A decorative graphic is present on the page. It features a large, thin, light-brown arc that starts near the top right and curves down towards the bottom right. A horizontal line and a vertical line intersect at the end of this arc in the bottom right quadrant. A small yellow square is placed at the intersection of the horizontal and vertical lines. In the top left corner, there is a solid green rectangular area. A small yellow square is also located at the bottom right corner of this green area, with a thin horizontal line extending from its right side towards the center of the page.

# **AARP New York Report on Barriers to Successful Kin Caregiving of Children**

April 2004



# **AARP New York Report on Barriers to Successful Kin Caregiving Of Children**

**Prepared by: Anita M. Stowell-Ritter**

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## Background

Kin caregivers, including grandparents, experience myriad problems and barriers as they attempt to raise minor children. Numerous social policies, public benefit regulations, and laws exist in New York State that significantly limit these caregivers' access to services and provide insufficient rights and authority. To identify key barriers to services and to develop an agenda for redressing these barriers and expanding access, AARP New York conducted this survey of agencies that provide services to kin caregivers.

Five core systems often needed by kin caregivers have been examined in-depth:

- TANF Child Only Grants, i.e., Public Assistance
- Medical and/or Mental Health
- Education
- Legal and Judicial
- Child Welfare

For each of the core areas, agencies are asked:

- to rate how much of a barrier a series of listed items are in accessing each system
- to identify the top three items that they viewed as the greatest barriers
- to identify from a listing of policy, administrative, regulatory, statutory, and funding option strategies necessary to increase access to systems

Respondents are also encouraged to identify other critical barriers and to recommend strategies for ameliorating the barriers and improving access.

The AARP New York State Office in conjunction with the New York Kincare Coalition developed a list of 184 organizations located in New York State that were believed to be providing direct services to kin caregivers. Each of these organizations was contacted in two ways: surveys were mailed to each agency and an email containing the survey was sent to the agency contact having chief responsibility for relative caregiver programs. Each agency was sent two copies of the mail survey with intermediate post card reminding them to return the survey. Non-respondents also received a reminder telephone call encouraging them to complete the survey. The initial survey was distributed July 16, 2004. A total of 67 surveys were returned by September 3, 2004, the cut-off date for receipt of the survey. The response rate is 36 percent. Of the 67 surveys received, 43 agencies were identified as providing services to kin caregivers. The findings reported here focus on the 43 agencies providing services.

## Highlights

- A constellation of changes must be pursued to improve access by kin caregiver to financial, health, educational, legal, and child welfare systems for minor children in their care. About two in three respondents identified 34 strategies that would improve services.
- Kin caregivers generally lack information about the availability of a spectrum of financial, health, educational, legal, and child welfare systems. This lack of knowledge has been attributed to limited outreach by service providers and the complexity of the application processes.
- The total lack of or the limited legal authority to make informed decisions about important financial, health, education, legal, and child welfare systems is a significant barrier. This barrier is further reinforced by the general lack of access to core medical, financial, education, legal, and child welfare documents and records.
- Administrative and policy restrictions also limit the ability of kin caregiver to access non-governmental systems such as health care. Kin caregivers have been unsuccessful in covering minor children in their care under existing private family insurance plans.
- The apparent systematic preference for non-kin foster care combined with the limited standing of kin caregiver in legal proceedings is a major deterrent to grandparents and other relatives seeking guardianship and legal custody of minor children. Kin, especially grandparents, are often not presumed to be the best caregiver for their grandchildren. The cost of legal services limits the ability of many kin caregivers to pursue appropriate legal remedies.
- Staffs in agencies administering services to children in kin caregiving arrangements are generally uninformed about the needs and experiences of kin caregivers. This lack of understanding and knowledge negatively influences outreach and service delivery.
- Proposed remedies include:
  - Delegating rights and responsibilities similar to those of parents to kin caregivers faced with making informed health, educational, financial, and legal decisions for the children in their care;
  - Allowing kin caregivers the right to access health, education, financial, and legal records and documents available for children in their care;

- Expanding support and resources available to kin caregivers as they seek and apply for a range of core services;
- Enhancing and expanding training of professionals who work with kin caregivers to improve their understanding of their issues and concerns;
- Streamlining administrative systems to reduce their complexity and institute program guidelines and criteria to be universally applied across counties in New York State;
- Increasing the level and availability of kin caregiver subsidies in the TANF and Child Welfare programs.
- Expanding the availability of legal information and services as well as devising procedures that can ensure grandparent caregivers have appropriate rights in custodial disputes.

## **Detailed Findings**

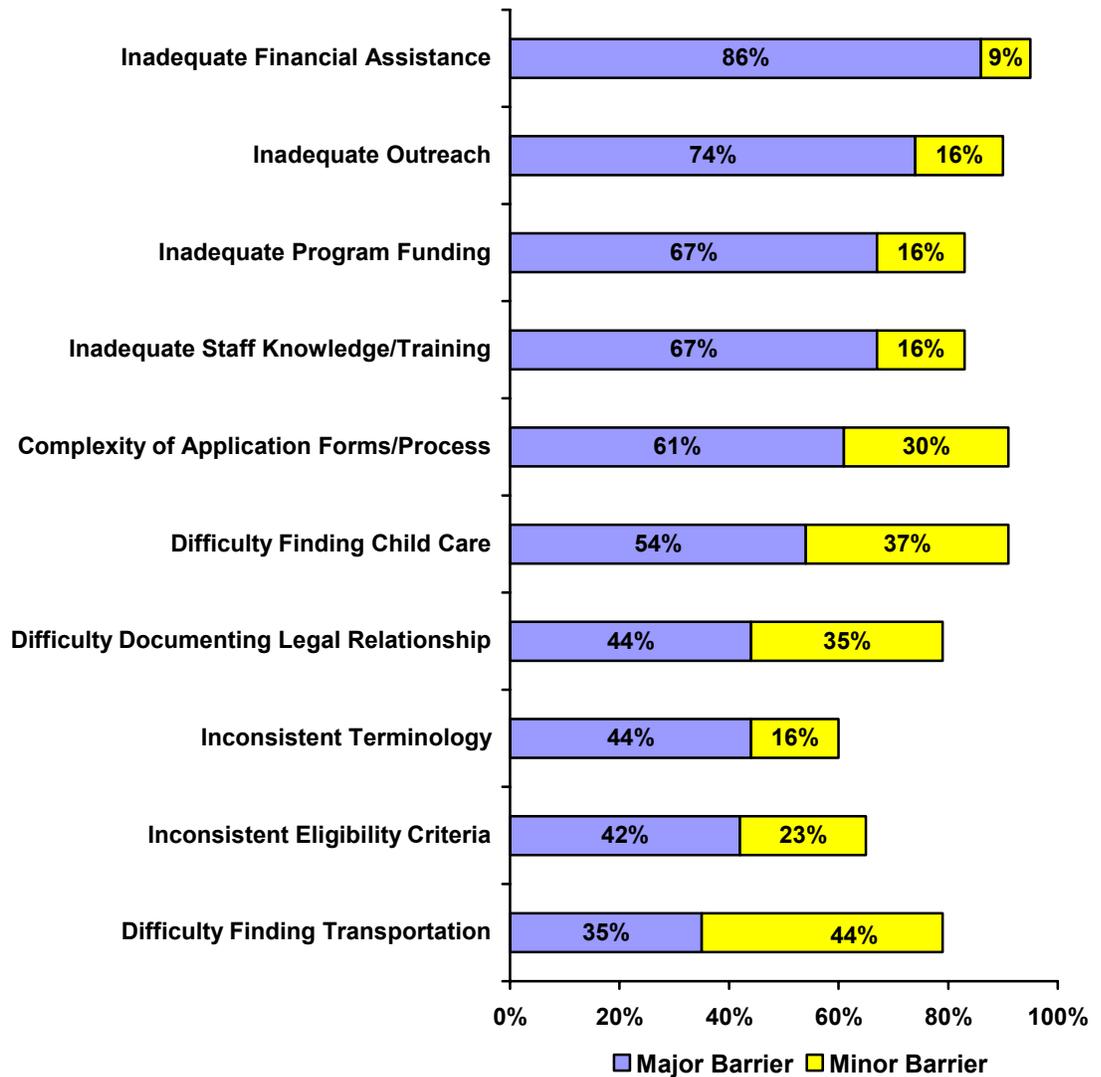
### **Temporary Assistance for Needy Families (TANF) Child Only Grants**

Temporary Assistance for Needy Families (TANF) Child Only Grants is financial public assistance for children whom are not being cared for by their parents. Such grants are based solely on the income and resources of the child. TANF grants can be a valuable resource to kin caregivers, yet they are not always used. Based on their own experience working with kin caregivers, agencies were asked to rate ten potential barriers to obtaining benefits for kin caregivers who are not foster parents to the children they are raising. Each item could be rated as a major barrier, minor barrier, or not a barrier.

Two of the items most often cited as major barriers related to funding: inadequate financial assistance for the caregivers was identified as a major barrier by 86 percent of agencies and inadequate program funding was rated a major barrier by 67 percent of agencies. Other important barriers include inadequate outreach, inadequate staff training and knowledge, and complexity of the application process and forms.

## Major and Minor Barriers for Kin Caregivers' Access To TANF Child Only Grants

(N=43)



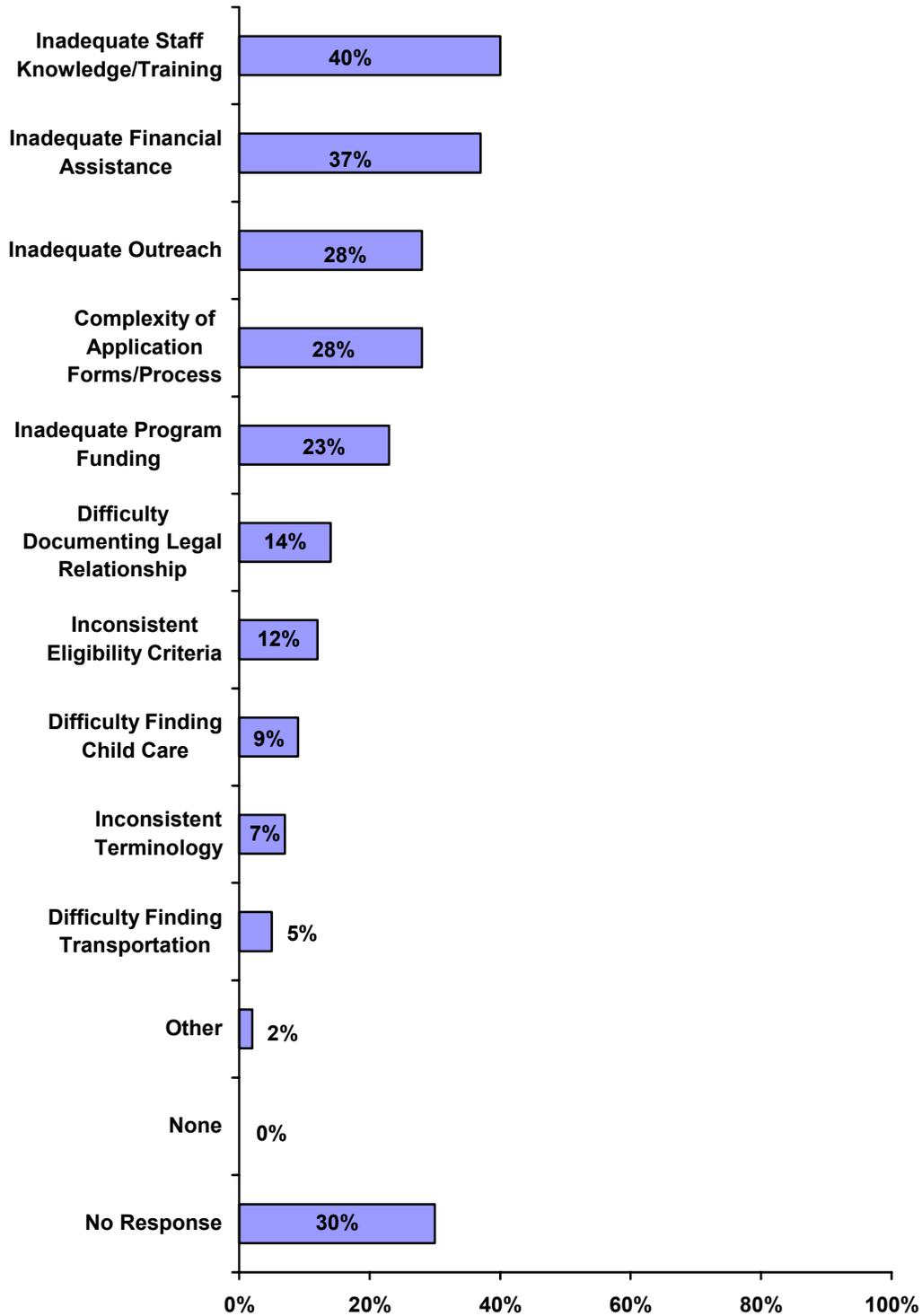
### ***Greatest Barriers to Accessing TANF***

Next respondents are asked to consider what the three greatest barriers are for kin caregivers who are not foster parents attempting to receive financial assistance through TANF Child Only Grants. About two in five respondents report that inadequate program knowledge and training of staff working with caregivers and inadequate financial assistance for caregivers are the greatest barriers. About three in ten respondents also state that inadequate outreach to kin caregivers and the complexity of application forms and process are the greatest barriers. Slightly less than one in four also cite inadequate program funding as the greatest barrier.

Less than one in five respondents indicate that the other listed items represent the greatest barriers. Three in ten respondents did not answer the question.

## Greatest Barriers for Kin Caregivers' Access To TANF Child Only Grants

(N=43)



### ***Suggested Strategies to Expand Access to TANF***

Respondents were then presented with 11 policy, statutory, regulatory, funding, and administrative strategies which could improve kin caregivers' access to TANF Child Only Grants. They were asked to indicate all changes that, in their view, would improve access. Three in five agencies say that ten of the 11 changes would improve access.

Four in five respondents indicate that training social service workers on the TANF Child Only Grants and increase outreach to kin caregivers would improve kin caregiver access to these grants. About three in four also mention making an information brochure on how to apply for the TANF Child Only Grants available to the public at all social service centers and providing higher TANF stipends to grantees would improve kin caregiver access.

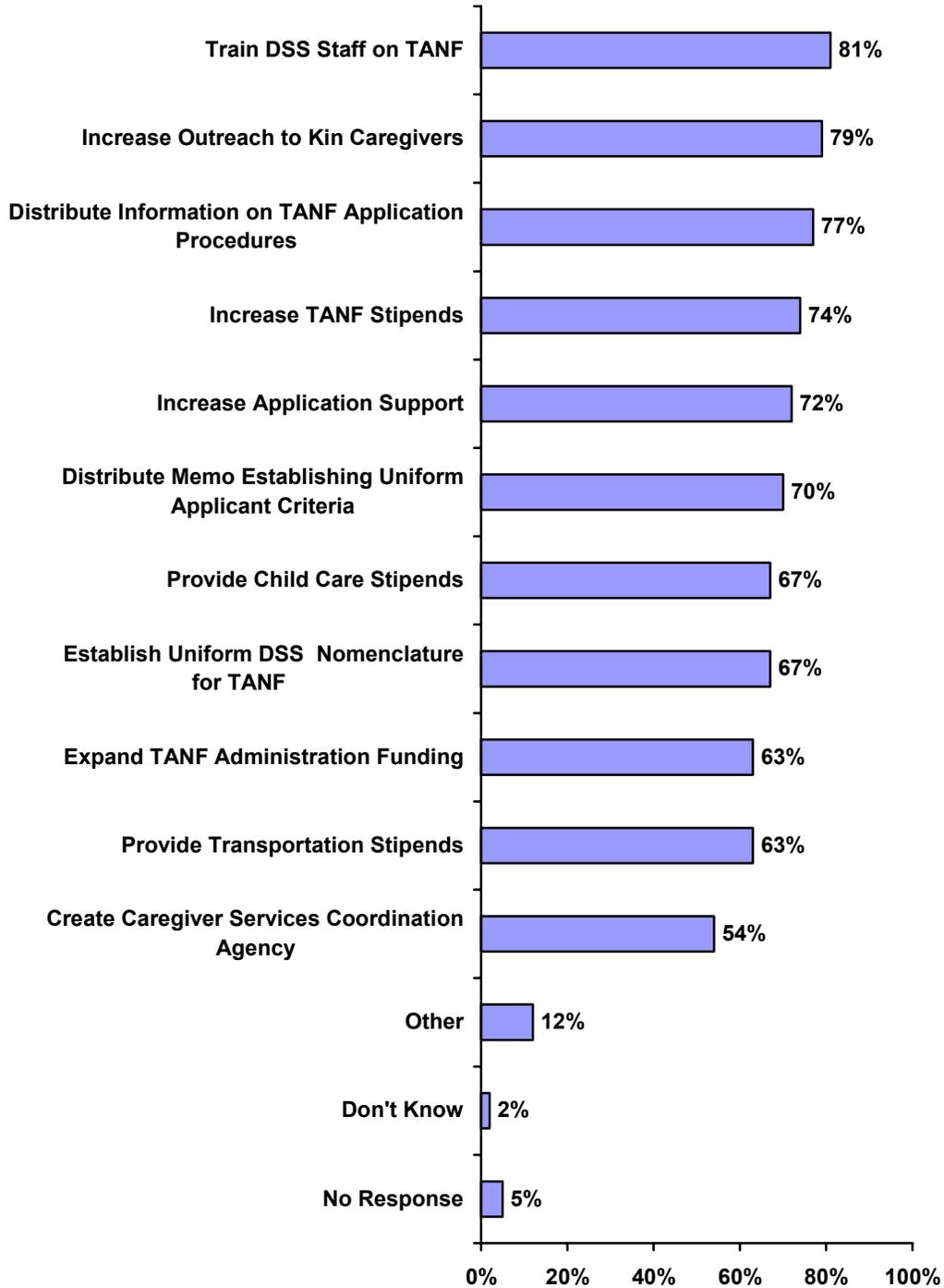
About seven in ten also indicated that increasing support for kin caregivers in preparing the applications for assistance and distributing an informational memo to Department of Social Services establishing uniform criteria for applicants would expand kin caregiver access.

Two in three respondents report that providing caregivers stipends for child care costs and distributing an information memo to Department of Social Services establishing uniform nomenclature (classifications) for TANF Child Only Grants are actions that would improve access to TANF grants.

Fewer than two in three respondents mention other changes.

## Changes Needed To Improve Kin Caregivers' Access To TANF Child Only Grants

(N=43)



## **Medical And/Or Mental Health**

### ***Major and Minor Barriers to Accessing Medical And/Or Mental Health***

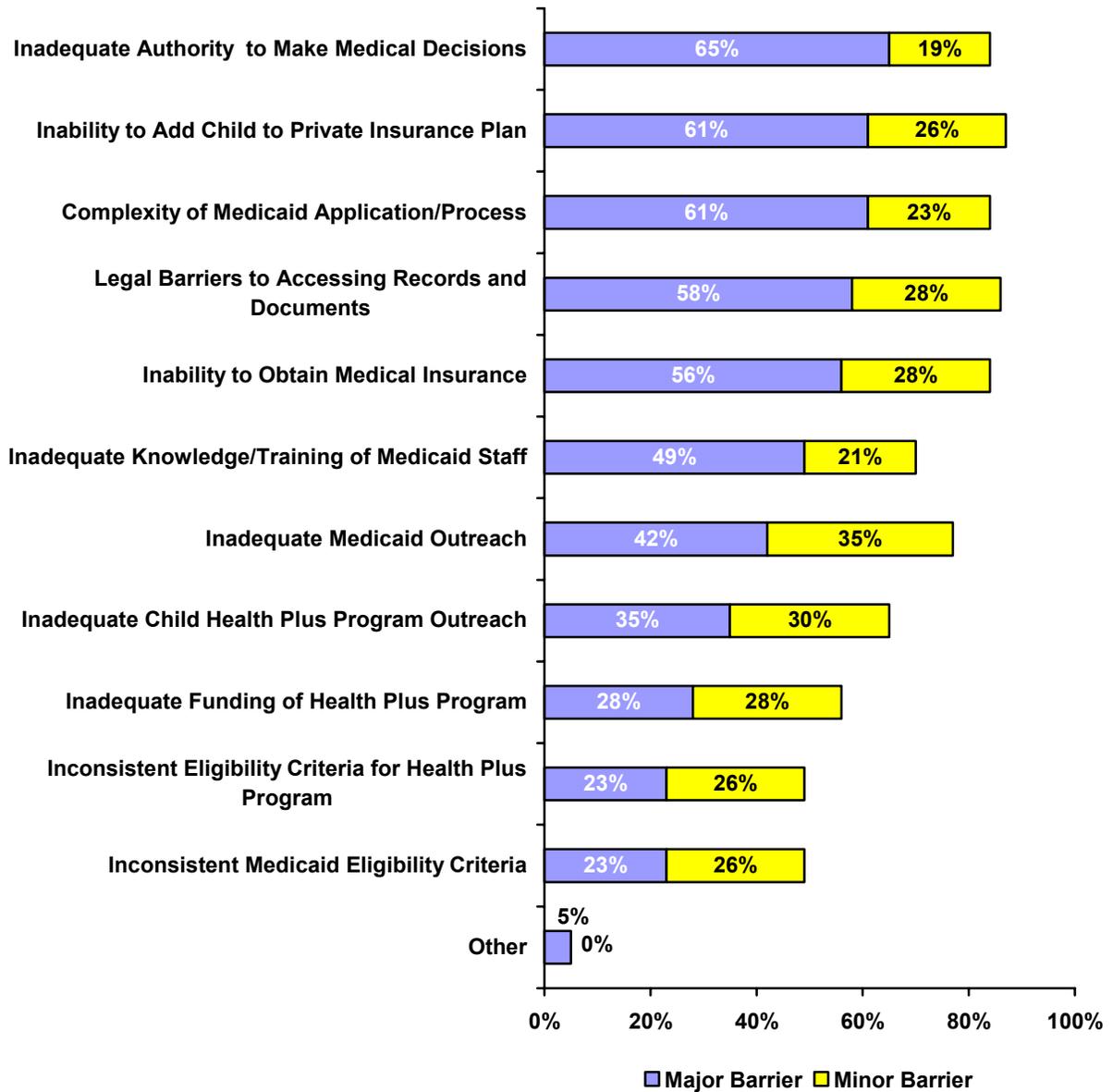
Respondents were presented with 11 items that could potentially represent barriers to kin caregivers (who are not foster parents to the child(ren) they are raising) in attempting to obtain medical and mental health services for children in their care. They were asked to rate how much of a barrier each item was for kin caregivers.

Respondents report inadequate legal authority to make necessary medical decisions is the greatest barrier with nearly two in three respondents reporting it is a major barrier. Three in five respondents also say that the inability of kin caregivers to add the child to private insurance plan and the complexity of the Medicaid applications forms are major barriers to accessing health services.

Also listed as major barriers to accessing medical services by about half or more of respondents are legal barriers to accessing medical and mental health records and documents and the inability to obtain medical insurance coverage because legal custody or guardianship is necessary.

## Major and Minor Barriers for Kin Caregivers' Access To Medical And/Or Mental Health

(N=43)



### ***Greatest Barriers to Accessing Medical And/Or Mental Health***

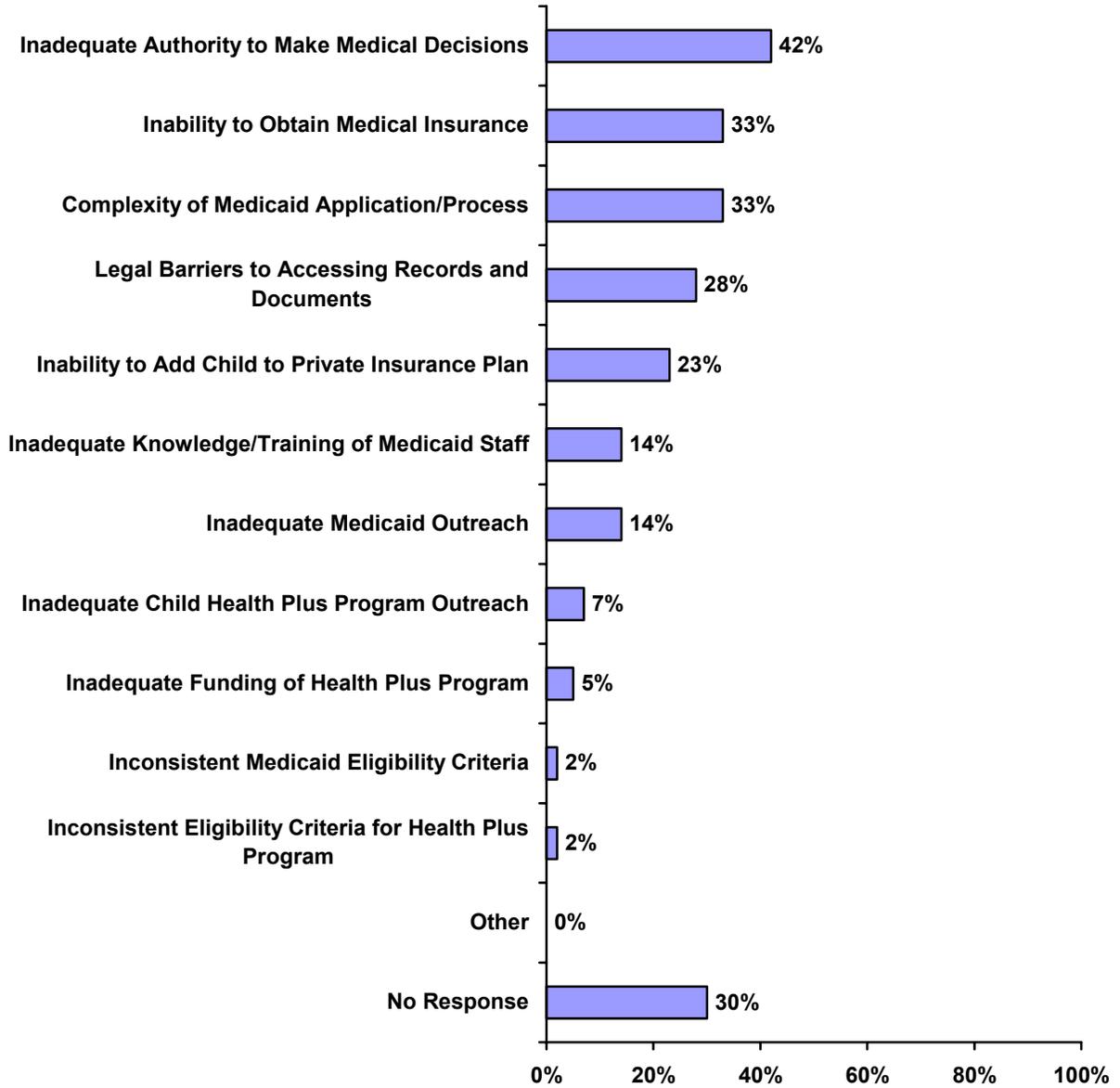
When respondents are asked to identify the three items that presented the greatest barriers to kin caregivers attempting to obtain necessary medical and mental health services for the minor children in their care, the top ranked barrier is inadequate legal authority to make necessary medical decisions. More than two in five respondents rate it as the greatest barrier.

One in three respondents say that inability to obtain medical insurance because legal custody or guardianship is necessary and complexity of Medicaid application forms and process are the greatest barriers. About one in four also report that the inability of kin caregiver to add child to private insurance plan is among the greatest barriers.

Fewer than one in four report that the remaining listed items are among the greatest barriers. Three in ten respondents did not provide a response to the question.

## Greatest Barriers for Kin Caregivers' Access To Medical and Mental Health

(N=43)



### ***Suggested Strategies to Expand Access to Medical And/Or Mental Health***

Respondents were next presented with 11 policy, statutory, regulatory, funding, or administrative strategies that might improve kin caregiver access to medical and mental health services for the minor children in their care. They were asked to identify all items that they believe could improve access.

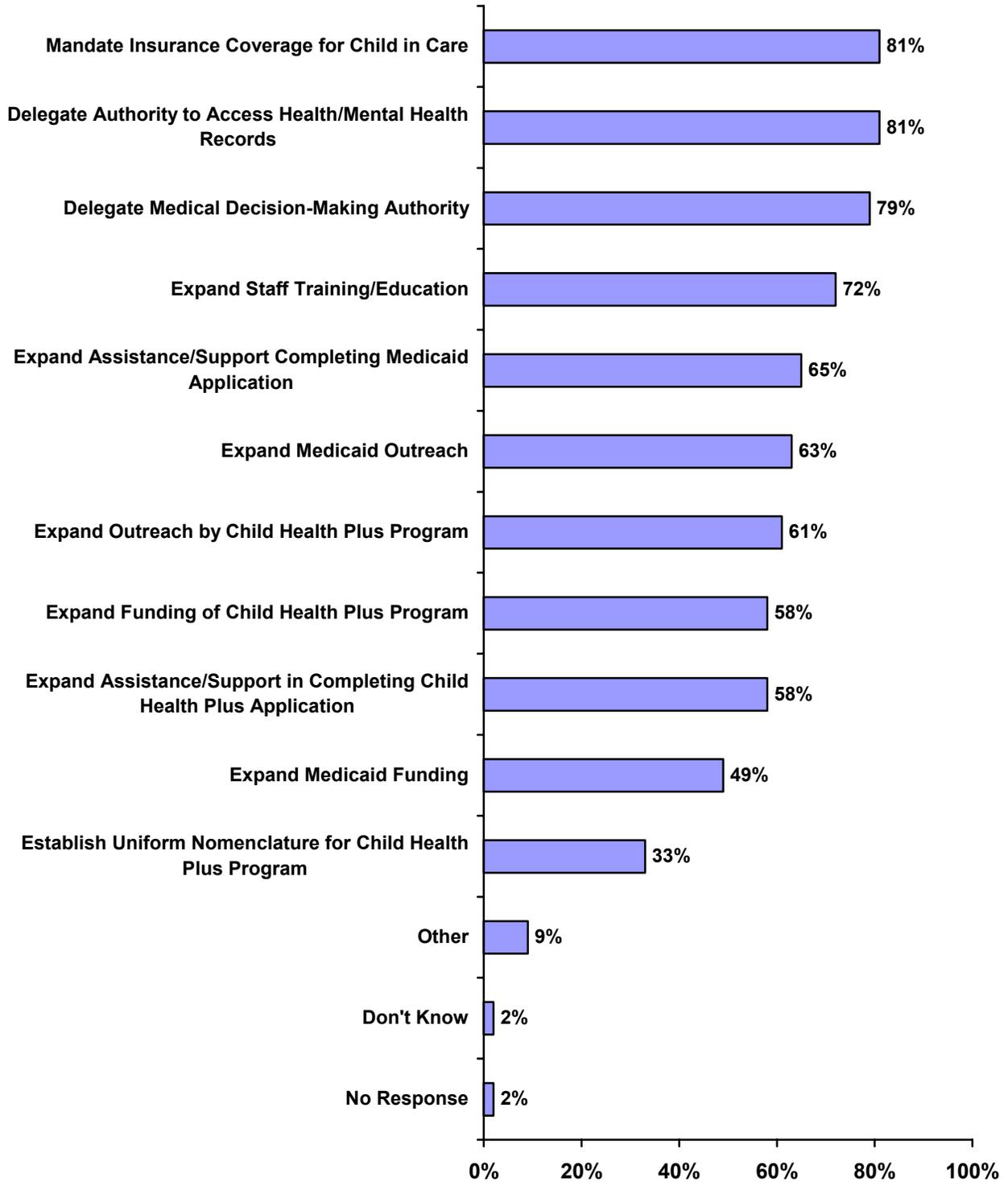
According to respondents, establishing a mandate that insurance carriers permit kin caregivers to add child to the insurance plan, providing statutory authority for delegated kin caregivers to access medical and mental health records of the child, and providing statutory authority for parents to delegate medical decision-making to kin caregivers are those changes that would have the greatest impact on access to these services. Slightly more than seven in ten respondents also note that providing information and training to staff administering the Child Health Plus Program and the Medicaid Program on the particular needs of kin caregivers would expand access to health services.

About two in three respondents also state that providing assistance and support to kin caregivers in completing the application process for the Medicaid Program and expanding funding of the Medicaid Program could substantially improve access to medical and mental health systems.

Three other changes that are identified by about three in five respondents as improving access to these systems are: expanding outreach by the Child Health Plus Program to kin caregivers, expanding funding of the Child Health Plus Program, and providing assistance and support to kin caregivers in completing the application process for the Child Health Plus Program.

## Changes Needed To Improve Kin Caregivers' Access To Medical and Mental Health

(N=43)



## Education

### *Major and Minor Barriers to Accessing Education*

Respondents were next asked to consider nine items that could potentially create barriers for kin caregivers in attempting to obtain education services for the children in their care. They were asked to rate each item as a major barrier, minor barrier, or not a barrier.

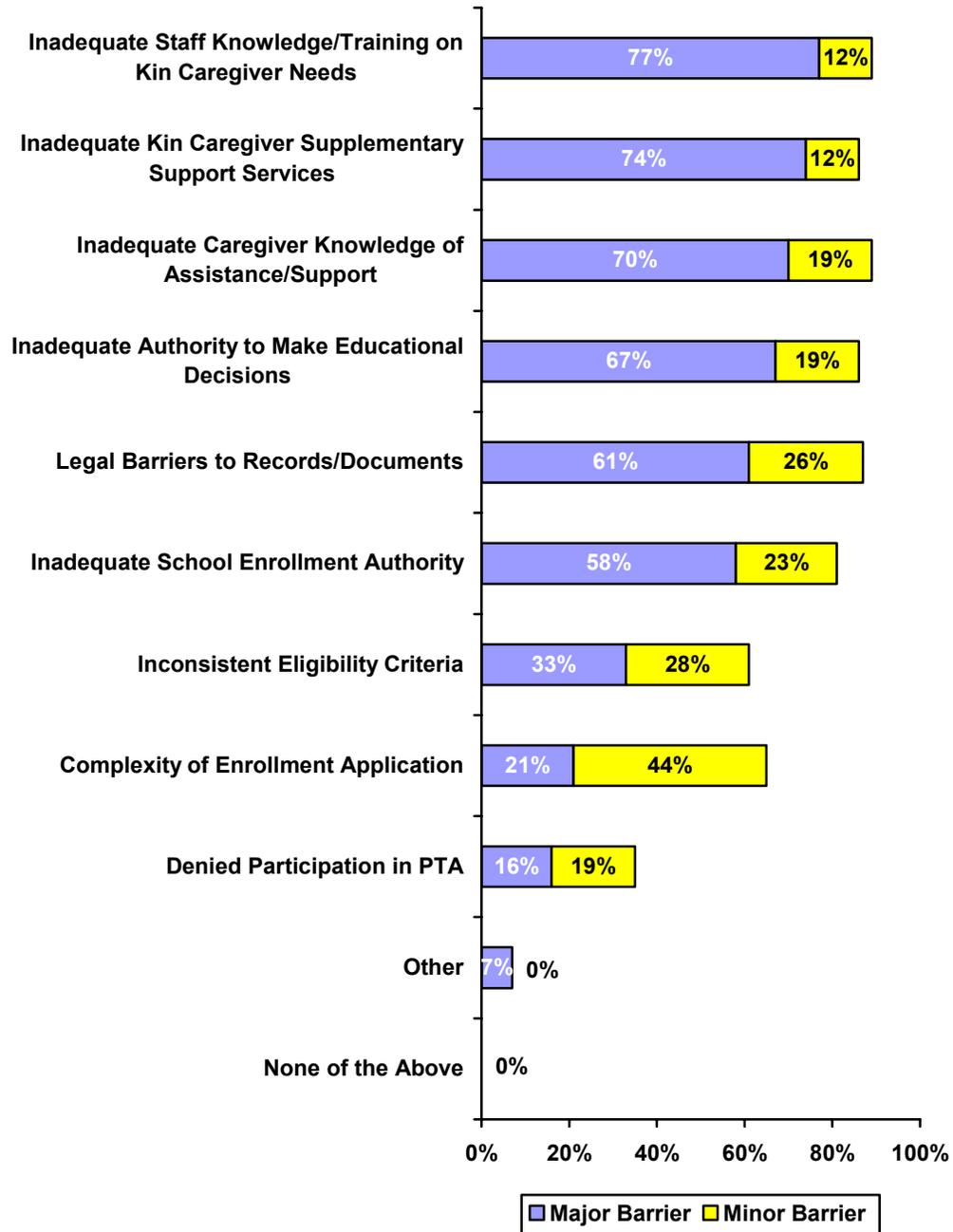
The top rated barrier is inadequate program knowledge and training on the particular needs of kin caregivers among teachers and counselors. More than three in four respondents report it is a major barrier to kin caregivers when they attempt to obtain educational services for children in their care. The second highest ranked barrier is inadequate supplementary support services to assist kin caregivers to advocate for services with three in four respondents citing it as a major barrier.

Between 60 and 70 percent of respondents mention three additional items as major barriers: inadequate knowledge of available educational assistance and support programs, inadequate legal authority to make necessary educational decisions, including those for Individual Educational Plans (IEPs), and legal barriers to accessing educational records and documents. Nearly three in five respondents also note inadequate legal authority to enroll the child in school.

Less than half of respondents say that inconsistently applied enrollment eligibility criteria across counties, complexity of enrollment application forms and process, and denied participation in the PTA are major barriers to accessing educational systems for children living with kin caregivers.

## Major and Minor Barriers for Kin Caregivers' Access To Education

(N=43)



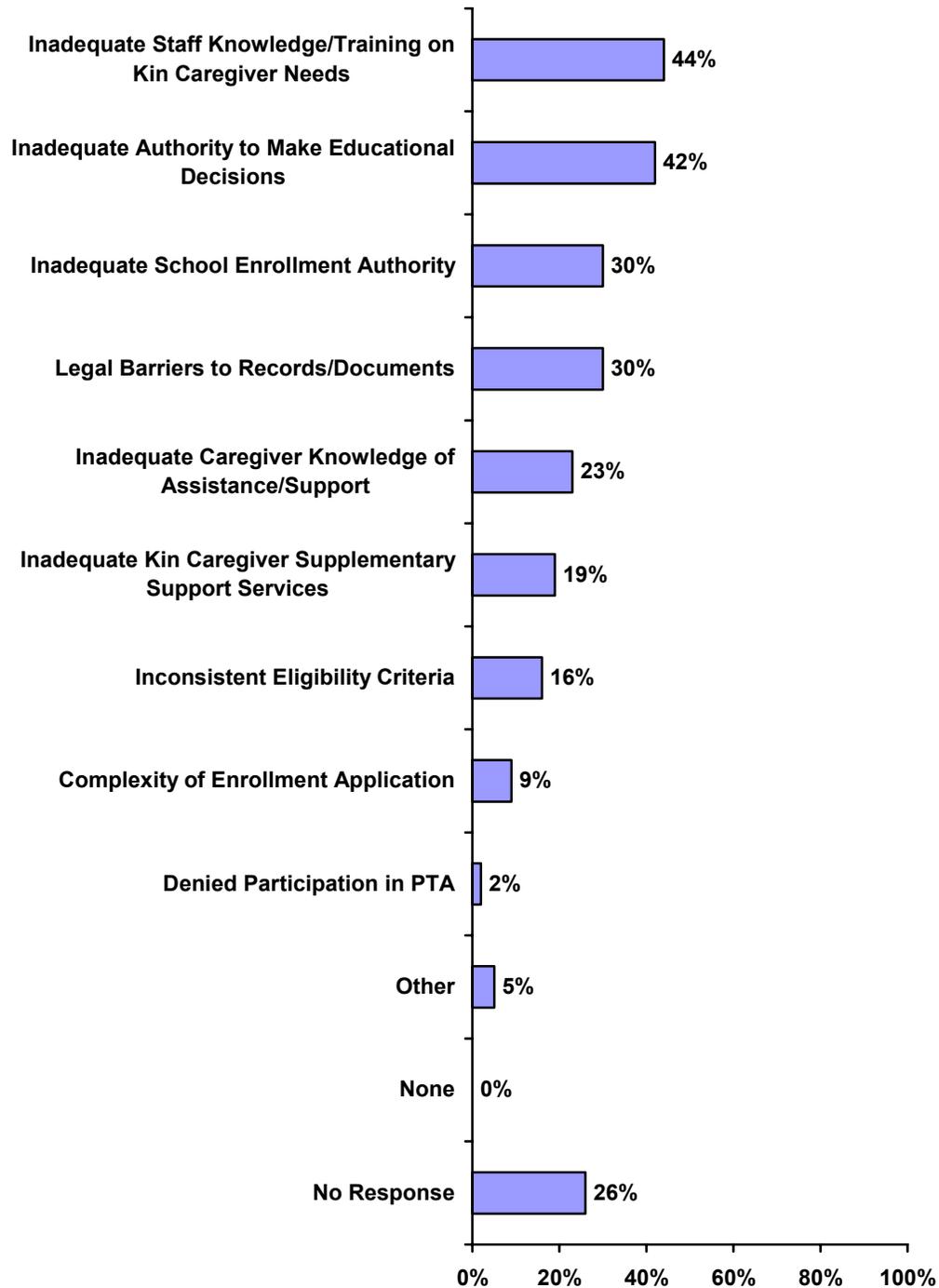
### ***Greatest Barriers to Accessing Education***

When asked which of the listed items presented the greatest barriers to accessing educational systems for minor children residing in kin caregiving arrangements, more than two in five respondents say that inadequate program knowledge and training on the particular needs of kin caregivers among teachers and counselors and inadequate legal authority to make necessary educational decision, including those for Individual Educational Plans (IEPs) are the greatest barriers.

Three in ten also report that inadequate legal authority to enroll the child in school and legal barriers to accessing educational records and documents are among the greatest barriers. About one in four respondents rate inadequate knowledge of available educational assistance and support programs as among the greatest barriers to kin caregivers accessing educational systems for minor children in their care. Less than one in five respondents mention other items as the greatest barriers. About one in four respondents did not answer the question.

## Greatest Barriers for Kin Caregivers' Access To Education

(N=43)



### ***Suggested Strategies to Expand Access to Education***

Next respondents were provided with a list of nine policy, statutory, regulatory, funding, or administrative changes that could potentially increase kin caregiver access to educational systems. Respondents were asked to indicate all items they thought could improve access.

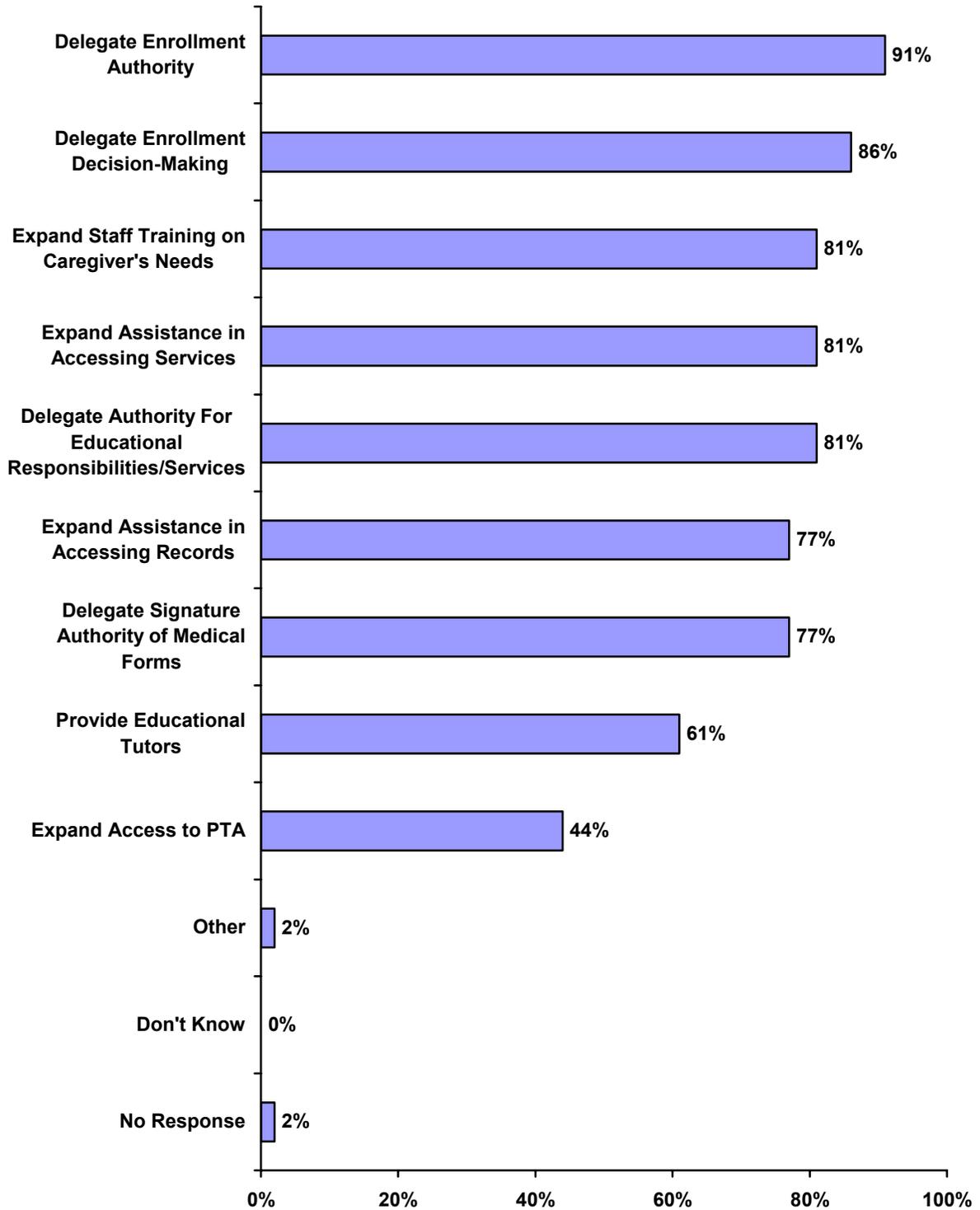
The top rated change chosen by more than nine in ten respondents is providing statutory authority permitting kin caregivers to enroll children in school. Slightly fewer also mention providing statutory authority permitting parents to delegate to kin caregivers the authority to make schooling decisions for children in their care. Three items are each rated as needed changes by more than eight in ten to improve educational access: train school personnel in the particular needs of kin caregivers, provide support to kin caregivers in accessing appropriate educational systems – IEPs, tutoring, counseling, etc., and provide statutory authority permitting kin caregivers to make necessary educational decisions including those of Individual Educational Plans.

Slightly fewer also mention providing assistance to kin caregivers in accessing educational records and provide statutory authority to kin caregivers to sign medical forms required by schools. About three in five respondents suggest providing educational tutors to children in kin caregiving arrangements.

Less than half of respondents mention providing access to kin caregivers to PTA programs.

## Changes Needed To Improve Kin Caregivers' Access To Education

(N=43)



## Legal and Judicial

### *Major and Minor Barriers to Accessing Legal and Judicial Systems*

Respondents were next asked to consider 12 items that potentially create barriers for kin caregivers when they attempt to access legal or judicial systems for minor children in their care<sup>1</sup>. The top barrier cited by respondents is cost of legal services. Nearly nine in ten respondents report that it is a major barrier. The second most frequently noted barrier is inadequate knowledge of available legal assistance and support programs.

About three in four of respondents also report that inadequate legal services program funding is a major barrier making it the third ranked barrier. Slightly more than two in three respondents note that inadequate support and assistance in completing court documents and inadequate right to be heard in legal proceedings are major barriers to kin caregivers seeking needed legal and judicial services.

About two in three mention inadequate access to legal records and documents and inadequate court respect for the rights of kin caregivers are major barriers.

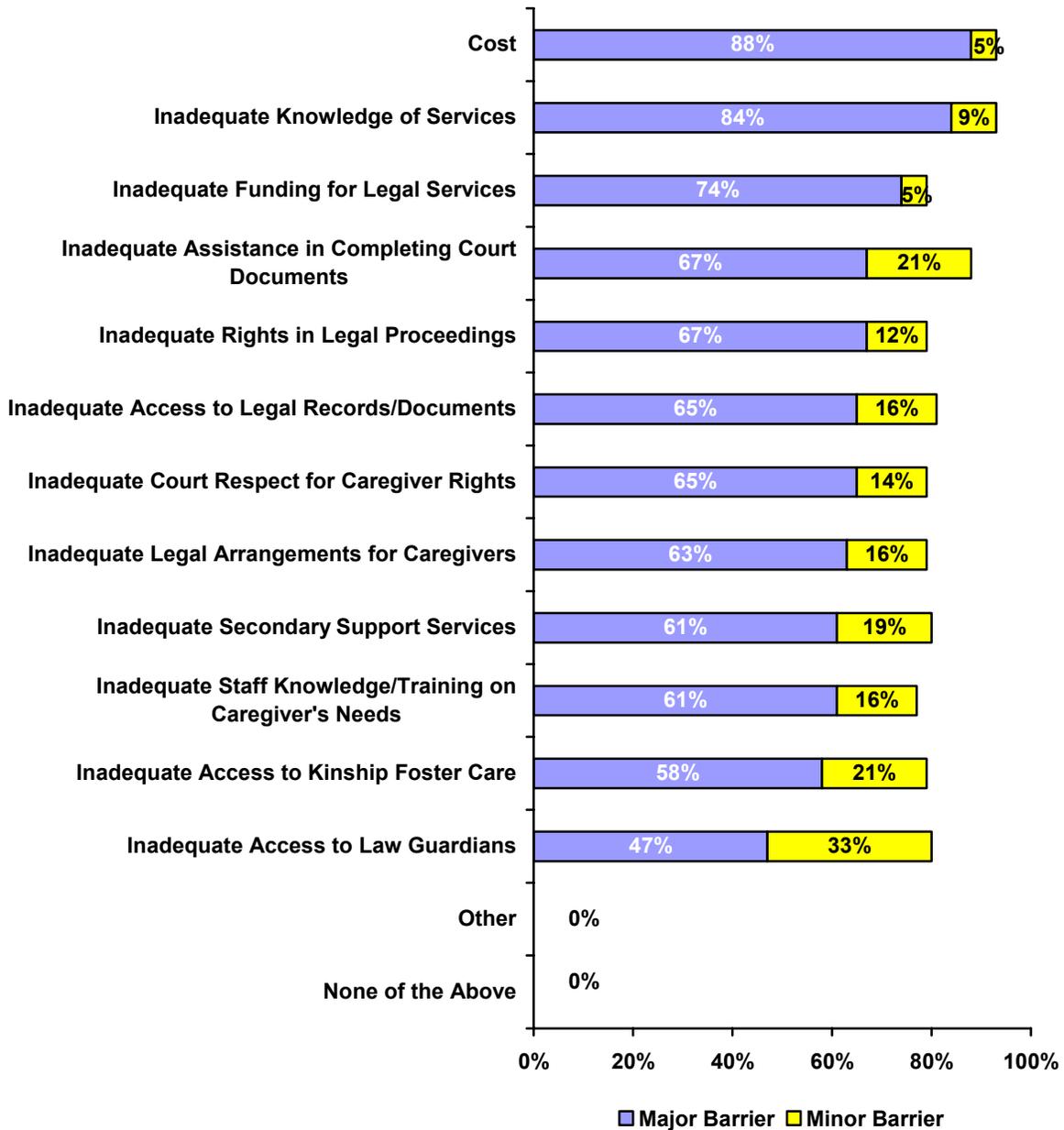
Fewer than two in three also mention inadequate appropriate legal arrangements for kin caregivers, inadequate secondary support services to assist kin caregivers to access legal systems, inadequate program knowledge and training on the particular needs of kin caregivers among judges and legal representatives, inadequate access to kinship foster care, and inadequate access to court appointed Law Guardians as major barriers.

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<sup>1</sup> Given the diversity and knowledge level of respondents, those legal issues explored were generic. As such, the survey strategies are not intended to preclude more legalistic strategies identified by appropriate experts.

## Major and Minor Barriers for Kin Caregivers' Access To Legal and Judicial Systems

(N=43)



### ***Greatest Barriers to Accessing Legal and Judicial Systems***

Cost of legal services is considered by nearly half of respondents as the greatest barrier kin caregivers experience in accessing legal and judicial systems for minor children in their care. About one in four respondents also mention inadequate right to be heard in legal proceedings and inadequate knowledge of available legal assistance and support programs as the greatest barriers.

About one in five respondents report inadequate legal services program funding and inadequate program knowledge and training on the particular needs of kin caregivers among judges and legal representatives are among the greatest barriers to legal and judicial services experienced by kin caregivers.

One in six or fewer respondents mention other items as the greatest barriers. About one in four respondents did not answer the question.

## Greatest Barriers for Kin Caregivers' Access To Legal and Judicial Systems

(N=43)



### ***Suggested Strategies to Expand Access to Legal and Judicial System***

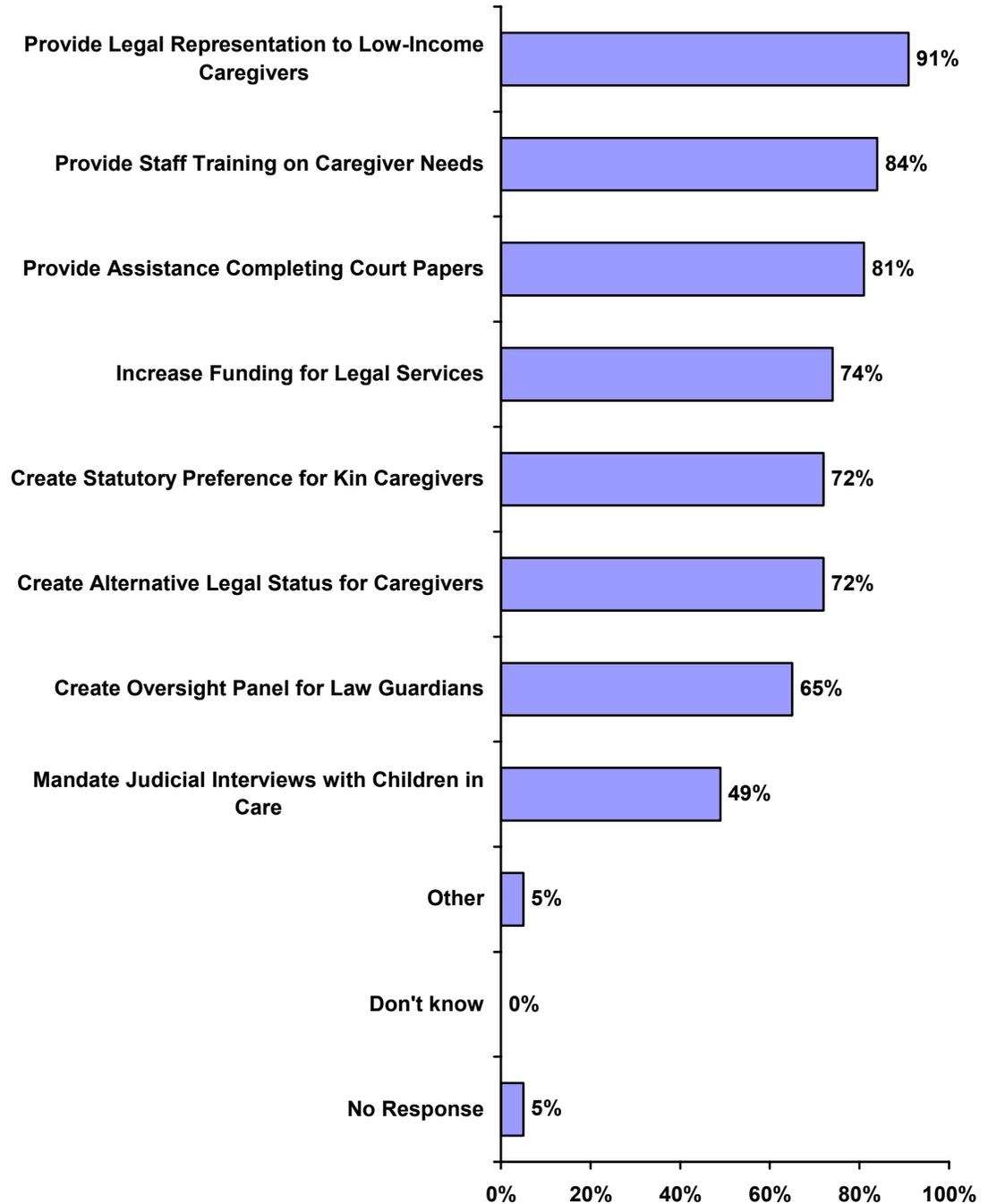
Next respondents were presented with a list of eight policy, statutory, regulatory, funding, or administrative changes that could potentially ameliorate the legal and judicial access barriers experienced by kin caregivers. More than nine in ten respondents indicate that providing legal representation to low-income kin caregivers is the change that would have the greatest effect. More than eight in ten respondents also suggest that training judges and court personnel on the benefits of kin care and the needs of kin caregivers and providing legal assistance to kin caregivers in completing court papers could also significantly reduce legal and judicial barriers.

Between 70 and 80 percent of respondents also say that increasing funding for the legal services program, creating statutory preference for kin caregivers in deciding custody, and creating alternative legal status for kin caregivers such as kinship custodians or kinship guardians could significantly increase access to legal and judicial systems.

Nearly two in three also note creating an oversight panel for Law Guardians to ensure adequacy of investigation and representation could improve access to services. Slightly less than half of respondents also report that mandating judicial interviews with children in custody and guardianship proceedings could improve access.

## Changes Needed To Improve Kin Caregivers' Access To Legal and Judicial Systems

(N=43)



## **Child Welfare**

### ***Major and Minor Barriers to Accessing Child Welfare Systems***

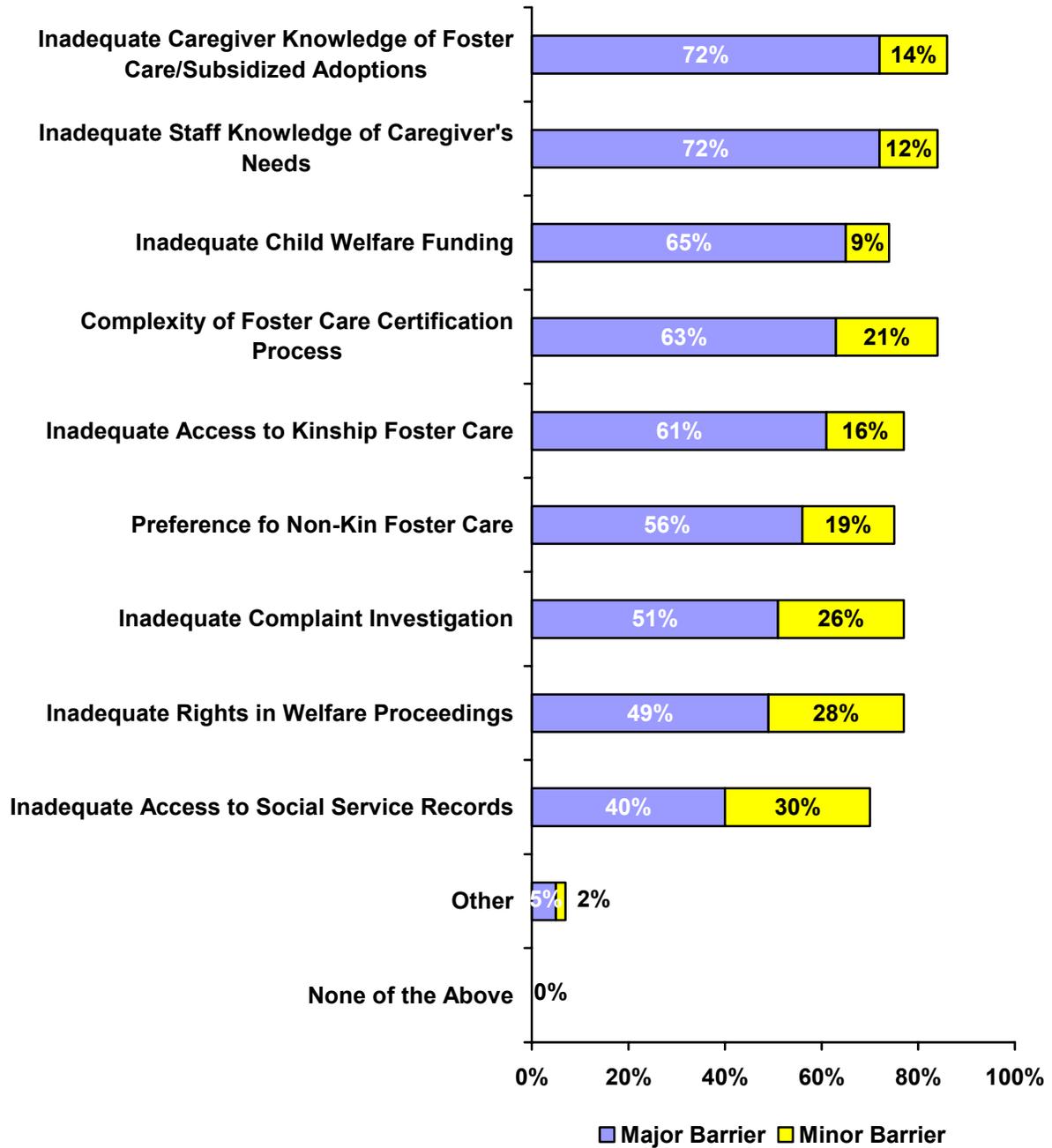
Lastly, respondents were provided with a listing of nine items that could potentially be barriers to kin caregivers in accessing Child Welfare (ACS/DSS) systems for minor children in their care.

Inadequate knowledge of kin caregivers about foster care and subsidized adoption and inadequate program knowledge and training on the particular needs of kin caregivers among Child Welfare staff and program administrators are each rated as major barriers by more than seven in ten respondents.

About two-thirds of respondents rate inadequate Child Welfare funding and complexity of certification process to become kinship foster caregivers as major barriers. Between 50 and 61 percent of respondents indicate that three items are major barriers to accessing services: inadequate access to kinship foster care program, preference for non-kin care rather than kincare among Child Welfare staff and program administrators, and inadequate investigation of complaints filed by kin caregivers.

## Major and Minor Barriers for Kin Caregivers' Access To Child Welfare Systems

(N=43)



### ***Greatest Barriers to Accessing Child Welfare Systems***

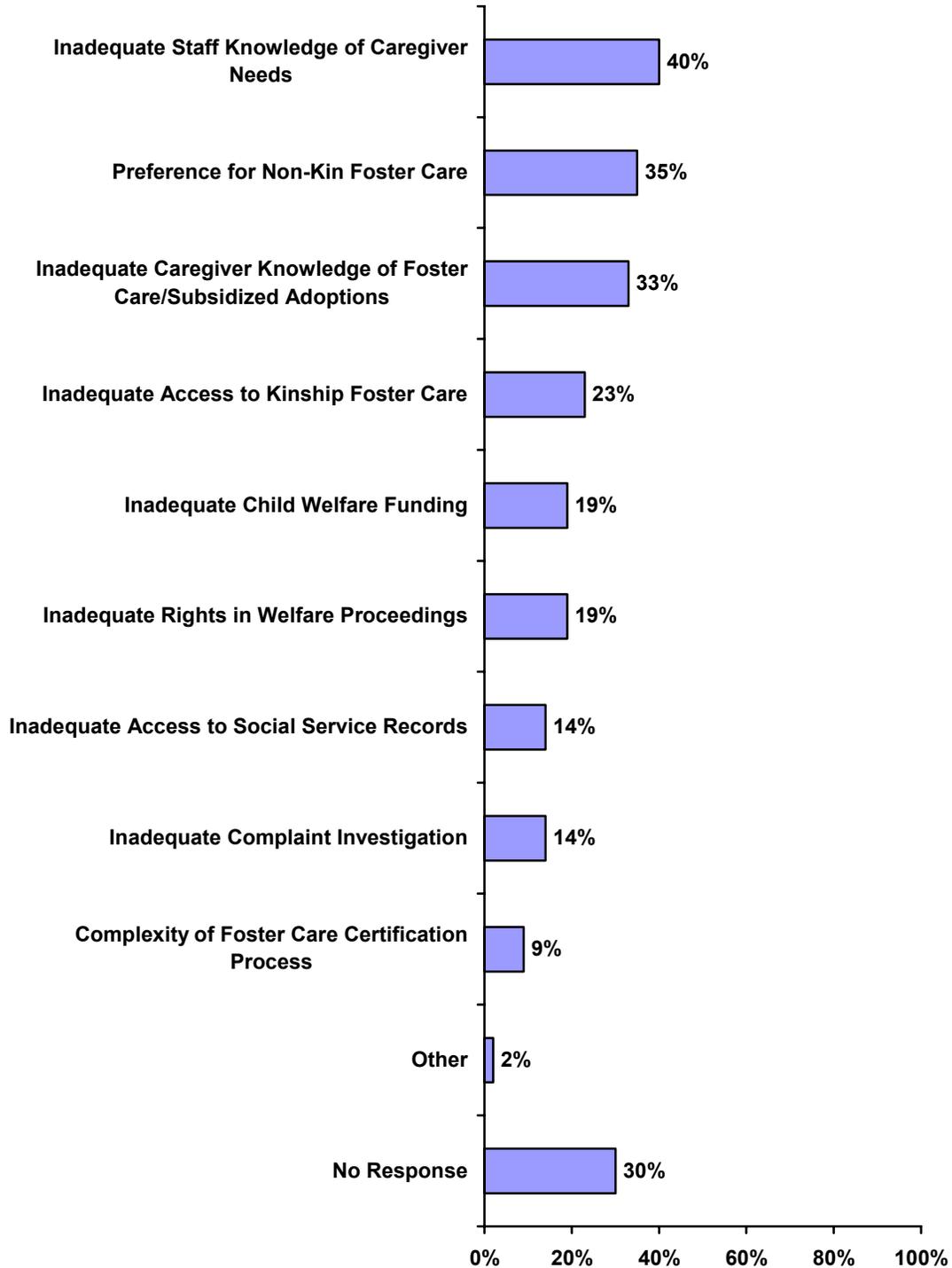
When asked to identify the three greatest barriers kin caregivers face in accessing Child Welfare systems, two in five respondents report that inadequate program knowledge and training on the particular needs of kin caregivers among Child Welfare staff and program administrators is the greatest barrier.

About one in three respondents also mention preference for non-kin foster care rather than kin care among Child Welfare staff and program administrators and inadequate knowledge of kin caregivers about foster care and subsidized adoption as the greatest barriers.

Inadequate access to kinship foster care programs is one of the greatest barriers according to about one in four respondents. Fewer than one in five respondents cite other items. Three in ten respondents did not answer the question.

## Greatest Barriers for Kin Caregivers' Access To Child Welfare Systems

(N=43)



### *Suggested Strategies to Expand Access to Child Welfare Systems*

Respondents were next presented with eight policy, statutory, regulatory, funding, or administrative changes that potentially could improve access to Child Welfare systems and asked to identify all needed strategies.

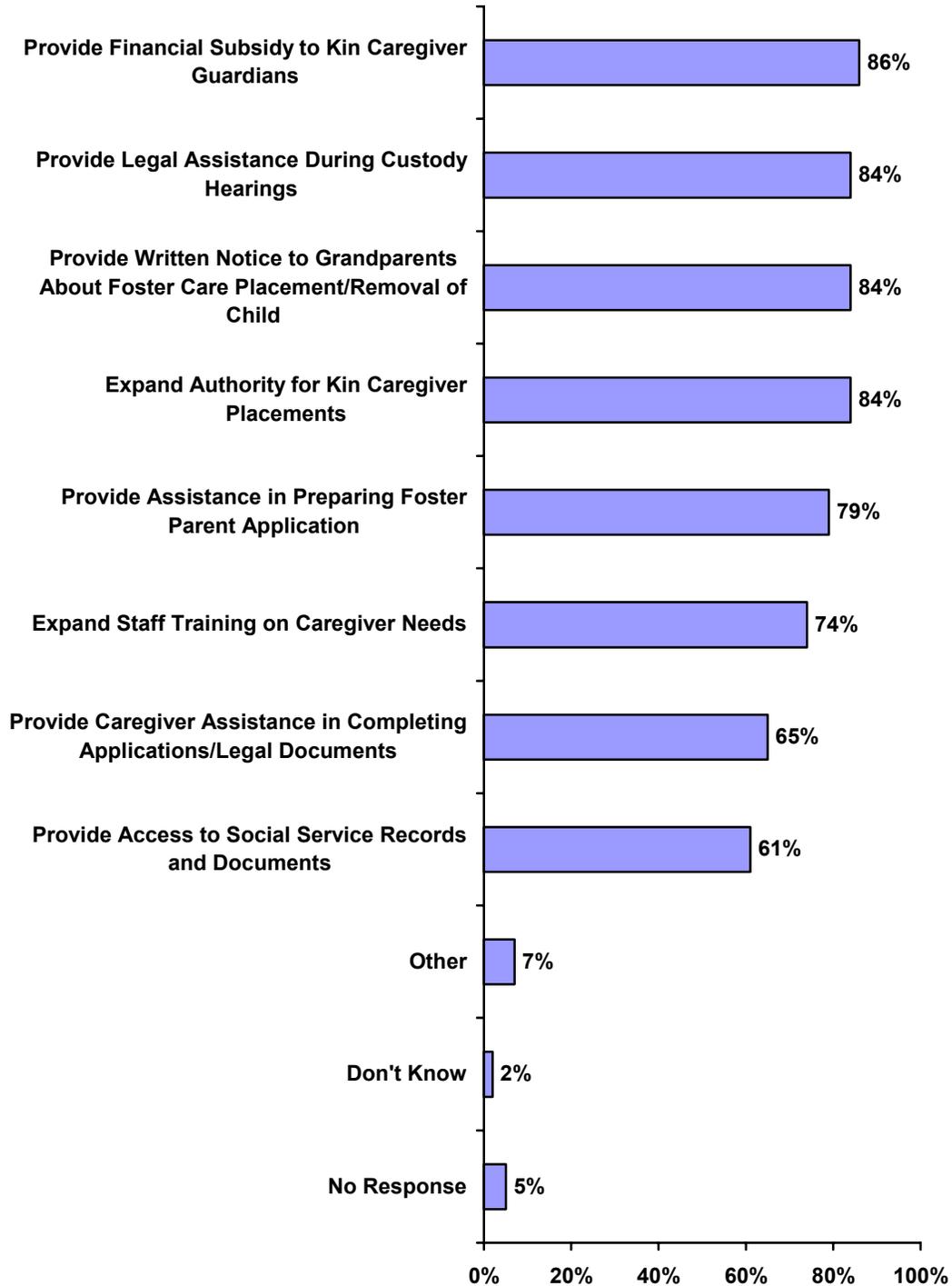
More than eight in ten respondents cite four key strategies necessary to expand access: provide financial subsidy to kinship guardians, provide legal assistance during custody hearings for kin caregivers, provide written notice to all grandparents when parents or the court system places in or removes grandchild from the foster care system, and expand authority to place children with kin caregivers pending certification as foster parents or independent legal custodians or guardians.

More than 70 percent of respondents also suggest that providing assistance to kin caregivers in applying to become foster parents and providing training to Child Welfare staff on needs of kin caregivers could expand access to services.

Two in three respondents say providing assistance to kin caregivers in completing applications and other legal documents for certification as foster parents could promote improved access. Slightly more than three in five respondents state that providing statutory authority to kin caregivers to access child's social service records and documents could enable kin caregivers to better access Child Welfare systems.

## Changes Needed To Improve Kin Caregivers' Access To Child Welfare Systems

(N=43)



## **Other Recommendations**

Respondents were posed two additional questions. They were asked to describe any other situations not identified in the survey that could create barriers to kin caregivers as they attempted to access needed services for children in their care. Seventy percent of those completing the survey did not answer the question; among those who did, there was no clear consensus about additional barriers.

Next respondents are asked to describe other appropriate legal, statutory, regulatory, administrative, or policy remedies that are needed to address the various needs of kin caregivers. Three in five respondents did not answer the question, and there was no clear consensus among those providing additional responses.

## **Kin Caregiver Agency Profile**

Respondents were asked a series of questions concerning their organization and the kin caregiving services they provide. Agencies responding to the survey are diverse representing aging, human/social services, health/mental health, educational, and legal organizations. One in four respondents, however, classified their organization generically as a non-profit.

These organizations provide a broad array of services to kin caregivers. A majority of agencies sponsor or provide social engagement/support groups (63%), information and referral (56%), and case management (47%). The annual budgets for these organizations range from less than \$100,000 to more than \$10,000,000. Most agencies have a limited number of staff (4 persons) dedicated to providing services to kin caregivers.

On average, the agencies provide services to over 110 caregivers with a range of less than 25 to more than 200. The average age of the caregiver is about 53 with more than one in four (28%) over the age of 60. More than half (56%) of kin caregivers are African American, and two in five (40%) are White or Caucasian. Far fewer are Native American (7%) or Asian (1%). Slightly less than one in ten (8%) caregivers are bi-racial or another category. One in eight (12%) are Hispanic, Spanish, or Latino, and about the same percentage (13%) use English as a second language.

On average, about 150 children in kin caregiver situations are served by each agency. About one in three of the children served by these agencies are eligible for TANF Child Only Grants but currently do not receive funding through the program.

## Conclusion

The ultimate goal of this project is to develop an agenda for action to redress the many barriers experienced by kin caregivers seeking financial, educational, health, and legal services for minor children in their care. A key finding of this study is that there are a constellation of changes needed in each of the areas to improve access to systems. Of the 47 recommended changes reviewed in this study, about two in three respondents or more identified 34 strategies as requiring attention.

In general, those items identified as the greatest barriers to accessing systems across the five areas studied can be grouped into a few categories. The first category focuses on the knowledge and access that kin caregivers have about key services. In some instances, respondents indicate that this lack of information and access are a consequence of limited agency outreach while in other situations, such as Medicaid, it viewed as a direct result of the complexity of the application procedures.

The second category of issues can be described as the lack of authority to make informed decisions about the health, education, and other service needs. This situation is further compounded by the overall lack of access kin caregivers have to the child's medical, education, and social service records.

A third category of barrier is the lack of knowledge the service providers possess on the needs and experiences of kin caregivers.

The remaining barriers identified by respondents as among the greatest barriers, however, are not easily categorized. For example, the cost of legal services limits the options kin caregivers have available to them in seeking full custody and guardianship of the children. Cost further limits the ability of caregivers to advocate for services needed by the minor children in their care. This situation is further complicated by the inadequacy of caregivers' right to be heard in legal proceedings. Another core deterrent in the placement of children in foster care arrangements is the systematic preference for non-kin caregivers.

The inability of kin caregivers to add minor children to their existing health care policies is also viewed as one of the greatest deterrents to obtaining needed medical and mental health services.

Proposed remedies similarly can be grouped into a six categories:

- Delegating rights and responsibilities similar to those of parents to kin caregivers faced with making informed health, educational, financial, and legal decisions for the children in their care;

- Allowing kin caregivers the right to access health, education, financial, and legal records and documents available for children in their care;
- Expanding support and resources available to kin caregivers as they seek and apply for a range of core services;
- Enhancing and expanding training of professionals who work with kin caregivers to improve their understanding to their issues and concerns;
- Streamlining administrative systems to reduce their complexity and institute program guidelines and criteria to be universally applied across counties in New York State;
- Increasing the level and availability of kin caregiver subsidies in the TANF and Child Welfare programs.
- Expanding the availability of legal information and services as well as devising procedures that can ensure grandparent caregivers have appropriate rights in custodial disputes.

Given the diversity of organizations administering key services, the complexity of the policies and procedures governing these key services, and demographic and cultural differences of kin caregivers, improving the access and delivery of core services is challenging, but not impossible. Ameliorating the systemic barriers will require multiple regulatory, statutory, and policy modifications. Funding to expand available services and to increase kin care stipends will also be necessary to resolving the barriers. Increased funding will also be required to promote expanded access to health, educational, financial, and legal services gravely needed by minor children residing in kin care situations. The combined efforts and resources of those agencies that serve kin caregivers will be vital to addressing the constellation of needs and remedies suggested by this research.

**Appendix A**  
**Annotated Questionnaire**

# New York State Kin Care Survey

**Directions: Please check the box that most accurately captures your opinion.**

(N=67 agencies    Response Rate = 36%)

\* = NR means no response.

- 1. Does your agency provide services to kin caregivers (who are not foster parents to the child(ren) they are raising)?**

	<b>%</b>		
	64	Yes	
	36	No >>>	<b>DO NOT COMPLETE SURVEY.</b> Return the survey in the enclosed envelope. <b>Thank you</b> for your time.

*(The remainder of the annotation is based on an N of 43, those respondents who indicated they provide services to kin caregivers.)*

## Public Assistance

- 2. Temporary Assistance for Needy Families (TANF) Child Only Grants is financial public assistance for children whom are not being cared for by their parents. Such grants are based solely on the income and resources of the child. In your agency's experience working with kin caregivers (who are not foster parents to the child(ren) they are raising), please indicate how much of a barrier each item is to obtaining TANF Child Only Grants.**

	<b>Major Barrier</b>	<b>Minor Barrier</b>	<b>Not a Barrier</b>	<b>Does Not Apply</b>	<b>NR</b>
	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>
a. Inadequate outreach to kin caregivers	74	16	2	2	5
b. Inconsistently applied eligibility criteria across counties	42	23	7	16	12
c. Inconsistent use of terminology across counties	44	16	7	21	12
d. Inadequate program knowledge and training of staff working with caregivers	67	16	7	5	5
e. Complexity of application forms and process	61	30	5	2	2
f. Difficulty of finding transportation to get to social services	35	44	12	5	5

**2. (Continued) Temporary Assistance for Needy Families (TANF) Child Only Grants is financial public assistance for children whom are not being cared for by their parents. Such grants are based solely on the income and resources of the child. In your agency’s experience working with kin caregivers (who are not foster parents to the child(ren) they are raising), please indicate how much of a barrier each item is to obtaining TANF Child Only Grants.**

		<b>Major Barrier</b>	<b>Minor Barrier</b>	<b>Not a Barrier</b>	<b>Does Not Apply</b>	<b>NR*</b>
		<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>
g.	Difficulty of finding available child care while visiting social services	54	37	2	2	5
h.	Difficulty in documenting legal relationship with minor child in care	44	35	14	5	2
i.	Inadequate program funding	67	16	5	5	7
j.	Inadequate financial assistance for caregivers	86	9	0	2	2
k.	Other: <i>Specify</i> _____	9	2	0	0	88
l.	None of the above	0	0	0	0	100

**3. Of those items identified as barriers in question 2, please circle the three items that present the greatest barriers to kin caregivers who are not foster parents attempting to receive financial assistance through TANF Child Only Grants.**

	<b>Greatest Barrier</b>
	<u>%</u>
Inadequate outreach to kin caregivers	28
Inconsistently applied eligibility criteria across counties	12
Inconsistent use of terminology across counties	7
Inadequate program knowledge and training of staff working with caregivers	40
Complexity of application forms and process	28
Difficulty of finding transportation to get to social services	5
Difficulty of finding available child care while visiting social services	9
Difficulty in documenting legal relationship with minor child in care	14
Inadequate program funding	23
Inadequate financial assistance for caregivers	37
Other: <i>Fear of harming birthparent by applying</i>	2
None of the above	0
No response	30

**4. In your view, what policy, statutory, regulatory, funding, or administrative changes are most needed to improve kin caregiver access to the TANF Child Only Grants?**

*(Check all that apply.)*

%

77 Make informational brochure on how to apply for TANF Child Only Grants available to the public at all social service centers

67 Distribute informational memo to Department of Social Services establishing uniform nomenclature (classifications) for TANF Child Only Grants

70 Distribute informational memo to Department of Social Services establishing uniform criteria for applicants

81 Train social service workers on the TANF Child Only Grants

79 Increase outreach to kin caregivers

72 Increase support for kin caregivers in preparing the applications for assistance

63 Provide caregivers stipends for transportation costs

67 Provide caregivers stipends for child care costs

74 Provide higher TANF stipends to grantees

63 Expand funding for the TANF Child Only Grant Program administration

54 Create a state agency dedicated to serving non-parent caregivers

12 Other: *Specify* \_\_\_\_\_

2 Don't know

5 No response

## Medical and/or Mental Health Services

5. Having access to medical and mental health services is critical to the welfare of children living in kin caregiving arrangements. Please indicate how much of a barrier each of the following items is for kin caregivers (who are not foster parents to the child(ren) they are raising) in attempting to obtain medical and mental health services for children in their care.

		Major Barrier	Minor Barrier	Not a Barrier	Does Not Apply	NR*
		%	%	%	%	%
a.	Legal barriers to accessing medical and mental health records and documents	58	28	2	2	9
b.	Inability of kin caregiver to add child to private insurance plan	61	26	0	7	7
c.	Inability to obtain medical insurance coverage because legal custody or guardianship is necessary	56	28	0	5	12
d.	Inadequate legal authority to make necessary medical decisions	65	19	7	2	7
e.	Inadequate outreach by the Child Health Plus Program to kin caregivers	35	30	9	9	16
f.	Inconsistently applied eligibility criteria for Health Plus Program across counties	23	26	12	19	21
g.	Inadequate funding for the Health Plus Program	28	28	12	14	19
h.	Inadequate outreach by Medicaid Program to kin caregivers	42	35	5	5	14
i.	Complexity of Medicaid application forms and process	61	23	5	2	9
j.	Inconsistently applied Medicaid eligibility criteria across counties	23	26	7	19	26
k.	Inadequate program knowledge and training of Medicaid staff	49	21	7	2	21
l.	Other: <i>Specify</i>	5	0	0	0	95
m.	None of the above	0	0	0	0	100

6. Of those items identified as barriers in question 5, please circle the three items that present the greatest barriers to kin caregivers attempting to obtain necessary medical and mental health services for the minor children in their care.

		Greatest Barriers
		<u>%</u>
a.	Legal barriers to accessing medical and mental health records and documents	28
b.	Inability of kin caregiver to add child to private insurance plan	23
c.	Inability to obtain medical insurance coverage because legal custody or guardianship is necessary	33
d.	Inadequate legal authority to make necessary medical decisions	42
e.	Inadequate outreach by the Child Health Plus Program to kin caregivers	7
f.	Inconsistently applied eligibility criteria for Health Plus Program across counties	2
g.	Inadequate funding for the Health Plus Program	5
h.	Inadequate outreach by Medicaid Program to kin caregivers	14
i.	Complexity of Medicaid application forms and process	33
j.	Inconsistently applied Medicaid eligibility criteria across counties	2
k.	Inadequate program knowledge and training of Medicaid staff	14
l.	Other: <i>Specify</i> _____	0
m.	No response	30

**7. In your view, what policy, statutory, regulatory, funding, or administrative changes are most needed to improve kin caregiver access to medical and mental health services for minor children in their care?**

*(Check all that apply.)*

%

79 Provide statutory authority for parents to delegate medical decision-making to kin caregivers

81 Provide statutory authority for delegated kin caregivers to access medical and mental health records of child

81 Establish mandate that insurance carriers permit kin caregivers to add child to insurance plan

58 Expand funding of the Child Health Plus Program

61 Expand outreach by the Child Health Plus Program to kin caregivers

58 Provide assistance and support to kin caregivers in completing application process for the Child Health Plus Program

33 Create informational memo establishing uniform nomenclature (classifications) for Child Health Plus Program

49 Expand funding of the Medicaid Program

63 Expand outreach by the Medicaid Program to kin caregivers

65 Provide assistance and support to kin caregivers in completing application process for the Medicaid Program

72 Provide information and training to staff administering the Child Health Plus Program and Medicaid program on the particular needs of kin caregivers

9 Other: Specify

2 Don't Know

2 No response

## **Educational Services**

**8. Please indicate how much of a barrier each item is for kin caregivers (who are not foster parents to the child(ren) they are raising) in attempting to obtain educational services for children in their care.**

	<b>Major Barrier</b>	<b>Minor Barrier</b>	<b>Not a Barrier</b>	<b>Does Not Apply</b>	<b>NR*</b>
	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>
a. Legal barriers to accessing educational records and documents	61	26	2	0	12
b. Inadequate legal authority to make necessary educational decisions, including those for Individual Educational Plans (IEPs)	67	19	0	2	12
c. Inadequate legal authority to enroll the child in school	58	23	2	2	14
d. Inconsistently applied enrollment eligibility criteria across counties	33	28	5	16	19
e. Complexity of enrollment application forms and process	21	44	12	5	19
f. Inadequate knowledge of available educational assistance and support programs	70	19	0	0	12
g. Inadequate program knowledge and training on the particular needs of kin caregivers among teachers and counselors	77	12	2	0	9
h. Inadequate supplementary support services to assist kin caregivers to advocate for needed services	74	12	0	2	12
i. Denied participation in PTA	16	19	33	9	23
j. Other: <i>Specify</i> _____	7	0	0	0	93
k. None of the above	0	0	0	0	100

**9. Of those items identified as barriers in question 8, please circle the three items that present the greatest barriers to kin caregivers attempting to obtain necessary educational services for the minor children in their care.**

<u>%</u>	
30	Legal barriers to accessing educational records and documents
42	Inadequate legal authority to make necessary educational decisions, including those for Individual Educational Plans (IEPs)
30	Inadequate legal authority to enroll the child in school
16	Inconsistently applied enrollment eligibility criteria across counties
9	Complexity of enrollment application forms and process
23	Inadequate knowledge of available educational assistance and support programs
44	Inadequate program knowledge and training on the particular needs of kin caregivers among teachers and counselors
19	Inadequate supplementary support services to assist kin caregivers to advocate for needed services
2	Denied participation in PTA
5	Other: <i>Specify</i> _____
0	None of the above
26	No response

**10. In your view, what policy, statutory, regulatory, funding, or administrative changes are most needed to improve kin caregiver access to educational services for minor children in their care?**

*(Check all that apply.)*

<u>%</u>	
86	Provide statutory authority permitting parents to delegate to kin caregivers the authority to make schooling decisions for children in their care
91	Provide statutory authority permitting kin caregivers to enroll children in school
81	Provide statutory authority for kin caregivers to make necessary educational decisions including those for Individual Educational Plans
44	Provide access to kin caregivers to PTA programs
81	Provide support to kin caregivers in accessing appropriate education services – IEPs, tutoring, counseling, etc.
61	Provide educational tutors to children in kin caregiving arrangement
81	Train school personnel in the particular needs of kin caregivers
77	Provide statutory authority to kin caregivers to sign medical forms required by schools
77	Provide assistance to kin caregivers in accessing educational records
2	Other: <i>Specify</i> _____
0	Don't know
2	No response

## Legal and Judicial Services

11. Please indicate how much of a barrier each item is for kin caregivers (who are not foster parents to the child(ren) they are raising) in attempting to obtain legal and judicial services for minor children in their care.

		Major Barrier	Minor Barrier	Not a Barrier	Does Not Apply	NR*
		%	%	%	%	%
a.	Inadequate right to be heard in legal proceedings	67	12	5	2	14
b.	Inadequate access to legal records and documents	65	16	5	0	14
c.	Inadequate knowledge of available legal assistance and support programs	84	9	0	0	7
d.	Inadequate support and assistance in completing court documents	67	21	2	0	9
e.	Inadequate secondary support services to assist kin caregivers to access legal services	61	19	7	0	14
f.	Cost of legal services	88	5	0	0	7
g.	Inadequate legal services program funding	74	5	0	2	19
h.	Inadequate program knowledge and training on the particular needs of kin caregivers among judges and legal representatives	61	16	5	0	19
i.	Inadequate access to kinship foster care	58	21	7	0	14
j.	Inadequate appropriate legal arrangements for kin caregivers	63	16	2	0	19
k.	Inadequate access to court appointed Law Guardians	47	33	7	0	14
l.	Inadequate court respect for rights of kin caregivers	65	14	5	0	16
m.	Other: <i>Specify</i> _____	0	0	0	0	100
n.	None of the above	0	0	0	0	100

**12. Of those items identified as barriers in question 11, please circle the three items that present the greatest barriers to kin caregivers attempting to obtain necessary legal and judicial services for the minor children in their care.**

<u>%</u>	
26	Inadequate right to be heard in legal proceedings
9	Inadequate access to legal records and documents
26	Inadequate knowledge of available legal assistance and support programs
9	Inadequate support and assistance in completing court documents
9	Inadequate secondary support services to assist kin caregivers to access legal services
49	Cost of legal services
21	Inadequate legal services program funding
19	Inadequate program knowledge and training on the particular needs of kin caregivers among judges and legal representatives
14	Inadequate access to kinship foster care
14	Inadequate appropriate legal arrangements for kin caregivers
9	Inadequate access to court appointed Law Guardians
16	Inadequate court respect for rights of kin caregivers
0	Other: <i>Specify</i> _____
0	None of the above
23	No response

**13. In your view, what policy, statutory, regulatory, funding, or administrative changes are most needed to improve kin caregiver access to legal and judicial services for minor children in their care?**

*(Check all that apply.)*

<u>%</u>	
91	Provide legal representation to low-income kin caregivers
81	Provide legal assistance to kin caregivers in completing court papers
72	Create alternative legal status for kin caregivers such as kinship custodian or kinship guardian
65	Create oversight panel for Law Guardians to insure adequacy of investigation and representation
84	Train judges and court personnel on the benefits of kin care and the needs of kin caregivers
74	Increase funding for legal services program
49	Mandate judicial interviews with children in custody and guardianship proceedings
72	Create statutory preference for kin caregivers in deciding custody
5	Other: <i>Specify</i> _____
0	Don't know
5	No response

## Child Welfare Services

14. Please indicate how much of a barrier each item is for kin who are caregivers or who are attempting to become caregivers in obtaining Child Welfare (ACS/DSS) services.

		Major Barrier	Minor Barrier	Not a Barrier	Does Not Apply	NR*
		<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>
a.	Inadequate access to minor child's social services records and documents	40	30	7	2	21
b.	Inadequate right to be heard in Child Welfare proceedings	49	28	2	2	19
c.	Inadequate knowledge of kin caregivers about foster care and subsidized adoption	72	14	2	2	9
d.	Inadequate Child Welfare funding	65	9	2	2	21
e.	Inadequate access to kinship foster care programs	61	16	2	2	19
f.	Inadequate program knowledge and training on the particular needs of kin caregivers among Child Welfare staff and program administrators	72	12	2	2	12
g.	Complexity of certification process to become kinship foster caregivers	63	21	0	2	14
h.	Inadequate investigation of complaints filed by kin caregivers.	51	26	2	2	19
i.	Preference for non-kin foster care rather than kincare among Child Welfare staff and program administrators	56	19	5	2	19
j.	Other: <i>Specify</i> _____	5	2	0	0	93
k.	None of the above	0	0		0	100

**15. Of those items identified as barriers in question 14, please circle the three items that present the greatest barriers to kin caregivers attempting to obtain necessary Child Welfare services for the minor children in their care.**

<u>%</u>	
14	Inadequate access to minor child’s social services records and documents
19	Inadequate right to be heard in Child Welfare proceedings
33	Inadequate knowledge of kin caregivers about foster care and subsidized adoption
19	Inadequate Child Welfare funding
23	Inadequate access to kinship foster care programs
40	Inadequate program knowledge and training on the particular needs of kin caregivers among Child Welfare staff and program administrators
9	Complexity of certification process to become kinship foster caregivers
14	Inadequate investigation of complaints filed by kin caregivers.
35	Preference for non-kin foster care rather than kincare among Child Welfare staff and program administrators
2	Other: <i>Specify</i> _____
30	No response

**16. In your view, what policy, statutory, regulatory, funding, or administrative changes are most needed to improve kin caregiver access to Child Welfare services for minor children in their care?**

*(Check all that apply.)*

%

61 Provide statutory authority to kin caregiver to access child’s social service records and documents

84 Expand authority to place children with kin caregivers pending certification as foster parents or independent legal custodians or guardians

79 Provide assistance to kin caregiver in applying to become foster parents

86 Provide financial subsidy to kinship guardians

84 Provide written notice to all grandparents when parents or the court system places in or removes grandchild from the foster care system

74 Provide training to Child Welfare staff on needs of kin caregivers

65 Provide assistance to kin caregivers in completing applications and other legal documents for certification as foster parents

84 Provide legal assistance during custody hearings for kin caregivers

7 Other: *Specify* \_\_\_\_\_

2 Don’t know

5 No response

## **Other**

17. Please describe other appropriate legal, statutory, regulatory, administrative, or policy remedies needed to address the various needs of kin caregivers.

<b><u>%</u></b>	
5	Respite programs
5	Make available all written information
5	Need kincare ombudsmen
44	Other
61	Don't know/No response

18. Please describe any other barriers to kin caregivers in accessing needed services for children in their care that are not addressed in this survey.

<b><u>%</u></b>	
5	Areas covered are comprehensive
30	Other
70	Don't know/No response

## **Agency Demographics**

19. What type of agency do you work for? \_\_\_\_\_

<b><u>%</u></b>	
14	Aging
7	Educational
14	Human/Social Services
26	Non-Profit Unspecified
9	Legal
2	Housing
14	Health/Mental Health
9	Other
5	No response/Don't know

20. Approximately how many kin caregivers are provided services by your agency on an annual basis? \_\_\_\_\_ (write in number of kin caregivers served by your agency) (Mean = 117)

<b>%</b>	
23	25 or less
21	26 to 50
14	51 to 100
16	101 to 200
12	More than 200
14	No response

21. Please estimate the number of children in kin care arrangements served by your organization who may be eligible for TANF Child Only Grants, but have not received funding through the program. \_\_\_\_\_ (write in number of children) (Mean = 46)

<b>%</b>	
42	25 or less
12	26 to 50
9	51 to 100
0	101 to 200
2	More than 200
35	No response

22. Please estimate the number of children these kin caregivers represent. \_\_\_\_\_ (write in number of children) (Mean = 152)

<b>%</b>	
21	25 or less
21	26 to 50
7	51 to 100
9	101 to 200
7	More than 200
35	No response

**23. What types of services do you provide to kin caregivers?**

<b>%</b>	
56	Information/Referral
30	Educational
2	Human/Social Services
47	Case Management
23	Legal
9	Financial Services Counseling
9	Housing
7	Health
16	Mental Health
7	Transportation
63	Social Engagement/Support Groups
30	Other
14	Respite

**24. What would you estimate to be the average age of those kin caregivers receiving services from your agency? \_\_\_\_\_ (write in the average age of kin caregiver)**  
**(Mean = 52.7)**

**25. Approximately how many of the kin caregivers in your system are age 60 and over? \_\_\_\_\_ (write in number of kin caregivers age 60+)**  
**(Mean = 28 percent)**

**26. Approximately what percentage of your kin caregivers are:**

		<b>Mean %</b>
a.	White or Caucasian	39.8
b.	African American	56.3
c.	Asian	1.1
d.	Native American	7.3
e.	Bi-Racial or Other	8.2

**27. What percentage of your clients is Hispanic, Spanish, or Latino? \_\_\_\_\_%**  
**(Mean = 11.5%)**

**28. Approximately what percentage of your kin caregivers use English as a second language? \_\_\_\_\_% (Mean = 12.9%)**

29. Does your agency provide bi-lingual interpreters for your clients with limited English speaking skills?

<u>%</u>	
56	Yes
35	No
9	No response

30. What is the average annual budget of your agency? \_\_\_\_\_

<u>%</u>	
7	\$100,000 or less
23	\$100,001 to \$500,000
9	\$500,001 to \$1,000,000
12	\$1,000,001 to \$2,500,000
12	\$2,500,001 to \$10,000,000
9	More than \$10,000,000
28	No response

31. Approximately how many staff in your agency provides services to kin caregivers? (Mean = 3.9)

32. Would you like to enter your agency in the drawing for the incentive?

- Yes >>>
- No

33. If Yes, please provide your *name* and the *telephone number* you can be reached if your agency name is drawn.

\_\_\_\_\_

\_\_\_\_\_

*Note: Although we will have your name and number, your confidentiality will be maintained as survey responses will not be identified by person or agency when the results are tabulated.*

\* = NR means no response.

**Thank you for completing this survey. Either email your response to [aritter@arp.org](mailto:aritter@arp.org) or use the postage-paid envelope and return it to State Member Research, AARP, 601 E Street, NW, Washington, DC 20049, by August 13, 2004.**

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**Knowledge Management**  
**For more information, contact Anita Ritter**  
**(202) 434-6205**