

# Self-Study Course

## Kinship Care

Revised 6/08

### 2.0 Hours Credit

#### **CREDITS:**

Crumbly, Joseph and Little, Robert L. Relatives Raising Children: An Overview of Kinship Care. CWLA Incorporated, 1997.

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Child Welfare. Frequently Asked Questions [Electronic Version]. *Child Welfare League of America*. Retrieved on 6/06 from [www.cwla.org/programs/kinship/faq.htm](http://www.cwla.org/programs/kinship/faq.htm)

Connolly, Marie (May 2003). Kinship Care: A Selected Literature Review [Electronic Version]. *Department of Child, Youth and Family*. Retrieved from [www.cyf.govt.nz/uploadLib/pdf/K&F\\_Lit.pdf](http://www.cyf.govt.nz/uploadLib/pdf/K&F_Lit.pdf)

(October 2007). Alaska: A State Fact Sheet for Grandparents and Other Relatives Raising Children [Electronic Version]. *AARP Grandparent Information Center*. Fact sheets are updated once a year. Retrieved from [http://assets.aarp.org/rgcenter/general/kinship\\_care\\_2007\\_ak.pdf](http://assets.aarp.org/rgcenter/general/kinship_care_2007_ak.pdf)

If you wish to receive training credit for reading this self-study, please fill out the “CHECK YOUR UNDERSTANDING” Questionnaire” at the back of this course. Return the questionnaire to the Alaska Center for Resource Families for 2.0 hours of training credit. The course is yours to keep for further reference.

This self study course was developed by Racquel Martinez for the Alaska Center for Resource Families.



#### **RETURN YOUR QUESTIONNAIRE TO:**

Alaska Center for Resource Families  
815 Second Ave Suite 202  
Fairbanks, AK 99701

1-800-478-7307  
479-7307 Fairbanks  
279-1799 Anchorage  
[www.acrf.org](http://www.acrf.org)

# KINSHIP CARE

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## Introduction:

This self-study course is designed to help relative caretakers such as aunts, uncles, and grandparents or “kinship” care providers understand the special aspects of this kind of out-of-home care. This course is designed to provide information to kinship care providers and is not intended to provide legal advice. This course will explain some of the unique issues that affect kinship caregivers, explore the different kinds of kinship care, and offer suggestions to help you navigate kinship care.

In this course, you will learn:

- What is kinship care?
- Why children are placed with relatives or kinship care providers.
- The difference between formal and informal kinship care.
- The benefits and challenges associated with kinship care.
- What your role is as a kinship care provider.

## What Is Kinship Care?

The practice of family taking care of family: uncles, aunts, or grandparents caring for other family members are known as *Kinship Care*. It is a long-held tradition in many cultures. Many relatives or close family friends extend their hearts and homes to care for children they love. The Child Welfare League of America defines kinship care as *the full-time care, nurturing and protection of children by relatives, members of their tribes or clans, godparents, stepparents, or any adult who has a kinship bond with a child*. This definition is designed to be inclusive and respectful of cultural values and ties of affection. It allows a child to grow to adulthood in a family environment. Kinship captures all of you who may be caring for a loved one.



There are two kinds of kinship care arrangements. Kinship care can either be **formal** or **informal**. **Formal kinship care** occurs when a child is placed by an agency such as the Office of Children’s Services with a relative. This means that there is a social service agency involved with your family. The Office of Children’s Services (OCS) is the agency mandated by statute to ensure the safety and well being of children. When OCS feels that a child’s safety is at risk, it

may seek to take legal custody of a child. Because OCS is granted custody, it may also have the ability to make placement decisions for the child, and place the child with a kinship care provider.

Children who are in the custody of the State of Alaska, for child protective reasons, can be placed with a relative who is or is not licensed for foster care. Because a child is in the State's custody, this is called **formal kinship care**. The placement is usually supervised by a social worker.

**EXAMPLE:** *John and Susie Jones received a call from an OCS social worker asking if they would be willing to care for their eight-year-old grandson who was just taken into emergency custody due to physical abuse by his mother.*

**Formal kinship care occurs when a child is placed by an agency such as the Office of Children's Services with a relative or an adult who has an established bond or connection with the child.**

Rather than placing him in a foster home, OCS placed the child with his grandparents. This is called formal kinship care. Following is another example of formal kinship care.

*Six-year-old Jason is taken into emergency foster care due to severe neglect by his parents. There are no relatives available to care for Jason, so the OCS social worker calls Jessica, a teacher's aide, who has known Jason for several years and has babysat him in the past. Although Jason knows Jessica, she is not a relative, so she needs to be licensed as a foster parent. However; this is still considered kinship care because Jason and Jessica have a connection or bond before placement.*

Another kind of kinship care is **Informal Kinship Care** which describes a situation where a parent or caretaker voluntarily places a child with another family or caregiver, or a situation where a kinship caregiver steps in to protect a child before an outside person or agency becomes involved. So, if a relative or friend agrees to care for a child, this kind of relationship is *informal kinship care*.

In Alaska, informal kinship care occurs frequently. Many of you may care for your grandchildren, as an example, for a week or month or year. This is a natural kind of a caring relationship and is always preferable to intervention by agencies or OCS. However, there are problems with informal kinship care. The problems that occur most often are because the kinship care provider does not have a legal relationship with the child. This means that the kinship care provider can not approve of medical care, educational care or any other aspect involving a child, including permission to travel out of state. If the birth parent has a cooperative and frequent

relationship with the kinship caretaker and is in agreement with medical, educational or other legal details, then there may not be a problem in making decisions or approving for treatment.

**Informal kinship care** is when a parent or caretaker voluntarily places a child with a family or caregiver, or when a kinship caregiver steps in to protect a child before an outside person or agency becomes involved.

However, if you are not able to locate the parent or the parent does not agree with what you want as a caretaker, then you may have problems. Because the parent still has legal authority, what the parent wants for their child generally happens. Or, in another scenario, nothing can be accomplished because of an inability to locate a parent.

Another aspect of informal care is that the parent has the right to remove the child from your home at any time. With informal kinship care, you will not have any legal right to the child, so you will not be able to prevent a parent from removing the child from your home. This means that even if a parent has a problem with mental illness or substance abuse, that parent still has the right to remove the child from your care.

*Sally was recently incarcerated for a drug violation. A condition of her release requires her to enter into an inpatient drug and alcohol treatment program. Sally, being a single parent, asks her mother to care for her 12-year-old daughter while she is in treatment.*

If Sally decides to leave her program and to go and take the daughter from the grandmother's care, she may do so. She may be in violation of her probation, but she still has legal authority to make decisions for her child.

*16-year-old Mary and her mother had an argument that resulted in Mary and her mom exchanging punches. The next day, Mary reports the incident to her school counselor. The school counselor calls OCS to make a report of harm. The school counselor, an OCS social worker, Mary, and her mom come up with a safety plan that includes Mary staying with her best friend Susan until Mary and her mom can start family counseling. Because the mother has agreed to let Mary stay with a friend and she is no longer at risk of harm, OCS does not become involved with the family.*

But, if Mary's mom breaks her agreement to allow her daughter to stay with a friend, then OCS may choose to become legally involved and Mary's kinship care could become formalized.



## Formal Kinship Care through the State of Alaska Office of Children’s Services

The remainder of this self-study will address **formal kinship care**. There are two ways to provide formal kinship care. Children who are in the custody of the state of Alaska and placed out-of the home, must be either in a licensed foster home or with a relative (either licensed or unlicensed). This means that a relative kinship caregiver, who has a child placed with them by the State OCS, can either be a licensed foster parent or an unlicensed relative caregiver.

Caregivers, who are not related to the child either by blood or marriage, but have a prior relationship with the child must obtain a foster care license. Kinship care providers who are licensed receive reimbursement for the care of the child (foster care reimbursement through the Office of Children’s Services). Unlicensed relatives who need financial help to provide care for a child can apply for and receive financial assistance from the State of Alaska called ATAP (Alaska Temporary Assistance Program.).

*John and Susie Jones are the maternal grandparents of eight-year-old Buddy. Buddy is taken into OCS custody due to physical abuse. John and Susie do not need financial assistance in order to care for Buddy and have agreed to become unlicensed relative caregivers.*

Kinship placements have increased nationwide over the past 10 years. Some of the reasons for this include increases in alcohol and other drug abuse, parental incarceration, and child abuse (Crumbley, et al). As of January 2006 there were 1,874 children in out of home placement under the supervision of the Alaska OCS. Of these children 588 were placed with relatives. According to the GrandFacts a State Fact Sheet for Grandparents and other Relatives raising children, in 2007 Alaska had approximately 8,188 children live in grandparent-headed households. (4.3% of all the children in the state). There are another 2,620 children living in households headed by other relatives (1.4% of all the children in the state). Of the children living in households headed by grandparents are other relatives in Alaska, 5,110 are living there. The most common type of kinship care placements are grandparents caring for grandchildren.

ALASKA STATUTE: 47.14.100(e) requires OCS to consider relative placement whenever a child is removed and in need of an out-of-home placement. Additionally, the Indian Child Welfare Act of 1978 mandates OCS to follow specific placement preferences for Alaskan Native/Indian children. Although there are no specific laws requiring OCS to look outside of family placement, whenever a child is removed, efforts are made to place the child with a

relative or a person the child is familiar with. These kinship placements help to reduce the amount of trauma children experience when they are removed from their primary caregiver. Additionally, it helps to maintain the continuity of care; and in most cases the child is able to stay in the same community.

## What are the benefits associated with kinship care?

Children who are placed in kinship care are able to maintain family connections with their birth parents and siblings; experience fewer moves within the foster care system; and experience fewer traumas. When children are placed in an unrelated foster home, they may not only feel abandoned by their parents, but they may feel abandoned by other family members as well. These feelings of abandonment can lead to depression, anger towards the parents and other family members, and acting out behaviors. However, when children are in kinship placements, they are better able to maintain and continue family connections. This allows them to feel a sense of belonging, worth, history, and value to others (Crumbley, et al).



*Michael, age 3, and his sister Brittany, age 10, are taken into emergency custody due to their mother and stepfather's severe substance abuse problems. Michael and Brittany are half-siblings and have different fathers. Michael's paternal aunt, Jennifer, is able to care for both children. Because she is not related to Brittany, she will have to become a state licensed foster parent. This placement will allow Michael and Brittany to maintain their sibling relationship and decreases the amount of trauma they would have experienced had they been placed in separate foster homes.*

Research has shown that children placed in kinship care experience fewer moves within the foster care system. One reason for this includes a kinship caregiver's willingness to accept a child's negative behaviors. Another reason is that most children placed in kinship care have an established relationship with the kinship caregiver which allows the child to learn new behaviors more quickly. As a result, the child's negative behaviors subside more quickly and are less severe than when placed in a regular foster home.

*Michael was removed from his parents' care due to their severe substance abuse problems and was placed with his Aunt Jennifer. After being with his aunt for two months, Michael started to have temper tantrums and began refusing to go to bed at night. Because she has known Michael his entire life and knows the history of his parents' substance abuse, Jennifer is able to understand that this behavior is related to the neglect Michael experienced as well as the loss of his parents. Because Michael is her nephew, she is committed to caring for him and working through his behavioral problems.*

Because children are able to maintain family ties and experience fewer moves within the foster care system, they experience fewer traumas. Subsequently, they suffer from fewer emotional problems such as separation anxiety, adjustment reactions, attachment disorders, and conduct disorders (Crumbley, et al.).

*Attachment was a special issue for Buddy who has been placed with his maternal grandparents for several months. Buddy's mother attends the same church as the grandparents and is able to sit with the family during the church service. Additionally, because the grandparent's have been able to set clear boundaries with their daughter, she is allowed to visit with Buddy at their home several times a week. Although Buddy still experienced grief from being removed from his mother's care, this frequent contact minimized his grieving process as well as his separation anxiety. Subsequently, Buddy was able to adjust to living with his grandparents more quickly than if he had been placed with a non-kinship caregiver. This kind of attachment is very important for children.*

# RESOURCES IN ALASKA

“**The Grand families Project**”, a program through Volunteers of America that provides supports and resources for grandparents raising grandchildren. Find them on the web at <http://www.voak.org> or call The Grand families Project at 1-888-522-9866.

## Services Offered:

- Respite care for grandparents 55 and over.
- Winter and Summer camps for children
- Support group meetings monthly in Anchorage
- Free book/winter gear for children
- Kinship Caregivers Resource Guide

**Alaska Center for Resource Families** a grantee of the Office of Children’s Services that provides resources and training for all resource parents. (foster, adoptive, kinship (both licensed and non-licensed) and guardianship) Support/training by phone for rural families. Find them on the web at <http://www.acrf.org>.

## Public benefits

Children are often eligible for state and federal benefits even if there caregivers do not have legal guardianship or custody.

## Financial Assistance

- Cash Assistance may be available to children and their relative caregivers through the Alaska Temporary Assistance Program (ATAP)
  - Contact: 907-465-3347
  - Web: [www.hss.state.ak.us/dpa/programs/atap/](http://www.hss.state.ak.us/dpa/programs/atap/)

## Food Stamps

- Kinship care families may be eligible for food stamps.
  - Contact: 907-465-3347
  - Web: [www.hss.state.ak.us/dpa/programs/fstamps](http://www.hss.state.ak.us/dpa/programs/fstamps)

## Health Insurance

- Relative caregivers may apply for free or low-cost health insurance through Denali KidCare
  - Contact: 888-804-6330 or 907-269-6529 (Anchorage)
  - Web: <http://www.hss.state.ak.us/dpa/programs/dkc/>

## WIC

- WIC recognizes the important role that grandparents, foster parents and other guardians play in caring for kids. Caregivers of kids under 5 that meet the income criteria are encouraged to enroll and bring kids to appointments, attend nutrition classes, pick up and use WIC checks in grocery stores.

## What are the challenges associated with kinship care?

Some of the most common challenges associated with kinship care are re-defining roles and boundaries, divided loyalty between the child and caregivers, and the availability of financial assistance.

### Redefining roles and boundaries between the child and kinship caregiver.

When a child is placed in care, the kinship caregiver becomes the primary caretaker of the child which includes establishing and enforcing rules, maintaining structure and consistency, and providing for the child's basic needs. This may be different than what the child is used to. For example, the kinship caregiver may be a relative that the child visited occasionally. The relative may have never been in the position of primary caretaker for the child. This redefining of roles may be especially difficult for the child, who may think of the kinship caregiver as a friend and not as a person in authority. It may also be difficult for the caregiver, who may want to stay in the role of friend. Or the caregiver, not wanting to upset the parents, may try to remain in a neutral role. Both situations could lead to difficulties with enforcing rules and disciplining the child.



In most cases, children will develop an attachment to the kinship caregiver while maintaining an attachment to the biological parent. A child may feel his loyalties are divided between the kinship caregiver and the parent. These feelings are compounded if the parent feels threatened by the kinship caregiver's relationship with the child and feels as though she has to compete for the child's love and attention.

*Jason is a six-year-old child that has been placed with Jessica, his teacher's aide, for five months. Jason has responded well to the structure and consistency that Jessica provides in her home. Jason visits with his mom once a week at the OCS office. Jason really likes Jessica and frequently talks about her during the visits. During one of the visits, Jason's mom tells him that Jessica is not his mom and that she never will be so he doesn't have to do what she tells him. She also tells Jason that it's not okay for him to like Jessica so much because it makes her (mom) feel bad. When Jessica comes to pick up Jason from the visit, he is very withdrawn and pulls away his arm when she goes to hold his hand. Later in the evening when Jessica has to remind Jason to brush his teeth before bedtime, Jason responds by saying "You're not my mom! I don't have to listen to you!"*

## Financial Challenges

Non-related kinship caregivers must become licensed foster parents in order to care for a child placed in their home. Subsequently, they will receive foster care payments to assist with meeting the child's basic needs. Although several forms of financial assistance are available, many relative kinship caregivers often feel guilty or embarrassed for accepting payment for caring for a family member. Or they may feel that their motives for caring for the child may be questioned if they ask for financial assistance. Others may not want to go through the process of becoming licensed foster parents or may not want to deal with the "system." However, the reality is that at some point most relative kinship caregivers will need some form of financial assistance, whether it is in the form of foster care payments, public assistance, child care assistance, Medicaid, social security, or supplemental security income (SSI).

*John and Susie Jones have been caring for their eight-year-old grandson Buddy for several months. When Buddy was first placed with them, John was working full-time and Susie was receiving Social Security. John recently became severely ill and can longer work. Now the family is forced to live on Susie's Social Security and the disability benefits that John will be receiving as soon as his paperwork is processed. John and Susie have always been proud of their ability to care for themselves and their family. However, because of the severe cut in their income, they may be forced to move into a one bedroom apartment. They have talked about calling OCS to see what kind of assistance they would qualify for, but they are worried that Buddy will be removed from their home if they ask for money to help care for him.*

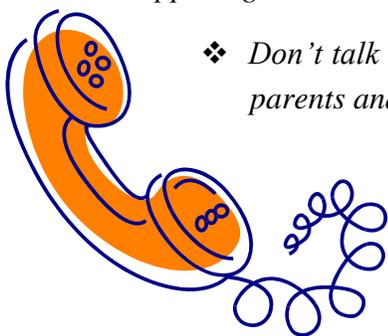
*Jennifer, a kinship care provider, has been caring for Michael, her nephew, and Brittany, his half-sibling, for six months. Jennifer receives foster care payments for Brittany and decided that she could care for Michael without financial assistance. Jennifer takes Michael to counseling appointments once a week and was recommended to enroll him in some type of extracurricular activity to help build his social skills. Additionally, having never been a full-time caregiver before, Jennifer is amazed at how quickly Jason is growing out of his clothes and shoes. In this case, Jennifer can receive foster care payments for either children, or just help with counseling.*

Your social worker or the staff at the Alaska Center for Resource Families can help you understand the resources available to help you and how to access them.

## Suggestions for Kinship Care Providers

Kinship care can be very difficult and at times feel unrewarding. Here are some suggestions and points to remember about being a kinship care provider:

- ❖ *Don't take the child's behavior personally. Remember he or she is reacting to the situation. Give him or her some time to adjust!*
- ❖ *Establish clear rules and boundaries. Remember, just because the child knows you, it doesn't mean that he or she knows your household rules.*
- ❖ *Children need to know what's going on in their lives. Take time to explain what is happening.*



- ❖ *Don't talk negatively about the parent in front of the child. Children love their parents and will feel loyalty towards them.*

- ❖ *Seek out resources to help address the child's special needs or to help the child adjust in your home.*
- ❖ *Phone the Alaska Center for Resource Families for additional support.*

### Redefining roles and boundaries between the biological parent(s) and the kinship caregiver

Biological parents also have to re-learn how to interact with the kinship caregiver. The kinship caregiver is now in the position of primary caregiver. Some parents may feel as though they are being replaced and may feel threatened by the caregiver. This could result in the parent being overly critical of the kinship caregiver's parenting abilities as well as his or her role in the child's life. If the caregiver takes this criticism personally, it could lead to a breakdown in the relationship with the parents.

Additionally, the kinship caregiver is now in a position where he or she has to follow the guidelines set by the state social worker. This may include not allowing the parent to be in the home and not allowing unsupervised contact between the child and the parent. This may be extremely difficult, especially if the kinship caregiver is a grandparent. He or she may say "how can you tell me that I cannot have my own son or daughter in my house?" This *re-defining* of roles can be very confusing for both the parent and the kinship caregiver. The parents may retaliate against the caregiver believing that he or she is trying to control their life. The kinship

caregiver may feel caught in the middle and question why they are caring for a relative's child in the first place.

In some cases, there may be a lack of boundaries between the caregiver and the biological parents. Some kinship caregivers may have a difficult time saying no and may never learn to set clear boundaries. Guidelines that have been established to maintain the child's safety may be ignored because the caregiver may feel that he or she "knows the parent better than the social worker". Or the caregiver may feel that the social worker is being unfair to the parent and may not enforce some of the guidelines. In some cases, the caregiver may not be able to say no to the parent out of fear of retaliation from other family members.

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### Suggestions to help kinship care providers cope with birth parents:

- ❖ *Always remember that you are a valuable resource to the child.*
- ❖ *Don't take the parents' criticism personally. Remember they are reacting to the situation and may need some time to adjust.*
- ❖ *Establish clear boundaries with the parents immediately. If necessary, ask the child's social worker to set up a special meeting with the parents. This will ensure that everyone is hearing the same information.*
- ❖ *Make sure the parent knows you intend to follow the social workers guidelines for visits and phone calls.*
- ❖ *Ask the social worker to reinforce boundaries with parents for you, if necessary.*

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### *Visit the following websites for more information about resources for Grandparents Raising Grandchildren*

**NO EMPTY NEST**, a program through Volunteers of America that provides support and resources for kinship care providers. [http://www.voaak.org/subpage.cfm?folder\\_id=712](http://www.voaak.org/subpage.cfm?folder_id=712) or call 1-888-522-9866.

**ALASKA: A STATE FACT SHEET FOR GRANDPARENTS AND OTHER RELATIVES RAISING CHILDREN** [http://assets.aarp.org/rgcenter/general/kinship\\_care\\_2005\\_ak.pdf](http://assets.aarp.org/rgcenter/general/kinship_care_2005_ak.pdf)

**Earned Income Credit:** Visit the IRS web site. You can also call 1-800-829-1040.

**TEST**