

Kinship Support

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Overview

Kinship care is the full-time care and nurturing of a child by a family member or someone with a significant emotional connection to the child (i.e. fictive kin) when out-of-home placement is needed. Kinship care is the preferred option if a removal is warranted. There are many benefits to placing children with kinship caregivers including increased stability and safety, reduced trauma, and an increased sense of connection and belonging.

Kinship care often:

- ◆ Decreases trauma for children by providing continuity and connection with familiar adults and surroundings;
- ◆ Allows siblings to be placed together and remain closely connected;
- ◆ Reinforces children’s personal, familial, and cultural identities through connection to their family history and community;
- ◆ Encourages families to cultivate and rely on their own resources and strengths; and
- ◆ Enables extended family and other interested parties to participate as essential members of the child and family’s team and safety network.

The search for kinship caregivers should begin during the intake process and continue throughout the life of the case. This is expected even if placement is not needed at the time of initial Department involvement because development of a support system for the family is one component of permanency. In the long term, kinship placement may be one of a range of positive permanency options.

Definitions

“Child”, “Children”, or “Youth” means a person or persons who meets the definition of a Child in Iowa Code § 234.1(2).

“Child welfare services” means age-appropriate activities to maintain a child’s connections to the child’s family and community, to promote reunification or other permanent placement, and to facilitate a child’s transition to adulthood.

“Family Interaction” means the philosophy to maintain relationships with siblings, parents, family, and other individuals and to reduce the sense of abandonment and loss that children experience at placement.

“Fictive Kin” means an individual who is unrelated by either birth or marriage but who has an emotionally significant relationship with another individual who would take on the characteristics of a family relationship.

“Kin” means one's family and relations.

“Kinship care” means the care of a child by kin or fictive kin. Kin are the preferred resource for a child who must be removed from their birth parents because it maintains the child's connection with their families.

“Kinship caregiver” means a kin (e.g., grandparent, sibling, etc.) and fictive kin (e.g., godparents, close family friends, etc.) providing care for a child.

“Medicaid referral” means referral of a family to the income maintenance unit of the local Department office for determination of Medicaid eligibility.

“Parent” means:

- ◆ a biological or adoptive mother(s) or father(s) of a child; or a father whose paternity has been established by operation of law due to the individual's marriage to the mother at the time of conception, birth, or at any time during the period between conception and birth of the child, by order of a court of competent jurisdiction, or by administrative order when authorized by state law. A parent is a parent regardless of child custody status or residence in the child's home.

“Parent” does not include mother(s) or father(s) whose parental rights have been terminated. (Iowa Code section 232.2(39))

- ◆ In the Indian Child Welfare Act, a biological parent or parents of an Indian child or any Indian person who has lawfully adopted an Indian child including adoptions under Tribal Law or custom. It does not include the unwed father where paternity has not been acknowledged or established. (Iowa Code section 232B.3(12))

“Permanency” means a child has a safe, stable, custodial environment in which to grow up, and a lifelong relationship with a nurturing caregiver. (441 IAC 172.2)

“Recruitment, Retention, Training, and Support (RRTS) Contractor” means the organization that has executed a contract with the department to provide recruitment, retention, resource family licensing and adoptive family approvals, support to resource families and post-adoptive families, training and to match children in need of care to resource families.

“Social Work Case Manager” or **“SWCM”** means the person assigned to manage a child welfare service case using case planning and case management for the “life of the case”.

Social Work Case Manager (SWCM) Responsibilities Specific to Kinship Placements

The SWCM will:

- ◆ Provide information about the court process, different types of hearings, court procedures, and the caregiver's role in any court proceedings if applicable;
- ◆ Notify the kinship caregiver of any proceedings regarding the child placed in their care;
- ◆ Refer kinship caregivers to the family-centered services (FCS) contractor for Kinship Navigator Services. For information regarding making a referral to Kinship Navigator Services, see 18-C(3), [Family-Centered Services](#).
 - If kinship caregivers decline a referral to Kinship Navigator Services, refer kinship caregivers to the RRTS contractor after 30 calendar days of a child placed in their care.

Complete form [470-5150, Child Welfare Services Referral Face Sheet](#), and submit to the RRTS contractor.
 - If kinship caregivers accept a referral to Kinship Navigator Services, the assigned FCS kinship specialist will email the assigned Department worker of the kinship caregiver's interest or willingness to participate in the licensing process.

Upon receipt of this email, refer the kinship caregivers to the RRTS contractor by completing and submitting form [470-5150, Child Welfare Services Referral Face Sheet](#).
- ◆ Notify the kinship caregiver of meetings, including Solution Focused Meetings (SFMs) and YTDM meetings, so they can participate if invited to attend;
- ◆ Include the kinship caregiver in the development and updates of the Family Case Plan;
- ◆ Provide the kinship caregiver with information regarding their responsibilities and determine whether they will need any assistance in carrying out their responsibilities;
- ◆ Meet with the kinship caregiver monthly, or more as needed, and continually assess support needs to assure a safe and stable placement;
- ◆ Assist kinship caregivers with accessing resources to support the placement including, but not limited to Caretaker FIP, Medicaid, and Food Assistance;

- ◆ Assist kinship caregivers to create a safe and supportive home environment, including early identification of needs for additional services such as therapy, counseling, educational and/or mental health services and to close the gaps and/or delays with service delivery to kinship caregivers;
- ◆ Provide kinship caregivers with information on the Kinship Caregiver Payment Program, see [Comm. 604, Kinship Caregiver Payment Program](#).
- ◆ Provide kinship caregivers with information on the benefits of becoming a licensed foster parent, see [Comm. 603, Benefits of Becoming a Licensed Foster Parent](#).
- ◆ Refer kinship caregivers to the RRTS contractor for an informational meeting/video call about the process to become a licensed foster parent(s) and its associated benefits. For information regarding making a referral to RRTS, see 18-D(1), [Family Foster Care Policy and Procedures](#). Kinship caregivers should be aware of all permanency options, including guardianship; and
- ◆ Continuously look for appropriate kin and fictive kin placements over the life of the case. If a placement change becomes necessary, previously explored kin and fictive kin will be re-explored as possible placement resources.

SWCM Face-to Face Visits With Kinship Caregivers

Home visits occur monthly or more frequently based on need. Face-to-face contact that targets the unique needs and challenges for these families is considered best practice. In addition to routine, required face-to-face visit activities outlined in 18-C(2), [Case Management](#), the following areas are important to consider and address when interacting with kinship caregivers:

- ◆ Kinship caregivers very often assume their role of caregiver during a time of crisis. This requires them to make many changes in the home life to accommodate a child with little time for preparation. Changes typically include accommodating space in the home, arranging for childcare, accessing healthcare, making arrangements for school, and accessing other specialized services for the child. Prompt attention and response to these needs can quickly remove barriers, ease stress, and stabilize the placement.
- ◆ Finding themselves in the role of primary caregiver is the foremost issue for kinship caregivers. Kinship caregivers may be parenting their own children, not been in a parenting role for some time, or have limited parenting knowledge. Parenting children who have experienced trauma or who present with other special needs will be addressed during home visits with kinship caregivers. Kinship caregivers need timely access to resources related to these concerns. They may even encounter feelings of loyalty, strain, and/or alienation from others within their family system.

The complexity of these dynamics may produce stress, confusion, and conflict for the caregiver. Significant attention and support are needed to help families adjust and re-align from previously defined roles while promoting positive connections and relationships among family members. Caregivers need individual, private opportunities to communicate around these issues and concerns.

- ◆ Kinship caregivers may feel overwhelmed by the child welfare system, and specifically concepts of interactions and visitation, reunification, and permanency. While informational materials may target this area of need, face-to-face attention may alleviate concerns, misconceptions, and fears related to the child welfare process, decision-making, and the direct impact on the caregiver and child.
- ◆ Visitation and family interactions can be stressful for kinship caregivers, especially when the kinship caregiver is expected to supervise or facilitate parent/child contact and family interactions. Home visits are an opportunity to support and ensure that the kinship caregiver is able to manage the family interaction safely as well as manage the child's behavior after family interactions with their parent and/or siblings.

Financial Resources

Children in out-of-home placements are more likely to have better social and mental health outcomes when their caregivers can access a wide variety of services. The SWCM will inform the kinship caregiver of the availability of and assist them with accessing resources to support the placement.

Kinship Caregiver Payment

The kinship caregiver payment is a time-limited payment that allows kinship caregivers to receive financial support for each child court ordered and placed in their care. Note: In order to receive this payment, a kinship caregiver must meet the definition of a person to whom a child is related by blood, marriage, or adoption, or a person who has a significant, committed, positive relationship with the child, providing care for a child. See [Comm. 604, Kinship Caregiver Payment Program](#).

If the kinship caregiver meets eligibility, all of the following conditions apply:

- ◆ The payment will begin after two consecutive months of the child's placement in the kinship caregiver's home. The two-month requirement is waived if the child enters the kinship caregiver's home immediately following a paid placement for at least 30 days.
- ◆ The monthly payment will be \$300 for each eligible child residing in the kinship caregiver home.
- ◆ The payment will continue for up to six months.
- ◆ The kinship caregiver payment will be terminated prior to the six months if the child no longer resides in their home.
- ◆ Kinship caregivers who currently receive a foster care payment are not eligible to receive the kinship caregiver payment.

When a child is eligible for the kinship caregiver payment, the SWCM is required to complete the following:

- ◆ Make FACS entries in SERL to authorize payment for the placement utilizing relative (kin) and non-relative (kin) placement codes.
- ◆ If a child is not a Medicaid member, obtain a Medicaid application from the child's parents, guardian, or other responsible person (kin, guardian ad litem (GAL), and attorney) using form 470-2927 or 470-2927(S), Health Services Application. See Medicaid Eligibility.

- ◆ If a child leaves the kinship caregiver's home prior to the six months, end date the placement in FACS.
- ◆ If the six months is exhausted, end date the placement in FACS and direct the kinship caregiver to reapply for FIP (see below).
- ◆ If the kinship caregiver becomes a licensed foster parent, end date the placement in FACS and refer to Chapter 18-D(1) [Foster Family Home, Foster Care Payment: Maintenance Payment](#).

Medicaid

Medicaid is a state program that pays for covered medical and health care costs of people who qualify. Transportation services to and from medical, dental, and behavioral health services may also be accessed through Medicaid. The Medicaid program is funded by federal and state governments and is managed by the Department.

Many of the children served by the Department may be eligible for Medicaid. Therefore, collaborate with Department Income Maintenance workers in determining if the child meets eligibility requirements. Income Maintenance determines eligibility for Medicaid. The application for to use depends on the family's circumstances:

- ◆ When children are living with their parents or with kinship caregivers :
 - Use form [470-5170, Application for Health Coverage and Help Paying Costs](#), when the family wants to apply for Medicaid only.
 - Use form [470-0462, Financial Support Application](#), or its Spanish version, 470-0466, when the family wants to apply for the Family Investment Program, Food Assistance, or Child Care Assistance in addition to Medicaid.
- ◆ When a child is placed in foster care, adoptive placement, or a PMIC:

Use form [470-5170, Application for Health Coverage and Help Paying Costs](#), for the initial application.

There is no need to re-apply if the child is already receiving Medicaid. However, updated placement information will need to be provided to Income Maintenance workers.

Family Investment Program (FIP)

FIP is Iowa's Temporary Assistance to Needy Families (TANF) program. FIP provides temporary cash assistance for families as they become self-supporting. Department rules define which types of relatives can receive caretaker FIP for a child. Collaborate with Department Income Maintenance workers regarding eligibility for caretaker FIP. Relative caretakers who apply for FIP only for the child can receive FIP regardless of their income. They are not subject to time limits or PROMISE JOBS work and training participation.

Child Care

The child may qualify for child care assistance through the Department Child Care Assistance Program. The caretaker's relationship is not an eligibility factor and the caretaker does not have to be biologically related. The caretaker's income is not considered when determining eligibility for this program. There must be a need for the service such as being employed 28 or more hours per week, seeking employment, attending academic or vocational training, or temporary medical issues.

Childcare services for a child with protective needs are provided without regard to income. To receive protective childcare services, the family must meet specific requirements; the service area manager (SAM) must pre-approve the childcare services, and the provision for childcare must be identified in the child's case permanency plan as a necessary service.

Food Assistance Program

The goal of the Food Assistance Program is to help low-income Iowans meet their nutritional needs by supplementing the household's food budget with benefits that can be used to purchase groceries. Eligibility is determined by the number of people in the household, the amount of earned income, the amount of unearned income, and the amount of resources in the household. To assist a family with determining eligibility for food assistance, work with Income Maintenance workers.

Other Potential Financial Resources

The child may qualify, depending on individual circumstances for the following, including, but not limited to: Supplemental Security Income (SSI), Social Security Disability or Veteran's Assistance (based on parent's disability), or Social Security Survivor's Benefits (if parent is deceased). Information regarding disability benefits and the application process can be found at ssa.gov/benefits/disability/.

Supports

As parents struggle with issues that affect their ability to parent their child(ren), it is important to develop resources to support kinship caregivers in learning about, finding, and using programs and services to meet their own needs and the needs of the child(ren) they are raising. Kinship caregivers should have opportunities to network with each other through mentoring, support groups, and other available supports.

Family Educator Partnership (FEP)

FEP works to develop and sustain effective partnerships between families, educators, and community providers for children and youth on Individual Education Plans (IEPs). FEP is staffed by a family coordinator and an education coordinator who may assist the family with understanding special education, understanding parent/student rights and responsibilities, assist with challenging behavior strategies, and assist with transition planning for youth age 14 or older. FEP may be accessed by contacting the child's local Area Education Agency (AEA).

GrandFacts

The GrandFacts state fact sheets for grandfamilies include state-specific data and programs as well as information about public benefits, educational assistance, legal relationship options, and state laws. More information may be found at <http://www.grandfamilies.org/Portals/0/State%20Fact%20Sheets/Grandfamilies-Fact-Sheet-Iowa.pdf>

Iowa Foster & Adoptive Parents Association (IFAPA)

IFAPA provides peer support, training and resources to promote safety, permanency, and well-being to Iowa's foster, adoptive, and kinship families. For more information about the kinship resources IFAPA offers, visit http://www.ifapa.org/resources/kinship_resources.asp

National Alliance on Mental Illness (NAMI) IOWA

NAMI IOWA offers a range of education, support, and advocacy programs for caregivers of children and adolescents who are living with mental illness as well as adults with persistent mental illness. Through education and support, consumers and family members are better equipped to effectively manage the difficulties of mental illness, serious emotional disorders, and behavioral challenges. More information may be found at www.namiiowa.org.

General Supports

Additional information regarding supports for kinship caregivers may be found at the following links:

- ◆ <http://www.grandfamilies.org/>
- ◆ <http://www.childwelfare.gov/topics/outofhome/kinship/resourcesforcaregivers/>
- ◆ <http://www.casey.org/tag/kinship-care/>