

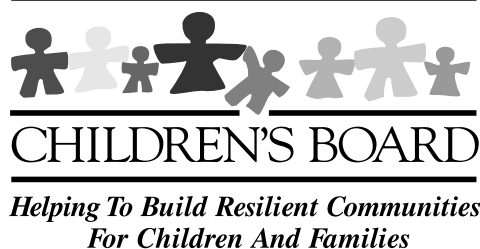
UNIVERSITY OF SOUTH FLORIDA SCHOOL OF SOCIAL WORK  
&  
KINSHIP CARE COLLABORATIVE

# KINSHIP CARE IN HILLSBOROUGH COUNTY, FLORIDA



# **KINSHIP CARE IN HILLSBOROUGH COUNTY FLORIDA**

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# VISION STATEMENT

We at the University of South Florida (USF) School of Social Work and other members of the Kinship Care Collaborative envision a *Kinship Support Center* at the School of Social Work that will provide leadership, information, referrals, and educational and supportive services to both kinship caregiving families and providers of services to them. We see a future where our community is increasingly aware of, sensitive and responsive to the growing numbers, the reality and the needs of the kinship caregiving families living in Hillsborough County.

Our vision can be realized with the expansion and continued efforts of the Kinship Care Collaborative and the creation of a *Kinship Support Center* at the USF School of Social Work. We believe the services offered by *The Center* should be:

- supportive
- empowering
- collaborative
- culturally and ethnically sensitive
- holistic
- comprehensive
- flexible
- micro and macro focused

# KINSHIP CARE COLLABORATIVE

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# ACKNOWLEDGMENTS

Our community is greatly indebted to those kinship caregivers who give themselves selflessly, often with no outside support, to care for their relative's children. The Children's Board of Hillsborough County has demonstrated its concern and intent to facilitate community support for these vulnerable families by providing the financial resources to make this project possible. We especially appreciate the assistance and expertise of Alex Furnari who patiently guided us through the grant process and Laurie Bettinghaus who provided support and creativity to this effort.

We wish to acknowledge and express our gratitude to the many relative caregivers who participated in the focus groups and those service providers who granted us structured interviews. Their contributions clarified the reality of what kinship caregiving families experience and what kind of supportive services are available in Hillsborough County to assist them in their valuable and challenging effort.

# EXECUTIVE SUMMARY

The Kinship Care Advisory Committee, now known as the Kinship Care Collaborative, was created in February of 1998 with a grant from the University of South Florida's Collaborative for Children, Families, and Communities. The purpose of the Committee was to assist the state of Florida in formulating a state plan on kinship care. The collaborative has met regularly since that time and is presently comprised of approximately 60 members including both kinship caregivers and those agencies and institutions providing services to them.

The collaborative's initial activities were focused on:

- considering the scope of kinship care in Florida
- identifying/recommending key persons, agencies and institutions who should be included in this effort
- coordinating and expanding the Kinship Care Collaborative
- identifying the key issues related to kinship care
- identifying barriers to permanency planning for children in kinship care
- gathering statistics/information on kinship caregiving families
- identifying and exploring other kinship care programs and efforts around the Tampa Bay area, within the state of Florida, and across the country
- assessing how the collaborative could best serve these families.

In February 1999, Dr. Aaron Smith, Dr. Anne Strozier, and Iris Chaffin, MSW received an analysis grant from the Children's Board of Hillsborough County. The purpose of this analysis, was to establish the need for a *Kinship Support Center* at the USF School of Social Work. The target population for the analysis was defined as all kinship caregiving families in Hillsborough County and those agencies and institutions providing services to them. The analysis staff conducted five focus groups with kinship caregivers and 18 structured interviews with agencies and institutions providing services to them.

This report, *Kinship Care in Hillsborough County, Florida*, presents the findings, conclusions, and recommendations of Dr. Aaron Smith, Dr. Anne Strozier, and Iris Chaffin, MSW of the USF School of Social Work based on their work since February 1999. Section I, the Introduction, contains discussion about the background, purpose, partners, and processes of the analysis. Section II, Kinship Caregiving Families, describes the characteristics, perceptions, and changing profile of these families based on a review of the literature and data gathered from this research project. Section III, Support Services, includes the results from 18 structured interviews with service providers in Hillsborough County and a list of services available to kinship caregiving families in Hillsborough County. Finally, in Section IV, are the conclusions, recommendations and final comments by the researchers. The recommendations should be of interest to providers and funders of services to kinship caregiving families. They are as follows:

## **RECOMMENDATIONS**

### **Recommendation 1 – Establish the *Kinship Support Center***

The establishment of the *Kinship Support Center* of Hillsborough County will enable relative caregivers to receive support, assistance in applying for services, information and referral, training, and policy and legal advice. In addition to establishing our *Kinship Support Center* in Hillsborough County, through our collaboration with Nova Southeastern University and Florida International University, we are involved in creating a statewide consortium of care.

### **Recommendation 2 – Develop and coordinate support groups for relative caregivers and their children**

As a consequence of our focus groups we learned that the most important service, of all the services kinship caregivers received, was the support and sharing offered by the support groups they have attended. These groups allowed caregivers to discover they were not alone in their caregiving experiences. That fact alone often empowered them to believe they could provide the care their children need. The caregivers acquired a new source of energy and dedication to their mission through these groups. The group experiences also provided caregivers with a very viable vehicle for sharing their concerns, their problems, their fears, and their hopes. These groups became a survival strategy for participants. They learned to own the process and grew themselves as a consequence. In addition, relatives' caregiving skills were often enhanced by this process.

Therefore, we heartily endorse the creation and utilization of support groups for relative caregivers. We recommend the creation and support of these groups throughout Hillsborough County. In addition, we recommend the development of support groups for the children living in kinship caregiving families. Just as the support groups have been helpful to the grandparents and other caregivers, support groups may be helpful to the children in sharing their concerns and fears, and demonstrating to them that they are not alone in their experience of being raised by their relatives.

### **Recommendation 3 – Establish and coordinate an information and referral system**

We recommend that the *Kinship Support Center* provide easily accessible information, resources, and services necessary for relatives so they may give their children the best possible care. *The Center* will provide a centralization of information and referral. One mechanism for providing this information will be the establishment of a 1-800-KINSHIP line: a warm support line which will also provide information and referrals for relative caregivers. Some of the information provided by *The Center* and through the warm support line will include: how to apply for services (including benefits from the Relative Caregiver Bill), where to find respite care, child care services, support groups, and answers to legal questions.

A second method for providing invaluable information to kinship caregivers is to establish a legal hotline: 1-800-88LEGAL. This line will offer assistance to kinship

caregivers in navigating the legal system to acquire information regarding their rights pertaining to permanency planning, acquisition of custody or adjudication procedures, grandparents' rights, acquisition of medical, dental, and mental health services, and assistance in applying for the Relative Caregiver Bill benefits.

#### **Recommendation 4 – Education and training**

The *Kinship Support Center* will create training and education modules in conjunction with state and national agencies. These modules will provide content from best practice models reviewed from around the country. These best practice models are current up-to-date, research-based interventions deemed relevant for insuring competency, comprehensive care, and support in working with the intergenerational kinship families. Some of the modules will include: working with the child needing placement outside the nuclear family, the natural family member who has become incapacitated or unable to provide care and safety to their children, and the caregiving relative who assumes that major responsibility, sometimes under less than ideal conditions. Information would be provided about the availability of community resources that address the needs of kinship caregivers. We will also teach service providers how to help clients apply for these services as well as utilize them. In addition, we will be moving these workers toward increased cultural competency in working with the families from diverse cultures. The goal of these training models will be to train service providers in understanding more fully the multiple dynamics/issues involved in kinship care.

#### **Recommendation 5 – Service and policy planning and implementation**

In addition to coordinating services for kinship caregivers that currently exist, our *Kinship Support Center*, as a community based agency, will have continuous access to service providers. Consequently, we will assist them in determining the continuing needs of relative caregivers and their families. Because we are community based, we will have our hands on the pulse of what goes on and so will know what is needed. In that capacity, we can more effectively work with those public and private agencies mandated to provide services to these families. We can assist agencies to expand services and help others learn how to better deliver services. The *Kinship Support Center* will not be ivory tower bound – it will be community based. We will be able to predict which services are needed and help agencies develop those programs. We also will work with the consumers to help them be aware of and access these services. We will maintain vigilance in our commitment to comprehensive services to kinship caregivers and their families.

We can remain active in the development of health and child welfare policies and programs relevant to meeting the needs of these at-risk children and fragile families into the new millenium. Current policies in relation to relative caregivers and children should be comprehensive and inclusive. For example, we will seek improvement in some of the policies relating to the removal of children from their natural families, the placement of children with stable relative caregivers, permanency planning in relation to the adoption of children rather than for them to continue being “in the system” forever. Policies that relate to establishing family ties and strengthening families should be adopted and enhanced.

## **Recommendation 6 – Funding**

We recommend the formal creation of the *Kinship Support Center* at the University of South Florida School of Social Work as a permanent community based program of service delivery to relative caregivers and their children. *The Center* has recently been awarded its first grant subsequent to the Children’s Board Funding. A \$100,000 grant was provided by the Florida State Legislature to establish the *Kinship Support Center* so that it could begin providing services to relative caregivers in Hillsborough County and around the state. Additional funds are being sought from the legislature and other efforts will continue in order to secure public and private sources of funding.

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# I. INTRODUCTION

## BACKGROUND

Kinship care has become a critical issue across our country. The numbers of children being neglected, abused and abandoned due to parental substance abuse, HIV/AIDS, domestic violence, death, unemployment, incarceration, divorce, teen-age pregnancy, mental health problems, and inadequate parenting has increased dramatically over the past 15 years. Most kinship care is informal and unaccounted for by any agency, making it difficult to accurately assess the true parameters of the problem. It is estimated that about 4 million children are living with relatives, and that more than 231,000 of these live in Florida (Zawisza, 1998).

While there are many advantages to kinship care, such as preservation of family ties, community and ethnic/cultural consistency, and reduced trauma of separation, there are also many difficulties with this kind of caregiving. Kinship caregivers must make great personal sacrifices, and they tend to be older and less financially secure than traditional foster parents. In addition, policies and programs for kinship care lack clarity and consistency in most states (Gleeson and Craig, 1994). The Kinship Care Advisory Committee (established by a grant awarded to the USF School of Social Work by the USF Collaborative for Children and Families) found that in Florida there is a lack of consistency across geographic areas, socioeconomic groups and institutions in terms of programs, policies and services relating to kinship care. There appears to be a lack of awareness of both the issues involved in relative caregiving and the services available to both consumers and providers of support services.

Kinship caregivers need support services such as legal and financial assistance, child and respite care, transportation, housing, substance abuse/parenting/education programs, health care, mental health care and job counseling. For most of these families, access to these services is difficult or impossible (Yorker, 1998). Families providing kinship care face unique challenges and so require and deserve appropriate support services to enable them to be effective caregivers for these vulnerable children. Many of these children would otherwise enter the child welfare system and be cared for in foster care were it not for the sacrifices of these committed relatives. (Gleeson, 1996).

## PURPOSE

The purpose of this study was to determine what issues are most critical to kinship caregiving families and organizations providing supportive services to them in Hillsborough County. With this data, the goal of the researchers was to develop an action plan and identify funding to enable them to develop a *Kinship Support Center* at the University of South Florida's (USF) School of Social Work.

## **PARTNERS**

This analysis would not have been possible without the cooperation and participation of many kinship caregivers and service providers throughout Hillsborough County. Kinship caregivers will not be identified in this report in order to protect confidentiality. Service providers who participated in the study include representatives from: The Department of Children & Families, Family Enrichment Center, Family Network Project at the Florida Mental Health Institute, Guardian Ad Litem Program of the 13<sup>th</sup> Judicial Court, Head Start and Early Head Start, Hillsborough County Aging Services, Hillsborough County Schools, Seniors In Service, University Community Hospital, Tampa Housing Authority, and the Central Florida Area Agency on Aging.

Dr. Aaron Smith, Dr. Anne Strozier, and Iris Chaffin, MSW worked together to organize and facilitate the focus groups with kinship caregivers. Dr. Smith supervised the computer analysis of the focus group data with the help and expertise of Mr. Joko Sengova of the Florida Mental Health Institute. Iris Chaffin was responsible for the scheduling, execution, and analysis of the structured interviews with service providers. Dr. Strozier supervised the writing of the comprehensive grant proposal for funding the *Kinship Support Center*. All three researchers sought out potential funding sources. The funding and assistance of the Children's Board of Hillsborough County made this analysis possible. The help of Alex Furnari, who patiently and expertly guided the researchers through the grant and reporting process, and Laurie Bettinghaus who provided support and creativity was invaluable.

## **PROCESS**

Focus groups with kinship caregivers and interviews with those agencies and institutions providing services to them were the tools utilized to accomplish the analysis.

### **Focus Groups**

**Justification for use:** Focus Groups were chosen as one of the methods used in this study due to their unique ability to produce large amounts of concentrated qualitative data in a short period of time. This decision is supported by the research and experience of Richard A. Krueger in his Focus Group Kit series of books. According to Krueger, data is generated by group discussion of focused questions designed by the researcher. This data produces a rich understanding of the experiences and beliefs of participants and makes it possible to find out what context participants operate in and what matters most to them. Qualitative methods are often used to learn about topics or groups of people that are poorly understood as in this effort to assess the needs of relative caregiving families in our community.

#### **Planning:**

A. The purpose of the project was defined:

1. To determine what issues are most critical to kinship caregiving families and organizations providing supportive services to them in Hillsborough County.

B. The role of the sponsor in the project was identified:

1. The Children’s Board of Hillsborough County funded the study and will utilize/disseminate the findings so that kinship caregiving families in Hillsborough County will be better served

C. Personnel and staffing resources were identified:

1. Drs. Smith & Strozier and Iris Chaffin, MSW worked together to plan, conduct, analyze the information obtained from the groups, and publish the final report

D. A timeline for the project was developed:

<b>Date Accomplished:</b>	<b>Objective:</b>
Month 1	Schedule and conduct focus groups and individual interviews pertaining to the issues of kinship caregivers and transcribe the group sessions.
Month 2	Search for potential funding sources for a Kinship Care Center @ the USF School of Social Work.
Month 3	Assess what issues are most critical to agencies and organizations in Hillsborough County that are providing supportive services to relative caregivers.
Month 4	Analyze the recurring themes, issues, and individual experiences obtained from above data collection.
Month 5	Assemble and print the report of the analysis results and disseminate it to those concerned.

E. It was determined how large the groups would be, how long the session would last, and how many groups there would be:

1. Groups ideally consist of 6-10 participants
2. The sessions should last approximately 1 \_ hours
3. A minimum of 5 focus groups

F. Who the participants would be was determined:

1. Participants were obtained from caregiver support groups in Hillsborough County (groups at University Community Hospital, Seniors In Service, Family Network Project, Head Start, and the Tampa Hillsborough Urban League)

G. How structured the groups would be was determined:

1. The groups for this study needed to be structured to keep participants from straying from the task of addressing the formulated questions

H. A recruitment plan was developed:

1. Visit as many support/community group meetings as possible to explain our intent and purpose and ask for members’ participation

2. Offer a \$10 stipend to participants
  3. Call members not in attendance, to ask if they would be willing to participate in a focus group
- I. Locations, dates, and times were set for the sessions:
1. UCH Health Source @ 10:00 AM on April 14, 1999
  2. Head Start @ 6:00PM on June 21, 1999
  3. Seniors In Service @ 6:30 on July 7, 1999
  4. Family Network Project @ 6:30 PM on July 14, 1999
  5. Urban League @ 11:00AM on August 27, 1999
- J. Follow-up procedures were determined to ensure attendance:
1. Contact the person in charge of the group meetings and ask if we can help call and remind participants the day before the session
  2. Send invitations and reminders when necessary
  3. Arrange for child care where possible
- K. The analysis plan was designed:
1. Group sessions will be recorded
  2. Tapes will be transcribed and typed (4-5 hours per tape)
  3. Researchers will assess the transcripts for common themes (sort/understand/interpret/analyze data, taking into account the scope and purpose of the project and the report to the sponsor) (4-5 hours to review each transcript)
  4. Researchers will prepare the final report (assembled and printed)
  5. Researchers will meet with the sponsor to report the results of the project
- L. The sessions were set up by the researchers performing the following duties:
1. Selecting and training skilled moderators
  2. Choosing locations
  3. Checking ahead for table/chairs (selecting the ideal room arrangement)
  4. Checking for outlets for recorders
  5. Checking for noise, windows or other possible distractions
  6. Create external props or stimulus materials to be used in the sessions: a flip chart with questions pre-written, marking pens, masking tape, name tags, two tape recorders, blank cassettes, microphone and cord, electrical extension cord, extra batteries, 2 tablets/pens for field notes, script of session/questions, tissues, consent forms, stipend fees, and receipts for stipends
  7. Planning for and setting up the refreshments
  8. Planning how to handle participants as they arrive (name tags, greetings, introductions)
  9. Planning how to handle latecomers: latecomers will be introduced and welcomed into the group
- M. The elements of the final report were identified:
1. Cover page
  2. Title page

3. Vision statement
4. Collaborative roster
5. Acknowledgements
6. Executive summary
7. Table of contents
8. Introduction
9. Kinship caregiving families
10. Support services
11. Conclusions, recommendations, and issues
12. References

N. Moderating: defining the role of the moderator:

1. Empathy and positive regard for participants is paramount
2. It is essential to not participate, share views, engage in discussion, or shape the outcome of the group interview in any way, including body language.
3. It is necessary to prepare oneself mentally: be alert with no distractions, anxiety, or pressures that may divert one's attention from the session
4. Practice the introduction and questions: have script handy to glance at, but don't read it
5. Arrive early to:
  - a. assemble equipment
  - b. check to do list to make sure you have done everything you can before the session begins
  - c. pray/meditate/visualize

O. The focus group session:

1. Make small talk as participants arrive
2. Introduction:
  - a. Welcome participants
  - b. Recognize the research sponsor
  - c. Provide an overview of the topics
  - d. Go over guidelines or ground rules such as confidentiality
3. Leading the focus group discussion:
  - a. Turn to flip chart where focus group questions are listed
  - b. Opening question - get participants acquainted and connected:
    - *Tell us your name and the number and ages of the children you are raising.*
  - c. Introductory question: begin discussion of topic
    - *Can you tell us in a few words what happened to make it necessary for you to care for your relative's children?*
  - d. Transition question: move the focus seamlessly/smoothly into key questions.
    - *How does providing kinship care impact your family and your life? (ie. financially, legally, healthwise, both physically and emotionally, in terms of education, and child care.*
    - *What services are available in our community that have been helpful to you in your role as caregiver?*

- *Which of these work and which don't work?*
  - *What kind of support/services do you need from your community in order to effectively raise your children?*
  - *Would these services make the difference in your decision of whether or not you will care for these children permanently?*
- e. Ending questions: help researchers determine where to place emphasis and bring closure to the discussion.
- *What is the most rewarding part about being a kinship caregiver? The most frustrating?*
  - *What do you need to know to be able to give your children what they need?*

P. Questions to ask ourselves during analysis:

1. What are the most important themes/ideas?
2. How did these differ from what we expected?
3. How did these differ from group to group?
4. What points need to be included in the report?
5. What quotes should be remembered and possibly included in the report?
6. Were there any unexpected or anticipated findings?
7. Identify peripheral issues to be addressed in the future

## **Structured Interviews:**

**Justification for the use of Structured Interviews:** Structured interviews were chosen as the research method best suited to discover what social services are available in our community and how they are being utilized by kinship caregiving families because the agencies themselves are the most accurate source of information about the services they offer.

### **Planning:**

A. Define the purpose and outcome of the project:

1. to explore and define the issues and services associated with kinship care in Hillsborough County
2. based on the information obtained by the study, service providers and funding agencies will be able to concentrate their efforts and resources into services that will most effectively and efficiently address the needs of these families

B. Identify the role of the sponsor in the project:

1. the Children's Board of Hillsborough County has funded the study and will utilize /disseminate the findings so that kinship caregiving families in Hillsborough County will be better served by their community

C. Identify personnel and staffing resources:

1. Iris Chaffin, MSW will conduct the structured interviews and will work together with Dr.s Smith & Strozier to analyze the data and publish the final report

D. Identify those agencies to be interviewed:

1. While most of these agencies were easily identifiable by the researchers as those who would give support services to relative caregiving families, some were referred by agencies being interviewed (use of the “snowball” technique of gathering data)

E. Develop a timeline for the project: (see above)

1. Agency representatives were contacted and interviews scheduled

F. Develop questions to be asked:

1. Representatives from agencies providing services to these families were asked to respond to the same set of seven questions:
  - a. *What kinship care services do you currently provide and to whom?*
  - b. *What is your knowledge of the extent of the kinship care issue in Hillsborough County?*
  - c. *What system issues exist which you see as challenges to effective kinship caregiving?*
  - d. *What other services do you think are needed?*
  - e. *What do you see as solutions to the issues involved with kinship care?*
  - f. *What services would you like to see a Kinship Support Center at the University of South Florida’s School of Social Work provide?*
  - g. *How would these benefit your particular organization?*

G. Determine the elements of the final report:

1. Cover page
2. Title page
3. Vision statement
4. Collaborative roster
5. Acknowledgements
6. Executive summary
7. Table of contents
8. Introduction
9. Kinship caregiving families
10. Support services
11. Conclusions, recommendations, and issues
12. References



## II. KINSHIP CAREGIVING FAMILIES

### OVERVIEW

Within the past fifteen years the number of children reported neglected or abused has increased by 333% (Hegar & Scannapieco, 1995). At the same time the number of foster homes available for children needing out-of-home care has decreased by nearly 33%, from 147,000 in 1984 to 100,000 in 1990 (National Commission on Foster Family Care, 1991). One response to this has been an increased use of kinship care, defined as the full-time nurturing and protection of children who must be separated from their parents by relatives, members of their tribes or clans, godparents, or other adults who have a kinship bond with a child (Child Welfare League of America, 1994). In 1998, 2.5 million of the nation's families were being headed by grandparents who had one or more of their grandchildren living with them. This is an increase of 19% since 1990 (1998 U.S. Census Bureau).

Kinship care can be both informal (wherein the family assumes primary responsibility for the child) or formal (wherein the state is the legal custodian and places the child in a family member's care). Most kinship caregivers are maternal grandmothers and aunts, with an average age of 50 years (Child Welfare League of America, 1994). The most frequently cited reasons for kinship care placement are neglect of the child and substance abuse in the parents (Child Welfare League of America, 1994). The average age of the children is seven or eight (Child Welfare League of America, 1994), and the largest percentage of them are African American (Berrick, Barth, & Needell, 1994).

Since it is predicted that kinship care will continue to increase into the next century (Dubowitz, 1994), it is important that we understand the issues related to kinship care as well as the current treatment modalities. It is also important to make recommendations for improved interventions for kinship care in the twenty-first century.

### Issues

#### Financial Issues

Although the U.S. Supreme Court in 1979 ruled that foster kinship caregivers who met the standards for federal foster care were entitled to the same federal benefits as non-relative foster caregivers, in reality, fewer services are provided to these parents (Berrick & Barth, 1994). In Florida, children placed with relative caregivers and eligible for the 1998 Relative Caregiver Program can receive no more than 82% of the foster care board rate allowed foster parents. At this time, the Relative Caregiver Program payments are 70% of the foster care board rate. Although the relative caregivers are not required to meet the licensing standards for foster care, other criteria are required. The primary criteria are that the relative must be within the fifth degree of relationship to the parent (which would include, for example, great-grandnephews or nieces, first cousins once removed, but not second cousins once removed or first cousins twice removed) and the children must have been adjudicated dependent with custody given to the relative caregiver by the juvenile court.

This situation is not the typical one for caregivers in the state of Florida, or in the nation for that matter. Much more often, the relative caregiver is an elderly African-American woman, with her own health problems, who takes in her daughter or son's children in an informal, non-permanent way. The daughter or son may very likely be addicted to crack-cocaine and may be unable to care for the children most of the time. However, the grandmother and her adult child may still hope that someday that child will get his/her life together again and be able to parent the children as was hoped and planned by all. This grandmother is not eligible for any of the Relative Caregiver Program funds.

Another obstacle to relative caregivers receiving benefits in most states, including Florida, is that to qualify for benefits the caregivers must undergo a home study. Many caregivers who have been caring for these children for several years without state intervention and assessment resent this invasion. They may wonder why the state needs to determine if their home is "good enough" to provide adequate care for children whom they have dressed, fed, and loved for the past five years.

It is often tragic that the benefits to relative caregivers are so much less, if they receive anything at all, when compared to foster parents. "Relative caregivers, however, are generally older and less financially stable than other foster parents, and require greater financial and social service support" (Berrick et al., 1994, p. 7).

### **Inconsistency of Programs**

Federal and state programs and policies are often confusing and inconsistent. Gleeson and Craig's study of states' policies about kinship care found: "a lack of clarity, a lack of consistency across states and value conflicts regarding policies guiding placement of children with their relatives" (1994, p. 7). This assessment is equally true in the state of Florida: "The complexity, inconsistency, redundancy, and lack of goals in Florida law bedevils the most skillful advocate, not to mention the struggling grandparent" (p. 475, Zawisza, 1998).

### **The Relative Caregiver**

Relative caregiving usually begins suddenly, with intense emotions for all. The caregiver's life is interrupted by the arrival of children, who arrive because of "a variety of factors, including substance abuse, teen pregnancy, AIDS, incarceration, emotional problems, and parental death" (Fuller-Thomson, E., et al., 1997). The relative caregiver's plans for his/her life, plans that may have included retirement, travelling or relaxing, are interrupted completely. The caregiver must become a parent again. Toledo and Brown (1995) describe some of the difficulties caregivers often experience. These include: (1) changes in work life, such as needing to give up retirement or changing shifts at work to be able to care for the children; (2) changing one's routine such as needing to get up early to get the children off to school; (3) eliminating or decreasing one's social life because of the focus on children; and (4) ending of future dreams so to focus on the children (pp. 24-27). Since the caregivers are usually grandparents, they are more likely to become physically, emotionally and financially exhausted.

Unless the caregivers adopt the children, which is usually not the case, they are at risk of the parents returning at any time to take back the children. The effects of this can be devastating, especially for grandparents. "Your life will be turned upside down yet again. You had traveled the road from grandparent to parent; reorganized your life around these children; and loved and nurtured them for months, if not years, and now you will be expected to give them back like any part-time baby-sitter" (Toledo & Brown, 1995, pp. 134-135).

## **The Children**

The children who must leave their nuclear families to live with a relative also often suffer a great deal. They may feel abandoned by their parents and confused about to whom they should feel loyal, parents or grandparents. Some children feel responsible for their parents' problems and carry guilt with them about the breakup of their home. Sometimes children feel embarrassed to be living with their grandparents, and ashamed to bring friends home. The children may have nightmares, temper tantrums, periods of crying and clinging, difficulty concentrating at school, conflicts with caretakers and peers, and substance abuse when older.

## **The Parents**

Many of the parents who give their children to the grandparents for caregiving do so because of substance abuse problems, AIDS, or mental illness. Some of the parents are incarcerated at times, and return to claim their children after release. The parents may relapse and then must again give their children to the grandparents or other relatives, either voluntarily or involuntarily. These parents may experience a great deal of guilt about their inability to care for their own children, and project anger at their parents for doing a better job at parenting than they are.

## **Advantages of Relative Caregiving**

It is important to note that there can be advantages to kinship care over traditional foster care. Children in kinship care placements are more likely to maintain contact with their parents, siblings are more likely to be placed together, and the child's racial/ethnic identity is more likely to be maintained (Berrick et al., 1994). Kinship care "provides continuity, lessens the trauma of separation, preserves family ties, and offers growth and development within the context of a child's culture and community" (Ingram, C., 1996). In addition, "kinship care is one of the best forms of family preservation" (Danzy & Jackson, 1997, p. 34).

## **Current Interventions**

Several states have attempted to meet the burdens of relative caregivers with innovative programs. Zawisza describes some of these efforts, including Missouri where grandparents can receive funding at the foster care rate if they meet a needs test and Wisconsin where payments are provided to relatives even if the caregiving is temporary (1998). Oregon and Pennsylvania assist relative caregivers in making decisions about permanency options and accessing needed services (Zawisza, 1998).

Several states and counties have created kinship care resource books in an effort to assist caregivers in understanding relevant legislation and increase their knowledge of community resources. Hillsborough County now has its own guide entitled: "*Grandparents and other Relatives Raising Children, A Guide to Finding Support and Encouragement*," published by Seniors in Service and printed by University Community Hospital. Resource books such as this one can be extremely useful to caregivers in helping them understand legal issues and to become aware of services that may be available to them.

Support groups are one treatment approach that have been established in many states across the nation. The original support group for kinship caregivers, started by Celestine Greene in Oakland, California in 1979, was named *Grandparents as Second Parents*. This group, which is currently led by Ms. Greene's successor, Julienne Brown, provides an opportunity for grandparents and other kinship caregivers to express their sadness, anger, frustration, guilt, and also joy at raising the children they had been given. The group members offer solace to each other, as well as practical advice on how to handle issues relating to the children, the adult parents, the welfare department, legal difficulties, and financial concerns. Experts are invited to provide helpful information on coping with "the system," and to provide information about resources in the community. Now there are caregiver support groups in most large cities and towns in our country. There are three support groups in Hillsborough County: one organized by the University Community Hospital (led by Dr. Smith), one organized by the Family Enrichment Center (led by Dr. Smith), and one organized by Seniors in Service (led by Dr. Strozier).

Another intervention originated by Celestine Greene is the creation of a "warm line": a twenty-four hour a day answering service for any kinship caretaker to call when she or he needs support and a kind listener.

Workshops for grandparents and other caretakers, as well as for professionals, are held in many cities these days. These workshops usually provide an opportunity for caretakers to express their frustrations and other feelings, and then work together to plan ways to increase their support systems and knowledge bases about resources. In addition, the workshops often provide an opportunity for grandparents to make political plans to pressure their legislature for increased funding and services for kinship care.

## **Conclusion**

Kinship care has grown tremendously in past years and will be an increasingly utilized option for the care of our children. The many strengths that kinship care offers need to be both encouraged and supported by communities; research is needed to determine what works best to support these families; mental health workers should be educated and trained to improve service delivery; and all involved must work together to increase funding and coordinate efforts to provide services to these dedicated, but often financially and emotionally strained, kinship caregiving families.

## **FOCUS GROUPS**

Focus groups were chosen as the one of the main research methods utilized to discover from kinship caregivers the magnitude of the issues they experience on a daily basis. Five focus groups were held in various settings, including Head Start, the Tampa Hillsborough Urban League, Tampa Housing Authority, St Joseph's Hospital, and University Community Hospital. Many of the participants were members of various community support groups in Hillsborough County, such as those sponsored by Family Enrichment Center, University Community Hospital, and Seniors in Service. The focus group sessions were audio-taped and later transcribed in their entirety. Consequently, the data is rich with the exact lived experiences encountered by these caregivers.

Before beginning the focus group questions, we inquired about basic demographic information from the caregivers.

## Demographics

Forty-six relative caregivers participated in these focus groups; 41 were women and 5 were men. Thirty-six of the caregivers were African-American, 2 were Hispanic, and 8 were Caucasian. Thirty-five of the caregivers were grandparents, with the remaining 11 representing great-grandparents, aunts/uncles, or other extended family members. The average age of the caregivers was 54 years. The number of children being raised ranged from one to 11, with the mean number of children being 3. Many of the children were between the ages of 0 and 5, while teenagers also were well represented.

In 37 of these families, the placement arrangement was informal, with very few having guardianship, custody, or adoption. The most frequent reasons cited for assuming care of these children (most often more than one reason applies):

- |  |    |
|--|----|
| • one or more biological parents' substance abuse problems | 40 |
| • parental abuse, abandonment, and/or neglect              | 22 |
| • parental illness (HIV/AIDS or disability)                | 20 |
| • incarceration  | 10 |
| • parents too young  | 10 |
| • parents retarded or emotionally disturbed                | 7  |
| • death of parent  | 6  |

For most of these caregivers, the decision to take care of the children “just happened.” They did not plan it, and did not want to become primary caretaker.

There were six main focus group questions, each with pertinent probes eliciting insightful and detailed responses about kinship care. As the researchers endeavored to maintain the focus on these questions, however, the data analysis indicated major overlap in question content and focus group participants' responses to these questions. The six main questions were:

- impact of kinship care on caregivers' lives and those of their families
- available community-based services/resources that have helped caregivers in their caregiving role
- community supports/services caregivers felt they needed to effectively raise their relative children
- the role community services would play in determining whether caregivers decide to keep the children or not
- the most rewarding and/or most frustrating aspects of being a kinship caregiver
- what caregivers believe they need to know to be able to give their children what they need.

## Financial Impact

Across the focus groups the data analysis indicated that the financial economic factor was of primary concern. However, in spite of this fact, was great determination on the part of caregivers to provide the best care within their financial means. Across the spectrum, it was clear that these were strong willed individuals very used to being self

sufficient, and taking care of their own. The majority of these families were living at or below the poverty level. These caregivers indicated that they were very used to providing for many people with meager resources. A common thought within all the groups seemed to have been that they had already raised their own families, consequently thinking that this experience of caring for young children on meager resources was behind them. This thought was encountered within the groups regardless of the amount of time they had been providing care. One caregiver spoke of his experience this way:

*“Financially, I have raised two kids, and that was back in the sixties and seventies, and I realize now that raising kids is expensive. I had retired from my job and went back because I needed the income. It is my wife and I, and we are spending I would say sixty or seventy percent more than what we spent just by ourselves.”*

Caregivers also voiced great anger and disappointment in sometimes not having the appropriate support from community agencies who most times placed those children in their care. In providing care to the children, caregivers are forced to utilize their own meager resources and sometimes resort to securing employment in order to make ends meet. Two participants experienced such hardships in their own unique ways:

*“My daughter was 14 when she had the first one and I was working at the time, and HRS told me that because she was fourteen and I was getting child support for her, that with my income and the child support, I could not get any support for that baby, so I had to take a portion of my money that I spent on her for that baby. So they did not give me any help, so I went out and got a second job to support that child.*

*“Financially, I have used all of my hearing aid money and them I need. I am emotionally drained, and financially there is no help whatsoever. This child is too large for an eleven-year-old child, and they don't make clothes for an eleven-year-old that size. So most of the time you have to go through the ladies department and get something, and it is too old for her age and it costs more.”*

## **Community Resources**

Caregivers expressed differing points of view regarding the assistance they had received both from formal service agencies and from informal support groups. Several caregivers seemed to have experienced some neglect by the formal service agencies that they presumed existed to assist them in their care giving roles. The data indicated that these caregivers expended great energy and effort in attempting to contact and secure help from a variety of agencies, most often unsuccessfully. This caregiver explained their encounters with community service agencies:

*“We don't know who the case worker is, they are not calling us back, it was the time that his Medicaid was canceled and wow, what do you do and where do you go? While yes, they are busy, it is sometimes very poor communications.”*

Some grandparents however, acknowledged receiving help from local service agencies providing case management and referrals to caregiver supports groups:

*“I called my other worker who was really good. Every time I called her, she would be there. And she would answer the phone, and I would tell her, and when I wanted to know something, she would always say “well just a minute. Let me look at your record.” She took a look and said “You know, I am not your worker and I am off your case, but I will help you this time.”*

*“I think one of the teachers or the social workers told me about the group, and must have gotten in contact with the group and told me to go. We began by talking about what was going on with our children and listening to each other’s problems. Sometimes you think “Oh my God. I don’t know what to do about this problem,” but once you get out with people who have other problems or the same problem, it is like inspiration for us to get together and talk over the things about our children.”*

*“The group here has been really wonderful, and I really miss the group now that we are not having the once a month anymore. But maybe some way we can keep in touch or something or maybe we can form another support group.”*

*“It helped a lot to have a group where we could talk about the children. My daughter would not brush her teeth with a toothbrush, and it really helped to talk about it at the group, and now she will brush her teeth.”*

The church also emerged as a primary source of support in assisting caregivers in coping with the multiple stressors they encounter and endure in the process of care giving. Throughout the focus group data, caregivers constantly reminded us of the unending sources of frustration, anxiety, feelings of failure, and with no place to turn to except their church. The following excerpts attest to that fact:

*“My church, the Covenant Baptist Church, has been a great help with my grandson and my granddaughter, because they have a system where they work even in the school. If there is something going on in the school, they get involved with the kids and they support the little kids. Even in church on Wednesday nights, they have like a bible study for the kids, and when they are really good they get points and they get rewarded for every little good thing that they do. Every fourth Sunday also they get the kids to do their little songs and stuff. When they get their report cards too, the kids bring them to the church, and every ‘A’ that they get, they get a reward. They reward all of them in one way or the other. As they say, they are the next generation and we have to teach them the right ways, and those ways are through God. They also learn that they have to keep themselves together through church and school and everything. They treat everyone with love and kindness. There is no one better than the other. If you need food or you are out of work and you say that you can’t handle things financially, they will pull out funds for you. Everyone is like a family, whatever you need they pull together and give to you. Without them, I would not have made it with these grandchildren that I have. You really have to get involved and knowing the Lord and getting taught the right thing and the right way. You may*

*be taught the right things, but you might not be hearing the things that people are saying to you. It is like the preachers that preach and they are saying things, but they are not teaching. They need to teach you so that you can understand it. It has to come from the Bible.”*

*“The church that I go to is very good, too. They have a nursery where you can look in on the children and they can hear the preacher preaching during the service.”*

*“The hospital and these programs, and this group have really helped me a lot, and my church. Those are where I really got my support to get through it.”*

## **Informal Supports**

One of the major strengths discovered among focus group participants was their ability to effectively utilize their informal support network system. Research on black family survival often identifies the value of extended family support, and support from non-family members within the larger community. Our analysis tends to support that fact as a reality within these groups of kinship caregiving families as shown in the following excerpts:

*“All the support I get is the little that my family can give me. My aunt is old, she is in her eighties, she would keep him on the weekends while I worked. I had to quit my full time job, because it is getting too stressful, because he needs a lot of attention.”*

*“Yes, he [husband] is pretty good with the kids. He takes them fishing, although he can't do that now, but he was pretty good with them. I was trying to get them into the Big Brothers club.”*

*“I also have a friend with the fire department and at Christmas and Thanksgiving, he brought food for the kids and stuff so that was pretty good. I use to work for Tampa United Methodist.”*

*“My husband can see a little bit and he is really good with them. I also have a twelve-year-old daughter at home, too.”*

## **Rewards and Frustrations Experienced in Kinship Care Giving**

Our analysis of the focus group data indicates an admixture of feelings experienced by the kinship caregivers and the children for whom they provide care. This particular question generated some very interesting responses such as the following:

*“The loving. They get the love that they don't get in some foster homes. Nobody is going to care of your own flesh and blood like you. I don't care how good of a foster home you put these children in, they are not going to love them like we do,*

*because this is your own flesh and blood and you are going to do the best that you can for them. This child came from a foster home, and he did not know what love was. We were sitting at the table and he said grandma, I slept in one of them, and he was pointing to the cabinet. They don't get this kind of care like when you have them. In the other homes, you don't know what goes on behind closed doors."*

*"In so many ways they show you that they love you and I love them back. That is the way I get paid, I don't know about anyone else."*

*"The little girl I brought home with me, I get hugs and kisses from her and she calls me auntie. She talks about getting an apartment, but I tell her it is cruel out there."*

*"Maybe when your grandchild says something to you like "I love you," or "if it weren't for you, I would" whatever... and that"*

*"Hearing through the grapevine that they have told someone else how much we mean to them, they wouldn't tell us."*

*"They never knew their mother. They always called me mama and grandma and we went to their graves of each of them, to put some flowers on them. And the child she cleaned it off and she said "I love you mama," and she reached down and kissed the stone, the head stone, and she said "I love you mama" and then she stood up and said "I love you too, mama" and then we left."*

*"They motivate me, my grandchildren keep me going. I guess I would not be doing the things I am doing now like going out to the school, I probably would not be involved in it like I am now. When I go out to the school I learn a lot, because I did not finish school. Now, I told myself I was going to go and get my GED. My grandkids have put a lot of thoughts in my head like going back and getting my GED. I thought about it before and tried it two times, but I guess because I was trying to raise my kids and work, it was kind of hard, but now with my grandkids, I have someone to sit there with me so I know I can do it."*

Some grandparents, in addition to identifying the rewards experienced in caregiving to their children, also offered insight into the sources of frustrations they experienced in caregiving:

*"You can't take the place of their mother, and they come to me asking me about their daddy, and I tell them that I can't answer that, that they will have to ask **their** mother next time they see her. Some questions you just can't answer. Well, I don't have my other one, but she just turned three and she is starting to wonder where her daddy is. I told my daughter that this child wants to know where her daddy is. My daughter says that he doesn't do anything, and I told her don't turn her against her daddy, you don't do that."*

*"I was really having problems with the boyfriend, because I had the baby there and he would come over and have a crowd in front of my yard and stuff and I would go ahead and tell him to leave and I would close the door after he was gone. Then I*

would call the HRS and tell them that it was best that they take the kids and place them somewhere, because I am having too much of a problem with the boyfriend, because he did not want the baby in my house, he wanted him at his mother's house."

"You have to play hard ball with them (the children's biological parents) or they'll walk all over you. This is war. All because of the children, you have to protect the children. "

"When a child is afraid to speak up for themselves to a grandparent, that is a sad issue."

"We have the same situation, where children, my grandchildren have not seen their mother since 1995. But she did call here about the last of February, because the eleventh of March was her son's birthday. She did call and say that she was coming home for his birthday, and she wanted to speak to him. She did call. She called, and said she was coming for his birthday, but she has made so many promises that she never kept, and that wasn't the first one. So I guess he thought that whatever she say, she wasn't going to follow through with."

"The one thing that I hated for my grandson, every time I mention it - he has never heard from his mother, not a thing. And if she calls him and he's not home, she says "Well, tell him I called." We say yes, but we don't do it. Because if the message is "I will call back later," she will never call. But yet we know it is there, it is in his mind, and he never hears anything."

## **Knowledge base Required to provide Adequate Kinship Care**

The focus group data highlighted the contemplative nature of the kinship caregiver's ongoing concern about their role in providing safe and nurturing environments for the growth and development of their children. This fact was very prominent in the data and the following excerpts attest to that:

"I don't know, I hope I am giving them what they need. I know just about everything about my little granddaughter."

"What you need to know is to be able to think on the child's level for the peer pressure and the different attitudes that are going on with the children. And if there is some way we can just go back and relate to these children."

"I think you have to talk about your background with your grandchildren, where they came from, where their grandparents came from, etc...very important so that they have a knowledge of their grandparents."

"That is interesting, we just took our granddaughter to a family reunion and let her meet a lot of other relatives that she did not know, and it gave her a sense, knowing

*some of her other relatives, and learning some of the history. It's the best we can do. All of our parents were killed in the Holocaust, and we never knew them, so we have nothing to tell her, our grandchild about their past, except that we are first generation Americans. We don't know anything else. That is for sure, that is something to tell, especially since they study the Holocaust in school."*

*[Grandfather]: "I have a very old picture of my mother, and her mother, when my mother was at a young teen age, and the first time he saw it, he wanted to know who they were. I said well, that is my mom and my grandma, that is your grandma, and your great grandma. And this was when he was still really young. The other day, we were still unpacking, and this picture popped up, and I thought that I would bring it out and prop it someplace just to let him see it again, just to let it remind him that he does have some ancestors."*

## **Kinship Care Permanency Planning: Too Keep or Not to Keep**

One of the focus group questions raised the issue of whether existing community services would help caregivers decide whether or not they would permanently care for the children or relinquish them into the foster care system. The following excerpts show that the caregivers seemed to carry a consensus about keeping their grandchildren no matter what the circumstances were:

*"I think we all took our kids in without these services, so this shows we were going to take them anyway. Maybe the welfare office knows this, too."*

*"I mean, do they think for one minute that we would take our kids and dump them into a foster home somewhere?"*

*"No, I have not thought about not taking care of them. I guess because I came up with my mamma like that too, and I try to tell my kids that, too. It is hard too, because I can give them love, but there is nothing like a mother's love. If your kids come to you, I am going to love them and not mistreat them, but there is nothing like a mother's love."*

*"I will always stay involved in those two children's lives until I die. Especially with Peter, I have a large family and he is the second to be born with Down's Syndrome. The first one has died, but we grew up together and I never knew what was wrong with him until Peter was born, because they always kept him sheltered. Peter is sweet, and as I said, I will be in his life the rest of my life."*

*"As I said, I will always be a part of these children's lives, but I am only going to raise them until my daughter gets situated and she can raise both of her children. Because I think that if the mother is able, every mother should be able to raise their own children. But, I will always be there. I will be the backbone for them no matter what, until I die. Once she gets stable enough, she can take her children. I am not trying to control her life you all understand, but I don't intend for her to move away some where far away where I can't get to them."*

It is our opinion that the analysis of the focus group data suggests a myriad of issues encountered on an everyday basis in the lives of kinship care givers, who are determined in spite of the many challenges they face, that the survival of the children is paramount. The data also suggest that their intention is to provide caregiving to these children in spite of whatever they themselves personally encounter. Consequently, it is our hope that all community service agencies that understand the magnitude and enormity of the aforementioned issues experienced by caregivers align their resources in such a way as to assist these families by providing appropriate services that are necessary for the enhancement and survival of the children and their caregiving relatives.

# III. SUPPORT SERVICES

## STRUCTURED INTERVIEWS

Structured interviews were conducted with the following individuals. Their titles and respective agencies are noted:

1. Edna Cade, Director of Programs, West Central Florida Agency on Aging.
2. Judy Arbeiter, Section Manager, Community Care for the Elders, Hillsborough County Aging Services.
3. Bruce Bryant, Operations & Management Consultant I, Operations & Management Consultant I, Department of Children and Families.
4. Ken Gaughan, Lead Social Worker, Hillsborough County Schools.
5. Donna Glausser, Director, Head Start & Early Start.
6. Molly Langor, Esq., Program Coordinator, Guardian Ad Litem Program of the 13<sup>th</sup> Judicial Court.
7. Jennifer Lima, Senior Attorney, Department of Children and Families.
8. Jackie Nolan, Operations & Management Consultant II, Department of Children & Families.
9. Penny Paulik, Operations & Management Consultant II, Department of Children & Families.
10. Grace Puterman, Executive Director, Seniors in Service.
11. Ken Rosner, Operations Program Administrator, Department of Children & Families.
12. Lillian Stringer, Director of Public Relations and Special Projects, Tampa Housing Authority.
13. Mike Thomas, Manager of Senior Care Services, University Community Hospital.
14. Bobby Vaughn, Assistant Professor & Project Director for the Family Network Project, Florida Mental Health Institute (FMHI).
15. Giovanna Welch, Director of Program Development, Family Enrichment Center.
16. Jody Orlando, Social Service Coordinator, Healthy Start
17. Grace Woods-Thompson, Family Life Parenting Facilitator, Tampa Hillsborough Urban League.
18. Linda Breen, Attorney, Bay Area Legal Services.

The topics covered in each structured interview will be summarized below. It should be noted that the statements here are reflective of the individuals interviewed, not necessarily the agency as a whole.

### 1) Kinship care services provided by these agencies:

- Hillsborough County Aging Services does not provide direct kinship care services. Instead, they are an umbrella agency providing a broad spectrum of indirect services to elders. They also help elders get back to work.
- The Department of Children and Families (DCF) provides protective services

supervision for children placed with relative caregivers as a result of a finding of abuse, neglect, or abandonment by the juvenile court. Supervision includes case management with referrals and assessments for services such as child care, family therapy, and substance abuse evaluation/treatment. In addition the Department administers the Relative Caregiver Program payments and benefits for eligible children placed with relative caregivers.

- The West Central Florida Area Agency on Aging reports that they fund services to seniors in five counties including homemaker services and meals. At this time they have no statistics available as to how many relative caregivers they serve. However, they are in the process of beginning to gather statistics because they are aware that many of their clients either are cared for by or care for relatives' children.
- Hillsborough County Schools provide school-related services to families regardless of who the caregiver is, and they invite other social service agencies to provide additional services. They also have created a collaborative service delivery system and a parent education center.
- Head Start and Early Head Start provide full day and year round childcare to all income qualified children where formal custody exists. Other services include dental/health care, developmental education/evaluation, and meals.
- The Guardian Ad Litem Program of the 13<sup>th</sup> Judicial Court provides services in the best interest of the child including referrals, medical, daycare, and education. Many of these children live with relatives.
- Seniors in Service provides small initiatives for grandparents raising grandchildren. In addition, they developed a resource guide for Hillsborough County and they sponsor a support group for relative caregivers.
- The Tampa Housing Authority reports that while they do not provide any programs directly, they do provide safety centered housing and residence assistance to qualified people, including relative caregiving families.
- University Community Hospital provides a monthly support group for relative caregivers. In addition, they helped publish the Grandparent Resource Guide with Seniors in Service.
- The Family Network Project of FMHI provides services to low income, under served, minority families who are caring for children with developmental disabilities. Other services include education/support for children with behavior problems, based on needs.
- The Family Enrichment Center provides an early permanency planning program for relatives who have been given the responsibility of caring for children, but who have no formal custody. Funding recently received is being utilized to provide support groups, parent education, and a Saturday respite program for relative caregivers.
- Bay Area Legal Services provides legal advice and services to qualified low-income

clients, but they do not have the resources to meet the needs of most relative caregiving families. They are working to increase their funding through a fellowship grant, which would give legal assistance to many of the caregiving families.

- The Tampa/Hillsborough Urban League provides court ordered parenting and anger management classes to biological and relative caregiving parents.
- Most agencies participate in our Kinship Care Collaborative (see Kinship Care Collaborative on page ii).

## **2) These agencies' knowledge of the extent of the kinship care in Hillsborough County:**

Across the nation, statistics indicate that more children are in kinship care than in any other non-traditional setting. African American children are 333% more likely to be in non-traditional placement. Sixty-five to seventy percent of children removed from the home by Child Protective Services are placed not in foster care, but with relatives, friends, or neighbors.

The Department of Children and Families reported, as of July 1999, 7900 families receiving TANF WAGES or WAGES "child only" cash assistance in Hillsborough County. Of the 7900, 2900 were relative caregivers with 96 children receiving the Relative Caregiver Program payments. Although applications and approvals for this new program have increased since that time, many eligible caregivers have not applied for these benefits. The Department believes that so few relative caregivers have applied for / received the caregiver assistance payments due to lack of information about the program.

In Hillsborough County, housing for relative caregivers is a concern of service provider agencies. The Tampa Housing Authority reports that there are a great number of grandmothers raising grandchildren in public housing in Tampa. HUD allocated money to demolish public housing and create residences where children can have more breathing space, to bring back single family and town homes. There are about 200-300 grandmothers with grandchildren that will need housing.

The Guardian Ad Litem Program of the 13<sup>th</sup> Judicial Court reports that 2300 out of the 4300 children in the dependency system in Hillsborough county were not returned to their parents, and were placed with relatives or other caregivers. The Guardian Ad Litem Program believes that about half of those placements were with relatives.

Other agencies working with grandparents state that very little support (legal, financial, emotional, educational, mental/physical health services, transportation, or effective/comprehensive case management) is offered to relative caregivers. Grandparents report difficulties in dealing with the children's school issues, and are upset that the state doesn't compensate them (with financial assistance and services) to the extent that foster parents are compensated.

All agencies identified a great need for a kinship care system in Hillsborough County.

## **3) System issues identified by these agencies which they see as challenges to effective kinship caregiving:**

- Inefficiency in accessing supportive services and financial assistance is a major barrier to kinship caregiving. Many service providers are not trained to work with relative caregivers, and therefore, are not cognizant of their needs.
- Centralization of services, rather than a fragmented approach would provide more effective services. Agencies suggest assigning case workers or mentors to the entire kinship family, in order to facilitate consistency. The entire system must be considered when working with the family.
- The agencies report that the legal system generally does not recognize the problems or rights of relative caregivers. Those caregivers who do not have legal custody of the children are often ineligible for services. Those who are not legal guardians face difficulties in signing for the children's medical procedures and school registration.
- Little support is available to relative caregivers after the Department of Children and Families is no longer involved with the case.
- Other challenges include lack of housing and transportation assistance. Most relative caregivers do not receive respite care services and they desperately need them. Relative caregivers often do not have access to parent education programs due to a lack of childcare, awareness of the programs, and/or transportation.
- Caregivers also face physical and emotional challenges. Grandparents frequently have physical limitations or illnesses that prevent them from providing optimal care.
- Agencies also identified the effects of caregiving on children. Few services are available to foster the children's self-esteem and they become involved with gangs, crime, drugs, sex, and violence.
- Relative caregivers are burdened by a system in which their own children face substance abuse, domestic violence, and crime. Therefore, welfare reform, better wages, better access to quality substance abuse treatment programs, improved education, and greater access to transportation would help prevent the need for relative caregiving so that children could remain with their parents.

#### **4) Other services the agencies feel are needed:**

- support groups
- social activities for the families
- counseling for the children
- respite care
- daycare
- easier ways to access support
- a warm line for support
- a central location for the relative caregivers to contact for information
- a mechanism for feedback from consumers and providers as to what services are needed

- legal representation
- case managers to monitor children over time
- brochures or tip sheets summarizing services available
- education
- training of service providers
- publicity about the issues and services
- community recreational facilities to open up to these families occasionally free of charge
- automatic day care payment
- MSW interns who are trained to work with kinship care families would do supervised visits
- a gatekeeper to provide information, referral, training, program evaluation
- better policies and influence legislation
- improved access to healthcare for all family members
- transportation
- telephone services
- food
- educating schools about the needs of relative caregiving families
- access to exercise facilities
- educational assistance
- clinics where low income caregivers live
- training for support group facilitators
- instruction in child development and behavioral norms/modification
- support groups for caregivers of children with physical and emotional impairments
- comprehensive statistics to identify the numbers and location of these families

##### **5) Solutions the agencies envision for the issues of kinship care:**

- The Hillsborough County Aging Services reports that empowerment is what kinship caregivers need. Caregivers need to develop a political voice so that legislation will be passed making it easier to help kinship caregivers. We need to get legislation passed that will enable caregivers to work (if they are able to work) in order to care for the children.
- The legal system should work toward being less threatening and punitive to all involved, especially to caregivers.
- The school system should become sensitized to the needs of relative caretakers and their families.
- Hillsborough County should establish more support groups for relative caregivers and children.
- A major public relations campaign must be launched to increase awareness of relative caretaker issues and concerns.

- The Department of Children & Families should work to increase financial assistance to relative caregivers and make it easier to access the funding. DCF should also offer emotional support, education, and advocacy for relative caregivers.
- The agencies interviewed cited improved child support enforcement as a solution for the future.
- Agencies cite the need to establish a centrally located *Kinship Support Center* for guidance/support and to organize, educate, and train service providers. This center should operate as a centralized clearinghouse for information/referral, legal advocacy/access to attorneys, and monetary assistance for legal fees.
- Providers should work to normalize the issue of relative caregiving for the families.
- Better public transportation would be a solution to caregiver access to services.
- Information about services should be easier to obtain.
- Child development education and parenting classes geared toward kinship caregivers should be offered.
- Better sex education for teenagers should be offered.
- Substance abuse prevention/treatment programs should be available to relative caregiving families.
- A network of supportive social services should be established.
- The Tampa Housing Authority supports the idea of developing a model program in Tampa to provide housing and services to relatives, especially the elderly, who need public housing assistance.
- Many recommended that service providers in Hillsborough County need to establish community commitment to and involvement with caregivers.

**6) Services that the agencies would like to see the *Kinship Support Center* at USF provide, and how these services would benefit their agency:**

Improved services would help prevent placement breakdowns, encourage permanency planning, and strengthen families. In addition, a centralized referral point would be helpful to all concerned if it is easily recognizable and accessible to all. The *Kinship Support Center* would be a referral resource for Head Start families. *The Center* could strengthen the relative placements, which would result in fewer breakdowns, and they would make the Guardian Ad Litem's job easier so that s/he could have more time to focus on the child. University Community Hospital would like USF's *Kinship Support*

*Center* to serve as a resource for their clients, and as a source of referrals for their health services. FMHI could refer families to *The Center*, and the *Kinship Support Center* would be seen as a community resource for all agencies. These services would give the Family Enrichment Center access to professional resources and would help link community organizations, which would ease families' ability to access services.

Other services that the USF *Kinship Support Center* should provide include:

- support groups for grandparents
- a clearinghouse for information and referral
- raising public awareness about kinship care issues
- legal updates
- resources on site
- support groups for children as well as grandparents
- collaborative work with all service providers
- organizing and uniting community services
- providing social worker, teacher, and agency staff training about kinship care
- conducting research
- presenting conferences
- sponsoring kinship care family activities (such as crafts/field days)
- providing support and education to caregivers
- information/referral hotline
- demystifying access to services and coordinating them so that there is no unnecessary duplication
- collecting statistics and serving as a clearinghouse for information
- developing best practice models
- providing grants for community agencies to conduct creative service provision
- providing a regimented meal service, eye care, physicals, counseling and a thrift shop
- providing counseling/support groups specifically dealing with the loss and grief issues that families face
- providing instruction for families on how to advocate for their children
- developing culturally sensitive services and programs
- helping families get educational assistance, services, and computers for the children
- providing legal assistance, legislative advocacy and activism, organization and impetus for community action

## **SERVICE PROVIDERS IN HILLSBOROUGH COUNTY FOR KINSHIP CAREGIVERS AND THEIR FAMILIES**

AARP Grandparent Information Center  
Adult Outpatient Services of Tampa (ACTS)  
Ala-non/Ala-Teen  
Bay Area Legal Services, including the Senior Advocacy Unit  
Boys and Girls Club of Tampa Bay  
Catholic Charities Tampa Counseling Center  
Children's Board of Hillsborough County

Children's Home  
Department of Children and Family Services  
Drug Abuse Comprehensive Coordinating Office (DACCO)  
Early Intervention Program / University of South Florida  
Early Intervention Services / Children's Medical Services  
Family Service Association of Greater Tampa  
Family Network Project at the Florida Mental Health Institute  
Florida Center for Parental Involvement at the Florida Mental Health Institute  
Florida Highway Patrol  
Florida Medikids / Florida  
Healthy Kids  
Guardian ad Litem Program  
Headstart /Early Head Start  
Healthy Start  
Hillsborough County Bar Association: Lawyer Referral Service  
Hillsborough County Children's Services  
Hillsborough County Health Care Plan  
Hillsborough County Health Department  
Hillsborough County Public Schools:  
    1) Drop Out Prevention Program  
    2) Hillsborough County Public Health Unit  
    3) Office of Pupil Assignment  
    4) Florida Diagnostic and Learning Resources System (FDLRS)  
    5) Early Childcare Program  
Hotline/Crisis Center of Hillsborough County  
Medicaid Resource Unit  
Narcotics Anonymous  
Partners in Care/Childcare Resource and Referral  
Poison Control Center  
Psychological Service Center  
Share Program  
Social Security Offices of Tampa  
Subsidized Child Care  
Tampa Children's Hospital at St. Joseph's  
Tampa General Hospital  
Tampa Hillsborough Urban League  
University Community Hospital  
WIC Program (Women, Infant, and Children Nutrition)  
YMCA/YWCA

## IV. CONCLUSIONS, RECOMMENDATIONS, AND ISSUES

### CONCLUSIONS

The Children's Board's support of the *Kinship Support Center* concept has provided this research team with an opportunity to tap into and connect with a wide variety of public and private social service agencies that provide services to relative kinship caregivers. We have tremendous respect for their efforts and their interests in joining us in creating connecting links with services heretofore working in the community but not necessarily in a coordinated interconnected way. The existence of this collaborative coalition of agencies committed to working with and on behalf of kinship caregivers ensures the possibility of a comprehensive approach that is community-based and family oriented. This is an achievement that registers well with these families and the children for whom they provide unconditional love and nurturance.

We have been fortunate in meeting some very committed and dedicated kinship caregivers who enriched our process of understanding what it means to rear children when the caregivers' physical energies may be waning, their financial resources may be more limited than ever, and their mental and physical health may be compromised by everyday living experiences. It is under these conditions that hundreds of thousands of relative kinship caregivers decide to become second time parents. We have discovered first hand that this new parenting experience often receives limited, if any, support from other family members and less than comprehensive services from some community agencies mandated to assist and support family and children.

The focus group data is rich with document evidence of the everyday lived experiences of kinship caregivers who make major sacrifices, sometimes even their own lives, in order to ensure that their children's needs are provided for and their familial ties are maintained. We found these families very willing to share with us their life situations, disappointments, as well as their unstated emotions. These relatives, many of whom are elderly poor, are fiercely determined to "parent" these children in spite of the myriad of conditions that mitigate against that fact.

It is our opinion that their work should be wholeheartedly supported by the community-at-large, to ensure comprehensive and culturally sensitive services. The needs of this particular community-of-caregivers must be comprehensively and holistically supported by an appropriately community-driven approach to changing the societal conditions that impact their lives and their caregiving experiences. Their needs are too numerous to be resolved by one or two agencies. The focus group data tend to identify the actual and real needs of relative kinship caregivers, especially the stressors that they encounter.

As indicated earlier, the focus group members indicated that support groups are meaningful vehicles for assisting them in their efforts to sustain their efforts to assist their children in surviving without their own parents. We are currently helping many caregivers develop their own support groups. We believe that the development of support groups should be encouraged; that the support group model can be duplicated and the needs of more caregivers can be met through this medium.

It is our opinion that kinship caregivers should be encouraged to join policy makers and program developers at the planning table. Who is in a better position to know the real issues and the specific services needed to enhance their caregiving activities than caregivers themselves? These families have managed to maintain and sustain their families under conditions that have not always enhanced the quality of their own lives or brought them the respect and support they so richly deserve. The current stressors they experience, as identified in the focus group data in this document, include pervasive substance abuse and other social conditions that increase the difficulty in rendering appropriate care to the children they are raising.

Child welfare agency administrators, legislators, and other decision makers, as they continue their support of relative kinship care, must provide appropriate legislation and policies that provide families with comprehensive services and supports needed to enhance their caregiving responsibilities. For example: respite care for caregivers, medical/dental care for the children, mental health services for all family members, and financial assistance. The needs of these families are diverse and the services and programs required cut across a wide spectrum of disciplines- social work, education, mental health, and economics. A carefully constructed interdisciplinary approach to meeting the needs of these families would greatly enhance the everyday successes of relative caregivers on behalf of their children.

This report is an effort to document the needs of relative caregivers within Hillsborough County. It is obvious that while many services are in place for these families, we have identified additional services that are required as we enter the 21<sup>st</sup> century. Through this research we have discovered our potential in Hillsborough County for becoming a major community-of-care, ready to join communities throughout the state and the nation as we all do our best to provide kinship care for fragile children and families.

## **RECOMMENDATIONS**

### **Recommendation 1 – Establish the *Kinship Support Center***

The establishment of the *Kinship Support Center* of Hillsborough County will enable relative caregivers to receive support, assistance in applying for services, information and referral, training, and policy and legal advice. In addition to establishing our *Kinship Support Center* in Hillsborough County, through our collaboration with Nova Southeastern University and Florida International University, we are involved in creating a statewide consortium of care.

### **Recommendation 2 – Develop and coordinate support groups for relative caregivers and their children**

As a consequence of our focus groups we learned that the most important service, of all the services kinship caregivers received, was the support and sharing offered by the support groups they have attended. These groups allowed caregivers to discover they were

not alone in their caregiving experiences. That fact alone often empowered them to believe they could provide the care their children need. The caregivers acquired a new source of energy and dedication to their mission through these groups. The group experiences also provided caregivers with a very viable vehicle for sharing their concerns, their problems, their fears, and their hopes. These groups became a survival strategy for participants. They learned to own the process and grew themselves as a consequence. In addition, relatives' caregiving skills were often enhanced by this process.

Therefore, we heartily endorse the creation and utilization of support groups for relative caregivers. We recommend the creation and support of these groups throughout Hillsborough County. In addition, we recommend the development of support groups for the children living in kinship caregiving families. Just as the support groups have been helpful to the grandparents and other caregivers, support groups may be helpful to the children in sharing their concerns and fears, and {demonstrate NOT demonstrating} to them that they are not alone in their experience of being raised by their relatives.

### **Recommendation 3 – Establish and coordinate an information and referral system**

We recommend that the Kinship Support Center provide easily accessible information, resources, and services necessary for relatives so they may give their children the best possible care. The Center will provide a centralization of information and referral. One mechanism for providing this information will be the establishment of a 1-800-KINSHIP line: a warm support line which will also provide information and referrals for relative caregivers. Some of the information provided by The Center and through the warm support line will include: how to apply for services (including benefits from the Relative Caregiver Bill), where to find respite care, child care services, support groups, and answers to legal questions. Drs. Smith and Strozier will be able to initiate a warm support line (1-800-KINSHIP) in Florida, starting February 15, 2000. This line will be supported by a grant from the state legislature.

A second method for providing invaluable information to kinship caregivers is to establish a legal hotline: 1-800-88LEGAL. This line will offer assistance to kinship caregivers in navigating the legal system to acquire information regarding their rights pertaining to permanency planning, acquisition of custody or adjudication procedures, grandparents' rights, acquisition of medical, dental, and mental health services, and assistance in applying for the Relative Caregiver Bill benefits.

### **Recommendation 4 – Education and training**

The *Kinship Support Center* will create training and education modules in conjunction with state and national agencies. These modules will provide content from best practice models reviewed from around the country. These best practice models are current up-to-date, research-based interventions deemed relevant for insuring competency, comprehensive care, and support in working with the intergenerational kinship families. Some of the modules will include: working with the child needing placement outside the

nuclear family, the natural family member who has become incapacitated or unable to provide care and safety to their children, and the caregiving relative who assumes that major responsibility, sometimes under less than ideal conditions. Information would be provided about the availability of community resources that address the needs of kinship caregivers. We will also teach service providers how to help clients apply for these services as well as utilize them. In addition, we will be moving these workers toward increased cultural competency in working with the families from diverse cultures. The goal of these training models will be to train service providers in understanding more fully the multiple dynamics/issues involved in kinship care.

### **Recommendation 5—Service and policy planning and implementation**

In addition to coordinating services for kinship caregivers that currently exist, our *Kinship Support Center*, as a community based agency, will have continuous access to service providers. Consequently, we will assist them in determining the continuing needs of relative caregivers and their families. Because we are community based, we will have our hands on the pulse of what goes on and so will know what is needed. In that capacity, we can more effectively work with those public and private agencies mandated to provide services to these families. We can assist agencies to expand services and help others learn how to better deliver services. The *Kinship Support Center* will not be ivory tower bound – it will be community based. We will be able to predict which services are needed and help agencies develop those programs. We also will work with the consumers to help them be aware of and access these services. We will maintain vigilance in our commitment to comprehensive services to kinship caregivers and their families.

We can remain active in the development of health and child welfare policies and programs relevant to meeting the needs of these at-risk children and fragile families into the new millenium. Current policies in relation to relative caregivers and children should be comprehensive and inclusive. For example, we will seek improvement in some of the policies relating to the removal of children from their natural families, the placement of children with stable relative caregivers, permanency planning in relation to the adoption of children rather than for them to continue being “in the system” forever. Policies that relate to establishing family ties and strengthening families should be adopted and enhanced.

### **Recommendation 6—Funding**

We recommend the formal creation of the *Kinship Support Center* at the University of South Florida School of Social Work as a permanent community based program of service delivery to relative caregivers and their children. *The Center* has recently been awarded its first grant subsequent to the Children’s Board Funding. A \$100,000 grant was provided by the Florida State Legislature to establish the *Kinship Support Center* so that it could begin providing services to relative caregivers in Hillsborough County and around the state. Additional funds are being sought from the legislature and other efforts will continue in order to secure public and private sources of funding.

## FINAL COMMENTS

In conducting this Analysis Grant for the Children's Board we have learned that in Hillsborough County the dynamic of relative caregiving is extensive and, while life-giving, it is also often devastating to the caregivers and the children alike. These caregiving families often survive without many of the basics, just to be able to offer love and care for the children they've taken in. We believe that through these focus groups and structured interviews we may have discovered just the tip of the iceberg that is a huge social and personal human drama.

Through the support provided by this grant from the Children's Board, we have begun to assess the needs of relative caregivers. There are no accurate county, statewide or national statistics that exist yet as to the extent of kinship care today. We know from our focus groups and structured interviews that this is an extensive problem, however. Through this research, we have been able to not only assess the problems associated with kinship care, but to take beginning steps to reach out into our community and meet the needs of the relatives raising children in Hillsborough County. By continuing with this work, the *Kinship Support Center* will be a leader in continually assessing needs and determinedly providing services to those families in need. We are undaunted in our efforts to make sure that, as Marian Wright Edelman said, we will lose no child. We at the *Kinship Support Center* say, in addition, that we will lose no caregiver. That is what we at the *Kinship Support Center* are all about – saving fragile families, and so saving ourselves.

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