

Tempe Kinship Care Partnership Program

Needs Assessment and Project Plan

A JOINT PROJECT OF CITY OF TEMPE AND TEMPE COMMUNITY COUNCIL

Funded by a grant from the Arizona Community Foundation

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I. Introduction

In 2005, the Arizona Community Foundation awarded a \$10,000 grant to the Tempe Community Council in partnership with the City of Tempe to implement the portion of Tempe's Communities for All Ages plan related to grandparents raising grandchildren. According to Census 2000, 873 grandparents raising grandchildren reside in Tempe. In 2005, this number increased to 927 grandparents. Twenty-eight of Tempe's thirty-five census tracts have households where grandparents are responsible for their grandchildren, according to Census 2000. The highest concentrations of households with grandparents raising grandchildren are in the area bordered by Southern Avenue and Elliot Road on the north and south, and Priest Drive and Price Road on the west and east (see Attachment A census tract map).

National research indicates that grandparents raising grandchildren face unique barriers accessing the legal, physical and mental health, and education systems, and sometimes housing due to their parenting status. The purpose of the Tempe Kinship Care Partnership Project was to document the actual barriers faced by grandparents raising children within the Tempe community and create options for addressing these needs within Tempe's existing service infrastructure.

The project proposed six goals:

1. Create systems to promote and foster meaningful intergenerational connections.
2. Identify and contact those providing kinship care.
3. Identify the needs of those providing kinship care.
4. Implement support groups for kinship care providers.
5. Plan for meeting other kinship care needs identified from the focus groups.
6. Coordinate, implement and evaluate Tempe Kinship Care program.

The project was conducted in two phases. In phase I, three focus groups were convened with a total of 19 kinship care families to assess their needs for legal, financial, education, health care, emotional support, and social and recreation assistance. In phase two, two four-hour planning sessions with a diverse group of providers were held to review and consider the kinship care needs identified in the focus groups and create a plan to begin addressing these needs.

II. Focus Group Methodology

The kinship project conducted three focus groups with kinship caregivers representing a total of 19 households. Participants were initially recruited through the parent liaisons working for the Tempe School District and the social workers at the Kyrene School District. The parent liaisons could earn \$20 for every kinship caregiver household that participated in a focus group. Food was served at each focus group and participants received a \$10 Wal-Mart gift card per household for their participation. Child care,

transportation, and language interpretation was also made available for those families in need. Focus groups were scheduled at school sites and a parent liaison was hired to assist with the group to create as familiar an environment as possible for caregivers.

Parent liaisons made contact with 47 kinship care households. The project also sent letters to 37 kinship households on the Center DOAR mailing list with addresses in Tempe zip codes. When these strategies did not yield as many participants as we had hoped, the project conducted its third focus group at the East Valley Family Resource Center in Mesa. Letters were sent to 17 kinship households that had previously participated in a kinship support group.

In total, the project made contact with 101 kinship care households, nineteen of whom participated in one of the three groups, a 19% response rate. Though the majority of the participants were households with grandparents raising grandchildren, the project used the term kinship care families and accepted households where aunts and uncles or other family members were raising their nieces, nephews, younger siblings or other next of kin. Focus group participants represented a diverse cross-section of the community in terms of household type, household income, poverty status, ethnicity, legal custody status and length of time caring for grandchildren. Appendix B lists the characteristics of focus group participants.

During the two-hour sessions, participants responded to a series of open-ended questions designed to elicit their perceptions about their experiences as kinship caregivers, the service support systems they currently use, and ideas to make the system and community even more supportive of kinship care families. The focus group questions are included in Appendix C.

The focus group sessions were intended to produce qualitative, anecdotal data of participant perceptions of community and system support for raising their grandchildren. Participant comments were written on a flip chart by the facilitator. Participants were guaranteed confidentiality and asked to speak openly. The data analysis identifies trends and patterns based on a content analysis of participant comments. Results are not intended to draw quantitative, statistical conclusions regarding these issues.

III. Summary of Findings

Participants answered sixteen different questions during the group sessions, all aimed at providing insight into one key issue for the planning task force: what would be included in a community that was VERY supportive of grandparents raising grandchildren. The following seven findings sum up the main points. A discussion of each finding and the supporting participant comments are included in section four of this report.

Finding #1: Kinship caregivers experience a significant disruption to their lives and often feel isolated and invisible in the larger community.

Finding #2: Other family members are often the most significant source of support for kinship caregivers. The parenting status of kinship caregivers can also be a significant source of conflict with other family members.

Finding #3: The relationship with the biological parent of kinship care children is often a source of conflict and emotional turmoil for kinship care children and caregivers.

Finding #4: The parenting issues faced by grandparent kinship caregivers are different and often more challenging than when they raised their own children.

Finding #5: Though the need for kinship care services has been recognized at the State and local levels and services are available, there is no coordinated system of care for kinship care families. Kinship caregivers must find their own way through a system that is often confusing, disconnected, and impersonal.

Finding #6: Uncertain legal status, limited or inaccurate knowledge about legal rights, and lack of support to go through the legal system keeps kinship care families vulnerable and creates additional stress for caregivers.

Finding #7: Raising kinship children is a significant financial strain for kinship families including those families with incomes significantly above the poverty level.

IV. Focus Group Results

Finding #1: Kinship caregivers experience a significant disruption to their lives and often feel isolated and invisible in the larger community.

When grandparents become kinship caregivers, their lives have taken the road least expected. As parents of adult children, they expected their parenting days to be over. Most of the people in their community parenting minor children are not in their age group. They have little in common with these younger parents.

The peers of these kinship caregivers are looking forward to retirement or may already be retired from work. They dream of travel, hobbies, and days leisurely spent. They speak of grandchildren in terms of short visits, bragging about accomplishments, or reflecting on how much their grandchildren are like their adult sons and daughters.

Kinship caregivers have no place to fit in unless they are fortunate enough to find other kinship caregivers. The stage of life they had planned for must be delayed or abandoned altogether. Some postpone retirement and continue working to support their grandchildren. Some worry that their retirement income will not sustain them now that there are more people to feed and clothe. Some wonder if they will have the

stamina to keep up with young children and who will care for their grandchildren if their own health fails.

Although life has taken an unexpected turn for kinship caregivers, they find the reward of the road less traveled in the lives of their grandchildren. Watching their grandchildren succeed in school and other activities, seeing them heal emotionally and experiencing peace of mind in knowing that their grandchildren are safe, cared for, and not living in an institution gives kinship caregivers the motivation to face the challenges of raising their grandchildren.

Participant Comments

Rewards:

- It's rewarding to spend lots of time with our grandkids. If we weren't raising them they would likely be out-of-state and we would see them once a year on vacation.
- Seeing my grandkids mature.
- Seeing them do good in school, getting good grades.
- My grandkids are happy because there is lots of happiness in their life.
- Seeing the kids act like normal kids finally. They have been to hell and back and they understand that their life wouldn't be like it is now if their grandparent wasn't caring for them.
- Seeing them perform their different activities – sports, science etc. and getting good grades.
- Two of my grandkids were failing, now they are "A" students.
- Seeing them realize their success. My grandchild went from failing to the National Junior Honor Society. I have seen the impact this has had on her self-esteem.
- Know my grandkids are being taken care of.
- The happiness they bring you.
- Seeing their daily progress.
- Know they are getting an education.
- When they are older they will be grateful.
- The trust they have in you.

- Showing them that not all adults will let them down.
- It's fun sometimes.
- Opportunity – With our own kids, we didn't have the time and money we have to give our grandchild. The bonding.
- They remind me of their mom.
- The kid's expression of love toward you.
- Blessing that I have my grandchildren. They didn't go into foster care.
- Kids can be good company. He is 16 years old. We can do things together.
- In the midst of behavior problems that first kiss, the love and bonding is rewarding.
- I've been through different things, but nothing I can't handle. I do well in this kind of support system.

Frustrations:

- Frustration: My life is on hold. I don't know any other parents my age. I have nothing in common with the people my age.
- Frustration: People my age not relating. People in my age group are in different circumstances, so they can't relate to what I'm doing. Being divorced doesn't help.
- Have no social life. Rushing to get him from day care to home.
- We were brought up in an era of take care of your own. We didn't seek aid. (2 families)
- Both of us could retire, but not with a 15 year old.
- I'm 67 years old. I never thought I would be bringing up a child.
- We are a single income household. We stretch everything.
- Three of eight families kept working instead of retiring. One more family is a maybe, he is approaching retirement.
- We had no kids at home. We can't go away for the weekend. Our grand child has night terrors. That's why her parents divorced. We get no child support. We have to beg him to see her.

- Not feeling so alone. Don't think there was a time I was embarrassed, just alone.
- Hard to sit at work when coworkers are talking about trips and vacations.
- Would like overt communication and recognition that we have grandparents raising grandkids and support for our grandkids.
- Would want community to give you a pat on the back. Really feel on our own a lot.
- Waiving fees for kids that participate in recreation programs. It's the least the community can do. We are raising these kids to be upstanding citizens and as a result the community won't have to care for them for the rest of their lives.
- We're trying to do something difficult with a kid that's messed up. Don't need someone to treat us like we're trying to work the system.

Finding #2: Other family members are often the most significant source of support for kinship caregivers. The parenting status of kinship caregivers can also be a significant source of conflict with other family members.

Typical family roles are disrupted in kinship care families. A grandparent or aunt and uncle are acting in the role of a parent. A parent is either missing completely from a family or is present only sporadically and sometimes in a way that is disruptive to the family. The change in family roles affects not just the primary kinship caregiver(s). Other family members, - spouses, adult siblings, other grandparents, etc. – also have their lives impacted by the kinship care relationship. Family members can be a strong source of support or may be a source of conflict.

Because of their isolation, kinship care families are vulnerable. Kinship caregivers depend on other family members for continuous support. When family support is not available, caregivers must find friends, neighbors, churches, or service providers such as respite programs, Big Brothers/Big Sisters, Boys and Girls Clubs or other community organizations to help out. These organizations are helpful, but the support is not as extensive and long term as what a caregiver may get from another family member.

Participant Comments

- 98% of the time, we are it. (All participants in this group are single moms.)
- Have to be mom/dad/nana, everyone. There is just one of me.
- I work from 3:00 to midnight. My grandson stays with my 18 year old son.

- At one point I had my 75 year old mother and teenage son to be caregivers. My son is now 18 years old and is just starting to have a social life of his own.
- Had to have reconstructive knee surgery and delayed getting it because I had no one to care for my grandson. My son and daughter-in-law won't have any contact with me since I started raising my grandson. They want their kids to get equal attention from me and it's not possible.
- Our daughter has her own life and family; it's hard to impose on her.
- We have a frustration with the other set of grandparents. They don't recognize us as the parents. There is a struggle with who is calling the shots, especially with discipline. Whose rules apply? They want to be the kids' friends.
- The stress raising my grandkids put on my relationship with my spouse. He left because it was too much. He was not the kids' biological grandfather so there wasn't as much commitment. I'm better off with him out of the picture.
- In our family, my wife is the biological grandmother and I am a step grandfather. There is a disconnect with the girls compared to their other [biological] grandfather.
- Lack of understanding from other family members from within the family.
- Other son sees you spending money on the kinship kid and not their kids. They get angry or jealous. Haven't seen my son in two years.
- Had a friend that wanted to be a mentor. They bonded, but it is limited. My friend has his own family. Takes him maybe once a month. He needs a male influence.
- Respite care – EMPACT and Devereaux. They take the kids for a weekend. The kids get to do activities that I couldn't afford to do. Get respite once a month now, but I need it more. Last year I had respite every two weeks, but my hours were cut in half because the funding wasn't there. Had too many other people.
- My grandson's friend's parents take them for a weekend. Mom has a health issue. Sometimes she is too sick to take care of her son. She lives close by.
- Have two other adult daughters that will take the kids on vacation and have them help with their small children. They know their aunts and get to know their cousins too. It wouldn't have happened if we weren't caring for them.
- Have a counselor that comes to the home every Wednesday – Rio Salado Health Services. The counselor helps with giving the kids structure such as chores etc. Don't know where to go or who to see. Kids have a third party helping out in what they should be doing. Received help from the school.

Finding #3: The relationship with the biological parent of kinship care children is often a source of conflict and emotional turmoil for kinship care children and caregivers.

Drug abuse and mental illness were the most often cited reasons that grandparents were raising their grandchildren. In addition, factors that are often associated with drug abuse such as child abuse and neglect, sexual abuse, and incarceration were involved. One of the nineteen families was raising their grandchild because the child's mother was too ill to care for him. The relationship between the parent and caregivers was amicable and cooperative. In the other cases, the parent was completely absent or parent involvement was sporadic and often disruptive to the family. The reasons cited by focus group participants for their involvement as kinship caregivers are listed below.

Reasons grandparents have grandchildren:

- Mother was in jail and the father wanted to put the child in foster care (1).
- Son wanted to start a new family (1).
- Drugs (7)
- Parent is non-caring/immature (1).
- Had a child too young/now remarried (1).
- Didn't want the granddaughter taken away from the family and not see her again (1).
- The granddaughter's other grandmother wanted the mother to have an abortion. This grandmother said no way, so when the baby was born the family said fine, she's yours (1).
- Parental abuse – Grandson was with a stepfather for two years who beat him, Grandson was being sexually abused by my daughter's boyfriend.
- Drugs/neglect – daughter is a meth addict and is serving time in prison. Going to Wyoming for vacation to reunite my daughter and grandson.
- Of the adult parents, two daughters have bipolar disorder and two sons have girlfriends who have bipolar disorder.
- Mental health (1).
- Teen pregnancy (1)
- Incarcerated (1)
- Prostitution (1)
- Mom unavailable because of poor health (1)
- New wife is jealous of the girls (1)

Kinship caregivers and children raised by kinship caregivers experience stigma associated with their family status. Children struggle to understand why they have been abandoned by their biological parents and contend with the conflicting emotions of loving their parents and experiencing the emotional trauma of being unwanted, abused, and neglected. The child's turmoil is further complicated when parents come in and out of the child's life and continues to fail to keep promises or maintain a stable relationship with the child. In addition, the children may feel ashamed that their parents have

abandoned them especially in front of their peers. Other children adapt to the situation and are proud to have their grandparents visible as their caregiver.

Kinship caregivers are left to help their grandchildren understand the children's' parents inability to care for them and to comfort the children when the parents continue to be a source of disruption in the children's' lives. Some caregivers reported that the parent would come around when the child had money and the caregiver had to watch to make sure the child was not being exploited by his or her parent.

In addition, the caregiver carries a stigma as the parent of an adult child that has failed as parent. Society is quick to attribute behavior such as substance abuse and child abuse and neglect to bad parenting. Kinship caregivers not only feel invisible and unappreciated in facing the challenge of raising their grandchildren, but also feel condemned because their own children failed.

Participant Comments

- Mom and dad day is difficult for these kids.
- The other kids at school ask my grandson "is that your mom?" He just hangs his head.
- Other kid says his mom is dead.
- These kids love their parents very much even though they have issues with their parents.
- Trying to keep up the relationship with the parents sometimes does more harm than good.
- One parent has other kids and it hurts my grandson. I'm not going to hinder the relationship, but I'm not going to facilitate it anymore either.
- Would like to see the stigma turned around to "it's awesome to be raised by a grandparent."
- My grand kids wouldn't be alive if they weren't with me (grandma). It has taken them four years to tell their mother they know this.
- Rewarding: See them understand their parents better – knowing that their parents are imperfect, but they can still love them.
- The kids have to know that their parents still love them, they have not been abandoned, their parents are not able to care for them.

- We allow the kids to have the bad feelings about their parents, empowered to say how they really feel about their parents.
- We have to make them understand that what happened with their parents was not their fault.
- My oldest grandchild does not respect her mother or father.
- Frustration: Who's in charge when the biological parent comes back into the scene?
- My granddaughter feels like there was something she could have done to prevent things from happening.
- Frustration: The questions kids ask about their parents that I can't answer.
- Frustration: When their parents call and make promises they can't keep.
- Have just the opposite problem. Their parents don't call and I can't get them to call.
- Don't want to be judged like bad parents because our adult child had problems. Carrying stigma from the past.
- I didn't know enough as a parent. I did the best I could.
- I didn't raise my daughter to be like this. She went against everything she was taught. I did my best, we don't cover anything up.

Finding #4: The parenting issues faced by kinship caregivers are different and often more challenging than when they raised their children.

Kinship caregivers thought their parenting days were over. Most of them were parenting their children before the internet and other technology took a central role in creating a media driven culture, and modern day social ills such as the drug culture, violence in schools, and sexual predators gained so much prominence. Additionally, caregivers must contend with behavioral and mental health issues such as ADD and ADHD for which they have little experience or knowledge. Caregivers must reeducate themselves about the world around them and how to keep their grandchildren safe in it.

Participant Comments

- There is more responsibility now than I had with my own kids.
- Behavior issues are frustrating. The kids have lots of developmental issues.

- Behavior issues from abuse the child has gone through. I'm learning to parent all over again with an ADHD child. Nothing sticks. I have to go over and over it.
- Lot of re-education about what's going on in today's world.
- Most of these kids were abused in the situation they were in. My grandson was being sexually abused in a place where he was placed because it was supposed to be safe.
- I can't teach him how to be a man (how to shake hands etc.)
- Had to have security measures instituted so my granddaughter can't be taken from the school by anyone but grandma. She can't be in anything in school where her picture might be seen. Her father is still trying to get her and his parental rights have been terminated by CPS. I have no car. If something happens where she has to come home, she has to wait until I can get to her.
- Internet safety is a big issue. Kids get on myspace.com. Their friends set up accounts in their names and give all their information. My granddaughter's friend created an account in my granddaughter's name, but said she was 18, not 14.
- It's hard enough raising kids the second time around without behavior issues.
- We can't go any place unless we take our granddaughter.
- Don't have anyone to watch my grandson because of his behavior.
- My granddaughter won't sleep anywhere but at home.

Finding #5: Though the need for kinship care services has been recognized at the State and local levels and services are available, there is no coordinated system of care serving kinship care families. Kinship caregivers must find their own way through a system that is often confusing, disconnected, and impersonal.

Federal, State and local officials recognize the growing trend of grandparents raising grandchildren. This national trend is well documented in Census 2000 and is expected to continue growing. Most of the agencies providing services are operated directly by the State or are contractors of the State (i.e. AHCCCS, DES, Value Options, the court system etc.).

In addition, kinship caregivers enter the system from many different avenues. Some cases come through Child Protective Services, some come through the courts and some have informal custody meaning the parent has dropped off the child and not come to get them. Caregivers are left to negotiate the system on their own or rely on

government workers to guide them through a system that does not always provide clear direction in how to resolve the challenges facing caregivers. Workers sometimes give inaccurate information or in other cases "point to a pile of forms" and give no help at all.

The biggest challenge for caregivers was finding their way through a myriad of programs and learning to be persistent and relentless in their pursuit of answers to help their grandchildren. The task is even more daunting when considered in the context of the economic, social, emotional, and health stressors kinship caregivers face as documented in this report. These issues are especially prevalent when caregivers first assume responsibility for their grandchildren.

Participant Comments

- Nobody makes it easy. There is no central place for information.
- It's overwhelming when you don't know where to go. I used to sit in the FRC parking lot and cry.
- Wouldn't have found out about DES if my fiancée didn't work next door.
- Frustration: Not knowing where to begin to get information.
- Getting information is terrible.
- Had difficulty getting her insured at work. Just found out there is kinship care insurance at the State. It took two years to find out.
- There are kinship programs, but only if you have legal custody. They don't ask income if you have custody. Hard to find out about programs.
- Took granddaughter to Urgent Care, was paying out of pocket. They told me about Kids Care.
- I saw a newspaper story with mental health contact information. I had to start all over again from San Diego.
- Two of the group started out on AHCCCS. The third grandparent started out on private insurance. She didn't know she qualified for AHCCCS because she had income. Nobody told her. Somebody at work told her to check AHCCCS. She felt guilty about applying. Thought she had to do it all alone.
- Got my grandchild by going around the system in Wyoming. Had a guardian ad litem. Working through an interstate compact. Department of Family Services in Wyoming worked with DES in Arizona. Southwest Human Development did a home study, but the worker didn't give any information at all. I put my grandson on insurance at work. The meds and psychiatric care are expensive. Even though I

make a good income, the costs buried me. I had to put a second mortgage on the house.

- My monthly payments doubled when I added my grandson to my insurance. It took 8-9 months to find out about AHCCCS. Got the run around. Sent to one office to fill out paperwork, and then was told I didn't have to fill it out. Took time off of work to do all of this.
- It took eight months to find out about TANF child only subsidy. AHCCCS said I wouldn't get any TANF if my grandson didn't have earnings. Eventually I did get TANF for two months before my grandson went back to Wyoming.
- Until just the other day, we didn't know there was help with child care. The State will help reimburse. We've been paying out of pocket.

Finding #6: Uncertain legal status, limited or inaccurate knowledge about legal rights, and lack of support to go through the legal system keeps kinship care families vulnerable and creates additional stress for caregivers.

Even though ten of the nineteen focus group families had legal guardianship of their grandchildren, the process to obtain and maintain legal custody was the most perplexing and frightening for the families. For caregivers, the legal system is confusing and there is no place to get credible assistance that does not cost a great deal of money, something not available to these families. Lack of legal custody can be a barrier for caregivers in enrolling the children in school, adding them to their private insurance, obtaining and authorizing medical care, and is perceived to be a barrier in obtaining benefits such as TANF and AHCCCS.

Legal issues are compounded when the biological parent is unavailable (because of incarceration or abandonment) or uncooperative in granting permission for custody. In some families, the legal vulnerability of the caregiver is exploited by the biological parent. In other families, the caregiver lives in fear that the biological parent will rescind legal permission on a whim and the caregiver will not be able to protect the children or have the money necessary to fight for custody.

Participant Comments

- How to get custody if the parents won't give it. It's not cheap to go to court.
- Taking the custody I have through CPS and making it legal custody. Mom is back in the picture and may take the kids and disappear. Do not know how to get the information. Have no CPS caseworker and no lawyers to help.

- Have a fear that the parents will try to pull the guardianship and I don't know if they can. Parents are not on the list for school, but the kids still call them for parents' day. What really are the grandparents' rights?
- How do get the information that you should have? Can't get information from the courts that the father's right have been terminated.
- Had something at court when going for guardianship for free consult with a lawyer. The lawyer was so negative about our chances trying to get us to retain him for \$10,000.
- I went to a paralegal, got the forms and filed them with the court. It cost me \$20.
- The biological mom was questioning the guardianship so we had to go to court. It cost us \$2,500. There was no place to get a legal advocate for grandparents' rights.
- Can't afford a lawyer or court fees.
- It costs us \$200 per year to file documents with the court and we have to get our granddaughter a physical each year to prove she is still in good health under our care.
- School was the first source of information for legal. They told us what paper we needed for temporary guardianship and had to have it notarized. The Court was no help at all. We found the paper at Staples. It was hard to find, but the school helped us. For temporary guardianship, had to have the cooperation of the parents.
- Would be nice if we could get legal information without paying through the nose for an attorney.
- Would be nice if the temporary custody paper didn't expire. What if we can't find the parent? Right now the parent is in jail in another State.
- In Arizona, if the biological parent doesn't abandon the child, you can't bring the case into court.
- Parent has to abandon the child.
- Parent leaves the child at the doorstep, then comes back two weeks later.
- State law is not behind the child.
- At the beginning, we started documenting how many weekends we had our granddaughter, what we paid for etc. By the time she started school, we went to Indian Court and we had years of calendars. Mom didn't appear in Court and dad was not able. The judge gave us guardianship.

- Would like a way to make it easier when another State is involved, if Arizona acted like they cared more.
- Forget the courts. They just gave us paperwork, then said we had the wrong paperwork. The papers cost \$200.
- There was an abuse situation. The grandchild went home with the grandparent. Was told to file dependency papers that say the parents are unwilling or unable to care for the kids. Didn't know where to go or what paperwork to file. The court is no help. They just point and you must figure it out for yourself. You file the papers, pay the fee, then the fee gets waived. There is nobody to ask for help.
- The child was removed from his father (participant's son) in California. The mother abandoned him and went to Oregon. There was a drug raid. All the kids were removed and adults were arrested. It took 18 months to go through the family reunification process. My grandson was in foster care before I could get him. Eventually gained custody of my grandson when in the reunification process, parental rights were terminated. Had defacto parent status at that point. Took one year to get the adoption complete. The entire process took from February 2000 to November 2003.
- Legal help is needed. I need questions answered and I can't afford \$10,000 for an attorney.

Finding #7: Raising kinship children is a significant financial strain for kinship families even for those families with incomes significantly above the poverty level.

The income levels of kinship caregivers who participated in the focus groups ranged from less than \$10,000 per year to \$140,000 per year. For those kinship families who were already living at or near poverty, raising kinship children exacerbates the economic hardship already present. In addition, many kinship children have physical or mental health issues that are expensive to treat.

Subsidies and health insurance available through State programs does help. As already noted, families often have difficulty finding out about the programs and working their way through the system. The size of government and complexity of programs can be daunting especially for caregivers who are in an age cohort not accustomed to asking for help from the "welfare system".

It is not unusual for a kinship child to come to a caregiver with little more than the clothes on his back. The caregiver must replace everything: clothes, shoes, toys, school supplies, etc. There also are additional ongoing expenses such as medical and dental care and child care, as well as costs for food, housing, transportation, and social and recreational activities. Like any other parent, caregivers may lose time from work to

deal with issues related to their kinship children, which adds even more financial stress. This can be overwhelming for caregivers living on a tight budget.

Families with higher incomes planned for their incomes to last through retirement including any health issues the caregivers may face themselves. A kinship child with medical issues not covered by insurance such as braces, medications, or extensive dental care can place a financial strain even on these families who are perceived to be well-off.

Participant Comments

- We have good jobs and income. We have cut into our retirement income for things like braces for the kids.
- The heart is there. We don't want to see the kids go without, but we go without. We do it anyway.
- Stretching the budget to accommodate two more kids.
- Have 7 grandkids that I have to buy clothing, school uniforms, school supplies. Financially it's a big strain.
- Had to take FMLA from work. The school was calling all the time. They tried to suspend him, but I found out that they are not allowed to suspend a student for behavior problems that stems from a health condition.
- I got wonderful help when I had shared custody with CPS. I was a fulltime student at the time and needed help. My grandson was on foster care insurance. As soon as I got guardianship, I had to go to Maximus. They couldn't help unless I was working 20 hours per week. I was a student and working 16 hours per week so no child care help. I made \$600 that summer and \$400 of it went for child care. Once CPS sets you free, you're on your own. There is no help at all. I don't want everything for free, just some help.
- We would get more help if they were foster kids than our own kids.
- Financial drain. In the last five years, we spent \$12,000 on dental care. Our grandchild has ADD. We get meds through EMPACT.
- Have dental insurance, but it won't cover braces.
- Get help through DES – AHCCCS and \$200 per month financial assistance.
- Get \$632 for the kids. One gets \$603 from SSI.

- By the time the kids get to college, who will pay for that. Will they look at our income or the kids' income? Right now we claim them on our income tax and get no help from the State.
- If I don't get my granddaughter on SSI by 16, she won't be approved by the time she is 18. Then who will pay for her meds. She is bipolar and ADHD. The meds are very expensive.
- Would be happier if we can get AHCCCS – help with glasses.
- AHCCCS won't help with braces, which cost lots of money. Won't cover anything that is cosmetic. The dentist refers us to the orthodontist, but they won't help. AHCCCS will cover teeth cleaning, cavities and root canals, but not braces.
- My child has a cosmetic problem that causes emotional problems. AHCCCS won't help.
- Grandkids were denied flu shots because they are not on CIGNA. We got the run around. I have a medical condition that requires everyone in the household to get a flu shot.
- If I went after the father for child support, he would have to know where the kids are even though his parental rights are terminated. Mom is schizophrenic.
- I was getting TANF until I got a guardianship subsidy.
- I get adoption assistance with a special care rate. It was foster care funds before.
- There is no extra money for shoes, clothing. There is no college fund.
- Guardianship subsidy helps a lot.
- City of Tempe recreation department has fee scholarships, but somebody else has to recommend you for it. Wish it were easier.
- Hard to ask for help on social/recreational things. Feel guilty asking. Asked once at a program for kinship families and the response was very harsh.
- Beatitudes paid for karate once.
- It's like the recreation stuff is over and above. Would rather have help buying shoes.
- If I can get something recreational, I'll take him. But you have to go through all these stepping stones. It's not worth it.
- The kids come to you with nothing. They have lost all their stuff. Have to spend money to get them up to speed with toys, clothes, etc.

- It's almost nicer if someone offers an anonymous gift rather than having to go for a service.

V. Planning Group Process

In September and October, a group of 18 providers came together to review the focus group data and create a plan to develop a system of care that would provide more support for kinship care families. One of the first issues that became apparent was that serving kinship care families would be better addressed on a regional basis rather than restricted to Tempe because many of the systems serving kinship care families extend beyond the borders of Tempe. With this in mind, the planning group adopted the following mission statement for the Kinship Care Partnership Project:

Mission

Develop the infrastructure to promote and foster meaningful support and connection to the community for East Valley kinship care families.

However, it is important to note that each city must also take an individual role to ensure that accurate information to help kinship care families is readily available through the local community agencies such as schools, libraries, multigenerational centers, and parks and recreation programs where kinship caregivers are most likely to be engaged and seek information. For example, the schools are often a first point of contact for kinship caregivers because they may face difficulty enrolling their grandchildren in school depending on their legal custody status. Or, victims' assistance programs and local police departments give out inaccurate information or have no information to give when grandchildren are placed in the care of their grandparents due to circumstances that require law enforcement intervention.

The need to create a collaborative system of care for kinship families was highlighted further when the planning group listed all of the services just the participants in the room were responsible for providing or knew about (see Appendix C). Nobody in this small group of providers already knew all of the services listed collectively by the group.

The planning group began the planning process by identifying the characteristics that would be most desirable for a system of care serving kinship care families:

- Information is available in one place.
- Information is available in multiple languages.
- Friendly.
- There is one contact person to ask for.
- Web based, user friendly.
- Free, affordable.
- Culturally sensitive (ethnically, generational, sexual orientation, faith etc.)
- Provider system is educated to the point of view of the families and is consistent (i.e. schools, courts, social service agencies, behavioral health system, faith

based, medical, social/recreational, hospitals, victim advocates, police departments)

- Grandparents mentor other grandparents.
- Outreach to kinship families rather than the families coming to them.
- Information stays current.
- Well staffed.
- Adequately funded.
- System has some clarity to it. (What to do.. step 1, 2, and 3 is clear.)
- Stay connected with families.
- System has a regional (East Valley) focus.
- Community involvement.
- Community is knowledgeable about the contribution of kinship families.
- Timelines – how long it takes to get services to the families.
- Measure the outcomes. System evaluates itself.

These desirable qualities were converted into four goals and concrete objectives for the next 18 months were developed for each goal. The objectives were organized into three tiers of priority. The first tier of priority is to create an infrastructure, meaning a central place where kinship families can find information and services, either by referral or provided directly. The central place should be a collaborative effort of providers and should involve kinship families in its design and operation. The second tier of priority is to create information sources for providers and families, promote the services currently available, and secure funding to support the system of care and expanded programming and support for kinship families. The third tier of priority is to expand programming for kinship families and increase the awareness and education of the community related to the challenges faced by and contributions of kinship care families.

The planning group reviewed information from the Kare Family Center in Tucson as a possible model to guide the development of an East Valley system of care. The group expressed a preference for building a system of care with a lead agency that is already an established child welfare agency, has contacts in the system, has knowledge of family and parenting issues, and understands the workings of the child welfare system in Arizona.

VI. Goals and Objectives

The following goals and objectives were adopted by the planning group to be implemented over the next 18 months:

Goal #1: Kinship care providers collaborate to create a central source of information and access to services for kinship families.

First Level Objectives

1. Contact an existing agency (e.g. EVFRC) to see if they can be a lead/major partner for a central location.
2. Invite ten collaborators to an initial meeting.

Second Level Objectives

3. Create a website with contact and service information.

Third Level Objectives

4. Create informational kiosks to be placed at local shopping centers.

Goal #2: Create a friendly, culturally sensitive system of care that empowers and includes kinship families supporting other kinship families.

First Level Objectives

1. Contact East Valley kinship support groups for multi-cultural volunteers to be an advisory council to instill and advance awareness of this goal.
2. Create a detailed implementation plan for creating a system of services.
3. Involve three kinship families in development of the system.

Second Level Objectives

4. Create informational brochures in English and Spanish.

Third Level Objectives

5. Establish and maintain support groups for kinship families.

Goal #3: Increase awareness and educate providers, policymakers and the community about the value of, challenges faced by, and services available to kinship families.

First Level Objectives

1. Create a directory of services specific to kinship families for providers and families.

Second Level Objectives

2. Disseminate the report from the Kinship Assessment Project in newsletters, press releases etc.

Third Level Objectives

3. Train kinship care providers for a speaker's bureau to educate and advocate with the community, policymakers, law enforcement, etc.
4. Investigate and develop a marketing campaign, both free and for pay to raise awareness about kinship families.
5. Implement the powerful families curriculum to empower caregivers
6. Do 18 presentations (one per month) about kinship issues in the regional area to juvenile probation, schools, etc.

Goal #4: Create a stable funding base to provide free/affordable services with measurable outcomes to kinship families.

First Level Objectives

1. Conduct a needs assessment to measure the volume of needs for services.
2. Identify potential Federal, State, local and foundation grant sources.

Second Level Objectives

3. Write five grants.
4. Develop outcome measures for programs.

Third Level Objectives

5. Conduct a fundraising event.

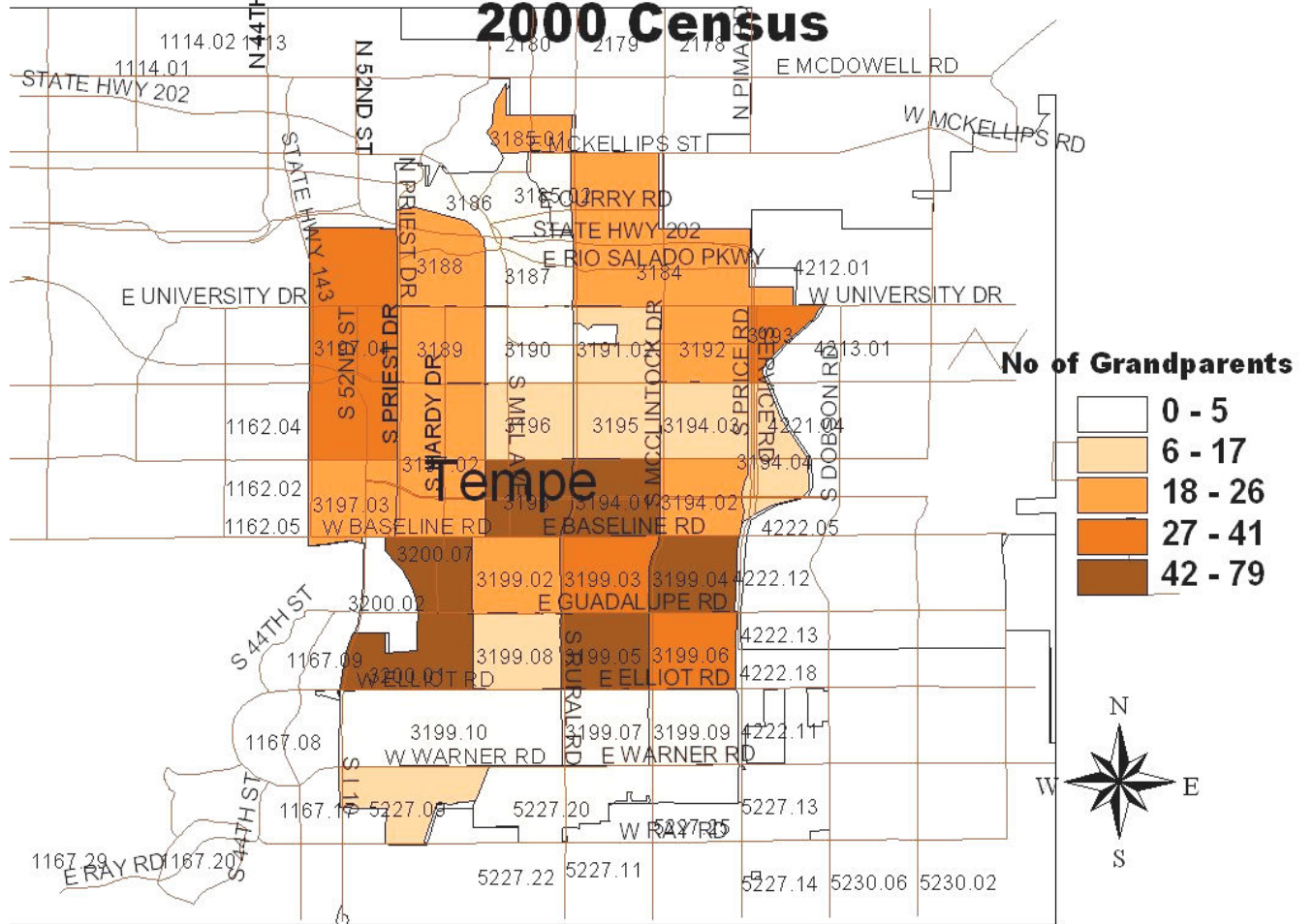
VIII. Next Steps

The Child Crisis Center-East Valley (CCC) has expressed interest in serving as the lead agency in creating a centralized, coordinated system of care for kinship families similar to the Kare Center in Tucson. The Family Resource Center (FRC), operated by the CCC, began as a collaborative between multiple provider agencies. The FRC already serves kinship families as well as other families and has recognized the emerging growth in the number of kinship families in the East Valley. In addition, the CCC has experience and a proven reputation in working with all of the city governments in the East Valley, as well as other level of governments. Arizona Action for Foster Children, an agency which also serves kinship families has recently merged with the Child Crisis Center-East Valley. Finally, CCC is constructing a new 20,000 square foot building to expand its programming to families.

The next step to begin implementation is to bring Tempe Social Services and the CCC staff together to determine the roles each will play in the implementation of the objectives listed in this report. Even if the Child Crisis Center-East Valley acts as the lead agency, the City has a role in keeping the issue a priority among those local city agencies that provide services to kinship families and ensuring that resource and referral information is distributed throughout the city service delivery system. Tempe may also assist in pursuing grants for the center, educating Tempe policymakers about the kinship issue, and helping to engage other East Valley cities in making service to kinship families a priority.

Appendix A: Tempe Census Tract Map

Tempe Grandparents Raising Grandchildren



Appendix B: Focus Group Participant Characteristics

Demographic Characteristic	# of Participants	% of Sample
Household Type (n = 19)		
Single Parent Families	8	42%
Two Parent Families	11	58%
Race/Ethnicity (n = 27)		
Latino	9	33%
Caucasian	11	41%
African American	2	7%
Native American	2	7%
Hawaiian/Pacific Islander	1	4%
Multi-racial	2	7%
# of Minor-Aged Children in Household (n = 19)		
One Child	9	47%
Two Children	5	26%
Three Children	2	11%
Four Children	1	5.3%
Five Children	1	5.3%
Seven Children	1	5.3%
Primary Language Spoken at Home (n = 19)		
English	18	95%
Spanish	0	0%
Multilingual	1	5%
Annual Household Income (n = 19)		
Not Reported	1	5%
Less than \$20,000	5	26%
\$20,000 - \$29,000	0	0%
\$30,000 - \$39,000	3	16%
\$40,000 - \$49,000	3	16%
\$50,000 - \$99,000	5	26%
\$100,000 and above	2	11%
Income Status (n=18)		
At or below 200% of Poverty	6	33%
Above 200% of Poverty	12	67%

Length of Time Caring For Grandchildren (n=18)		
Less than one year	3	17%
1-3 years	5	28%
5 or more years	10	55%
Legal Status of Custody (n=19)		
Legal Guardianship	10	53%
Temporary Custody	3	16%
Power of Attorney	2	11%
CPS Placement/Adoption	1	5%
Informal Custody	3	16%

Appendix C: Focus Group Questions

1. Describe your life as a grandparent raising grandchildren: What stands out as rewarding? What stands out as frustrating?
2. In addition to yourself, whom do you rely upon most to help with the care of your grandchildren?
3. How do you get information and/or help with your grandchild's education? What kind of information and/or help do you receive?
4. What things make it difficult for you to take care of your grandchild's education needs?
5. How do you get information and/or help with child care for your grandchildren? What kind of information and/or help do you get with child care?
6. What things make it difficult for you to take care of your grandchild's child care needs?
7. How do you get information and/or help with your grandchild's mental and physical health care? What kind of information and/or help do you receive?
8. What things make it difficult for you to take care of your grandchild's mental and physical health care needs?
9. How do you get information and/or help with legal issues related to caring for your grandchildren? What kind of information and/or help do you receive? What legal issues do you have to face?
10. What things make it difficult for you to take care of the legal issues related to raising your grandchildren?
11. How do you get information and/or help with financial issues related to caring for your grandchildren? What kind of information and/or help do you receive? What financial issues do you have to face?
12. What things make it difficult for you to get financial help related to raising your grandchildren?
13. How do you get information and/or help with your grandchild's social and recreational needs? What kind of information and/or help do you receive? What issues do you face related to your grandchild's social and recreation needs?
14. What things make it difficult for you to take care of your grandchild's social and recreation needs?

15. If you lived in a community that was VERY supportive of grandparents raising grandchildren, how would it be different from the community in which you live now?
16. What kinds of help would you most likely use if it were available?

Appendix D: Services Available to Kinship Families

Planning group participants identified the services available through the agencies they represent that are currently available for kinship families:

- Family Connections Program – Serves kinship families countywide. Assists with housing, food boxes, resource connections, advocacy, case management. All FAA paperwork for Jobs, food stamps and AHCCCS can go through them. Family involvement is voluntary and family-driven. All services are free. Referrals come from the schools, self-referral and law enforcement.
- TANF Cash Assistance for Kinship Care – Kinship caregivers must be related by blood or be the Permanent Legal Guardian for the child. The adult income does not have to be included. Child only cases include only the child's income (i.e. survivor's benefits, child support etc.). The applicant can also apply for food stamps and AHCCCS. The applicant does not have to come to a DES office. The application interview can be done over the phone. Verification documents will have to be provided. The maximum cash amount is \$204 for one child, \$275 per child for two children, \$347 per child for three children etc.

If a child is born to a parent receiving TANF, the child is not eligible to receive TANF in the parent's TANF case or a relative's TANF case, when no longer living with the parent.

A DES Family Assistance worker goes to Vista Del Camino three days per week. Golden Gate has a clinic every Friday to help families fill out the application.

- TANF Kinship Foster Care - Part of the Kinship Care cash assistance program, Kinship Foster Care provides the special considerations to specified relatives who are applying for Cash Assistance for children who have been placed with them through the Division of Children, Youth and Families (DCYF). These child only cash assistance cases receive the same special considerations as Kinship Care child only cash assistance cases as follows:
 - Must be interviewed within 5 days
 - The mandatory face-to-face interview is waived.
 - The eligibility decision is made within 20 calendar days.
 - The payment amount is determined using the A1 payment standard (see page 13 of manual).
 - Special interview times and places are accommodated.

Cases approved under the Kinship Care process are considered to be categorically eligible for food stamps. Parents in this program are unlicensed foster care providers.

- Department of Economic Security – child safety seat restraint program.

- AHCCCS health insurance for kids and families. Eligibility is 200% of poverty. Child custody status is not an issue. There are child only cases that count only the child's income.
- David Best at DES – Lea Landrum bill has money for grandparents raising grandchildren including a school clothing fund, money to buy a bed, and a monthly allowance.
- Grandparents United for Grandparents Rights – Legal services include help with guardianship, dependency, termination of parental rights and adoption, established job support. The agency can also help establish paternity when the father is deceased. One on one consultation and legal workshops are fee based. Grants are available and a court waiver may be possible. Free services include a two hour guardianship clinic, 1.5-2 hour general information presentations to schools and churches, and a six week grandparents raising grandchildren parenting class. Two other courses are offered to participants for no fee, but require an agency sponsor to cover the costs. These include a nine week Financial Stability course on bank accounts, budgeting etc. and a nine-week advocacy training to teach parents how to work with agencies. There are no citizenship requirements for classes.
- County Attorney's Office will do adoptions, but not terminations.
- Children's Resource Staffing – Superior Court Administrator's mediator. Multi-agency weekly staffing to prevent the dependency decision made. Staff are with the child and family at the staffing. The service is open to the community and doesn't have to be a CPS case. Staffings are held at Durango and the Southeast facility.
- Value Options Outpatient Service – For AHCCCS and Title 19 eligible families. Provide psychiatric, counseling, behavioral coaching, case management, med monitoring, and therapy.
- Value Options Child and Family Team assesses the family need when they come in for services. A family support partner, a parent that's been in the system, is assigned. Sometimes financial benefits are available to fill gaps in other funding.
- Value Options works with five agencies that work with children (CPS, DDD, ADJC, Probation and Education). Value Options has therapeutic group homes, residential treatment center homes, and foster care.
- Red Mountain Respite Program – Provides weekend housing. Must have AHCCCS.
- Center DOAR Support Groups – Center DOAR offers support groups for kinship families around the valley.

- Project Grand Care provides support groups, therapeutic support groups, and Grandparent University (education classes). There is also some financial support for recreation classes. Child care is available for up to age 10 with two weeks notice. Services are available for Maricopa County.
- Raising Special Kids support groups for IAPs. Can assign a partner.
- Family Involvement Center – Offers parent groups once per month. Provide dinner and time to vent groups. All services are free. No AHCCCS or Title 19. Located in Phoenix at 16th Street and Indian School.

- East Valley Child Crisis Center:

Community beds available for children 0-12 for 24 hours when parents need a break.

Counseling Center for the community on a sliding scale, fee for service basis. Serves children ages 0-12, also ages 0-5 for attachment and bonding issues.

Healthy Families program provides in-home support for parents with a 0-90 day old child.

Family Resource Center – Provides thirty different family programs including anger management, parenting. All classes are free. Child care is available for ages 0-12 when the parent is enrolled for classes.

- Tempe Schools has an attendance officer who will follow up with kids who are truant.

CUTS program is a truancy prevention program in the middle schools.

The Homeless Liaison Program provides transportation to homeless families and works with them. Some of these are kinship families.

The eligibility criteria must be clear for these programs, especially citizenship requirements. The schools use faith-based groups when the law prohibits them from serving undocumented immigrants.

- Tempe School District has four social workers and four community liaisons to serve twenty-six schools. Spanish speakers are available. Services include support services to find resources and transportation to appointments, meetings at school, medical appointments and crisis intervention. Parent liaisons are in some of the schools.
- Connecting with Kids Program – provides a clothing room, new socks and underwear, shoes for kids and school supplies.

- Free medical clinics for immunizations.
- Boys and Girls Club – Youth development programs for 5-18 year olds including after school programs. The facility is open every day including when school is not in session. A \$20 membership fee is required which covers all after school programs. Summer day camps charge an additional fee on a sliding fee scale.
- Big Brothers Big Sisters – Provides mentors for 6-14 year olds. The program tries not to go the CPS route. Mentors provide two outings a month. Also have a site based program where mentors go to a school. Do couple matching for mentor and participant.

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