

GRANDPARENTS AND OTHER RELATIVE CAREGIVERS IN RHODE ISLAND

Extended families often play a pivotal role in caring for children whose parents are unable to do so. Grandparent and other relative caregivers often take on the role of caregiver very suddenly, with little or no warning.¹ Relative caregivers often assume responsibility for children because of death, parental unemployment, substance abuse, mental health issues, physical disabilities, child abuse and neglect, divorce, incarceration, teenage pregnancy or poverty.² Separation from a parent can be distressing for all children, especially for those living in families experiencing trauma. Research suggests that living with a relative after a trauma may minimize the harmful effects to the child by providing a sense of family support and stability.³

Many relatives care for children on a temporary or permanent basis without the involvement of public systems. Yet over the last fifteen years, public child welfare agencies have increasingly relied on these family members to act as caregivers and foster parents. Grandparent and other relative caregivers care for 39% of Rhode Island children in foster care.⁴ This reliance stems from the recognition that children do best when they are able to live with relatives who are known to them, care about them and with whom they feel safe. In addition, child welfare agencies encounter difficulty recruiting foster parents to care for children who can not live with their parents.

The Adoption and Safe Families Act (ASFA) of 1997 formally validated permanent placement with fit and willing relatives when children can not live with their own parents. Placements with relatives may be on a temporary basis, while parents are making the changes needed to have the child safely return home, or may become a permanent living arrangement when return home is not possible.⁵ More recent federal policies have encouraged states to give preference to relatives when placing a child in foster care.


In 2003 in the U.S., 2.3 million grandparents living in the households with their grandchildren were financially responsible for meeting their grandchild's basic needs.⁶ In Rhode Island in 2003, there were 15,952 grandparents living with their grandchildren. Of these, 4,176 (26%) grandparents were financially responsible for the children's needs.⁷




DEFINING “RELATIVE CAREGIVER”

There is no single definition of relative caregiver. The U.S. Department of Health and Human Services (U.S. DHHS) defines relative care, also known as kinship care, as any living arrangement in which a relative or someone emotionally close to the child takes primary responsibility for the child’s rearing and basic needs.⁸ By this standard, caregivers may include blood relatives, non-blood relatives, such as step-parents or step-siblings, or non-relatives.


In Rhode Island, each state department has its own parameters for defining relative caregivers. These different definitions can impact the ability to find a common response to relative caregiver needs. For purposes of this Issue Brief, the term “relative caregiver” is used broadly to encompass the wide range of relationships as identified by the U.S. DHHS.




Rhode Island Department of Human Services (DHS): To be eligible for services from DHS, a child must be living with a relative of acceptable degree of relationship in a home maintained by such relative. Relatives include those with relationships by marriage, blood or adoption. This may include grandparents (up to great-great-grandparents), siblings, aunts, uncles, nieces, nephews, first adult cousins (including first cousins once removed), step-parents and spouses of any of the above persons, even after the marriage is terminated by death or divorce.⁹



Rhode Island Department of Children, Youth and Families (DCYF): Relatives include those with relationships by marriage, blood or adoption. This may include grandparents, siblings, aunts, uncles, first or second adult cousins, step-parents and spouses of any of the above persons, even after the marriage is terminated by death or divorce. In addition to relationships by blood or marriage, consideration may also be given to placing a child with an individual who is part of the family support system such as a non-related god-parent, close family friend, neighbor, clergy or other adult who has a close and caring relationship with the child. For purposes of foster care licensing, kinship includes such members of the family support system.¹⁰



Rhode Island Department of Elderly Affairs (DEA): Relative caregivers include grandparents and other relatives parenting children.¹¹



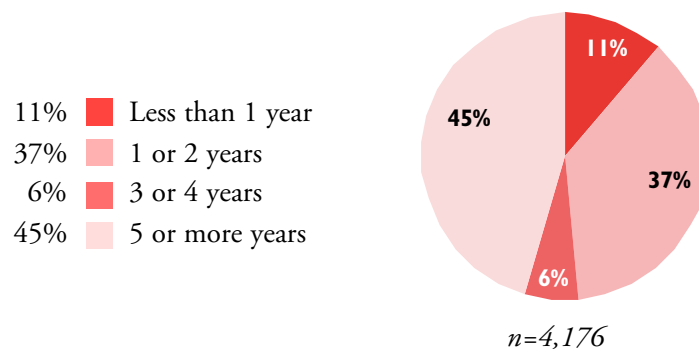
Rhode Island Department of Elementary and Secondary Education (RIDE): State law requires all children to be in school and states that any person having a child under his or her control is responsible for the child’s attendance. This includes any person acting in the place of a parent, such as those with whom the child lives.¹²

RHODE ISLAND'S GRANDPARENT CAREGIVERS

While other relatives, including aunts, uncles, cousins and siblings care for related children, grandparent caregivers make up the largest percentage of relative caregivers. Nationally, more than half (57%) of children in relative care are cared for by both maternal and paternal grandparents.¹³

In 2003, 15,952 Rhode Island grandparents lived with their grandchildren under 18 years old in their household.¹⁴ Of these grandparents, one in four were financially responsible for meeting the child's basic needs. Seventy-one percent of grandparents financially responsible for their grandchildren were married and 57% of the heads of household were female.¹⁵

RHODE ISLAND GRANDPARENTS FINANCIALLY RESPONSIBLE FOR THEIR GRANDCHILDREN, BY LENGTH OF TIME RESPONSIBLE, 2003



In 2003, more than half (51%) of Rhode Island grandparents who were financially responsible for their grandchildren had been responsible for the children for three or more years.

Source: U.S. Census Bureau, American Community Survey, 2003.

DCYF PROGRAM IMPROVEMENT PLAN

Recently, the U.S. DHHS conducted Child and Family Services Review (CFSRs), in each of the 50 states, Puerto Rico and the District of Columbia. The CFSRs measured state performance on outcome measures for safety, permanency and well-being. Rhode Island did not achieve substantial conformity on any of the seven qualitative outcomes and did not achieve the national standard for five of six quantitative measures (two indicators of repeat maltreatment, rates of foster care re-entry, stability of foster care placements and timely reunification, guardianships or relative placement).¹⁶

- ◆ None of the 52 jurisdictions reviewed achieved all desired outcome measures, and all must submit two-year Program Improvement Plans (PIP) targeting outcome measures that were not achieved.
- ◆ Included in the strategies for implementing Rhode Island's PIP is to seek a waiver under Title IV-E to use subsidies for guardianships. DCYF has also requested advice on how to obtain an across the board increase in TANF payments for children in guardianship arrangements, i.e. allow guardians to receive \$327 (the current TANF payment of one child) for each child in a sibling group. DCYF has also identified the need to develop an informational packet for relative caregivers to improve services to these families.¹⁷



RELATIVE CAREGIVER ARRANGEMENTS

Relative care can be categorized into two groups: private care arrangements and relative foster care. Defined by their legal status over the children in their care and the way in which the arrangements were made, these distinct groups share some common needs and challenges. They also encounter their own unique difficulties while trying to keep the children in their care in a safe, healthy and nurturing environment. Relative caregivers are usually less emotionally prepared than other foster parents to become caregivers or accommodate a child into their home.¹⁸



PRIVATE CARE ARRANGEMENTS

“I don’t want financial assistance or DCYF involved. I just want to care for my grandson. I want to be able to consent to doctors, dentists and orthodontists, and mental health visits.” (Rhode Island grandparent caregiver, personal communication, November 1, 2004).

◆ The majority of relative caregivers in the U.S. (77%) belong to a group known as private caregivers, and are defined as such because they lack a legal relationship, such as guardianship or adoption, for the children in their care. Children in this arrangement are being cared for informally by relatives without the involvement of a public child welfare agency.¹⁹

◆ Private caregivers can pursue a legal relationship with the child, such as legal guardianship or adoption, but frequently opt to maintain the informal arrangement. This decision is often made with the hope that at some point the child’s parent will be able to care for the child again. Most caregivers assume they are caring for the children temporarily, and do not see the need for formal systems involvement. Additionally, relative caregivers may not want to bring legal proceedings against a loved one, a necessity in obtaining legal guardianship or adoption. Court proceedings can be prohibitively expensive, lengthy and emotional for families, and may cause family strain, rather than keeping families together.²⁰



RELATIVE FOSTER CARE

◆ Relative foster care involves children who live with relatives as a result of being removed from their parent’s home by the Department of Children, Youth and Families (DCYF) and taken into state custody. State and federal foster care regulations require that DCYF give priority to relatives when placing a child in out-of-home care. As with all foster care cases, an explicit plan for safety and permanency is developed with the caseworker that can include return home to the family, legal guardianship or adoption.

◆ Relative foster care may also include children who have been placed in the care of a relative voluntarily by the parents, but have subsequently come to the attention of DCYF. When the case is opened to DCYF the relative caregiver is required to go through the licensing process.

◆ Similar to non-relative foster parents, relative foster parents are required to obtain training and a license from the state. As a result of the often last minute notification before a placement, relative foster parents receive a provisional license following a DCYF and criminal background check and home visit. After placement, relative foster parents receive abbreviated training and are subject to the full home study required of all foster care homes.

RELATIVE FOSTER PARENTS IN RHODE ISLAND, 2005

CITY/TOWN	# OF RELATIVE FOSTER PARENTS	CITY/TOWN	# OF RELATIVE FOSTER PARENTS
Bristol	6	North Providence	10
Central Falls	14	Pawtucket	38
Coventry	14	Providence	108
Cranston	28	Wakefield	8
Cumberland	12	Warwick	29
East Providence	12	West Greenwich	5
Johnston	9	West Warwick	11
Middletown	5	Woonsocket	23
Newport	6	TOTAL	343
North Kingstown	5		

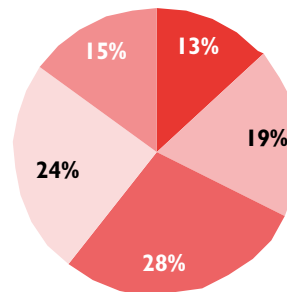
Note: Only cities and towns with five or more relative foster parents were listed.

As of April 15, 2005, there were 1,199 children in foster care homes. Of these, 465 children (39%) were in 395 relative foster homes (both pending license and licensed).

Nearly three quarters (72%) of the 395 relative foster parents were between the ages of 30 and 59. Of relative foster parents under 30 years of age, 55% were 25 years or younger. Of relative foster parents 60 years or older, 27% were 70 years or older.

BY AGE OF PROVIDER, 2005

- 13% ■ Under 30 years old
- 19% ■ 30-39
- 28% ■ 40-49
- 24% ■ 50-59
- 15% ■ 60 years and older



n = 395

Source: Rhode Island Department of Children, Youth and Families, RICHIST data, 2005.

CHILDREN WITH INCARCERATED PARENTS

◆ In the U.S., one in forty children has a parent in prison.²¹ The children's care arrangements are often handled informally by family members, rarely coming to the attention of a child welfare agency. While the children may experience problems at school or in other areas of their lives, these problems are often not recognized as being related to the incarceration of a parent.²² Relatives who assume responsibility for these children can help to minimize the disruption in children's lives, but may feel embarrassed by their relatives imprisonment, may feel pressured to pursue adoption and may encounter difficulties in building connections between the parent in prison and the child.²³

◆ In Rhode Island in 2004, 1,201 incarcerated parents reported having 2,589 children.²⁴



PERMANENCY OPTIONS FOR CHILDREN IN RELATIVE CARE

◆ **Reunification:** Federal law requires that children in foster care have a case plan with a clear permanency goal, such as reunification with the birth parents when safe and appropriate or adoption. When reasonable attempts to resolve issues that caused the family disruption are successful, then permanency through reunification can be achieved.

Nationally in fiscal year 2000, 57% of children who left foster care did so because of reunification.²⁵ In Rhode Island, 64% of all children exiting foster care in fiscal year 2003 exited as a result of reunification.²⁶

◆ **Legal Guardianship:** Private relative caregivers and relative foster parents can choose to obtain legal guardianship of the children in their care. Legal guardianship provides caregivers with more legal rights and protections and children are provided with permanency. Under legal guardianship, there is not a termination of parental rights and the child's birth parents have residual rights and obligations, including the right to consent to adoption and the obligation to provide financial support for the child.

◆ **Adoption:** Private relative caregivers and relative foster parents can choose to pursue adoption as a legal permanency option for the children in their care. Adoption requires parental rights to be permanently terminated. Adoptive parents assume and are legally granted all of the birth parents' rights and responsibilities.²⁷

ADOPTION SUBSIDY PROGRAM

Relative caregivers seeking adoption must file their petitions with the Rhode Island Family Court. If the child is not involved with DCYF the cost of legal fees for adoption are the sole responsibility of the caregiver. If the child is involved with DCYF, the relative caregiver may be eligible for an adoption subsidy. There are three qualifying factors for the Adoption Subsidy Program:

- 1) There must be a judicial determination that it is not in the child's best interests to return home.
- 2) Children must meet one of the following factors which would deem them "special needs:"
 - a) The child must have a documented medical condition or a physical, emotional or mental disability.
 - b) The child is a member of an ethnic or racial minority.
 - c) The child is over the age of 12.
 - d) The child is a member of a sibling group being adopted into the same home as a sibling.
 - e) The child has experienced a prior adoption disruption or dissolution.
 - f) The child is at high risk of developing a medical condition or a physical, emotional or mental disability, based on family background or history.
- 3) Reasonable efforts to place the child without adoption assistance must be made unless it is contrary to the child's best interests to do so.

The Adoption Subsidy Program offers financial support at a rate less than or equal to what is paid in foster board to a foster parent. If eligible for the Adoption Subsidy Program, child care subsidies may be provided to children under age 6 for working adoptive parents. Medical assistance and respite services may be available. Legal fees for the adoption of up to \$400.00 are also covered.

Source: Rhode Island Department of Children, Youth and Families.



SUBSIDIZED GUARDIANSHIP PROGRAMS AUGMENT PERMANENCY OPTIONS FOR CHILDREN

Subsidized guardianship programs can provide a permanent alternative to adoption for eligible children who can not live safely with their birth parents and are at risk of entering the foster care system or for children who are leaving the child welfare system. Subsidized guardianship programs are intended to provide financial support for children living in safe and loving homes in the care of legal guardians.

Research shows that when subsidized guardianship is offered as an option in combination with adoption and reunification, more permanent placements are made than when adoption and reunification are the only available options. Children in subsidized guardianship placements tend to have a similar sense of safety, attachment and well-being as those who are in adoptive placement.

Currently, 35 states and the District of Columbia have subsidized guardianship programs. Of these, 24 states have subsidized guardianship programs for both relative and non-relative caregivers. Six of the 24 states make the program available to children in the care of relatives outside of the child welfare system. Rhode Island does not have a formal subsidized guardianship program, although subsidies may be offered on a case-by-case basis to non-relative caregivers.

Subsidized guardianship programs that include children in relative care facilitate the maintenance of family bonds with the birth parents and help honor the wishes of older children who may not want to sever relationships with their parents or do not want to be adopted. Subsidized guardianship programs can also minimize state intervention in the lives of families by making it possible for relatives who do not adopt to make important decisions without needing child welfare agency approval.

FUNDING OPTIONS FOR SUBSIDIZED GUARDIANSHIP

Each state's subsidized guardianship program is funded differently. Common funding sources include:

- ◆ **Federal IV-E Waivers** – States receive a waiver to use federal foster care funds to pay for these programs.
- ◆ **Temporary Assistance to Needy Families (TANF)** – Money from the TANF block grant (federal welfare dollars) can be allocated to pay for these programs. The availability of this funding, given welfare reauthorization, remains uncertain.
- ◆ **Social Services Block Grant** – Designed to support children, persons with disabilities and the elderly, this funding is used by some states to support these programs.
- ◆ **State and Local Funds** – States that use state funds to support their program have more flexibility in determining eligibility guidelines for subsidized guardianship.

Source: Allen, M., Bissell, M. & Miller, J. (2003). *Expanding permanency options for children: A guide to subsidized guardianship programs*. Washington, DC: Children's Defense Fund and Houston, TX: Cornerstone Consulting Group.

SUBSIDIZED GUARDIANSHIP IN RHODE ISLAND

In Rhode Island there is no formal subsidized guardianship program. Subsidies may be offered on a case-by-case basis to non-relative caregivers. Private relative caregivers are not eligible to receive a subsidy from DCYF, but may seek a child-only grant from the Family Independence Program (FIP). The subsidy from DCYF of \$327 per child per month is less than the \$465 foster care payment and is equal to the FIP child-only grant for one child. The child-only FIP grant pays \$327 for one child and is graduated for additional children, while the foster care and subsidized guardianship payment is made per child.^{28,29}



CHALLENGES TO MEETING THE NEEDS OF CHILDREN IN RELATIVE CARE

The needs and challenges of grandparent and other relative caregiver families may vary depending on the reason for the living arrangement, the level of preparation for the child in the home and the types of supports the caregiver can access for the child. Though there are resources available for these children, many relative caregivers do not have the basic information and assistance needed to access these services and to maneuver through the various state systems.³⁰

Relative caregivers may be unprepared to manage the challenges faced by children, particularly if children have special needs as a result of trauma. Relative caregivers often have difficulty balancing appropriate boundaries with the birth parents and keeping children safe. Relative caregivers often need help maintaining boundaries, setting up and supervising visits and considering their legal and permanency options when children can not safely return home.



POVERTY

In 2003 in Rhode Island, 22% of grandparents financially responsible for their grandchildren were living below the poverty threshold, compared to 20% nationally.³¹ Grandparents raising their grandchildren are 60% more likely than other grandparents to be living in poverty.³² They may also be retired and be on fixed incomes. The addition of a child or children into their homes may become a serious financial burden if their fixed income does not cover the needs of the child.

FAMILY INDEPENDENCE PROGRAM AND THE FOOD STAMP PROGRAM

◆ Many relative caregivers in Rhode Island are unknowingly eligible for food assistance from the Food Stamp program or cash assistance from the Family Independence Program (FIP), either for their family or in the form of a child-only grant. Relative caregivers are often unaware of program eligibility and may be wary of asking for assistance from a government agency.

◆ In March 2005, there were 784 cases (with 1,004 children) in the care of relatives receiving cash assistance from the Family Independence Program (FIP), food stamps and medical assistance.³³ An additional 330 children in relative care were receiving assistance from the Food Stamp Program, but were not enrolled in FIP.³⁴

CHILD CARE SUBSIDIES

◆ In 2003 in Rhode Island, more than half (58%) of grandparent caregivers participated in the labor force.³⁵ Per the Rhode Island Department of Human Services definition of relative caregiver, these families may be eligible to receive child care subsidies to

help defray the costs of providing child care for their relative child while they work. In March 2005, 92 children in the care of relatives were receiving child care subsidies, 36 of these children (39%) were also receiving cash assistance from FIP.³⁶

CHILD SUPPORT

◆ Temporary Assistance to Needy Families (TANF) regulations require that if a relative caregiver becomes involved with the state welfare agency, the agency automatically holds birth parents accountable for child support payment. As of April 2005, 212 grandparents receiving cash assistance through FIP and 47 grandparents receiving medical assistance for the children in their care had an active child support order.³⁷

◆ Grandparents not involved with FIP or receiving medical assistance for the children in their care are also able to pursue child support through the Rhode Island Child Support Enforcement agency. In April 2005, there were 122 grandparent cases not involved with FIP or receiving medical assistance with an active child support order.³⁸



CHILDREN WITH SPECIAL NEEDS

Children in out-of-home placement (foster care) exhibit a greater degree of physical, behavioral and emotional problems than other children. More than half of young children in foster care experience serious physical problems and over half experience developmental delays.³⁹ Nationally, the rates of emotional and behavioral problems among children between the ages of 6 and 14 who live in foster care is approximately four times that of other children.⁴⁰

◆ In Rhode Island, children in foster care are eligible for RIte Care, Rhode Island's Medicaid managed care program, yet many relative caregivers have reported paying out of pocket for health care needs such as doctor's visits and prescriptions.

◆ In March of 2005, 656 children in the care of relatives were enrolled in medical assistance without receiving FIP or food stamps.⁴¹



HEALTH CARE FOR RELATIVE CAREGIVERS

Grandparent caregivers are at greater risk for poor physical and mental health than their peers. Studies about the long-term effects of grandparent caregiver health report high rates of depression, diabetes, hypertension, insomnia and gastric diseases.⁴²

◆ Many grandparent caregivers delay or fail to seek care for their own health concerns.⁴³ Some of the grandparent's stress can come from unexpectedly having to care for children, social isolation from peers and feelings of shame and guilt resulting from their son's or daughter's inability to care for their own children.⁴⁴

◆ Income-eligible relative caregivers, as defined by DHS, may also enroll in RIte Care, though under current regulation, their spouses may not.

◆ Legislation is pending to provide health insurance to licensed income-eligible foster parents who have at least one child placed in their home in a six month period.



LEGAL SERVICES

"You absolutely need legal assistance right from the start, because it could cost you thousands of dollars in the long run. I don't want just any lawyer out of the phone book. I want someone who has experience with my type of case." (Rhode Island grandparent caregiver, personal communication, November 1, 2004).

◆ Adoption and guardianship petitions are processed through the Rhode Island Family Court. If the child was not involved with DCYF, guardianships can also go through the local Probate Court.

◆ If the case is not involved with DCYF, relatives need to manage their own case and finance their own attorney.⁴⁵ The prohibitively high cost of legal assistance can interfere with a private relative caregiver's ability to navigate their legal options.

◆ If the child is involved with DCYF, the department prepares the petitions and the cost for the attorney is covered up to \$400. In Rhode Island, the Court Appointed Special Advocate (CASA) Program provides needed advocacy for those children involved with DCYF and the Rhode Island Family Court. CASA attorneys appear at all court hearings in abuse and neglect cases to represent the best interest of the child to the Court, distinct from the legal interests of DCYF, the parents, or the relative caregiver.



HOUSING

According to *Census 2000*, nationally, 60% of grandparent caregiver renters living below the poverty threshold are not receiving any federal housing subsidies. Twenty-six percent of grandparent caregivers rent, with almost a third spending 30% of their income on rent.⁴⁶

◆ Relative caregivers may have initial difficulty accommodating the children in their current residence. Relative caregivers may not have appropriate furniture, such as cribs or beds, for their new arrivals. If they live in senior housing, relative caregivers may face eviction because they may be in “senior only” developments.⁴⁷

◆ For low-income caregivers, purchasing or renting a house with sufficient space that is safe for both their own needs and the needs of children is very challenging. This becomes an even greater challenge if the child or grandparent has a disability.⁴⁸

SPOTLIGHT ON FEDERAL HOUSING POLICY

In 2003 the bipartisan *Living Equitably – Grandparents Aiding Children and Youth (LEGACY)* Bill passed as an amendment to the *American Dream Downpayment Act*. LEGACY was intended to create national demonstration projects to build housing specifically for low-income (income below 50% of local median) grandparents and elderly relatives raising children. HUD has not yet implemented this program and is requiring a special earmarked appropriation.⁴⁹



EDUCATION

In Rhode Island, specific procedures for enrolling children in public school vary by district.

◆ Children may experience difficulty accessing transportation to another school district.

◆ Proof of immunizations must be submitted for school enrollment, but the proof need not be submitted by a parent. Private relative caregivers can encounter difficulty accessing medical records or consenting to necessary immunizations.

◆ State regulations require that any person acting in the place of a parent with whom the child lives has all the rights of a parent regarding education of a child with disabilities. Yet, private relative caregivers can encounter difficulty coordinating and participating in an Individual Educational Plan.



TIMELY AND ACCURATE INFORMATION

“I wish when I looked under the state directory there was one place I could call, just one state agency that could direct you and give you guidance.” (Rhode Island grandparent caregiver, personal communication, November 1, 2004).

◆ Timely and accurate information about programs that serve children is consistently identified as a challenge for relative caregivers. Relative caregivers often receive less information about government programs, benefits and supportive community agencies than non-relative foster parents.⁵⁰

◆ Currently in Rhode Island, the Department of Elderly Affairs publishes a Resource Directory through grant money to help relative care families navigate the confusing network of services available for relative caregivers.



SERVICES AND FINANCIAL SUPPORT AVAILABE TO CHILDREN LIVING WITH RELATIVE CAREGIVERS

	PRIVATE RELATIVE CAREGIVERS	RELATIVE FOSTER PARENTS
<p>ADOPTION SUBSIDY The DCYF adoption subsidy program offers financial support at a rate less than or equal to what would be paid in foster board. Legal fees for the adoption of up to \$400.00 are also covered. Child care services are provided to children under age 6 for working adoptive parents. Medical coverage and respite services are available.</p>	NO	YES
<p>ADOPTION TAX CREDIT The Adoption Tax Credit is a valuable benefit for adopting families. Families with adoption-related income and/or expenses may have their tax liability reduced.</p>	YES	YES
<p>CHILD CARE ASSISTANCE PROGRAM DHS defined relative caregivers may receive child care subsidies for the children in their care, provided they meet eligibility criteria.</p>	YES	YES
<p>CHILD SUPPORT The average child support payment amount is based on the needs of the child and on the resources and abilities of the parent(s) to pay.</p>	YES	YES. If the child is receiving a foster care payment, the child support monies are appropriated to the state of RI.
<p>EARNED INCOME TAX CREDIT (EITC) The EITC is available to caregivers who are working. Federal EITC and a small portion of the RI EITC are refundable, meaning that workers who do not earn enough money to pay taxes can still receive cash back. The amount of the credit depends upon the income earned and the number of qualifying children in the family.</p>	YES. A child is considered qualifying if they have lived with the relative for more than half of the past year, is under 19 years of age, or has a permanent disability.	YES. Children are considered qualifying if they are placed with a relative by a child welfare agency.
<p>FAMILY INDEPENDENCE PROGRAM (FIP) The maximum FIP payment for a family of three is \$554 per month.</p>	YES. If income-eligible and meet DHS definition of relative caregiver.	YES. If placement meets DHS definition of relative caregiver, the family is income-eligible and the relative is not receiving a foster board payment.
<p>FAMILY INDEPENDENCE PROGRAM (FIP) CHILD-ONLY GRANT The child-only grant in Rhode Island is \$327 per month for one child and graduated for each additional child.</p>	YES	YES. If the child is not receiving a foster care payment.
<p>FOOD PROGRAMS The average Food Stamps payment for a family of three is \$249.69 per month. Income-eligible children living with relative caregivers may be eligible for School Breakfast. Children living in formal relative care or with relatives with a legal relationship may also qualify for the WIC program.</p>	YES. If family is eligible, relative children are included in the food stamp grant amount.	YES. If family is eligible, relative children are included in the food stamp grant amount.
<p>FOSTER CARE PAYMENT The basic daily foster board rate paid by DCYF in Rhode Island is \$14.39 for children 0-3, \$13.64 for children 4-11 and \$15.79 for children 15 and older. Enhanced foster board rates are calculated based on a child's special needs.</p>	NO	YES. Relative must go through Rhode Island's relative foster care licensing process.
<p>RITE CARE Rite Care is Rhode Island's Medicaid managed care health insurance program.</p>	YES. One related caregiver and the child if the family is income-eligible, otherwise just the child.	YES. All foster children are Rite care eligible. One relative caregiver is eligible providing that they are not receiving a foster board payment.
<p>SUBSIDIZED GUARDIANSHIP</p>	NO	NO
<p>SUPPLEMENTAL SECURITY INCOME SSI is a federal income supplement program designed to help aged, blind and disabled people who have little or no income. SSI provides cash to meet basic needs for food, clothing and shelter.</p>	YES. If the relative child meets SSI disability guidelines.	YES. If the relative child meets SSI disability guidelines. If the child receives foster care payment, Title IV-E eligibility will reduce the SSI payment by the amount the state is being reimbursed through Title IV-E.



RECOMMENDATIONS

◆ **Provide sufficient support, information and resources to foster parents and to relative caregivers so that they can adequately address the needs of children in their care.** National studies indicate that relative foster parents receive less supervision from their caseworkers in the form of home visits, calls and information. Private relative caregivers often have a difficult time accessing appropriate supports.

◆ **Ensure that DCYF has the systems in place to license an adequate supply of foster care homes – both relative and non-relative – to safely provide care for children who are not able to live with their parents.**

◆ **Create a formal subsidized guardianship program that includes relative caregivers.** Subsidized guardianship is increasingly used by states around the country to allow children living safely with relatives to exit foster care and achieve legal permanence. States have used TANF funds, Title IV-E waivers and other state funding sources to provide support to caregivers who choose this option. Rhode Island can consider a series of funding sources to develop a subsidized guardianship program. Additionally, if approved by Congress, the federally proposed *Kinship Caregiver Support Act* would open Title IV-E funding to subsidized guardianship arrangements.

◆ **Build upon the information and resources for relative caregivers available at the Department of Elderly Affairs to create a statewide clearinghouse.** The Department of Elderly Affairs produces a hard

copy Resource Directory for relative caregivers to help navigate the network of services available to them. Relative caregivers who are younger in age may not know to call the Department of Elderly Affairs for this information. This resource can be built upon to create Kinship Navigator programs. Kinship Navigator programs connect relative care families with legal assistance, child care, health care, transportation, local social service agencies, and support groups before there is a crisis. Navigator programs can be used in tandem with subsidized guardianship programs and other supports to meet the needs of relative caregiver families.

◆ **Increase support services available to relative caregivers in Rhode Island.** The challenges faced by relative caregivers can be very overwhelming, both emotionally, physically and financially.⁵¹ Support groups and other specialized services have been shown to help alleviate caregivers' stress and improve health. By offering caregivers a place to share information, solutions and feelings with peers, support groups can help families to connect to services and to the community.⁵²

◆ **Expand access and funding for respite programs for relative caregivers.** Respite care is essential in providing relief to grandparent and other relative caregivers to decrease individual and family stresses. The underlying values associated with respite care include the support and preservation of family relationships.⁵³ Respite care can help relative

SPOTLIGHT ON FEDERAL RESPITE CARE POLICIES

◆ The National Family Caregiver Support Program established in 2000 as part of the *Older Americans Act* allows 10% of funding to be used to provide supportive services to relative caregivers that are age 60 or older. Nationally, 71% of grandparent caregivers are under the age of 60.⁵⁵ Lowering the age requirement for this population and tapping into additional funding from the *Lifespan Respite Care Act of 2003* can provide increased access to respite care for relative caregivers. The *Lifespan Respite Care Act of 2003* authorized funds to develop coordinated systems of accessible, community-based respite care services for family caregivers of either special needs children or adults. Between federal fiscal year 2005 and 2008, \$90.5 million was authorized for this program.

caregivers to maintain the physical and emotional strength they need to effectively care for children.⁵⁴ Respite services are also important for children by giving them time to play and interact with other children.

◆ **Develop affordable intergenerational housing.** Encourage HUD to implement the LEGACY program and pursue intergenerational housing based on the Grandfamilies Housing Replication Project in Boston. The first housing program in the nation, Grandfamilies House was specifically designed for grandparent-headed families. This housing contains safety features for both older adults and children. Supportive services are provided on-site and residents have access to transportation for shopping, medical visits, etc. Children are provided with tutoring and are afforded the opportunity to participate in summer camps.

◆ **Enhance training to state workers** about permanency options and the specific needs and challenges encountered by grandparent and other relative caregivers. State workers should be aware of the service options available for relative caregivers including financial supports, Medical Assistance and other services.

◆ **Develop statewide legal assistance initiatives.** The prohibitively expensive cost of obtaining legal service can prevent relative caregivers from pursuing permanency options. Many states have opted to use the funding flexibility in the *National Family Caregiver Support Program* to provide legal services to relative caregivers.

◆ **Expand health care coverage to income-eligible foster parents and relative caregivers.** As of April 2005, relative caregivers who are income-eligible for RIte Care can only receive coverage for one adult. Though spousal income is considered in the eligibility tests, the spouse is not eligible to receive health coverage.

◆ **Listen to the perspectives of relative caregivers.** Relative caregivers help keep children safe and provide stability. Their perspectives need to be incorporated into policy decisions and when developing programming.

◆ **Increase efforts to serve children of incarcerated parents.** State agencies should work with the Rhode Island Family Life Center, Women in Transition, and other community agencies to reconnect children with incarcerated parents in a safe and healthy way. Incorporating the relative caregiver in this process is an important component to ensure that the interest of the child are represented.

THE RHODE ISLAND FAMILY LIFE CENTER

The Rhode Island Family Life Center (FLC) is a nonprofit organization whose purpose is to support and advocate for the reintegration of ex-offenders into the community. The FLC's goals are to:

- ◆ Stabilize offenders returning to the community so that they are less likely to re-enter prison.
- ◆ Strengthen families to help offenders reintegrate and reconnect with their loved ones.
- ◆ Remove barriers that make it difficult for ex-offenders to reintegrate into the community.

The FLC's reentry program uses a holistic, family-based approach to support offenders as they prepare to leave prison, return home, and stabilize in the community. As issues relating to family interactions are identified and the participant gives permission, family members are asked to take part in the process of reunification. An in-depth family assessment is completed and referrals are made to appropriate resources. FLC works to establish common goals between the individual and family members.

Source: <http://www.ri-familylifecenter.org/>



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RESOURCES FOR GRANDPARENT AND OTHER RELATIVE CAREGIVERS



NATIONAL

Children's Defense Fund

Phone: (202) 628-8787
E-mail: cdinfo@childrensdefense.org
www.childrensdefense.org

AARP Grandparent Information Center

Phone: 1-888-OUR-AARP
Email: gic@aarp.org
www.aarp.org/grandparents

Generations United

Phone: (202) 289-3979
Email: gu@gu.org
www.gu.org

The Brookdale Foundation Group

Email: mpp@brookdalefoundation.org
www.brookdalefoundation.org



RHODE ISLAND

STATE AGENCIES

Rhode Island Department of Human Services
Information Line (401) 462-5300
Food Stamp Program 1-800-221-5689

Rhode Island Department of Elderly Affairs
(401) 462-3000

Rhode Island Department of Children,
Youth and Families
Intake (401) 528-3593
Licensing (401) 528-3757
Division of Children's Behavioral Health and
Education (401) 528-3756
Adoption & Foster Care Preparation &
Support Unit (401) 528-3799

Rhode Island Department of Health
Family Health Information Line 1-800-942-7434

Rhode Island Department of Mental Health,
Retardation and Hospitals
Developmental Disabilities (401) 462-3421
Behavioral Health (401) 462-2339
Mental Health (401) 462-1714

Rhode Island Housing and Mortgage Finance
(401) 751-5566

Rhode Island Department of
Elementary and Secondary Education
(401) 222-4600

LEGAL SERVICES

Rhode Island Bar Association's
Lawyer Referral and Information Service
(401) 421-7799

Volunteer Lawyer Program (VLP)
(401) 421-7758 or 1-800-339-7758

Office of Court Appointed
Special Advocate (CASA)
Rhode Island Family Court, (401) 458- 3330

Office of the Child Advocate
(401) 222-6650

SUPPORT SERVICES

Rhode Island Foster Parents Association
(401) 781-1915

Casey Family Services (401) 781-3669

Adoption Rhode Island (401) 724-1910

South Shore Mental Health Center,
Grandparent Support Group
(401) 364-7705

Crossroads of Rhode Island Help Line
(401) 351-6500 or 1-800-367-2700

Children's Friend and Service (401) 331-2900

Family Service of Rhode Island, Inc.
(401) 331-1350

Family Life Center (401) 781-5808

Women in Transition (401) 462-1767



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KEY RESOURCES

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