Kinship Care in Missouri

Practice Recommendations for Workers
In October of 2008, Missouri received a $2,000,000 federal Adoptions Opportunity Grant for five years to improve permanency outcomes for hard to place children/youth in the St. Louis Metropolitan region. The Missouri Coalition of Children’s Agencies (MCCA) is the Administrative Service Organization for the grant and works with the Missouri Children’s Division and eighteen public/private child welfare agencies to carry out the grant activities.

The target population for the grant is children/youth ages 10-18, who are part of a sibling group, are of minority race and/or have emotional, developmental, or behavioral concerns. The children/youth targeted have been in foster care more than fifteen months and do not have a permanent placement.

The Extreme Recruitment approach provides the children/youth described above with intensive, individualized recruitment efforts for twelve (12) to twenty (20) weeks that connects the children/youth to kin, creates a system of supportive adults and prepares the child/youth for permanency. The grant also provides support services for the youth and their families for up to a year to stabilize the placement.

For children growing up in the foster care system, the stability and security of knowing they have a family to count on is missing. Through this grant, the Children’s Division of Missouri and partner organizations have joined together to initiate a creative new approach based on experience, knowledge and commitment to making the lives of Missouri’s foster children better.

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During the past two decades, the child welfare field has devoted much time, research, practice and policy changes on placing children entering foster care with relatives. In 1990, the first National Commission on Family Foster Care, in collaboration with the National Foster Parent Association, was convened by the Child Welfare Association of America (CWLA). The focus of this collaboration was to encourage national attention on strengthening family foster care for at-risk youth needing alternative placement. The commission included two congressmen, the president of the National Foster Parent Association, public and private agency administrators, foundation representatives, university-based educators and researchers, advocacy groups, two youth from the foster care system and CWLA staff.

The commission was also challenged by what to “call” family foster care. The CWLA director Eileen Mayers Pazstor, DSW was given the task of recommending a name that would be family and child-friendly. She recalled a book, “All Our Kin: Strategies for Survival in a Black Community” by Carol Stack. She recommended the name: “Kinship Care”. This term was adopted. In 1997, the first national conference on kinship care was convened in San Francisco.

**Definition: kinship care /ˈkɪnˌʃɪp/ /ke(ə)r/

The full-time care and nurturing of a child by someone who is related to the child by family ties or by a significant prior relationship connection, including
- Grandparents
- Siblings
- Extended family members
- Tribal or clan members
- Godparents
- Stepparents
- Anyone with a “family-like” relationship with the child

**Types of Kinship Care**

**Informal Kinship Care** refers to arrangements between parents and other family members or kin where there is no involvement from the child welfare or family court systems. In this arrangement the parents retain legal custody and can take the children back at any time. Kin often have difficulty enrolling the children in school, obtaining medical insurance, authorizing medical care and obtaining benefits. Generally, the only type of financial assistance available to kin caregivers is the child-only TANF (Temporary Assistance for Needy Families) benefit.

**Voluntary Kinship Care** is when children live with relatives and the child welfare system is involved but the state does not take legal custody. Sometimes the child has been placed with the relative by the court or a child welfare agency has made the arrangements without court involvement. Some situations that might result in voluntary placement could be:
Child welfare workers find signs of abuse or neglect by parents but evidence is not sufficient enough to take the child into state legal custody. The state worker, parents and relatives work out a voluntary kinship arrangement and the child moves in with kin.

Under the guidance of child welfare workers, parents voluntarily place their child with relatives while the parents receive treatment for substance abuse or mental health concerns.

Some jurisdictions may allow parents to sign a voluntary placement agreement with the understanding that if they refuse to sign, their child welfare agency will go to court and ask for the judge to take custody from the parent and place legal custody with the state.

Formal Kinship Care refers to when children are placed in the legal custody of the state by a judge and a child welfare worker places the child with grandparents or other kin. Kinship providers have physical custody but the agency retains legal custody. The child welfare agency, in collaboration with the family, makes major decisions for the child. In formal kinship care, the relative caregiver’s rights and responsibilities are similar to those of non-relative caregivers.

Beginning a Kinship Placement

Missouri, as well as many other states, recommends seeking out grandparents and other kin as a preferable alternative to a non-relative foster home placement. It is often the best circumstance for a child in need of care to be placed with someone with whom he or she has an existing relationship. In many cases, children thrive in the loving and protective care of their grandparents or other relatives.

Approaching family members about providing care for a child

In many situations, the best place to begin to find possible relative caregivers is by asking the child. Depending on the child’s age and level of development, he or she may be able to give enough information about the extended family structure to identify those people who are important to the child and with whom a relationship exists. The birthparents can also provide information about who may be able to provide care for the child. They may be resistant as they do not want other family members to know about their problems, but gently helping them see that it is best for the child can encourage cooperation.

Once a grandparent or other relative is identified, it is essential to approach him or her with respect and gentleness. Information about abuse the child has suffered, failure of their relative to provide safety and security, and the reasons for foster care can be shocking and overwhelming. It is a natural response to
blame someone else, including blaming the child or “the system”. Give the relative some time to process through these feelings. Respect any efforts he or she had made to prevent harm to the child and acknowledge how painful this situation must be for him or her.

Managing resistance to system involvement

It is common for families to resent the involvement of Children’s Division, agencies, and Family Court. They feel they can handle their own issues and that the child belongs with them. They resent having to prove themselves by participating in a home study or attending training. Acknowledging these resentments can go far in creating a working relationship with relatives.

It is important to realize that many relatives provide care for a child without being licensed foster parents. Sometimes this is because licensure is not an option but may also be a choice the relative has made.

For some families, there have been no interactions with family services or family court in the past. They are unsure of how the systems work, overwhelmed by the number of people involved, and afraid of the scrutiny and judgments that come with being a foster family. For other families, interaction with Children’s Division and other agencies had negative results that have left family members angry and resentful. Be prepared for resistance to your involvement and recognize that it is part of your job to earn the family’s trust.

What Can You Do

When working with relative caregivers, you can manage many of the challenges through your actions.

1. **Be understanding** – Parenting a child is a huge undertaking. Accepting the responsibility for another person’s child, especially another family member, is emotionally charged. Recognize that it is a complicated and painful situation for the relative and be prepared to allow him or her to voice concerns and feelings without judgment.

2. **Be truthful** – It is important to be honest with caregivers. It does not help to minimize the effect of abuse and neglect on the child as well as any emotional, behavioral, or mental health issues the child has. However, approach this information with care and empathy and realize you will often need to share difficult information more than once as the caregiver processes it.

3. **Be responsive** – Follow through with anything you say you are going to do. Try to respond quickly to requests for help. Earning the trust of the caregiver will make your job easier and more importantly, will help ensure a more stable and secure placement for the child.
Placement and Licensure Issues in Kinship Care

Before placing a child with a relative or kinship care provider, the worker and family members should discuss roles and responsibilities including:

- The care of the child and meeting of specific needs
- The financial assistance, benefits, and services available to support them
- The licensure process including how long it will take and what is required
- The juvenile court process
- The permanency planning process including their membership on the Family Support Team.
- Support services and community resources

Training

In order to be licensed, relative providers must complete nine hours of agency-approved training. The current curriculum used is STARS for Caregivers Who Know the Child training. Successful applicants must demonstrate an ability to meet the same competencies as required of all foster homes:

1. Protecting and Nurturing Children
2. Meeting Developmental Needs and Addressing Developmental Delays
3. Supporting Relationships between Children and Families
4. Connecting Children to Safe and Loving Relationships Intended to Last a Lifetime
5. Working as a Member of a Professional Team

When training kin, it is important to remember that emotions are often much more extreme and complicated than traditional foster parents. Some common responses to training include:

- Resentment of having to attend a “parenting class” or to being told how to parent their grandchild/family member
- Defensiveness at feeling judged or having their family judged
- Embarrassment and shame regarding the birthparent’s actions or lack of action
- Fear of being unable to meet standards and having the child taken away
- Grief about the trauma and losses the child has suffered – many may mirror their own histories.

Allow time for discussion in training so that participants can voice their concerns and opinions. Often the comments, suggestions and support from other relatives make a big difference, so encourage group participation whenever it is an option!
Home Assessment

In order to qualify for licensure as a foster parent, all kinship providers must complete an in-depth assessment process. Included in this process are:

1. Background checks for all household members 17 years of age and older
   - Child abuse and neglect background checks in every state where each household member has resided since the age of 17.
   - Family Care Safety Registry (FCSR)
   - State and national criminal record checks
   - Case.net, the Missouri State Courts Automated Case Management System
   *A criminal history, child abuse/neglect history, or other review information does not automatically preclude licensure. Workers and their supervisors will determine if the applicant can currently meet the needs of a child in light of past circumstances. However, licensure cannot be obtained in situations that include a felony conviction for child abuse or neglect, spousal abuse, a crime against children (including child pornography), or a crime involving violence, including rape, sexual assault, or homicide or a felony conviction for physical assault, battery, or a drug-related offense in the last five years.

2. References
   - Personal references are sought from relatives and non-related individuals identified by the applicant as well as a statement verifying employment and job performance from the applicant's employer and school references verifying the family's relationship with the school for any child currently in the home.
   - A health statement for each member of the household, including history of hospitalization for either physical or emotional problems, history of treatment for any psychiatric problem, and history of treatment for any form of substance abuse.
   *A disability or disease cannot be the basis for a determination that an applicant is unfit or not suitable to be a foster parent unless the disability or disease causes a substantial and significant risk of harm to a child or an inability to be a foster parent.

3. Inspection of the home and physical environment
   - Relative's homes must meet the requirements for licensure of foster homes in any categories that address the safety of a child. Non-safety licensing standards may be waived on a case-by-case basis. Examples of non-safety licensing standards include number of children living in the home and sleeping arrangements.

Using the statements of the applicants, the statements of the references and their own observations, the worker will assess and summarize whether the relative is capable of meeting the needs of and providing opportunities for the healthy growth and development of a child and will provide a recommendation regarding licensing of the relative as a foster parent.
Understanding the Complicated and Conflicting Needs of Grandparent and Kinship Families

Families where grandparents or other kin become caregivers of grandchildren are complex. Children typically form an attachment with their primary caretaker and yet remain attached to their birthparent. Grandparents and other kin feel love and commitment for the children in their care but still love and worry for the birthparents. These divided feelings are natural but painful for all involved.

Overlapping Reasons, Motivations, and Pathways to Kinship Care

<table>
<thead>
<tr>
<th>Reasons Biological Parents were Unable to Care for Child</th>
<th>Caregivers’ Motivations for Providing Kinship Care</th>
<th>Pathways to Kinship Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental substance abuse/addiction</td>
<td>Keep the children with family and out of the foster care system</td>
<td>The caregiver “stepped in”</td>
</tr>
<tr>
<td>Parental neglect, abandonment or abuse</td>
<td>Keep the children safe, ensure their well-being and a sense of belonging</td>
<td>The mother asked</td>
</tr>
<tr>
<td>Parental incarceration</td>
<td>Obligation or family legacy</td>
<td>The father asked</td>
</tr>
<tr>
<td>Young and inexperienced parents</td>
<td>Love</td>
<td>The child asked</td>
</tr>
<tr>
<td>Unstable home life/homelessness</td>
<td>Spiritual Influence</td>
<td>DCFS asked/diverted the child from the child welfare system</td>
</tr>
<tr>
<td>Lack of resources and general inability</td>
<td></td>
<td>Another relative asked</td>
</tr>
<tr>
<td>Parental mental illness</td>
<td></td>
<td>Multiple/complex pathways</td>
</tr>
<tr>
<td>Parental physical illness/death</td>
<td></td>
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Each situation and family system is unique. However, there tends to be common scenarios that are most difficult to navigate with families:

- The birthparent is still living in the home, but does not / cannot take on the responsibility of raising their child.

  Lee has been in trouble his whole life. As a young child, he threw huge temper tantrums that would last for hours. He was suspended from school on multiple occasions for aggressive behavior towards the other children. Controlling his temper has always been a challenge and has gotten him into legal trouble more than once. His parents have tried to get him the help he needed but nothing seemed to work. Now, at age 17, he lives in his parents’ basement, unemployed and having dropped out of school. When his 18-month old son Mason enters foster care after the birthmother abandons him at daycare, Lee’s parents accept the responsibility of raising Mason. Getting Lee to take responsibility for himself has always been a problem, much less take responsibility for the needs of his child.

- The birthparent is inconsistent in visitation or efforts toward reunification.

  Kiarra is a 7 year old girl living with her maternal grandmother. She was removed from her mother’s custody because of poor living conditions and lack of supervision due to her mother’s chronic drug and alcohol use. Her mother Tara is court-ordered to complete drug treatment, counseling and to maintain regular visitation with Kiarra. Every week, Kiarra sits on the front porch steps waiting for Tara to arrive. She often waits for hours and many times Tara never comes. Kiarra is heart-broken and her grandmother spends hours comforting her. The pain for this
grandmother is so intense as she watches her daughter (who she loves and worries constantly about) hurt this child (who she also loves and worries constantly about).

- The birthparent is incarcerated.
  Shannon is involved in drugs and leaves her children unattended on the street or with people she doesn’t know. Someone knew the whereabouts of Shannon’s grandmother and contacted her and she said she would pick up the three oldest children. She finally went to court and got private guardianship of them. Shannon has been incarcerated out of state since that time on drug related charges. Her grandmother doesn’t know when she will be released. The grandmother also has private guardianship of the other daughter’s three children…This daughter is also imprisoned out of state on drug related charges and scheduled for release.

- The birthparent is suffering from an unstable home life/mental illness.
  Margaret was 18 with her first pregnancy and ran away with the baby when the baby was a few days old. She got pregnant with her second baby when her first baby was three months old. Margaret’s mother has since been the primary caregiver for both, but she wasn’t yet the legal guardian. Margaret would stay with her mother periodically and then be gone for weeks at a time. Margaret has since been diagnosed with bipolar disorder and schizophrenia. She currently lives in homeless shelters or on the street and Margaret’s mother is in the process of getting legal guardianship of the children.

- The birth parent lacks resources or ability to parent.
  Anna is unemployed and getting aid for her children but it is not enough to support them. She lost her apartment and her mother took the children.

- The birth parent is deceased or physically ill.
  David, the biological maternal grandfather, is caring for a child with cerebral palsy. The child’s mother, Nicole, put the child in a nursing home because she could not care for her. David went to the nursing home to get the child, who had been there for 6 months.

Challenges Facing Kinship Families

Changing roles

“I didn’t know what to expect when it came time to step in and take care of Korbin…”

One of the most common and difficult challenge is the re-defining of roles and boundaries within the family system. When a grandparent or other relative becomes the primary caretaker for a child, relationships between family members radically change from accustomed roles.

It is important to remember that relatives typically have a significant relationship with the birthparent of the child. By accepting care of the child, especially in situations when the birthparent is not in agreement with
that decision, the relative caregiver must choose between loyalty to the birthparent and care of the child. Denying the birthparent access to the child, supervising visitation, and monitoring the birthparent’s behavior are difficult positions to be in for traditional foster parents – these challenges only increase when a familial relationship exists. The parent/child, sibling, or other significant relationship the caregiver had with the birthparent suddenly must change as the caregiver begins to prioritize caring for the child. This can be a painful loss for the caregiver and one that needs to be grieved in order to move forward.

In addition to the change in relationship with the birthparent, the caregiver also must change his or her role in the child’s life. Gone are the opportunities to be grandma who spoils the child by sneaking candy bars and $5 bills. Now grandma must be the disciplinarian, the homework monitor, and the curfew enforcer. No longer is there a chance to be the “cool” uncle who plays baseball and wrestles with the kids during visits. Now uncle must handle the day-to-day responsibilities of balancing family, school, and work all the while making sure the bills are paid and everyone has what they need.

Conflict and stress are prevalent as the family learns to navigate these new roles. Grandparents and other kin usually do not share their concerns with their friends or other relatives, often feeling guilty for their feelings of resentment and frustration about parenting this child. They feel isolated and alone in their struggles. Introducing the use of community services such as support groups may be less threatening than suggestions of family counseling or mental health services.

**Navigating the system**

Depending on the type of custody they have, grandparents may be involved with a huge contingent of “outside people” such as Family Court or Probate Court representatives, state social workers or private agency social workers. Interstate Compact procedures may be involved if the grandchildren are placed from another state. Navigating through these systems is daunting in the best of circumstances. Without guidance it can be overwhelming.

Be prepared to explain policies and procedures in language that is familiar to the family and not in technical jargon and acronyms.

<table>
<thead>
<tr>
<th>Instead of Saying This:</th>
<th>Say This:</th>
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<tbody>
<tr>
<td>There is a TDM scheduled to discuss Tyron’s behavior. You need to attend to report about what behaviors you are seeing at home and what the school reports. Bring any documentation you have.</td>
<td>There is a meeting scheduled for all the people who work with Tyron to come together to talk about how to help him. It is really important for you to be there so we all know what he is doing at home and at school. That way we will be better able to help you with some of the problems he is causing. It would help to bring copies of any letters or reports from school or his therapist you have. Also, write down the three things you are having the most trouble with him before the meeting so we don’t forget to talk about those.</td>
</tr>
<tr>
<td>The GAL will be calling you about meeting Jasmine before Court. She will make a recommendation to</td>
<td>Any child who is involved with Juvenile Court has an attorney appointed to represent her – this is called a</td>
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</table>
Guardian ad Litem, or GAL. This person is going to be calling you to schedule a time to talk to Jasmine about her life and what should happen with her mom and dad. She will usually want to talk to Jasmine alone but will probably also want to hear from you how things are going. She will be one of the people who helps the Judge decide whether Jasmine’s parents will be able to get her back or if she should stay with you.

Be sensitive to racial or ethnic biases, cultural differences, intergenerational and communication challenges as potential barriers to kin being heard and understood.

- Address kin providers who are older than you with title such as Sir until he or she asks you to use first names.
- Some cultures place different meanings on eye contact and body language. Direct eye contact or standing too close can be viewed as signs of aggression. Be conscious of how you present yourself and try to take cues from the family.
- Technology such as cell phones and email may or may not be effective forms of communication with providers. Talk directly with them about the best way for you to communicate with them.
- Be conscious of the reality that some people have little or no reading ability. When communicating in writing, be sure the kinship provider can understand the information. It may help to verbally communicate dates and times for meetings, appointments, etc. until you are sure the information can be received in writing.

Managing the child’s needs

Children who are living with kinship providers typically are doing so because of significant problems in their birthparents’ care. Whether abuse or neglect of the child has been substantiated, the lives of these children are marked by chaos, conflict and loss. Often they have been moved from relative to relative, lived in dangerous and unhealthy environments, and been exposed to community and household violence. These children come to the care of the kinship providers with long histories of trauma and loss. They may blame the kinship providers for separating them from their birthparents or for not protecting them sooner. Add in issues regarding prenatal drug and alcohol exposure, mental illness, inconsistent school attendance and severe behavioral problems, these children bring a whole lot of challenges that makes being the primary caretaker a difficult job. Encourage kinship providers to make use of community resources, parent education and other services available for foster parents to learn how to parent a child with a trauma history.
Grandparents and other kin may be confused about their own stages of grief, pain, loss, anger, bargaining, denial, depression, sadness, acceptance and fears about their life circumstances. Sometimes the abuse and neglect suffered by the child are symptomatic of multi-generational issues within the family and are emotional issues for the kinship providers. Helping the family access counselors who are trained in working with child trauma and foster care/kinship can enable them to address these challenges.

Financial Issues in Kinship Care

Subsidized Guardianship Program

In October, 2008 the Fostering Connections to Success and Increasing Adoptions Act became federal law. This law provides all states the option to use federal funds for guardianship assistance (subsidized guardianship) to enable children in the care of their grandparents and other relatives to exit foster care into permanent homes. In general and under this law, subsidized guardianship programs are designed to help children when reunification with parents and adoption are both ruled out as permanency options.

Subsidized guardianships give existing caregivers the chance to become legal guardians of children in their care and replace the state in that role. If the Court finds that guardianship is in the best interests of the child, guardians are responsible for and empowered to make decisions for the children. Birthparents retain certain rights, such as the right to consent to adoption, and the obligation to pay child support. The parent retains visitation rights unless the judge granting guardianship limits visitation due to the best interests of the child.

Legal guardianship programs can be the best option when:

- The kinship provider will not consider adoption of the child. Grandparents, older siblings, aunts and uncles who are long-term foster parents may not want to initiate termination and adoption proceedings due to how this will affect their relationship with birth parents.
- The child wants to maintain a relationship with their parents and not sever all legal ties. This can often be the case for older children and adolescents.
- When cases involve mentally or physically disabled parents who cannot care for their children on a daily basis. Guardianship allows children in long-term foster care to exit the system as well as allowing parents to maintain a relationship with their children, share their estate and enables their children to collect their military or disability benefits.
Resources available to assist grandparents and kinship families include:

For the older adults:

- Medicare Savings programs
- Medicare Prescription Drug programs
- State Pharmaceutical Assistance Programs
- Medicaid for Aged, Blind and Disabled
- Supplemental Nutrition Assistance Program
- Earned Income Tax Credit
- State Property Tax Relief/Rebates
- Supplemental Security Income
- Telephone Assistance (Link-Up and Lifeline)
- Missouri Food Stamp Program

Public Benefits for Families Raising Children:

- Medicaid for Children
- State Children Health Insurance Program
- Missouri HealthNet
- TANF-Child only grants
- Supplemental Security Insurance for Children
- WIC-Women, Infants and Children
- Food Banks: 1-800-771-2303, feedingamerica.org

Education assistance:

- US Department of Education: 1-800-USA-Learn (1-800-872-5327) www.ed.gov/parents (provides a parent link for parents and caregivers regarding children’s educational needs from early childhood through college. This resource includes special needs, disabilities, language challenges and gifted children.

Legal assistance:

Grandfamilies State Law and Policy Resource Center, provides an up-to-date online listing of state laws, policies and legislation that affects grandparents. This resource is collaboration between the Casey Family Programs and the American Bar Association’s Center on Children and the Law and Generations United. It gives a searchable database by state covering current and pending laws. Areas covered:

- Adoption
- Care and custody
- Education
- Financial Assistance
- Housing
- Kinship Navigator Programs
- Medical
- National Family Caregivers Support Programs
- Relative Foster Care
- Subsidized Guardianship
- Notification of Relatives
Creating on-going support for grandparents and other kin who are raising children

Providing on-going support for grandparents and other kin can help significantly in stabilizing placements and ensuring healthy environments for children placed with extended family members. Agencies can provide this support through a variety of methods, including:

- Support groups for grandparent/kin
- Mentoring programs
- Counseling with a professional trained in issues affecting kinship providers

**Support groups for grandparents/kin**

Most of these families have times when they experience ambivalent feelings with changing roles and new responsibilities. Often they are older and had not anticipated beginning the parenting process again at this stage in their lives. They thought their parenting days were long over. They could look forward to enjoying a well-deserved retirement. The caregivers may feel isolated in their new role and need the support of others experiencing similar situations. Support groups can be beneficial in helping them ease their transition into parenting the second time around. They may need new parenting techniques, information on child development and ways to help the children cope with the grief and loss of their birth parents.

New responsibilities are complicated by their own feelings of grief, loss, anger and confusion as well as the need to navigate a whole new system. They often feel overwhelmed about having social workers and the Family Court involved in their lives. Usually an agency is involved but sometimes the family is on their own with informal custody and little outside support. If an agency is involved, they will participate in additional training and a home study process. This can be intimidating and frustrating. Families welcome an opportunity to express their fears and feelings and ask questions in a safe and welcoming forum with other grandparents.
Mentoring programs

When it is not feasible to offer services to caregivers in a group setting, establishing a mentoring program can be a helpful alternative. Families who have successfully navigated the challenges of raising their grandchildren/kin can be an excellent source of information and support for new families.

It is important to create opportunities for grandparents and other kin where they are given the chances to discuss their experiences and feelings about parenting at this stage in their lives, their sadness and disappointment when parents cannot take the responsibility for their children.

Professional Counseling

It can be very difficult to help kinship providers understand the impact of the traumas the children in their lives have faced. For many families, the impact of abuse and neglect is seen throughout the generations, resulting in an attitude of “I survived, so can these kids”. Introducing new ways of looking at discipline, communication, and family relationships can be challenging and may be best accomplished in the confines of a supportive, trusting relationship with a professional therapist. These families need support in learning how to provide care for children who may have experienced trauma and abuse in their lives, dealing with grief, loss and separation issues and managing interactions with the children’s parents. They may feel a strong sense of shame or embarrassment, anger or resentment toward themselves, the birthparents, the “system” or the children. A therapist can explore with grandparents and other kin their experiences and feelings and how these may impact their ability to effectively parent the children in the care.

*Ohana means family - no one gets left behind, and no one is ever forgotten.*

~Lilo & Stitch