

*The Evolution of Kinship Services
in Mercer County, NJ*

The Children's Home Society of NJ

April 2013

Introduction

- Presenting a picture of an evolving program serving a vulnerable population of kinship caregivers and the children in their homes.
- Lessons we are learning may have implications for your state's kinship program.



Defining Kinship

- **Kinship care** refers to the care of children by relatives or, in some jurisdictions, close family friends.
- Relatives are the preferred resource when children must be removed from their birth parents because kin placement maintain the children's connections with their families.
- Kinship care may be formal – arranged by the child welfare agency and involve a training and licensure process for the caregivers, monthly payments to help defray the costs of caring for the child, and support services.
- Kinship care also may be informal – arranged by the relatives involved. Little or no monthly payments are made to these caregivers.

Scope of the Problem

- Relative care has a long history.
- National policy interest was evidenced in the *Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA)*.
- PRWORA directed that questions about grandparents who were the primary caregivers for their grandchildren be included in the 2000 Census.

Scope of the Problem Nationally

- In 2000, **2.4 million grandparents** (42% of all co-resident grandparents) had primary responsibility for their grandchildren. Among this group, 39% had cared for their grandchildren for 5 or more years.
- In the American Community Survey (2007-2011), **2.7 million grandparents** (40% of all co-resident grandparents) had primary responsibility for their grandchildren. Among this group, 37% had cared for their grandchildren for 5 or more years.

Scope of the Problem in NJ

- In New Jersey, there were 184,568 grandparents living with grandchildren. Of this group more than a 27 percent were solely responsible for their grandchildren and of those solely responsible, 43% have been provided sole care for 5 years or more.
- In Mercer County, there were 7,676 grandparents co-residing with grandchildren. Of this group more than 29% were solely responsible for their grandchildren with 47% providing care for 5 years or more.

Child Welfare and Kinship Care

- There has been major growth in the number of children in state custody who are living with their relatives.
- Kinship care has become the solution for many children who become known to child welfare systems across the country.
- Nationwide, approximately one-fourth of the children in out-of-home care are living with relatives (Administration for Children and Families).

Child Welfare and Kinship Care

- In New Jersey, **40 percent** of 6,100 children in substitute home care are residing with relatives (as of September 2012).
- While these homes are receiving financial support and access to services, the great majority of kin providers are unknown to the child welfare system.
- How can we provide support to these caregivers?

Who are We Serving in NJ?

- Demographics
- Needs
- Level of Functioning

Data from Kinship Cares 2009-2012 Mercer and Ocean Counties, NJ (437 households)

Caregiver Demographics

Median Age	52 Years Old Ages Ranged from 20 to 83 Years of Age
Gender	97% Female
Race	61% African American 36% Caucasian
Hispanic Ethnicity	7%
Income	\$27,372 42% below FPL
Marital Status	27% Married or Living with a Partner
Relationship to Child	67% Grandparent 20% Aunt/Uncle
Primary Reasons for Placement	23% Abuse/Neglect 21% Drug or Alcohol Abuse
All Reasons for Placement (Multiple Response)	43% Drug or Alcohol Abuse 35% Incarceration 32% Abuse/Neglect 32% Serious Emotional Problems

Other Kin Home Characteristics

Median Number of Children per Home	2 1 to 12 Children 43% have 1 Child
Siblings	75% of the Homes have Children with Siblings Living Elsewhere
Relationship with Biological Parents	51% Positive/Very Positive 25% Some Difficulty 24% Extremely Difficult/No Relationship
Visitation by Biological Parents	73% of the Homes have Visitation by one or both parents

Kin Child Demographics

Median Age	10.6 Years Old Ages Ranged from a Few Months to 20 Years
Race	60% African American 31% Caucasian 7% Multi-Racial
Median Time in Caregiver's Home	5.7 Years Time Ranged from Under 1 Year to 18 Years

Family Needs Scale

Highest Priority Needs (top 10)

Do you feel the need for any of the following types of help or assistance? [Always or Often]

- Having money to buy necessities and pay bills
- Paying for the special needs of my child
- Information about where to get help
- Getting furniture, clothing, toys
- Getting a mentor (big brother/sister) for my child
- Exploring future educational options for my child
- Expanding my education, skills and interests
- Traveling/vacationing with my child
- Getting a job
- Getting counseling for my child

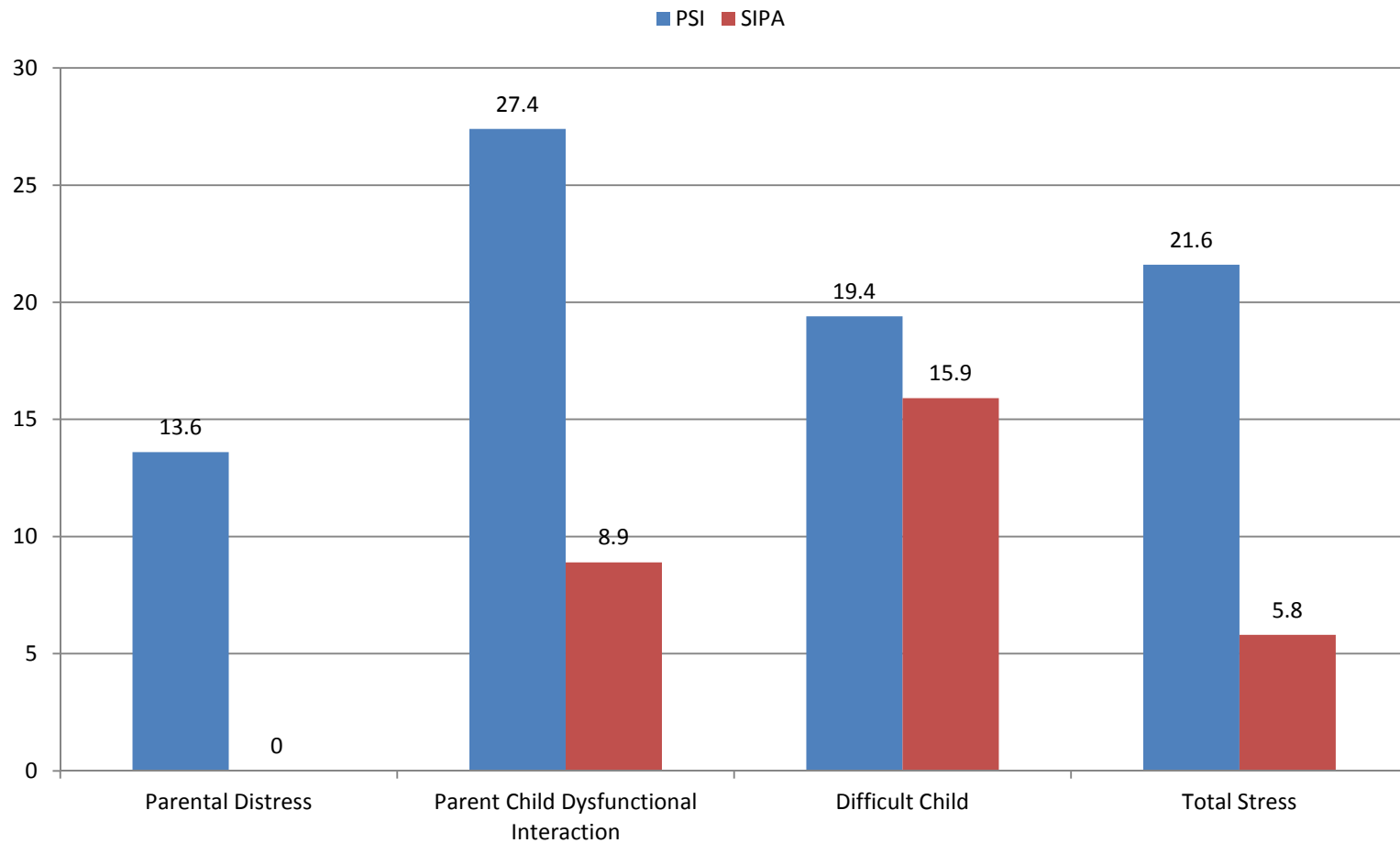
Caregiver General Health

N=432

Percent

Poor	3.2
Fair	24.3
Good	39.1
Very Good	21.1
Excellent	12.3
Total	100.0

Parenting Stress Index (PSI)/Stress Index for Parents of Adolescents (SIPA) Percent of Scores > 90 Percentile



Family Service Plan Goals (Top 10 Goals)

Goal	Frequency	Percent of Goals
Clothing/Personal Items	99	14.2
Financial Assistance (Child Only Grants)/Food Stamps	60	8.6
Counseling for Child	57	8.2
Child Care/After School Care/Summer Camp	50	7.2
Support Groups	48	6.9
Kinship Legal Guardianship Information and Assistance	45	6.4
Housing Assistance	42	6.0
Education Advocacy (testing, finding a school)	38	5.4
Furniture	32	4.6
Medical, Dental Care	30	4.3

Kinship Navigator



Kinship Navigator – History

- In 1980'S & 90'S New Jersey had a high number of pediatric HIV-AIDS patients; many of these children were cared for by relatives, mostly grandparents.
- Accessibility to services (financial, health, counseling, legal) was widely inconsistent across the state.
- Several groups stepped forward in those years to lobby and advocate for services: Orphans of Aids Committee chaired by Association for Children in New Jersey, Grandparents Coalition, Hyacinth Foundation.
- January 2000 the NJ Assembly Task Force on Grand parenting issued a report and recommendations.

Kinship Navigator – History

- The state Division of Family Development (DFD) created a unit of Kinship Navigators which fielded calls statewide providing information and resources for kin.
- DFD awarded 4 regional agencies contracts to provide “Wraparound” services statewide to kin.
- In 2002 the legislature created the Kinship Legal Guardianship program for kin caregivers.

Kinship Navigator

- Since January 2001, the Kinship Wrap Around and Kinship Legal Guardianship Programs serve 7 of 21 New Jersey counties: Mercer, Middlesex, Monmouth, Hunterdon, Somerset, Ocean and Union.
- Kin families can access information and referral help throughout the year, through a statewide 2-1-1 directory, or through a toll free number for each Kinship agency.
- Helps caregivers 'navigate' their way through government programs to find local support and resources by providing I&R services for a wide range of needs including: financial help, Medicaid and health coverage, child support, housing assistance, custody and legal questions, child care, educational issues, etc.

Kinship Navigator

- Each family is visited by a Kinship Field worker to fill out an assessment of needs, verify income eligibility, and verify blood relationship to the kin child.
- Kin may receive 'wraparound' funds of up to \$500 annually to pay for one time or short term expenses needed for the child; funds can pay for clothing, furniture, special activities, camp.
- Financial eligibility depends on family size and income, caregiver age (over 60 is higher)
- Child care subsidy funds are available through a county-based Child Care Resource & Referral agency.

Kinship Navigator

- The program served 1,032 caregivers in FY 2011-2012; 284 (28%) in Mercer County.
- 23% of the caregivers were 60 years old or older.
- 78% of the requests for use of the \$500 stipend was for clothes and supplies

Kinship Legal Guardianship (KLG)

- KLG is legal guardianship for caregivers who have been taking care of their relative children for 12 months or more.
- Kin who apply must have a criminal history, child abuse and DV check for all adults in the home over age 18; a home safety checklist and evaluation is done; the kin child is personally interviewed and records are checked..
- Biological parents must be notified of the pending KLG hearing and have a right to object; their rights are not terminated.
- The Judge makes the final determination for KLG; the agency makes a recommendation only.
- If a kin family meets the income requirement of 150% of the FPL, they are eligible for a monthly subsidy of \$250 per child

Kinship Cares

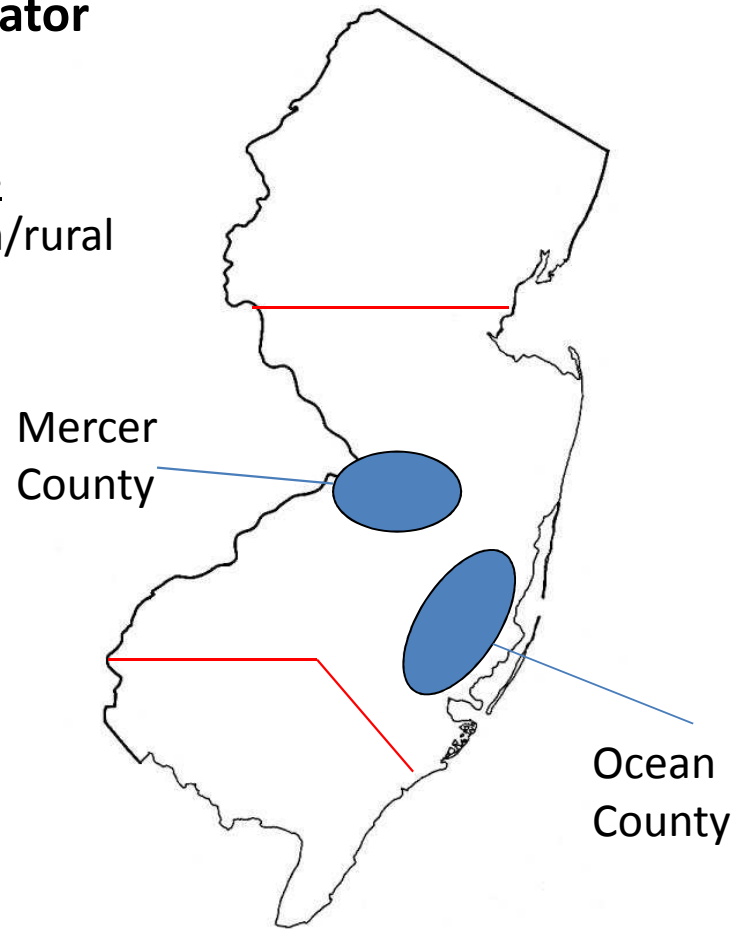


Current State Funded Kinship Navigator

(7 Central NJ Counties 2001-present)

New federally funded Kinship Cares

(2 counties: urban Mercer and suburban/rural Ocean 2009-2012)



Existing and Enhanced Services

Kinship Navigator Traditional Services	Kinship Cares Demonstration Enhanced Services
Brief Intervention usually on an annual basis	4 to 6 months of service provision and advocacy
Wrap Around Services \$500 stipend if eligible	Wrap Around Services \$500 stipend if eligible
Information and Referral	Kin Support and Education groups/Child activity groups
	Advisory Councils
	Monthly Newsletter

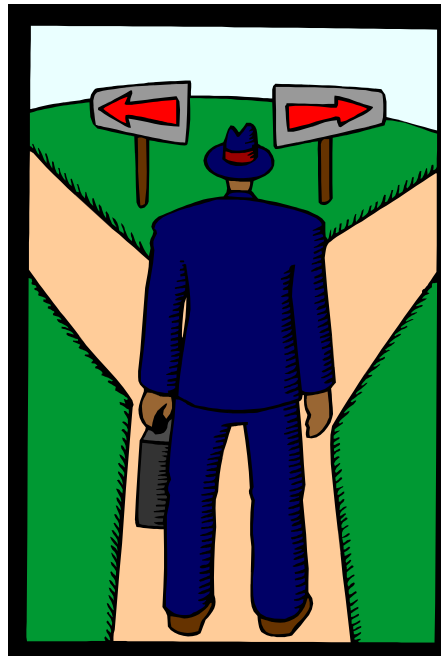
Goals of Kinship Cares

1. To evaluate the use of an **Enhanced Services** model:
 - Ombudspersons
 - educational and social support groups
 - Parent advisory councils
2. To develop a Kinship caregiver profile.

- Evaluation was an experimental design.
- Each family was randomly assigned to a service modality after screening.



Enhanced Services



Traditional Services

Expected Outcomes

- **Kinship caregivers** have more capacity to provide for their kin due to:
 - reduced caregiver stress;
 - higher level of social support;
 - greater understanding of child/youth's needs and behaviors;
 - social service, financial, legal and educational needs met; and
 - a higher level of program satisfaction.
- **Children** are more likely to be:
 - safely maintained in their home;
 - have a greater degree of permanency and stability; and
 - experience enhanced child well-being and quality of life.

Kinship Cares Outcomes

- The program staff had established very positive relationships with the caregivers. Workers were spending 8.3 hours on average per case (non-group work activity). Cases were open for about six months.
- Activities documented include: information giving, assessment, service planning, referral for services and advocacy.
- Significant goal completion was achieved from the perspective of both worker and caregiver. The caregivers were extremely pleased with their ombudsperson and the work he or she did on their behalf and on behalf of their family.
- Seventy-eight percent of caregivers attempting to complete their application for Kinship Legal Guardianship were successful.

Kinship Cares Outcomes

- Service needs decreased for the enhanced services group. Fewer needs were classified by the caregiver as needing help “Often” or “Almost Always” when compared to the control group.
- A greater percent of families receiving enhanced services reported reduced limitations on the caregiver’s time due to a kin child’s physical or emotional problems.
- There was no change in the level of perceived social support.
- In the enhanced services group, children and adolescents with behavioral problems showed improvements at case closing.

Kinship Cares Outcomes

- While only a small number of children were referred to Child Welfare during or after Kinship services, the majority of those families were traditional services cases. DCP&P became involved an average of 6 months after Kinship services were completed – an indication of the need for longer-term supports for Kin caregivers.
- Only six placements from the kinship homes occurred after services ended. Five of these were adolescents living in homes receiving traditional Navigator services.



Success Stories...

Grand Family Success Center



Grand Family Success Center

- The Grand Family Success Center was funded for 1.5 staff by the Nicholson Foundation in September 2010.
- The center provides support groups and other activities for caregivers and their children.
- Groups provide education, information and support. There is a planned schedule of monthly groups and activities.
- Staff also bring in speakers from various community agencies to present information on their services.

Grand Family Success Center

Services include:

- Information and Referral
- Education & Support Groups
- Youth Support Activities
- Family Activities
- Advocacy
- Health Focused Presentations and Activities

The Grand Family Success Center Staff work in collaborative partnership with the federally funded Kinship Connections Program.



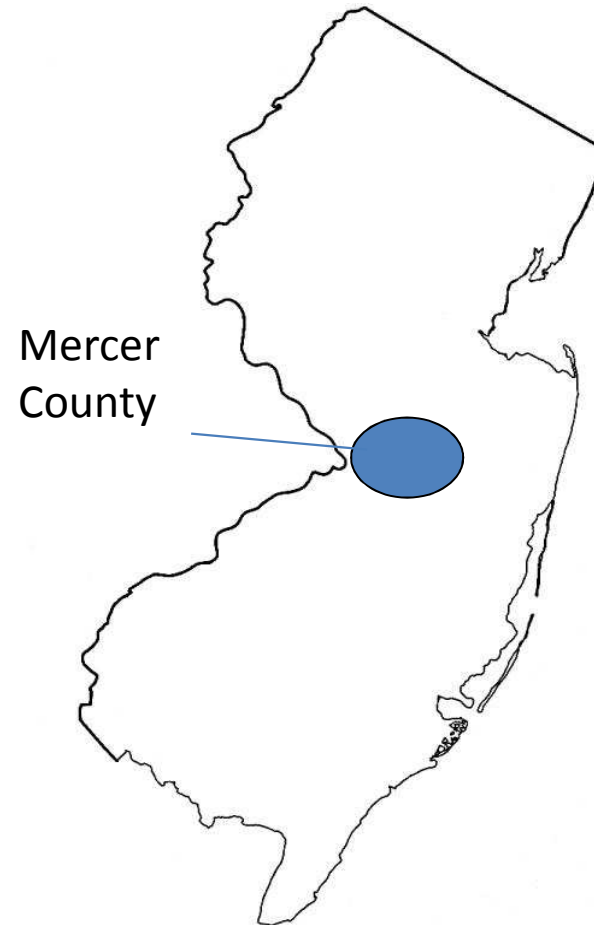
Kinship Connections



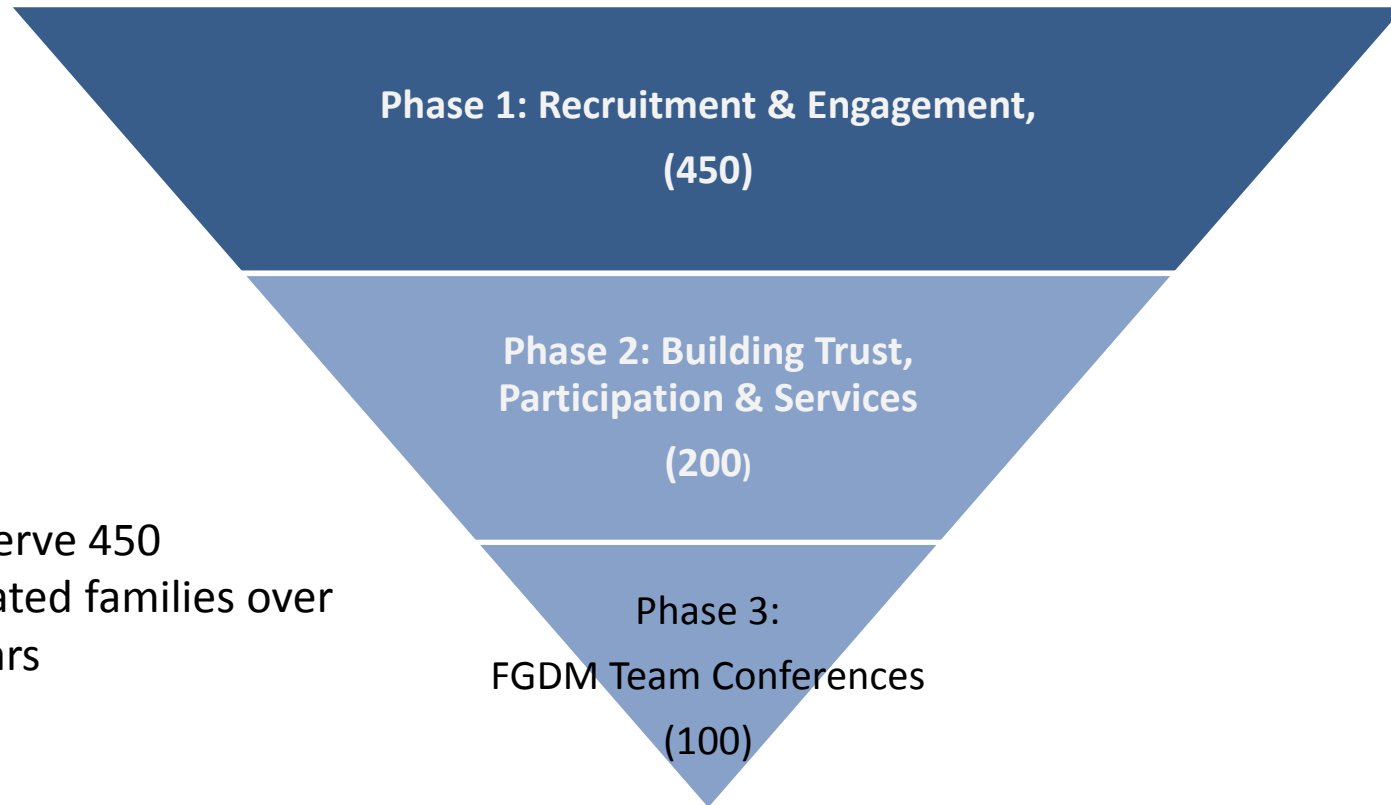
Kinship Connections

CHS offers voluntary Family Group Decision Making to kinship families in Mercer County, NJ.

- it is a family focused;
- It is voluntary;
- It empowers the family to identify barriers, needs and supports; and
- It encourages collaborative problem solving.



Three-Phase Integrated Model



We will serve 450
unduplicated families over
three-years

Implementation Obstacles

- Two of our key challenges: **engagement** and **developing trust**.
 - Reluctance to divulge current challenges and family issues
 - Reluctance or fear about participating in the FGDM process
- Thus, our use of a three-phase design to build engagement and trust first.

Collaborations and Partnerships

- This project is co-located and operates in coordination with CHS's Kinship Navigator program at our existing GrandFamily Success Center.
- Community collaborators include agencies which provide:
 - Housing assistance & Shelter
 - Emergency assistance with utilities
 - Health, Dental and Nutrition Services
 - Food Banks
 - Support Services to Families and their Children
 - Behavioral/Mental Health Services
 - Educational Services
 - Legal Services
 - Aging Services (county, state, not-for-profit)

Kinship Connections

Goal One – To demonstrate whether family group decision making strengthens kinship families' ability to meet challenges and successfully raise kin children

Goal Two – To prevent child maltreatment; to prevent entry or re-entry into the child welfare system

Goal Three- To address the identified needs of both caregivers and their kin children and youth.

Kinship Connections

Success Stories...

To date, we
have held 24
Conferences



What Have We Learned?

- Poverty is a major issue for many kin families, leaving them no cushion when anything happens; they often cycle in and out of crisis.
- Services to kinship children are lacking in the “informal” kinship network: there is a need for support groups for kin children who are dealing with trauma and loss of parents, separation from siblings, abusive, incarcerated or substance using parents.
- Kinship parents are experiencing loss, also—they are out of sync with their age group, they are experiencing role shift, loss of their biological children (to death, drugs, prison, abandonment).
- Kinship parents have conflicted feelings about their adult children: grief, anger, guilt. Sometimes they have to choose the safety of the grandchild or relative child over their biological child, or sibling.

What have We Learned

- The challenge of offering intergenerational services means paying attention to the developmental needs and stages of both caregiver and kin children.
- Program outcomes are dependent on hiring the right staff who are knowledgeable and comfortable about working with older adults.
- The 3 most effective strategies are: 1) arranging/providing financial assistance; 2) case management/advocacy; and 3) support and education groups.
- Having a core service center such as the Grand Family Center appears to be a cost effective approach to providing the above resources along with sustaining support to Kinship Caregivers.

Elements of a Successful Model

- **Flexibility and comprehensiveness in service provision:** program should include I&R service, concrete help (emergency or vouchers for goods) , KLG or legal help, short-term crisis intervention, voluntary family team meetings, support and psycho-educational groups, transportation assistance.
- Service should be provided at a **community-based**, drop-in , family center; co-locate various kinship related service providers.
- **Community outreach:** for referrals, and to community service providers.
- **Collaboration with service providers:** particularly when starting a program, educate and share agency resources among all with a kinship population, joint trainings among staff, MOU's.

Elements of a Successful Model

- **Client input:** focus groups when starting, advisory councils with client participation.
- **Sustainability of funding:** combination of funding (state, federal, foundation) necessary, but need anchor funding; show cost-effectiveness of the service (prevention aspects) as well as outcomes. A critical challenge.
- **Provider Collaboration:** close working relationships with all community providers serving the kinship population.
- Provide a **continuum of service**—from less intense (e.g. family activities) to more (individual work with case manager.)

Elements of a Successful Model

