

Kinship Care Analysis Report

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July 2006

YMCA Professional Services
Tampa Metropolitan Area YMCA



CHILDREN'S BOARD
HILLSBOROUGH COUNTY

This work was funded under a contract with the Children's Board of Hillsborough County

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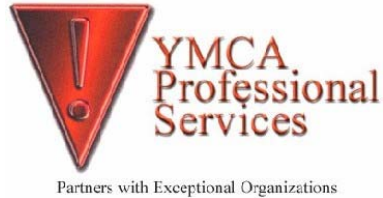
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EXECUTIVE SUMMARY

Hillsborough County has experienced a significant growth in the number of children and youth entering licensed care. A closer analysis indicated there were many children entering licensed foster care directly from relative placements that have disrupted.

As this study indicates, relative caregivers are frequently considered the “best option” for maintaining family continuity, but their needs are many and frequently not met.

The Kinship Care Analysis was initiated by a community concern led by the Community Alliance, an advisory and oversight group of child advocates and stakeholders in response to these growing concerns.

This study sought to provide critical information of the following:

- Initial placement decisions;
- Supports available to relative caregivers;
- Identification of needs;
- Barriers to strengthening and stabilizing these placements;
- Recommendations of how to maximize existing resources and develop additional community supports.

This study includes information gathered through quantitative and qualitative methods such as an analysis of the administrative data, focus groups, and interviews with key stakeholders.

The following highlights the critical findings and recommendations:

- Assessments and home studies of relatives being considered for placement should include a critical review of the viability of this placement. All placements are not temporary and clearer information needs to be gathered prior to placing a child of the needs of both the caregivers themselves, as well as the individual needs of the child.
- Financial assistance to relative caregivers continues to be inadequate and below the level of traditional foster care even though these relatives are consistently required to go above and beyond what the child welfare system typically expects of foster parents. These relatives frequently have their own lives completely disrupted due to the “emergency nature” of removals of children due to the maltreatment they were experiencing in their own homes. Relative caregivers reported tremendous financial, health, social and emotional stress.
- The current child welfare system beginning with initial child protective investigators and subsequently followed by care managers consistently, at best, minimized the impact of these placements on the caregivers. Evidence-

based practices, such as family decision models, were in most cases non-existent.

- The amount of misinformation reported by investigators, care managers and relatives all indicate the need for wider dissemination of effective training, community resources, various financial assistance and peer support.
- With well over 23,000 children currently living with kin in Hillsborough County, it appears evident that the capacity to serve the need must be expanded if a true impact on reducing these disruptions is sought. System navigators, rapidly deployed crisis intervention, in-home behavioral interventions, and respite need to be accessed and available to meet the need.

The following analysis describes these and many more in detail.

BACKGROUND

Beginning in the 1980's, the child welfare system in the United States experienced a radical shift in the care of dependent children. Faced with an increase in the number of children needing substitute care with the decline in the number of foster homes, child welfare professionals "discovered" relative caregivers as a critical alternative form of placement.

Kinship care is not a new idea. Many cultures, especially in the African-American community, have a long history and tradition of relatives caring for kin. This centuries old informal system became more formalized and considered "best practice," as a method of maintaining connection to family and led to nearly half of all children in foster care in many states residing in some form of kinship care. Nationwide there are over one-third of children in care residing with relatives (Harden, Clark, & Maguire, 1997).

This shift in the "preferred" model of care was strengthened in 1996 when Congress passed the Personal Responsibility and Work Opportunity Reconciliation Act instructing child welfare workers to look to relatives as the placement of choice. The importance of keeping children within their biological family structure was also recognized in the 1997 Adoption and Safe Families Act (ASFA) when an exception to the filing of termination of parental rights for children who languish in the foster care system was made allowing children extended time in care if placed with relatives.

Kinship care, when done as a thoughtful process in child welfare decisions, has many benefits for children served including:

- Enabling children to live with kin who ideally they know and trust;
- Reducing the trauma children may experience when they are placed in foster care with strangers;
- Helping children to better address the unresolved family issues that led to the need for substitute care;

- Allowing children to stay connected to siblings, aunts, uncles, etc. Children in kinship care also have more contact with parents;
- Reinforcing children's sense of identity and self-esteem by allowing them to stay connected to their family history and culture;
- Providing safety – State reports of child abuse and neglect show that incidents of abuse and neglect are significantly lower in kinship placements than those placed in non-related foster care (Gleeson & Hairston, 1999).

While Kinship care has evolved into a critical resource for the child welfare system, research studies also document that most state child welfare systems do not provide the necessary financial and service resources that these families need. Relative caregivers, nationally on average, are less educated, older, have fewer financial resources and have significantly more health issues than comparable foster parents (Scannapieco & Hegar, 2002). Yet, in most states, they are compensated at significantly lower rates, receive fewer supports and services, and are expected to provide the same or increased level of care than non-relative foster parents. As a result, relative caregivers, nationwide, face many stressors and challenges to raising a population of children who have experienced trauma and loss.

KINSHIP CARE IN HILLSBOROUGH COUNTY

Hillsborough County's experience with kinship care parallels that of the country in general. As a rapidly growing community, Hillsborough County has seen the number of children entering the child welfare system increase while struggling to recruit enough foster home beds to meet the need. As a result, the percentages of children cared for by relatives have steadily increased and, as of February, 2006, 45.1% of the 3,648 children in Hillsborough County in out-of-home care (1,645 children) reside with relatives. This is the largest percentage of children actively served by child welfare agencies and in kinship care in the State of Florida. In 1999, The Hillsborough County Child Protection Study (Barrett, Dollard, Brown, & Lipien, 1999) first highlighted the need to provide in-home services to relative caregivers. At the time, the Department of Children and Families (DCF) had full responsibility for case management of children in the child welfare system. Caseloads of 50 or more families were common, leaving little time or resources to support the relatives or the relative caregiver placements. Relatives reported not seeing care managers for months at a time. The caseload at the time was measured by "family," and not by each child, and therefore a case manager could have 50 families on caseload, but each family could also have one or more relative caregivers involved, as sibling groups were often split across families. If relatives were seen, the focus was on the child and not the needs of the caregiver or family unit.

The importance of relative caregivers and their special needs was further brought to our community's attention by the Florida Kinship Center, spearheaded by the University of South Florida School of Social Work, culminating in the publication

Kinship Care In Hillsborough County (Strozier, Smith & Chaffee, 2000). This study, along with a crisis in an overwhelmed foster care system, led to the establishment of the first case management program for relative caregivers. Begun as a pilot program in March of 2000, Partners of Hillsborough expanded county wide the following year and has consistently worked with 150-200 relative caregivers annually.

THE CURRENT SITUATION

While both support groups and case management services are available to relative caregivers in Hillsborough County, the numbers suggest that these supports are inadequate to meet the need. According to the 2000 US Census, 23,058 children in Hillsborough County are being cared for by relatives. Some 17,555 of these are by grandparents with another 5,803 by other relatives. Given that Hillsborough Kids, Inc. (HKI) has 1,645 children placed with relatives, it becomes apparent that the vast majority of kin children are being cared for by relatives outside the oversight of the child welfare system (i.e., informal care). These statistics are supported by national census data showing over two-thirds of children cared for by relatives were not connected to or receive support from the child welfare system. (Berrick, Barth, & Needell, 1994).

While “informal care” has a long tradition in this country, informal relative placements often have fewer safeguards and services available to them. In Florida, these relatives are not eligible for Relative Caregiver Funds unless the child placed with them has been adjudicated dependent by the court system. Often they do not have legal custody making medical, dental, and psychiatric services difficult to obtain. They are unaware of services available to them and the lack of custody can mean instability in care giving as biological parents move in and out of their children’s lives. The majority of relative caregivers are single parents who are employed and must balance work with the pressures of parenting. (This results in children disrupting from these “informal” arrangements and increasing the licensed placement population, further stressing the child welfare system in Hillsborough County.

PURPOSE OF THE STUDY

The Kinship Care Analysis was initiated by Hillsborough County’s Community Alliance, an advisory and oversight group of child advocates and stakeholders, as one response to the growing number of children entering our community’s child welfare lead agency, HKI. From January of 2005 through March 1, 2006, HKI has seen a 10.4% increase in children served by the system (4,578 to 5,055) and an alarming 12.1% increase in out-of-home care (3,267 to 3,663). The result has burdened the entire system with high caseloads, high caseworker turnover, overloaded foster homes, and overly long lengths of stay in care.

As a result of the above crisis, the State of Florida's Department of Children and Families (DCF) and HKI both made lengthy reports to the Alliance describing the children entering care, as well as why children were not achieving permanency in a timely manner. A number of front-end (diversion) and back end (discharge from care) strategies were discussed and implemented.

One of the critical findings in these reports to the Alliance was statistics of why children were entering the licensed care system. Statistics gathered by HKI on the reasons children were entering this system highlighted the high rate of disruptions with relatives caring for their kin. Fully one-third of children entering licensed care from July 1, 2005 – December 31, 2005 (203) were such disruptions and the same rate has been present during the first three months of 2006 (54 of 156 or 34.5%). This statistic suggests that the needs of and supports for a significant number of relative caregivers are not in place. It also suggests that if HKI is to significantly reduce the flow of children coming into licensed care, then the needs of relative caregivers must be addressed at threat of disruption and earlier in order to avert or stabilize these placements.

Issues To Be Addressed

Given the above discussion on relative caregiver disruptions and needs, Y Professional Services was contracted by the Children's Board of Hillsborough County to undertake an analysis of relative caregiver issues to include:

- Initial placement decisions;
- Supports currently available to relative caregivers;
- Supports needed;
- Barriers to receiving services;
- Current system of referrals;
- Best practices in providing support to relative caregivers;
- Characteristics of families and children who disrupt;
- Issues specifically to teenagers in kinship care;
- Barriers to permanency:
- Statutory Barriers.

METHODOLOGY

The study gathered qualitative and quantitative data and information from multiple sources. Literature reviews were conducted to gather more historical and national perspectives, as well as guidance on best practices in this area. An administrative review of open and closed records of children who were placed with relative caregivers, including children who disrupted from these relative placements, was analyzed to determine key issues such as decisions that led to the placement, other relatives involved, status of the case moving towards permanency, and the needs of the children and caregivers.

Interviews and focus groups were held with DCF Child Protection Investigators, HKI Care Managers, relative caregivers who were involved in the formal child welfare system (DCF/HKI), and those whose placements were made more informally, without any child welfare involvement, as well as community partners such as Bay Area Legal Services; an agency that has worked with numerous relative caregivers helping them obtain critical legal authority and rights for the children they serve.

An emphasis was placed on gathering data regarding why children disrupt from relative caregivers. The administrative record reviews, focus group questions and stakeholder interviews included key questions to help identify trends, if any, of the characteristics of children and caregivers who have experienced disruptions, as well as to gather information on what appeared to be different in those whose children remained stable in the caregivers homes.

One of the key components that assisted in planning and guiding this study was the formation of a *Kinship Study Advisory Council*. This group of key stakeholders from Florida Kinship Center, DCF, HKI, staff leading the initiative to transition child protection investigations from the Hillsborough County Sheriff's Department, Bay Area Legal Services, Guardian Ad Litem Office, CBHC, relative caregivers and staff service providers that support them, proved instrumental in assisting the authors to comprehensively view these issues.

FINDINGS

Initial Placement Decisions

Relative care giving begins with a decision by the parent, relatives, or Child Protective Investigator to place. The majority of placements are informal with either the relative caregiver removing the children themselves or the parents placing voluntarily. At times, the parent(s) have been arrested and imprisoned. Some may be in substance abuse treatment or lost their job and housing. Many relative caregivers report that they were worried about the care of the child and therefore told the parent they were "taking the child," until the parent "straightened up." Circumstances differ as to how the placement occurs, but in informal placement there is rarely any home study, background check or court-ordered custody. The relative caregiver may have a note from the parent stating that the relative is caring for the child but this is not an official, legal arrangement. As the authors will note later, informal placement, by its very nature, leads to legal, financial and service barriers.

When the child protection system is involved, the process is more formalized. Child Protective Investigators either with or without the parents, identify potential relatives who may or may not be receptive. Some relatives do not believe the allegations and will not protect the child. Others are angry at the offending parent

and unwilling to support a plan of reunification. Assuming these concerns are not barriers to placement, background checks are undertaken.

Approximately 80% of relatives placed by the formal system clear the background checks, but that may be misleading as criminal history does not preclude placement. There is a weighting system based on the nature of the criminal background (e.g., felony vs. misdemeanor), the length of time since the criminal activity occurred, and the forthrightness of the offending relative. Sometimes, a judge will directly order placement when the relative is eager to care for the child despite his/her criminal history.

The third step in this process is the home study. Again, this is a judgmental process with the relative's financial situation and household space being the critical factors noted. A review of home studies as part of this study shows a bias toward approving placements even when finances are limited and bedroom space inadequate. Clearly, there are different standards for approval of a relative placement than for a foster home which leads later to problems with the relative placement meeting permanency standards. As one Child Protective Investigator put it, "We wouldn't do that in a foster home." Our record review findings indicated the majority of relatives' individual needs were not met.

Why this difference in standards? Interviews with Child Protection Supervisors and staff revealed the following:

- There is a strong philosophical preference (rooted in law and administrative code) for placement with a relative rather than in a foster home. This can lead to overcrowding and overlooking the financial hardship of additional children on the relative caregiver. One CPI stated this philosophy distinctly as, "A couch with a relative is better than a bed in foster care."
- The common perception (false given lengths of stay in relative care) is that the placement will be short term so risks that would be unacceptable in long-term care are acceptable within this "short term" philosophy. An example of this is the placement of an infant or young sibling group with an elderly grandparent or great grandparent who may not have the health, stamina, or interest in parenting long term.
- Because Temporary Assistance to Needy Families (TANF) and Relative Caregiver Funds are potential funding for relatives, their financial situation may not receive the scrutiny necessary given the complexities and inadequacies of the cash assistance system (TANF) and the long length of time it may take to get Relative Caregiver Funds (6-12 months in some cases) if the parents are legally fighting adjudication.
- Most relative caregivers are not elderly, even though many services and supports are geared towards grandparents. The largest percentage of relatives studied was between the ages of 40-60 (see chart below).

Relative Caregiver Ages	%
0-20	5 %
20-30	5 %
30-40	9 %
40-50	27 %
50-60	36 %
60+	18 %

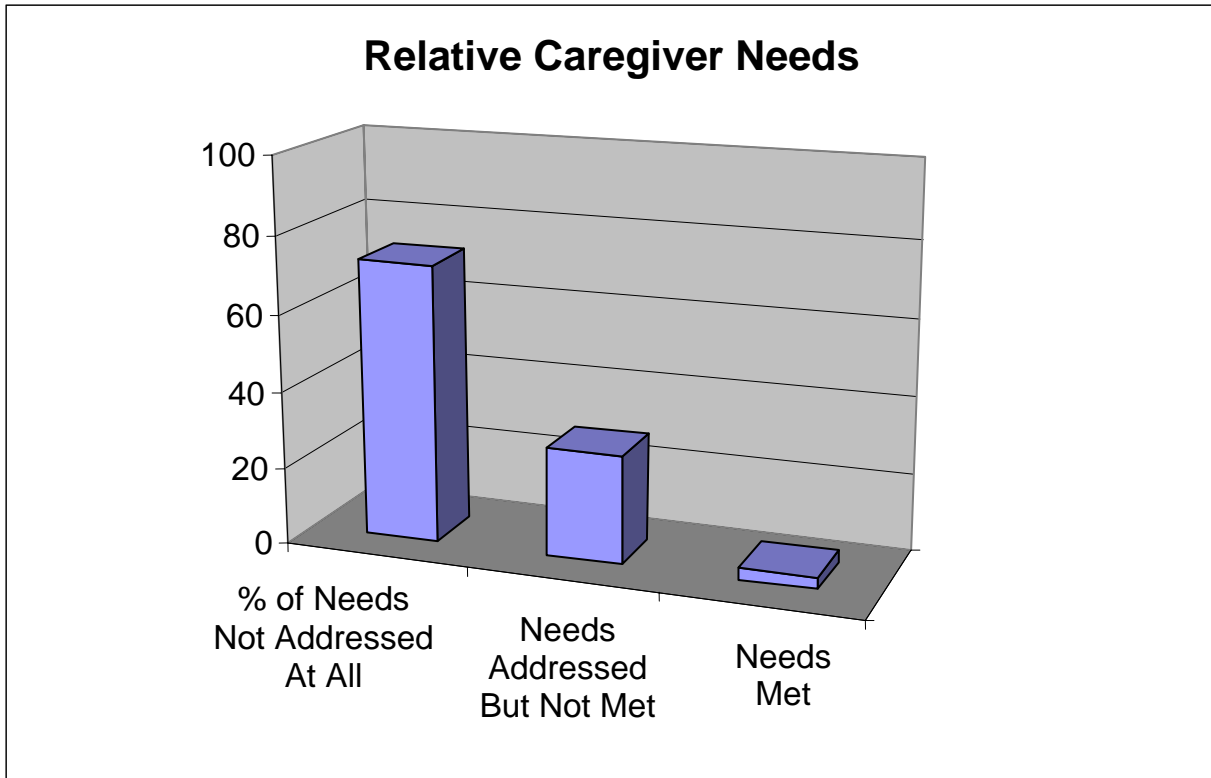
Supports Currently Available To Relative Caregivers

There are a wide range of supports available to relative caregivers, but all interviewed, from relative caregivers to HKI Care Managers, relayed that lack of knowledge of these resources and the ability to access them were serious barriers to getting services. Current services include:

- Financial assistance through TANF, SSI, and, if eligible, Relative Caregiver Funds (child must be adjudicated dependent). Relative caregivers are also be eligible for Medicaid for the child and may be eligible for Food Stamps (must meet income guidelines).
- System navigation (case management) services through Partners of Hillsborough’s Kinship Care Program. This program also offers access to treatment services and funds to cover emergency items such as food, clothing, diapers, beds, etc.
- Support groups for relatives are provided by both Partners of Hillsborough and the Florida Kinship Center.
- In addition, the Florida Kinship Center operates a WarmLine (emotional support, information and referral), a school-based program Kinship Care Connection, and Kin As Teachers, a child development initiative.
- Legal assistance – Bay Area Legal Services offers legal help through its Caregiver Advocacy Program. A grant covers caregivers age 60 and over. Those under age 60 must meet income guidelines (125% of federal poverty). Bay Area will also assist relative caregivers turned away for TANF benefits through its Public Benefits Program.
- Permanency Planning – Partners of Hillsborough works with relative caregivers to develop a written permanency plan for each relative using the Family Decision Making Model originally developed in New Zealand, modified in this country, and recognized as a “best practice” in Kinship Care (Ernst, 1999).
- Support for Elderly Caregivers – Along with the Caregiver Advocacy Program (Bay Area Legal Services), a number of support programs are available to senior caregivers through Grandparents Raising Grandchildren, the Grandparent Assistance Program (Family Enrichment Center), Elderlink, and the Department of Aging.

Supports Needed By Relative Caregivers

As noted in the previous section, a wide variety of services and supports are available to relative caregivers in Hillsborough County. A review of case records as well as focus groups with relatives, HKI Care Managers, and Child Protective Investigators highlighted an alarming lack of knowledge of these resources on the part of those who work with these caregivers, as well as their supervisors. When information was given and referrals suggested, CPI's and Care Managers were forthright in stating that due to caseload pressures they did not see their job as being one of system navigation for relative caregivers, rather, their efforts focused on the children and their parents. Relatives were expected to navigate complicated systems themselves. Thus, few relatives within the formalized system were linked to the services that exist in the community. Other than the WarmLine and word of mouth, linkage to services for relatives outside the formalized system (the majority) were also lacking as most of these arrangements are between birth parent and caregiver and so unknown to services providing support.



Our interviews and reading of records also revealed the need for additional services including:

- Rapid deployment of staff trained in de-escalating family crisis. Youth with troubling behaviors may disrupt from relatives that they have lived with for years.
- Respite – Relative caregivers, many of whom work and care for their own children plus kin, have a great need for relief from stress as well as a need for “time for themselves.”
- Timely financial assistance – TANF funds are available, but not always easy to access. Many relatives as well as staff in the HKI system believed eligibility meant approval and so delays in receiving financial assistance were common. Others did not have the ability or capacity to access TANF online and their work schedules made long waits to access benefits in person difficult. For those caregivers who have physical custody but no legal status, TANF benefits may be denied by an unknowledgeable worker, especially when the birth parent is a TANF recipient.
- Access to daycare – Since the majority of relative caregivers work, access to daycare is a must. Accessing public funded daycare is a time-consuming process, and one where need appears to exceed resources, especially for school-age children requiring after school supervision.
- Programs for children over 12 – Our community is sadly lacking in daycare and after-school programs for children over 12. Agencies such as the YMCA

and Boys & Girls Clubs serve this age group but relatives must overcome financial cost, scholarship applications, and transportation to access.

- Interventions for children with behavioral and emotional issues – Lack of access to Medicaid-funded treatment services was a consistent issue brought up by all in the kinship system of care. Caregivers who do not have clear legal custody with defined authority to access mental health services were denied. If approved, there were wait lists to negotiate. Treatment services, when available, did not have the intensity and frequency to deal with the problems that children subjected to trauma and loss needed. Clearly, timely in-home behavioral and crisis-oriented interventions were a significant gap in service need.
- Legal assistance – Relative caregivers must deal with both custody and permanency issues, both of which require legal assistance. This is an especially critical issue for children who are not in the dependency system and whose relatives must go through family law or probate civil court for temporary custody, guardianship or power of attorney for medical consent and other legal rights. As noted earlier, assistance is available to those caregivers age 60 and over, but as many relative caregivers are under 60 years of age, they often do not meet Bay Area Legal’s guidelines unless their income is very low. Filing fees (\$265), a service fee and mediation, if needed, are costs many relative caregivers cannot afford.
- Affordable housing – As for many populations in our community, finding adequate housing is becoming a critical need. This is especially true for relative caregivers who are in public housing as they face the possibility of eviction if they take on responsibility for a relative’s child(ren) which may lead to them exceeding occupancy for public housing guidelines.
- Programs that lead to permanency – Our community lost a valuable resource for relative caregivers when the Family Enrichment Center lost funding for its Permanency Project, a project that assisted these caregivers with legal support. Legal advice and assistance is available through Bay Area Legal Services, but permanency is more than a legal process. It has a strong social and family component which requires working with all family members and developing a permanency plan that is in the best interests of the child. It also assists families in developing back-up plans when a relative is elderly, at financial risk, or at risk of being overwhelmed. Such components may help to shorten lengths of stay in temporary relative care, clarify the legal status, as well as assist the family with other common issues of the informal kinship placements.

Barriers To Accessing Supports

While Hillsborough County has some major deficits in services relative caregivers need, there still are a number of excellent supports available. As noted previously, lack of knowing what the resources are and how to access them is prevalent system wide. The major barriers to accessing these supports appear to be:

- Service capacity – There are a number of supports and services available to relatives, but the need exceeds the capacity. Some 23,058 children reside with relatives in Hillsborough County and while not all need assistance, the numbers are still overwhelming given current services available.
- Lack of knowledge – Child Protective Investigators and HKI Care Managers are unaware of what services are available. Unfortunately, our interviews also revealed a significant gap in knowledge in the supervisory ranks of both organizations. Given current turnover in front line positions, knowledge of resources is a key component of supervision. If those who work in the system do not know the resources, then as one case management supervisor put it, “If it is confusing for us, it has to be confusing for them (i.e., relative caregivers).”
- Referral vs. linking to services – Rather than linking caregivers to the services known, CPI’s and HKI Care Managers were clear that they did not have the time to assist relatives in accessing services, but only in giving referrals. Our review of records indicated that there was little to no follow up to see if those services had been accessed.
- The child welfare system – The current child welfare system, itself, with its contradictory principles and complexity can be a barrier. For example, Florida’s current emphasis is on child safety. While safety is a key and necessary value, so too, are services and supports to the parents if reunification is to take place as well as support for relatives who are key system caregivers at minimum, and at risk for disruptions without adequate supports. These same relatives are frequently viewed as potential permanency options for the children if reunification fails.
- Complicated systems that make it difficult to access services – Ours is a technologically sophisticated society where we assume that those needing services can access them online. TANF is a good example of public funds that can be applied for through Internet access. Many relative caregivers do not have computers and are not comfortable online and so access is possible only through long waits in offices. This poses an additional challenge for working relative caregivers.
- Lack of a single access point for referral and assistance – Currently, relatives can access 2-1-1, the Kinship Warmline, Partners Referral Helpline, and Bay Area Legal Services. Given the staff turnover problems noted above and the lack of knowledge of resources, a single access point for relatives needing services and widespread public relations as to that access point, would be very beneficial.

Barriers To Permanency

Today’s child welfare system is built upon the concepts and goals of child safety, well being, and permanency. Yet kinship care with its multi-generational issues poses many barriers to a timely permanency process. Research nationwide, notes that children placed with relatives tend to remain in foster care longer than children placed in foster homes (Cook & Ciarico, 1998). Many of these issues

and barriers are further discussed in Kinship Care: Making the Most of a Valuable Resource (Green, 2003).

Because each state differs in its philosophy and policy towards kinship placement standards for adoption and relative caregiver subsidies, the authors will focus on barriers as they relate to Hillsborough County. Our interviews, review of records, and literature search revealed these barriers to permanency:

- Relative caregivers often continue to hope that the child's birth parents will "get it together" and be the "parent" again. This is especially true for grandparents who may see adoption or guardianship as a disloyalty to their child. While hope is important, some recent studies suggest that birth parents are less motivated to meet case plan goals for reunification when children are being cared for by kin as they have greater visiting access, there is less stigma than having a child placed in foster care, and they are free to pursue addictive behavior (Green, 2003).
- Caregiver's fear of losing the relationship with the birth parent. The closer the relationship with the birth parent, the more reluctant the caregiver is to see adoption as a positive. There is also the conflict inherent in reporting the birth parent's behavior and adherence to legal guidelines to the authorities.
- Change in role – Many grandparents are comfortable with their "grandparenting" role and reluctant to become the disciplinarian of their grandchildren, especially when they may be uncomfortable with modern child-rearing practices. Birth parents too may resist giving up their authority and right to make decisions.
- Adoption can be problematic to relatives, since it involves termination of parental rights which caregivers may be unwilling to support. Grandparents may be resistant because they do not feel they "can be the child's parent when I'm their grandparent." Also, while special needs adoption is often viewed as a commitment between foster/adoptive parent and the child, relatives feel that they already made that commitment "because they are family."
- Lack of incentives, especially when adoption is an option and leads to the loss of Relative Caregiver Funds. Relatives whose children have mental health, medical and behavioral difficulties may need the security of being part of the child welfare system.
- Reluctance on the part of care managers and judges to view long-term relative care as a permanency option given ages of children, health of relatives, and what they see as a high disruption rate especially for teenagers in kinship care.
- The differing licensing standards for placement with relatives (due to CPI's "short-term vision"), means relative caregivers may not be able to meet the more stringent standards for long-term relative care or adoption.
- Poor understanding of "best practices" in kinship care. Because placement with relatives involves three generations (sometimes four) and is a "family trauma," new models of practice are required. One such approach, the

Family Decision Making Model has shown impressive results (Ernst, 1999). This model is more intense than the case planning process common in child welfare and requires thorough training and skills of staff as unresolved family issues may often become explosive, especially toward the offending “birth parent.” The Family Decision Making Model leads to a total family plan that is in the best interests of the child. Other research reports that utilizing a wraparound services approach that addresses the individualized service needs of relative caregivers and the children lead to more successful permanency (Mills & Usher, 1996).

Disruptions In Kinship Care Placements

As noted earlier, the current HKI child welfare system is heavily dependent upon relative caregiver placements for children in out-of-home care. Recent statistics have shown a significant increase in disruptions in these placements with as high as one-third of children who need licensed foster or more specialized care entering the HKI system from a disrupted kinship placement. Assessment of records, as well as interviews and focus groups revealed the following as significant reasons for children to disrupt:

- Financial stress was the most significant factor noted especially in the first year of placement. While TANF benefits for relative caregivers are available, there were access issues for many. Once obtained, they were simply inadequate for many relatives who were economically stressed to begin with. TANF benefits range from \$153-180 for one child with smaller benefits for each additional child. One of the eligibility criteria for Cash Assistance is shelter or housing costs.

TEMPORARY CASH ASSISTANCE PAYMENT STANDARDS			
Family Size	Shelter/Housing Obligation \$50.01+ Payment Standard	Shelter/Housing Obligation \$.01- 50.00 Payment Standard	Shelter/Housing Obligation \$0 Payment Standard
1	180	153	95
2	241	205	158
3	303	258	198
4	364	309	254
5	426	362	289
6	487	414	346
7	549	467	392

8	610	519	438
Additional Person	+62	+52	+48

Relative Caregiver benefits range from \$242/child for ages 0-5 and \$298/child for ages 13-17; a distinct improvement over TANF but only 65% of what foster parents are paid.

Age	Foster Care	Adoption Subsidy	Relative Caregiver Funds
0 – 5	\$369	\$295	\$242
0 – 6	\$380	\$304	\$249
13+	\$455	\$364	\$298

As we noted earlier, relative caregivers nationwide had fewer financial resources than comparable foster parents yet are compensated at a significantly lower rate so financial stress is no surprise. State Relative Caregiver benefits are significantly higher but more difficult to access as dependency adjudication is necessary, and this can take up to a year or longer in a contested case. Since the majority of kinship placement is informal, they are not eligible for these funds.

- Inappropriate placements –Several issues stood out as factors that led to inappropriate placements. Child Protective Investigators took a short-term view (it will only be a short placement before the child is returned home), which may have caused them to overlook financial and overcrowding issues that would have been unacceptable in a long-term placement. Relatives often made decisions based on family loyalty and underestimated the impact of additional children on their financial resources and time available.
- Lack of critical community supports – Since the majority of relative caregivers work (and lack of adequate relative caregiver funds for informal placement means they often must), daycare and after school care are critical supports. Records from disrupted placements consistently noted the lack of available daycare and after school care resources, and when available, the difficulty relatives had in accessing them. Working caregivers just did not have the time to navigate the system, handle medical appointments for young children, and work with school personnel to find appropriate educational alternatives for children who were dealing with separation and loss.
- Lack of adequate system navigation services - As noted earlier, there is a significant lack of knowledge of what supports are available to relatives. This combined with large caseloads means that relatives are often not referred to critical supports and when they are, it is with the understanding that they are on their own to navigate what can be a complicated service system. Asking relatives, who are often overwhelmed with the demands of their new responsibilities, to do their own system navigation, was often the added stressor that led to the disruption.

- Focus on children and child safety. The authors noted many situations where care managers did not seek information or appeared to ignore information on what relative caregivers needed and were surprised when the relative could no longer handle the burden of caregiving. We were struck by how isolated the care managers often were from knowing available resources. To illustrate, one care management agency provides kinship support services in the same building co-located with the HKI care managers, but communication was still lacking. The majority of care managers were unaware of potential support services, and few referrals were made to prevent the disrupted relative placement.
- Lack of support for children with behavioral and mental health issues - While a spectrum of ages was represented in the records of children who disrupted, a disproportionate number were teens. Many of these teens had lived with relatives for several years but the combination of poor health on the part of the relative and the escalation of acting-out behavior of the child just overwhelmed the caregiver. Attempts were made to access mental health services, but the barriers were many. Sometimes it was legal (caregiver did not have medical consent). Other barriers included transportation (limited in-home services were available) or timeliness (a waiting list). Clearly the type of service necessary to rescue such a placement (timely, in-home, crisis intervention, intensive) did not exist.
- Failure to deal with unresolved family issues - Placement with a relative is a response to a family crisis be it a young immature mom, incarceration, substance abuse, or domestic violence. Children must deal with issues of separation and loss. Relatives face loyalty issues between birth parents and their children. There is guilt over the birth parents' inability to be a productive adult or perhaps anger. There are sibling rivalry issues as aunts and uncles may resent "grandmom" caring for one set of siblings to the detriment of others. Birth parents also may resent the attention their child receives ("You never treated me that nice"). All of these issues must be tackled and resolved in the best interests of the child if the family is to grow and heal.

Unfortunately the practice base to deal with these family issues is sadly lacking in the child welfare system in Hillsborough County. In fact, the issues are often inflamed by the practice of having the relative provide supervised visitation. This often puts the relative in a difficult situation. Do they say no when the parent drops by unannounced to see the child? Do they report them to the authorities? There were numerous situations where disruptions occurred because relative caregivers could not or would not establish the boundaries the child welfare system demanded due to the many family issues mentioned above.

- Conflicting Policy - Ours is a society that believes in the rights of parents. Ours is a society that also believes in privacy, and lack of government intervention in individual and family life. These rights must be balanced by government's responsibilities to protect children. All of these policy issues are played out in relative placements, especially with informal kinship care

where relative placement is seen as a family response to a family problem and not the business of the child welfare system. When these two collide, government may choose to take the child into care over the family's objections.

- Loss of role and social support – For grandparents, these two factors (along with health care) are critical if the placement is to be stable. Many grandparents have moved past “parenting” and are entering years when retirement is near. They are eager to enjoy the fruits of their labors and often have an extensive network of social supports. Becoming a parent again means the loss of role as well as social isolation from their peers. Despite their best intentions and loyalty to family, many cannot overcome this loss.

WHAT RELATIVE CAREGIVERS SAY

As part of this analysis, the authors interviewed several caregivers and attended two support groups. While their input corresponds with what we found in the record review and other focus groups, their concerns were as follows:

- Financial issues – Many of the caregivers we met with were “informal,” that is outside the child welfare system and so not eligible for Relative Caregiver funds. We heard over and over again how caregivers struggled to make ends meet when all they were eligible for was TANF funding. It was especially difficult for caregivers with teenagers as they want to be able to dress and participate in activities like their peers. In today's high school world, sports and extracurricular activities are not free and many stories of teens who could not participate in choirs, clubs, sports, and other character-building activities were recounted. As inadequate as TANF funding is, those few dollars are cut off if the teen drops out of school. Those who were eligible for Relative Caregiver Funds recounted experiences where these funds were promised by care managers but not delivered usually due to turnover and failure to submit the paperwork. We heard many stories of promises made but not delivered to encourage caregivers to accept responsibility for kin.
- Need for system navigation – Caregivers who were part of kinship programs offering a system navigator gave anecdotal evidence to the importance of these services. They knew what benefits they were eligible for and were assisted in obtaining them. They told numerous stories about the support they received during crises and how this support helped them to continue as caregivers.
- Importance of ongoing support groups – Relative caregivers, especially grandparents, find their encouragement from each other and their unique situation. Support groups not only give them a social outlet but provide a forum for training (*Parenting the Second Time Around* is a favorite), for identifying new available services and for respite (many offer concurrent activities for children).
- Respite – The need for some relief from the burdens of daily caregiving was another critical need, especially for grandparents who do not work. Many of

them are elderly or on disability which means they are not eligible for Title XX daycare. One program especially appreciated was the Family Enrichment Center's Saturdays Respite Program which is held one Saturday a month from 9:00am to 12:00 noon. Caregivers can drop their children off and do shopping, and other errands.

- Lack of after school, summer, and teen programs – These needs are partially financial (especially those who only receive TANF funding), partially transportation (some do not drive) and partially lack of access to programs such as the YMCA, Boys & Girls Clubs, and community recreation centers. The issues with extracurricular school activities were outlined previously. While caregivers appreciated the YMCA's generous scholarship program for membership (80% discount), it does not extend to specific programs such as summer camp, gymnastics, etc. While scholarships are available, their financial situation does not give them the means to take advantage of these opportunities. If they are part of a Children's Board funded case management entity, they are eligible for Administrative Service Organization funds, but this occurs only while they are part of the program and not if they are in support groups.

RECOMMENDATIONS

Based on our findings, the authors offer a number of recommendations that could build a better relative caregiver system of care in Hillsborough County. For purposes of organization, these are grouped by issue, not priority.

Recommendation #1 – Provide Relative Caregivers with adequate information regarding available financial support. Reading of records and interviews with caregivers established lack of financial support as the greatest stress for relative caregivers and the leading reason for disruption. TANF funds are clearly inadequate, especially in caring for teenagers, but even these limited funds were often not accessed due to misunderstandings and misinformation on the part of the relative caregivers, child protective investigators, and HKI care managers. Relative Caregiver Funds are more generous but still are only 65% of foster care rates and require the child to be adjudicated dependant, a process that can be delayed if the parent(s) are fighting the adjudication. Once children are adjudicated dependent, it requires notifying TANF and a process that is frequently incomplete, leaving many of the relatives in the formal HKI system with little to no outside funding for many months. Since Relative Caregiver funds are available only when a child is adjudicated dependent, the majority of relatives who care for kin informally are not eligible.

Some specific recommendations which may need legislative attention, but would help with financial issues are:

- Provide training, supervision, and accurate information to relative caregivers, child protective investigators and care management staff,

- Advocate at the state and federal level to increase financial assistance. Caregivers should be eligible for Relative Caregiver Funds at point of placement since adjudication may take 6-12 months,
- Relative Caregivers who are discharged from case management programs and are part of support groups should be eligible for the flex funds administered by the Children's Board as they often lose critical support services.

Recommendation #2 – Develop better systems to help Relative Caregivers obtain information on what services are available. The two systems that touch relative caregivers (DCF Child Protection and HKI Care Management) were sadly lacking in their own knowledge of what was available in the community including how to access Relative Caregiver Funds. Informal caregivers could access information through the Warmline, Partners Referral Helpline or 2-1-1 but none of these information helplines were known to the majority of caregivers. Because the arrangement between birth parent and relative caregiver is informal, there is no way service providers can easily access those in this “informal” system.

We would, therefore, prepare the following recommendations to develop better access:

- As Protective Investigation is transitioned to the Sheriff's Department, resource workers such as those in the Partners Pilot Project, could be incorporated in each child protection unit. Each resource worker needs a thorough understanding of what is available for relatives, as well as other resources to strengthen and support all families in our community. Recently a form was developed whereby at time of placement the name and phone number of every relative was sent to Partners of Hillsborough so that follow-up calls can be made to determine if services are needed. This practice should be continued.
- Hillsborough Kids, Inc. needs to incorporate routine training on what services are available for relative caregivers. Given the number of relative placements, HKI should also consider specialty units serving relatives so that a core of supervisors and workers becomes knowledgeable on what resources are available and what best practices are. Specialty units focusing on target groups seem to work well for HKI (e.g., adoption). Training and best practices are available through the Florida Kinship Center. HKI is also considering using its new Call Center to help relative caregivers access these critical funds.
- The community institution which touches almost all relative caregivers is the school system. It is therefore important for guidance counselors and school social workers to know how to help relative caregivers access services. It is equally important for service providers to inform school personnel as to what the service system offers.
- A single point of access (perhaps 2-1-1) would help relative caregivers as well as parents in need to be routed to the services they need. It is also easier to

publicize a single point of access than multiple ones. Within this single point of access, a list of services with contact information should be developed. DCF does provide a packet of information and services available to those in the “formal” system.

Recommendations #3 – Increase System Navigation services for Relative Caregivers – While one would hope that child protection investigators and HKI care managers would provide system navigation, both systems were clear that caseload sizes, turnover, and workload pressures prevented this. Yet they, as well as relatives themselves, realized that systems are complex and that linkage is critical, going beyond giving caregivers referral paperwork is necessary. Many relatives who had been successful in keeping children stable recounted how they were at the point of giving up if it had not been for their case manager who helped them obtain the support they needed. The importance of case management is demonstrated by the 5 years of statistics compiled by Partners of Hillsborough, which has consistently kept 95% of relative caregiver placements intact. But, given the fact that current system navigation services touch some 200 families annually, the vast majority of families are unserved. We would, therefore, recommend that:

- Expand current system navigation services. Since many of these families who have not touched the formal child welfare system are at risk of entering the child welfare system, funding such as Medicaid Targeted Case Management for At Risk Children may be a viable funding source for such expansion.
- Child Protective Investigators and HKI Care Managers need to be more proactive in linking families to the system navigation services that do exist, since they recognize that their workload and other issues preclude them from performing this critical service.

Recommendation #4 – Expand legal supports for caregivers under age 60 – Relative Caregivers in the dependency system usually receive temporary custody of their kin children, but those in the informal system must go through family law or probate civil court in order to obtain temporary custody, guardianship, or power of attorney. Such legal authority is necessary for school enrollment, medical consent and to obtain services. It also offers protection from birth parents who move in and out of their children’s lives. Yet informal caregivers often only have a handwritten note from the parent which has no legal authority. Bay Area Legal Services, through its Caregiver Advocacy Program, can offer such assistance to relative caregivers age 60 and older. Those under age 60 must meet poverty guidelines.

To strengthen the legal support relative caregivers need we recommend:

- Identify and obtain funding to expand the Caregiver Advocacy Program, legal assistance through Bay Area Legal, to caregivers under age 60,

- Look for ways to re-establish the early Permanency Project run by the Family Enrichment Center, Inc. and Bay Area Legal Services. This best practices helped relative caregivers deal with both the legal and social issues involved in permanency.

Recommendation #5 – Establish “best practice” models of permanency planning – Throughout this analysis, the authors have highlighted a number of best practices. Standards and best practices are noted in Barriers to Permanency. Issues in kinship care are complex and must be understood to assist children placed with relatives achieve permanency. Kinship care frequently involves several generations in a family, with the breakdown of the birth parent family at times rooted in unresolved family issues. For a myriad of reasons (reluctance to give up on the birth parent, health issues, finances, etc), permanency is difficult to obtain. Best practice models such as Family Decision Making and Family Team Conferencing need to be taught and practiced by those involved in relative caregiving. Further recommendations include:

- Train all HKI Care Managers involved with relative caregivers in Family Decision Making Training, currently available through the Florida Kinship Center. As part of this training, families make decisions on long-term care of children when reunification with the birth parent is not possible. When the family as a whole accepts responsibility for the child until adulthood, judges are much more willing to grant long-term relative care resulting in the child achieving permanency and exiting the out-of-home care system.
- Case management/ wraparound models that provide valuable systems navigation and direct services to the caregivers have shown their effectiveness in meeting the special needs of relative caregivers and should be expanded. All such programs need to have a permanency component such as that developed by The Florida Kinship Center and Partners of Hillsborough.
- Expand the availability and access of support groups throughout Hillsborough County. There are currently over 20 such groups, but funding for paraprofessional group coordinators (often kinship parents themselves), food, transportation, and concurrent activities for the children is needed. Existing support groups have been invaluable in helping relative caregivers (especially those who are “old school” with training as they need to) recognize that child rearing practices have changed as have community attitudes toward corporal punishment.

Recommendation #6 – Respite care. This is a critical need for relative caregivers (especially those who work and so are ineligible for Title XX Daycare funding).

- The once per month Saturday respite program at Family Enrichment Center is greatly appreciated by relative caregivers in the central city area and needs to be expanded. Two Partners of Hillsborough kinship providers have access to family support centers (The Children's Home, Inc. and Catholic Charities) and

should explore adding a similar respite program. Additional funding might be needed.

- The Children's Board Administrative Service Organization (ASO) flex dollars are one source of funding for respite, though currently these are available only to relatives in a case management program.

Recommendation #7 – Kinship Families serving children who have emotional and behavioral issues need timely access to services – Along with financial issues, the lack of effective treatment services for children with emotional and behavioral problems, as well as in-home behavioral interventions with the caregivers, were reported as major factors in disruption, especially when the child was a teenager. Mental health services are inaccessible when legal status was not clear. Behavioral interventions, especially those geared to provide individualized assistance, were almost non-existent in this community. When available and/or accessible, services might not be timely or were agency-based (vs. in-home) and more likely to be didactic therapy in nature, lacking the intensity needed to impact the behavior.

- Access to mental health services needs to be increased and current barriers removed. Those in charge of admission for services need to be more knowledgeable as to legal status (power of attorney should suffice) unless psychotropic medication is involved (requires separate court order).
- An intensive, in-home, individualized, behaviorally-oriented crisis intervention service, with staff specifically trained in behavioral interventions is needed to stabilize relative caregiver placements heading for crisis and disruption.

Recommendation #8 – Relative Caregivers need programs that provide a full continuum of wraparound services that meet their special needs – As noted earlier, Mills & Usher found that case management wraparound models of service were most effective in affecting permanency in relative caregiver placements. Relative caregivers, depending on age, health, and financial situation, have a variety of special needs as do the children they serve including:

- Daycare for working parents and after school programs for school-age children. Such supports are also needed for non-working relatives (currently not eligible for Title XX), who may have significant health issues or are elderly.
- Access to tutoring and educational supports for children with emotional or learning difficulties.
- Programs for children age 12 and over, available especially after school and on weekends. The YMCA and Boys & Girls Clubs are excellent supports for these youngsters, but transportation and cost can be barriers that need to be addressed. Along with healthy recreational outlets, these programs often provide opportunities for mentoring for both the children and the caregivers.
- Immediate assistance in meeting tangible needs especially at the point of placement (beds, clothing, food, diapers, etc.) must be built into the continuum of services.

- Accurate information on availability and access to health care, for both caregiver and children.
- Information and access to the various assistance programs in this community for elderly caregivers, (Meals On Wheels, Elderlink, etc.) must be widely distributed.
- Special supports for teens including job assistance, tutoring to prevent school dropouts leading to the loss of benefits, recreational outlets, etc. Recent legislation that passed, but with no additional funding in the 2005-06 Legislative Session allowing older children placed with relatives access to federal and state funded Independent Living Services would have been a step in this direction If funds were appropriated

SUMMARY

Kinship Care has evolved into a critical resource in our community in caring for children and as an out-of-home care alternative in the child welfare system. The numbers tell the story as 45% (1,645 children) of children in Hillsborough County's child welfare out-of-home care placements are cared for by relatives. This number is but the tip of the iceberg as the 2000 U.S. Census found 23,058 children in Hillsborough County being cared for by relatives. The overwhelming majority are, therefore, outside the child welfare system.

While kinship care is a critical community resource, relative caregivers, nationally on average, are older, less educated, have more health issues and fewer financial resources than foster parents. Yet they are expected to provide the same or higher level of care with significantly lower compensation rates while receiving fewer services. Relative caregivers in the informal system of care receive even lower rates of financial help and fewer services. As a result, kinship families face great challenges in meeting their caregiving and personal responsibilities.

While the vast majority of relative caregivers remain intact despite the challenges they face, child welfare professionals at HKI have seen a steady increase in the numbers of relative care placements disrupting. Over the past year, 1/3 of the children entering licensed foster care system have disrupted from relative caregiver placements.

SIGNIFICANT FINDINGS AND RECOMMENDATIONS

In completing this analysis, the authors read open and closed case records, interviewed and held focus groups with professionals and experts in the field, interviewed a number of caregivers in both the formal (child welfare) and informal system and received feedback and guidance from our *Kinship Study Advisory Council*. While detailed findings and recommendations are in previous sections, they can be summarized as follows:

1. There is a significant lack of knowledge on the part of many child protective investigators and HKI care managers as to the resources and services available to relative caregivers. Hillsborough County needs the following:
 - A single point of access for relative caregivers to get information on the various resources and services available.
 - As the child protective investigator function is transitioned to the Hillsborough County Sheriff's Department, there is a commitment and opportunity to integrate a resource worker in each CPI unit who can be knowledgeable about resources and services for relative caregivers.
 - Given the numbers of relative caregivers in the HKI system of care, the special needs of this critical group could be best served by specialized units, where supervisors are trained in family decision making and other best practices.
 - Information on resources for relative caregivers needs to be given to those who touch these families daily such as counselors in the school system, Title XX daycare, neighborhood centers, and other social service agencies.

2. There are a number of critical supports which relative caregivers need in order to provide kin children adequate care and stability. They are:
 - Adequate financial support – Both record review and interviews found inadequate financial support as the leading cause for disruption. Even when disruption did not occur, many kinship families struggled to provide the basics. A detailed matrix widely distributed for accessing child only TANF and Relative Caregiver Funds should be developed.
 - Improved access to mental health services and in-home, behaviorally-oriented crisis stabilizing service must be available with rapid deployment in order to prevent disruptions.
 - Legal services for caregivers under age 60 must be built into the continuum of services.
 - Critical supports such as respite, daycare, after school care, and programs for teens are severely needed.

3. System navigation as an overlay – Services must be available and known to caregivers, but equally important is linkage to those services, especially given caseloads and work demands of the CPIs and HKI care managers. Expansion of existing case management services as well as implementation of resource workers in CPI units could serve this linking function.

4. Improved knowledge of best practices leading to permanency – There are a range of practices that recognize the intergenerational issues involved in relative caregiving and have demonstrated outcomes of enhanced permanency including:

- Initial placement decisions that recognize the privacy of family but do not overburden relatives and recognize that the placement is not a “short-term fix.”
- Implement family decision making approaches that recognize the family issues, effective implementation must include training staff in the skills to deal with the wraparound and family team conferencing.
- Permanency approaches which combine legal status with the social issues involved in relative care giving. Funding projects such as the Permanency Project run by Bay Area Legal Services and the Family Enrichment Center, Inc. which proved its effectiveness and continues to be sorely needed.

There are a number of other findings and recommendations contained in this analysis, all of which are directed at strengthening the Relative Caregiver system of care critical to our community. Our community’s challenge is to disseminate information on currently available resources, and strengthen and expand this continuum to support all relative caregivers raising children who may otherwise continue to be a huge burden on the child welfare system in Hillsborough County.

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