

First Steps

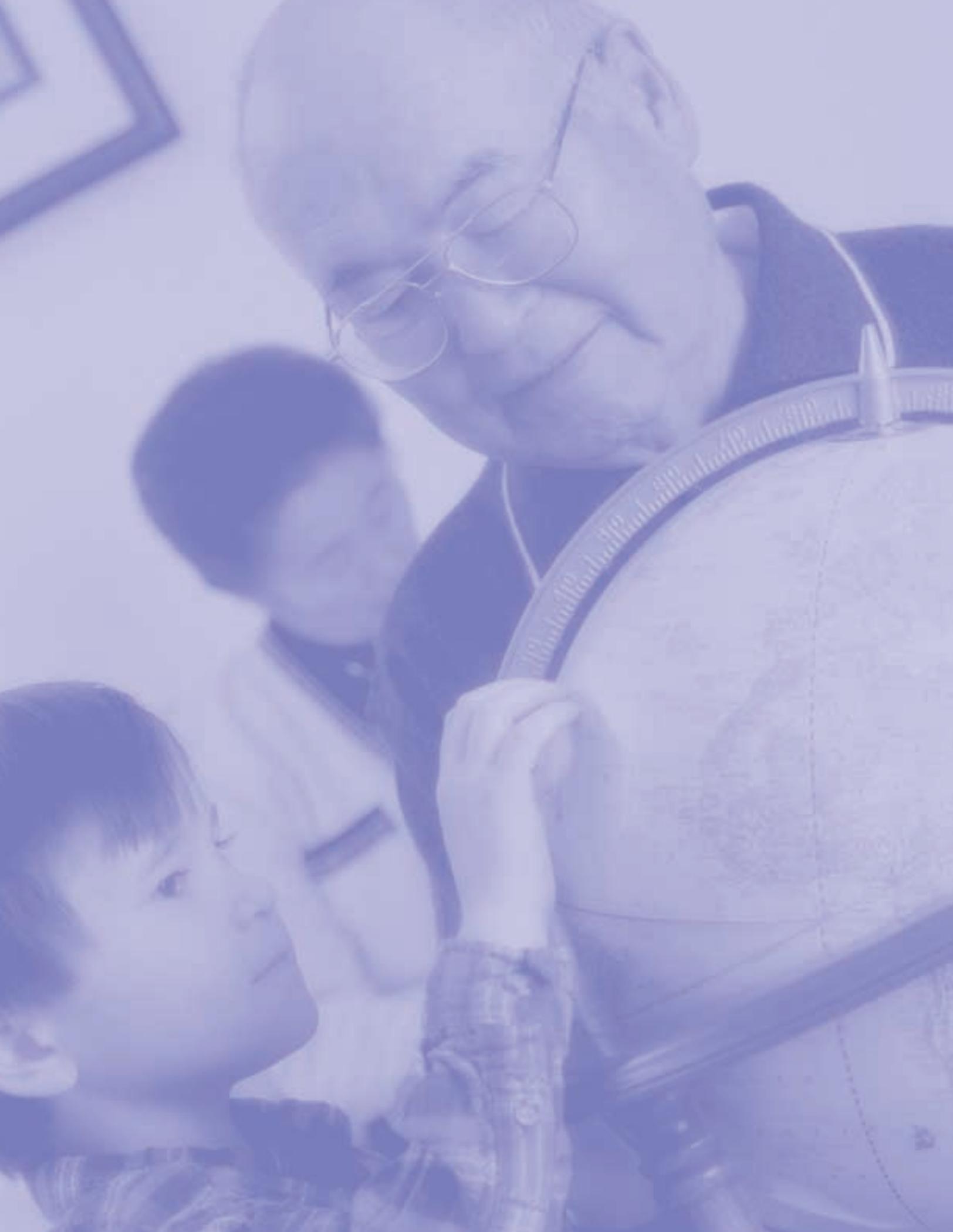
Getting Started Raising Relatives' Children

**A Resource Guide with
Information and Services
for Grandparents and
Others Who Raise
Relatives' Children**



Minnesota **Kinship**
Caregivers Association

*Improving lives of grandparents, relatives,
and the children they're raising.*



First Steps

Getting Started Raising Relatives' Children

By Connie Clausen Booth, LICSW

Written on behalf of the
Minnesota Kinship Caregivers Association
St. Paul, MN

December 2002

This project is supported, in whole or in part, through a grant from the Administration on Aging, the Minnesota Board on Aging, the state unit on aging for Minnesota, and the Minnesota Area Agencies on Aging.

Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not necessarily represent official Administration on Aging policy or the policy of other funders of this project.

Grants from the McKnight Foundation and Bush Foundation also support the project. The Minnesota Department of Human Services provided the manual's printing.

This document is available in alternative formats to individuals with disabilities by calling 651-917-4640 or through the Minnesota Relay Service at 7-1-1 or 1-800-627-3529.

It is also available on the internet at www.mkca.org.

Contents

Foreword	4
About Minnesota Kinship Caregivers Association	5
Knowing You Are Not Alone	7
Keeping Documentation	8
Learning Legal Options	10
Getting Financial Help	14
Finding Health Insurance	16
Affordable Childcare	18
Understanding Children’s Issues	20
Children’s Mental Health Services	22
Understanding Fetal Alcohol	24
Raising Chemically Free Kids	26
Help for Attention Deficit Disorders	28
Helping Children with Special Concerns	30
Raising Multi-Racial Children	32
Coping with Parent Visits	34
Talking to Children About Their Parents	36
Understanding Caregiver Feelings	38
Dealing Effectively with Stress	40
Support Groups	42
Dealing with My Own Aging	44
Resources	46
Notes	48

Foreword

Over the last 25 years, the number of children being raised by someone other than a parent has increased dramatically, with the vast majority of these children being raised by their grandparents.

One in every ten children in the United States lives in a household headed by someone other than their parents. According to the 2000 U.S. Census, there are six million children in the United States living in grandparent- or other relative-maintained households, with or without parents present.

In Minnesota, the 2000 Census reported that there are 47,983 kinship families. Of that number, 33,975 households are headed by grandparents and 14,008 households are headed by relatives other than grandparents.

More than 70,000 Minnesota children live with grandparents and other relatives, ranking Minnesota as the fifth fastest growing state with the number of children living with relatives other than their parents.

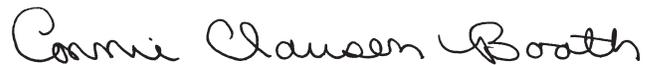
The March 2000 Current Population Survey revealed that, of 5.5 million children living in the households of grandparents and other relatives, 2.1 million were being raised solely by their grandparents or other relatives with no parents present. The number of grandparent-headed households increased by 53 percent between 1990 and 1998 (U.S. Bureau of the Census, 1998 Current Population Survey).

Thank you to the Minnesota Kinship Caregivers Association for its dedication to the issues confronting grandparents and others raising relatives' children and for giving me the opportunity to develop *First Steps*.

Thank you to Lutheran Social Service of Minnesota for allowing me to respond to the need of these caregivers by starting the Generation Connection: Grandparents Raising Grandkids program more than 11 years ago.

Most important, thank you to the many "grandfamilies" with whom I have worked these past 12 years. It is at their feet that I have learned and been inspired. Relatives struggle and sacrifice to keep the children safe and provide for their needs. They should be applauded for their undying, loving commitment to their grandchildren, nieces, nephews, and younger siblings.

Stumbling blocks seem to pop up at every turn for kinship families. It is hoped that *First Steps* will be a giant step in the right direction for getting help to keep the children safe.



Connie Clausen Booth
LICSW



Minnesota **Kinship** **Caregivers** Association

*Improving lives of grandparents, relatives,
and the children they're raising.*

About Minnesota Kinship Caregivers Association

The mission of the Minnesota Kinship Caregivers Association (MKCA), a non-profit statewide association founded in 1996 by kinship caregivers and other concerned parties, is to provide advocacy, support, information, and referral to caregivers who are raising their grandchildren or other related children.

Kinship caregiving is the full-time nurturing and protection provided by relatives for children who must be temporarily or permanently separated from their parents.

MKCA recognizes that children, who for any number of reasons are no longer with their parents, usually have special needs in order to thrive.

MKCA also recognizes that, for caregivers, the extraordinary responsibility of raising children of kin is both emotionally and financially draining.

MKCA provides assistance to caregivers by:

- Assisting individuals, social service providers, and legal services organizations in efforts to develop programs and services to help kinship caregivers and the children in their care.
- Educating public and private agencies, community organizations, and judicial and legislative systems concerning children in the care of kinship families.
- Providing information, education, and referral to appropriate services to kinship caregivers.
- Identifying the need for new services and improving the quality of existing services as they impact children and the families raising them.

For information, contact:

Minnesota Kinship Caregivers Association

Phone: 651-917-4640

E-mail: mkca@mkca.org

www.mkca.org

Please note:

Each chapter begins with a story which is used for illustrative purposes only. The names and situations are fictional; however, the stories are a composite of the challenges experienced by grandparents and others who are raising relatives' children.

If you have trouble understanding any of the information presented in this manual or would like more information or help, the Senior LinkAge Line® is the place to call. The Senior LinkAge Line® can get you connected to the right place, track down information for you, or just help you understand where to go next. Call us, it's free.



1-800-333-2433

Knowing You're Not Alone

Despite all of Jan and Paul's efforts to help their son, Sam, deal with his problems, nothing worked. Then, he started using drugs and began hanging around with drug users. Sam got involved with a young woman who uses drugs.

The couple had a baby, and neither of them could even begin to handle the situation. There was never any food in the house, the baby was always wet or soiled, and the place seemed to be full of characters all of the time.

For the baby's sake, Jan and Paul had to step in. Now, they have the baby with them, and it looks like Jan and Paul will have her for a long time.

More than 71,000 Minnesota children live in a household headed by a relative other than a parent, according to the 2000 U.S. Census. Of these children, 47,983 live with grandparents.

Kinship caregivers come from all walks of life, all income levels, and all races. They live in cities, suburbs, and on farms. Some "grand kin" caregivers are married; some raise the children by themselves. Grand kin caregivers are grandfathers, grandmothers, aunts, uncles, older siblings, and even great-grandparents and close family friends.

Relative Caregivers Share Common Feelings

Love for the children drives most grand kin. Sadness over the situation of the children's parents lingers in the shadows. Frustration with a system that can make it difficult to keep the children safe and provide for their needs fuels anger. But it all comes back to love for the children.

Large numbers of parents are unable to care for their children because of:

- Alcohol and drug abuse;
- Child abuse and/or neglect;
- Mental health problems;
- Teenage pregnancy;
- Family violence;
- Unemployment;
- Incarceration;
- Abandonment;
- HIV/AIDS;
- Divorce;
- Poverty; or
- Death.

Keeping Documentation

Sylvia has raised two granddaughters since they were born. The children's mother lives with Sylvia and the girls, but does not act like a mother, and does not care for or nurture the girls. Sylvia takes care of the girls, provides them with food and clothing, and gives the affection and emotional support they need. She is the one to comfort them, bandage their wounds, and take them to the doctor. Sylvia gives them their nightly baths, reads bedtime stories, and says prayers with the little girls.

Lately the mother has been threatening to move out and take the children with her. Sylvia is frightened for her granddaughters because she is convinced the mother is not capable of taking care of them and providing what they need.

Sylvia's attorney is pleased to learn she has been documenting the mother's behavior and keeping receipts of bills paid and purchases made for the children. The journal Sylvia has been keeping all of these years may be the key to keeping her grandchildren safe.

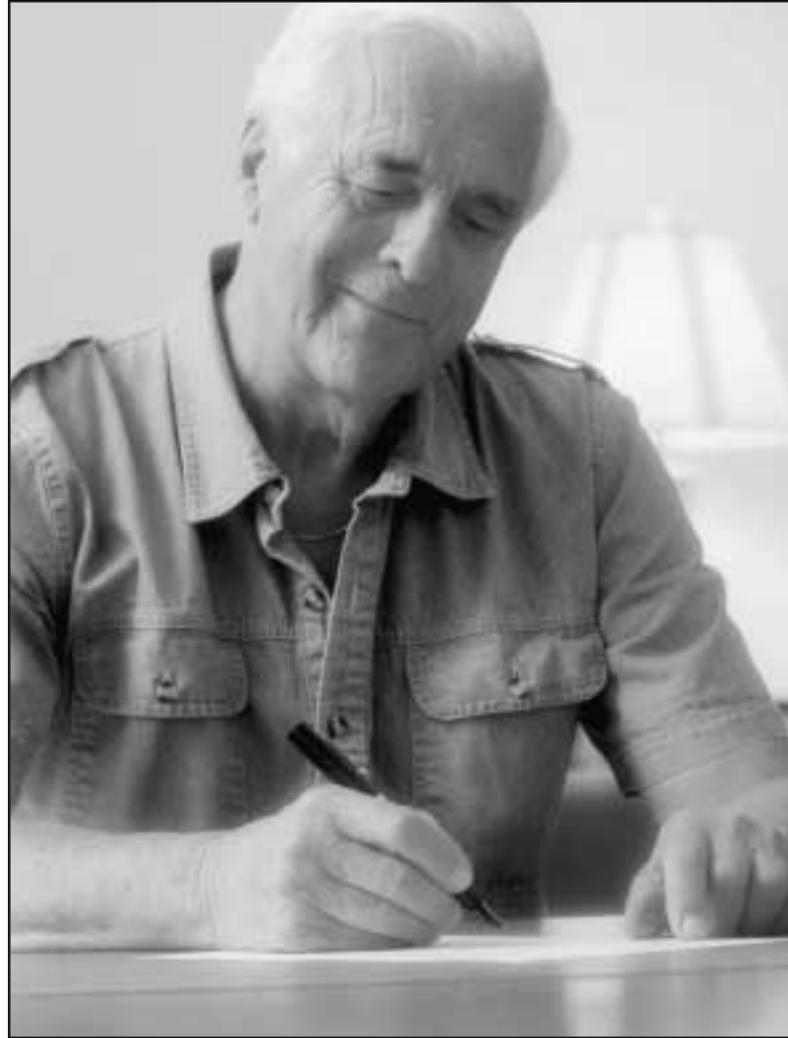
For a variety of reasons, it is advisable to keep records on issues surrounding the children in your care.

What to Document

- Have the children's doctor and dentist make notes in the medical file, such as, "Child brought in by grandparent."
- Keep a file with bills and receipts for medical expenses you pay.
- Ask the child's teacher to note in the education file such information as, "School conference attended by grandparent."
- Keep a file with receipts for school clothes and educational expenses you incur.
- Document all lessons (piano, karate, ballet, etc.) for which you pay.
- Keep receipts for groceries, rent, and anything that contributes to the child's care.
- Keep a journal of the parents' involvement, or lack thereof, with the child.
- Record important events.
- You may wish to keep a journal on a tape recorder.

Journaling Tips

- Use a bound journal rather than a loose leaf notebook.
- Write the date of each entry.
- Note when parents visit and what happens during each visit.
- Log when parents telephone their children and comment on the children's reaction.
- Log phone calls by the parent to you. Does the parent ask about the child?
- Record the parent's behavior when they visit or call.
- Note parents' broken promises.
- Include photographs of family events and list who participates.
- Write about the child's behavior before, during, and after a parental visit.
- Document what the parent doesn't do; for example, when they don't remember a birthday or holiday.
- Attach receipts of everything you buy for the child.
- Write what you observe when a child comes back from a parental visit; i.e., any bruises, resumption of bed-wetting or thumb sucking, etc.
- Record what the child says about a visit with the parent.



Learning Legal Options

Victoria and Andrew have been parenting their school-aged grandson for his entire life. The child's mother is unable to take care of her child because of mental health issues, and the father has never been in the picture. Victoria and Andrew have never been to court to formalize the arrangement. Taking care of their grandson has been an act of love and informally agreed to by the child's mother.

As the child gets older, Victoria and Andrew are having difficulty because they cannot legally act on his behalf. The tentativeness of the situation also worries them. Victoria and Andrew are thinking about going to court to formalize the role they play in their grandson's life, but they are unsure of their options or where to go to for help.

The legal options available to each kinship caregiver depends on the family's individual circumstances. The following list of options is meant as a guide to point people in the right direction. The counsel of a family law attorney experienced in kinship issues is critical.

Delegation of Parental Authority

The Delegation of Parental Authority (DOPA) gives the caregiver permission to take a child to medical appointments, enroll a child in school, and consult with doctors and teachers, etc. The parent can revoke the DOPA at any time; so, it does not guarantee the child can stay with the relative caregiver. The DOPA must be in writing and notarized. It does not survive the death of a parent.

Under a Delegation of Parental Authority:

- Caregivers may seek medical care for a child and enroll him or her in school.
- Parents retain all legal rights and responsibilities and can take the child back at any time.
- Relative caregivers are eligible to receive, on behalf of the child, Minnesota Family Investment Plan (MFIP) child-only payments.
- Parents remain financially responsible for the children.
- Relative caregivers' powers are limited to those stated by the parent in the DOPA.

Foster Care

When a child must be placed away from home, child protection must first look to relatives for placement. If there are no relatives, the child can be placed in a non-related foster home.

If a child is placed in a caregiver's home by child protection or by the juvenile court, the caregiver is considered a "foster parent," and is eligible for foster care benefits. The child is eligible for Medical Assistance and an array of services.

In foster care:

- The county has custody of the child.
- Relatives must meet licensing requirements.
- The county is responsible for the care and support of the child.
- Foster parents are responsible for the day-to-day care of the child.
- All major decisions are made by the county with juvenile court oversight.
- Parents may have the right to visit the child, but the county structures the visits.
- If the child cannot be returned to the parents, a plan for permanency, either permanent custody or adoption, is determined.

Legal Custody

Caregivers may file for legal and physical custody of children in family court. A court will grant custody to a caregiver or other person with ties to the child in certain circumstances, if it is determined to be in the best interest of the child.

An order of legal custody is the best way to ensure that the child will be safe with the caregivers. Under such an order:

- Custodians make the major decisions concerning the child and are responsible for the child's day-to-day care.
- Funds from MFIP are available for the child.
- Parents remain financially responsible for the child and may be ordered to pay child support.
- Parents' rights are not terminated.
- Parents may bring a motion to modify the court order. But in order to have custody returned to them, the parents must prove the children are in danger living with the grandparents. The exception to this is if the caregivers agree that custody should be returned to the parents.

Adoption

Adoption is an option for some grandparents. But, both parents must either be deceased or have had their parental rights terminated. Adoption is available in juvenile court.

If a child is adopted by a relative or other third party, the adoptive parent(s):

- Becomes the child's legal parent(s).
- Determines the type of relationship the child will have with the birth parents.
- Assumes legal responsibility for the care, custody, and support of the child.

A subsidized adoption may be possible, but only if the adoption was through child protection.

Guardianship of a Minor

When both parents are deceased, someone must become the children's guardian. A petition for guardianship is filed in probate court.

Guardians:

- Are appointed in probate court upon the death of the parents, or if the mother dies and the father is not legally recognized as the father.
- Have all of the powers and responsibility of a parent.
- On behalf of the child, may receive MFIP funds, if the child is eligible.

Standby Custody

A seriously ill parent can designate a standby custodian to care for the children if the parent is too sick to care for them or if the parent dies.

Designation of a standby custodian:

- Allows a parent to make future plans for the children without having to legally transfer decision-making power.
- Is signed by the parent, naming a future caregiver, to go into effect upon the occurrence of a "triggering event," such as illness or death.
- Can be filed with and heard by the court immediately or within 60 days of the triggering event.
- The petition can be withdrawn once the parent is able to resume care of the children, and it can be reinstated when the custodial parent again can no longer take care of the children.

RESOURCES

Legal Steps Kinship: Kinship Caregiver Resource Manual, 2003 Edition. A copy can be obtained by contacting MKCA, at 651-917-4640, or by e-mail, mkca@mkca.org. The manual is available at www.mkca.org.

Your County's Legal Aid Office. If you are either low income or age 60 or older, contact your county's legal aid office. To find the local legal aid office(s) serving your county, go to www.mnlegalservices.org and click on "Find Legal."

Minnesota Attorney Referral Services. Minnesota State Bar Association, 1-800-292-4152
www.mnbar.org/attref-public.htm.

Tom and Julie's grandchildren were virtually left on their doorstep a few months ago, and they have not heard from the children's father since that time. The children's mother has not been in the picture for seven years.

Wanting to do the best for their grandchildren, Tom and Julie are interested in finding out about what financial help may be available.

There are sources of financial assistance available to kinship families, depending on each family's situation. Considerations include whether the juvenile court is involved, whether the child's parents are alive, and whether the kinship caregiver is related to the child.

Minnesota Family Investment Program Child-Only Grant (MFIP)

With MFIP:

- Caregivers apply for MFIP on behalf of the child.
- Relative caregivers do NOT need legal custody of the child to qualify.
- Non-relatives DO need legal custody to qualify.
- Caregiver's income is not considered; only the child's assets and income are reviewed.
- Depending on the child's assets, the caregiver, on behalf of the child, receives a monthly cash payment.
- A food stamp debit card is included with the payment.
- The child may receive Medical Assistance.

To apply for MFIP, visit your county's social service office.

Foster Care Payments and Relative Custody Assistance

Caregivers are eligible for foster care payments if juvenile court is involved and the county has placed the child with them. Relatives must be licensed foster parents to receive payment.

Children placed permanently with a relative by the juvenile court may be eligible for Relative Custody Assistance. Total household income and level of care needed by the child are taken into consideration.

Social Security

Under Social Security:

- Children adopted by their relatives may qualify for benefits as a dependent child, based on a caregiver's work record.
- Children under the age of 18 may be eligible for Social Security benefits, if their parents are disabled or deceased.

Earned Income Tax Credit (EIC)

Tax credit may be available to grandparent caregivers if they work and have at least one "qualifying child" living with them. Grandparents must complete an income tax return in order to receive EIC.

Supplemental Security Income (SSI)

If the child you care for meets the definition of a disability as described below, the child may qualify for SSI payments.

Definition of disability for children includes:

- A physical or mental condition or conditions that can be medically proven and which result in marked and severe functional limitations.
- The medically proven physical or mental condition(s) must last, or be expected to last, at least 12 months or be expected to result in death.

- A child may not be considered disabled if he or she is working at a job considered to be substantial work.

Women, Infants and Children (WIC)

Helps caregivers purchase nutritious food for the children in their care. W.I.C. offers food assistance and nutritional screening to women with infants 11 months or younger. Children under the age of five suffering from a nutritional problem may be eligible.



Finding Health Insurance

Just a week ago, Audrey gained custody of her grandchildren. This week, she is wondering what do if they break an arm or get sick. Audrey checked at work, and she cannot put them on her health insurance policy.

What does she do? Audrey is very worried about what will happen if her grandchildren get sick or hurt.

It is important children that in your care have health insurance coverage. There are options to consider, including private insurance, Medical Assistance (MA), MinnesotaCare; Child and Teen Checkups Program; and General Assistance Medical Care. To find insurance, consider the options listed below.

Private Insurance

It is rare that a private insurance company will insure the relative's child in your care. Nonetheless, contact your insurance carrier to see if the child qualifies as a dependent on your policy.

Medical Assistance

Minnesota's Medicaid program, or MA, may help pay for medical care. MA may pay for medical bills for the three months before you applied and for current and future medical bills.

- Children living with relatives can get MA based on the child's income.
- Caregivers do not need to report their income.
- A child age 14 years or older may apply for MA on his or her own.
- This program will cover nearly all health care needs of the children in your care.

MinnesotaCare

Under MinnesotaCare, a health care program for Minnesotans without access to health insurance:

- Applicants must meet income and program guidelines to qualify.
- An application can be submitted for the child, based on the child's income.
- Enrollees pay a small monthly premium for their health coverage that is based on income and family size.

Applying for Medical Assistance and Medicare

To request an application for MA, call or visit your county's human services office. A written request for MA received by the county agency sets the date of application if it is followed by a completed formal application within 30 days.

To have a MinnesotaCare application sent to you, write or call MinnesotaCare, P.O. Box 64838, St. Paul, MN 55164-0838; 1-800-657-3672.

For people living in certain counties and the Bois Forte Reservation, there are outreach sites where you may apply for MA and MinnesotaCare:

- Beltrami County – Beltrami County Department of Family Health; 616 America Ave. NW, Suite 130; Bemidji, MN 56601; 218-759-8152.
- Hennepin County – Hennepin County Economic Assistance, 111 E. Franklin Ave., Mpls., MN 55404-2500; 612-879-3508.
- Kandiyohi County – Kandiyohi County Public Health, 2200 23rd St. NE, Suite 10880, Willmar, MN 56201; 320-231-7810; 1-888-450-7860.
- Lake, Carlton, and St. Louis Counties and Bois Forte Reservation – Lake Superior Community Health Center, 2 E. 5th St., Duluth, MN 55805-1711; 218-722-1497.
- Meeker County – Meeker County Public Health, 114 N. Holcombe Ave., Suite 250, Litchfield, MN 55355; 320-963-5370.

Child & Teen Checkups Program

Child & Teen Checkups (C&TC), Minnesota's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program. It is a comprehensive health program for newborns and people through 20 years of age and enrolled in Medical Assistance or MinnesotaCare, with a coordinator in each Minnesota county. Ask about this program when you

apply for MA or MinnesotaCare; or call 651-296-1723 and ask for the contact in your county.

General Assistance Medical Care (GAMC)

Generally for very low-income adults, General Assistance Medical Care (GAMC) is available for some children who do not qualify for MA or MinnesotaCare. GAMC applicants should contact their county human services agency.

RESOURCES

Insure Kids Now is a national campaign to link the nation's 10 million uninsured children—from birth to age 18 to free and low-cost health insurance. Many families simply don't know their children are eligible. Insure Kids Now! spreads the good news that hard-working families can get health insurance for their children. It puts families in direct contact with their state's children's health insurance program. Toll-free: 1-877-KIDS-NOW; www.insurekidsnow.gov

Cover All Kids Coalition promotes health care coverage and preventive care for Minnesota children. Members of the public-private coalition work together to increase public awareness of insurance options for children, find new ways to reduce health disparities, and make it easier for caregivers to get preventive care for their children. Toll-free: 1-866-489-489; www.coverallkids.org

The judge asked Brenda and David if they were willing to bring their three grandchildren into the couple's home. Of course they agreed.

Brenda and David have been employed full time for years. Now, with three children in their household, it is more important than ever that they both work in order to make ends meet.

They are looking for childcare, and were shocked by the cost. Childcare for their three grandchildren is greater than Brenda's net salary. Any help with childcare is based on household income, and the couple makes too much money to qualify. Even if they qualified, the waiting lists for subsidized childcare are long.

As with many families with young children, finding quality and affordable child care is important.

Finding Quality Child Care

Child Care Resource and Referral agencies provide families, childcare programs and providers, and communities with information and support for quality childcare that is affordable and accessible for Minnesota families. Local Child Care Resource and Referral agencies maintain a database of childcare programs and providers across Minnesota, and provide childcare referrals, information on state licensing requirements, and availability of childcare subsidies. Call the Statewide Hotline at 1-888-291-9811 to be directed to your local Child Care Resource and Referral agency.

Paying for Child Care (All child care assistance based on household income.)

- Child Care Assistance helps families pay for child care costs for children age 12 years and younger, and for special needs children through age 14 years. Family income must be within the program limits and the child must be age-eligible.

Basic sliding fee requires that a family be at 75 percent of the state median income to be eligible for Child Care Assistance. In most counties, there is a waiting list for this program.

- Minnesota Family Investment Plan (MFIP) families are eligible for Child Care Assistance immediately and are not placed on a waiting list, provided the entire family is on the program and not just the "child only."
- Transition Year Child Care Assistance is for families who are moving off of MFIP and continue to receive childcare assistance for up to one year. At the conclusion of the year, families are eligible to receive Basic Sliding Fee. If there is a waiting list, these families get priority.

- At Home Infant Care (AHIC) is part of Child Care Assistance and provides funding to families who qualify to stay home for the first year of the baby's life. Income eligibility is 90 percent of the state median income. Income is calculated while on leave. Even if there is a waiting list, families may still get help for AHIC.
- Child and Dependent Care Tax Credit may be available to you, through which federal and state tax credits are received for child care expenses. The amount claimed depends on personal income and the amount paid for childcare in a calendar year. Use IRS Form 4221, Credit for Child Care and Dependent Care Expenses (federal), and MN Form M-1 (state).
- Pre-tax accounts for child and dependent care may be available through your employer. This option requires you to estimate your annual expenses (up to \$5,000) and draw those funds throughout the year from an account that has been established using pre-tax dollars your payroll deductions. Ask your employer if this is available where you work.
- Earned Income Tax Credit and Minnesota Working Family Credit are federal and state credits that help contribute to a working family's income by increasing the tax return at the end of the year or by adjusting the monthly withholding. Your employer can provide you with more information, or you can call the Minnesota Department of Revenue, at 651-296-3781. For information, call your local Child Care Resource and Referral Program.
- Education Tax Credit, a Minnesota credit that allows low to moderate income families to deduct certain K-12 educational expenses from their taxes, may be available. Some childcare related

expenses, such as school age enrichment programs or tutoring, might qualify. Consult the instructions, or call the State of Minnesota, at 651-296-3781, for information.

Exploring Child Care Options

Group family child care offers the home setting of family childcare for up to 14 children. With more than 12 children, two adults must be present.

- Child care centers provide care for larger numbers of children for part- or full-day.
- Head Start is a child development program designed to promote the growth and development of children from low-income families. Children ages three to five years attend. Early Head Start provides learning and development services for families with children up to three. Both Head Start and Early Head Start may be provided in a center or home-based setting.
- Before and After School (School Age Care – SAC) programs are usually located in schools, childcare centers, family childcare homes, churches, or other settings offering childcare.
- Crisis Nurseries of Minnesota is an effective child abuse and neglect prevention service that provide temporary, safe and nurturing care for children and support services for families in times of crisis. Caregivers voluntarily place their children in a safe environment for emergency day or overnight care, in order to allow them to focus on resolving the crisis situation. Access to crisis nursery service is available 24 hours a day, seven days a week, at no cost to the family. To find the crisis nursery closest to you, contact 1-800-543-7709.

Understanding Children's Issues

Ann says her grandchildren seem to have many emotions that her now adult children never experienced when they were growing up.

Ann is trying to sort out and identify their feelings so she can do the best job she can to help them.

Because of what has happened in their lives, children not being raised by their biological parents and being cared for by kin or friends of the family may experience a variety of emotions.

Abandonment

Young Scott was left at the neighbors, and his mom never returned. Scott's grandma came to get him, and brought him to her house. Scott was very scared that he would lose his grandma and grandpa, too. At first, he would not let them out of his sight. Scott even became very nervous when they went into the bathroom. He thought his grandma and grandpa might disappear down the drain. He does not know where his mom is, and he has heard nothing from her. Scott does not know if she will ever come back for him.

Grief and Loss

Billy had just made a new friend in his neighborhood when Billy had to move to his aunt's house. He was even on a soccer team, and now he cannot play. Billy's mom just packed him up one night and left him at her sister's house. She forgot to pack Billy's favorite bear and his pillow. To make it worse for Billy, at least in his eyes, his aunt, who used to let him get away with stuff, makes Billy go to bed on time and complete his homework before he is allowed to watch T.V.

Low Self-Esteem

Little Andrea wonders what she did wrong. She thinks she must be really bad if her own mom does not want her. Andrea wonders if she is stupid or if something else is wrong with her. What particularly upsets Andrea is that her mom is keeping her new baby, but not Andrea.

Fear and Insecurity

Marcus lays awake at night, worrying that his mom will not ever come back for him. At the same time, Marcus worries that she will return for him. What

will happen then? Marcus is getting used to not being hungry, and he does not miss the beatings. He also worries about what will happen to him if his aunt gets sick or goes away. Where will he go?

Anger

Sam punched his grandma today. He cannot explain what came over him. Sam said he felt like he would burst if he did not punch someone. His grandma was there, and it was easy to take out his anger on her. Marcus feels terrible about what he did. He loves his grandma, and knows she did not deserve it. Marcus is really mad at his mom; but he cannot show his anger to her because she is not there.

Confused Feelings

Jenny says she hates her mom but, at the same time, she misses her very much. Jenny wants to go home, but she does not want to leave where she is now living. Jenny wonders if her mom could move in with her grandparents and her. Sometimes, Jenny questions if they are keeping her from her mom. But, Jenny knows her grandparents are very good to her and love her a great deal.

Jenny also gets confused by other feelings, because her mom's boyfriend used to touch her in ways she did not like. When Jenny thinks about that, she gets real mixed up inside. She wishes she could get those thoughts out of her head.

Common Behaviors of Children in Kinship Care

- School difficulties (poor grades, difficult behavior).
- Does not pay attention for long; cannot concentrate.
- Will not let the caregiver out of sight, clings to the caregiver.
- Reverts to babyish behavior like thumb sucking and bed wetting.
- Will not sleep alone or with the light off.

- Eats too fast, too much, or hides food.
- Takes care of brothers and sisters like a parent should.
- Behaviors are often worse after a parent's visit.
- Exhibits inappropriate sexual behavior.

Tips for Helping Children

- Give them affection they can count on.
- Provide regular meals.
- Have a set bedtime routine.
- Give them structure so they know what to plan on.
- Reassure the child you will not leave them.
- Let them know they are safe.
- Allow them to talk about their feelings.
- Help them understand they are not to blame for the situation.
- Give positive reinforcement and praise.
- Let them know all feelings are okay, even mixed-up feelings.
- Let them know you, too, have confused feelings sometimes.
- Reward the behaviors you want to see again.
- Catch them being good and praise that behavior.
- Let them know you will always love them, even when they are mad or angry.
- Be clear about what is expected.
- Act the way you want the children to behave.

Children's Mental Health Services

Josh has been through a great deal. First, his parents neglected him because they were too "high" to tend to him properly. His grandparents, Mary and Jon, suspect Josh even may have been physically and sexually abused.

They were very worried about him; things did not seem right. Mary and Jon were thankful and relieved when he was literally abandoned on their doorstep.

The couple love Josh greatly, and they are working hard to help him. They are finding that it is difficult to get him to talk, to share his feelings. Sometimes they see anger in the child's eyes, sometimes sadness. Nonetheless, he has difficulty opening up to them.

Mary and Jon think Josh might feel they would be disappointed or something if he told them how much he misses his parents. They wish he had someone to talk to, a counselor or someone, because the kind of help Josh needs is beyond what the average caregiver can provide.

Children in kinship care may benefit from therapy to help them deal with a wide variety of issues, such as neglect, physical and sexual abuse, abandonment, and grief.

Where to Turn for Help

Families may apply for case management services from their county. County case management helps families obtain a comprehensive diagnostic assessment, assesses children's needs, develops an individual family community support plan, and helps children and families get services they need. Case managers must assess and reassess the delivery, appropriateness, and effectiveness of services over time. Contact your county's Children's Mental Health Division for more information about getting help with severe emotional disturbance.

Counties may help coordinate:

- Education and prevention services.
- Mental health identification and intervention services.
- Emergency services.
- Outpatient services.
- Family community support services.
- Day treatment services.
- Residential treatment services.
- Acute care hospital inpatient treatment services.
- Screening.
- Case management.
- Therapeutic support of foster care.
- Professional home-based family treatment.

Medical Assistance and MinnesotaCare will pay for mental health counseling, as will most private health insurance.

RESOURCES

Minnesota Children’s Mental Health Collaboratives

Children’s mental health collaboratives is a network of child-serving agencies in which the family is a full partner. Counties, school districts, local mental health entities, and juvenile corrections are mandatory partners that come to an agreement with parents, public health, and other community-based organizations to provide integrated and coordinated services, pool resources, and design services.

Through collaboratives, children with emotional disturbances and their families receive a coordinated, multi-agency response to their needs, and participate fully in the design and implementation of a common plan of care through an innovative process known as “wraparound.”

To find a Children’s Mental Health Collaborative near you, contact Minnesota Department of Human Services, Children’s Mental Health Division, at 651-297-5242.

Minnesota Association for Children’s Mental Health

The mission of the Minnesota Association for Children’s Mental Health is to enhance the quality of life for children with emotional/behavioral disorders and their families by:

- Educating the public to remove the stigma and barriers associated with children’s mental health disorders.
- Informing families and professionals about children’s mental health issues, services and resources.
- Providing opportunities for parents and caregivers to develop the skills required to effectively advocate for their children.

- Advocating for the appropriate and timely delivery of services to children with emotional/behavioral disorders.
- Advising parents about rights and responsibilities in the multiple systems that serve their children with emotional/behavioral disorders.

Contact the Minnesota Association for Children’s Mental Health at 651-644-7333 or 1-800-528-4511.

Lutheran Social Service of Minnesota

Lutheran Social Service of Minnesota has mental health counseling offices throughout the state. To set up an appointment with a licensed professional counselor or psychologist. Contact LSS at 1-888-881-8261.



Understanding Fetal Alcohol Syndrome

Yesterday, Dianna worked hard with her granddaughter, teaching the little girl how to tie her shoes. Finally, Dianna's granddaughter mastered it. They were both so proud.

This morning, Dianna's granddaughter had completely forgotten what she had accomplished. She cannot tie her shoes today.

Despite Dianna's encouragement, the little girl feels like a failure. Dianna is concerned that it is the alcohol's fault. You see, the little girl's mother was a heavy drinker, and drank during her pregnancy. As a result, the little girl has to suffer; she is paying for her mom's terrible mistake.

Children whose mothers drank alcohol while pregnant may exhibit one or more of the following:

- Low birth weight.
- Weak sucking response.
- Small head circumference.
- Small, wide-spaced eyes.
- Babies may not grow well.
- Easily startled.
- Poor wake and sleep patterns.
- Difficulty concentrating, short attention span.
- Impulsive, acts without thinking.
- Seems agitated and unable to settle down.
- Forgets what was previously learned.
- Has difficulty keeping or making friends.
- Temper tantrums.
- Lying and stealing.
- Poor social skills.
- Limited concept of time or money.
- Is often aggressive and physical.
- Poor memory.
- Hyperactivity, unable to sit still.
- Poor problem solving skills.
- Difficulty learning from consequences.
- Poor judgment.
- Immature behavior.

RESOURCES

Minnesota State-Wide Fetal Alcohol Syndrome Assessment Clinic Network

University Gateway, Suite 160
200 Oak St. S.E., Minneapolis, MN 55455
Phone: 612-624-9134
Toll-free: 1-800-688-5252
Fax: 612-624-0997

Minnesota Organization on Fetal Alcohol Syndrome (MOFAS)

1821 University Ave. N-185
St. Paul, MN 55104
Phone: 651-917-2370
Fax: 651-917-2405
E-mail: jholls413@aol.com
www.mofas.org

Statewide collaborative organization whose mission is to foster problem solving with state and community agencies working on issues related to FASD. MOFAS develops a coordinated approach to prevention and intervention activities with FASD and associated secondary disabilities.

National Organization on Fetal Alcohol Syndrome

1815 H St., N.W., Suite 710
Washington, DC 20006
Phone: 202-785-4585

Ask for a directory of treatment centers, prevention programs and support groups nationwide.

Living with Fetal Alcohol Syndrome: A Guidebook for Families and Caregivers, a new, indispensable resource for those raising or working with individuals with FAS or other alcohol-related effects is available from NOFAS. The 35-page guide was written by NOFAS program director and spokesperson,

Kathy Mitchell, the biological mother of an adult daughter with FAS. Mitchell's thoughtful and highly informative words of wisdom and practical strategies are drawn from her experiences as a parent, advocate, counselor, and national leader on FAS-related issues. To order, contact T.J. Barcanic at tj@nofas.org, or send \$15 USD to NOFAS, 216 G St., NE, Washington, D.C. 20002.

Fetal Alcohol Syndrome Community Resource Center

www.come-over.to/FASCRC/

Links to on-line support group, books for children and adults, and other helpful information.

Raising Chemically-Free Kids

Chuck had once heard the number one reason grandparents step in to raise grandchildren is because of the drug addiction of the parent. That is the case in his family.

Drugs became the first priority for the parents of his grandchildren, and the children were neglected. There never was enough money to buy food, clothes, pay utility bills, or buy other necessities. The money went for drugs first. When the parents were high or needed a fix, they became violent with each other and sometimes even with the children. Drugs tore the family apart.

Now Chuck and his wife are left trying to patch it up and prevent the children from making the same mistake as their parents.

You play a critical role in your “grandkids” emotional and physical health.

- Let the children know how much you care.
- Let them know you love them and will always be there for them, “no matter what happens.”
- Spend time with them.
- Listen to them; learn what they care about and their concerns.
- Encourage them to share their feelings.
- Praise them for cooperating, even when things don’t go their way.
- Give them responsibilities they can handle, and praise them for a job well done.
- Encourage children to think through consequences before making choices.
- Spend 15-30 minutes each month discussing the dangers of drug use.
- Make sure they know you care that they are drug-free.
- Make sure they know to come to you for help or information.
- Educate yourself about drugs.
- Learn what messages bombard kids every day.
- Help kids sift through those messages and decipher right from wrong.
- Be aware of all the risks drugs pose.
- State your position on drug usage clearly and often.
- Know the warning signs of drug or alcohol use and abuse.
- Set a good example. If you have a substance abuse problem, get help.

RESOURCES

The Minnesota Prevention Resource Center

2720 Highway 10
Mounds View, MN 55112
Phone: 763-427-5310
Toll-free: 1-800-782-1878
Fax: 763-427-7841
E-mail: mprc@miph.org
www.emprc.org

MPRC has information on hundreds of prevention-related topics, from cocaine to smokeless tobacco to Fetal Alcohol Syndrome, in either the print or electronic clearinghouse or the research library. The MPRC information specialist can find the answers to prevention-related questions of all kinds in their library or through electronic resources.

The Children of Alcoholics Foundation

164 W. 74th St.
New York, NY 10023
Phone: 646-505-2065
E-mail: coaf@phoenixhouse.org
www.coaf.org

*COAF is a national non-profit foundation that provides a range of educational materials and services to help professionals, children, and adults break the intergenerational cycle of parental substance abuse. COAF has a special initiative, **THE TIES THAT BIND PARENTAL SUBSTANCE ABUSE AND KINSHIP CARE**. Fact sheets for caregivers are posted on their Web site.*



National Clearinghouse for Alcohol and Drug Information

P.O. Box 2345
Rockville, MD 20852
Toll-free: 1-800-729-6686
www.health.org

World's largest resource for current information and materials concerning alcohol and substance abuse prevention, intervention, and treatment. NCADI is a service of the Center for Substance Abuse Prevention, which is under the Substance Abuse and Mental Health Services Administration.

American Council for Drug Education

164 W. 74th St.
New York, NY 10023
Phone: 212-595-5810, ext. 7860
www.acde.org
www.drughelp.org

A substance abuse prevention and education agency that develops programs and materials based on the most current scientific research on drug use and its impact on society.

Help with Attention Deficit Disorders

To Jessie, it seems her nephew is always bouncing off of the wall. He cannot sit still; he is very impulsive; and does dangerous things. His teacher says he is behind in reading; the teacher recommends Jessie have her nephew assessed to determine if he has a learning disability.

Learning disabilities, such as ADD and ADHD, are life-long conditions that affect the way individuals receive, remember, sort, and use information.

Special education law defines specific learning disabilities as a disorder in one or more of the processes involved in understanding and using written or spoken language.

Learning disabilities are neurological disorders that interfere with a person's ability to store, process, or produce information, and create a "gap" between one's ability and performance.

Individuals with learning disabilities are generally of average or above-average intelligence.

A person with a learning disability has difficulties in one or more of these categories:

- Listening;
- Speaking;
- Reading;
- Writing and spelling;
- Reasoning skills;
- Math concepts and computation;
- Organization.

Other symptoms that may help identify a person with a learning disability include:

- Short attention span;
- Difficulty following directions;
- Difficult to discipline;
- Late or immature speech development;
- Difficulty telling time and right from left;
- Trouble naming familiar people or things;
- Performs differently from day-to-day;

- Has problems telling the difference between letters, numbers, or sounds;
- Poor memory;
- Eye-hand coordination problems;
- Difficulties with speaking;
- Impulsive;
- Late motor development.

RESOURCES

Minnesota Department of Education, Special Education, Minnesota Department of Children, Families and Learning

1500 Highway 36 W.
Roseville, MN 55113-4266
Phone: 651-582-8289
TTY: 651-582-8201
www.children.state.mn.us/speced/speced

The Minnesota Department of Children, Families & Learning works to help communities to measurably improve the well-being of children through programs that focus on education, community services, prevention, and the preparation of young people for the world of work. All department efforts emphasize the achievement of positive results for children and their families.

Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)

8181 Professional Place, Suite 201
Landover, MD 20785
Phone: 301-306-7070
Toll-free: 1-800-233-4050
E-mail: national@chadd.org
www.chadd.org

General information on AD/HD in children, teens, and adults and information on services available

under the Individuals with Disabilities Education Act or Section 504 of the Rehabilitation Act. Callers can be referred to local CHADD chapters, which sponsor parent support groups, convene educational meetings, provide a listing of advocates in their area, and work with local school systems to inform teachers about AD/HD and accommodations for children with AD/HD.

Learning Disabilities Program

166 Fourth St. E., Suite 200
St. Paul, MN 55101-1473
Phone: 612-222-0311
Toll-free: 1-800-488-4395
E-mail: ldmldm@primenet.com
www.familyinc.org

For information regarding assessment, rights, and program.

Parent Advocacy Coalition for Educational Rights (PACER)

8161 Normandale Blvd.
Minneapolis, MN 55437
952-838-9000
Toll-free: 1-800-537-2237
TTY: 952-838-0190

PACER's mission is to expand opportunities and enhance the quality of life of children and young adults with disabilities and their families, based on the concept of parents helping parents. With assistance to individual families, workshops, and materials for parents and professionals, and leadership in securing a free and appropriate public education for all children, PACER's work affects and encourages families in Minnesota and across the nation.

Helping Children with Special Concerns

Will wonders if there is help out there for grandparents raising kids who have special health concerns. He thinks his granddaughter has some problems. Will and his wife do not know where to turn; and they are afraid of what help will cost.

Minnesota Children with Special Health Needs (MCSHN) is a public program that seeks to improve the quality of life for Minnesota children with special health needs and their families. MCSHN pays for diagnostic and treatment services for eligible children. They also provide education and training, information, referral, and support.

MCSHN promotes the optimal health, well being, respect, and dignity of children and youth with special health needs and their families. MCSHN provides statewide support to achieve:

- Early identification, diagnosis, and treatment;
- Family-centered services and systems of care;
- Access to health care and related services;
- Community outreach and networking;
- Collection and dissemination of information.

MCSHN may be able to help with:

- Facial dental (cleft lip and palate);
- Cardiac conditions;
- Diabetes;
- Speech pathology;
- Fetal alcohol syndrome;
- Development and behavior;
- Seizure disorders;
- Hearing problems;
- Orthopedic conditions;
- Leukemia and other cancers;
- Cystic fibrosis;
- Hemophilia;
- Spina bifida;
- Cerebral palsy.

Minnesota Children with Special Health Needs (MCSHN), MN Department of Health

85 East 7th Place, Suite 400
P.O. Box 64882
St. Paul, MN 55164-0882
Phone: 651-215-8956
Toll-free: 1-800-728-5420
www.health.state.mn.us

The MCSHN Information and Assistance Line can help you find the right resources to meet special needs.

MAP AIDSLine

Toll-free: 1-800-248-AIDS
TTY: 1-888-820-2437
E-mail: mapaidline@mnaidproject.org

A statewide toll-free information and referral service that can answer your questions about HIV and connect you to resources that can help. MAP AIDSLine staff is available to answer questions. Calls and e-mail messages are confidential.

ARC Minnesota

770 Transfer Road
Suite 26
St. Paul MN 55114
Phone: 651-523-0823
Toll-free: 1-800-582-5256
E-mail: mail@arcminnesota.com
www.arcmn.com/index

ARC Minnesota is a private, non-profit, statewide voluntary organization that is dedicated to ensuring the full participation in their communities of people with developmental disabilities and to improving their lives and the lives of their families by promoting a system of support and self-sufficiency;

advocating for basic civil rights; increasing public awareness; improving public policies; providing information and referral sources; developing opportunities and services, enabling people to become contributing members of their communities.



Raising Multi-Racial Children

The two nieces who live with Gary and Nell are of mixed race, and they don't look like the other kids in the neighborhood. Gary and Nell worry about them. They are concerned the girls will not like themselves and that they will not have friends. Gary and Nell have limited knowledge of the girls' dad's culture. What can they do to help the girls appreciate and take pride in their cultural heritage?

The following are suggestions to help raise a multi-racial child so they feel good about who they are.

- Let the child know that he or she is important and special, someone to be respected.
- Let the child know you appreciate his or her talents and strengths.
- Talk positively about both sides of the child's family.
- Read stories and folk tales from the lands of the child's ancestors.
- Prepare ethnic foods that celebrate the various cultures the child stems from.
- Buy books showing people of many heritages.
- Try to find dolls that resemble the child.
- Play ethnic music.
- Avoid books containing negative stereotypes.
- Teach your child stereotyping is wrong.
- Discuss stereotypes or prejudice you see on TV.
- Rent movies about children of other countries and cultures.
- Eat occasionally at ethnic restaurants.
- Attend celebrations of ethnic communities.
- Display art or collections representing the child's heritage.
- Be careful not to bad-mouth either parent.
- Avoid ethnic or racial humor.
- Don't make generalized statements about a particular race.
- Avoid pointing out the race of individuals if it is not pertinent to the conversation.

- Welcome relationships with people different from you.
- Encourage the other side of the child's family to have a relationship with the child.

RESOURCES

Minnesota Cultural Diversity Center (MCDC)

Bank Building, 9633 Lyndale Ave. S.
Bloomington, MN 55420
Phone: 952-881-6090
Fax: 952-887-6099

Promotes multicultural understanding through educational programs of communication, ethnic events, and cultural learning.

Minnesota Multicultural Youth Corps Center for 4-H Youth Development

270B McNamara Alumni Center
200 Oak St. S.E.
Minneapolis, MN 55455-2022
Phone: 612-624-8106
Toll-free: 1-800-444-4238

A 4-H cross-cultural youth development program for Minnesota youth providing opportunities for youth to learn about different cultures.

Chicano Latino Affairs Council

555 Park St., Suite 210
St. Paul, MN 55103
Toll-free: 1-888-234-1291
Fax: 651-297-1297
E-mail: clac.desk@state.mn.us

An information and referral agency to ensure that Chicano Latinos in Minnesota are connected to appropriate government agencies and community-based organizations to address their

concerns, which range from immigration and education to discrimination and social welfare.

Council on Black Minnesotans

Wright Building, Suite 426
2233 University Ave.
St. Paul, MN 55114
Phone: 651-642-0811
Fax: 651-643-3580

Provides individuals of African descent with equal access to state services and programs and relates the needs of these individuals to the state legislature.

Council on Asian-Pacific Minnesotans

525 Park St., Suite 105
St. Paul, MN 55103
E-mail: jovita.bjoraker@state.mn.us
www.state.mn.us/ebranch/capm/

Advises the governor and legislature on issues pertaining to Asian Pacific Minnesotans; advocates on issues important to the Asian Pacific community; and acts as a broker between the Asian Pacific community and mainstream society.

Indian Affairs Council

525 Park St., Suite 303
St. Paul, MN 55103
Phone: 651-284-3567
Fax: 651-284-3573; or

1819 Bemidji Ave.
Bemidji, MN 56601
Phone: 218-755-3825
Fax: 218-755-3739
E-mail: miac@mail.paulbunyan.net
www.indians.state.mn.us

Official liaison between state and tribal governments, the Council protects the sovereignty of the 11 Minnesota tribes and the well-being of American Indian people throughout Minnesota.

Coping with Parent Visits

Kevin's mom said she was coming on Saturday, and that the two of them would go out for pizza and to a movie. He passed up a birthday party for her, and his mom did not even show up.

Last week, Kevin's mom came to visit, but all she wanted to do was use his grandmother's washing machine and take a nap. Kevin suspected that his mom may have had too much to drink. He said his mom smelled bad. Kevin is tired of waiting for her; and he knows she does not act like a mom anyway.

It is important to establish clear rules for the parents. Firmly communicate to the parents that they:

- Make arrangements for a visit with only you, not with the children.
- Arrive on time or call with a really good excuse.
- Arrive sober. If not, they will not be allowed in the house or to see the children.
- Are to spend time with their children; that is the purpose of the visit.
- Will not do laundry, take naps, or watch television.
- Are not to discipline the children. If there is a problem, they are to talk to you.

Tips for Dealing with Parental Visits

- Do not tell the children about the planned visit until a sober parent shows up at the door.
- Have some of the children's favorite games, toys, or books ready for the visit.
- Do not leave the children alone with the parent unless you are sure it is safe to do so.
- If the visit goes well, encourage the parents to visit again and thank them for spending time with the children.
- Record in your journal the date, time, place, and content of the visit.
- Consider using a visitation center if you are seeing that the parents' visits produce conflict or stress.

Preparing Children for Unsupervised Visits with Parents

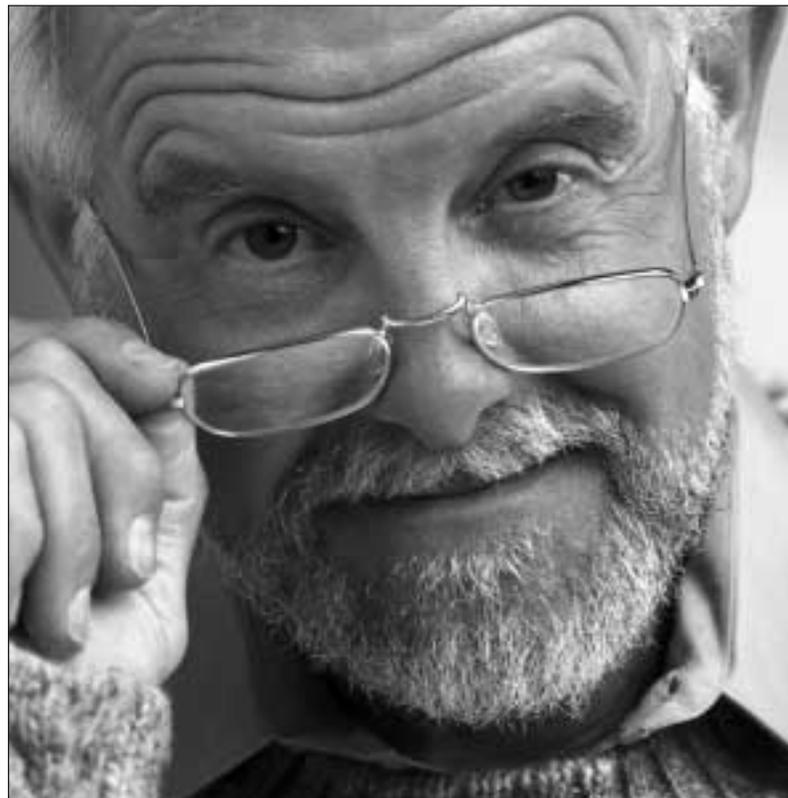
Each year, 350,000 kids are victims of abduction by non-custodial parents. There are a number of things you can do now to help reduce the risk of abduction or, if it should occur, to help get your grandchild safely back home.

Practical suggestions include:

- Teach them your telephone number complete with area code.
- Practice making long-distance collect calls.
- Encourage them to call you anytime they are uncomfortable, day or night.
- Teach them how to dial 911, and when to use it.
- Make sure they know your first and last name.
- Have them memorize your address.
- Tell them you would never agree to their parent or a stranger taking them.
- Let them know that you will always keep looking for them if they disappear.
- Have them practice saying, “The judge said I need to live with grandpa.”
- Pick a code word known only to you and your grandchild.
- Advise them never to go with their parents unless you’ve told them about the visit.
- Designate someone else the child can call if you aren’t available.
- Tell them if it feels wrong, do not go.
- If the non-custodial parent is not rooted in the community try to get supervised visits.
- Write down the parents’ car license number, color, make, and year.
- Keep names and numbers of the parents’ family, friends, and employers.

If you have legal custody, you may:

- Specify in custody orders, “No out-of-state travel without written permission and police or the FBI will be involved if violated.”
- File for a denial of passport, if you are concerned the parents may leave the country with the children. Contact Passport and Advisory Services at 111 19th St, N.W., Suite 260, Washington D.C. You need to include the court order and case number.
- If your grandchild is taken, call police and your family law attorney immediately!
- Have current photos of the children and both parents to give to the police.
- Write down physical descriptions of children and parents for the police.



Talking with Children About Their Parents

Joe is at a loss with what to tell his grandchildren about their parents. The children seem to idolize their parents, despite what the children have suffered at their parents' hands. Joe does not want to badmouth the children's mom and dad, but neither does he want to lie to them.

Children who live with grandparents usually have strong feelings about their parents. Grandparents who build a good relationship with the children in their care will have more success in getting the child to open up about their feelings. Children love to play and often can play out their feelings. Activities that can help a child to open up about their feelings including: walks in the park, board games, baking together, playing with a doll house, building with blocks, play dough projects, and drawing.

Reading together is another activity that can draw a child and an adult closer together and build trust and a sense of belonging so the child will share feelings. There are many excellent award-winning books. Ask a librarian to suggest a few books on your grandchild's reading level that you can read to and with the child. Ask for books that address the feelings of loss, separation, anxiety and fear.

Older children and youth like to watch movies. Carefully selected movies that the grandparents preview for appropriate content can be good discussion starters. Look for wholesome movies that deal with parent-child relationships, loss, or separation. Make some popcorn and watch the movie together. After the movie spend some time discussing the movie, talk about how it made them feel, and how it made you feel.

When talking to the children, consider the following guidelines:

- Do not lie to children.
- Tell the truth, but tell only as much as the child really wants to know and can understand.
- Never bad-mouth the parent when the child is around.
- Explain the parents' problems as kindly as you can.

- When children ask those tough questions, it is okay to make such statements as, “I don’t know”; “I don’t know where your mommy is”; or “I don’t know when Dad is coming back.”
- If a parent is a drug user, talk about it by making such statements as, “Your dad uses drugs, and that makes him too sick to take care of a little girl.”
- If a parent does not show up for a promised visit, nurture that child with comments, such as, “I know you feel bad because Mommy didn’t come, but you’re safe with me”; or “Sometimes Daddy’s sickness makes it hard for him to remember.”
- Find something—anything—good you can truthfully say about the parent.
- Always reassure the children that the situation is not their fault.



Understanding Caregiver Feelings

Mary and Paul were devastated when their son's children were "dumped" at the son's neighbors. They were livid with their son. Then, Mary and Paul got angry with themselves, thinking they must have been really bad parents to raise a son who would do such a thing.

Mary and Paul took the grandchildren in, and then it really hit home. They realized there would be no sitting back and retiring now. Their friends stopped inviting Mary and Paul over. Regardless, they could not go out with their friends as they had before because now Mary and Paul have soccer games, school activities, and other children's events.

They fear that one day the parents will show up and demand the kids. At the same time, Mary and Paul worry the children's parents will not be able to raise the children.

If Mary and Paul think about it too much, neither one of them can eat or sleep. Their emotions are all over the place, but love for their grandchildren is their overriding feeling, and guides them in everything they do.

Caregivers often experience a roller coaster of feelings, such as:

- **Guilt.** They often feel that somehow the situation is their fault.
- **Embarrassment.** Caregivers may worry about what others will say or think.
- **Anger.** Seeing the children suffer at the hands of parents often angers grandparents.
- **Grief.** They may grieve the loss of an adult child or the role as traditional grandparent.
- **Resentment.** They may have given up hopes and dreams for their own life to take on child care.
- **Isolation.** Friends may stop invitations because they don't want the children around.
- **Fear.** Caregivers often fear that they will lose the child back to abusive parents or in the court system.
- **Anxiety.** Worrying about the children, their parents, and the future is common among relative caregivers.
- **Depression.** Overwhelmed with confused feelings and fatigued by responsibility, many grand kin become depressed.
- **Hope.** A spark of hope for the parents seems to stay alive.
- **Love.** Roller coaster feelings pulled by a car of love is the driving emotion for most grand kin raising relative's children.

Mentors Help Other Grand Kin

Grand Kin mentors provide one-on-one support for kinship caregivers. Mentors age 60 or older may receive a monthly stipend for service based on the number of hours volunteered per month. Mentors help caregivers understand their role and access information and resources that may assist them in that role. Host agencies provide referrals and help plan and implement monthly kinship caregiver informational, educational, and supportive seminars.

Who can be a grand kin mentor?

- Mentors of any age are welcome;
- Mentors age 60 or older and willing to commit to 10-15 hours a week of service may receive a stipend;
- Mentors must demonstrate an ability to build a trusting relationship with kinship families;
- Mentors should be familiar with kinship family's concerns and issues;
- Mentors model appropriate behavior and responses by sharing wisdom and knowledge gained through personal experiences combined with MKCA training;
- Mentors should be able to project a non-threatening, non-judgmental demeanor;
- Preference will be given to experienced kinship caregivers/receivers or those knowledgeable of kinship care giving issues.

To learn about how to participate in the Mentor Program, contact Minnesota Kinship Caregivers Association at:

Phone: 651-917-4640

Fax: 651-641-8618

E-mail: mkca@mkca.org

www.mkca.org



Dealing Effectively with Stress

Whether it is because she is thinking, stewing, or worrying, Sue does not sleep well at night. She wonders what she could have done to cause her granddaughter's parents to be like they are. Despite her anger and disappointment, Sue worries about the parents. Where are they? Are they okay?

Then there is her very young granddaughter. Sue is anxious about how to help and protect her. She is nervous about what will happen if the parents show up. She wonders what she would do if she never saw them again.

Then, there are financial issues with which to deal. Sue is stressed about making ends meet, pay daycare, buy groceries, and help her young adult son with college expenses.

Sue also worries about whether she and her husband will ever get to retire to that dream cottage on the lake. She also has anxiety when she tries to imagine what will happen to her granddaughter if, for some reason, Sue and her husband are no longer able to care for her.

When taking on the role of parenting their grandchildren, grandparents find their world becoming a roller coaster when they were ready for the merry-go-round. They believed they had reached a point in their lives when child rearing was a thing of the past – now, it starts all over again.

Stress accompanies all of the ups, downs, and curves. Stress can come from the fear of a parent returning and upsetting the stability of the household. Children often come to their grandparents from abuse or neglect, and may bring with them a lot of problems. The grandparents are faced with resolving the children's emotional issues and, at the same time, dealing with their own depression or anxiety. Younger children have a lot of energy and grandparents may find it difficult to keep up.

Tips for Reducing Stress

- Do something each day just for the fun of it.
- Do something “just for you” each day, even if it is only for a few minutes.
- Do something that will make you laugh.
- Say “no” to invitations or opportunities that feel burdensome.
- Simplify your life, cut back on children's activities, cook easy meals, leave some dust lie.
- Give each family member a chore around the house.
- Learn to relax, visualize calming scenes, and stretch and take deep breathes.
- Find a healthy balance between work and play.
- Break down tasks into easy-to-manage segments.
- Drink water, consume 8-10 glasses of water daily.
- Eat sensibly, get quality sleep, and exercise.
- Limit or stop the use of alcohol and cigarettes.

- Plan ahead to avoid the need to rush.
- Control your attitude; it may be the only part of your life you can control.
- Plan ways to handle potential stressful situations.
- Make a list of positive aspects of your situation.
- Avoid all stressful situations, even if it means avoiding a child's bedroom.
- Get a yearly medical check-up for yourself.
- Find a friend or mentor who will understand and will listen.
- Join one of the many grand kin support groups in Minnesota.



Sherry and her husband are raising two grandchildren. They never expected to take on such a role, just as they were about to retire. The couple is trying their hardest to help the children; they love them very much.

Sherry and Tom's new role has presented challenges for them and the rest of their family. To top it off, one of the grandchildren is a young teen, with the normal issues facing adolescents. Is there somewhere they can turn for help dealing with all of what they are facing?

Participating in a support group or having a mentor are two very good places to start.

Support groups can be a place where caregivers:

- Feel understood.
- Gain validation of their feelings.
- No longer feel isolated.
- Have time away from family problems.
- Feel safe to admit fears, frustrations, and guilt.
- Feel safe to drop the facade.
- Share what is confidential and private.
- Put their situations in perspective.
- Form new relationships and friendships.
- Become part of a new community that lends support between meetings.
- Share and gain knowledge about resources and information.
- Get involved in service exchanges.
- Initiate positive behaviors that have an impact on his or her situation.
- Participate in problem solving.
- Become advocates for the broader community.

Grand Kin Support Groups in Minnesota

For more information about Grand Kin Support Groups and other services in Minnesota, contact the Senior LinkAge® Line at 1-800-333-2433.

If you do not see a support group near you, check the Senior LinkAge Line®. It is hoped that soon every region of the State of Minnesota will have grand kin support groups.

AEOA – ROCK Program

702 Third Ave. S.
Virginia, MN 55792
218-749-2912, ext. 25
Toll-free: 1-800-662-5711, ext. 254

Family Resource Center

1400 Madison Ave., Suite 340
Mankato, MN 56001
507-345-4854; 507-387-3215
www.frc@mnic.net

Clay Seniors Program

Clay Wilkin Opportunity Council
715 11th St. N., Suite 402
Moorhead, MN 56560
218-962-3388

Indian Family Services

1505 Park Ave. S.
Minneapolis, MN 55404
612-348-5788

Grandparents As Parents Program

Volunteers of America/Senior Resources
2912 Fremont Ave. N.
Minneapolis, MN 55412
612-287-3501

Grandparents Raising Grandkids

Lutheran Social Service of Minnesota
2414 Park Ave.
Minneapolis, MN 55404
612-879-5351

Arrowhead Parish Nurse Group

4002 London Road
Duluth, MN 55804
218-625-8332

Kootasca Community Action

1213 S.E. 2nd Ave.
Grand Rapids, MN 55744
Toll-free: 1-800-422-0312

Child Care Resources & Referral

126 Wood Lake Dr.
Rochester, MN 55904
507-287-2020
Toll-free: 1-800-462-1660

Barnum Kinship Support Group

106 Knollwood Dr.
Moose Lake, MN 55767
218-485-4245

Pope County Family Services

219 First St.
Glenwood, MN 56334
320-634-3909

Relatives Raising Children

13880 Highway 10
Elk River, MN 55330
763-241-2641

Rockford Schools

P.O. Box 189
Rockford, MN 55447
763-477-5831

Relatives As Parents Program

54th Ave. E. & Oneida St.
Duluth, MN 55804
218-525-0808

Aitkin County Senior Services

402 Minnesota Ave. N.
Aitkin, MN 56431
218-927-3811

For more information:



1-800-333-2433

Dealing With Your Own Aging

Eleanor is 74 years old and has custody of her grandchild. Even though she is very healthy and active, Eleanor worries about what will happen to the child if something happens to her. She wants information on how she can provide for the child if she does not make it to see her granddaughter become an adult.

To protect the children, if grandparents should become seriously ill or die, there are options.

Appoint a Standby Custodian

As an alternative for transferring the custody and care of the grandchildren to another person, consider appointing a standby custodian. To appoint a standby custodian, the grandparents need to sign a petition in which a future caregiver is named and identified; the petition is then filed with the court. Once the custodian (grandparent) is able to resume care of the children, the petition can be withdrawn; but it can be reinstated if the custodian can no longer take care of the children.

Standby custody:

- Allows grandparents to make future plans for the grandchildren without having to legally transfer decision-making power.
- Does not go into effect until there is a “triggering event,” such as a serious illness or death.

Contact a family law attorney for help with filing a standby custody agreement.

Write a Health Care Directive

Grandparents can write a health care directive, a document appointing a health care agent to make decisions about health care, organ donation, funeral arrangements, and other health issues that may come up if the grandparents are unable to make decisions for themselves.

Live a Healthy Life

Grandparents can increase their chances of seeing their grandkids grow up by eating balanced meals, walking 30 minutes a day, keeping their weight down, and getting annual medical check ups. For the childrens’ sake, grandparents need to take as much care for themselves as they do for the children in their care.

RESOURCES

Minnesota Board on Aging

444 Lafayette Road N.
St. Paul, MN 55155-3843
Phone: 651-296-2770
Toll-free: 1-800-882-6262
Fax: 651-297-7855
E-mail: mba@state.mn.us
www.mnaging.org/contact.html

There are planning tools to make arrangements for their financial affairs if kin are no longer able to take care of the children. Contact the Minnesota Board on Aging or your Area Agency on Aging (listed in the back of this manual) for a pamphlet entitled, Planning Ahead, and other resources to assist older persons in planning for the future.

The gateway to services for seniors and their families, MBA listens to senior concerns, researches for solutions, and proposes policy to address senior needs. In addition, MBA administers funds from the Older Americans Act that provide a spectrum of services to seniors.

Senior LinkAge Line®

Toll-free: 1-800-333-2433
E-mail: senior.linkage@state.mn.us

A free telephone information-and-assistance service which makes it easy for seniors and their families to find community services.

AARP – Grandparent Information Center

601 E St. N.W.
Washington, D.C. 20049
Toll-free: 1-800-434-3410
Fax: 202-434-6466
www.aarp.org/confacts/health/grandsupport.

An extensive range of services, including a listing of local support groups, newsletters, and useful publications.

Volunteers of America Elderly Services (VOA)

Toll-free: 1-800-899-0089

Promotes health and independence for seniors and provides opportunities to serve as community resources through volunteering. VOA is also one of the nation's largest nonprofit providers of quality, affordable housing for seniors, operating 93 senior housing communities, as well as 14 nursing homes and seven assisted living facilities.

Resources

Publications

Grand Parenting by Grace: a guide through the joys and struggles. Endicott, Irene M. Broadman & Holman, Nashville, TN 1994.

Grandparents as Parents: A Survival Guide for Raising a Second Family. de Toledo, Sylvie. A. Good “how-to” manual. The Guildford Press, 72 Spring St., NY, NY 10012; 800-365-7006.

Grandparents Raising Grandchildren: A Guide to Finding Help and Hope. Takas, Marianne. Addresses many issues critical to grandparent caregivers. Brookdale Foundation Group; \$4 per copy. 212-308-7355.

Raising Our Children's Children. Doucette-Dudman, Deborah. True stories provide a backdrop for a therapist's advice and realistic information on the current status of the legal system. Fairview Press, \$12.95, 800-544-8207.

Second Time Around: Help for Grandparents Who Raise Their Children's Kids. Callendar, Joan. A guide for grandparent caregivers. Callendar is a grandparent caregiver and interweaves many personal experiences with her practical advice. This book speaks directly to caregivers. Bookpartners, Inc., P.O. Box 922, Wilsonville, OR 97071. Or, contact Joan Callendar, 503-659-9052; jcalland@teleport.com.

Tips for Grandparents: Finding Help Untangling the Web of Public Programs. AARP Grandparent Information Center. Covers Aid to Families with Dependent Children, Medicaid, food stamps, Supplemental Security Income, Earned Income Tax Credit. AARP, Washington, D.C.

Tips for Grandparents: Raising Healthy Children. AARP, Grandparent Information

Center. Covers immunizations, health screening, nutrition, lead poisoning, SIDS, emotional health. AARP, Washington, D.C.

To Grandma's House We ... Stay. Houtman, Sally. Advice on such issues as surviving the court system, dealing with the malfunctioning parent, and nurturing the child. Eight appendices offer extensive general resources. Studio 4 Productions, P.O. Box 280400, Northridge, CA 91328-0400; 818-700-2522; \$12.95.

Organizations

Minnesota Kinship Caregiver's Association

www.mkca.org

Founded by kinship caregivers and other concerned parties, MKCA advocates, supports, and provides information and referral to caregivers who are raising grandchildren or other related children.

AARP Grandparent Information Center

601 E Street N.W.
Washington, D.C. 20049
Toll-free: 1-800-434-3410
E-mail: member@aarp.org
www.aarp.org/grandparents

Provides an extensive range of services including a listing of local support groups, newsletters, and useful publications.

Generations United

122 C Street N.W.
Washington, D.C. 20001
Phone: 202-638-1263
www.gu.org

Generations United National Center on Grandparents and Other Relatives Raising Children seeks to improve the quality of life of these caregivers and the children they are raising.

Generations United educates policy makers at the national, state, and local levels, raising awareness among professionals in the public and private sectors, and providing education and training to service practitioners.

Child Welfare League of America

50 F Street N.W., 6th Floor
Washington, D.C. 20001
Phone: 202-662-4286
www.cwla.org

An association of more than 1,100 public and private nonprofit agencies that assist over 3.5 million abused and neglected children and their families each year with a wide range of services. The League's Kinship Care Services provides consultation, training, and technical assistance, national kinship care conferences, and publications and research on kinship care.

Children's Defense Fund

25 E Street N.W.
Washington, D.C. 20001
Phone: 202-628-8787
cdinfo@childrensdefense.org

The Fund's mission is to Leave No Child Behind® and to ensure every child a Healthy Start, a Head Start, a Fair Start, a Safe Start, and a Moral Start in life and successful passage to adulthood with the help of caring families and communities.

The Fund is a strong, effective voice for children of America who cannot vote, lobby, or speak for themselves. It pays particular attention to the needs of poor and minority children and those with disabilities.

The Minnesota chapter of the Children's Defense Fund is at 200 University Ave. W., Suite 210, St. Paul, MN 55103; 651-227-6121; www.cdf-mn.org.

Web Sites

GrandsPlace

www.grandsplace.com/

Provides information for grandparents and special others raising children.

Grandparents Resource Center

<http://grc4usa.org/>

Helps families negotiate with the system to re-connect children in foster care with biological families.

Grand Parent Again

www.grandparentagain.com

Offers information about education, legal support, support groups, and other organizations for grandparents raising grandchildren.



For more information, call:



1-800-333-2433





Minnesota **Kinship**
Caregivers Association

*Improving lives of grandparents, relatives,
and the children they're raising.*

1600 University Avenue West Suite 300
St. Paul, Minnesota 55104-3800
651-917-4640
www.mkca.org