



# **Southeast Idaho KinCare:**

*2010 Survey and Focus Group Report*

**Part of the Idaho VISTA Kinship Project**

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In July 2009 the Idaho Department of Health and Welfare partnered with AmeriCorps VISTA Volunteers to create the Idaho Kinship Project. The mission of the project is to enhance the lives of kincare families in Idaho by creating a safety net of resources and support. To date, the Idaho Kinship Project has established partnership with state and local agencies to provide resources and support to kinship families. The Southeast Idaho Advisory Council was formed in March 2010 and is comprised of multiple community agencies committed to helping kinship families.

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<b>Background</b> .....	<b>5</b>
<b>Introductions</b> .....	<b>5</b>
<b>Methods</b> .....	<b>5</b>
2010 Southeast Idaho Kincare Focus Group.....	5
Participant Selection.....	5
Focus Group Procedure.....	6
Demographics 2010 Southeast Idaho Kincare Focus Group.....	6
Findings 2010 Southeast Idaho Kincare Focus Group.....	7
2010 Southeast Idaho Kincare Survey.....	7
Participant Selection.....	7
Survey Procedure.....	8
Demographics 2010 Southeast Idaho Kincare Survey.....	8
Findings 2010 Southeast Idaho Kincare Survey.....	10
<b>Findings</b> .....	<b>11</b>
<b>A. Kincare Challenges</b> .....	<b>11</b>
Familial Challenges.....	11
The Need for Timely Information and Resources.....	13
Financial Challenges.....	13
Legal Challenges.....	15
Educational Challenges.....	16
<b>B. Access of Resources</b> .....	<b>18</b>
<b>C. Outreach Questions</b> .....	<b>19</b>
<b>D. Kincare 2-1-1 Packet – Focus Group ONLY</b> .....	<b>19</b>
<b>Conclusion</b> .....	<b>21</b>
<b>References</b> .....	<b>22</b>
<b>Appendices</b> .....	<b>23</b>
<b>Appendix A - Moderator’s Guide</b> .....	<b>24</b>
<b>Appendix B - 2-1-1 Kincare Packet</b> .....	<b>28</b>
<b>Appendix C - Survey Questions</b> .....	<b>37</b>
<b>Appendix D - Survey Results</b> .....	<b>44</b>

# **Background**

## ***Introductions***

The best hope for children is that they are raised in stable, loving, healthy homes headed by their parents. Unfortunately, out of home placement for children can be the only options for families in crisis. Grandparents, relatives, and meaningful adults are taking on the responsibility of rearing someone else's child. Kincare families are a growing national trend.

In Idaho, over 18,000 children live in kincare households (Shaklee, Bigbee, & Wall, 2008, p. 3). Grandparents head 59% of kincare families according to data taken from the U.S. Census 2000. In 2006, grandparents headed nearly 10,000 Idaho kincare households, an increase of 20.7% since 2000. Over the same time period, an increase of 1.2% was seen nationally (Shaklee et al., 2008 p. 3).

Among kincare providers identified in Southeast Idaho Kincare Survey, nearly two thirds (65%) are age 55 and over. Poverty and meager budgets are common to over half (54%) of these kincare providers, who indicated they make less than \$30,000 annually. Over three in five (64 %) kincare providers are not currently married. (Appendix D)

Relative placement has long been important in Native American communities. Traditionally and from a cultural perspective, extended family, and peoples, were vital to ensuring the safety and well-being of children within the family, community and tribe. The Shoshone-Bannock Tribal Reservation is located in Southeast Idaho. Half of all survey participants identified themselves as American Indian.

## ***Methods***

### **2010 Southeast Idaho Kincare Focus Group**

#### **Participant Selection**

Darlene Wilson, an employee of the Idaho Department of Health and Welfare, served as the moderator for the focus group. Jennifer Call, LSW, an AmeriCorps VISTA Volunteer for the Idaho Kinship Project, served as organizer, co-moderator, and reporter for the focus group.

AmeriCorps VISTA Volunteers went through contact lists of known Kincare families and selected 25 families. The names were pulled from the following events:

- Support group sign-in sheets
- 2010 Southeast Idaho Kincare Survey respondents
- Family Fun Day sign-in sheets
- Soundstart Legal Forum

Families were sent a letter explaining the focus group and instructed interested persons to contact Southeast Idaho Kincare Advisory Council. VISTA volunteers screened respondents to verify their caregiver status.

## **Focus Group Procedure**

Through phone calls and confirmation letters, the VISTA confirmed the planned attendance of each participant and informed the participant of the focus group location, Bannock Youth Foundation, Pocatello, Idaho.

The group took place between 11:45 and 1:15 pm. Participants were asked to fill out a sign-in sheet, agree to and sign a confidentiality agreement, and fill out a personal survey. The session was audio recorded. Participants were informed of the taping.

A moderator's guide was created and followed. The discussion focused around seven questions, with prompts included. (Appendix A)

## **Demographics 2010 Southeast Idaho Kincare Focus Group**

Roughly one in four (28%) kincare providers invited to participated in the focus group were able to make that commitment, resulting in seven total participants. Each participant filled out a short survey before the group began. From the survey the following information was gathered.

Four participants are raising one child and two participants are raising two children. The children range in age from 10 months to 10 years old. All members of the focus group are related to the children they are raising. Six participants are grandparents and one participant is a cousin. One participant is a foster parent while the other participants identify themselves as the child's legal guardian. Six participants feel that they will definitely be raising their kin on a permanent basis and one participant felt that was somewhat likely.

Six participants indicated Drug and/or Alcohol addiction as a reason that led them to raising their kin. Five of these participants indicated Methamphetamines, two indicated alcohol, and one marked other drug related problems. For four of the participants

parental incarceration was a reason that led them to raising their kin. Three participants also indicated abuse or neglect of the children as a reason the children came into their care.

Three participants are married, two are single, one is widowed, and one is divorced. Only one male took part in the focus group. Four participants indicated that they are retired and no longer working. The participants ranged from age 45 to 60 years old. Five participants identified themselves as Caucasian and two identified themselves as Hispanic. Some providers are retired and on a fixed income and others are working full time. They all live in Bannock and Bingham Counties of Southeast Idaho.

## **Findings 2010 Southeast Idaho Kincare Focus Group**

Kincare providers in this study have all taken on the responsibility of raising someone else's child. Even though all participants share the path of becoming kincare providers, each individual has their own set of unique experiences, attitudes, and beliefs about the process. Whether drug and/or alcohol addiction, parental incarceration, or abuse of the children occurred, these focus group participants now find themselves caring for a child that is not theirs.

Most focus group participants had little knowledge of the role they were about to take on or the life changes that would follow the decision to become a kincare provider. Many participants experienced strained family relationships after taking the kin children. The need was expressed for mediator services, individual and family counseling, and support groups.

The complexities of the legal system, combined with the high cost of legal services, can be overwhelming for kincare providers. Each focus group participant expressed a current need or a past need for legal services and advice. Several of the group members were currently in legal proceedings related to the kin in their care.

Focus group participants also expressed the need for information and resources. Although many receive help from public welfare agencies, many kincare providers are not accessing resources and funding for which they qualify. All participants articulated their need for programs and services that could help them and their kin children work through the hardships and trauma that kincare families face.

## **2010 Southeast Idaho Kincare Survey**

### **Participant Selection**

VISTA Volunteers generated a list of kincare providers. The 2010 Southeast Idaho Kincare Survey was mailed to all known kincare providers, totaling 96 surveys. The Fort Hall Reservation TANF program, in conjunction with the Fort Hall Caregiver Program, mailed the 2010 Southeast Idaho Kincare Survey to all known kincare providers residing

on the Fort Hall Indian Reservation, totaling 115 surveys. The combined effort resulting in 211 surveys mailed.

## **Survey Procedure**

Jennifer Call, LSW, and Yvonne Perez, MPA, both AmeriCorps VISTA Volunteers for the Idaho Kinship Project, served as organizers and reporters on the 2010 Southeast Idaho Kincare Survey. Questions were reviewed and finalized by the Southeast Idaho Kincare Advisory Council on June 7<sup>th</sup> 2010. Surveys were mailed June 10<sup>th</sup> 2010.

As incentive for the prompt return of the survey, a raffle ticket was included with every survey. Each raffle ticket returned was entered to win a \$50 gift card. To be entered into the raffle all surveys needed to be post marked by July 5<sup>th</sup>, 2010. Each survey was also mailed with a letter of explanation and a self-addressed return envelope.

The survey was a series of 28 questions. (Appendix C)

## **Demographics 2010 Southeast Idaho Kincare Survey**

The survey had a response rate of 1 in 5 (20.9%)(N=44). All kincare providers in this study have taken on the responsibility of raising someone else's child. Most indicated that they definitely plan on raising their kin children on a permanent basis (70.5%). As the Shoshone-Bannock Tribe Reservation is located in Southeast Idaho, half (50%) of the surveys we received back were from Native American Indians. Responses were gathered from the following counties: Bannock, Bingham, Bonneville, Power and Franklin. Each participant completed the Southeast Idaho Kincare Survey and the following information was gathered.

Three out of four (75%) kincare providers who took the survey identify themselves as the kin children's grandparent. Most kincare providers are raising one (52.3%) or two (36.4%) kin children. Nearly two in three (65.9%) kincare providers are over age 55. Less than one third (31.8%) are married; single (18.2%) and divorced (25%) kincare providers are also quite common. There was a much higher response rate from women (84.1%). Half (47.7%) of kincare providers indicated that they are currently working, most (71.4%) indicated they work full time.

The reporting follows national trends indicating the two most common circumstances that led them to raising their kin are drug and/or alcohol addiction (36.8%) and parental incarceration (27.6%). Poverty and meager budgets are common to over half (54%) of Southeast Idaho Kincare providers, who indicated they make less than \$30,000 annually. Over half of survey respondents indicated that one of their greatest challenges is finances (59.1%). Although there are public welfare agencies providing financial support to kincare families, many report not receiving the TAFI/TANF grant (32.8%).

Southeast Idaho kincare providers do not have an easy job. They report their greatest challenges are the kin child's behavior (38.6%), the kin child's physical and emotional health (34.1%), the kin child's schooling (31.8%), the kin child's relationship with biological parents (38.6%) and their own relationship with the kin child's parents (40.9%). Two in seven (29.6%) kincare providers report having at least one person in their household who has a disability. The most frequent household size for Southeast Idaho kincare providers is three to four people (43.2%).

Kincare providers have many un-met needs related to raising the kin children in their care. The top five reported un-met needs are financial support (65.9%), information about programs and services available to them (47.7%), recreational and social activities for the kin children (43.2%), counseling for the kin child (29.5%), and working with the kin child's school and/or teachers (27.3%).

Surprisingly, the fill in the blank answers generated a high response rate, reaching over 75% for some questions. Insightful and thoughtful comments were recorded, resulting in a broad picture of Southeast Idaho kincare families.

Special note is made when comparing Native American Indian responses from Non-Native responses. In most cases the numbers were similar.

There was a high Native American Indian response rate in the following areas:  
*(Percentage represents total number of Native American Indian responses.)*

- A greatest challenge, with housing (85.7%) and a kin child's schooling (71.4%).
- Greatest un-met needs, with transportation (100%), working with child's school or teachers (75%), and adequate special education service for your kin child (83.3%).
- Income sources, with Social Security Disability (SSI) Payments (66.6%).

There was a high Non-Native American Indian response rate in the following areas:  
*(Percentage represents total number of Non-Native American Indian responses.)*

- Circumstances that led to raising the kin child, with abuse or neglect of the children (76.9%).
- Greatest challenges, with delaying their retirement (87.5%), your own relationship with child's parents (66.6%), and lack of access to respite care services (90.9%).
- Greatest un-met needs, with respite care (100%).
- Currently receive help from, with spouse (76.9%), support groups (100%), public social services (75%).
- Income sources, with pension/retirement (100%), food stamps (75%), Medicaid (73.9%), child-care assistance (ICCP) (100%).

## **Findings 2010 Southeast Idaho Kincare Survey**

Survey respondents were asked to answer many sensitive and deeply personal questions. Respondent's answers indicated a wide range of challenges that they face as kincare providers. Some of the challenges include, working with the children's school, family communication, respite/daycare services, and the need for accurate information. Kincare providers are diverse and each respondent has their own unique set of challenges and needs.

Kincare providers seem to be following the national trend, with the two most common reasons for kincare families being alcohol and/or drug abuse and parental incarceration. Making arrangements to care for the kin children after many have gone through trauma and are grieving the loss of their parent can be overwhelming for kincare families. Kincare providers are faced with legal challenges and child behavior problems that they may have never experienced before.

Many are struggling to make ends meet and adequately care for the children. Although there are public welfare programs and community agencies offering help, many kincare providers do not seek assistance. Many kincare providers are unaware of the resources and supports that are offered within the community.

# Findings

## A. Kincare Challenges

### Familial Challenges

Kincare providers are placed in the situation of having to care for their kin for variety of reasons. The biological parent is often unable or unwilling to carry out the parenting role. While many children are in kin care for less challenging reasons, according to Hariston (2009), parental incarceration and substance abuse are the two most common reasons for relatives to assume care-giving responsibilities. Kincare providers in Southeast Idaho account drug and/or alcohol addiction (36.8%) and parental incarceration (27.6%) as the top two circumstances that led them to raise their kin children, following national figures. (Appendix C) The following quotes are participants' responses as to why the kincare provider is raising the kin child.

- *...they are both my great grandchildren so we feel obligated to take them, because of close relation to them.*
- *It's hard raising someone else's kids. But she is my blood and I will do everything to protect her.*
- *Mother couldn't take care of him. Mother was only 16 years old.*
- *Daughter did not want him. Chose boyfriend over her son.*
- *Well when my daughter got out prison, I really though she wanted to be a mother, take on the responsibility. She moved out of here in 2 days, signed over custody rights.*
- *A lot of grandparents, when their kids get locked up, are taking their children.*

It is not unusual for the relationship between caregivers and the kin child's parents to be stressful and fragile. Multiple kincare providers reported having difficulty communicating with their kin children's biological parents, with the kin children, or with other family members about their situation. Kincare providers indicated that one of their greatest challenges was their own relationship with the kin's parents (40.9%) (Appendix D). Many focus group participants felt that it would be helpful if there were some mediation services available to help them communicate with the kin children's parents. The following quotes are participants' responses regarding communication difficulties.

- *Being told that she's [kin child] not your child. My father will not even hold her because he says he doesn't want to get attached to her. He told me that I was going to loose the next 15 years of my life taking care of this little girl and I told him that for the sake of the child, I will.*
- *The fact that other family members won't speak to me because they don't think I can take care of the child.*

- ... *there should also be a mediator that could help families that don't want to start legal actions but still could use help.*

With the changes to the family structure, many kincare providers struggle with assuming their new roles with the kin children and creating new boundaries within the family. One study reports that how a child fares during childhood and into adulthood can be attributed to a positive relationship between parents and caregivers, a stable home life and a supportive caregiver (Hairston, 2009, p. 11). When families were asked where they receive help raising their kin children the two most frequent answers were other relatives (40.9%) and spouses (29.5%). (Appendix D) The following quotes are participants' responses regarding the importance of supportive relatives.

- *We work full-time. Raising grandchildren is exhausting.*
- *Our children try to help out come over and watch her [kin child] for a few minutes so we can get out together.*
- *Need loving relationships from all of relatives.*

Children who are taken into kin households have often times experienced trauma and grief and may come to the home with emotional difficulties. Half of Southeast Idaho kincare providers indicated counseling for the kin children (29.5%) and/or finding a support group for themselves (20.5%) as un-met needs. Kincare providers indicated that one of their greatest challenges was their kin child's relationship with their biological parents (38.6%). (Appendix D) A number of kincare providers expressed a need for family counseling services to help them and the kin child work through the emotional difficulty surrounding their separation from their birth parents. Kincare providers that do feel shame and embarrassment about their situations, "may encourage children to be secretive or even prohibit them from discussing their parents' situation" (Hairston, 2009, p. 16). The following quotes are participants' responses regarding emotional difficulties.

- *Ideas on parenting a "broken" child in current times is ESSENTIAL.*
- *Parenting for grandparents. Grandparents are too soft on grandchildren.*
- *Her [kin child] emotional health is my biggest concern.*

The kin children can also face a variety of difficulties. Children in kinship care face risks to their healthy development. According to a study conducted by the United States General Accounting Office (as cited in Shaklee et al., 2008, p. 10), "children in kinship care were nearly three times as likely as those placed in traditional foster care to receive no routine health care." Children in kinship care also face risks due to poverty, crowded households, and living with a caregiver facing health challenges. Almost half of the children in kincare households live with a kincare provider who has a "limiting condition" or is in "fair" or "poor" health (Ehrle, Geen, 2002, p. 2). Nearly three in ten (29.6%) Southeast Idaho kincare providers indicated that at least one person in the home has a disability (Appendix D).

## The Need for Timely Information and Resources

Focus group participants and survey respondents alike expressed frustration and confusion in their search for services and assistance. The need for correct and complete information was a struggle for many when they began their care-giving responsibilities. Kinicare providers have a variety of support and resources available to them, “but unfortunately kinship families typically seek and receive less formal support from the child welfare system than non-relative caregivers” (Shaklee et al., 2008 p. 13). The following quotes are participants’ responses regarding difficulties finding resources.

- *When I first looked, I didn’t know where to look and the information I could have gotten by going online was outdated.*
- *Educate me on what help is there.*
- *I am looking to find better role models for today’s children. Some kind of mentoring for the kids would be great.*

One common challenge among kinicare providers was finding information and resources available to them. Almost half (47.7%) of Southeast Idaho kinicare providers identified one of their un-met needs as information about programs and services available to them. Focus group participants also expressed the need for timely, accurate, and complete information. Many feel they “just don’t know what’s happening for kids” while other families may have transportation needs, financial concerns, or health concerns and struggle to keep the children involved in their communities. Focus group participants came to a consensus that it would be helpful for kinicare providers to have a ‘go to’ person that would provide them with information and assistance. The following quotes are participants’ responses regarding difficulties with resources.

- *Just to know what resources are there to help.*
- *More information given to care takers about free giveaways with school supplies, clothing, food, meds.*
- *My grandkids mother is incarcerated and I made it a point to introduce myself to the probation and parole. To let them know who I was, about my grandkids, and their mother.*
- *Maybe if there was a program for the children, as they pertain to their situation so they see there are other children just like them.*
- *When my granddaughter gets older I want her in dance classes.*

## Financial Challenges

Poverty and meager budgets are common to over half (54%) of Southeast Idaho kinicare providers, who indicated they make less than \$30,000 annually. Nearly two thirds of kinicare providers indicate that financial support (65.9%) presents the greatest un-met

need for raising their kin children. (Appendix D) Raising children is expensive and comes with many unforeseen expense. Most focus group participants and survey respondents indicated experiencing increased financial strain when caring for their kin. A 2003 study found that nearly two-thirds of kin children live in “low-income” families, those families with incomes below 200 percent of the federal poverty level (Macomber, Geen, Main, 2003, p. 1). The following quotes are participants’ responses regarding financial challenges.

- *A crib, diapers, clothes; things we weren’t expecting to take on. Those are financial burdens that are kind of on your own.*
- *Financial help for me because three teenage children need more than food.*
- *We are always in need of food, shoes, winter clothing, gas for the car.*
- *I would like to find a better place to live and a better job. So I can spend more time with all my kids and grandchild.*

There are multiple state and federal social welfare programs and supportive services available to kincare providers. National data shows that few kincare providers are receiving funds to help them meet the needs of the kin children in their home (Shaklee et al., 2008 p. 9). Kincare providers’ reduced use of services may be partly attributed to their lack of information about existing services. It may also be attributed to agency policies that fail to include kincare providers in the design and scope of the services offered. Other reasons kincare providers may not be accessing these supports include not wanting a handout, avoiding involvement with public agencies, having previous negative experiences, and the social stigma they feel when asking for assistance. Nearly one third (31.8%) of kincare providers indicated that they are not receiving TANF/TAFI benefits (Appendix D).

Due to the complexities and protocol of the public welfare system kincare providers can become frustrated and resentful. Many lack personal experience with the system while others may have had negative experiences. Focus group participants felt the process was shaming and felt distrustful when documentation of household income and other expenses were required. The following quote is a participant’s response regarding negative experiences with the public welfare system.

- *Everyone’s case is different but I had to allow the police to have CPS take my grandchild from my home because it was the only way to insure that his father would not get him back. The police department was great in responding to the problem. CPS was terrible in that. I was not called the next day as I was told and they effectively blocked contact with my grandchild. It seemed no one would talk to me until they needed info. I would have loved knowing who to talk to at that time.*

Part of the confusion stems from the multiple programs offered and the different set of requirements for each, specifically the income requirements. There is clearly a lack of

knowledge about how programs base acceptance and what their full range of services are. Among focus group participants, there is rationality that supportive services should be based upon the kin children's needs instead of the assets of the kincare provider. Some kincare providers choose to avoid any interaction with the public welfare system and sacrifice benefits, even when they qualify. The following quotes are participants' responses regarding challenges with public welfare system.

- *Yes, I know the job of H&W is to protect the child, but some of the issues our son (grandson) has is, I feel due to moving around to different families. We were willing and able to take our grandson the day the accident/abandonment happened but had to wait over a year to get him and another year to adopt.*
- *They (CPS workers with IDHW) need to be more upfront. Workers are not respectful. I found out afterwards that I could have had him in my home over a month before it actually happened.*

## **Legal Challenges**

The complexities of the legal system can be overwhelming for kincare families. There are numerous laws effecting kincare providers including the Fostering Connections to Success and Increasing Adoptions Act of 2008, the Indian Child Welfare Act, and the De Facto Custodian laws. Most kincare providers lack personal experience with the legal system and find the abundance of laws to be overpowering and confusing. "It's kinda scary" is how one Focus Group participant described the process of seeking legal assistance. Southeast Idaho kincare providers expressed the need for legal services and advice (25%) as one of their un-met needs (Appendix D). The following quotes are participants' responses regarding difficulties with legal issues.

- *Within 6 months we spend 10,000 on legal fees...*
- *We were the only one putting out money for legal help.*

Finding affordable and timely legal services and advices is important to kincare providers. Many providers are faced with problems that require legal counsel. Kincare providers can become hesitant and apprehensive of obtaining legal counsel when they lack personal knowledge of the system and fear the service may be unaffordable to them. Some kincare providers also felt that the financial burden should not fall on their shoulders and instead costs should go toward the parents. The following quotes are participants' responses regarding difficulties with legal issues.

- *Assistance with legal services for caregiver to obtain custody. In my/our situation, I had to higher attorney to file petition for permeate guardianship.*
- *It cost us quiet a bit in legal fees and I had to give up my job at the time because I was gone too much to raise them.*

- *Going to court and getting custody of children without having to wait so long for the courts to come to a decision.*
- *Move the legal system faster.*
- *Courts helped to dry things out costing us more and no resolving problems for the child.*

Kincare providers come across much of their legal advice from “word of mouth,” which can lead to misinformation and further confusion about their legal rights. When kincare providers are misinformed it can cause unnecessary financial burden. They explain that when the appropriate legal actions are not taken, kin children may struggle to gain enrolment into school, attain enrolment into a tribe, and/or access to medical care. The following quotes are participants’ responses regarding difficulties with legal issues.

- *[It’s] a tough process if you don’t have legal guardianship.*
- *Due to inexperience and errors made we are paying for that now.*
- *I care for my grandchild, she is not enrolled with Shoshone-Bannock Tribe cuz I don’t have all the required documents. Legal assistance with enrollment to have her enrolled to get assistance from with tribe.*
- *Not having custody and not being able to give him dentist treatment because of it.*

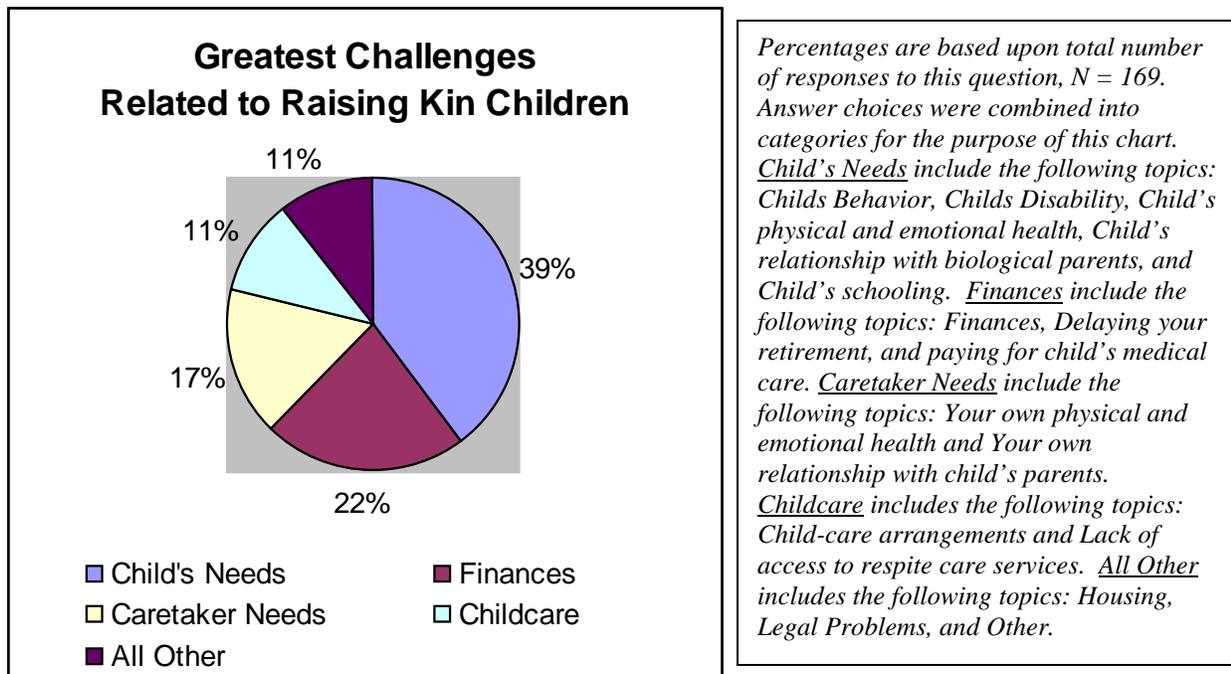
## **Educational Challenges**

Other common challenges for kincare providers are with communication and understanding of the educational system. Nearly two in five (29.6%) Southeast Idaho kin children have a disability (Appendix D). Children in kincare homes come with a wide range of special needs including, ADHD, ADD, Cerebral Palsy, cognitive learning problems, and alcohol/drug use during pregnancy. Kin children’s special needs can compound their educational challenges. The following quotes are participants’ responses regarding challenges with the educational system.

- *It’s tough having to make those decisions [educational] and knowing what’s right.*
- *I feel he needs mental and behavioral counseling because he did generally well in 3<sup>rd</sup> grade, he has not gotten any specialized help to address his special needs.*

Working with the children’s school or teachers (27.3%) and receiving adequate special education services for the children (13.6%) are common un-met needs for kincare families (Appendix D). Some focus group participants felt confusion over testing and administration of the Individual Educational Plans (IEP). Others became frustrated with how their child received the specialized education. The following quotes are participants’ responses regarding difficulties with special education.

- They told me that my granddaughter was going to be placed in the resource room. I didn't think that was necessary and didn't want her to fall behind by being in that their.
- When he gets the help they take him out of class. How is he supposed to know about what they were teaching while he tries to catch up on something else? So it puts him further behind, just in a different subject. It makes no sense really.



## **B. Access of Resources**

Focus group participants and survey respondents were asked to think about where they have received help and/or information from. The participants identified a variety of local resources and supports. The following list summarizes these results.

### **Identified resources where kincare families have received help:**

- Idaho Department of Health and Welfare Programs
  - Food Stamps
  - Medicaid
  - Idaho Child Care Program (ICCP)
  - TAFI
  - Infant Toddler Program
- Fort Hall Programs
  - TANF
  - Childcare Program
  - Tribal Court
  - In-Patient Drug Rehab Programs
- Women Infant Child Program (WIC)
- Head Start Program
- Church
- Other Relatives
- Friends
- CASA
- Pocatello Children’s Clinic
- Social Security Disability (SSI)
- Portneuf Family Resource Center
- Kincare Support Groups
- Southeast Idaho Community Action Agency (S.E.I.C.C.A.) child mentoring program.
- PRIDE Training

The following quotes are participants’ responses about the services kincare providers found most helpful.

- *Medicaid is the only reason I can take care of him. I could not have afforded the bills.*
- *Health and Welfare has been our biggest ally.*
- *Bringing them [kin children] to church.*
- *Taking the PRIDE classes and the parenting class taken at the hospital, along with the book “whistle while they work”.*

It is worth noting that neither responses from the 2010 Southeast Idaho Kincare Focus Group nor the 2010 Southeast Idaho Kincare Survey public welfare system specifically name any of the local organizations that focus on senior citizens.

### **C. Outreach Questions**

In an effort to best understand how to communicate with kincare providers, the sessions included questions about how they receive information, where they look for information, and the best method for getting the information to them. The following list summarizes these results.

#### **Identified Outreach Suggestions**

- Public Welfare Offices
  - IDHW
  - SEICCA
  - WIC
- Newspapers
  - Idaho State Journal
  - Blackfoot Morning News
- Internet sites
  - Pocatello Parents
  - Chamber of Commerce
  - Community Calendars
- TV Stations
  - Weekly Community Calendar
  - NBC
  - CBS
  - ABC
  - Public Access
- Criminal Justice System
  - County Jails
  - Probation and Parole Department
  - Attorney's
  - Judge's
  - CASA Workers
- Hospitals & Medical Clinics
  - Portneuf Medical Center
  - Bingham Memorial Hospital
  - Harms Memorial
  - Dentist Offices
  - Pediatrician's Offices
- Grocery Store Bulletin Boards
- Schools

Kincare providers felt that the best way to get information directly to them is through mail, email, and telephone.

### **D. Kincare 2-1-1 Packet – Focus Group ONLY**

The Idaho Kinship Project, in conjunction with Idaho Department of Health and Welfare, created a packet of information relevant to being a Kincare provider. The packet is available to those who call 2-1-1, a state-wide directory and referral service, and indicate that they are a Kincare provider. Focus group participants received the eight page packet. (Appendix B) They were then asked to review the packets and were given approximately five minutes to do so. The participants were asked to contemplate the packet on the following issues: helpfulness, ease of reading, and what they would want added and/or changed.

## **General Impressions**

In general, participants found the packet to be filled with useful information. Some commented that they would have “like to get this in the beginning” when they first started caring for their kin children. Other comments were that it is filled with information that is “relevant to kincare families” and that it is “a lot of information.”

Participants were asked to rate the ease of reading on a scale of 1 to 5, five being very difficult to read and one being very easy to read. Most participants rated that packet as a “1” or a “2” with an average score of 1.6, indicating the packet is easy to understand. The second page titled “What is Resource and Service Navigation?” received several comments specifically concerning its difficulty to read and understand. Some commented that the second page was “to hard to read” and had “to much jargon.” One participant stated, “I think that page 2 [Titled: What is Resource and Service Navigation] is not very good. I think that the average grandparent might be troubled by it all. What does strength based approach or means test mean?”

## **Provided Information**

Participants expressed satisfaction with the packet’s information about social welfare programs. The group found it helpful to them that the programs were divided into two groups, one that based eligibility on income of the child and one that based eligibility on the income of the family. Special note is made for the information found in the Legal Tip Sheet, which participants found very useful.

## **Suggestions for Additional Information**

Several suggestions were given by participants on how to shape and expand the packet. Several kincare providers became confused by the term “TAFI grant” and suggested including “A.K.A. Grandparent Grant”. Another participant suggested adding pages about family issues such as dealing with a child who has experienced trauma and grief, stages of childhood development, how to affectively set boundaries with parents, and parenting tips. One participant also thought it would be helpful to include information about IDHW Children’s Mental Health program and CASA. Another participant pointed out that the number to the Idaho Legal Aid office was for the Idaho Falls office and thought it was important to have local phone numbers included in the packet.

## Conclusion

Kincare providers are faced with a variety of challenges and obstacles directly related to raising their kin children. Even though all participants share the path of becoming kincare providers, each individual has their own set of unique experiences, attitudes, and beliefs about the process.

Most kincare providers were done with the responsibilities of raising their children and did not expect to take on someone else's children. Kincare providers need information and resources, but struggle to find current and accurate information. Poverty and meager budgets are common to Southeast Idaho kincare providers, and nearly two thirds of kincare providers indicate that financial support presents the greatest un-met need for raising their kin children.

Drug and/or alcohol addiction and parental incarceration are the two main reasons Southeast Idaho kincare providers are raising kin children. The trauma and grief that many kin children have can lead to behavioral challenges, mental health needs, and educational assistance programs needs.

Communication is a key struggle for kincare families. Kincare providers mentioned numerous challenges they face where counseling, family and individual, would be an appropriate resource. Others describe having strained and stressful relationships with the kin children's biological parents. With the changes to the family structure, many struggle while assuming their new roles with the kin children and creating new boundaries within the family.

Kincare providers interact with a variety of different systems. Due to the complexities and protocol of the public welfare system, kincare providers can become frustrated and resentful. Many lack personal experience with the system, while others may have had past negative experiences. Unfortunately, this may lead some kincare providers to forfeit assistance all together. One third of Southeast Idaho kincare providers are not receiving TAFI/TANF even though they would be eligible. Nevertheless, when asked where they have received the most help from, public welfare systems were most often mentioned.

Finding and obtaining affordable legal services are important to kincare providers. Without the proper legal authority, kincare providers may find it complicated to access needed medical care, school enrollment, housing, and financial support. The complexities of the legal system can be overwhelming for families. Many fear that legal services are unaffordable to them. Most lack personal knowledge of the justice system and are unaware of their rights.

Kincare providers differ on where they find support: some rely on family, some rely on social welfare programs, and some seek no support at all. One common bond is the love they have for the children they are raising. One participant remarked, "...for the sake of the child, I will." Although the job of kincare provider is very tough, participants expressed sentiments about how much they care for and love the children and even how rewarding the experience is for them.

## References

- Ehrle, J., & Geen, R. (2002). Children Cared for by Relatives: What Services Do They Need?. Washington, D.C.: Urban Institute. Retrieved June 20, 2010 from [http://www.urban.org/UploadedPDF/310511\\_B47.pdf](http://www.urban.org/UploadedPDF/310511_B47.pdf)
- Hairston, C. F. (2009). Kinship care when parents are incarcerated: What we know, what we can do. Baltimore, MD; Annie E. Casey Foundation.
- Macomber, J., Geen, R., & Main, R. (2003) Kinship foster care: Custody, hardships, and services. Washington, D.C.: Urban Institute. Retrieved June 20, 2010 from <http://www.urban.org/publications/310893.html>
- Shaklee, H., Bigbee, J., & Wall, M. (2008) Grand families count in Idaho: Policy brief. Retrieved September 2, 2009 from [http://www.idahokidscount.org/downloads/library/downloads/primary\\_research/Grand%20Families%20Count%20in%20Idaho.pdf](http://www.idahokidscount.org/downloads/library/downloads/primary_research/Grand%20Families%20Count%20in%20Idaho.pdf)

## **Appendices**

***Appendix A - Moderator's Guide***

## Moderator's Guide

- A. Introduction of Moderator (Self Introduction). Introduce Jennifer Call as co-moderator and note taker.
- B. Introduction of Purpose for Focus Group *Note the purpose of the Kincare focus group is to gain an understanding of their experiences as grandparents raising their grandchildren*
  - ⇒ Thank individuals for their time and agreement to participate.
  - ⇒ Highlight the significance of understanding their experiences and encourage full participation.
  - ⇒ The term grandparent will be used to refer to kincare providers – recognize that participant's maybe an aunt, uncle, other relative caregiver or even meaningful adult.
- C. Ground rules & Setup
  - ⇒ Your participation is voluntary.
  - ⇒ We will meet for about 1 1/2hr and lunch will be served while we meet.
  - ⇒ The focus group will be audio recorded for transcription purposes later.
  - ⇒ What you say will be used to help us better understand your circumstances so please use this time to let others really know who you feel and be as direct and honest as possible.
  - ⇒ Feel comfortable to participate whether you agree or disagree, everyone's opinion is valuable, and there is no right or wrong answers.
  - ⇒ Due to the short time period in which we have today, it will be necessary to sometimes change the topic, so that we stay on schedule.
  - ⇒ We ask that you
    - Respect the opinions of others
    - Raise questions of me and others
    - Speak loud enough to be heard
    - Turn off cell phones
- D. My role as moderator is to make sure that the Kincare Advisory Council hears as many opinions as possible within the time we are allowed and to ask clarifying questions.
- E. Participant questions about the process
- F. Have any of you participated in a focus group before?

Opening Question: <b>1. Tell us who you are, the ages of your grandchildren, and how long you have been caring for them.</b>	11:45
<b>2. What is the first thing that comes to mind when you hear the term “kincare provider”?</b>	11:50
<b>3. What have been the greatest challenges you have faced as a kincare provider?</b>  <i>Possible Probes:</i> → <i>Social Challenges</i> → <i>Family</i> → <i>Financial</i> → <i>Medical</i> → <i>Educational</i> → <i>Legal</i> → <i>Social Welfare Programs</i>	11:55
<b>4. What persons or organizations have you received help from?</b>  <i>Possible Probes:</i> → <i>Social Challenges</i> → <i>Family</i> → <i>Financial</i> → <i>Medical</i> → <i>Educational</i> → <i>Legal</i> → <i>Social Welfare Programs</i>	12:15
<b>5. What would help you and other kincare providers manage better?</b> (Are there resources, services, information, or educational programs that would help you?)  <i>Probe to get more detail about specific types of support/help.</i> <i>Does anyone participate in a support group?</i> <i>If yes – what are the advantages of participating</i> <i>If no – what are the primary reasons that you do not participate</i>	12:30
<b>6. Where do you usually find your information for yourself?</b>  <i>Do you go to the same place for information about raising your grandchildren? If not where do you go?</i>  <i>How would you prefer to get information on activities, support groups, or programs that may be available to you?</i>	12:40
<b>7. Kincare 211 Packet – Please take 5 minutes and review the packet that I am distributing.</b> Moderator leaves.  <b>What is your overall reaction to this Kincare packet, that is, do you find it revealing or helpful? Why? Why not?</b>  <b>Is the Kincare packet easy to read? On a scale from 1-5 with one</b>	12:50

<p>easy to understand and 5 difficult to understand, how do you rate the sheet in terms of its ease of reading?</p> <p>Are there specific elements that you find particularly helpful? What are they?</p> <p>Does this Kincare packet provide you with new information?</p> <p>Is there missing information that you would find helpful that is not on the fact sheet?</p> <p>Have you used any of the programs/services used in the Kincare packet? Which ones/Were they helpful?</p> <p>What places do you feel it would be helpful to place this packet and other Kincare information such as brochures?</p>	
<p>Moderator summarized the key points of the discussion</p> <p><b>7. Did I correctly describe what you said?</b></p>	1:05
<p>Closing Question</p> <p><b>8. We wanted to you to help us evaluate resources and services to kincare providers. We want to know how to improve the service and what has helped you the most. Is there anything that we have missed? Is there anything that you came wanting to say that you didn't get a chance to?</b></p>	1:10
<p>Thanks participants.</p> <p>Discuss next steps – Writing up a summary and providing it to Kincare Advisory Council</p>	1:15

***Appendix B - 2-1-1 Kincare Packet***



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director  
MICHELLE BRITTON – Administrator

Division of Family and Community Services  
2-1-1 Idaho CareLine  
P O Box 83720  
Boise, Idaho 83720-0036  
Dial 2-1-1 or 1-800-926-2588  
Fax: 208-334-5531

To Whom It May Concern:

If you have received this packet of information you are interested in learning more about KinCare families also referred to as relatives acting as parents. Included in this packet are:

- ✓ An informational brochure about KinCare
- ✓ An explanation of the Resource and Service Navigation program
- ✓ A community resource checklist that includes the basic programs KinCare families may be eligible to receive.
- ✓ An checklist detailing what information should be brought to the Health and Welfare office when applying for state services
- ✓ A tip sheet that outlines the requirements to obtain a guardianship of a minor, power of attorney and adoption
- ✓ A list of KinCare support groups in your area
- ✓ A list of other useful resoucers
- ✓ An application for state assistance

This information is meant to inform KinCare parents about the resources available to them and reassure them that they are not alone in the process of raising the new children in their lives. Support groups with people in similar situations are located throughout the state of Idaho and contain experienced people with great ideas. KinCare support groups are established to share information among members and provide a safe place to discuss the struggles associated with KinCare families. If you have any more questions call 2-1-1 (1-800-926-2588) or online at [211.idaho.gov/kincare.html](http://211.idaho.gov/kincare.html).

Sincerely,

C. Alberto Gonzalez  
2-1-1 Supervisor

Dial 2-1-1 or 1-800-926-2588

[www.211.Idaho.Gov](http://www.211.Idaho.Gov)

## What is Resource and Service Navigation?

Navigation Services supports the mission of the Department of Health and Welfare to promote the health and safety of Idahoans. Navigation is a unique way of doing business that uses a strength based approach to service delivery.

There is no means test for Navigation Services however there are target populations and the focus is short term intervention (120 days or less). **Target populations include KinCare providers, refugees, victims of human trafficking, children aging out of foster care and individuals involved in the Criminal Justice System.** Navigators are available to assist individuals and families through problem solving and case management services.

### Navigation Programs

Navigators help people in the following ways:

- Provide information about Health and Welfare programs and services
- Work with participants to determine a plan to achieve self-sufficiency, health, safety and stability
- Identify opportunities for prevention and early intervention services
- Link people to appropriate resources and services
- Assist in the coordination of services for individuals and families
- Navigators may provide financial assistance to families with children who are in crisis or an emergency situation
- Provide aid where there is a crisis situation within the community

### Why Navigation is Important?

- Navigation makes efficient and effective use of taxpayer dollars by early identification and intervention in family crises
- Navigators assist individuals and families in locating and utilizing available programs and resources, both within Health and Welfare and the community
- Navigation provides a connection between Health and Welfare and community agencies with similar missions and values

### How do I contact a Navigator?

Navigators are located in Health and Welfare offices across the state. The best way to contact a Navigator in your area is to contact the Idaho Careline by dialing “211”.

## State and Community Resources for KinCare families...

### **Programs for children: (based on income of the child)**

**TAFI grant** – The TAFI grant is available to give temporary cash assistance to struggling Idaho families. Idaho has made this grant available to KinCare families recognizing that they may be facing financial hardships. Eligibility is based on the income of the child in KinCare situations and there are minimal requirements including school attendance and immunization records.

**Medicaid**— Health coverage that is available for children living in low income households. Normally the guidelines for coverage use the cumulative household income but again in the case of KinCare families, eligibility is determined based on the income of the child. The Idaho Smiles Dental Program is also available for Medicaid enrollees.

**Head Start** – The Head Start program was started to provide comprehensive child development services to economically disadvantaged children and families with a special focus on helping preschoolers develop the early reading and math skills they need to be successful in school. The Early Head Start program was established to serve children from birth to three years of age in recognition of the mounting evidence that the earliest years matter a great deal to children's growth and development. KinCare families are automatically eligible for the program.

**Infant/Toddler Program**— The Infant Toddler Program helps children from birth to age three that have a developmental delay. All babies need to learn an incredible amount in the first few months and years of life. Those with developmental delays require special assistance early in life so they can develop to their full potential. The Infant Toddler Program is available statewide.

### **Programs for low-income families: (based on income of the family)**

**WIC** - The WIC program (Women, Infants, and Children) is a federally funded nutrition assistance program. WIC provides money to buy healthy supplemental food from local authorized grocery stores, provides nutrition education, breastfeeding information and support, and help finding health care and other community support. In order to be eligible you must be a resident of Idaho, meet the income guidelines based on the income of the caretaker, pregnant or breastfeeding a child under the age of one, or have a child under the age of five.

**Food Stamps** - Food assistance program for low income families in Idaho. This program uses the household income and number of people in the household to determine eligibility and benefit amount. Immediate food assistance is available.

**ICCP** - (Idaho Child Care Program) provides subsidized child care to low income working families. Stay at home parents may be eligible to become an ICCP provider to supplement their household income.

**For more free and low cost community programs call 2-1-1 or 1-800-926-2588.**

## **What to bring to apply for services ...**

The Department of Health and Welfare recommends that any person wishing to apply for services do so by visiting their local Health and Welfare office in their region and completing the application with a Self Reliance Specialist. Mailing in or dropping off a paper application is still acceptable but will slow down the process of receiving benefits.

### **Documentation needed to apply:**

It is important to have all of the required documentation when you arrive at your interview. If you are missing documents it will be up to you to produce them in the time provided and will delay your receipt of benefits. Listed below are the required documents.

1. Social Security numbers for all members of the household - adults and children.
2. Date of birth for all members of the household.
3. Birth certificate or U.S. passport for the child and parent to prove citizenship and your relationship with the child. If you are not a naturalized citizen then your residency documents will be necessary.
4. Your driver's license, state ID or other proof that you're a resident of Idaho.
5. Account numbers and account balances to any assets that belong to the child. This is important because the child-only TANF grant is based on the child's income, not the income of the guardian. If you are applying for other benefits such as food stamps or the Idaho Child Care Program, information regarding income and expenses for the entire household is required.
6. Any court documents that indicate that you have custody of the children in question. This might include a power of attorney, guardianship, or adoption paperwork.
7. Records of the child's school enrollment if they are of school age. If the children are not in school or home schooled, their immunization records are required.
8. The names and last known addresses of the biological parents. If either biological parent is living with the child, then it is their responsibility to apply for services and benefits based on their household income. If you are a non-biological parent seeking services it is the responsibility of the Department of Health and Welfare to seek child support from the biological parents unless there is good cause not to explore that option. Relative caregivers may be exempt from child support cooperation responsibilities under certain circumstances.
9. If you want your financial benefits directly deposited into your checking account, bring a cancelled check so the caseworker can enter your bank account information.

## ***LEGAL TIP SHEET:***

### ***Legal terms to know:***

- ✓ **Guardianship** – a court order temporarily suspending parental rights and granting those rights to a willing and capable person who has an interest in the child’s welfare.
- ✓ **Temporary Guardianship** – a guardianship that typically lasts for six months or until a trial can take place to determine full guardianship.
- ✓ **Guardian ad litem** – An advocate appointed by the court to represent the interests of the child in a guardianship dispute.
- ✓ **Ward** – a person who is under the protection or in the custody of another

### ***Guardianship:***

According to Idaho statutes, any person interested in the welfare of a minor may petition the court for (legal) guardianship of the child. In order to be appointed as a child’s guardian, the petitioner must show to the court’s satisfaction, that either all parental rights have been terminated or that the child’s parents are unable to provide a fit and stable home environment.

Facts supporting the appointment of a guardian might include a combination of the following:

- ✓ The child currently resides with the De Facto Guardian and not with the parents. A De Facto Guardian is defined as an individual who has been the primary caretaker and financial provider of a minor child. This relationship must exist for at least six months if the child is under the age of three or one year if the child is three years of age or older
- ✓ The child’s parent has not had contact with the child for a significant period of time (weeks or months) without explanation. Idaho law states that if a parent fails to maintain a normal parental relationship for a period of six months the child may be considered abandoned;
- ✓ The parent has been unable to maintain consistent employment; and/or;
- ✓ The parent has many different partners or other people living in the parent’s home who may be a danger to the child.

***Pros and Cons:*** The advantage of a guardianship is the broad powers given to the guardian that allow them to make all parental decisions for the child. Guardianships are only revocable through a similar guardianship order of the court, and create stability in the relationship with the child. Obtaining a guardianship is not an easy process, but produces more parental rights and protections than the Power of Attorney alone.

### ***Power of Attorney:***

A Power of Attorney is a voluntary agreement signed by a child’s parents giving another person (grandparent, brother, sister, etc.) the legal authority to care for and make decisions on behalf of a minor child. This legal document must be signed in front of a Notary Public in order to be valid. The Power of Attorney has a maximum length of three years when kinship relationships are involved. Other documents that will be needed in addition to the power of attorney are:

***Medical Consent Form:*** available through your primary care physician. Allows the caregiver to make important health decisions for the child in the absence of the child’s parent(s).

***Immunization Record:*** an important document which shows the schedule for immunizations and which immunizations a child has received.

**Evidence of Insurance:** only required if the child will be covered by the parent's insurance policy.

**Birth Certificate:** may be required by some programs and activities the child may be involved in.

**Pros and Cons:** Obtaining a Power of Attorney is cost effective and can be achieved without the use of an attorney. However, this is a voluntary arrangement between the parents and the caregivers and the document can be revoked at any time by the child's parent(s).

#### **Adoption:**

Under Idaho law any adult may petition to adopt a child as long as they have lived in Idaho for at least six months prior to filing the petition to adopt. The process of adopting a child starts with the termination, by the court, of the parent's rights. In order for termination to occur any of the following must be proven in court:

- ✓ The parent has abandoned the child or has not maintained a relationship with the child for six months (prima facie evidence of abandonment);
- ✓ The parent has neglected or abused the child;
- ✓ The parent is unable to perform the duties of a parent;
- ✓ Termination of parental rights is in the best interest of the child; or
- ✓ The parent is incarcerated with no possibility of parole.

Each parent also has the option of voluntarily terminating their parental rights without a trial. The judge will determine if the parent's consent is truly voluntary and that the parent is fully informed of the consequences of terminating their parental rights.

The next step in the adoption process is an investigation of the potential adoptive parents in order to make a recommendation to the court. This investigation is typically referred to as a Home Study and can be done by the Department of Health and Welfare (if the child is in foster care), by a private adoption agency, or Certified Adoption Professional. The process ends with a hearing that includes all interested parties in which the court makes a decision based on the best interest of the child. If the court decides in favor of adoption it cannot be revoked or changed with rare exceptions such as:

- ✓ demonstration that the parents were under duress to voluntarily terminate their rights;
- ✓ mandatory provisions of the Indian Child Welfare Act were ignored.

At this point the adoptive parent becomes the child's legal parent with all the rights and responsibilities of parenthood by birth. From this point on, any benefit eligibility will be based on the family income.

For further information regarding the adoption assistance programs and specific eligibility criteria, contact your local Department of Health and Welfare, Children and Family Services office.

### *Programs that can offer support:*

- ✓ **Idaho Legal Aid**-- Idaho Legal Aid is a non-profit statewide program that provides legal services to low income people through advocacy and education. If you are a Senior (60 or older) and dealing with a legal problem you can call the Senior Legal Hotline for legal advice. They can handle any civil legal dispute. (208) 524-3660 [www.idaholegalaid.org](http://www.idaholegalaid.org)
- ✓ **Idaho Volunteer Lawyer Program**-- This program organized by the Idaho State Bar Association provides legal council to low income families who cannot afford to hire an attorney. For more information about eligibility, the type of cases IVLP accepts, and how to apply consult their website at <http://isb.idaho.gov> or 1-800-221-3295
- ✓ **Court Assistance Office**--[www.adaweb.net/CourtAssistanceOffice](http://www.adaweb.net/CourtAssistanceOffice). At the ada county court assistance office website you can find electronic forms that can be used statewide. Even though these forms are only meant for use in Ada County they can be used statewide in most situations. Before you begin the legal process it is recommended that you consult the advice of an attorney. For information about the court assistance office in your county call 2-1-1 or 1-800-926-2588.

*Call 2-1-1 for more information or visit [211.idaho.gov/legalresources.html](http://211.idaho.gov/legalresources.html)*

## **Idaho KinCare Support Groups**

### **REGION 1**

- ✓ Relatives as Parents  
Coeur d'Alene, ID  
Margo Peebles (208) 667-0302  
Glenda Weaver (208) 769-7096

### **REGION 2**

- ✓ Currently no support groups in this region. Contact  
Glenda Weaver, (208) 769-7096,  
or 2-1-1 if you are interested in  
starting a group in your area.

### **REGION 3**

- ✓ Kinship Foster Care  
Nampa/Caldwell, ID  
Linda Dripps (208) 919-4731

### **REGION 4**

- ✓ Treasure Valley Grandparents As Parents  
Boise/Meridian, ID  
Tracee Crawford (208) 323-7538
- ✓ Relatives Raising Children  
Idaho City, ID  
Ginny and Ken Ohls  
(208) 344-4329 or (208) 570-3032

### **REGION 5**

- ✓ Relatives as Parents  
Twin Falls, ID  
Shawna Wasko (208) 736-2122  
Kristina Runkle (208) 732-1514

### **REGION 6**

- ✓ KinCare/Foster Care Group  
Pocatello, ID  
Amy Snelders (208) 234-2244  
Sister Anthony Marie Greving (208)  
233-4032 ext 18  
Sandy Guidinger (208)233-4032 ext. 16
- ✓ KinCare Support Group  
Blackfoot, ID  
Jenn Call (208) 235-2809

- ✓ KinCare Eat and Educate  
Fort Hall, ID  
Jami Stevenson (208) 478-3858

### **REGION 7**

- ✓ AAA/GRG (Area Agency on Aging/  
Grandparents Raising Grandchildren)  
Idaho Falls, Idaho  
Emily Hoyt (208) 522-5391

## **Other Useful Resources...**

**Kincare Coalition:**

[idahokincarecoalition.org](http://idahokincarecoalition.org)

**Idaho 2-1-1 Careline:**

[211.idaho.gov](http://211.idaho.gov)

**Department of Health & Welfare:**

[healthandwelfare.idaho.gov](http://healthandwelfare.idaho.gov)

**Idaho specific support and information:**

[groups.yahoo.com/group/IDGrandsforchildren](http://groups.yahoo.com/group/IDGrandsforchildren)

**Generations United:**

[ipath.gu.org](http://ipath.gu.org)

**Casey Family Programs:**

[casey.org](http://casey.org)

**Al-Anon**

[al-anon.org](http://al-anon.org)

**American Bar Association Legal Resource Site:**

[abanet.org/child/kinshipcare](http://abanet.org/child/kinshipcare)

**Idaho State Bar: Online Lawyer Referral / Idaho Volunteer Lawyers**

[isb.idaho.gov](http://isb.idaho.gov)

**Idaho Legal Aid: Senior Legal Hotline**

[idaholegalaid.org/hotlines](http://idaholegalaid.org/hotlines)

**Ada County Court Assistance Office:**

[adaweb.net/CourtAssistanceOffice.aspx](http://adaweb.net/CourtAssistanceOffice.aspx)

## ***Appendix C - Survey Questions***

## Idaho Kinship Project Survey 2010

**Section 1:** Please tell us about the kin children you are currently raising.

1. How many kin children are you currently raising? \_\_\_\_\_
2. Please tell us the ages of the kin children in your care:

\_\_\_\_\_

\_\_\_\_\_

**(Questions 3 –7) :** If you are raising more than one kin child, please answer by thinking of the child who has been with you the longest.)

3. How many years have you been raising your kin? \_\_\_\_\_
4. What is your relationship with this kin child?
  - Grandparent
  - Great-Grandparent
  - Aunt / Uncle
  - Brother / Sister
  - Not related, but a meaningful adult in the child's life
  - Other, please explain: \_\_\_\_\_
5. What is your legal or formal relationship with the kin child you are raising?
  - Guardian
  - Adoption
  - Foster Parent
  - Third party custody
  - Durable power of attorney
  - Informal Arrangement
  - Other, please explain: \_\_\_\_\_
6. How likely is it that you will raise this child on a permanent basis?
  - Not likely
  - Somewhat Likely
  - Definitely
  - Not Sure

7. What circumstances led to you raising the child? *(Please X mark all that apply)*

- Drug and/or Alcohol addiction
  - Methamphetamines
  - Other Drug Related Problems
  - Alcohol
- Parental Incarceration
- Death of Biological Parent
- Parental Deportation
- Abuse or neglect of the children
- Teenage Pregnancy
- Other, please explain: \_\_\_\_\_

8. Is there something you would like to tell us about the process of becoming a kinship caregiver?

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**Section 2:** Please share your needs as a kinship caregiver and the needs of the kin children you are raising.

9. Which present the greatest challenges, related to raising kin children who are currently in your care? *(Please X mark 5 greatest challenges)*

- Housing
- Child's Behavior
- Child's Disability
- Legal problems
- Finances
- Delaying your retirement
- Child-care arrangements
- Paying for child's medical care
- Child's physical and emotional health
- Your own physical and emotional health
- Child's relationship with biological parents
- Your own relationship with child's parents
- Child's schooling
- Lack of access to respite care services (ie; someone to watch the child to allow a temporary break from care-giving)
- Other, please explain: \_\_\_\_\_

10. What are 5 of your greatest un-met needs, related to raising kin children who are currently in your care? *(Please X mark 5 greatest un-met needs)*

- Legal services and advice
- Counseling for your child
- Parenting classes
- Medical care for the child
- Transportation
- Working with child's school or teachers
- Adequate special education service for your child
- Drug or alcohol treatment services for your child, parent or yourself
- Information about programs and services available to you
- Recreational and social activities for children
- Respite care (ie; someone to watch the child to allow a temporary break from care-giving)
- Child-care or baby-sitting
- Finding a support group for yourself
- Affordable and adequate housing
- Financial support
- Other, please explain: \_\_\_\_\_

11. Where do you currently receive help with raising the kin in your care? *(Please X mark all that apply)*

- Spouse
- Other relative
- Friends
- Private agency
- Support groups
- Religious organizations
- Public social services
- School
- Mental health services
- Receive no help
- Other, please explain: \_\_\_\_\_

12. What resources and/or services have been the **most helpful** to you raising a kin child?

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13. There are a number of services, resources, laws and policies that affect your ability to care for your kin children. What do you believe is **the single most important thing** that needs to change to help you and others in your situation?

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14. What can the Idaho Kinship Project and the Kincare Advisory Council do to support your ability to care for the kin children in your home?

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**Section 3:** Please tell us about yourself.

15. What is your relationship status?

- Married
- With a partner
- Single
- Widowed
- Divorced
- Separated

We realize that for some respondents, questions about your family situation may be uncomfortable. While we ask those questions because they are the kind of information typically requested in grant applications, your responses are optional.

16. Are you currently employed?

- Yes
- No (Skip to question 18)

17. Approximately how many hours do you work each week? \_\_\_\_\_

18. What is your annual household income?

- Up to \$15,000
- \$15,001 to \$30,000
- \$30,001 to \$60,000
- \$60,001 to \$80,000
- \$80,001 to \$100,000
- Over \$100,000

19. Including yourself,
- How many people currently live in your household? \_\_\_\_\_
  - How many of those are under 18 years of age? \_\_\_\_\_
  - How many of these persons do you financially support? \_\_\_\_\_
  - How many people in your household have a disability? \_\_\_\_\_

20. Do you own or rent your home? \_\_\_\_\_

21. County of residence? \_\_\_\_\_

22. What is your age? \_\_\_\_\_

23. Gender

- Female
- Male

24. Which of these groups best describes your national origin?

- Caucasian, Non-Hispanic
- Hispanic
- Black, not of Hispanic Origin
- Asian American or Pacific Islander
- American Indian
- Other, please explain: \_\_\_\_\_

25. Are you currently receiving income or income assistance from any of the following sources? (Please mark all that apply.)

- Wages / Salary (yours or your spouse's)
- Social Security
- Social Security Disability (SSI) Payments
- Pension / Retirement
- Child Support
- TAFI (\$309 per month)
- Foster Care Payment
- Food Stamps
- Medicaid
- Child-care assistance (ICCP)
- Support services provided by IDHW Children and Family Services
- Other, please explain: \_\_\_\_\_

26. If you are out of the Pocatello, Fort Hall, and Blackfoot areas, would you be interested attending a support group in your area, if one was offered?
- Yes
  - No
27. Would you be willing to share your story, concerns and experiences in advocating for programs and program developments?
- No
  - Yes. If yes, please contact Jennifer Call at 235-2809.
28. Would you be interested in becoming a member of the Kincare Advisory Council or volunteering for the program?
- No
  - Yes. If yes, please contact Jennifer Call at 235-2809.

## ***Appendix D - Survey Results***

## **ANSWER SHEET - Idaho Kinship Project Survey 2010**

**\*Participant's answers were disqualified if survey answers that only called for one answer had multiple boxes marked**

**\*Write-in responses are included exactly as they were written by the participants**

**1. How many kin children are you currently raising? \_\_\_\_\_**

- 1 Child = 23 Responses = 23 Children = 52.3 %
- 2 Children = 16 Responses = 32 Children = 36.4 %
- 3 Children = 3 Responses = 9 Children = 20.5 %
- 4 Children = 2 Responses = 8 Children = 18.2 %
- **Total of 72 Children**

**2. Please tell us the ages of the kin children in your care:**

*Responses to this question were categorized. The categories include children the following ages: Birth – 5 years, 6 – 10 years, 11-15 years, and 16 years old or older. Percentages based upon total response rate.*

- Birth – 5 years = 25 Responses = 56.8 %
- 6 – 10 years = 21 Responses = 47.7 %
- 11 – 15 years = 18 Responses = 40.9 %
- 16 or older = 7 Responses = 15.9 %
- Left Blank = 1 Response = 2.3 %
- Total Responses 72

**Questions 3 –7) : Participants were asked to answer each question by thinking of the child who has been in their care the longest amount of time.**

**3. How many years have you been raising your kin? \_\_\_\_\_**

*Responses to this question were categorized. The categories include children the following ages: 0 – 3 years, 4 – 7 years, 8 – 11 years, 12-15 years, and 16 years or longer.*

- 0 – 3 years = 11 Responses = 25 %
- 4 – 7 years = 17 Responses = 38.6 %
- 8 – 11 years = 8 Responses = 18.2 %
- 12 – 15 years = 6 Responses = 13.6 %
- 16 or longer = 2 Responses = 4.5 %

**4. What is your relationship with this kin child?**

- Grandparent = 33 Responses = 75%
- Great-Grandparent = 3 Responses = 6.8 %
- Aunt / Uncle = 3 Responses = 6.8 %
- Brother / Sister = None
- Not related, but a meaningful adult in the child's life = 1 Response = 2.3 %

Other = 4 Responses = 9.1 %

Other Responses: “Grand/Great-Aunt” = 3 Responses  
“Cousin” = 1 Response

**5. What is your legal or formal relationship with the kin child you are raising?**

*First set of percentages are based upon N=44, including the disqualified answers. The second set of percentages are based upon N=40, not including the disqualified answers.*

- Guardian = 18 Responses = 40.9 % = 45 %
- Adoption = 5 Responses = 11.4 % = 12.5 %
- Foster Parent = 1 Response = 2.3 % = 2.5 %
- Third party custody = 2 Responses = 4.5 % = 5 %
- Durable power of attorney = None
- Informal Arrangement = 1 Response = 4.5 % = 5 %
- Other = 3 Responses = 6.8 % = 7.5 %
- Disqualified Answers = 4 Responses = 9.1 %

**6. How likely is it that you will raise this child on a permanent basis?**

*First set of percentages are based upon N=44, including the disqualified answers. The second set of percentages are based upon N=42, not including the disqualified answers.*

- Not likely = 1 Response = 2.3 % = 2.4 %
- Somewhat Likely = 6 Responses = 13.6 % = 14.3 %
- Definitely = 31 Responses = 70.5 % = 73.8 %
- Not Sure = 4 Responses = 9.1 % = 9.5 %
- Disqualified Answers = 2 Responses = 4.5 %

**7. What circumstances led to you raising the child?**

*Respondents were asked to mark all that apply. Percentages are based upon the total number of responses to this question, N=76. Percentages for Methamphetamines, Other Drug Related Problem, and Alcohol are based upon total Drug and/or Alcohol addiction responses, N = 28.*

- Drug and/or Alcohol addiction = 28 Responses = 36.8 %
  - Methamphetamines = 14 Responses = 50 %
  - Other Drug Related Problems = 7 Responses = 25 %
  - Alcohol = 13 Responses = 46.4 %
- Parental Incarceration = 21 Responses = 27.6 %
- Death of Biological Parent = 2 Responses = 2.6 %
- Parental Deportation = None
- Abuse or neglect of the children = 13 Responses = 17.1 % (*10 R Non-Native*)
- Teenage Pregnancy = 4 Responses = 5.3 %
- Other = 8 Responses = 10.5 %

Other Responses: “No Homes”, “Left at Hospital”, “Mother at the time was a user. But has been dry for many years.”, “work of parent”, “Mother could take care of him; mother was only 16 years old.” “Mother incapable of raising children due to FAE.” “Parents just didn’t want him.” “Daughter did not want him. Chose boyfriend over her son.”

8.

**8. Is there something you would like to tell us about the process of becoming a kinship caregiver?**

- 26 Respondents wrote in an answer = 59.1 %
- 18 Respondents did not answer = 40.9 %

Respondent responses:

- “They both say the magic word, “They calls me dad.””
- “No, other than they are both my great grandchildren so we feel obligated to take them, because of close relation to them.”
- “Only we like the kid very much.”
- “I love the girls, they mean a lot to us.”
- “I love my grandchildren and couldn’t (*illegible*) that he be placed with someone else.”
- “I would like to eventually adopt my grandchildren.”
- “Assistance with legal services for caregiver to obtain custody. In my/our situation, I had to higher attorney to file petition for perm guardianship.”
- “To make sure that the guardianship goes through court. To have legal documentation.”
- “Become foster parent 1987, people were good to work with. Different things to put up with now.”
- “Not really, just a tough process if you don’t have legal guardianship.”
- “Yes a grant would be good assist us kinship get legal guardianship for the children for timely manner. I want to get permanent guardianship. Parent not capable, not ready to care for child.”
- “Arrangements were agreed upon in Tribal Court to take guardianship during in-patient treatment and counseling for drug addictions.”
- “Very hard, especially money for babysitting. But love my grandson a lot, we get by.”
- “It’s hard raising someone else’s kids. But she is my blood and I will do everything to protect her.”
- “Just that it is very hard.”
- “We were the only one putting out money for legal help.”
- “It cost us quiet a bit in legal fees and I had to give up my job at the time because I was gone too much to raise them (with my job at the time).”
- “We work full-time. Raising grandchildren is exhausting.”
- “At the time, April 10, 2000, there were 3 children. The older ones, current ages 18 and 20 have moved out and living on their own.”
- “Everyone’s case is different but I had to allow the police to have CPS take my grandchild from my home because it was the only way to

insure that his father would not get him back. The police department was great in responding to the problem. CPS was terrible in that. I was NOT called the next day as I was told and they effectively blocked contact with my grandchild. It seemed NO one would talk to me until THEY needed info. I would have loved knowing who to talk to at that time.”

- “Well when my daughter go out prison I really thought she wanted to be a mother, take on the responsibility, she moved out of here in 2 day, signed over custody rights away.”
- “Daughter was raped at age 15 (granddaughter *age*) son is incarcerated and mother abuse of son (grandson)”
- “It is a heart breaking process but also very rewarding. I would do it again but hope I do not have to.”
- “Yes, I know the job of H&W is to protect the child, but some of the issues our son (grandson) has is, I feel due to moving around to different families. We were willing and able to take our grandson the day the accident/abandonment happened but had to wait over a year to get him and another year to adopt.”

**9. Which present the greatest challenges, related to raising kin children who are currently in your care?**

*Respondents were asked to mark their 5 greatest challenges. The first set of percentages are based upon, N=44. The second set of percentages are based upon the total number of responses to this question, N=169.*

- Housing = 7 Responses = 15.9 % = 4.1% (6R Native)
- Child’s Behavior = 17 Responses = 38.6 % = 10.1 %
- Child’s Disability = 4 Responses = 9.1 % = 2.4 %
- Legal problems = 5 Responses = 11.4 % = 3 %
- Finances = 26 Responses = 59.1 % = 15.4 % (Equal R)
- Delaying your retirement = 8 Response = 18.2 % = 4.7 % (7R Non-Native)
- Child-care arrangements = 7 Responses = 15.9 % = 4.1 %
- Paying for child’s medical care = 4 Responses = 9.1 % = 2.4 %
- Child’s physical and emotional health = 15 Responses = 34.1 % = 8.9 %
- Your own physical and emotional health = 10 Responses = 22.7 % = 5.9 %
- Child’s relationship with biological parents = 17 Responses = 38.6 % = 10.1 %
- Your own relationship with child’s parents = 18 Responses = 40.9 % = 10.7 % (12R Non-Native)
- Child’s schooling = 14 Responses = 31.8 % = 8.3 % (10R Native)
- Lack of access to respite care services (ie; someone to watch the child to allow a temporary break from care-giving) = 11 Response = 25 % = 6.5 %
- Other = 6 Responses = 13.6 % = 3.6 % (10R Non-Native)

Other Responses: “Her emotional health is my biggest concern.” “The fact that other family members won’t speak to me because they don’t think I can take care of child.” “BIG CHALLENGE, Single/Widowed grandparent struggling to make ends meet and care for children 1 yr, 5 yrs and 9 yrs old.” “Lack of school supplies” “Grief-Loss” and one left blank.

**10. What are 5 of your greatest un-met needs, related to raising kin children who are currently in your care?**

*Respondents were asked to mark their 5 greatest un-met needs. The first set of percentages are based upon, N=44. The second set of percentages are based upon the total number of responses to this question, N=166.*

- Legal services and advice = 11 Responses = 25 % = 6.6 %
- Counseling for your child = 13 Responses = 29.5 % = 7.8 %
- Parenting classes = 4 Response = 9.1 % = 2.4 %
- Medical care for the child = 5 Responses = 11.4 % = 3 %
- Transportation = 8 Responses = 18.2 % = 4.8 % *(All Native R)*
- Working with child’s school or teachers = 12 Responses = 27.3 % = 7.2 % *(9R Native)*
- Adequate special education service for your child = 6 Responses = 13.6 % = 3.6 % *(5R Native)*
- Drug or alcohol treatment services for your child, parent or yourself = 4 Responses = 9.1 % = 2.4 %
- Information about programs and services available to you = 21 Responses = 47.7 % = 12.7 %
- Recreational and social activities for children = 19 Responses = 43.2 % = 11.4 %
- Respite care = 8 Responses = 18.2 % = 4.8 % *(All Non-Native R)*
- Child-care or baby-sitting = 9 Responses = 20.5 % = 5.4 %
- Finding a support group for yourself = 9 Responses = 20.5 % = 5.4 %
- Affordable and adequate housing = 5 Responses = 11.4 % = 3 %
- Financial support = 29 Responses = 65.9 % = 17.5 %
- Other = 3 Responses = 6.8 % = 1.8 %

Other Responses: “Counseling for Caregivers” “None – Doing ok now.” “By now most have been resolved, she’s 17.”

**11. Where do you currently receive help with raising the kin in your care?**

*Respondents were asked to mark all that apply. The first set of percentages are based upon, N=44. The second set of percentages are based upon the total number of responses to this question, N=74.*

- Spouse = 13 Responses = 29.5 % = 17.6 % *(10R Non-Native)*
- Other relative = 18 Responses = 40.9 % = 24.3 %
- Friends = 7 Responses = 15.9 % = 9.5 %
- Private agency = 2 Responses = 4.5 % = 2.7 %

- Support groups = 2 Responses = 4.5 % = 2.7 % (*All Non-Native R*)
- Religious organizations = 4 Responses = 9.1 % = 5.4 %
- Public social services = 8 Responses = 18.2 % = 10.8 % (*6R Non-Native*)
- School = 3 Response = 6.8 % = 4.1 %
- Mental health services = 3 Response = 6.8 % = 4.1 %
- Receive no help = 4 Responses = 9.1 % = 5.4 %
- Other = 10 Responses = 22.7 % = 13.5 %

Other Responses: “From my son who stays with us(other relative not marked)” “TANF and my unemployment” “sibling (other relative not marked)” “WIC, Health Services” “My Children (other relative marked)” “TANF” “Self” “His great grandma help buy him things. He live with grandma and has visit with his mother” “Son their uncle.” “Grandparents grant”

**12. What resources and/or services have been the most helpful to you raising a kin child?**

- Respondents who wrote in a response N=34 = 77.3 %
- Respondents who did not write in a response N=10 = 22.7 %
  - “TAFI and Food”
  - “TANF”
  - “TANF program in Ft. Hall and childcare program in Ft. Hall.”
  - “Dept. of H&W, Headstart program, Schools”
  - “TANF”
  - “TANF has help me with financial assistance – with school clothes”
  - “WIC”
  - “TAFI”
  - “None Yet”
  - “Relatives”
  - “TANF – with the monthly check.”
  - “Having control of the (*illegible*) all the time.”
  - “Bringing them to church.”
  - “TANF has been helpful in monetary way.”
  - “N/A or SSI.”
  - “Grandparent grant, medical, food stamps.”
  - “Taffy act, medical coverage.”
  - “Taking the PRIDE classes and the parenting class taken at the hospital, along with the book “whistle while they work.””
  - “Kincare support group, church family, other family members.”
  - “Portneuf Family Resource Center.”
  - “The kincare group, family members.”
  - “The TAFI grant and medical insurance for the child are the most helpful. The PRIDE training and parenting classes were also good.”
  - “Infant Toddler Program”
  - “Medical help and legal services and advice.”

- “Medicaid”
- “Counseling”
- “Grandparent grant, KinderKare support group.”
- “The help Health and Welfare give and Medicaid.”
- “Grandparent grant”
- “Gangs to the kinship group.”
- “Medicaid”
- “We have none.”
- “Two friends, Medicaid.”
- “Financial, medical, counseling.”

**13. There are a number of services, resources, laws and policies that affect your ability to care for your kin children. What do you believe is the single most important thing that needs to change to help you and others in your situation?**

- Respondents who wrote in a response N=34 = 77.3 %
- Respondents who did not write in a response N=10 = 22.7 %
  - “Financial help for me because three teenage children need more than food.”
  - “I think daycare is most critical when you get any kid – also to pay for it, if you have a job it interfere with it.”
  - “Need loving relationships from all of relatives.”
  - “Have work for mom and dad.”
  - “Group meeting.”
  - “Parenting for grandparents, grandparents are to soft on grandchildren.”
  - “Finances”
  - “Laws.”
  - “More information given to care takers about free give aways with school supplies, clothing, food, meds.”
  - “I care for my grandchild – she is not enrolled with Sho-Ban cuz I don’t have all the required documents (illegible) Legal assistance with enrollment to have her enrolled to get assistance with tribe!”
  - “More info about financial help, social events, youth activities.”
  - “The resources available.”
  - “Don’t know”
  - “Childcare services and more info for the program.”
  - “Immediate childcare if working. !!! Funding!!!”
  - “Courts helped to dry things out costing us more and no resolving problems for the child.”
  - “Get off of unemployment!”
  - “That if we have insurance on the children that Medicaid covers the difference. And that TAFI grant give more money for more children not just a flat ratio no matter how many children you are raising. That

once you take the children that you terminate the parents rights. So that they can not keep taking you to court and raising your legal costs.”

- “Insurance and financial aid.”
- “Not having custody and not being able to give him dentist treatment because of it.”
- “Going to court and getting custody of children with out having to wait so long for the courts to come to a decision.”
- “Employment options.”
- “Better financial support with lawyer fees.”
- “Resources”
- “I think ICCP should cover Kincare just like Medicaid does.”
- “The school.”
- “Just to know what resources are there to help.”
- “There needs to be a more direct way for kin to assume guardianship of children at risk. CASA is great at what they do but there should also be a mediator that could help families that don’t want to start legal action bust sill could use help.”
- “None that I am aware of.”
- “Medical and financial resources.”
- “Move the legal system faster.”
- “Once background checks and home inspection is done the kin should be released to family that is willing and able to care for the child. It shouldn’t take 1 year to have the child be able to live with kin.”
- “Legal help. It is so expensive.”
- “Legal services.”

**14. What can the Idaho Kinship Project and the Kincare Advisory Council do to support your ability to care for the kin children in your home?**

- Respondents who wrote in a response N=26 = 59.1 %
- Respondents who did not write in a response N=18 = 40.9 %
  - “I’m not sure – maybe years ago – G kids are all grown.”
  - “More workshops with different dates and times. More info about the ID. Kinship Project and Advisory Council.”
  - “Not sure as of now.”
  - “Give better advice. Don’t give us the run around.”
  - “Youth and Family activities.”
  - “Financial assistance, Housing, Bills – heating, electricity.”
  - “Give legal help, problems at school, free clothing, supplies for school, help with food, beds for kids.”
  - “Doing ok now.”
  - “More info.”
  - “Food and clothing made available if needs for kid.”
  - “Maybe when you get them, better info – social services and other agencies – on what to expect when you get the children.”

- “Finances.”
- “We are always in need of food, shoes, winter clothing, gas for the car.”
- “I think that the meetings you have monthly are a great start. Maybe if there was a program for the children, as they pertain to their situation so they see there are other children just like them.”
- “unknown”
- “Everything they have been doing. When my granddaughter gets older I want her in dance classes.”
- “I am looking to find better role models for today’s children. Some kind of mentoring for the kids would be great. Getting the word out about benefits and activities is great. Ideas on parenting a “broken” child in current times is ESSENTIAL.”
- “Educate me on what help is there.”
- “I would like to find a better place to live and a better job. So I can spend more time with all my kids and grandchild.”
- “Grandparent support without involving foster care families.”
- “Just keep us updated to current law changes and changes for any support groups and programs that would be of help to us.”
- “Just keep having these group and people to come share their services.”
- “Everything would help.”
- “If the kinship care lasts longer than two years parental rights should be terminated and no cost for legal rights for grandparents or caregivers. Cost should go to the parents.”
- “Help find work. I hate being on welfare.”
- “unknown”

**15. What is your relationship status?**

- Married = 14 Responses = 31.8 %
- With a partner = 2 Responses = 4.5 %
- Single = 8 Responses = 18.2 %
- Widowed = 4 Responses = 9.1 %
- Divorced = 11 Responses = 25 %
- Separated = None
- Disqualified Answers = 3 Responses = 6.8%
- Left Blank = 2 Responses = 4.5 %

**16. Are you currently employed?**

- Yes = 21 Responses = 47.7 %
- No = 21 Responses = 47.7 %
- Left Blank = 2 Responses = 4.5 %

**17. Approximately how many hours do you work each week?**

*Respondents who answered no to question 16 were instructed to skip this question.  
Percentages are based upon N=21, total number of responses.*

- < 39 hr = 6 Responses = 28.6 %
- 40 hr or greater = 15 Responses = 71.4 %

**18. What is your annual household income?**

- Up to \$15,000 = 15 Responses = 34.1 %
- \$15,001 to \$30,000 = 9 Responses = 20.5 %
- \$30,001 to \$60,000 = 11 Responses = 25 %
- \$60,001 to \$80,000 = 2 Responses = 4.5 %
- \$80,001 to \$100,000 = 1 Response = 2.3 %
- Over \$100,000 = None
- Left Blank = 6 Responses = 13.6 %

**19. Including yourself,**

**How many people currently live in your household?**

- 1-2 people = 7 Responses = 15.9 %
- 3-4 people = 19 Responses = 43.2 %
- 5-6 people = 10 Responses = 22.7 %
- 7 or more people = 5 Responses = 11.4 %
- Left Blank = 3 Response = 6.8 %

**How many of those are under 18 years of age? \_\_\_\_\_**

- 1-2 people = 22 Responses = 50 %
- 3-4 people = 10 Responses = 22.7 %
- 5-6 people = 2 Responses = 4.5 %
- 7 or more people = None
- Left Blank = 10 Responses = 22.7 %

**How many of these persons do you financially support? \_\_\_\_\_**

- 1-2 people = 15 Responses = 34.1 %
- 3-4 people = 11 Responses = 25 %
- 5-6 people = 6 Responses = 13.6 %
- 7 or more people = 1 Response = 2.3 %
- Left Blank = 11 Responses = 25 %

**How many people in your household have a disability? \_\_\_\_\_**

- No one in home has a disability = 20 Responses = 45.5 %
- 1-2 people = 12 Responses = 27.3 %
- 3-4 people = 1 Responses = 2.3 %
- 5-6 people = None
- 7 or more people = None

Left Blank = 11 Responses = 25 %

**20. Do you own or rent your home? \_\_\_\_\_**

Own = 31 Responses = 70.5 %

Rent = 5 Responses = 11.4 %

Other = 4 Responses = 9.1 %

Left Blank = 7 Response = 15.9 %

**21. County of residence? \_\_\_\_\_**

Bannock = 20 Responses = 45.5 %

Bingham = 17 Responses = 38.6 %

Bonnet = 1 Response = 2.3 %

Power = 3 Response = 6.8 %

Franklin = 1 Response = 2.3 %

Left Blank = 2 Responses = 4.5 %

**22. What is your age? \_\_\_\_\_**

Under 40 years old = 2 Responses = 4.5 %

41-54 years old = 11 Responses = 25 %

55-64 years old = 21 Responses = 47.7 %

65 or older = 8 Responses = 18.2 %

Left Blank = 2 Responses = 4.5 %

**23. Gender**

Female = 37 Responses = 84.1 %

Male = 5 Responses = 11.4 %

Left Blank = 2 Responses = 4.5 %

**24. Which of these groups best describes your national origin?**

*Respondents who marked more than one national origin were placed in the category multi-racial.*

Caucasian, Non-Hispanic = 17 Responses = 38.6 %

Hispanic = 3 Responses = 6.8 %

Black, not of Hispanic Origin = None

Asian American or Pacific Islander = None

American Indian = Responses 20 = 45.5 %

Other = 1 Response

Other Response: "Irish"

Multi-racial = 3 Responses = 6.8 % (American Indian/Caucasian, American Indian/Hispanic, Hispanic/Caucasian)

**25. Are you currently receiving income or income assistance from any of the following sources? (Please mark all that apply.)**

- Wages / Salary (yours or your spouse's) = 19 Responses = 43.2 %
- Social Security = 11 Responses = 25 %
- Social Security Disability (SSI) Payments = 12 Responses = 27.3 % (*8R Native*)
- Pension / Retirement = 6 Responses = 13.6 % (*All Non-Native R*)
- Child Support = 2 Response = 4.5 %
- TAFI (\$309 per month) = 30 Responses = 68.2 % (*Equal R*)
- Foster Care Payment = 2 Responses = 4.5 % (*Equal R*)
- Food Stamps = 8 Responses = 18.2 % (*6R Non-Native*)
- Medicaid = 23 Responses = 52.3 % (*17R Non-Native*)
- Child-care assistance (ICCP) = 3 Responses = 6.8 % (*All Non-Native R*)
- Support services provided by IDHW Children and Family Services = 1 Response = 2.3 %
- Other = 4 Response = 9.1 %

Other Response: “None- applying for unemployment.” “The monthly stipend for care.” “WIC” “Subsidy for adopted daughter.”

**26. If you are out of the Pocatello, Fort Hall, and Blackfoot areas, would you be interested attending a support group in your area, if one was offered?**

- Yes = 26 Responses = 59.1 %
- No = 8 Responses = 18.2 %
- Left Blank = 9 Response = 20.5%
- Other = 1 Response = 2.3 %

Other Response: “Maybe”

Noted Comments: “In Pocatello but, transportation is an issue” “When there is time to attend?” “If I have time”

**27. Would you be willing to share your story, concerns and experiences in advocating for programs and program developments?**

- No = 18 Responses = 40.9 %
- Yes = 18 Responses = 40.9 %
- Left Blank = 4 Response = 9.1 %
- Other = 2 Responses = 4.5 %

Other Responses: “Maybe” “Maybe”

Noted Comments: “Everybody is in different situations” “Not sure”

**28. Would you be interested in becoming a member of the Kincare Advisory Council or volunteering for the program?**

- No = 30 Responses = 68.2 %
- Yes = 9 Responses = 20.5 %
- Left Blank = 3 Response = 6.8 %
- Other = 2 Responses = 4.5 %

Other Responses: “Possibly” “Not sure”

Noted Comments: “No time” “Not at this time” “No time” “Not sure” “No time left after work”