caregiver or a "parenting" grandmother?
c. In getting services for your grandchildren and their parents, as well as supports for yourself, can you describe how you might have been discriminated against because of your age, your ethnicity, your role as a caregiver, or for some other reason?
d. Have you shared these experiences with the CSW? Probe: If yes, what was the response, if no, why not?
e. Overall, how would you describe your relationship with the Department concerning fair and equal treatment and opportunities? Probe: Is it more or less respectful and culturally sensitive? Explain/get examples.

9. Wrap-up

a. Thinking back over your experiences as a kinship caregiver and working with the Department, with what issues or situations have you been most pleased? Probe: What has or is causing you the most concern?
b. Have you shared these experiences or issues with the CSW? Probe: If yes, what was the response; if no, why not?
c. Overall, would you say that your caregiving experience is being helped or hindered by the Department's involvement with your family?
d. If you could give one message to the Department in support of your successes and needs as kinship caregivers, what would that message be?
e. Do you have any questions you would like to ask the project staff or do you have any other opinions or information you would like to share?

"Let's thank our host or focus group arranger—and thanks to each of you for taking the time to share your experiences and help us with our project."

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Questions for CSW Focus Group

Part I: Protocol

1. Welcome participants and introduce project

   "Good (morning, afternoon, evening). My name is Eileen Pasztor and, on behalf of our California State University, Long Beach Kinship Caregivers Project, thank you for giving us the benefit of your valuable time and expertise and to talk with us about your successes and concerns regarding your agency's kinship care program.

   I am joined today by (identify name and role of other Project staff). We especially want to thank (identify name of host or focus group arranger) for providing the opportunity for us to meet together.

   As we discussed by phone, the purpose of our project is to learn how you and the grandparents of the children in the care of your agency work together to meet the children's safety, development, and permanency needs. We are interested in the kinds of supports, services, policies, and practices that impact the families with whom you are working, compared to what is available for grandparents whose children are not in the custody of social services."

1. Review the "Informed Consent Form"

   "As we discussed by phone, you need to complete an Informed Consent Form. Let's read the form together and I will answer any questions you might have to be certain you understand."

2. Negotiate "ground rules" in addition to the Informed Consent Form.

   "In addition to our written agreements, let's discuss several other issues. These include:

   a. Having only one person talking at a time
   b. Keeping a list of who wants to talk next
   c. Ending time
   d. Clarifying terms, such as "kinship caregiver," "the Department," "CSW"

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

3. Obtain general demographic information

"In order to know something about the expertise of you as a group, it would be helpful if each of you would take one of these little (index) cards and fill in the requested information:

a. What is the highest degree you have received and in what?
b. How long have you worked in the child welfare field?
c. How long have you worked in the kinship care program?
d. How many children/families are in your caseload, and what percentage has kinship care status?

"As a way of 'warming up' to our discussion, perhaps we could take a few minutes to share some general information about ourselves. For example, I'm a social worker and a foster parent and adoptive parent. I started working on kinship care policy and practice issues about ten years ago while at the Child Welfare League of America in Washington, DC."

"What about you? What is your background in child welfare? How long have you been working in the kinship care program?"

"Now that we have warmed up a little, we want to talk about specific topics: legal custody experiences, financial support, medical care, school, family relationships, child management, counseling and other supports, rights and opportunities."

Part II: Focus Group Questions

1. Legal issues

a. What is the legal status of the children in your kinship care caseload (i.e., who has temporary or permanent custody)?
b. What are your concerns, if any, about their status? Probe: Does the child understand the legal status? In what ways do other members of the family agree on the child's legal status and in what ways might they not agree?
c. Do you discuss the legal status issues or concerns with the caregivers? Probe: If yes, who typically initiates the discussion and what typically is the outcome? If no, why not?
d. Overall, how would you describe your relationship with the caregiver regarding the grandchild's legal status? Probe: Is it more positive or problematic? Explain/get examples.

2. Financial issues

a. How is financial support for children in kinship care status provided?

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

b. What are your concerns, if any, about this support? Probe: How easy or difficult was it for caregivers to obtain financial support? What or who makes it easier, and what or who makes it more difficult?
c. Do you discuss financial issues or concerns with the caregiver? Probe: If yes, who typically initiates the discussion and what typically is the outcome? If no, why not?
e. Overall, how would you describe your relationship with the caregiver regarding financial support for the children in their care and your caseload? Probe: Is it more positive or problematic? Explain/get examples.

3. Medical care

a. How would you describe the health of the children in your kinship care caseload? Probe: Good, poor, excellent? What percentage has special medical needs and/or take any kind of medication?
b. How is health care for children in kinship care provided?
c. What special medical needs, if any, do caregivers have? Probe: Explain.
d. How do they obtain health care for themselves?
e. Do you discuss medical issues or concerns with the caregivers? Probe: If yes, who typically initiates the conversation, and what typically is the response? If no, why not?
f. Overall, how would you describe your relationship with the caregivers regarding medical care for their children and themselves? Probe: Is it more positive or problematic? Explain/get examples.

4. School/education issues

a. Do children who go to live with kinship caregivers typically have to change schools? If yes, are there any special issues in getting them enrolled? Probe: If yes, what are they (e.g., legal, financial, medical or other examples)? If no, why not?
b. How would you describe the school performance of the children in your kinship care caseload? Probe: Good, poor, excellent? What percentage receives special education?
c. Do you discuss school issues or concerns with the caregivers? Probe: If yes, who typically initiates the conversation, and what typically is the response? If no, why not?
d. Overall, how would you describe your relationship with the caregivers regarding educational issues/concerns regarding their grandchildren? Probe: Is it more positive or problematic? Explain/get examples.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

5. Child behavior/management

   a. In what ways are the children in your kinship care caseload well-behaved and in what ways are they not? Probe: In what ways are the caregivers successful in managing or disciplining their grandchildren and what challenges do you have? What concerns do you have, if any, regarding keeping these children from gangs, drug involvement, and teenage pregnancy?
   b. What policies or rules does the Department have that help caregivers manage their grandchildren or make it more difficult for them? Probe: Explain/get examples.
   c. Do you discuss any child behavior/management issues or concerns with the caregivers? If yes, who typically initiates the conversation, and what typically is the response? If no, why not?
   d. Overall, how would you describe your relationship with the caregivers regarding child behavior/management issues/concerns? Probe: Is it more positive or more problematic? Explain/get examples.

6. Child/parent, parent/grandparent and other family relationships

   a. How would you describe the relationships between: the children and their grandparents, the children and their parents, you (or the Department) and the parents, and you (or the Department) and the caregivers? Probe: Explain/get examples
   b. What policies or rules does the Department have that affect the above contact/relationships? Probe: Do these policies or rules make contact/relationships easier or more difficult? Explain/get examples.
   c. In what ways do you have help or hindrance from other family members? Probe: Legal advice, financial help, medical care, school-related issues, child management?
   d. Do you and the caregivers typically agree on the long-term goals for their grandchildren (i.e., return to parents, stay with you, guardianship, adoption)? Probe: If yes, how was this agreement reached? If no, why not? Explain/get examples. Probe: What is the understanding of the children and their parents regarding these goals?
   e. Do you discuss family relationship issues or concerns with the caregivers? If yes, who typically initiates the conversation, and what typically is the response? If no, why not?
   f. Overall, how would you describe your relationship with the caregiver concerning the “case” or “permanency” or “service planning” goals for their grandchildren? Probe: Would you say it is more positive or problematic? Explain/get examples.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

7. Support services

    a. Are there specific supports or services needed by the children in your kinship care caseload, as well as needed by their parents and kinship caregivers? Probe: Get examples, such as child counseling, family counseling, drug treatment or housing (for the parents), tutoring, respite care?
    b. Do you discuss these needs or concerns with the caregivers? Probe: If yes, who typically initiates the conversation, and what typically is the response? If no, why not? Probe: Explain/get examples.
    c. How often do you see the caregivers in your caseload and how easy it is to contact them by phone? Probe: Is this amount of contact appropriate to meet the safety, child development, and permanency needs of the children?
    d. Overall, how would you describe your relationship with the caregivers concerning how you obtain supports and services? Probe: Would you say it is more positive or problematic? Explain/get examples.

8. Fair and equal treatment and opportunities

    a. Do you believe that, when it comes to obtaining services for their grandchildren or themselves, kinship caregivers are treated fairly and equally?
    b. In what ways might caregivers feel discrimination because of being a kinship caregiver or a “parenting” grandmother?
    c. In getting services for their grandchildren and their parents, as well as supports for themselves, do you know of examples in which there has been discrimination because of their age, ethnicity, role as a caregiver, or for some other reason?
    d. Do you discuss these issues or concerns with caregivers concerning fair and equal treatment and opportunities? Probe: If yes, who typically initiates the conversation, and what typically is the outcome; if no, why not?
    e. Overall, how would you describe your relationship with the caregivers concerning fair and equal treatment and opportunities? Probe: Is it more or less respectful and culturally sensitive? Explain/get examples.
    f. Do you believe you are treated fairly and equally by the caregivers in your role as a CSW? Probe: Explain/get examples.

9. Wrap-up

    a. Thinking back over your experiences as a children’s services worker carrying kinship care cases, with what issues or situations have you been most pleased? Probe: What has or is causing you the most concern?

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

b. Do you share these experiences with the caregivers? Probe: If yes, what was the response; if no, why not?
c. Overall, would you say that kinship caregivers are mostly helped or hindered by their involvement with the Department?
d. If you could give one message to the caregivers, what would that message be?
e. If you could give one message to the administration of your Department, what would that message be?
f. Do you have any questions you would like to ask the Project staff or do you have any other opinions or information you would like to share?

"Let's thank our host or focus group arranger – and thanks to each of you for taking the time to share your experiences and help us with our project."

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

HANDOUT #14
ISSUES FOR COLLABORATION: FINDINGS FROM THE FIELD

The data reported below were derived from two sources. The figures in the tables come from a quantitative survey of 73 grandmothers in the child welfare system who participated in a structured telephone interview. These grandmothers were asked a series of questions about their service needs in several general areas (e.g., legal, financial, health care, school/educational, emotional support, and respite). Those who reported any need in each area were then asked whether they had received help from their child welfare caseworkers/social workers. The question regarding whether help was received pertained to the general area rather than to the specific needs within each area. For example, six specific legal needs were addressed, followed by one question concerning the receipt of help for legal needs in general. These kinship caregivers were also asked to rate their overall satisfaction with their child welfare social worker.

The narrative data—the sample quotes from kinship caregivers and from caseworkers/social workers—come from a series of focus groups with kinship caregivers and child welfare caseworkers/social workers or supervisors. Four groups were held with kinship caregivers and three with child welfare staff. These data were transcribed and analyzed to determine primary themes within each of the areas reported below (i.e., legal, financial, health care, school/educational, child behavior/management, family relationship, emotional support/ counseling, child care/respite, and fair and equal treatment).

Note that the grandmothers who participated in the quantitative survey were not the same individuals as those who participated in the focus groups. In addition, the primary themes emerging from the focus group data do not match exactly the organizational structure of the quantitative survey. The following is organized based on focus group content areas rather than on survey content areas. Thus, quantitative data regarding receiving help from child welfare staff were not available for some areas. Finally, issues related to fair and equal treatment were discussed in the focus groups but were not included in the quantitative survey.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

LEGAL ISSUES

1. Legal Needs Reported by Grandmothers in Child Welfare System (N = 73)			
	Never	**Sometimes**	**Often or Always**
Adoption/guardianship	32.9	42.5	24.7
Dependency court	61.6	23.3	15.1
Information re: DCFS	63.0	26.0	11.0
Assistance from DCFS	43.8	32.9	23.3
Other legal advice	83.3	9.7	6.9
Of those who identified any need, 66.7% received help from DCFS			

Sample comments from kinship caregivers:

"The majority of the ones (workers) don't understand (legal status of the children in care). The one I have now, she understands. The others knew the child had to stay somewhere."

"I don't think it is so much they don't understand. They don't care. They really have custody and to hell with me. You listen to them and you do what they say. Or right away they scare you and say we will pull the child."

"It's not unusual for grandparents to get the wrong court date...you get there and it has passed or is not yet to come."

"The letters come handwritten, no return address, maybe it is summer workers addressing the mail."

Sample comments from caseworkers/social workers:

"I worked with some families where the grandparents don't want legal guardianship because they are afraid of the adult parents…said she was afraid of my child and that he might come back and he said he would come with a gun or knife and kill her and the children, so to keep peace she said no legal guardianship."

"I was in court seven times with a case where the mother came back after a number of years and this grandma never told the children she wasn't the mother…told the rest of the family the daughter was dead. I got in the middle of it and was in court for seven days giving testimony on why I traumatized this child by telling him the truth."

"I have a 14 year-old child who forces the aunt to give her $250 of the money every month. The aunt is afraid of the child."

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

FINANCIAL ISSUES

2. Financial Needs Reported by Grandmothers in Child Welfare System (N = 73)			
	Never	Sometimes	Often or Always
Money for necessities	49.3	26.0	24.7
Food	93.2	4.1	2.7
Place to live	90.4	4.1	5.5
Clothes, furniture, toys	65.8	26.0	8.2
Transportation	72.6	16.4	11.0
Long-term benefits	82.2	11.0	6.8
Foster care rates	87.7	5.5	6.8
Of those who identified any need, 44.4% received help from DCFS			

Sample comments from kinship caregivers:

"The worker said if I didn't adopt the children they would be taken away from me. So I gave her pictures to put them in the adoption system. I said I am too old to work to support these children and she said I was taking them for the money."

"The reason you can't get Youakim is that the social worker doesn't want to give it to you."

"I would not come to you as a family member taking care of my family's kids if I didn't need help. If I come to you, I am doing pretty bad right now. I don't want to ask for nothing if I don't need it. Got too much pride for that."

Sample comments from caseworkers/social workers:

"Sometimes we have food vouchers…clothing certificates…clothing check if they can get Youakim…once the money gets started, they take the money back out."
"Kin get Youakim, or Kin-Gap, or AFDC, or SSI."

"Suzy is the natural grandchild. If grandma does not get Youakim for the natural one, she is getting AFDC for that child and foster care for another one, which is a big difference. You have a special needs kid over here getting one amount and another sibling getting another amount…it's a real problem."

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

HEALTH ISSUES

3. Health Care Needs Reported by Grandmothers in Child Welfare System (N = 73)			
	Never	Sometimes	Often or Always
Care for self	79.5	11.0	9.6
Care for grandchild	90.4	6.8	2.7
Dental services	83.6	12.3	4.1
Emergency services	89.0	6.8	4.1
Aid with insurance	84.7	8.3	6.9
Aid with paperwork	86.3	8.2	5.5
Of those who identified any need, 28.6% received help from DCFS			

Sample comments from kinship caregivers:

"When my boys were in foster care, the reason they came home was I went to see Michael Antonovich [Los Angeles Board of Supervisors]. I had been told I had no rights. After seeing Antonovich, the boys were here in two weeks, except the baby. I got no medical records from foster care. The worker said, "Didn't the foster mother mail them to you?" I never got the records. The boys had to get their shots over again. That was not right."

"Grandmother #1: I'm trying to get medicine from the pharmacy but I don't have a Medi-Cal card. Grandmother #2: Girl, you better get that—if you don't they'll have you on child abuse. They'll charge you. I've known this to happen."

Sample comments from caseworkers/social workers:

"Dental problems—3-year-olds with teeth full of metal because they don't take care of them."

"Premature births and respiratory problems; lice and bathing and hygiene problems." "Many times you are dealing with a grandma generational-type problem—she was not able to take her kids to the doctor, so the same thing may apply. She has never met a doctor."

"We don't give them Medi-Cal—they have to apply on their own. They don't know how."

"The grandparents have health problems--diabetes, high blood pressure, old age. I get scared when I get a case where young children have already been placed with grandparents in their late 60s."

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

SCHOOL/EDUCATION ISSUES

4. School Needs Reported by Grandmothers in Child Welfare System (N = 73)			
	Never	Sometimes	Often or Always
After-school activities	42.5	32.9	24.7
Tutor, homework help	38.4	30.1	31.5
Special education services	56.2	19.2	24.7
Of those who identified any need, 34.5% received help from DCFS			

Sample comments from kinship caregivers:

"My child is two grades behind in school."

"I got one in the regional center because she is retarded."

'"There's a stigma that follows the kids when they get an IEP. But it is better to have one, so if the kids turn on you and you are going to have nothing in writing that says there is something wrong with them."

"We put them in the system because of horrible things going on with their mom. The social worker would come to school…it makes the other kids want to know why this lady is pulling you out of class each month. I told the social worker—don't go to their school."

Sample comments from caseworkers/social workers:

"It is not my experience that grandparents see a value in college."

"I have a 17 year-old who reads at 2nd grade level. Her adult sister is the caregiver. She never helps with homework, she just wants her sister out of school so she [the sister] can baby-sit for her."

"I have a child who was in three schools in the space of 12 months. It is hard to get the school records."

"I had a child who was in four schools just in kindergarten."

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

CHILD BEHAVIOR/MANAGEMENT ISSUES

5. Child Behavior/Management Needs Reported by Grandmothers in Child Welfare System (N = 73)			
	Never	Sometimes	Often or Always
Parenting skills	49.3	35.6	15.1
Managing grandchild	50.8	41.5	7.7
Behavioral problems	45.2	26.0	28.8

Sample comments from kinship caregivers:

"If you say you're gonna whoop them, the kids say, 'I'm gonna call the police on you.'"

"Give us some ways of managing the kids…some of our children are so disturbed."

"The worker asked if he had any marks on him…I pulled all his clothes off, naked, and then he stood there so the worker could see there weren't any." (The child was 6.)

"The worker was telling me, they look fine to me. Of course they look real fine to you…you are only here once or twice a year."

Sample comments from caseworkers/social workers:

"I see emotional and behavior problems, and resistance from the grandparents to get services, even though it is set up. He is doing fine this week, so we won't go to counseling this week. You have to explain to them they have to go every week. It's very hard."

"I have a grandmother who has a biological child and grandchild the same ages. She favors her son over the grandson…says he is hyperactive. None of the schools have complained about the child being hyperactive."

"Our kids get the interns in the mental health clinics. They are always changing…you can't have a relationship."

FAMILY RELATIONSHIPS ISSUES

6. Family Relationship Needs Reported by Grandmothers in Child Welfare System (N = 73)			
	Never	Sometimes	Often or Always
Family conflict	53.4	32.9	13.7
Time for fun with family	53.8	21.5	24.6

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Sample comments from kinship caregivers:

"Mine were taken out of the home early; the 13 year-old was a preemie who went to a foster home and then other relatives and now me. She has no bond with her mother. It doesn't matter to her. The two year-old didn't understand—how do you explain drugs to a two year-old? When he was older, the first thing the CASA asked him (she took him to dinner and a movie) was 'what kind of drugs was your mother on?'"

"I'm called Granny Mom."

"I got an attorney. The worker said I was not capable of looking after a five year-old. He was going to be adopted away from his brothers. The brothers were in tears. They said when we grow up we will find our little brother."

Sample comments from caseworkers/social workers:

"A lot of it is that one side of the family will not have anything to do with the other, so they cut off access. Or the other side of the family doesn't want to be involved."

"There is no visiting plan. There are no incentives for the parents. Visits work out great for the parents. They bring a gift. The kids get all excited. The grandparents allow the parents to sabotage visiting, especially the maternal grandparents."

"The grandparents claim they need help with the kids, so they let the parent stay overnight. You tell them you have to make a choice. Either you are going to get rid of your child (the parent) or you are going to get rid of your money."

SUPPORT SERVICES

7. Emotional Support/Counseling Needs Reported by Grandmothers in Child Welfare System (N = 73)			
	Never	Sometimes	Often or Always
Talk re: grandchild	23.3	53.4	23.3
Talk re: self	15.1	58.9	26.0
Support group	39.7	43.8	16.4
Family substance abuse	80.8	9.6	9.6
Of those who identified any need, 33.3% received help from DCFS			

Sample comments from kinship caregivers:

"The problem is finding a good psychiatrist who will take Medi-Cal. That's very hard."

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

"They brought my little girl to me—she was a month old. They just dropped her off, with one paper in a car seat, two little short bottles of formula and told me to go to the pediatrician that day. I had to pay $200 out of my pocket. If I hadn't found the kinship group to start guiding me, I would not know how to work within the system. I'm on disability now, and I get no help from DCFS, none."

Sample comments from caseworkers/social workers:

(See also comments on training needs.)

"I used to pick up a lot of drug babies from the hospital and you really see a difference between them and the other babies."

"There's a relationship between the (parents') drug use and the physical abuse and the sexual abuse."

"These new drugs really make the kids crazy. It is more severe that we are getting…by the time they get to us, you have got rid of all the kids that could be adopted. You got rid of kids that have legal guardians. Anybody that could go home has gone home. Halfway functioning kids have been filtered out. The kids come into the system at a younger age…and they stay in the system a long time so the cumulative effects of the dysfunction is there as well."

RESPITE

8. Child Care/Respite Needs Reported by Grandmothers in Child Welfare System (N = 73)			
	Never	Sometimes	Often or Always
Time for self	20.0	55.4	24.6
Emergency child care	55.4	40.0	4.6
Routine child care	67.2	15.6	17.2
Respite care	21.5	56.9	21.5
Of those who identified any need, 26.7% received help from DCFS			

Sample comments from kinship caregivers:

"We get tired. We get tired like everybody else."

"Maybe I would feel a little better if I was working. At least it would give me more of an opportunity to get out of the house."

"Your job doesn't pay for childcare. You need some in-home support while you are at work. A certified person to come out and look after the child."

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

"We really need childcare and respite care. But respite is just for foster parents, not for relatives."

Sample comments from caseworkers/social workers:

"Some of them want them to go to school so that they do not have to deal with them."

"They offer these great services but it may take a month or more to get childcare. There are all kinds of money out there. Within two weeks, if we get all of the paperwork taken care of immediately, they would have signed them up for childcare. And I talk to somebody 6 weeks later and they said, 'You said I could get the child care, but what happened? It has been 6 months and I did everything like you asked me to do. I got the paperwork in. I got the name of the school. I did all of the footwork. I haven't heard a thing.' I have called several times. They just lie."

"There are other grandparents with three children, with four children, with five and six. And so, they are overwhelmed. They're so overwhelmed."

"Sometimes there are respite care foster parents. We don't have these resources. They're not given to us."

FAIR AND EQUAL TREATMENT ISSUES

Sample comments from kinship caregivers:

"It is like you are reaching and grabbing just to hold on to keep your mental well-being to take care of these children. If they think there is anything wrong, they will remove the children."

"The worker told me you are something to be stepped on. I do the talking, Grandma. You have nothing to say…they think we are a number. If you say anything, they pull the children."

Sample comments from caseworkers/social workers:

"Some families feel they are discriminated against where I don't see it that way."

"The schools discriminate against the kids. They get a label in the classroom. Some educators see them as problem-oriented. Low functioning families."

"The relatives feel discriminated against because there are not enough services for them like there are for foster parents."

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

GENERAL SATISFACTION AND RECOMMENDATIONS

9. Overall Satisfaction with DCFS Social Worker (N = 73)	
Extremely Satisfied	43.5
Somewhat Satisfied	38.7
Somewhat Dissatisfied	11.3
Extremely Dissatisfied	6.5

Sample comments from kinship caregivers:

"When you pick up the kids you should get their Medi-Cal card and a list of doctors where you can go. And a support group so you can vent or they can help you. All this should be in a package up front when you get the kids."

"My social worker tells the kids, 'She can't hit you. She can't do nothing to you.' The kids cuss me out all the time. I wish the social worker wouldn't say it that way."

"I have volunteered to train the old social workers. You know they have that academy. I volunteered, not to get paid, and bring in a panel of grandmothers. It was disregarded."

"They need more money to hire more people to lighten the caseloads. These workers are human beings out there trying to do a job."

Sample comments from caseworkers/social workers:

"I think kinship care is a program worth keeping but the relatives need the training. There should be requirements for them to get it. Parenting classes or counseling. They need that extra help. Just like foster parents need training."

"We need focus groups for grandparents—don't call it training. Make sure there is Spanish speaking."

"It is important when you can place with grandparents and other relatives because it helps the child's sense of identity. They know who they are. They know who their blood kin are. They have a sense of heritage. They tend to remain in that home more often than with foster parents. It destroys the personality of child and their mental health to move, move, and move. That's what we need to keep from happening as much as possible."

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

ADDITIONAL ISSUES

The focus groups addressed the nine major issues presented above. However, two other major themes emerged. The issue of drug use by parents and children being born exposed to drugs was referenced throughout the seven focus groups, especially by the caregivers. They mentioned drugs 18 times; the caseworkers/social workers noted a concern with drugs only four times.

A second issue that was compelling to the focus group facilitators, researchers, and curriculum developers was the extent to which there were references to the sudden moves of children and the language used to describe these moves.

Sample comments from kinship caregivers:

"They are afraid of the social workers because they get pulled."

"Every time he didn't do what he was supposed to do, they would snatch him."

"They were going to pull the kids before they even talked to me."

"I found out after the worker pulled my niece from my house that I should have gone to court."

"The social worker called me in the morning and then just brought the kids."

"The worker came and pulled the baby and never told me why."

Sample comments from caseworkers/social workers:

"If you have a child in a foster home, there is a possibility the child will bounce from home to home."

"The children have to go to strangers before they go to relatives (waiting for Live Scan)."

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

HANDOUT #15
MODULE II COMPETENCIES

This module is a continuation of the competencies that were outlined in Module I.

This curriculum focuses on empirically-based information regarding collaboration between kinship caregivers and social workers to enhance safety, permanency, and well-being for children in kinship care arrangements. As such, its focus reflects the goals and principles established by the CalSWEC Board of Directors in 1998 for the child social work curriculum in California.

Because the purpose of this curriculum is to facilitate collaboration between social workers and kinship caregivers, it inherently addresses all the six major competency areas, as follows:

Section I: Ethnic sensitive and multicultural practice because of the number of children of color who are growing up in kinship care arrangements.

Section II: Core child welfare skills as they relate to the conditions that cause most children to be placed in kinship care, especially drug and alcohol abuse.

Section III: Social work skills and methods, especially in working with kinship caregivers and their children who are the parents of the younger children placed with them.

Section IV: Human development in the social environment, especially because children in the child welfare system often are academically, socially, and emotionally delayed, and because kinship caregiving changes parenting roles among multiple generations in families.

Section V: Workplace management, because of the need for multi-disciplinary collaboration.

Section VI: Child welfare policy, planning, and administration, because of the impact of federal and state legislation on agency policies, practices, and funding related to kinship care. The Section VI competencies are especially critical because the child welfare system has decades of public and professional concern about outcomes that are in the best interests of children and there is controversy and confusion about outcomes for children who are placed with kin.

The current CalSWEC competencies were last produced in August 1998. It is understood that the current competencies are being reviewed and revised by the

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Curriculum Committee of the CalSWEC Board of Directors. This curriculum is based on the 1998 competencies. A review of the CalSWEC curriculum products listed through 2000 indicates that no empirically-based curriculum with this focus has been produced, and therefore it is hoped that this curriculum makes a contribution to the competencies.

In addition to the above six sections of competencies, this curriculum proposes five "collaboration competencies" or competencies that are essential for social workers to facilitate effective collaboration with kinship caregivers. These are that the student:

1. **Respects the knowledge, skills, and experiences of others.**
   This is critical because there is considerable demographic diversity between social workers and kinship caregivers, which is especially true in terms of younger staff. Diversity tends to be in the areas of age, ethnicity, education, parenting experience, and socio-economic status. Further, the attachments that the kin have and the authority that the social workers have may cause additional friction. Thus, it is essential that the social workers help the caregivers appreciate the contribution that the social worker can make while, at the same time, ensuring the caregiver that her (or his) own life experiences and experiences with the child in care are valuable.

2. **Builds trust by meeting needs.**
   This is critical because, according to child welfare literature, trust is developed between two individuals when those individuals' respective needs are met. Kinship caregivers have multiple needs for information, resources, and support in a variety of areas such as legal, financial, health care, education, child management, extended family relationships, and fair and equal treatment. Social workers who carry the cases of children placed with kin also have multiple needs regarding their ability to provide effective case management. The extent to which mutual trust is established may influence the safety and permanency of children in kinship care arrangements.

3. **Facilitates open communication.**
   This competency is essential because accurate assessments and their respective appropriate interventions cannot be completed without frank discussions about the needs of children and their caregivers.

4. **Creates an atmosphere in which cultural traditions, values, and diversity are respected.**
   This competency is critical because kinship care is a family-based service. How children are raised is steeped in cultural traditions and values, ranging from how holidays are celebrated to how discipline is used. Social workers and kinship caregivers may represent diversity in age, gender, ethnicity, socio-economic status, spirituality, and sexual orientation. Each of these characteristics may influence perceptions of how children's needs might best be met. Each social worker involved in a kinship caregiving situation is compelled to consider these dynamics carefully.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

5. **Uses negotiation skills.**
   Clearly, a number of policies and practices in the delivery of kinship care services are not negotiable. By law or by resource availability, there may be limits to what social workers can do. Conversely, kinship caregivers may have limits on their capacities to parent and fulfill certain requirements. It is essential that social workers carefully explain the parameters of the kinship care program and, within those guidelines, resolve potential conflicts and collaborate with caregivers to ensure child protection and permanency.

According to the literature, a competency is a combination of knowledge and skills that is developed through a "natural, predictable process by which most people acquire new knowledge, master it, and then translate it into skill" (Rycus & Hughes, 1998a, p. xv).

This progression includes the following stages:

- awareness of issues and the beginning development of a conceptual framework;
- development of factual information or knowledge and understanding of concepts that may be applied later to problem-solving;
- application of concepts, principles, and factual information to job tasks; and
- acquisition of skills that become more proficient over time.

It may be expected that experienced social workers would have acquired the above competencies through previous education, training, and work experiences and would apply them to kinship caregiving situations. Clearly, a 6-hour curriculum is not designed to produce competency at the fourth level for newer social workers. This curriculum is structured to address the competency development stages of awareness, knowledge, and understanding. It is expected that participants in the workshop would then apply this information to their own practice when in the field and that collaboration skills in kinship care become more proficient for the field as a whole over time.

MODULE II
OBJECTIVES

- At the end of this module, participants should have been introduced to material that could enable them to:

- Give examples from data of nine major issues of concern that require collaboration between caseworkers/social workers and kinship caregivers. These are: legal, financial, health care, school/educational, child behavior/ management, family relationships, support services, fair and equal treatment, and general satisfaction.

- Define the collaboration competencies identified in Module I. These are: respecting the knowledge, skills, and experiences of others; building trust by meeting needs; facilitating open communication; creating an atmosphere in which cultural traditions, values, and diversity are respected; and using negotiation skills.

- Provide examples of how to use the collaboration competencies in addressing nine major issues of concern identified by caseworkers/social workers and kinship caregivers.

- Assess individual strengths and needs in using collaboration competencies to address the nine major issues of concern affecting collaboration between caseworkers/social workers and kinship caregivers.

- Apply the collaboration competencies to the kinship care placement process to help achieve the federally mandated outcomes of child safety, well-being, and permanency.

- Provide closing remarks for the training and evaluate the training.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

MODULE II AGENDA

I. Introduction to Module II

- A. Review of Competencies, Objectives, and Agenda
- B. Bridge from Module I
  1. Review of key points
  2. Restatement and discussion of the major issues needing collaboration
  3. Restatement and discussion of the focus of the collaboration competencies

II. Defining Collaboration Competencies

III. Implementing the Collaboration Model

- D. Collaboration Interventions
- E. Implementation Strengths and Needs Assessment

IV. Closing Remarks

- A. Next Steps
- B. Summary Statements
- C. Training Evaluation

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

HANDOUT #16
MODULE III OBJECTIVES AND COMPETENCIES

The objectives of the module are related to the CalSWEC competencies listed below. This session focuses on grandparent-headed families in situations where the grandchild's parent is not at home. At the end of the session, students should have been introduced to material that will enable them to:

1. Develop an appreciation of the satisfactions and stresses of grandparent caregivers and to appreciate cultural differences in grandparenting traditions.

   Related Competency: Ethnic Sensitive and Multicultural Practice 1.5 - Student considers the influence of culture on behavior and is aware of the importance of utilizing this knowledge in helping families improve parenting and care of their children within their own cultural context.

2. Consider the needs of the kinship family as a whole (i.e., child, parent, grandparent).

3. Appreciate the developmental needs of grandparents and grandchildren.

   Related Competency: Human Development and the Social Environment 4.6 - Student understands the stages of the family life cycle as they occur in a variety of familial patterns.

4. Understand some aspects of the parent's circumstances and how these impact the family.

   Related Competencies: Human Development and the Social Environment 4.8 - Student understands the impact of adult/parental substance abuse on child development and family functioning; and Human Development and the Social Environment 4.9 - Student understands the impact of adult/parental psychopathology on child development and family functioning.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

MODULE III
AGENDA

I. Introduction and Project Background
- A. Introduction to the Session
- B. History and Rationale

II. The Growth in Grandparent-Headed Families
- A. Demographic Shifts
  1. Types and Prevalence of Grandparent-Headed Families
  2. Who are Caregiving Grandmothers?
  3. Ethnic Distributions and Traditions
- B. Reasons for Increased Grandparent Caregiving
  1. Reasons in the Los Angeles Sample
  2. Reasons by Ethnicity
  3. Importance for Child Welfare

III. Changing Intergenerational Family Relationships
- A. New Roles for Grandparent Caregivers
  1. Off-Time Caregiving
  2. Lifestyle Shifts
  3. Role Satisfaction
  4. Grandparent Well-Being
- B. Grandchild's Well-Being
  1. Grandchildren Raised by Grandparents
  2. Children in the Child Welfare System
- C. Relationship with the Parent
  1. Relationship Between Grandparent and Parent
  2. Relationship Between Parent and Grandchild

IV. Summary and Conclusions
- A. Diversity, Identity, and Commitment
- B. Families Most At-Risk
- C. A Program Model

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

HANDOUT #17
RESEARCH METHODS

The empirical foundation for this curriculum is based on two studies.

LOS ANGELES SAMPLE

The first study used existing data from a National Institute on Aging-funded study of grandmothers raising grandchildren (RO1AG14977). Grandmothers were raising school-aged grandchildren in the Los Angeles area, and data were collected as part of a study conducted by Catherine Goodman, CSULB Department of Social Work.

Sample and Data Collection: The sample consisted of 581 grandmothers raising grandchildren without a parent in the household. Attempts were made to recruit near equal numbers of African American (n = 247), Latino (n = 158), and white (n = 176) grandmothers. All subjects were recruited through flyers distributed to grandchildren in the Los Angeles Unified School District and through media announcements. If eligible, they were referred for interviews conducted by the Survey Research Center at the University of California, Los Angeles.

Measures: Measures included: (a) Demographic items (age, marital status, education, ethnicity, family income, number in household, number of grandchildren) and social items (contact with mother and father), which were constructed for the project. (b) Five items on Affective Solidarity measured closeness between family members (Bengtson, 1991). Items have been widely used in the University of Southern California Longitudinal Study of Three Generations and have good internal consistency. A single item measured conflict. (c) A 32-item measure adapted from Jendrek (1994) listed reasons for assuming care for grandchildren: 12 items were answered for both mother and father, such as drug addiction or mental/emotional problems and 8 items reflected general reasons, such as financial assistance to the parent. (d) BRIC is a 10-item behavioral rating scale to measure children's problem behaviors. It has good internal consistency and correlates highly with Achenbach's Child Behavior Checklist (Stiffman et al., 1984).

NEEDS ASSESSMENT

The second study was a needs assessment involving a second interview with 181 grandmothers from the original NIA study. This study was funded by CalSWEC for the development of this curriculum.

Sample and Data Collection: Grandmothers from the original study were stratified based on their grandchild's involvement in child welfare (Department of Children and Family Services). A total of 73 grandmothers from those raising

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

grandchildren supervised by child welfare were interviewed; 108 grandmothers were raising grandchildren with informal arrangements.

Measures: Needs were assessed using a 35-item measure based on Edgewood's needs assessment (Cohon & Cooper, 1999). Items were rated on a 4-point scale from "never" to "always." Grandmother outcome included a measure of caregiver burden and satisfactions adapted by Pruchno (1999) from a measure developed for other caregivers (Lawton, Kelban, Moss, Rovine, & Glicksman, 1989). This measure consisted of 21 questions rated on a 5-point Likert scale, ranging from "never" to "nearly always." Thirteen items measured caregiver burden and 8 items measured satisfaction.

References

Bengtson, V. L. (1991). *The longitudinal study of three-generation families: 1991 survey*. Los Angeles: Andrus Gerontology Center, University of Southern California.

Cohon, J. D., & Cooper, B. A. (1999). Kinship support network: Edgewood's program model and client characteristics. *Children and Youth Services Review, 21*(4), 311-338.

Goodman, C. C. (1997). *Grandmothers who parent: Family relations and well being* (*RO1AG14977*). Bethesda, MD: National Institute on Aging, U.S. Department of Health and Human Service.

Jendrek, M. P. (1994). Grandparents who parent their grandchildren: Circumstances and decisions. *The Gerontologist, 34*(2), 206-216.

Lawton, M. P., Kelban, M. H., Moss, M., Rovine, M., & Glicksman, A. (1989). Measuring caregiving appraisal. *Journal of Gerontology: Psychological Sciences, 44*(3), 61-71.

Pruchno, R. (1999). Raising grandchildren: The experiences of Black and White grandmothers. *The Gerontologist, 39*(2), 209-221.

Stiffman, A. R., Orme, J. G., Evans, D. A., Feldman, R. A., & Keeney, P. A. (1984). A brief measure of children's behavior problems: The Behavior Rating Index for Children. *Measurement and Evaluation in Counseling and Development, 17*(2), 83-90.

HANDOUT #18
DEMOGRAPHICS OF GRANDPARENTS RAISING GRANDCHILDREN

- According to Census 2000, there are 4.5 million children (6.3% of all children) raised in grandparent-headed families. In terms of numbers, the increase is over 100% since 1970 when there were 2.2 million children (3.2% of all children). These figures include families in which the parent also lives in the household—about two thirds of all grandparent-headed families (Bryson, 2001; Casper & Bryson, 1998).

- There were 1.5 million children in 1997 (1.8% of all children) living with grandparents *without a parent at home*, an increase of about 37% since 1970 (Casper & Bryson, 1998).

- According to estimates, there were 5.6 million grandparents living with grandchildren in 2000, and 42% say they were "responsible" for their grandchildren (2.4 million grandparents) according to the Supplemental Survey of 700,000 households. This question about grandparent responsibility is on the long form of the 2000 Census and actual figures will be available in the latter part of 2002 (Bryson, 2001).

- Looking just at custodial or skipped generation families, in which no parent is present, the number of children raised in grandparent-headed families was 5.6% of African American children, 1.7% of Latino children, and 1.2% of white children as of 1994 (Saluter, 1996).

References

Bryson, K. (2001). *New Census Bureau data on grandparents raising grandchildren.* Paper presented at the Gerontological Society of America Annual Scientific Meeting, Chicago.

Casper, L. M., & Bryson, K. R. (1998). *Co-resident grandparents and their grandchildren: Grandparent maintained families* (Population Division Working Paper No. 26). Washington, DC: U.S. Census Bureau.

Saluter, A. F. (1996). *Marital status and living arrangements: March 1994, current population reports* (U.S. Census Bureau, Series P20-484). Washington, DC: U.S. Government Printing Office.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

HANDOUT #19
NEW CENSUS QUESTIONS FOR 2000

The following new census questions have been included in the long form of the 2000 census. These questions ask the grandparents to assess whether they are "responsible" for their grandchild. Previously, it was only assumed that grandparents were fully responsible for their grandchild when there was no parent in the household.

19 a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?

- □ Yes
- □ No, Skip to 20a

b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?

- □ Yes
- □ No, Skip to 20a

c. How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.

- □ Less than 6 months
- □ 6-11 months
- □ 1 or 2 years
- □ 3 or 4 years
- □ 5 years or more

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

HANDOUT #20
WHO ARE GRANDMOTHER CAREGIVERS?

- The average age of grandmothers is 57 to 59 (Fuller-Thomson & Minkler, 2000; Pruchno, 1999). The mean age for the Los Angeles sample was 57 (Goodman & Silverstein, 2002).

- Marital Status: Over half of the grandmother caregivers are married (55%) based on national statistics for 1997, and 73% of the grandfathers are married (Casper & Bryson, 1998). In the Los Angeles sample, 40% of the grandmothers were married (Goodman & Silverstein, 2002).

- Employment varies depending on gender and marital status: 50% of married grandmothers and 33% of unmarried grandmothers are working according to 1997 national census data (Casper & Bryson, 1998). In the Los Angeles sample, 41% were working (Goodman & Silverstein, 2002).

- Education: Nationally, over half of grandparents raising grandchildren without a parent at home have at least a high school education (Casper & Bryson, 1998). In the Los Angeles sample, the average number of years of education for custodial grandmothers was 12 (Goodman & Silverstein, 2002).

- Poverty Rate: Poverty is particularly high when there is no grandfather in the family. The poverty rate for married grandmothers is 14%, and for unmarried grandmothers is 57% according to 1997 national statistics (Casper & Bryson, 1998). In the Los Angeles sample, the poverty rate was 24% for custodial grandmothers (14% for married and 31% for unmarried grandmothers) (Goodman & Silverstein, 2002).

- Ethnicity: There are more white grandparents raising grandchildren in the numerical count. Married grandmothers are 63% white, 19% African American, and 15% Latino. Unmarried grandmothers are 28% white, 53% African American, and 16% Latino (Casper & Bryson, 1998). Ethnicity in the Los Angeles sample was 43% African American, 27% Latino, and 30% white.

References

Casper, L. M., & Bryson, K. R. (1998). *Co-resident grandparents and their grandchildren: Grandparent maintained families* (Population Division Working Paper No. 26). Washington, DC: U.S. Census Bureau.

Fuller-Thomson, E., & Minkler, M. (2000). The mental and physical health of grandmothers who are raising their grandchildren. *Journal of Mental Health and Aging, 6*(4), 311-323.

Goodman, C. C., & Silverstein, M. (2002). *Grandmothers raising grandchildren: Family structure and well being in culturally diverse families*. Manuscript submitted for publication.

Pruchno, R. (1999). Raising grandchildren: The experiences of Black and White grandmothers. *The Gerontologist, 39*(2), 209-221.

HANDOUT #21
ETHNIC TRADITIONS OF GRANDPARENTING

African American Grandmothers

- Proportion: A fairly large proportion of African American grandchildren are raised by their grandparents. This proportion is larger than for Latino or white children. Assuming care for grandchildren is often a response to socioeconomic struggles, joblessness, and poverty. Because the tradition was developed as an effort to cope with harsh realities, there may be greater familiarity, less stigma, and greater pride attached to grandparent caregiving.

- Parents Rely on Grandparents: African American grandmothers are relied on more than any other source of parenting help, including spouses, relatives, friends, and professionals (Hunter, 1997), perpetuating the traditions of the past.

- Traditions of the Past: Within a flexible family system that incorporates non-blood or fictive kin, there is a tradition of grandparents, aunts and uncles, and non-related persons raising children in need. The tradition dates back to the time of slavery and to African traditions, in which many members of the community participated in assisting children as they developed (Hunter & Taylor, 1998). During slavery, the care of children was given to available older women while the mother was in the fields. Subsequently, during the depression and northern migration, grandmothers often assumed care for grandchildren, as young men and women searched for economic opportunities (Jimenez, 2001).

- Familiarity With the Role: Pruchno (1999) found that more African American than white grandmothers had friends living with a grandchild, had experienced multiple generations living together, had lived with their grandparent at some point, and had their grandparent help raise them.

- Active Grandparenting Role: Some research documents that African American grandmothers are more willing to direct and guide their grandchildren than are white grandmothers. Cherlin and Furstenberg (1986) found that African American, as compared to white, grandmothers were more apt to correct (87% compared to 43%) and discipline (71% compared to 38%) their grandchildren. African American grandparents are expected by their grandchildren to be in authority and provide discipline and guidance (Kennedy, 1990; Hunter & Taylor, 1998).

- Pride in Grandparenting: Strom, Collinsworth, Strom, Griswold, & Strom (1992) found that African American grandmothers rated themselves higher than white grandmothers on scales of grandparent performance. These included 60 items in six subscales, which addressed: satisfaction, success, teaching, handling difficulty,

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

coping with frustration, and providing information. Black grandparents and grandchildren considered teaching the greatest strength of grandparents, including teaching children to care about the feelings of others, teaching good manners, instilling a sense of right and wrong, and emphasizing the need to continue learning throughout life (Strom, Collinsworth, Strom, & Griswold, 1992-93).

Latino Grandmothers

- National background, immigration history, and acculturation are important aspects of grandparenting for Latino families. In general, there is an emphasis on ***familism***, a commitment to see the collective as important when family group needs conflict with the individual needs of family members. Grandmothers are expected to be involved in child rearing, but generally they expect to provide childcare for a functioning parent, who will then be able to help the grandmother in her old age.

- Heterogeneity: Hispanics are an extremely heterogeneous group of nationalities and traditions. Groups arrived in the United States at different times, for different reasons, from many nations, and are racially heterogeneous, with varying levels of residential segregation in the United States (Massey, Zambrana, & Bell, 1995). For example, some Mexican Americans have lived in the Southwest since the 16th century and are descendants of Spanish colonists (Williams & Torrez, 1998). Most (58.4%) identify as Mexican American, with 12.4% Puerto Rican, 5.4% Cuban, and 23.8% other Hispanic, according to 1992-1995 data (Hajat, Lucas, & Kington, 2000).

- Familism and Acculturation: Although there is debate about the extent to which familism should be relied on as a unifying cultural principal (Williams & Torrez, 1998), considerable research on familism has demonstrated that Hispanics have more frequent contact with family and a stronger preference for living near family members than non-Hispanic whites (Vega, 1995). Some researchers think that traditional aspects of familism may be undermined by family disorganization and have considered acculturation a possible contributor to family disorganization (Vega; Gil, Vega, & Dimas, 1994). For example, Gil, Vega, and Dimas found that Latino adolescents were more vulnerable to illicit drug use than non-Hispanic white or African American peers because of family disorganization and deterioration in family functioning.

- Grandparent Role: An early study by Sotomayor (cited in Williams & Torrez, 1998) of Mexican American grandparents found that most believed they were important in raising their grandchildren, had authority in decision-making about grandchildren, and had a religious influence, as well as responsibility in times of crisis and economic need. Bengtson (1985) compared Mexican American, black, and white families and found that Mexican Americans had more children, grandchildren, and great-grandchildren; derived greater satisfaction for contacts with grandchildren;

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

had more frequent contact across generations; and had greater expectations for intergenerational assistance than black or white grandparents.

- Reciprocity in Intergenerational Relationships: The possibility for filial responsibility and the child's obligation to his or her parent ("el deber de los hijos") is diminished by custodial grandparenting in situations where the parent is unable to parent. Even so, Burnette (1999) found that custodial Latino grandparents, mostly Puerto Rican, raising grandchildren often had an adult child living at home. Almost half had an adult child as a confidante, and almost half had an adult child who was available as a helper, even though this was not typically the parent of the grandchild being raised by the grandparent.

White Grandmothers

- White grandmothers have a long tradition with low prevalence of raising grandchildren. Most studies of white grandmothers have addressed the different roles that grandmothers play. The emphasis is on companionate relationships with grandchildren and non-interference in parenting responsibilities.

  Grandmother Roles: Neugarten and Weinstein (1964) studied 70 middle-class grandparent couples. They categorized "styles" as formal, fun seeker, surrogate parent, reservoir of family wisdom, or distant. A subsequent study of primarily white grandparents found that 29% were remote, particularly those living at a distance. Most were companionate (55%) and a smaller proportion was classified as involved (16%; Cherlin & Furstenberg, 1986). Some authors have discussed a norm of non-interference, as white grandmothers are expected to walk the narrow line between supporting parents and interfering in their approach to childrearing (Johnson, 1983). Johnson studied grandmothers and parents in a white, middle class suburban area. Grandmothers seemed to be balancing different and sometimes contrary role prescriptions: be there, but don't interfere; provide family continuity, but don't give advice; be loving, but don't be too protective; be a liaison with parents, but don't discipline.

References

Bengtson, V. L. (1985). Diversity and symbolism in grandparental roles. In V. L. Bengtson, & J. F. Robertson (Eds.), *Grandparenthood* (pp. 11-29). Beverly Hills, CA: Sage.

Burnette, D. (1999). Social relationships of Latino grandparent caregivers: A role theory perspective. *The Gerontologist, 39*(1), 49-58.

Cherlin, A. J., & Furstenberg, F. F., Jr. (1986). *The new American grandparent: A place in the family, a life apart*. Cambridge, MA: Harvard University Press.

Gil, A. G., Vega, W. A., & Dimas, J. M. (1994). Acculturative stress and personal adjustment among Hispanic adolescent boys. *Journal of Community Psychology, 22*, 43-53.

Hajat, A., Lucas, J. B., & Kington, R. (2000). *Health outcomes among Hispanic subgroups: Data from the National Health Interview Survey, 1992-95* (CDC National Center for Health Statistics No. 310). Washington, DC: U.S. Department of Health and Human Service.

Hunter, A. G. (1997). Counting on grandmothers: Black mothers' and fathers' reliance on grandmothers for parenting support. *Journal of Family Issues, 18*(3), 251-270.

Hunter, A. G., & Taylor, R. J. (1998). Grandparenthood in African American families. In M. E. Szinovacz (Ed.), *Handbook on grandparenthood* (pp. 70-86). Westport, CT: Greenwood Press.

Jimenez, M. (2001). *The history of grandmothers in the African American community* (Report to the Lois and Samuel Silberman Fund). New York: New York Trust.

Johnson, C. L. (1983). A cultural analysis of the grandmother. *Research on Aging, 5*(4), 547-567.

Kennedy, G. E. (1990). College students' expectations of grandparent and grandchild behaviors. *The Gerontologist, 30*, 43-48.

Massey, D. S., Zambrana, R. E., & Bell, S. A. (1995). Contemporary issues in Latino families: Future directions for research, policy, and practice. In R. E. Zambrana (Ed.), *Understanding Latino families: Scholarship, policy, and practice* (pp. 190-204). Thousand Oaks, CA: Sage.

Neugarten, B. L., & Weinstein, K. K. (1964). The changing American grandparent. *Journal of Marriage and the Family, 26*(2), 199-204.

Pruchno, R. (1999). Raising grandchildren: The experiences of Black and White grandmothers. *The Gerontologist, 39*(2), 209-221.

Sotomayor, M. (1973). *A study of Chicano grandparents in an urban barrio.* Unpublished doctoral dissertation, Denver, CO: University of Denver, Graduate School of Social Work.

Strom, R., Collinsworth, P., Strom, S., & Griswold, D. (1992-93). Strengths and needs of black grandparents. *International Journal of Aging and Human Development, 36*(4), 255-268.

Strom, R., Collinsworth, P., Strom, S., Griswold, D., & Strom, P. (1992). Grandparent education for black families. *Journal of Negro Education, 61*(4), 554-569.

Vega, W. A. (1995). The study of Latino families: A point of departure. In R. E. Zambrana (Ed.), *Understanding Latino families: Scholarship, policy, and practice* (pp. 3-17). Thousand Oaks, CA: Sage.

Williams, N., & Torrez, D. J. (1998). Grandparenthood among Hispanics. In M. E. Szinovacz (Ed.), *Handbook on grandparenthood* (pp. 87-96). Westport, CT: Greenwood Press.

HANDOUT #22
THE CALLER ASKED

Duane J. Kriesel

The caller asked, “Will you provide a home for two 12-year-old girls?” The call was not totally unexpected: we had lived with the prospect of the call for twelve years. I quickly said, “YES!” I didn’t even consult with my wife. We both knew that the answer must be “YES,” but that didn’t stop the floodgate of doubt from opening. So many thoughts, fragmented, disjointed, yet all related. So many reasons to say “NO!”

I didn’t ask, “How long?” Did she mean forever?
I’m too old to raise a family.
My life is all settled: why does it have to be uprooted now?
What about all the trips we have planned?
Our house is always so clean: will it ever be clean again?
I like my free time.
Will their mother make life unbearable?
They are almost teenagers: do you remember what teenagers are like?

God, you asked me to raise a child once before: I was young then and had a lot of energy, but I was still not very good at it; how will I be able to handle the task now that I’m older? What next? Are you going to ask me to lead a bunch of people around the desert for 40 years?

I forgot that God never asks us to do more than we are capable of doing.
I didn’t know that God would send me two angels disguised as two little girls.
I didn’t know that so many people were ready to help.
I didn’t know that those girls would enjoy old-folks’ things like live theater, walks in the park, and drives in the mountains.
I didn’t know that those girls would give so many hugs and kisses.
I didn’t know that those girls would add more to my life than I could ever add to theirs.

Reference

Kriesel, D. J. (2001). The caller asked. *Reflections: Narratives of Professional Helping, 7*(2), 24.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

HANDOUT #23
GRANDMOTHER BURDEN AND SATISFACTION

The following table is from a needs assessment of 181 grandmothers raising their grandchild(ren) without a parent in the household.

Table 10: Burden and Satisfaction*		
	Non-DCFS	**DCFS**
	(n = 108)	**(n = 73)**
Burden Due to Caring for Grandchild		
Gives me a "trapped" feeling	10.3	5.5
Don't have time for myself	17.8	20.5
Social life has suffered	20.8	27.4
Very tired	18.7	13.7
Isolated and alone	5.6	12.3
Lost control of life	3.7	8.2
Negative effects on family relationships	5.6	13.7
Health has suffered	4.7	4.1
Unable to provide care much longer	4.7	5.5
Insufficient privacy	14.0	16.4
Interferes with use of space in home	15.9	21.9
Other family members have to do without	4.7	5.5
Cannot fit in other things I need to do	4.7	4.2
Overall Burden (mean)**	1.81	1.94
Satisfaction Due to Caring for Grandchild		
Grandchild's pleasure gives me pleasure	94.4	93.2
Sense of satisfaction due to helping	95.3	100.0
Feel closer to grandchild	95.3	91.8
Reassured grandchild getting care	99.1	100.0
Really enjoy grandchild	97.2	91.8
Care gives self-esteem a boost	77.6	83.3
Care provides meaning to life	90.6	89.0
Grandchild makes me happy	97.2	93.2
Overall Satisfaction (mean)**	4.66	4.65

*Percents based on combined responses of "quite frequently" and "nearly always."
**Means based on 1-5 scale ("never" to "nearly always").

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

HANDOUT #24
HUMAN BEHAVIOR REVIEW: GRANDPARENT WELL-BEING

Studies of grandparent well-being typically focus on custodial grandparents and compare them to some other group. Particularly, studies have used grandparents in traditional grandparent roles as a comparison group.

- Greater Depression and Less Satisfactory Health Status: A number of recent studies, using data from the National Survey of Families and Households (NSFH), have examined the well-being of grandparents raising grandchildren compared to grandparents in traditional roles (Minkler, Fuller-Thomson, Miller, & Driver, 1997; Minkler, Fuller-Thomson, Miller, & Driver, 2000; Minkler & Fuller-Thomson, 1999). Minkler et al., (1997) found that grandparents who provided primary care for a grandchild were almost twice as likely to be depressed as were grandparents in traditional roles. Those who recently assumed care were more depressed than those who started caregiving five or more years ago (Minkler, et al., 2000). Another study of NSFH data examined the health status of grandparents raising grandchildren. Custodial grandparents had 50% higher odds of having an activity of daily living limitation and were significantly more likely to report lower satisfaction with health (Minkler & Fuller-Thomson).

- Transition Into the Household: Depression appears to be a response to the grandchild moving into the household, possibly a response to transition and grief over the reasons for assuming care. Another study based on the NSFH data looked separately at grandparents who had had a grandchild enter or exit the household, compared to those whose grandchild stayed continuously over the 1978-88 and 1992-94 data collection periods. Grandmothers in families who had assumed care (both custodial and co-parenting) had increased depression after their grandchildren came to live with them, although this was not true of grandfathers (Szinovacz, DeViney, & Atkinson, 1999).

- Grandparent Caregivers Compared to Other Caregivers: Depression may be an aspect of caregiving in general. An analysis of data from the Alameda County Longitudinal Study of Health and Mortality compared three types of caregivers (spousal, adult child, and grandparent) to non-caregivers. The grandparent caregivers were more than twice as likely to have fair or poor health and activity limitations and three times as likely to have depressive symptoms when compared to non-caregivers. Grandparent caregivers were more likely than other caregivers to have had financial, marital, or health problems twenty years previously. The authors concluded that grandparents who assume care for grandchildren may have a history of many difficult aspects in their lives (Strawbridge, Wallhagen, Shema, & Kaplan, 1997).

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

- Levels of Grandparent Caregiving: Another comparison involves levels of grandparent caregiving. One study compared grandmothers who provided full-time caregiving, part-time caregiving, or who merely visited. Full-time caregiving grandmothers experienced more burden and parenting stress than part-time caregiving grandmothers, and full-time grandmothers reported less life satisfaction than other grandmothers in a sample of mostly white grandmothers (Bowers & Myers, 1999). Full-time custodial African American and white grandparents also reported poorer health than those providing less childcare (Solomon & Marx, 1998) in a sample from the Health and Retirement Study.

- Social Supports and Grandparent Caregiving: Other studies of well-being have focused on aspects of the custodial grandparent-headed family, which may represent resources, such as marital status or social supports. In the 1988 National Health Interview Survey and the Child Health Supplement, grandmothers raising grandchildren alone were compared to grandparent couples raising grandchildren. Grandmothers raising grandchildren alone had 56% higher odds of having a health condition, 97% higher odds of activity restrictions, and 65% higher odds of low self rated health than grandmothers raising grandchildren with their spouse (Solomon & Marx, 1999). Sands and Goldberg-Glen (2000) examined social supports in relationship to grandparents' psychological anxiety in a sample of 129 grandparents who were primary caregivers. Being a younger grandparent, having grandchildren with psychological and physical problems, and low family cohesion were related to greater psychological anxiety.

References

Bowers, B. F., & Myers, B. J. (1999). Grandmothers providing care for grandchildren: Consequences of various levels of caregiving. *Family Relations, 48*(3), 303-311.

Minkler, M., & Fuller-Thomson, E. (1999). The health of grandparents raising grandchildren: Results of a national study. *American Journal of Public Health, 89*(9), 1384-1389.

Minkler, M., Fuller-Thomson, E., Miller, D., & Driver, D. (1997). Depression in grandparents raising grandchildren. *Archives of Family Medicine, 6,* 445-462.

Minkler, M., Fuller-Thomson, E., Miller, D., & Driver, D. (2000). Grandparent caregiving and depression. In B. Hayslip, Jr. & R. Goldberg-Glen, (Eds.), *Grandparents raising grandchildren: Theoretical, empirical, and clinical perspectives* (pp. 207-220). New York: Springer.

Sands, R. G., & Goldberg-Glen, R. S. (2000). Factors associated with stress among grandparents raising their grandchildren. *Family Relations, 49*(1), 97-105.

Solomon, J. C., & Marx, J. (1998). The grandparent grandchild caregiving gradient: Hours of caring for grandchildren and its relationship to grandparent health. *The Southwest Journal of Aging, 14*(2), 31-39.

Solomon, J. C., & Marx, J. (1999). Who cares? Grandparent/grandchild households. *Journal of Women & Aging, 11*(1), 3-25.

Strawbridge, W. J., Wallhagen, M. I., Shema, S. J., & Kaplan, G. A. (1997). New burdens or more of the same? Comparing grandparent, spouse, and adult-child caregivers. *The Gerontologist, 37*(4), 505-510.

Szinovacz, M. E., DeViney, S., & Atkinson, M. P. (1999). Effects of surrogate parenting on grandparents' well-being. *Journal of Gerontology: SOCIAL SCIENCES, 54B*(6), S376-S388.

HANDOUT #25
GRANDCHILDREN'S WELL-BEING

CHILDREN RAISED BY GRANDPARENTS

There is little research on the well-being of children raised by grandparents. The few studies that exist suggest some educational disadvantage, but health status among grandchildren raised by grandparents is at a similar level to other children.

- Health and School Performance: Only one study using a national data set is available. Solomon and Marx (1995) compared school and health indices of children raised solely by grandparents to those raised by two biological parents or one biological parent. They used data from the 1988 National Children's Health Supplement (N = 17,110) to the National Health Interview Survey. There were 448 grandchildren raised by grandparents. Health among children raised by grandparents was comparable to those in two biological parent families (health index, asthma, enuresis, headaches, and accidents). Health was better for health index and headaches than for children in one biological parent families. School adjustment was less positive for never repeating a grade, and for above average student compared to two biological parent families; however, it was better for obedient in school and behaved for teachers than for one biological parent families.

- School Performance: Another study (Pruchno, 1999) also focused on the child's well-being and gathered information from over 700 grandmothers raising grandchildren recruited through the media throughout the United States. Pruchno provided data on the grandchild's performance in school: 20.3% were in remedial education classes, 12.3% had been suspended or expelled during the past year, and 12.4% were performing below average in school according to their grandmothers. Thus, Pruchno's results also show some educational limitations. Both of these studies focused on children raised by grandparents without focusing specifically on families in the child welfare system.

- Los Angeles Sample: A short measure of behavior problems (The Behavior Rating Index for Children; Stiffman et al., 1984) was used in the Los Angeles sample of grandmothers raising grandchildren. Considering children described by 581 grandmothers in custodial families, 33.7% scored beyond the "clinical" range, indicating they had serious behavior problems. The grandmother also rated behavior, health, and learning problems. Substantial problem behaviors were confirmed by the grandmother's global assessment of the child's emotional or behavioral problem (30%). About one in four grandchildren had school problems (23%). In contrast, health did not appear to be a problem for most (only 11%). Most rated the grandchild's health as excellent or very good (79%) and only 6% said the child's health was fair or poor (Goodman, 1997).

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

CHILDREN IN THE CHILD WELFARE SYSTEM

Children within the child welfare system are more at risk than other children. Studies have examined children in child welfare, maltreated children, and children placed in foster care. Many children in child welfare are placed with grandparents; therefore, literature on children in child welfare applies to some children raised by grandparents.

- Children in Child Welfare Compared to Parent Care: Based on the National Survey of America's Families (NSAF), a comparison was made of children involved with the child welfare system, children raised by parents, and children raised by parents in high risk circumstances—living in single parent, low-income families. This study found a high level of behavioral and emotional problems among children involved with the child welfare system (27%) compared to children in parent care (7%) or high risk parent care (13%). School suspension was also higher for children involved with child welfare (32%) than children in parent care, although it was not higher than children in high-risk parent care. Finally, more children involved with child welfare had poor or fair health (10%) compared to children in parent care (4%), although their health was comparable to those in high risk parent care (9%) (Kortenkamp & Ehrle, 2002).

- Children Raised by Grandparents: A recent study of custodial grandparents raising grandchildren informally compared to those who are part of the child welfare system found that children raised in informal situations had fewer behavioral problems than those in the child welfare system in the bivariate analysis. Additionally, the rate of maternal neglect was lower for children in informal families (42% versus 65%) and the rate of maternal drug use was considerably lower (43% versus 74%) (Goodman et al., 2002).

- Maltreated Children: Generally, the well-being of abused or neglected children is demonstrably lower than their peers. One study compared abused or neglected children to matched controls and examined school performance. The maltreated children did worse in school, demonstrating lower grades, more disciplinary referrals and suspensions, and more grade retention (Kendall & Eckenrode, 1996). Maltreated children display different problems depending on whether maltreatment is physical abuse or neglect (Berrick et al., 1998).

- Children in Foster Care Versus Kinship Care: When children in non-relative foster care are compared to children in kinship care within child welfare, the kinship care children generally show an advantage. Berrick et al. (1994) report that fewer kinship children than foster children had repeated at least one grade (23% versus 31%) or were enrolled in special education classes (26% versus 32%). Iglehart (1994) also found a mental health advantage for kinship adolescents (10% with problems) compared to non-related foster children (18% with problems). Additionally, children

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

in kinship care more often reported being “always loved” (94% versus 82%) compared to children in non-related foster care (Wilson & Conroy, 1999) .

There has been considerable research conducted indicating that children placed with relatives remain in care longer and are less apt to reenter the system than children in non-related foster care. Greater parental visitation has been reported in kinship care, as well as greater closeness with the birth mother (Berrick, 1997). The lack of repeated re-placement is important, particularly for young children. Among very young children, almost one third of children in non-related foster care were placed more than three times compared to one fifth of young children in kinship care, illustrating greater stability in kinship families (Berrick et al., 1998).

References

Berrick, J. D. (1997). Assessing quality of care in kinship and foster family care. *Family Relations, 46*(3), 273-280.

Berrick, J. D., Barth, R. P., & Needell, B. (1994). A comparison of kinship foster homes and foster family homes: Implications for kinship foster care as family preservation. *Children and Youth Services Review, 16*(1/2), 33-63.

Berrick, J. D., Needell, B., Barth, R. P., & Jonson-Reid, M. (1998). *The tender years: Toward developmentally sensitive child welfare services for very young children*. New York: Oxford University Press.

Goodman, C. C. (1997). *Grandmothers who parent: Family relations and well being* (5RO1AG14977). Bethesda, MD: National Institute on Aging, U.S. Health and Human Service.

Goodman, C. C., Potts, M., Pasztor, E., & Scorzo, D. (2002). *Grandmothers as kinship caregivers: Informal arrangements compared to child welfare oversight*. Manuscript submitted for publication.

Iglehart, A. P. (1994). Kinship foster care: Placement, service, and outcome issues. *Children and Youth Services Review, 16*(1/2), 107-122.

Kendall, K. A., & Eckenrode, J. (1996). The effects of neglect on academic achievement and disciplinary problems: A developmental perspective. *Child Abuse and Neglect, 20*(3), 161-169.

Kortenkamp, K., & Ehrle, J. (2002). *The well-being of children involved with the child welfare system: A national overview* (Series B, No. B-43). Washington, DC: The Urban Institute.

Pruchno, R. (1999). Raising grandchildren: The experiences of Black and White grandmothers. *The Gerontologist, 39*(2), 209-221.

Solomon, J. C., & Marx, J. (1995). "To grandmother's house we go": Health and school adjustment of children raised solely by grandparents. *The Gerontologist, 35*(3), 386-394.

Stiffman, A. R., Orme, J. G., Evans, D. A., Feldman, R. A., & Keeney, P. A. (1984). A brief measure of children's behavior problems: The Behavior Rating Index for Children. *Measurement and Evaluation in Counseling and Development, 17*(2), 83-90.

Wilson, L., & Conroy, J. (1999). Satisfaction of children in out-of-home care. *Child Welfare, 78*(1), 53-69.

HANDOUT #26
QUOTES ABOUT GRANDMOTHER-PARENT RELATIONSHIPS

ABOUT SATISFACTIONS:

Supportive:

"On Sunday we get together, all of us, and we talk and eat together."

"When she tries to get the kids together during the holidays, it makes me happy."

"He does things for me if I need things fixed."

"She is a very understanding person, especially when it comes to knowing that the grandkids give me great pleasure."

"She had enough sense to hand over the kids."

Doing Well:

"He just got married. He is realizing it's time to grow up."

"I am proud about the accomplishments she has made since the incident happened."

"Right now, I have seen her turn her life around."

"She has a good husband, a little baby, and is working hard to provide a good family environment. And within a year she might be able to get the boys back."

Loving Child:

"He was a good and loving father when he had her."

"She loves her daughter."

"She produced a darling daughter and when she had H., she was good and loving to her."

When We Are Doing Well:

"When we can communicate and she doesn't leave or threaten to leave."

Because We're Kin:

"She's my child….So I just love her. If I can ever get her to say hello to me."

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

ABOUT DISSATISFACTIONS:

Parenting:

"Doesn't take enough time with her son."

"She's immature—her lack of willingness to knuckle down and be a mother."

"He won't play the game of life in normal fashion. Normal people get jobs, take care of their children."

"I just don't understand her. She always calls and says she loves B., but I can't understand why she has never made an attempt to gain custody."

Lifestyle:

"She likes to go all the time, hang out in the streets."

"I try to tell her that there's nothing good out there in the streets…she's on cocaine…[it's dissatisfying] that she won't get her life together."

"She's always living with someone else. She should try to be in a relationship with her daughter."

"He's in jail…eight more years."

"I don't approve of her…knowing she was pregnant with the baby, taking drugs, and she was in and out of jail the whole time she was pregnant."

Poor Relationship:

"We don't really have a relationship to talk about."

"I raised her and she hates me and she never says hello. She left her children. I just can't accept that."

"I can't believe her when we do talk."

"She blames especially me for everything that has happened to her."

Lack of Support:

"He doesn't understand we have the children because we love them and want to have a family life."

Quotes developed from data through: Goodman, C. C. (1997). *Grandmothers who parent: Family relations and well being* (RO1 AG14977). Bethesda, MD: National Institute on Aging, U.S. Health and Human Service.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

HANDOUT #27
"MY SWEET JULIETTE, THE SEA BRINGS YOU CLOSER TO ME"
Excerpt by Lynn Evans

July 3, 2000: I realize how much has changed.
My beautiful daughter Juliette did not recover. She died in October of a drug overdose. She has lost her life, my sweet child, my Juliette, only twenty-nine years old. My hopes that she would recover and mother her daughter, Jordan, are gone. Hopes and dreams are gone, leaving me with responsibility for my granddaughter. I am Jordan's mother on earth and Juliette can be her mother only in heaven. It is so huge and overwhelming for me. Jordan is only six…

July 19, 2000: I can feel your goodbye.
A beautiful beach day. All the kids playing in the water. I remember you as my baby girl, healthy and adorable in your little swimsuit. When the sun goes down by the bay, I can feel your good-bye. Your light and your life now gone…And Jordan plays at the water's edge, I see you there instead. As the blue sky breaks through the heavy clouds after two days of rain, I try to revive my hopes and dreams, only now they will have to be for Jordan.

August 15, 2000: Two years later.
Today is two years since I held you and hugged you for the last time. It was family day at the rehab. We did not know that your life would end soon. You looked like a little girl in your short denim overalls with your hair in a high ponytail one of the other girls in rehab fixed for you. At the end of the visit, you looked so sad. I murmured as we left you at 4:45 p.m., "Please God, don't let this be the last time I see her." I knew you so well. How did I know you well enough to say that?

September 6, 2000: The sea brings you closer to me.
Today, your baby girl begins second grade, a most promising beginning for us all. Instead of "Granny," I am "Mom-mom" now. Anything I plan for your baby girl (as you would call her), I do in your memory…The movement of the waves brings me peace. Looking at the sea, the endless horizon, the birds sailing to nowhere, I can imagine your face and I say to you, "No more frantic confusion of drug dependency, Honey, just infinite peace." It brings me a vision of the heavenly place you are now. And thankfully, I can see you smiling.

Reference

Evans, L. (2001). My sweet Juliette, the sea brings you closer to me. *Reflections: Narratives of Professional Helping, 7*(2), 6-9.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

HANDOUT #28
QUOTES ABOUT PARENT-CHILD RELATIONSHIPS

ABOUT SATISFACTIONS:

Parental involvement and attachment

"Makes good decisions with her mother about school and different activities."
"They do a lot together."
"They talk to each other a lot and my daughter talks to her about what's going on in school."
"S. lights up when she sees her mother."
"He's just crazy about his mother."
"When she buys him things, it makes him like her a little more."

Past Involvement

"He loved being with his son when he was born."
"I can see the love, and the child wants to be with Mom, and Mom really wants to do right."

ABOUT DISSATISFACTIONS:

Loss of Parent or Poor Parenting

"Hard for her to understand why she's living with me and not with her parents."
"His father works long hours and does not have enough time to spend with his son."
"She doesn't keep her word, says she's coming to see him and then stands him up."
"The drugs. He [grandchild] doesn't like that."
"Knowing her mother does drugs, drinking, running the streets, its very hard for her."
"I think it must be hard for him to know that he has a father but that his father doesn't love or want him."
"They don't live together. There's no kiss, no hugs. It's sad."
"All the broken promises."
"He doesn't know his mother. He calls me Mom. He doesn't spend time with her at all."

Parenting Issues

"She doesn't like her mother to give her advice or tell her what to do."
"She may come in and tell him to do something different than I've told him and he won't go against what I've said."

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Not Available

"That he is in jail and unable to see his child."

"His not being able to see her as much as he would like."

"They can't see their little brother and Mom won't move closer to us."

Siblings

"L. feels her mom shows more attention to the other sibling."

"I didn't know whether D. is jealous or resents his half brother who is living with mother."

Stigma

"J. understands that both his parents are not like his other friends' parents."

Quotes developed from data through: Goodman, C. C. (1997). *Grandmothers who parent: Family relations and well being* (RO1 AG14977). Bethesda, MD: National Institute on Aging, U.S. Health and Human Service.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

HANDOUT #29
GRANDMOTHERS' NEEDS

The following tables are from a needs assessment of 181 grandmothers raising their grandchild(ren) without a parent in the household (Goodman et al., 1999). Data were collected based on measures adapted from Cohon and Cooper (1999). Respondents who had been involved in a previous study were invited to participate, and were interviewed over the telephone

Table 1: Legal Needs*

	Non-DCFS (n = 108)			DCFS (n = 73)		
	Never	Some-times	Often or always	Never	Some-times	Often or always
Need						
Adoption/guardianship	71.3	18.5	10.2	32.9	42.5	24.7
Other legal advice	85.2	11.1	3.7	83.3	9.7	6.9
Dependency court	92.6	3.7	3.7	61.6	23.3	15.1
Information re: DCFS	NA	NA	NA	63.0	26.0	11.0
Assistance from DCFS	NA	NA	NA	43.8	32.9	23.3
Total (mean)**	0.76			1.86		

* Shaded areas indicate significant difference between groups (p<.05).

** Never = 0, Sometimes = 1, Often = 2, Always = 3. Possible range = 0-9. Totals for DCFS and non-DCFS groups exclude items asked only of DCFS respondents.

Table 2: Financial Needs

	Non-DCFS (n = 108)			DCFS (n = 73)		
	Never	Some-times	Often or always	Never	Some-times	Often or always
Need						
Money for necessities	35.2	35.2	29.6	49.3	26.0	24.7
Food	80.6	10.2	9.3	93.2	4.1	2.7
Place to live	88.0	9.3	2.8	90.4	4.1	5.5
Clothes, furniture, toys	75.9	21.3	2.8	65.8	26.0	8.2
Transportation	68.5	22.2	9.3	72.6	16.4	11.0
Long-term benefits	84.1	9.3	6.5	82.2	11.0	6.8
Foster care rates	NA	NA	NA	87.7	5.5	6.8
Total (mean)*	2.61			2.41		

* Never = 0, Sometimes = 1, Often = 2, Always = 3. Possible range = 0-18. Total for DCFS and non-DCFS groups exclude items asked only of DCFS respondents.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Table 3: Medical/Dental Care Needs						
	Non-DCFS (n = 108)			DCFS (n = 73)		
	Never	Some-times	Often or always	Never	Some-times	Often or always
Need						
Care for self	80.6	6.5	13.0	79.5	11.0	9.6
Care for grandchild	87.0	9.3	3.7	90.4	6.8	2.7
Dental services	79.6	12.0	8.3	83.6	12.3	4.1
Emergency services	82.4	13.0	4.6	89.0	6.8	4.1
Aid with insurance	80.6	11.1	8.3	84.7	8.3	6.9
Aid with paperwork	88.0	5.6	6.5	86.3	8.2	5.5
*Total (mean)	1.76			1.35		

* Never = 0, Sometimes = 1, Often = 2, Always = 3. Possible range = 0-18.

Table 4: School-Related Needs*						
	Non-DCFS (n = 108)			DCFS (n = 73)		
	Never	Some-times	Often or always	Never	Some-times	Often or always
Need						
After-school activities	46.3	32.4	21.3	42.5	32.9	24.7
Tutor, homework help	44.4	27.8	27.8	38.4	30.1	31.5
Special education	71.3	17.6	11.1	56.2	19.2	24.7
Total (mean)**	2.20			2.89		

* Shaded areas indicate significant difference between groups (p<.05).

** Never = 0, Sometimes = 1, Often = 2, Always = 3. Possible range = 0-9.

Table 5: Child Behavior/Management Needs						
	Non-DCFS (n = 108)			DCFS (n = 73)		
	Never	Some-times	Often or always	Never	Some-times	Often or always
Need						
Parenting skills	54.6	29.6	15.7	49.3	35.6	15.1
Managing grandchild	48.9	45.5	5.7	50.8	41.5	7.7
Behavioral problems	52.8	29.6	17.6	45.2	26.0	28.8
Total (mean)*	2.10			2.29		

*Never = 0, Sometimes = 1, Often = 2, Always = 3. Possible range = 0-9.

Table 6: Family Relationship Needs						
	Non-DCFS (n = 108)			DCFS (n = 73)		
	Never	Some-times	Often or always	Never	Some-times	Often or always
Need						
Family conflict	63.9	25.0	11.1	53.4	32.9	13.7
Time for fun with family	52.3	34.1	13.6	53.8	21.5	24.6
Total (mean)*	1.28			1.49		

* Never = 0, Sometimes = 1, Often = 2, Always = 3. Possible range = 0-6.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Table 7: Emotional Support/Counseling Needs*						
	Non-DCFS (n = 108)			DCSF (n = 73)		
	Never	Some-times	Often or always	Never	Some-times	Often or always
Need						
Talk re: grandchild	28.7	45.4	25.9	23.3	53.4	23.3
Talk re: self	26.9	49.1	24.1	15.1	58.9	26.0
Support group	60.2	25.9	13.9	39.7	43.8	16.4
Family substance abuse	84.3	12.0	3.7	80.8	9.6	9.6
Total (mean)**	2.89			3.44		

* Shaded areas indicate significant difference between groups (p<.05).
** Never = 0, Sometimes = 1, Often = 2, Always = 3. Possible range = 0-12.

Table 8: Child Care/Respite Needs*						
	Non-DCFS (n = 108)			DCFS (n = 73)		
	Never	Some-times	Often or always	Never	Some-times	Often or always
Need						
Time for self	20.5	53.4	26.1	20.0	55.4	24.6
Emergency child care	70.5	28.4	1.1	55.4	40.0	4.6
Routine child care	75.9	17.2	6.9	67.2	15.6	17.2
Respite care	33.0	47.7	19.3	21.5	56.9	21.5
Total (mean)**	2.71			3.41		

* Shaded areas indicate significant difference between groups (p<.05).
** Never = 0, Sometimes = 1, Often = 2, Always = 3. Possible range = 0-12.

References

Cohon, J. D., & Cooper, B. A. (1999). Kinship support network: Edgewood's program model and client characteristics. *Children and Youth Services Review, 21*(4), 311-338.

Goodman, C. C., Pasztor, E. M., & Potts, M. (1999). *Formal kinship care versus informal care: Characteristics and service needs of grandparent-headed households and implications for collaboration and risk prevention* (Funded Proposal). Berkeley: University of California at Berkeley, California Social Work Education Center.

HANDOUT #30
MODULE IV COMPETENCIES

This module is one of five in a curriculum that focuses on empirically based information regarding collaboration between kinship caregivers and social workers to enhance safety, permanency, and well-being for children in kinship care arrangements. As such, it reflects the goals and principles established by the CalSWEC Board of Directors in 1998 for the child social work curriculum in California.

Because the purpose of the five-module curriculum is to facilitate collaboration between social workers and kinship caregivers, it inherently addresses all six major competency areas, as follows:

- **Section I: Ethnic Sensitive and Multicultural Practice** because of the disproportionate number of children of color who are growing up in kinship care arrangements.

- **Section II - Core Child Welfare Skills** as they relate to the conditions that cause most children to be placed in kinship care, especially drug and alcohol abuse.

- **Section III - Social Work Skills and Methods,** especially in working with children in kinship care, their parents, and the relatives providing the care.

- **Section IV: Human Development in the Social Environment,** especially because the most recent national research indicates that children in the child welfare system, including in kinship care, often are physically, educationally, and emotionally challenged (Kortenkamp & Ehrle, 2002), and because kinship caregiving changes parenting roles among multiple generations in families.

- **Section V: Workplace Management,** because of the need for multi-disciplinary collaboration.

- **Section VI: Child Welfare Policy, Planning, and Administration,** because of the impact of federal and state legislation on agency policies, practices, and funding related to kinship care. The Section VI competencies are especially critical because the child welfare system has had decades of public and professional concern about outcomes that are in the best interests of children. In addition, there is controversy and confusion regarding outcomes for children placed with kin.

Module IV focuses predominantly on Section VI of the CalSWEC competencies.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

MODULE IV
OBJECTIVES

As a result of this module, students should be able to:

- Summarize the historical evolution of kinship care nationally from a social and policy perspective.
- Describe the demographics of kinship care from a national and state perspective.
- Identify the major legislative and funding provisions for kinship care.
- Explain why kinship care can be viewed as a family preservation service and the exceptions to that identification.
- Explain why kinship care can be viewed as a family foster care service and the exceptions to that identification.
- Explain why kinship care is both a child welfare choice and challenge.
- Identify major issues of concern to kinship caregivers and social workers.
- Identify the rationale for kinship care collaboration competencies.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

MODULE IV
AGENDA

I. Introduction to Module IV
- A. Review of Competencies, Objectives, and Agenda
- B. Background of This Module

II. Historical Perspective: The Roots of Kinship Care
- A. The Early Years (before 1960)
- B. The Transition Years (1970s - 1980s)
- C. Current Realities (1990s - present)

III. Kinship Care: A Policy Choice and Challenge
- A. More Like Family Preservation? Or More Like Family Foster Care?
  1. Evolution of kinship care as a policy choice and challenge
  2. Demographics of kinship care
  3. Financing challenges
- B. Issues of Concern
- C. Rationale for Collaboration Competencies

IV. Summary

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

HANDOUT #31
HISTORICAL ASSUMPTIONS ABOUT FOSTER CARE, KINSHIP CARE, AND ADOPTION

Assumption	Early years (before 1960s)	Transition years (1970s –1980s)	1990s – Present
Children	True orphans; dependent, neglected; love is all it takes so raise them "like your own"; teach them a trade and they can be on their own by 16; children of color with kin	Foster care population grows to 500,000; "foster care drift" – children moving from place to place results in passage of P.L. 96-272 to prevent the unnecessary separation of children from parents and/or encourage adoption. The term "special needs child" is created.	Children have "extraordinary needs" because of severity of abuse & neglect, exposure to alcohol & other drugs, HIV/AIDS; impact creates "jigsaw puzzle" children who are not developmentally ready to emancipate at 18
Parents	"Out of sight, out of mind" – substitute care (replace one set of parents for another & no effect on children)	Law requires "reasonable efforts" to work with parents toward reunification	Law requires reasonable efforts but the time frame is shorter
Foster parents	The same as parents; experienced in raising birth children; assessed by a "house study"; stability in community; children were financial asset	Need special skills (the first national foster parent training program was called "Parenting Plus" – developed by CWLA, funded by HEW)	Need the 3 "S's" – extraordinary strengths, skills, and supports
Kinship families	Not part of formal child welfare system	Become part of formal system through legislation (Youakim)	In urban areas, kinship care becomes a larger population than foster care
Adoptive families	Adoption focused on inheritance; 1st law to secure children's rights (status & inheritance, MA, 1851); early 20th century focus on needs of infertile white couples with emphasis on secrecy, confidentiality, anonymity, & sealed records	Oversupply of white couples & civil rights/women's rights shift focus to special needs of children for public sector; infants are main focus of private agencies, independent adoptions	Adoption is a dynamic field, evolving because of expectations & needs of parents, children, adoptive parents; legal and other challenges & opportunities continue regarding transracial placements, openness, international adoptions
Caseworker/ Social worker	Called "agents" & worked for private charities; children were seen once a year, if at all. Public agencies were created after World War II.	Child welfare social workers are viewed as a valued profession--separated from AFDC eligibility; supervisors often have advanced degrees.	"Paper workers" or "people workers"?; need extraordinary strengths, skills, supports; high turnover; lack of education & training for the job; poor morale; outcomes for child safety, well-being & permanency are proposed through P.L. 105-89

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

POLICY REVIEW FOR KINSHIP CARE

Kinship care has its roots in legislation that goes back almost 100 years. Here are the key legislative events on which today's current policies are based.

White House Conference on Children in 1906: This event established that children have the "inalienable right" to a family. The majority of children without parents lived in orphanages or orphan asylums, although the "Orphan Train" movement, which began in the 1880s, moved hundreds of thousands of children in the eastern cities to farm families (i.e., foster families), in the Midwest. At that time, the numbers were approximately 170,000 children in institutions, and 50,000 in family foster care (Curtis, 1999). These children were predominantly Caucasian children of European immigrant families. African American children, Native American children, and other children of color with parents were with kin.

Aid to Families with Dependent Children (AFDC) in 1961 (Title IV-A of the Social Security Act). This was the first federal funding to help states pay for children in out-of-home care. The regulations required states to continue ADC payments and improve conditions in the home, as ADC funds previously were denied to "unfit" families. At that time, federal financial participation was only for children who were receiving ADC prior to being placed in foster care. Eventually, eligibility included children from families who were eligible when the child was placed, regardless of whether or not they had been receiving ADC (Courtney, 1999).

Child Abuse Prevention and Treatment Act of 1974 (CAPTA, Public Law 93-247). As the general public became more aware of abuse and neglect because of the highly publicized "battered child syndrome," this law required mandated reporting for professionals. This led to supporting legislation by individual states in order to qualify for funds for prevention and treatment of abuse and neglect (Curtis, 1999).

Indian Child Welfare Act of 1978. This was the first federal law to make reference to placement with extended family members, giving preference to extended family whenever Indian children are placed in foster or adoptive families (Wilson & Allen, 1998).

Miller v. Youakim, 1979 (440 U.S. 125). This Supreme Court case provides that kin raising children who have been abused or neglected should receive foster care rates for the care of the children if they meet state requirements for foster payments under Title IV-E of the Social Security Act. These requirements are that the children be physically separated from an AFDC-eligible family, entered care through voluntary placement or judicial determination that conditions in the home were contrary to the child's welfare, and placed in a home that is licensed or approved by the state (Wilson & Allen, 1998). In California, following these standards, there must be a judicial determination, the child

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

must be the responsibility of the state, and the child must have been receiving or eligible for aid (Aid to Families with Dependent Children [AFDC]) at the time of separation from the parents. In California, 60% of the children in foster care receive foster payments and the rest may receive the lower aid payment (AFDC, now Temporary Assistance for Needy Families [TANF]; (Berrick & Needell, 1999).

Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272). This law shifted foster care funding from Title IV-A to a new Title IV-E. The law retained the entitlement status, but linked it to the Child Welfare Services provisions of Title IV-B. Although the costs of Title IV-E Foster Care grew dramatically between 1985 and 1995, the spending for services under Title IV-B Child Welfare Services did not. Title IV-E spending increased 900% between 1981 and 1995, but Title IV-B spending increased only about 80% (Courtney, 1999). It also created a program of adoption assistance payments to parents who adopt children with special needs. States must develop a statewide information system, pre-placement preventive services showing "reasonable efforts" to keep the child at home, have a case plan for every child, place the child in the "least restrictive" environment, have judicial or administrative reviews every 6 months and a disposition hearing within 18 months of the child's placement, and have services to reunite children with their families or find another "permanent" placement (Courtney, 1999). (This later became known in the field as "the great paperwork act of 1980" as the requirements for accountability through the authorization of the act were not supported by the appropriation of funds.)

Omnibus Budget Reconciliation Act of 1986. Title IV-E of the Social Security Act was amended by adding Section 479 and passed as part of the Omnibus Budget Reconciliation Act of 1986. This provision began the development of AFCARS, which provides nationwide, systematic data on children in foster care.

Amendment of the Omnibus Budget Reconciliation Act (PL. 103-66) of 1993. The Family Preservation and Family Support program was created as part of the Omnibus Budget Reconciliation Act of 1993 during the Clinton administration. This program added funding for services, including family preservation and reunification services and automated child welfare systems (Barbell & Wright, 1999; Collins, 1999).

Family Preservation and Support Services Act of 1993. This was the first program to identify extended family members as eligible for family preservation and support services. Funds are provided to states to provide preventive family support services to prevent child abuse and neglect or to help families in crisis (Wilson & Allen, 1998).

Personal Responsibility and Work Opportunity Reconciliation Act (HR 3734), 1996. Welfare Reform changed welfare for children to a block grant, which included AFDC, Emergency Assistance, and the JOBS program in a single capped entitlement to states, with an estimated funding level of $16.4 billion from 1996 through 2003. State funding levels were based on recent federal legislation (Courtney, 1999). The impact of

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

welfare reform is likely to be felt most at state and local levels. The reforms provide financial and in-kind incentives (e.g., child care and health care) for work and provide "sanctions" through denial of benefits for parents who will not work, or who are involved in substance abuse. The child welfare system's goals of providing for children are sometimes at odds with the work-related sanctions of welfare reform (Courtney 1999). However, the law also requires states to consider preference for a relative or non-related caregiver for out-of-home placement in order to receive federal foster care funds (Wilson & Allen, 1998).

Child Abuse Prevention and Treatment Act Amendments of 1996. This amendment authorized grants to public and private nonprofit organizations to assist in the establishment of procedures for using relatives as the preferred placement for children removed from their parents (Wilson & Allen, 1998). This law led to increased reporting of child abuse.

Adoption and Safe Families Act of 1997 (P.L. 105-89). This act includes provisions intended to facilitate the safety of children in foster care and expedite permanency for them (U.S. General Accounting Office, 1999). In late 1996, the Department of Health and Human Services (DHHS) described a blueprint for Adoption 2002 intended to double the number of adoptions and guardianships by 2002. Known as ASFA, this legislation represents a revision of the Adoption and Child Welfare Act of 1980. The emphasis was on goals of the Adoption 2002 initiative, and the act included permission to use concurrent planning (i.e., engage in reunification and adoption planning at the same time) when children were unlikely to return to parents. It also stated that children are entitled to "reasonable efforts" toward an adoptive home if they cannot return to their parents. It also mandated that counties cooperate for placement in another state if that were more expeditious (Pecora et al., 2000). This legislation requires that states meet national standards regarding specific child welfare outcomes related to child safety, reunification, and adoption. (Please see Handout #32 or more information about these outcomes.) This legislation requires that states hold kinship care to the same standard as family foster care in order to obtain Title IV-E funds.

California Adoption and Guardianship Legislation. In California, the Adoption Assistance Program (WIC §§ 16115, 16120 (a)(2)), which was established under the Federal Adoptions Assistance and Safe Families Act, is administered through the California Department of Social Services. The law provides for funds based on the child's need, not to exceed the basic foster care rate (Legal Aid Foundation of Los Angeles, 2001a). In addition, California has instituted a form of guardianship, Kin-GAP or Guardian Assistance Payments (SB1901, Chapter 1055, 1998) (California Welfare and Institutions Code, Sec. 11360-11370). Relatives exit the system and receive ongoing subsidies. Guardians under Kin-GAP receive a subsidy equal to payment for foster care, although additional funds for children with special needs are not included. Children whose relatives are guardians through Kin-GAP are discharged from the child welfare system (Minkler et al., 1999).

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

National Family Caregiver Support Act (PL 106-501, Section 316), 1999. This legislation provided funding for caregivers of older adults and included a provision that up to 10% of the funds would be designated for older (60 and over) grandparent and relative caregivers raising relative children (Generations United, 2001).

Data Information Systems. An analysis of the Multi-State Foster Care Data Archive determined a large number of first entrants into foster care in the late 1980s, with increases particularly in very young children, children in cities, and children in kinship placements. This Archive is a collaborative effort of the U.S. Department of Health and Human Services and state welfare agencies, and is maintained at the Chapin Hall Center for Children at the University of Chicago (Goerge et al., 1999). Urban regions accounted for over two thirds of total caseload growth from 1988 to 1994. In some states, the urban centers outpaced growth in other areas of the state. In California, Los Angeles grew dramatically, but growth in the total census for Los Angeles was not greater than for the state at large. In California, from 1988 to 1994, there was an increase in white and Latino children and a decrease in African American children in foster care. Discharges grew in California at a rate of 55% between 1988 and 1990 and then leveled off. However, because admissions continued to exceed discharges, there was an increase in the state's caseload by 50% between 1988 and 1994 (Goerge et al.). Another data source is the Voluntary Cooperative Information System (VCIS) by the American Public Welfare Association (APWA), supported by the U.S. Department of Health and Human Services. This system collects annual data from state child welfare agencies about children in out-of-home care.

California AB 1695, enacted October 2001. This state legislation was passed to conform to ASFA. It reinforces the mandate to use the same licensing standards for both kinship care and family foster care. It creates a new category of caregiver titled "non-relative extended family member."

References

Barbell, K., & Wright, L. (1999). Family foster care in the next century. *Child Welfare, 77*(1), 3-14.

Berrick, J. D., & Needell, B. (1999). Recent trends in kinship care: Public policy, payments, and outcomes for children. In P. A. Curtis, G. Dale, Jr., & J. C. Kendall (Eds.), *The foster care crisis: Translating research into policy and practice* (pp. 152-174). Lincoln: University of Nebraska Press.

Collins, R. (1999). The adoption and foster care analysis and reporting system: Implications for foster care policy. In P. A. Curtis, G. Dale, Jr., & J. C. Kendall

(Eds.), *The foster care crisis: Translating research into policy and practice* (pp. 45-62). Lincoln: University of Nebraska Press.

Courtney, M. E. (1999). Foster care and the costs of welfare reform. In P. A. Curtis, G. Dale, Jr., & J. C. Kendall (Eds.), *The foster care crisis: Translating research into policy and practice* (pp. 129-151). Lincoln: University of Nebraska Press.

Curtis, P. A. (1999). Introduction: The chronic nature of the foster care crisis. In P. A. Curtis, G. Dale, Jr., & J. C. Kendall (Eds.), *The foster care crisis: Translating research into policy and practice* (pp. 1-16). Lincoln: University of Nebraska Press.

Generations United. (2001). *Legislation: A national coalition dedicated to intergenerational policy, programs and issues.* Retrieved March 26, 2003, from http://www.gu.org/projg&olegis.htm.

Goerge, R. M., Wulczyn, F., & Harden, A. (1999). Foster care dynamics. In P. A. Curtis, G. Dale, Jr., & J. C. Kendall (Eds.), *The foster care crisis: Translating research into policy and practice* (pp. 17-44). Lincoln: University of Nebraska Press.

Legal Aid Foundation of Los Angeles. (2001a). *Adoption Assistance Program*. Los Angeles: Author.

Minkler, M., Berrick, J. D., & Needell, B. (1999). *The impact of welfare reform on grandparents raising grandchildren* (Working Paper No. 99-18). San Francisco: Public Policy Institute of California.

Pecora, P. J., Whittaker, J. K., Maluccio, A. N., & Barth, R. P. (with Plotnick, R. D.). (2000). *The child welfare challenge*. New York: Aldine de Gruyter.

U.S. General Accounting Office. (1999). *Foster care: Kinship care quality and permanency issues* (GAO/HEHS 99-32). Washington, DC: Author.

Wilson, D. B., & Allen, M. L. (1998). Kinship caregiving and the child welfare system. In Generations United (Ed.), *Grandparents and other relatives raising children: Background papers from Generations United Expert Symposium* (pp. 26-35). Washington, DC: Generations United.

HANDOUT #32
CHILD WELFARE OUTCOMES

For the first time, the federal government has “unequivocally established that national goals for children in the child welfare system are safety, permanency, and well-being" (Federal Register, August 1999, pp. 45552-45554). To help achieve these goals, this legislation requires the U.S. Department of Health and Human Services (DHHS) to assess state and federal progress in achieving seven specific outcomes measures as the basis for annual reports to Congress on the performance of each state. These are:

- Outcome 1 - reduce the recurrence of child abuse and neglect.
- Outcome 2 - reduce the incidence of child abuse and/or neglect in foster care.
- Outcome 3 - increase permanency for children in foster care.
- Outcome 4 - reduce time in foster care to reunification without increasing re-entry.
- Outcome 5 - reduce time in foster care to adoption.
- Outcome 6 - increase placement stability.
- Outcome 7 - reduce placements of young children in group homes or institutions

(U.S. DHHS, 1999).

The following explains the national standards used to measure these outcomes and compares the national standards to California’s actual results (Needell, et al., 2003):

Safety Outcomes: Children are, first and foremost, protected from abuse and neglect.

- *Recurrence of maltreatment*
  Of all children who were victims of substantiated or indicated child abuse and/or neglect during the first 6 months of the reporting period, 11.6% had another substantiated or indicated report within a 6-month period. **The National Standard is 6.1%.**

- *Incidence of child abuse and/or neglect in foster care*
  Of all children in foster care in the state during the period under review, 0.75% were the subject of substantiated or indicated maltreatment by a foster parent or facility staff member. **The National Standard is 0.57%.**

Permanency Outcomes: Children have permanency and stability in their living situations.

- *Foster care re-entries*
  Of all children who entered care during the year under review, 9.3% re-entered foster care within 12 months of a prior foster care episode. **The National Standard is 8.6%.**

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

- *Stability of foster care placement*
  Of all children who have been in foster care less than 12 months from the time of the latest removal, 84.8% had no more than two placement settings. **The National Standard is 86.7%.**

- *Length of time to achieve adoption goal*
  Of all the children who exited foster care during the period under review to a finalized adoption, 20.3% exited care less than 24 months from the time of the latest removal from home. **The National Standard is 32.0%.**

- *Length of time to achieve reunification*
  Of all children who were reunified with their parents or caregivers at the time of the discharge from foster care, 63.0% were reunified in less than 12 months from the time of the latest removal from home. **The National Standard is 76.2%** (U.S. Department of Health and Human Services, 2001).

The federal government has postponed citing national standards for child well-being. Typical indicators of child well-being are economic security (e.g., the number of children living in poverty), health (e.g., the number of children immunized or the adolescent birth rate), behavior and social environment (e.g., the number of children who use alcohol and other drugs), and education (e.g., the percentage of high school graduates; Forum on Child and Family Statistics, 2001).

However, The Urban Institute has published "the first national overview of the well-being of children involved with child welfare system" based on data from the 1997 and 1999 National Survey of America's Families (Kortenkamp & Ehrle, 2002, p. 1). Findings included:

- Children in the child welfare system are more likely to have emotional and behavioral problems than other children, and children placed with foster parents or relatives are more likely to have high levels of behavior problems, to have been suspended or expelled from school, and to have received mental health services.

- Over one quarter of children placed with foster parents or kin have a physical, learning, or mental health condition that limits their activities.

- Many children have been placed with foster parents and relatives who themselves reported poor mental health and high levels of aggravation with the children.

- Over one third of children in the child welfare system with high levels of behavioral and emotional problems have not received mental health services,

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

and little stimulation was reported for young children placed with foster parents or kin.

- The well-being of many children involved with the child welfare system is compromised and their caregivers are often strained.

- Administrators must address such challenges as: recruiting foster parents to care for children with complex needs, finding adoptive families to develop lasting attachments with traumatized children, and providing caseworkers with sufficient time to make assessments and referrals, especially to mental heath and medical services (Kortenkamp & Ehrle, pp. 1-7.)

References

Forum on Child and Family Statistics. (2001). *America's children 2001 – Highlights and list of indicators.* Retrieved March 28, 2003, from http://childstats.gov/ac2001/ highlight.asp.

Kortenkamp, K., & Ehrle, J. (2002). *The well-being of children involved with the child welfare system: A national overview* (Series B, No. B-43). Retrieved March 28, 2003, from http://www.urban.org/content/Research/ NewFederalism/Publications/ PublicationsbyTopic/Income/ChildWelfare/Child/htm.

U.S. Department of Health and Human Services. (1999). *Federal Register* (August, 45552-45554). Washington, DC: U.S. Government Printing Office.

U.S. Department of Health and Human Services, Administration for Children, Youth and Families. (2001, February 21). *Information memorandum – Federal child and family services review outcomes/national standards*. Washington, DC: Author.

HANDOUT #33
DEMOGRAPHICS OF KINSHIP CARE

Nationally

- The number of grandparent-headed households continues to grow nationally. In 1970, there were 2.2 million children (3.2% of all children) living in grandparent-headed households in the United States. By 2000, there were 4.5 million children (6.3% of all children), constituting over a 100% increase (Casper & Bryson, 1998; Bryson, 2001). These figures also include three-generation families that have a parent at home.

- 10.9% of America's grandparents who are raising their grandchildren say that they are responsible for the care of the child (Fuller-Thomson et al.,).

- 2.4 million children are being raised with grandparents with the parents in the home; 1.5 million children are with grandparents and the parents are not there (Casper & Bryson, 1998).

- Grandparent caregivers range in age from 30 to over 70, with a mean age of 59.4 (Fuller-Thomson et al., 1997).

- 54% are married (Fuller-Thomson et al., 1997).

- There is about a 50-50 split in working/not working grandmother caregivers (Casper & Bryson, 1998).

- 40% have incomes under $20,000 annually, 41% have incomes between $20,000 and $40,000, and 20% have incomes over $40,000. When both grandparents are raising grandchildren without the parent, the poverty rate for children in the family is 15%, but when grandmothers alone are raising grandchildren, the rate of poverty for children is 63%. When grandfathers are raising grandchildren alone, children have a 23% poverty rate. These are compared to 19% poverty rate for children in parent-headed families in 1997 (Casper & Bryson, 1998).

- Caregiving grandparents were more likely than non-custodial grandparents to be poor (23% versus 14%) (Fuller-Thomson et al., 1997) and had a median income of $22,176 (compared to $29,000 for non-custodial grandparents).

- Close to 75% of the grandparents began caregiving before the child was five (Fuller-Thompson et al., 1997).

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

- 44% are raising grandchildren under one year old; 28% one to four years old; 16% five to ten years old; and 12% 11 years old or older based on the National Survey of Families and Households 1992-1994 (Fuller-Thomson et al., 1997).

- Distribution varies by ethnicity. The prevalence of grandparent-headed custodial families by ethnicity in 1994 shows 5.6% of African American children, 1.6% of Hispanic children, and 1.4% of white children to be raised by grandparents without a parent at home (Saluter, 1996).

- Many of these families have special needs. Growth in both formal and informal kinship care has occurred primarily among families in economically disadvantaged communities, many of whom require some kind of support through economic assistance, SSI, school lunch programs, public housing, food stamps, Social Security, or disability benefits (Harden et al., 1997). Many grandparents are widowed or divorced, and live on fixed incomes that do not support the raising of children.

California

Of California's 9 million children, 6.8% are living in grandparent-headed families and 3.6% are living with other relatives. These figures are somewhat higher than the national figures, which show 6.3% of all children in grandparent-headed families and 2.1% living with other relatives (Bryson, 2001). Typically, a third of grandparent-headed families have no parent at home, so these new figures also include three-generation families.

References

Bryson, K. (2001). *New Census Bureau data on grandparents raising grandchildren.* Paper presented at the Gerontological Society of America Annual Scientific Meeting, Chicago.

Casper, L. M., & Bryson, K. R. (1998). *Co-resident grandparents and their grandchildren: Grandparent maintained families* (Population Division Working Paper No. 26). Washington, DC: U.S. Census Bureau.

Fuller-Thomson, E., Minkler, M., & Driver, D. (1997). A profile of grandparents raising grandchildren in the United States. *The Gerontologist, 37*(3), 406-411.

Harden, A. W., Clark, R. L., & Maguire, K. (1997). *Informal and formal kinship care: Volume 1*. Washington, DC: U.S. Department of Health and Human Services.

Harden, A. W., Clark, R. L., & Maguire, K. (1997). *Informal and formal kinship care: Volume 2*. Washington, DC: U.S. Department of Health and Human Services.

Heywood, E. M. (1999). Custodial grandparents and their children. *The Family Journal: Counseling and Therapy for Couples and Families*, *7*(4), 367-372, citing other sources (Fuller-Thomson, Minkler, & Driver, 1997; Pinson-Milburn, Fabian, Schlossberg, & Pyle, 1966).

Saluter, A. F. (1996). *Marital status and living arrangements: March 1994, Current population reports* (U.S. Census Bureau, Series P20-484, Washington, DC: U.S. Government Printing Office.

HANDOUT #34
FINANCING REVIEW FOR KINSHIP CARE

Financial Category	Criteria	Age	Rate	Other
Adoption Assistance Program (AAP)	The Dependency Court terminates jurisdiction. The child must be under 18 years of age. The adoptive family has signed or agreed to sign an adoption assistance agreement. Medi-Cal benefits continue.	0-4 5-8 9-11 12-14 15-19	Not higher than foster care. In Los Angeles, same as foster care rate. Special Needs rates apply.	Reviewed every two years; continues until age 18, or 21 if child has a handicap; no means test. The benefit is based on the child's needs and the family's ability to meet needs.
CalWORKS - California's version of Temporary Assistance to Needy Families (TANF), formerly Aid to Families with Dependent Children (AFDC)	CalWORKS is a cash aid program for needy families with one or more eligible children. The child must be deprived parental support (i.e., one or both parents are absent, unemployed or underemployed, or disabled). Eligibility continues until the child is 18, or 19 if in high school/training. There is no increased benefit for an additional child born after 8/31/97 (with exceptions). The child is eligible for Medi-Cal and Food Stamps. Persons with drug-related felony convictions after 12/31/97 are not eligible. Non-needy caretakers get an exempt grant for the children.	0-18, or 19	Depends on region and exemption. In Los Angeles, $373 for exempt or $336 for non-exempt (for one child) as of 10/01.	There is a 60-month time limit for CalWORKS adult recipients. There are exceptions: 1) all caregiver(s) or parent(s) must be 60 years of age or older; 2) the county determines that the caregiver's capacity to work is impaired by: caring for a child who is a dependent of the court, caring for an ill household member; having a disability. Non-parent caregivers are exempt from welfare-to-work requirements under the same conditions as above: 1) and 2).

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Financial Category	Criteria	Age	Rate	Other
Foster care funds or Youakim funds	The minor child is under the jurisdiction of the Dependency Court and supervised by DCFS. Also, the child was eligible for CalWORKS/AFDC in the home from which he/she was removed, during the month of petition or within the prior 6 months. And, the child must have lived with the parent/relative from whom he/she was separated within 6 months prior to petition.	0-4 5-8 9-11 12-14 15-19	$425 462 500 546 597 (Los Angeles rates - 7/01)	New federal restrictions require relative caregivers, and their homes, to meet the same standards as non-related licensed foster parents. A relative whose only child gets foster care (or AAP or Kin-GAP) can get CalWORKs for him/herself.
KinGAP	A relative becomes the legal guardian and dependency jurisdiction is terminated. The child has to have lived with that relative for at least 12 months. Also, the minor must meet the basic CalWORKS requirements. Medi-Cal benefits continue (reviewed every year).	0-4 5-8 9-11 12-14 15-19	$425 462 500 546 597 (Los Angeles rates - 7/01)	KinGAP is the same rate as Youakim. The two main differences are that 1) social workers no longer visit the home, and 2) no more court hearings. If a caregiver has a special needs child, then KinGAP is not a good option for the family.
Supplemental Security Income (SSI)	A child must have a physical or mental condition that meets federal standards, as determined by medical evidence. The case is usually reviewed at least every 3 years, to evaluate the current medical status of the child.	0-18, 19	SSI rate is lower than Foster Care Special Needs rate.	The child who loses SSI will not lose Medicaid/Medi-Cal benefits if the family income is low.

Note: Foster care rates were provided by the Los Angeles County Department of Children and Family Services

Reference

Legal Aid Foundation of Los Angeles. (2001a). *Adoption Assistance Program*. Los Angeles: Author.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

LEGAL AID FOUNDATION OF LOS ANGELES

ATTORNEYS AT LAW
5228 E. Whittier Blvd.
Los Angeles, California 90022
Telephone: (213) 640-3883
Fax: (213) 640-3911

Central Office
1550 W. Eighth Street
Los Angeles, CA 90017
(213) 640-3881

Santa Monica Office
1640 5th Street, Suite 124
Santa Monica, CA 90401
(310) 899-6200

South Central Office
8601 S. Broadway
Los Angeles, CA 90033
(213) 640-3884

West Office
1102 Crenshaw Blvd.
Los Angeles, CA 90019
(323) 801-7989

OUTLINE OF BENEFIT PROGRAMS AVAILABLE TO RELATIVE/NON-PARENT CAREGIVERS

SUMMARY

The former AFDC program was eliminated in 1996. The federal program is now Temporary Assistance to Needy Families (TANF). However, it is mostly a state program, called CalWORKs in California, and there are significant differences between counties. The specifics referred to here are only those applicable to the entire state, under the California Department of Social Services (DSS). The statutory references are to the California Welfare and Institutions Code (W&I Code) or to the United States Code (U.S.C.).

CalWORKS

A. Time Limits.

Time limits apply only to the *adults* in the assistance unit (AU) and not the children. They do *not* apply to any *non-parent* caregiver who is *not* in the AU (a "non-needy caretaker"). Both parent and non-parent caregivers in the AU may be exempt from the 60-month time limit if *all* of them:

1. Are 60 years of age or older. That is, if there are two grandparents caring for the child, *both* must be age 60 or older. W&I Code § 11454(e)(1); **or**

2. Have primary responsibility for a child who is a dependent of the court ***or*** who is at risk of being placed in foster care ***and*** the county determines these responsibilities impair their ability to be regularly employed or to participate in welfare-to-work activities. W&I Code §§ 11454(e)(2), 11320.3(b)(4); **or**

3. Receive Supplemental Security Income (SSI), In Home Supportive Services (IHSS), State Disability Insurance (SDI), or Worker's Compensation Temporary Disability benefits [but not SSDI (Social Security Disability Income)] **and** the disability significantly impairs the recipient's ability to be regularly employed or participate in welfare-to-work activities. W&I Code § 11454(e)(4); **or**

4. Provide care for an ill or incapacitated household member and these responsibilities impair their ability to be regularly employed or to participate in welfare-to-work activities. W&I Code §§ 11454(e)(2), 11320.3(b)(5).

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

B. Welfare-to-Work (usually referred to as "GAIN").

Non-parent caregivers in the AU (i.e., recipients) are exempt from the welfare-to-work requirements if they have primary responsibility for:

1. Providing care for a child who is a dependent or ward[1] of the court, ***or***
2. Are caring for a child in a case in which a county determines the child is at risk of placement in foster care, ***and*** the county determines that the caretaking responsibilities impair the caretaker relative's ability to be regularly employed or to participate in welfare-to-work activities. W&I Code § 11320.3(b)(4).

C. Exempt Benefits Rates.

AFDC benefits were reduced in the early 1990s as a "work incentive," on the presumption that all adults could work. As a result of the lawsuit challenging this premise, there are now two separate rate schedules, one for exempt and one for non-exempt families. (California also has two Regions, basically urban and rural areas, with separate rate schedules.)

The rules to qualify as exempt changed under CalWORKs. Families are now exempt from the work-incentive reductions and receive the higher rate only if:

1. ***All*** caretaker relatives (or parents) in the home are disabled *and* receive SSI, IHSS, SDI or Worker's Compensation Temporary Disability benefits [see A.3 above.]; ***or***

2. The AU is headed by a caretaker relative who is not the child's parent ***and*** who does not get aid for himself/herself, i.e., is not in the AU (a "non-needy caretaker relative").

FEDERAL FOSTER CARE

The federal Foster Care program (FFC) remains a federal entitlement program (is not limited to available dollars) and is still governed by federal law. The only change is that AFDC linkage is based on the federal AFDC law's regulations that were in effect on July 16, 1996. 42 U.S.C. §§ 670 *et seq*., 672(h).

In brief, FFC is available for a child who:

1. Is under the jurisdiction of the dependency court; ***and***
2. Is supervised by the County Welfare Department (the Department of Children & Family Services [DCFS] in Los Angeles County); ***and***
3. Was eligible for AFDC in the home from which s/he was removed; ***and***
4. Was eligible for AFDC in the month the dependency court petition was filed, or within the prior 6 months (if no application was made)

[3. and 4. are known as the *linkage* criterion. 42 U.S.C. § 672(a). See below.]

[There is also a provision for 6 months of Foster Care eligibility in the case of a Voluntary Placement Agreement (between parent and county), but such Agreements are rare.]

[1] "Ward" generally means delinquency status; it is not clear that the legislature intended that inclusion.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

A. Linkage.

The child must have been AFDC-eligible *in the home of removal* and lived *in that home* within 6 months prior to the court petition for removal. This results in denial of eligibility for many children with related caregivers.[2] This interpretation was successfully challenged in a lawsuit called Land v. Anderson.[3] However, the federal government (DHHS) will not honor Land, and California passed a law to deny payment until DHHS pays its share. A lawsuit challenging the federal denial is now pending in the 9th Circuit (federal) Court of Appeals.

NOTE: children placed with relatives who have been denied FFC based on the linkage requirement, may want to request a State Hearing. The Administrative Law Judges (ALJs) are familiar with the Land case and the claimant should refer to it at the hearing. If eligibility is found under Land, no Foster Care benefits will be paid but this will protect the child's rights if the federal suit is successful. However, there is no certainty of eventual success.

B. Relatives as Legal Guardians.

Relatives are cautioned about becoming legal guardians of the children in their care, as this may make the child ineligible for FFC. Counties are required to explain the financial impact when advising relatives to become legal guardians. However, if the relative is already receiving FFC and the Juvenile Court *retains jurisdiction* after the guardianship, FFC will continue. (The Dependency Court judges In Los Angeles County are aware of this and should routinely add that provision; other counties should make their judges aware of this factor.)

See Form SOC 369 and information on the new Kin-GAP program, both attached.

C. Overpayment Issues: Foster Family Homes.

Counties are restricted from collecting overpayments from relatives in certain cases, and *no* overpayment discovered before 01/01/99 can be recovered. They also cannot collect if:
(1) the cost of collection exceeds expected recovery; **or**
(2) the child was temporarily out of the home and payment was to maintain the placement; **or**
(3) the overpayment was solely the result of county administrative error, ***or***
(4) the provider did not have knowledge of or contribute to the overpayment (e.g., did not know the child was not eligible). W&I Code § 11466.24.

STATE FOSTER CARE

This program is restricted to *non-related* legal guardians.

KINSHIP GUARDIANSHIP ASSISTANCE PAYMENT PROGRAM (Kin-GAP)

This is a new program benefiting relatives who become legal guardians of children who are under the Dependency Court. (See separate summary.)

[2] FFC is the only foster care benefit available to children placed with relatives (other than Kin-GAP).
[3] Land v. Anderson, 55 Cal.App. 4th 69 (1997), *cert. denied*, 522 U.S. 1048 (1998).

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

ADOPTION ASSISTANCE PAYMENT PROGRAM (AAP)

For relatives or non-relatives who adopt a qualifying child. (See separate summary.)

SUPPLEMENTAL SECURITY INCOME (SSI) FOR MINORS

For children who meet the federal standards as disabled. (See separate summary.)

Benefit Summary 9/10/0

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

LEGAL AID FOUNDATION OF LOS ANGELES
CalWORKS – OVERVIEW

The federal program is TANF (Temporary Assistance to Needy Families), but it is primarily a state-designed program. In California, TANF is called CalWORKS. The program is governed by state law, but the (58) individual counties decide many of the specific rules.

Financial Eligibility: CalWORKs is cash aid for needy families (called an "Assistance Unit" or AU) with one or more eligible children. To be "needy," the family income must be below a minimum standard for the size of the family, and the child/ren must be "deprived" of parental support, e.g., one or both parents are absent, unemployed or disabled.

> "Unemployed" includes *under*-employed: for *applicants,* this means the primary wage earner worked less than 100 hours in the last 4 weeks. (Not applicable to *recipients*.) The "primary wage earner" is the one who *earned* the most in the last 2 years. "Disabled" can be temporary incapacity – it need not rise to the level of disability under Medi-Cal or SSI.
>
> The family countable resource limit is $2000, plus a car valued at $4650 or less or with an equity value of $1500 or less. Note: excess car value can be included as part of the resources, as long as the total resources stay under $2000. (If any household member is age 60 or older, the countable resource limit is $3000.)

Age, Residence, Alien Status: Eligibility continues until age 18, or 19 if the minor is in high school or a vocational/technical training program and *reasonably expected* to complete the program by his/her 19th birthday. The family must reside in California (no specific time period); and the AU (at least the children) must be U.S. citizens or qualified aliens (various categories).

Grant Amount: California has two regions and two grant levels within each region. Los Angeles is in Region 1, which has higher grant levels. Each region has exempt and non-exempt grant levels. (At 10/01/01: Region 1, AU of 1: exempt = $373, non-exempt = $336.) To qualify for the higher (exempt) grant, *all* parents or caretaker relatives in the home must be disabled *and* receiving disability benefits, *or* the child is with a (non-parent) caretaker relative who does not receive benefits for him/herself.

Other factors in determining the grant amount:
- Retrospective budgeting: income in month 1 affects grant in month 3.
- Disregards apply to earned income and certain disability benefits.
- Income of undocumented parents counts against children's grant.
- Income of a stepparent (married to the mother/father) applies to whole AU.
- A *non-needy* caretaker relative is entitled to the exempt grant for the child/ren.
- A *needy* parent/relative can get CalWORKs just for him/herself if the only eligible child in the family receives SSI (parent or relative), Foster Care or Kin-GAP (relative only).
- Persons with a drug-related felony conviction after 12/31/97 are permanently ineligible, i.e., not considered a member of the household and his/her income should not be counted.

Child support issues:
- Child support paid for *any* child in the AU *and aided* is deemed to the entire AU.
- Child support paid for an MFG child is *not* deemed to the AU. (But see Special Rules, below.)
- Child support paid to the parent is income to the *parent*, not the child being supported; i.e., it is not income to a minor parent whose mother receives child support for her, and it does not affect the minor parent's (or the child's) eligibility for benefits.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Additional Benefits:

1. Immediate need: advance payment and faster processing for applications for applicants in emergency situations who are *apparently* eligible.
2. Pregnancy Supplement: $47/month from date of pregnancy verification if already on CalWORKS, otherwise for last trimester only.
3. Recurring special needs: medically needed services, e.g., therapeutic diets, special transportation, special telephone services, etc.—limited funds, with documentation.
4. Non-recurring special needs: specific and limited amounts for disaster-type situation.
5. Reduced Income Supplement Payment (RISP): to adjust for a sudden loss of income; application must be made in the month the income drops.
6. Homeless Assistance: temporary (shelter), permanent (last month's rent + security deposit + utilities deposit—once in a lifetime. (Applies to adult, does not follow the child/ren.)
7. Diversion: funds to allow otherwise eligible person/family to stay off aid.

Special Rules:

1. MFG: no benefit for additional child born after 08/31/97, unless certain exceptions apply; the child *is* eligible for Food Stamps and Medi-Cal. Child support for this child is *not* counted against the AU, but other income (e.g., Social Security survivor benefits) *is* deemed to the AU.
   There have been changes in this rule applicable to teen parents.[4]
2. Stepparent: if no child in common, has choice to be in or out of AU.
3. Welfare-to-Work: unless exempt, aided adults must participate. If the parent (or aided caregiver) is not employed full time (32/35 hours) at the completion of the 24-month period, the individual will be required to do community service aimed at teaching job skills leading to a living wage job. It is to be related to existing job goals, e.g., match a current school program. A school program also counts toward the hours. If work + school is less than 32/35 hours, only the *difference* has to be community service, i.e., there is no minimum.
4. Time Limits: 60 months lifetime (for adults only), excluding non-paid months.
5. Teens: complex rules. (See 1 above.)

CW Overview 11/30/01

[4] The Western Center on Law and Poverty (WCLP) web site has a flyer on Teens & MFG, and other valuable information on CalWORKs: www.wclp.org/

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Legal Aid Foundation of Los Angeles

Central Office
1550 W. Eighth Street
Los Angeles, CA 90017-4316
(213) 640-3881

Long Beach Office
110 Pine Avenue, Suite 420
Long Beach, CA 90802-4421
(562) 435-3501

ATTORNEYS AT LAW
5228 East Whittier Boulevard
Los Angeles, California 90022-4013
Telephone: (213) 640-3883
Fax: (213) 640-3911

Santa Monica Office
1640 Fifth Street, Suite 124
Santa Monica, CA 90401-3343
(310) 899-6200

South Central Office
8601 S. Broadway
Los Angeles, CA 90003-3319
(213) 640-3884

West Office
1102 Crenshaw Boulevard
Los Angeles, CA 90019-3111
(323) 801-7989

ADOPTION ASSISTANCE PROGRAM (AAP)

AAP is a federal program administered by DSS. Its purpose is to encourage adoption, "providing the stability and security of permanent homes," in cases where "adoptive placement without financial assistance is unlikely." WIC §§ 16115, 16120(a)(2).[5] It is equally available, under the same conditions, to both relatives and non-relatives.

A. Basis for AAP eligibility. All of the following standards must be met:

1. Adoption is unlikely because the child is part of a sibling group "that should remain intact," or because of the child's race, ethnicity, color, language, age (over 3 years) or the child has a mental, physical or other disability; *and*

2. There has been an unsuccessful search for an adoptive home (waived when against the child's best interest, as when the child has "significant emotional ties" with the prospective adoptive parents while in foster care with them); *and*

3. The child is the subject of an agency adoption, e.g. under the supervision of DCFS as the subject of a legal guardianship or juvenile court dependency;[6] *and*

4. The child is under 18 (or under 21 with a serious mental or physical condition); *and*

5. The adoptive family has signed or agreed to sign an adoption assistance agreement; *and*

6. The adoptive family is legally responsible for the support of the child and the child is receiving support from the adoptive parent; *and*

7. The county (DCFS) has stipulated to the need for AAP. WIC § 16120; MPP § 45-802.1.

[5] All cites here are to state law: Welfare & Institutions Code (WIC) and the DSS Manual of Policies and Procedures (MPP). The applicable federal law is found at 42 U.S.C. § 673 and CFR § 1356.40.
[6] It is DCFS policy, approved by the state, that a child who was previously under the Dependency Court is eligible for AAP, i.e., if the child is adopted at some future date after jurisdiction is terminated.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

B. AAP Payment Criteria:

1. The responsible county[7] assesses the child's needs *and* the resources of the family to meet those needs. There can be no means test to determine eligibility [WIC § 16119(b), (c)], but the family must provide financial information.

2. The benefit is a *negotiated* amount, based on the child's needs and the ability of the family to meet those needs. WIC § 16119(c). It may be renegotiated at each renewal (C.2. below),

3. The rate *cannot be higher* than the basic FC rate plus any state-approved specialized care increments. (Obviously it can be lower.) WIC § 16119(d).

[**Note**: in practice, in L.A. County, it seems that the AAP rate is the same as the applicable Foster Care rate, and is not reduced at subsequent renewals. However, the legal provisions should be noted and given consideration in the decision to adopt.]

4. The county may recover any AAP overpayments. WIC § 16121.05, MPP § 45-808.

C. AAP Agreement Conditions:

1. At the time of application (and potential AAP eligibility) the county *shall* provide the prospective adoptive family with information, *in writing,* on the availability of AAP benefits *and* the difference between these benefits and foster care benefits. W&I § 16119(a).

   [As noted above, in L.A. County the rates should be the same, including the Specialized Needs rate, if applicable.]

2. The agreement shall, "at a minimum, specify the amount *and duration* of assistance." The renewal date is set at the time of the initial negotiation and at each subsequent renewal [recertification]. "The interval between any renewals shall not exceed 2 years."
   W&I § 16120.05; MPP §§ 45-801.14, 45-805.

It should be noted that the state provides financial incentives to encourage adoptions. Families should be aware of this, especially if they feel they are being "forced" into adoption before they are ready. There is no *mandate* for adoption in any case at any certain point in time. Adoptions *can* be dissolved, but it is better to think it through in advance and be sure adoption is the right choice for the child and the adoptive parents.

AAP Summary 11/30/01

[7] The "responsible county" is the one that would otherwise make CalWORKs or Foster Care payments at the time of the adoptive placement, i.e., generally where the child resides at the time of the AAP determination. WIC § 16118(e).

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Legal Aid Foundation of Los Angeles

Central Office
1550 W. Eighth Street
Los Angeles, CA 90017-4316
(213) 640-3881

Long Beach Office
110 Pine Avenue, Suite 420
Long Beach, CA 90802-4421
(562) 435-3501

ATTORNEYS AT LAW
5228 East Whittier Boulevard
Los Angeles, California 90022-4013
Telephone: (213) 640-3883
Fax: (213) 640-3911

Santa Monica Office
1640 Fifth Street, Suite 124
Santa Monica, CA 90401-3343
(310) 899-6200

South Central Office
8601 S. Broadway
Los Angeles, CA 90003-3319
(213) 640-3884

West Office
1102 Crenshaw Boulevard
Los Angeles, CA 90019-3111
(323) 801-7989

THE KINSHIP GUARDIANSHIP ASSISTANCE PAYMENT PROGRAM (Kin-GAP)

A. Who May Be Eligible:

The eligible minor is a dependent of the court under Welfare and Institutions Code (WIC) § 300 [i.e., not a delinquent], has lived with a relative[8] (other than the parent) for at least 12 consecutive months and that relative becomes the minor's legal guardian. The guardianship must be established under the Dependency (not Probate) Court, and dependency must be dismissed. WIC § 366.3(a). This minor is the responsibility of the designated child welfare agency. (In L. A. County, this is the Department of Children and Family Services, or DCFS.)

When a relative becomes the legal guardian, judges (and DCFS workers) often assume that dependency *must* cease. This is not true. The court has the option to either continue or terminate dependency jurisdiction over the minor. WIC § 366.3(a). In L.A. County, the court has often retained jurisdiction in such cases so that the minor can remain eligible for federal foster care ("Youakim") benefits. Kin-GAP, in many cases, makes continuing dependency jurisdiction unnecessary, but termination is *not* mandatory. WIC § 366.3 was amended to reflect the intent behind the enactment of the Kin-GAP program.

Referencing the guardianship provisions of Kin-GAP, the code now reads, "the court shall, *except where the relative guardian objects*, or upon a finding of exceptional circumstances, terminate its dependency jurisdiction." W&I Code § 366.3(a) (emphasis added). See also ACL No. 00-09 ("Implicit in this determination is whether the relative *wants* to enter the Kin-GAP program" [emphasis added]).[9] The program is clearly voluntary, at the caregiver's option, and is not appropriate in all guardianship cases, e.g., in the case of a special needs child.

The caregiver is entitled to full cooperation from DCFS, the child's attorney and the court. (When problems arise or if in doubt, the child's attorney is usually the best resource and advocate as the person specifically charged with representing the *child's* best interests.)

The minor need not have received *any* benefits prior to Kin-GAP to qualify. However, s/he must meet the basic CalWORKs requirements for age (see C.(1)(d) below), income, property, residence (intent to stay), citizenship or eligible alien status, etc. Parents are always required to support minor children, but their

[8] Relative is defined in WIC § 11362(c); same definition as for Foster Care.
[9] All California statutes are available on the Internet. An easy access site is: www.lsnc.net. All County Letters (ACL), All County Information Notices (ACIN) and state regulations (MPP) are available on the DSS web site: www.dss.cahwnet.gov.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

income does not affect the minor's eligibility for Kin-GAP.

B. How to Qualify: (WIC § 11363)

The minor:
(1) is a dependent of the juvenile court; *and*
(2) has lived with a relative for at least 12 consecutive months; *and*
(3) has a guardianship with that relative established under the *dependency* court, as part of the permanent plan under WIC § 366.26; *and*
(4) has his/her dependency dismissed *after* January 1, 2000, under WIC § 366.3 (at the *same time or subsequent to* the guardianship).

When dependency is dismissed, there is no further court oversight, the child welfare agency case will be closed and no further child welfare services or follow-up will be provided, with the exception of ILP services, as noted below.

Changes in the law in 2000 (AB 2876; see ACL No. 00-70):
(1) the minor is exempt from most CalWORKS requirements, including deprivation, but must attend school, which presumes an immunization requirement. WIC § 11372.
(2) Kin-GAP need not be discontinued if a parent moves into the home.
(3) Independent Living Program (ILP) services are available at age 16, on request. WIC § 11375(a).

C. Benefits Available:

(1) Payments:

(a) 100% of the basic Foster Care rate, based on age. If the minor moves, the county that had the dependency case when the guardianship was established is responsible for payment. MPP § 90-105.21. However, the payment amount is based on the schedule of the county where the child currently lives.[10]
(b) The basic rate schedule applies whether the child previously received AFDC-FC or AFDC/CalWORKS benefits or neither.
(c) There are no clothing allowances, special needs payments, or other additional payments.
(d) Aid beyond age 18 continues (as for CalWORKS and Foster Care) if the minor is in high school or an equivalent training program full-time and is "reasonably expected" to finish prior to his/her 19th birthday. (As per MPP § 42-101.2.)[11]
(e) Payments are made at the beginning of the month, as for CalWORKS. (If the change is from AFDC-FC, paid the month after service, there will be two payments in the first month.)

(2) Medi-Cal: no impact from Kin-GAP, i.e., a child receiving or otherwise eligible for no-cost Medi-Cal continues to be eligible under Kin-GAP. WIC § 11366. (Eligibility can continue to age 21, but additional action is required. See ACIN No. I-117-00.)

(3) Food Stamps: same as for children receiving Foster Care benefits, i.e., inclusion is optional, but if included their Kin-GAP benefits count as income to the household.

(4) The minor may retain cash savings of up to $10,000, including interest, in addition to the standard property limits. WIC § 11375(b).

[10] This is not in the code or regulations but is standard practice.
[11] The individual must sign an agreement to remain in Kin-GAP (KG 1-Kin-GAP Mutual Agreement for 18 Year Olds).

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

D. Impact on the Relative Caregiver/Family:

(1) The minor receiving Kin-GAP benefits is excluded from the CalWORKs Assistance Unit (AU) and Kin-GAP benefits are not counted as income to the family.

(2) A needy relative caregiver can receive CalWORKs as an AU of one if the Kin-GAP recipient is the only minor in the household.

(3) No DCFS childcare payments are available.

(4) If the guardianship is terminated, Kin-GAP can continue with a new (alternate) kinship guardian, with the approval of the court.[12] A new 12-month residence period is not required. WIC § 11363(c).

E. How to Apply:

In L.A. County, DCFS prepares and processes the application, at the time that dependency is being terminated. Classes are available at various community colleges to provide information on the program to prospective relative guardians.

F. Key Issues:

(1) Date of legal guardianship: not relevant as long as it is in place prior to the termination of dependency jurisdiction.

(2) Prior to dismissal of juvenile court jurisdiction, the relative caregiver must be given (and sign) form SOC 369 (3/01): Agency-Relative Guardianship Disclosure[13] stating the impact and potential financial disadvantages of guardianship. (This form is mandated for *all* prospective legal guardians in dependency cases.) No action can/should be taken without the caregiver's signature on this form, plus his/her initials indicating the choice(s) made.

(3) There is no monthly reporting requirement under Kin-GAP. An annual redetermination and annual completion of the KG-2 (Statement of Facts) is required. ACL No. 00-70.

(4) Out-of-State: if the minor moves out of California, Kin-GAP benefits will cease.

(5) Out-of-County: a minor placed in another county remains the responsibility of the placing county. (*See* C.(1)(a) above). An Intraprogram Status Change (to Kin-GAP from CalWORKs or Foster Care) may be needed, and possibly an Inter-County Transfer (these are county responsibilities, not the family's).

(6) The child of a Kin-GAP recipient will be aided under Kin-GAP, not CalWORKs, as for a child of a Foster Care recipient.

(7) Termination of the guardianship terminates Kin-GAP eligibility unless and until a successor (relative) guardian is appointed.
(8) As noted above, Kin-GAP is not available to minors who are in the delinquency system (under WIC § 600).

Kin-GAP Outline Rev 11/20/01

[12] Although dependency jurisdiction is terminated, the court retains jurisdiction over the guardianship. WIC § 366.4.
[13] The latest SOC 369 form (03/01) was published with ACIN I-09-01, available from the DSS web site: dss.cahwnet.gov/.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Legal Aid Foundation of Los Angeles

Central Office
1550 W. Eighth Street
Los Angeles, CA 90017-4316
(213) 640-3881

Long Beach Office
110 Pine Avenue, Suite 420
Long Beach, CA 90802-4421
(562) 435-3501

ATTORNEYS AT LAW
5228 East Whittier Boulevard
Los Angeles, California 90022-4013
Telephone: (213) 640-3883
Fax: (213) 640-3911

Santa Monica Office
1640 Fifth Street, Suite 124
Santa Monica, CA 90401-3343
(310) 899-6200

South Central Office
8601 S. Broadway
Los Angeles, CA 90003-3319
(213) 640-3884

West Office
1102 Crenshaw Boulevard
Los Angeles, CA 90019-3111
(323) 801-7989

SSI FOR MINORS

At the time AFDC was eliminated, federal law also changed the rules for determining children's eligibility for the federal Supplemental Security Income (SSI) program. It is now much more difficult for children to qualify for those benefits to start, and to keep them.

Definition of Childhood Disability: a child must have a physical or mental condition, determined by medical evidence, that results in "marked and severe functional limitations" expected to last at least 12 months. 42 U.S.C. § 1382c(3)(C)(i). The condition must meet a "listing" or must medically or functionally equal the severity of a listing. "Listing" means specific criteria as set out in the Code of Federal Regulations, 20 CFR § 404, Subpt. P, App. 1. Those most impacted by the changes are children with serious mental, emotional, and behavioral disorders. There is no longer a "maladaptive behavior" criterion.

Medicaid Coverage: a child who loses SSI will *not* lose Medicaid/Medi-Cal (while still a minor) if the family is low income, i.e., no automatic termination based on the loss of SSI. Benefits must be continued unless there is a *separate eligibility determination* finding that the child is not eligible for Medi-Cal, with a proper ("adequate") Notice of Action.

Case Review: generally every 3 years, unless there is little or no likelihood the child's condition will improve, e.g., severe mental retardation. Within 1 year after reaching age 18, all children will be reviewed under the adult criteria, generally related to ability to work.

Evidence to Support Review: documents for the prior 3 years (or since the last review) as well as current documents. This may include doctors' reports/notes (including notes on behaviors the parent has reported), IEPs (Individual Education Plans), and statements from teachers and/or day care providers – anyone who interacts with the child on a regular basis.

Deeming: the income of working parents of children on SSI will be "deemed" to the SSI child, thus reducing the SSI benefit (but not dollar-for-dollar). Federal law sets up the formula, which includes a provision for support of another non-SSI child.

SSI & Foster Care: the Foster Care Special Needs rate is higher than SSI, and should be the first choice. (Foster Care payments count as income to an SSI child, and would reduce the grant dollar-for-dollar, i.e., zero benefit.) However, DCFS should assist with SSI applications for disabled children to give the potential to receive SSI as adults. If approved by the Social Security Administration, DCFS is the payee for SSI benefits for children in foster care, and can use them to reimburse the county for the cost of foster care. Any amount over that is retained for the child when s/he leaves the system.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

HANDOUT #35
KINSHIP CARE: MORE LIKE FAMILY PRESERVATION? OR MORE LIKE FAMILY FOSTER CARE?

Family Preservation

Family preservation is "a philosophy that supports policies, programs, and practices which recognize the central importance of the biological family to human beings" (Warsh et al., 1995, p. 265). As a philosophy, it "relates to kinship care, reunification from foster care, and child protective services decision-making" (Downs et al., 2000, p. 272). The theory base typically reflects ecological systems and family systems along with cognitive-behavioral approaches. Common elements include:

- Making a commitment to maintaining children in their own families.
- Focusing on the entire family instead of on individuals.
- Working with families in their own homes and communities.
- Providing comprehensive services to meet a variety of concrete and supportive needs.
- Teaching family members skills.
- Using flexible funding.
- Keeping caseloads small.
- Having time-limited services (Downs et al., 2000).

Family Foster Care

Family foster care is

> an essential child welfare service option for children and parents who must live apart while maintaining legal and, usually, affectional ties. When children and parents must be separated because of the tragedy of physical abuse, sexual abuse, neglect, maltreatment, or special circumstances, family foster care provides a planned, goal-directed service in which the care of children and youth takes place in an agency-approved family. The value of family foster care is that it can respond to the unique, individual needs of infants, children, youth, and their families through the strength of family living, and through family and community supports. The goal of family foster care is to provide opportunities for healing, growth, and development leading to healthier infants, children, youth, and families, with safe, nurturing relationships intended to be permanent (National Commission on Family Foster Care, 1991, p. 6).

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Kinship Care

Kinship care is

> the full-time nurturing and protection of children who must be separated from their parents by relatives, members of their tribes or clans, godparents, stepparents, or other adults who have a kinship bond with a child. Kinship arrangements vary. While they always involve caregiving by kin, the arrangements themselves may be made between and among family members or, alternatively, may involve child welfare agencies (Child Welfare League of America, 1994, p. 2).
>
> …formal kinship care involves the parenting of children by kin as a result of determination by the court and the public child protective service agency that a child must be separated from his or her parents because of abuse, neglect, dependency, abandonment, or special medical circumstances… While many issues remain regarding the nature of kinship care and its primary role as a family preservation service or as an alternative to family foster care, formal kinship care in its current context is tied inextricably to foster care (Child Welfare League of America, 1994, pp. 3-4).

Kinship care can be viewed as a "form of extended family preservation; original ties to the family are maintained, but under the close supervision and support of the social services agency" (Berrick et al., 1994, p. 59).

Kinship care is more like family foster care because…

- In 1979, the U.S. Supreme Court ruled on a case named Miller v. Youakim. This case was filed by kinship caregivers in Illinois who sued to obtain the same financial supports as foster parents received for the care of unrelated abused and neglected children. Prior to that, relatives were eligible only for what then was AFDC (now TANF) and the financial subsidy for welfare assistance was considerably lower than foster care payments. The Supreme Court held that relatives had the same financial standing as foster parents, providing that they met their state requirements for fostering.

- Many jurisdictions require kinship caregivers be licensed as foster parents.

- Children in kinship care typically are carried in foster care caseloads.

But...

- Relatives sometimes cannot meet the licensing requirements for foster care, especially because of lack of financial ability, age, existing obligations to care for

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

other children, substance abuse by the relatives, or concerns by the child welfare agency about future abuse or neglect (National Black Child Development Institute, 1991), as well as housing/space.

- In some cases, relatives do not want or need the training that is especially designed for foster parents and which often is a licensing requirement.

- The children, especially the adolescents, who live with their relatives do not view themselves as "foster children" and a "visit" by a caseworker to their home or school often causes considerable anxiety at most, and embarrassment at least.

- Kinship caregivers may not be able to set limits on parental contact because the parents typically know the location of their children and kinship caregivers may not be willing and/or able to set limits on parental contact.

- Children placed with kin are less likely to be reunified or unified with birth parents and are more likely to stay in foster care status longer than children placed with foster parents (Barth et al., 1994; Gleeson, 1999). Major factors contributing to this finding include: caseworkers and kin view children as already with family and thus have no need for "reunification"; grandparents and other relatives are uncomfortable with adoption, preferring instead long-term care; and parents have access to the children and can maintain contact, making termination of parental rights less likely.

- Children placed with kin are less likely to be adopted.

Kinship care is more like family preservation because...

- Parents often know the location of their children, and contact may take place more frequently and informally than is typically arranged in family foster care.

- When placement changes are made, children are more likely to move to other extended family (Berrick et al., 1995).

- Children with kin are more likely to have siblings with them (Berrick, et al., 1995).

- Kinship families need services for the whole family, such as housing and household furniture (beds), legal and financial supports, and health care.

But…

- While some states use child protection regulation and standards to assess the suitability of a prospective kinship caregiver, other jurisdictions use foster care

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

licensing/certification standards and, in some cases, waive those standards (Gleeson & Craig, 1994).

And…

In a national survey of 1,096 state child welfare administrators, there was "unequivocal" agreement that "relative foster parents" should

- Be maintained within the formal child welfare system.
- Receive the same services and pay as foster parents.
- Be held to the same standards and responsibilities as foster parents (Berrick & Lawrence-Karski, 1995).

Finally, consider that, as stated by Maya Angelou…

> Each family is so complex as to be known and understood only in part even by its own members. Families struggle with contradictions as massive as Everest, as fluid and changing as the Mississippi…Yet, when practical the preference should be for family (Angelou, 1985, Introduction, para. 17).

References

Angelou, M. (1985). Introduction. In Edna McConnell Clark Foundation, *Keeping families together: The case for family preservation* (Introduction, para. 17). New York: Edna McConnell Clark Foundation.

Barth, R. P., Courtney, M., Berrick, J. D., & Albert, V. (1994). *From child abuse to permanency planning: Child welfare services pathways and placements*. New York: Aldine de Gruyter.

Berrick, J. D., Barth, R. P., & Needell, B. (1994). A comparison of kinship foster homes and foster family homes: Implications for kinship foster care as family preservation. *Children and Youth Services Review, 16*(1/2), 33-63.

Berrick, J. D., & Lawrence-Karski, R. (1995). Emerging issues in child welfare. *Public Welfare, 53*(4), 4-12.

Berrick, J. D., Needell, B., & Barth, R. P. (1995). *Kinship care in California: An empirically based curriculum*. Berkeley: University of California at Berkeley, California Social Work Education Center.

Child Welfare League of America. (1994). *Kinship care: A natural bridge*. Washington, DC: Child Welfare League of America.

Downs, S., Moore, E., McFadden, E. J., & Costin, L. (2000). *Child welfare and family services – Policies and practices* (6th ed). Boston: Allyn & Bacon.

Gleeson, J. P. (1999). Kinship care as a child welfare system: What do we really know? In J. P. Gleeson & C. F. Hairston, (Eds.), *Kinship care: Improving practice through research* (pp. 3-34). Washington, DC: Child Welfare League of America.

Gleeson, J. P. & Craig, L. C. (1994). Kinship care in child welfare: An analysis of states' policies. *Children and Youth Services Review, 16*(1/2), 7-32.

National Black Child Development Institute. (1991). *Parental drug abuse and African American children in foster care: Issues and study findings*. Washington, DC: Author.

National Commission on Family Foster Care. (1991). *A blueprint for fostering infants, children, and youths in the 1990s.* Washington, DC: Child Welfare League of America.

Warsh, R., Pine, B., & Maluccio, A. (1995). Essay, the meaning of family preservation: Shared mission; diverse methods. *Families in Society: The Journal of Contemporary Human Services*, *76*(10), 625 -626.

HANDOUT #36
THE FINE LINE BETWEEN INFORMAL AND FORMAL GRANDPARENT CAREGIVERS

In terms of characteristics and needs, there is a fine line between two groups of grandmothers as parents: (a) informal caregivers (those providing care outside of the child welfare system), and (b) formal caregivers (those providing care under the auspices of the child welfare system).

The following data were collected from 373 grandmothers providing care informally and from 208 grandmothers providing care through the Los Angeles County Department of Children and Family Services. The sample was limited to grandmothers raising school-aged grandchildren. Efforts were made to sample roughly equal numbers of African American, Latina, and white grandmothers. Recruitment was conducted through the schools, media announcements, community agencies, and word of mouth. Face-to-face interviews, lasting about one hour each, were conducted by ethnically and linguistically matched interviewers. Grandmothers were asked to describe themselves, their grandchild's parents, and one grandchild in detail. Questions included demographic characteristics, grandchild's behavioral problems, reasons for assuming care, and grandmother's physical and mental health.

- There were more **similarities** than differences between the two groups in terms of grandmother demographic characteristics. The following showed no significant differences.

	Informal caregivers	Formal caregivers	X^2 or t
Age	56.4 years	57.3 years	t=1.21
Education level	12.1 years	11.6 years	t=1.74
Employed full- or part-time	41.0%	39.9%	X^2= 3.05
Per capita household income	$9,802	$8,935	t=1.40
Living in poverty	22.8%	26.9%	X^2= 1.03
Born in US	82.0%	82.2%	X^2= 0.00

- However, the following grandmother demographic characteristics did distinguish the two groups. **Informal** caregiving grandmothers were more likely to be married or cohabitating. **Formal** caregiving grandmothers were caring for more grandchildren in the home.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

	Informal caregivers	Formal caregivers	X^2 or t
Married or cohabitating	**43.4%**	33.2%	X^2= 5.45*
Number of grandchildren in home	1.8	**2.3**	t=4.21**

*p<.05
**p<.001

- There were also more **similarities** than differences between the two groups in terms of grandchild characteristics. No significant differences were found for the following overall ratings.

Type of problem	Informal caregivers	Formal caregivers	X^2
Physical health	12.1%	10.1%	0.34
Learning or school	20.6%	26.9%	0.64
Emotional or behavioral	27.9%	34.1%	0.19

- However, grandchildren cared for **informally** had been living in the grandmother's home for a longer period of time. Those cared for **formally** had higher scores on an indicator of child behavioral problems (Stiffman et al., 1984).

	Informal Caregivers	Formal caregivers	t
Time living with grandmother	**6.9 years**	6.0 years	2.72*
Behavior Rating Index for Children	24.6	**28.3**	2.58*

*p<.01

- There were **marked similarities**, and no significant differences, between the two groups in terms of grandmother mental and physical health.

	Informal caregivers	Formal caregivers	t
General mental health	52.4	52.7	0.34
General physical health	46.4	48.1	1.72

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

- **Reasons for assuming care** of the grandchild were the primary distinguishing factors between the two groups.

- Reasons related to parental development were more likely to be reported by **informal** caregiving grandmothers.

	Informal caregivers	Formal caregivers	X^2
Developmental, mother			
Teenage	**30.9%**	21.1%	5.74*
In school	**19.2%**	9.8%	7.90**
Working	**18.7%**	5.4%	18.03***
Developmental, father			
Teenage	**19.9%**	7.8%	11.09***
In school	**12.5%**	8.4%	1.44
Working	**23.0%**	11.4%	8.64**

*p<.05
**p<.01
***p<.001

- All reasons related to substance abuse were more likely to be reported by **formal** caregiving grandmothers.

	Informal caregivers	Formal caregivers	X^2
Substance abuse, mother			
Drugs	42.7%	**73.8%**	48.12**
Alcohol	22.2%	**39.9%**	18.59**
Substance abuse, father			
Drugs	39.9%	**51.8%**	5.69*
Alcohol	23.1%	**33.3%**	5.20*

* p<.05
**p<.001

- Physical and sexual child abuse did not distinguish the two groups. Only neglect was more likely to be reported by **formal** caregiving grandmothers.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

	Informal caregivers	Formal caregivers	X^2
Child abuse/neglect, mother			
Physical	10.7%	9.5%	0.11
Sexual	0.9%	2.0%	NA
Neglect	41.9%	**65.2%**	26.97**
Child abuse/neglect, father			
Physical	6.2%	6.6%	0.00
Sexual	1.3%	1.8%	NA
Neglect	24.2%	**38.0%**	9.21*

Note: NA because there were too few cases of sexual abuse.
*p<.01
**p<.001

- Reasons related to family benefit were mixed. **Informal** caregiving grandmothers were more likely to report wanting to help the parents financially and to enable the grandchild to attend a better school district.

	Informal caregivers	Formal caregivers	X^2
Family benefit			
Help parents financially	**40.8%**	29.8%	6.41*
Better school district	**34.9%**	26.6%	3.83*

*p<.05

- The groups were **equally** likely to report medical problems of the grandchild, the desire to avoid a babysitter or day care arrangement, and the grandmother's wish to have something to do.

	Informal caregivers	Formal caregivers	X^2
Family benefit			
Medical problems of grandchild	12.1%	13.5%	0.13
Avoid babysitter or day care	22.8%	16.8%	2.54
Gave grandmother something to do	36.5%	28.8%	3.13

- **Formal** caregiving grandmothers were much more likely than other grandmothers to report the avoidance of foster care as a reason for assuming the care of their grandchild.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

	Informal caregivers	Formal caregivers	X^2
Family benefit			
Avoid foster care	37.1%	**57.0%**	20.57*

*p<.001

- Notably, the above differences in reasons for assuming care remained apparent after controlling statistically for grandmother characteristics, grandchild characteristics, parental involvement, and grandmother well-being.

    - Reasons for assuming care related to parental development decreased the odds of being in the formal child welfare system by about 30%.

    - Grandmothers who reported substance abuse as a reason for assuming care were **2.8 times more likely** than other grandmothers to be in the formal child welfare system.

    - Grandmothers who reported child abuse or neglect as a reason for assuming care were **2 times more likely** than other grandmothers to be in the formal child welfare system.

    - Grandmothers who reported wanting to avoid foster care as a reason for assuming care were **2 times more likely** than other grandmothers to be in the formal child welfare system.

Reference

Stiffman, A. R., Orme, J. G., Evans, D. A., Feldman, R. A., & Keeney, P. A. (1984). A brief measure of children's behavior problems: The Behavior Rating Index for Children. *Measurement and Evaluation in Counseling and Development, 17*(2), 83-90.

HANDOUT #37
KINSHIP CARE ISSUES OF CONCERN AND COLLABORATION COMPETENCIES

Issues

1. Legal status of children
2. Financial supports
3. Health and mental health care
4. Education/School
5. Child behavior/Management
6. Family relationships
7. Supports
8. Fair and equal treatment
9. Opportunities for recommendations

Collaboration Competencies

1. Respecting the knowledge and skills of others
2. Building trust by meeting needs
3. Facilitating open communication
4. Creating an atmosphere in which cultural traditions, values, and diversity are respected
5. Using negotiating skills

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

HANDOUT #38
MODULE V COMPETENCIES

This module is one of five in a curriculum that focuses on empirically-based information regarding collaboration between kinship caregivers and social workers to enhance safety, permanency, and well-being for children in kinship care arrangements. As such, it reflects the goals and principles established by the CalSWEC Board of Directors in 1998 for the child social work curriculum in California.

Because the purpose of the five-module curriculum is to facilitate collaboration between social workers and kinship caregivers, it inherently addresses all six major competency areas, as follows:

Section I: Ethnic Sensitive and Multicultural Practice, because of the disproportionate number of children of color who are growing up in kinship care arrangements.

Section II: Core Child Welfare Skills as they relate to the conditions that cause most children to be placed in kinship care, especially drug and alcohol abuse.

Section III: Social Work Skills and Methods, especially in working with children in kinship care, their parents, and the relatives providing the care.

Section IV: Human Development in the Social Environment, especially because the most recent national research indicates that children in the child welfare system, including in kinship care, often are physically, educationally, and emotionally challenged (Kortenkamp & Ehrle, 2002), and because kinship caregiving changes parenting roles among multiple generations in families.

Section V: Workplace Management, because of the need for multi-disciplinary collaboration.

Section VI: Child Welfare Policy, Planning, and Administration, because of the impact of federal and state legislation on agency policies, practices, and funding related to kinship care. The Section VI competencies are especially critical because the child welfare system has decades of public and professional concern about outcomes that are in the best interests of children, and there is controversy and confusion about outcomes for children who are placed with kin.

Module V focuses predominantly on Sections I-V of the CalSWEC competencies.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

MODULE V
OBJECTIVES

Upon completion of this module, the student should be able to:

- Explain why kinship care became a practice choice and challenge.
- Identify two inherent practice challenges.
- Give examples from data of nine major issues of concern that require collaboration between caseworkers/social workers and kinship caregivers. These are: legal, financial, health care, school/educational, child behavior/ management, family relationships, support services, fair and equal treatment, and recommendations and general satisfaction.
- Explain why collaboration may be an effective practice approach.
- Define collaboration competencies. These are: respecting the knowledge, skills, and experiences of others; building trust by meeting needs; facilitating open communication; creating an atmosphere in which cultural traditions, values, and diversity are respected; and using negotiation skills.
- Explain how collaboration competencies could be used to address the major issues of concern identified by caseworkers/social workers and kinship caregivers.
- Apply the collaboration competencies to the kinship care placement process to help achieve the federally mandated outcomes of child safety, well-being, and permanency.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

MODULE V
AGENDA

I. Introduction to Module V
- A. Review of Competencies, Objectives, and Agenda
- B. Background of the Module

II. Why "Collaboration" as a Practice Model?
- A. How Kinship Care Became a Practice Choice and Challenge
  1. Why there is a practice challenge
  2. Issues that practice must address
- B. Rationale for Collaboration
  1. Definitions
  2. Inherent practice challenges

III. Implementing the Collaboration Model
- A. Collaboration Competencies
- B. Applying Collaboration Competencies to the Kinship Service Process

IV. Summary

Reference

Kortenkamp, K., & Ehrle, J. (2002). *The well-being of children involved with the child welfare system: A national overview* (Series B, No. B-43). Retrieved March 28, 2003, from http://www.urban.org/content/Research/NewFederalism/Publications/PublicationsbyTopic/Income/ ChildWelfare/Child/htm

HANDOUT #39
FACTORS INFLUENCING THE GROWTH OF KINSHIP CARE

- In some cases, the children already were with the grandparents (or other relatives) because of parental limitations (typically due to poverty and alcohol and drug abuse), although they were not part of the child welfare system. In fact, for every one child in the child welfare system, there were six living with relatives without a parent at home in California, based on 1990 statistics (Harden, Clark, & Maguire, 1997).

- Although relatives were not specifically mentioned in the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272), placement in the "most family-like setting" was considered to imply a preference for kin (Spar, 1993, p. 13).

- Children were increasingly more challenged and challenging, and while foster parents may not be willing or able to manage their behaviors, it was hoped that relatives might be more tolerant or at least more familiar with the children (Spar, 1993).

- Children who may have been less likely to be adopted might fare better in long-term care if, at least, the caregivers were relatives.

- The foster parent population was decreasing (National Commission on Family Foster Care, 1991; Pasztor & Wynne, 1995).

- Relatives would ensure an ethnic and cultural placement match, as the child welfare field became more concerned about the impact of transracial placements for the large number of children of color disproportionately represented in the child welfare system (Chipungu, 1991).

- Placement with relatives might be cost-effective if relatives could be given AFDC (now TANF) payments instead of the higher payments available for foster parents.

References

Chipungu, S. S. (1991). A value-based policy framework. In J. E. Everett, S. S. Chipungu, & B. R. Leashore (Eds.), *Child welfare: An Africentric perspective* (pp. 290-305). New Brunswick, NJ: Rutgers University Press.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Harden, A. W., Clark, R. L., & Maguire, K. (1997). *Informal and formal kinship care: Volume I: Narrative reports*. Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Division of Children and Youth Policy.

Harden, A. W., Clark, R. L., & Maguire, K. (1997). *Informal and formal kinship care: Volume II: Tables and figures*. Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Division of Children and Youth Policy.

National Commission on Family Foster Care. (1991*). A blueprint for fostering infants, children, and youths in the 1990s.* Washington, DC: Child Welfare League of America.

Pasztor, E. M., & Wynne, S. (1995). *Foster parent retention and recruitment: The state of the art in policy and practice.* Washington, DC: Child Welfare League of America.

Spar, K. (1993). *CRS report to Congress - "Kinship" foster care: An emerging federal issue.* Washington, DC: Congressional Research Service, The Library of Congress.

HANDOUT #40
FACTORS CONTRIBUTING TO THE PRACTICE CHALLENGE

- **Practice reality and funding streams do not match:** Kinship care is more related to the program model of family preservation than it is to the program model of family foster care. But funding streams, given children are removed from an AFDC/TANF eligible family, force kin to behave like family and receive less financial support (i.e., TANF) or behave like foster parents facing licensing and other requirements in order to qualify for the higher funding amount. This is essential for foster care reimbursement under Title IV-E, which is considered necessary for Youakim funding.

- **There are fewer services for kinship caregivers compared to the supports received by non-relative foster parents:** Because relatives traditionally provide for children in need, and with the continued existence of kin caregiving informally, their status within the child welfare and legal systems is ambiguous.

- **There are few supports for informal caregivers:** Both formal agency-based and informal community-based care present many challenges. Risk prevention and permanency are needed for children cared for both by kin affiliated with agency-based child welfare care and informally in the community, with the latter group outnumbering the former six to one in California (Harden et al., 1997). Families providing kinship care informally are further removed from supportive services.

- **Families of color receive fewer services:** Research documents that there are "striking inequalities" (Berrick et al., 1994, p. 60) in the services and supports that kinship caregivers receive from caseworkers compared to foster parents. Families of color receive even less contact and support than do Anglo or Caucasian foster parents, and kinship families receive considerably less financial support.

- **The inequality of service and support may place children at greater risk:** Kinship caregivers have been documented to be perhaps more challenged than foster parents due to a number of factors. These factors include that they are older, work more hours outside the home, have lower levels of education, and have poorer physical health status (Berrick et al., 1994; Scannapieco, 1999).

- **Depression and caregiving:** Previous research has identified a relationship between ineffective parenting and adolescent substance abuse and delinquency. In a recent study, "Parenting Stress, Depression, and Parenting in Grandmothers Raising Their Grandchildren" (Rodgers-Farmer, 1999), the author recommended

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

that social workers assess whether caregivers are depressed and, if so, determine if this is related to the parenting responsibilities or if it is a pre-existing condition.

- **Services can help:** A multi-disciplinary social work, nursing, and legal aid team in Atlanta investigated interventions needed for grandparent caregivers who had a documented need for reduction of psychological stress, improvement of physical and mental health, and strengthening of social support and resource services (Kelley, et al., 2001). The team used strengths/needs assessments to develop action plans, home visits by registered nurses and social workers, legal assistance from an attorney, and monthly support meetings. The results showed positive gains in all areas of concern (mental health, social supports, family resources, legal status of children, and financial supports) with the exception of physical health.

- **Informal caregiving:** The number of kinship caregivers within the child welfare system "represents the tip of the iceberg" in terms of families with similar circumstances and needs. For every kinship family within the child welfare system, there are six who appear demographically and functionally quite similar. Yet, their access to services and supports is minimal (Goodman et al., 2002).

References

Berrick, J. D., Barth, R. P., & Needell, B. (1994). A comparison of kinship foster homes and foster family homes: Implications for kinship foster care as family preservation. *Children and Youth Services Review, 16*(1/2), 33-63.

Goodman, C., Potts, M., Pasztor, E. M., & Scorzo, D. (2002). *Grandmothers as caregivers: Informal arrangements compared to formal child welfare oversight.* Manuscript submitted for publication.

Harden, A. W., Clark, R. L., & Maguire, K. (1997). *Informal and formal kinship care: Volume I: Narrative reports*. Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Division of Children and Youth Policy.

Harden, A. W., Clark, R. L., & Maguire, K. (1997). *Informal and formal kinship care: Volume II: Tables and figures*. Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Division of Children and Youth Policy.

Kelley, S. J., Yorker, B. C., Whitley, D. M., & Sipe, T. A. (2001). A multimodal intervention for grandparents raising grandchildren: Results of an exploratory study. *Child Welfare, 80*(1), 27-50.

Rodgers-Farmer, A. Y. (1999). Parenting stress, depression, and parenting in grandmothers raising their grandchildren. *Children and Youth Services Review, 31*(5), 377-388.

Scannapieco, M. (1999). Kinship care in the public child welfare system: A systematic review of the research. In R. L. Hegar & M. Scannapieco (Eds.), *Kinship foster care: Policy, practice, and research* (pp. 141-154). New York: Oxford University Press.

HANDOUT #41
ISSUES OF CONCERN

1. Legal status of children
    - Who has legal custody of the child?
    - What are the plans for permanency and what are the responsibilities of the social worker, the caregiver, and the birth parents to achieve a legal status for the child that is intended to be permanent?

2. Financial supports
    - What financial supports are available for the child?
    - How can these supports be accessed and what are the responsibilities of the social worker and kinship caregiver to access these supports?

3. Health and mental health care
    - What are the health and mental health care needs of the child and of the caregiver?
    - What are the mutual responsibilities of the social worker and the kinship caregiver to meet these needs?

4. Education/school
    - What is the child's educational/school status?
    - What are the responsibilities of the social worker and kinship caregiver to ensure educational ability and school consistency?

5. Child behavior/management
    - What behaviors of the child may be problematic to the kinship caregiver and how can the social worker help?

6. Family relationships
    - What are the birth parent and extended family strengths in supporting the kinship care arrangement, and what are the concerns?
    - What are the responsibilities of the social worker and kinship caregiver to address concerns?

7. Supports
    - What supports are needed by the kinship caregiver to help ensure child safety, child well-being, and permanency?

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

8. Fair and equal treatment
    - In what ways may the kinship caregiver experience discrimination (age, ethnicity, caregiver status, etc.)?
    - What can the social worker do to address this problem?

9. General satisfaction and recommendations
    - In what ways may the kinship caregiver and social worker be satisfied with their work together to ensure child safety, child well-being, and permanency?
    - What are their recommendations for improvement?

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

HANDOUT #42
COLLABORATION COMPETENCIES

> Collaboration is a way of thinking and relating, a philosophy, a paradigm shift, an attitude change. It requires a set of behaviors, beliefs, attitudes, and values…Collaboration involves parent and professional, professional and child, parent and parent, professional and professional, agency and parent…Collaboration will not look the same for all families and professionals…Some collaborative relationships will be simple to develop, others will be much more complex and demanding. (Bishop et al., 1993, p. 12).

Collaboration promotes the primary values of social work--respect for the uniqueness and dignity of the individual and self-determination. Lack of collaboration often undermines these values, and interventions tend to reflect problems rather than provide viable alternatives. Collaboration, as a process of working together for mutual benefit, should be built into the standard operating procedures of social work agencies (Carroll, 1980).

> The kinship family must be willing and able to collaborate with the caseworker and the agency. Because kinship care is a naturally occurring activity in many cultural groups, the kinship family may initially perceive agency involvement as intrusive and, perhaps, unwarranted. As with any family, the caseworker must engage family members, and develop collaborative relationships with them (Rycus & Hughes, 1998b, p. 864).

Collaboration is a process by which adults, who have, by attachment or authority, the responsibility for a child's safety, well-being, and permanency, support each other in the fulfillment of their respective commitments. This support is demonstrated by the following competencies:

- Respecting the knowledge, skills, and experiences of others.
- Building trust by meeting needs.
- Facilitating open communication.
- Creating an atmosphere in which cultural traditions, values, and diversity are respected.
- Using negotiation skills.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

References

Bishop, K., Woll, J., & Arango, P. (1993). *Family/professional collaboration for children with special health needs and their families.* Burlington: University of Vermont, Department of Social Work.

Carroll, M. (1980). Collaboration with social work clients: A review of the literature. *Child Welfare, 59*(7), 407-417.

Rycus, J. & Hughes, R. (1998b). *Field guide to child welfare, Volume 4: Placement and permanence*. Washington, DC: CWLA Press.

OVERHEAD #1
RESEARCH QUESTIONS

- What are areas of authority overlap between child welfare workers and grandparent caregivers?

- What do child welfare workers and grandparent caregivers perceive as barriers to their effective collaboration?

- What best practice examples can child welfare workers and grandparent caregivers provide to illustrate their effective collaboration?

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

OVERHEAD #2
PRACTICE CHALLENGE STATEMENTS

> *Kinship care is a developing phenomenon, falling somewhere between family preservation and foster care (Berrick, 1997, p. 280).*

Clearly, kinship care is just "falling"–the child welfare field is still struggling with where and how to place it in the array of child welfare and family services.

> *Why do we families have to change to fit the policies and the rules? Why can't the policies and rules be changed to fit the families?*

From a kinship caregiver panel member, Child Welfare League of America National Conference, Washington, DC, early 1990s

Reference

Berrick, J. D. (1997). Assessing quality of care in kinship and family foster care. *Family Relations, 46*(3), p. 280.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

OVERHEAD #3
THE DYNAMICS OF AUTHORITY VS. ATTACHMENT

AUTHORITY (AGENCY, COURT, CASEWORKER/SOCIAL WORKER)

- LAWS
- POLICIES
- PROCEDURES

ATTACHMENT (KIN CAREGIVER)

- FAMILY TIES
- AFFECTIONAL TIES
- MORAL RESPONSIBILITY
- SPIRITUAL CALLING

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

OVERHEAD #4
SUMMARY STATEMENT ON COLLABORATION

According to Rycus and Hughes, kinship groups may naturally perceive any agency involvement as intrusive as well as unwarranted. Therefore, the caseworker must engage the family members so they can be willing and able to develop collaborative relationships.

Reference

Rycus, J., & Hughes, R. (1998b). *Field guide to child welfare: Volume IV: Placement and permanence.* Washington, DC: CWLA Press.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Increases in Grandparent Caregiving

- Census 2000 says 4.5 million children (6.3% of all children) are raised in grandparent-headed families. The increase is over 100% since 1970.
- There were 1.5 million children in 1997 (1.8% of all children) living with grandparents *with no parent at home*, an increase of about 37% since 1970.
- There were 5.6 million grandparents living with grandchildren in 2000, and 42% say they are "responsible" for their grandchildren (2.4 million grandparents).

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Who Are Grandmother Caregivers Nationally?

- The average age of grandmothers is 57 to 59.
- Over half of grandmothers are married (55%).
- Employment rate varies: 50% married grandmothers; 33% unmarried grandmothers.
- Over half have at least a high school education: 59% for married grandmothers; 54% for unmarried grandmothers.
- The poverty rate for married grandmothers is 14%; for unmarried grandmothers, it is 57%.

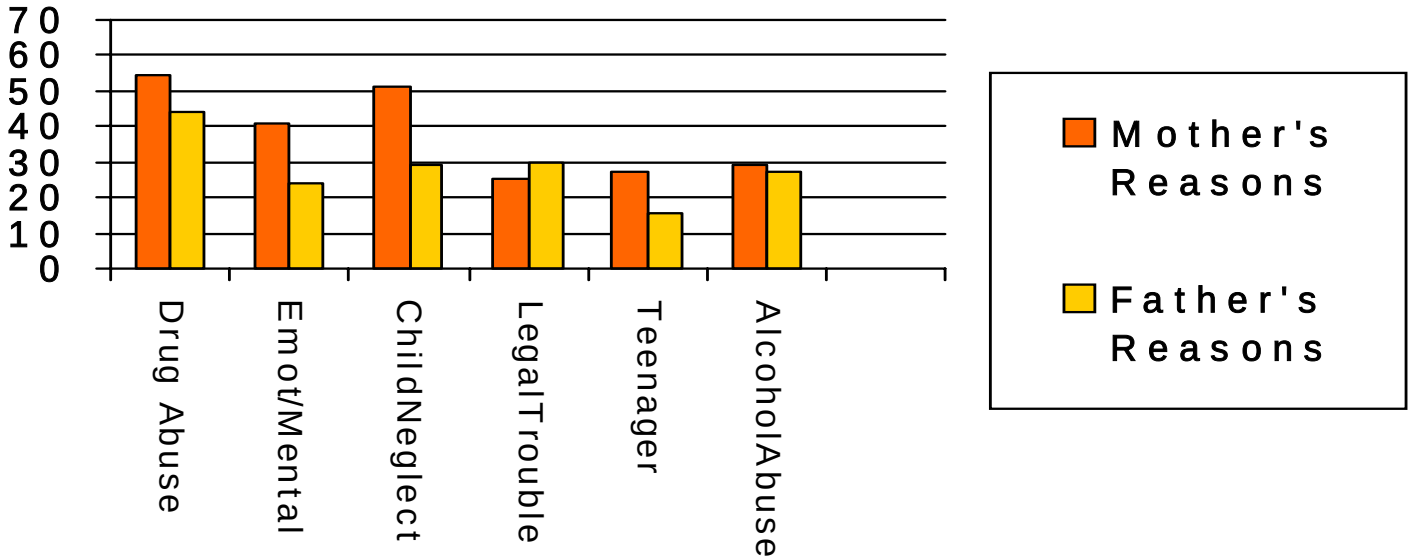
Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Ethnic Differences in Grandparent-Headed Families

- Custodial or Skipped Generation Families
  - 5.6% of African American children,
  - 1.7% of Latino children,
  - 1.2% of White children.
    - Based on 1994 census data.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

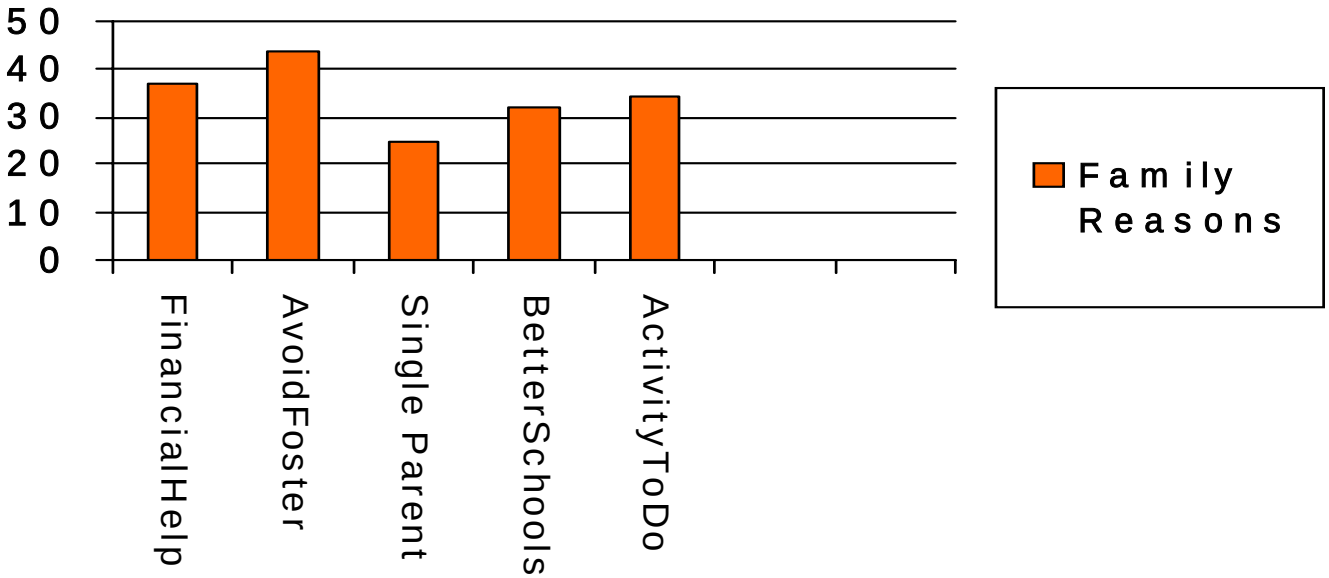
Reasons to Assume Care: Custodial Grandmothers



- The Major Reasons in Percents

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

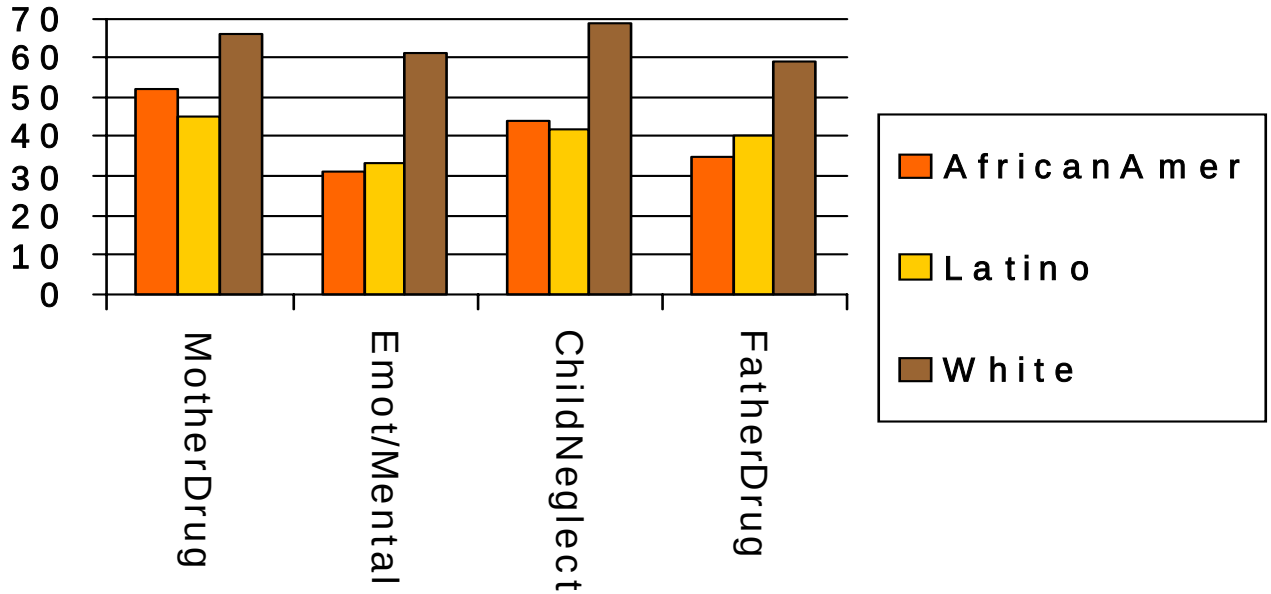
Reasons to Assume Care: Custodial Grandmothers (cont'd)



- The Major Reasons in Percents

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

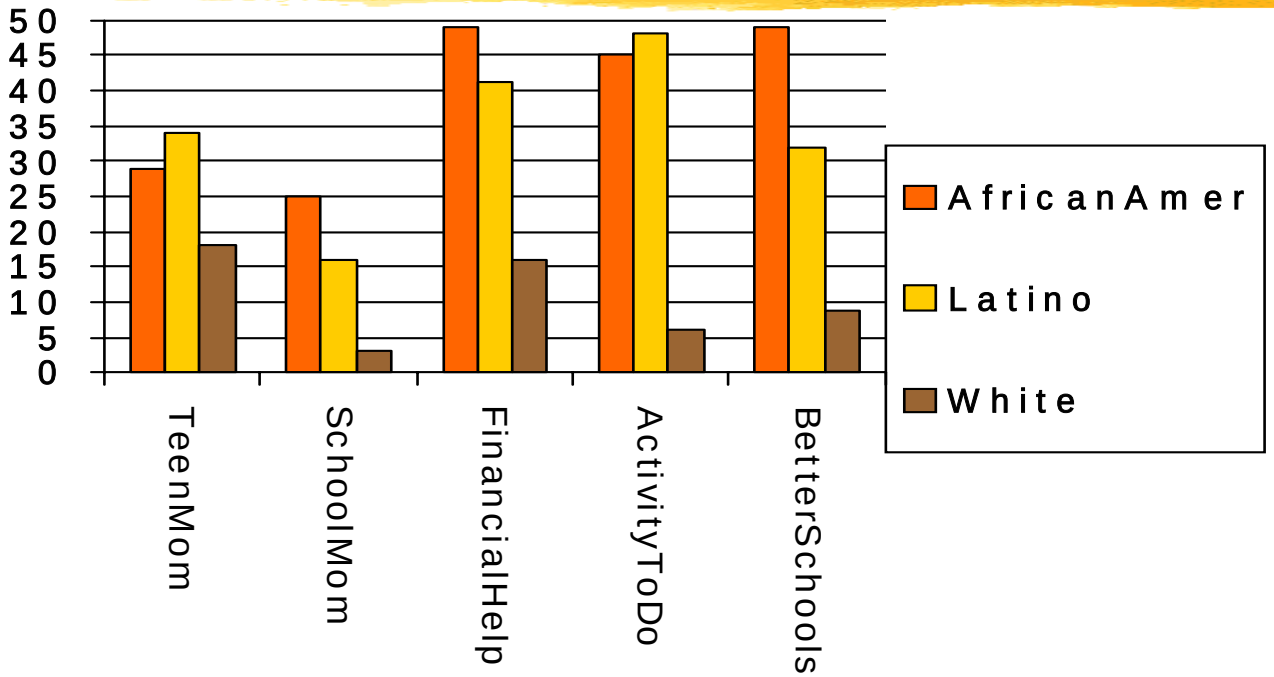
Reasons to Assume Care: Custodial Grandmothers (cont'd)



- The Major Reasons in Percents

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Reasons to Assume Care: Custodial Grandmothers (cont'd)



- Reasons in Percents

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Benefits of Grandparent Caregivers

- More committed to the children than unrelated foster parents.
- More stable as a placement than unrelated foster care.
- Continuity of family and ethnic tradition.
- More frequent contact with parents.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

The Caller Asked

by Duane J. Kriesel

- "The caller asked, 'Will you provide a home for two twelve-year old girls?'…We both knew that the answer must be 'YES,' but that didn't stop the floodgate of doubt from opening…So many reasons to say 'NO.'
- I didn't ask 'How long?' Did she mean forever?
- I'm too old to raise a family.
- My life is settled: why does it have to be uprooted now?
- What about all the trips we have planned?
- Our house is always so clean; will it ever be clean again?
- I like my free time.
- Will their mother make life unbearable?

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

The Caller Asked (cont'd)

by Duane J. Kriesel

- I didn't know that God would send me two angels disguised as two little girls.
- I didn't know that so many people were ready to help.
- I didn't know that those girls would enjoy old-folks' things like live theater, walks in the park, drives in the mountains.
- I didn't know that those girls would say 'thank you' for the littlest things.
- I didn't know that those girls would give so many hugs and kisses.
- I didn't know that those girls would add more to my life than I could ever add to theirs."

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Well-Being of Caregiving Grandparents

- Greater depression than non-custodial grandparents.
- More activity limitations in Activities of Daily Living than non-custodial grandparents.
- Lower satisfaction with health than non-custodial grandparents.
- Greater distress among grandparents under financial stress.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Quotes About Grandmother-Parent Relationships

- **"She had enough sense to hand over the kids."** **SUPPORTIVE**
- **"She has a good husband, a little baby and is working hard to provide a good family environment. And within a year she might be able to get the boys back."** **DOING WELL**
- **"She's immature--her lack of willingness to knuckle down and be a mother."** **DOESN'T PARENT**
- **"She likes to go all the time, hang out in the streets."** **DRUGS**
- **"We don't really have a relationship to talk about."**
- **"I raised her and she hates me and she never says hello"**

NO RELATIONSHIP

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

My Sweet Juliette, The Sea Brings You Closer to Me *by Lynn Evans*

- "My beautiful daughter Juliette did not recover. She died in October of a drug overdose. She has lost her life, my sweet child, my Juliette, only twenty-nine years old…Hopes and dreams are gone, leaving me with responsibility for my granddaughter. I am Jordan's mother on earth and Juliette can be her mother only in heaven. It is so huge and overwhelming for me. Jordan is only six."

- "Summers at the beach with you are my most vivid memories…You in that cute little green checkered two-piece bathing suit, five years old. Suddenly in my memory you are a woman. We had collected sea glass and you and Jordan collected white stones…You are the sea to me now, Juliette…Now, no more pain for my baby."

Reference

Evans, L. (2001). My sweet Juliette, the sea brings you closer to me. *Reflections: Narratives of Professional Helping, 7*(2), 6-9.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Quotes About Parent-Child Relationships

- "He's just crazy about his mother." **ATTACHMENT**
- "Makes good decisions with her mother about school and different activities." **INVOLVEMENT**
- "Hard for her to understand why she's living with me and not with her parents." **LOSS**
- "I think it must be hard for him to know that he has a father but that his father doesn't love or want him." **REJECTION**
- "They can't see their little brother and mom won't move closer to us." **FRAGMENTED FAMILY**

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Summary and Risk Factors: Custodial Grandmothers Raising Grandchildren

- **Poverty: Financial stress is a problem for a significant number.**
- **Disrupted Families: Relationship with the parent continues to be important for grandmother and grandchild.**
- **Older and Ill Grandmothers: Grandmothers are sometimes the only family available in spite of poor health.**
- **Depression: Overload and social isolation are risk factors and grandmothers need someone to talk to and "respite."**
- **Children with Special Needs: Abused and neglected children often have special mental health needs.**

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Conclusions

- Multidisciplinary Family Service Center: Medical, psychological, legal, and financial issues impact three generations. Family members could benefit from holistic service programs.
  - **Programs for the grandparent (support groups, parenting classes, respite care, legal consultation, medical care, financial assistance).**
  - **Programs for the parent (substance abuse, programs for incarcerated mothers, parenting classes, vocational and employment programs, financial assistance).**
  - **Programs for the children (counseling, tutoring, childcare, after school activities, medical care).**

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

OVERHEAD #17
POLICY-PRACTICE CHALLENGE STATEMENTS

"Kinship care is a developing phenomenon, falling somewhere between family preservation and foster care" (Berrick, 1997, p. 280).

- *"Why do we families have to change to fit the policies and the rules? Why can't the policies and rules be changed to fit the families?"*

From a kinship caregiver panel member,
Child Welfare League of America
National Conference,
Washington, DC, early 1990s

Reference

Berrick, J. D. (1997). Assessing quality of care in kinship and family foster care*. Family Relations, 46*(3), 273-280.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

OVERHEAD #18
THE CHILD WELFARE CHALLENGE

Despite the proliferation of statutes, policies, and procedures, decision-making is heavily influenced by placement resources, values and biases of service providers, presence or absence of advocates, attitudes of judges, ambiguities in abuse/neglect definitions, the imprecise nature of human behavior, and the impossibility of predicting the future.

Reference

Pecora, P. J., Whittaker, J. K., Maluccio, A. N., & Barth, R. P. (with Plotnick, R. D.; 2000). *The child welfare challenge* (2nd ed.). New York: Aldine de Gruyter.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

OVERHEAD #19
INHERENT PRACTICE CHALLENGES

1. THE CHALLENGE OF DEMOGRAPHIC DIVERSITY

- Age
- Ethnicity
- Education
- Income

2. THE CHALLENGE OF ATTACHMENT VS. AUTHORITY

Attachment

- Family ties
- Affectional ties
- Moral responsibility
- Spiritual responsibility

Authority

- Laws
- Policies
- Procedures

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.

OVERHEAD #20
THE CHILD WELFARE CHALLENGE

Despite the proliferation of statutes, policies, and legal procedures, decision making is heavily influenced by: availability of prevention and placement resources; values and biases of service providers; presence of advocates; attitudes of judges; ambiguities in abuse and neglect definitions; the imprecise nature of information about human behavior; and the impossibility of predicting the future.

Reference

Pecora, P. J., Whittaker, J. K., Maluccio, A. N., & Barth, R. P. (with Plotnick, R. D.; 2002). The child welfare challenge: Policy, practice, and research. New York: Aldine de Gruyter.

Pasztor, E. M., Goodman, C. C., Potts, M., Santana, M. I., & Runnels, R. A. (2002). *Kinship caregivers and social workers: The challenge of collaboration.* Berkeley: University of California at Berkeley, California Social Work Education Center.