



MPHA Policy Forum Notes
A Community of Caregiving: Kinship and
Grandparent caregivers
March 7, 2014

Moderator:

- John Finnegan, Dean University of Minnesota School of Public Health
 - Opening Remarks:
 - Family caregiving is a public health concern. There are 90 million family caregivers in the US today, providing care in a system of fragmented care and services spending time each week providing care, researching and coordinating care/services, and managing many other matters.

Panel:

- **Priscilla Gibson**, Associate Professor and Director of Graduate Studies in the School of Social Work.
- **Janet Salo**, Family Support Specialist with Lutheran Social Service of Minnesota's Center for Changing Lives
- **Rebecca Shlafer**, Assistant Professor in the Department of Pediatrics at the University of Minnesota

Opening Commentary by panelists:

Priscilla:

- Family caregiving is very different than what has been the focus of kinship caregiving, in the community caregivers don't seek services because they are in informal caregiving arrangements and are under the impression the child(ren) will be taken away.
- Foster care, and those trained to care for children, are different than those who have a blood relationship and are caring for the child. We have a disproportional number of women of color caring for kids without the necessary resources and their health can suffer. Kinship – adults taking care of a younger generation, but the definition of family caregiving is changing. Kinship caregiving has widened to include some of the foster situation.
- Absent generation – Historically in African American community kinship care has been a tradition from slavery and during the great migration to the north. With the drug epidemic, crack cocaine, we are now losing a generation general, absent middle generation, parents who are not taking care of the kids and will not, and are looking for caregivers to do that. Due to these issues there is also a concern about intergenerational conflict.

- Cost and benefits to kinship situations – caregiving of younger relative in need of care who can no longer stay with parent is important, but it is a dynamic situation and children often bounce between caregivers and parents. The well-being of the children and caregivers must also always be considered.

Janet:

- When caregivers think they will be retiring and then get a sibling-set with four kids, we must think how hard that is financially and how that can change family dynamics, how the caregivers role has changed; when grandma becomes 'mom'.
- 18% increase in kinship caregiving in recent years. LSS helps people transition and figure out how to manage their kinship transition.
- Very important to consider the trauma that comes with the transition (getting health issues taken care of) but also what the child experienced prior to transitioning.

Rebecca:

- Early interest was from doing focus groups with grandparents who were raising their grandkids, and the challenges they had with their 'absent' children. Cyclical pattern of families in distress and grandparents being the main stable force in these children's lives.
- Project at Shakopee women's prison, Isis rising, which is doula program for incarcerated women.
- 'Where do the babies go?' after incarcerated mom gives birth. Baby is taken from hospital to whatever family is there to pick up the children and it is often very informal – typically no legal dealings. The program can help mom determine who will be a safe and stable force for the children.
- Project at Washington and Dakota Co. jail about children's experiences when they visit their parents in jail, who brings them to the visit, etc. The child may be living with biological mom, but it is really grandparents bringing kid back and forth to jail. Very complex family systems, can work well, but they are often strained and it negatively impacts children.

Questions:

Q1: Minority care givers often don't seek resources due to a fear of losing the child(ren) – is there a way to change that?

Priscilla: Yes, forms like this or talking about it. In the African American community something that needs to be changed is that there must be action and example behind values. People agree the education is very important in African American community, however, it is translating that value and getting kids educated. We need to seek out information, trust a little more, look at the system – child welfare don't want any more kids, as long as you are taking care of the child you are fine. Grandparents often don't like telling their personal business. There is a Child-only welfare grant that comes with medical care and is good resource for grandparents who don't want to talk about their business.

Rebecca: Doula project, a lot of concerns about grandparents accessing social services. So with informal placements, baby living with grandpa for the next 3 months, so that placement is long enough that mom

could lose custody. One thing they try to do is educate moms, about things such as transfer of legal custody, so when they get back out and get their feet on the ground they may be better prepared to care for the child

Q2: Changes that have been going on with new immigrant families – a sense of how these factors effect kinships care in that setting

Janet: I see a lot of that with kids coming into US with other family/friends and there is no legal relationship (guardianship). They have to think about guardianship for child, to ensure someone can care of them especially with mental health.

Q3: For each, in the areas in which you work if there was one thing you could change in the system, what would it be?

Rebecca: Stop incarcerating so many people! Incarceration is a public health problem; they often have serious chemical and mental health problems,

Priscilla: I would have informal kinship care on par with formal kinship care in the child welfare system. I would have a philosophy changed from best interest of child to the best interest of the family. This could be achieved with policy change, but now it is seen as a private family matter, so make it a public health issue. Look at the well-being of the caregiver, the middle generation, and the children who will eventually help us in the future.

Janet: Update the MFIP Child-only grant, it is only \$250 per month and you get food support and medical assistance, but the amount hasn't changed much over 20 years. If you have a child in foster care and the caregiver gets a much higher amount of money and the minute the child gets out the family caregiver gets much less and probably won't get childcare assistance if they are working.

Q4: In 2020, there will be more people 65+ than school children, which will have an enormous impact, what happens when these grandparents and great-grandparents need care?

Rebecca: Many of the grandparents we work with are only in their 40s, but there are a lot of chronic health issues with these young grandparents – chronic stress, hypertension, from having lived in extreme poverty and stress, often due to intergenerational patterns for those who are disenfranchised.

Janet: That is a huge challenge, as there are many grandparents with multiple health concerns. There may often not be a 'next' caregiver.

Q5: Are any of you aware of countries or cultures where the best interest of the family is the 'gold standard' rather than the best interest of the child?

Priscilla: New Zealand with the Maori culture. Their kids were going into the Child Welfare system, so they started to get them into the kinship setting; a great concept if the family-group conferencing that all members of the family come to the table and talk.

Janet: LSS has Family Circle conferences, so they get together family for a facilitated conversation and each family member gets to talk.

Q6: What would be your priorities for policy change? Low hanging fruit?

Priscilla: How do we get absent parents back into the life of the child or the kinship family to somehow help the family? Helping the parents with their drug abuse problems or learning how to parent is a great step. Also addressing stigma - when your child has not taken care of his/her child it comes with a stigma and how do we stop that stigma?

Janet: More financial support for the caregiver

Q7: Are there services available for children in kinship situation to support their mental health?

Janet: Yes. There are a lot of referrals made for mental health therapy, play therapy, etc. When they get on medical assistance those MH connections can be made. Even if a child is young, if they have experienced extreme situations in families they need these services.

Q8: Is there a decline in recidivism due to Isis Rising?

Rebecca: We are working to demonstrate to DOC (Department of Corrections) why we think building relationships with mom and child will reduce recidivism, but we don't have those long-term outcomes. C-section rate has dropped remarkably, and other good health outcomes.

Q9: Incarceration rates are higher among people of color – how does church provide support in kinship settings?

Priscilla: The black church historically helps with issues in the community and they are slowly looking at kinship care. Some churches in North Minneapolis have after school programs or education, working on forgiving, supports, etc. Even in the Africa American community it is a very shaming, secretive situation.

Q10: Are there resources for grandparents reentering the workforce after finding themselves in a kinship situation?

Rebecca: Not really. Public librarians offer a lot of services that can prep people for work or help individuals make connections

Q11: Comparison between foster care and kinship care – cost, challenges, outcomes?

Priscilla: I have done one small comparison group. Kids in kinship care, feel relatives care for them more. Those in foster care usually do better in school. The number of those in foster care is so much smaller than informal kinship care. Foster care provides care for kids, but with kinship care, the kids know someone loves them, there is belongingness that builds self-esteem.

Janet: There is more consistency with family and they can usually see their siblings and other family members.

Dean Finnegan's Closing:

It is about systems and networks, unfortunately our political system is very simple about their approach in addressing these issues compounding their complexity. We must utilize a truly holistic public health approach and we must support and implement public education and awareness, as the option of choice whenever possible.

Resources:

Sesame Street's Little Children, Big Challenges Series: In June the incarceration edition was launched. Minnesota was one of 10 pilot states. It is a resource guide with a DVD with kid's stories about going through the process, caregiver guide, and children's story book.

Save the Date:

May 9, 2014 – A Community of Caregiving: For the Silver Tsunami

This forum will explore the caregiving demands and roles of an aging middle generation. What will and should the “baby boomers” expect for services, health equity, and community design?

All forums are held at the New Brighton Community Center, located at 400 10th St. NW in New Brighton. Registration for the forums can be made at www.mpha.net

Breakfast and on-site registration begin at 7:00 a.m. Each forum begins promptly at 7:30 a.m. and concludes at 9:00 a.m.