

Raising Relatives' Children

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This information is intended for educational use only. It is not legal advice. If you need legal advice, seek the help of a lawyer.

Raising Relatives' Children

You are not alone! More than six million children in the United States – about 1 in 12 children -- are living in households headed by grandparents or other relatives. In many of these households, grandparents or other relatives are the primary caregivers for children whose parents are unable to care for them 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
- Death



In Iowa, there are no statistics kept on how many children are cared for by their relatives, but social service providers agree that the number is increasing every year. Iowa policy recommends that adult relatives be given consideration when a child is placed into foster care, and many of these relatives are adopting the children they care for.

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

The Iowa Foster and Adoptive Parents Association (IFAPA) supports kinship caregivers in a variety of ways. IFAPA created this packet of information for kinship families and those that serve them.

**Much of the narrative in this packet has been borrowed and reproduced with permission from First Steps, a publication of the Minnesota Kinship Caregivers Association. First Steps was written by Connie Clausen Booth, LICSW, and was published in 2002. IFAPA graciously thanks MKCA for allowing us to reprint information to benefit Iowa's kinship families. Visit MKCA on the web at www.mkca.org.*

Understanding caregiver feelings

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

- **Guilt.** You may feel that somehow the situation is your fault.
- **Embarrassment.** Caregivers may worry about what others will say or think.
- **Anger.** Seeing the children suffer at the hands of parents often angers relative caregivers.
- **Grief.** You may grieve the loss of an adult child or the role as traditional grandparent, for example.
- **Resentment.** You may have given up personal hopes and dreams to take on childrearing responsibilities.
- **Isolation.** When a child comes into your life, your circle of friends may change. You may lose old friends and have trouble making new friends.
- **Fear.** You may fear that you will lose the child to an abusive parent or the court system. You may also fear the child will be abducted.
- **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 kinship caregivers become depressed.
- **Loss.** You may have given up the dream that your child, niece, or nephew, for example, will ever be a parent. This is especially poignant when relative caregivers adopt.
- **Hope.** You may keep a spark of hope alive that the parents will straighten out.
- **Love.** Love is the driving emotion for most caregivers raising relative's children.

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Understanding children's issues

The children you are raising have likely experienced more trauma than some adults face in a lifetime. They have a variety of complex 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 also lose his grandma and grandpa. At first, he would not let them out of his sight. Scott even became 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's mom packed up his things one night and took him to her sister's house. Billy had just made a new friend in his neighborhood when he had to move. He was on a soccer team for the first time, and now he can't play. Billy's mom forgot to pack his favorite bear and pillow. Billy's aunt, who used to let him get away with stuff, now makes him complete his homework before he is allowed to watch T.V. and makes him go to bed on time. Billy doesn't know where his mom is, why she left him, or when she will come back. He misses her and is worried that he won't see her again.

Low self-esteem

Andrea wonders what she did wrong. She thinks she must be really bad if her 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 wonders what will happen if she does return for him. Will his mom be able to take care of him? Marcus is getting used to not being hungry, and he is starting to feel safe. He 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. Sam feels terrible about what he did. He loves his

grandma and knows she did not deserve it. Sam is really mad at his mom, but he does not know how to show his feelings without taking it out on others.

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 her grandparents. 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. Other feelings also confuse Jenny 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 such as poor grades and difficult behavior.
- Doesn't pay attention for long; can't concentrate.
- Will not let the caregiver out of sight; clings to the caregiver.
- Reverts to behavior like thumb sucking and bedwetting.
- 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.
- Difficult behaviors after a parent's visit.
- Exhibits inappropriate sexual behavior.
- Appears to be withdrawn, daydreaming, or unusually quiet.



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Parenting and discipline

Perhaps it's been awhile since you parented a child. Or perhaps you'd never been around kids until this child moved in. Often relative caregivers are thrown into parenting situations for which they aren't completely prepared. Below are a few tips and resources to get you started.

- It's never ok to hit a child. You may have spanked your children when they were growing up, or you may have been spanked when you were raised, but today most experts agree that spanking is never acceptable. Time-outs are widely used today.
- Be consistent and follow through.
- Be firm yet kind and fair.
- Set clear consequences, and enforce them right away.
- Pick your battles. Kids aren't perfect. Choose which behaviors you are willing to let slide, and focus on the important issues.
- Model appropriate behavior.
- Reward behaviors you want to see again.
- Catch kids being good and praise that behavior.
- Give them structure so they know what to expect.
- State expectations early and often.
- Provide when/then statements, such as "When you clean up your room, then you may play outside."
- Give children limited choices whenever possible, such as "Would you like to wear the red dress or the blue dress?" rather than, "What do you want to wear?"
- Encourage them to talk about their feelings.
- Let them know all feelings are okay, even mixed-up feelings.
- Say you're sorry when you make a mistake.
- Let them know you will always love them, even when they make mistakes.

Books on parenting and discipline

1-2-3 Magic: Effective Discipline for Children 2-12 by Thomas W. Phelan, PhD

The Explosive Child: A New Approach for Understanding and Parenting Easily Frustrated, Chronically Inflexible Children by Dr. Ross W. Greene

How to Talk So Kids Will Listen & Listen So Kids Will Talk by Adele Faber and Elaine Mazlish

Parenting the Hurt Child: Helping Adoptive Families Heal and Grow by Gregory Keck and Regina Kupecky

Parenting With Love and Logic: Teaching Children Responsibility by Foster W. Cline and Jim Fay

Publications for kinship caregivers

Callander, Joan, Second Time Around; Help for Grandparents Who Raise Their Children's Kids

Callander discusses her own, sometimes painful, experiences of raising her grandson. This book offers personal and practical advice for grandparents raising grandchildren.

de Toledo, Sylvie and Deborah Edler Brown, Grandparents as Parents: A Survival Guide for Raising a Second Family

de Toledo is a founder of the national support group “Grandparents as Parents,” or GAP. In this book, the authors describe the legal, medical, and financial issues grandparents raising grandchildren face. They also discuss how to deal with drugs, counseling, and special education needs.

Doucette-Dudman, Deborah and Jeffrey R. Lacure, Raising Our Children's Children

Doucette-Dudman is also a founder of the national support group “Grandparents as Parents,” or GAP. When her daughter-in-law was arrested on drug charges, she filed for custody of her grandson. In this book, the authors discuss why some birthparents don't raise their children, the choices grandparents must make, the ongoing relationships with birthparents, and dealing with legal and social service systems.

“First Steps: Getting Started Raising Relatives' Children,” available at www.mkca.org

Houtman, Sally, To Grandma's House, We...Stay: When You Have to Stop Spoiling Your Grandchildren and Start Raising Them

This book guides grandparents through the obstacle course of emotions, conflicts, and social considerations they face when raising a grandchild.

Osborne, Hilda, Ticklebelly Hill: Grandparents Raising Grandchildren

The author says while she was happy to provide her grandchildren with a stable home, she was heartbroken and guilty that her daughter could not. She describes her book as a lighthearted yet serious look at life after the grandkids move in.

Schooler, Jayne, “Mom, Dad . . . I'm Pregnant”: When Your Son or Daughter Faces an Unplanned Pregnancy

The author describes her personal journey as her daughter faced an unplanned pregnancy. She describes the varying emotions grandparents feel and the varying choices families make, including when grandparents parent their grandchildren. Schooler has a Master's from a Divinity school and this book is on a Christian press, so there are Christian themes throughout.

“Ties That Bind Handbook,” available at www.coaf.org

This 91-page handbook is designed to help kinship care providers deal more effectively with new child-rearing responsibilities due to their relative's addiction.

Helpful websites for relative caregivers

AARP

<http://www.aarp.org/life/grandparents/>

The AARP has the following articles online for grandparents raising grandchildren:

- Dealing with Your Grandchild's Difficult Behaviors.
- Finding Health Insurance.
- Helping Grandchildren Cope with a Parent's Addiction.
- Your Grandchild's Parent is in Prison.
- Help Your Grandchildren Succeed in School.

The AARP Grandparent Information Center also publishes a free newsletter, "GIC Voice." You may sign up online to receive the newsletter.

Administration on Aging caregiver resources

www.aoa.gov/caregivers

The Children's Defense Fund (CDF)

www.childrensdefense.org

CDF provides information and resources on kinship care, including guides on health insurance, nutrition, child care programs, and programs for children with disabilities.

Children of Alcoholics Foundation

www.coaf.org

COAF supports children, birthparents, and kinship caregivers as they struggle with the overlap of kinship care and parental substance abuse. Free downloadable articles are available for adults and children.

Generations United: National Center on Grandparents and Other Relatives Raising Children

www.gu.org

The Iowa Department of Elder Affairs

www.state.ia.us/elderaffairs

This website has links to Iowa's Area Agencies on Aging, which provide advocacy, educational and prevention services to older Iowans.

Iowa Family Caregiver Support

www.iowafamilycaregiver.org

Iowa Family Caregiver Support provides information on a variety of topics, including:

- Locating local services to help you care for your loved one.
- Resources that will help families in caregiver roles.
- Special Assistance funds for meeting needs not already covered by an existing program or organization.
- Upcoming classes on a variety of care giving issues.

Also provides an IFCS Information Specialist at 1-866-4-NURTURE (1-866-468-7887).

Financial assistance for relative caregivers

Family Investment Program (FIP)

The Family Investment Program (FIP) is Iowa's cash assistance program under the federal Temporary Assistance for Needy Families (TANF) program.

The Family Investment Program provides financial assistance and work opportunities to needy families with children. FIP offers training or education and may help with transportation and childcare expenses. You may also receive matching funds for money you set aside for education, for purchase of a home, or to start a new business. Children may be eligible to receive funds through a TANF "child-only grant." A grandparent's income is not considered when deciding a child's eligibility for this grant, and work requirements are waived.

For more information, contact your local Department of Human Services office, listed in the blue pages of the phone book.

Social Security dependent's or survivor's benefits

The Social Security Administration sends monthly checks to workers who are retired or disabled. Survivor's benefits are payable to children on the record of a parent who has died. In some cases, grandchildren can also receive benefits.

A child can continue receiving dependent's or survivor's benefits until age 19 if he or she is a full-time student in elementary or high school.

For more information, contact your local Social Security office, listed in the blue pages of the phone book, visit www.ssa.gov, or call 1-800-772-1213.

Supplemental Security Income (SSI)

If a child you care for meets Social Security's definition of having a disability and if their income and assets fall within the eligibility limits, 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 that result in marked and severe functional limitations.
- The medically proven physical or mental condition or conditions 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 a job considered to be substantial work.

For more information, contact your local Social Security office, listed in the blue pages of the phone book, visit www.ssa.gov, or call 1-800-772-1213.

Foster care payments

If a child is placed in the legal custody of DHS, and the kinship caregivers are licensed foster parents, the kinship caregivers may be eligible to receive foster care payments on behalf of the children in their care. The child would need to be placed in the caregiver's home by DHS and the court as a foster care placement.

For more information, contact the Department of Human Services, listed in the blue pages of the phone book.

Women, Infants and Children (WIC)

Women, Infants and Children, or WIC, is a public health program that provides nutritious food, nutrition education, and referrals to other health care agencies to qualifying families. Participants receive checks for nutritious food redeemable at more than 700 grocery stores and pharmacies across Iowa. There are WIC clinics in all 99 Iowa counties.

WIC Eligibility is based on income, Iowa residence, and a medical or dietary need. If your child receives Title XIX and is under the age of 5, he or she may be eligible, regardless of your income. If your child does not receive Title XIX and is under the age of 5, he or she may qualify based on income. Many working families participate. A family of four can make more than \$34,000 and still qualify. Relatives can apply for WIC if they or the children they raise meet the eligibility criteria.

For more information, call the state WIC office at 1-800-532-1579.

Food stamps

Eligible, low-income families can receive assistance to buy food if they meet certain income and asset requirements set by the program.

For more information, contact your local Food Stamp office, listed in the blue pages of the phone book under "Food Stamps," "Social Services," "Human Services," or "Public Assistance." You may also call Iowa's Food Stamp information line at 1-877-937-3663.

Free or reduced school lunches and Summer Food Service Program

The National School Lunch Program and the National School Breakfast Program are federally assisted meal programs operating in public and non-profit private schools and residential child care institutions. Children from families with incomes at or below 130 percent of the poverty level are eligible for free meals. Those with incomes between 130 percent and 185 percent of the poverty level are eligible for reduced-price meals, for which students pay no more than 40 cents. (For the period July 1, 2004, through June 30, 2005, 130 percent of the poverty level is \$24,505 for a family of four; 185 percent is \$34,873.) **Adoption subsidy payments are counted as part of family income when applying for free or reduced lunches.**

The Summer Food Service Program (SFSP) provides free, nutritious meals and snacks to help children in low-income areas throughout the summer months when they are out of school. Children 18 and younger may receive free meals and snacks through SFSP.

For more information, talk to the principal or office staff at your child's school.

Low Income Home Energy Assistance Program (LIHEAP)

LIHEAP helps low-income households with their heating and cooling bills. It can also help pay for energy-related home repairs.

For more information, visit <http://www.state.ia.us/government/dhr/caa/index.html> or call the Chief of the Bureau of Energy Assistance in Des Moines at 515-281-0859.

Adoption subsidy

When the parental rights of a child with special needs are terminated and the child is placed in the custody and guardianship of DHS, they may be eligible for adoption subsidy. Adoption subsidy is assistance provided for children with special needs as an incentive to promote adoption and permanency. An Adoption Subsidy Agreement is negotiated between DHS and the family prior to finalizing an adoption. Adoption subsidy is based on the needs of the child and may include a monthly maintenance payment, medical coverage through the Medicaid program, or required special services.

If a child adopted through DHS is not eligible for assistance at the time of the adoption, but is at risk of developing special needs, the family may negotiate a Future Needs Subsidy Agreement with DHS. This means the child will not receive adoption assistance at the time of the adoption but may be eligible for assistance if they develop special needs and meet the DHS eligibility guidelines.

Contact your DHS Adoption Worker or the IFAPA Adoption Information Specialist in your area for additional information.

Adoption tax credit

The federal government has an adoption tax credit for families who adopt children. This credit of approximately \$10,000 can be used to deduct qualifying expenses for the adoption of your grandchild or relative. This tax credit may be applied against federal tax liability over the five years following the adoption.

An adoptive parent or couple that finalizes an adoption of a child with special needs and earns less than \$150,000 (income to \$150,000 for full credit, phased out at income of \$190,000) can claim the full credit, without documenting that they incurred specific adoption-related expenses.

Contact a local tax expert or accountant to verify eligibility for this tax credit. For additional tax information, contact the Internal Revenue Service at 1-800-829-1040 or visit its website at www.irs.ustreas.gov IRS publication: 968.

Earned Income Tax Credit (EITC)

This program provides a federal tax credit to workers with incomes up to \$36,000 who are raising children. You do not have to be the child's legal guardian or custodian, and the child does not have to be your dependent as defined by the IRS. The child must have lived with you for more than ½ of the year and be under age 19, a full-time student under age 24, or totally disabled. Caregivers must complete an income tax return in order to receive EIC.

For more information, visit www.irs.gov or contact a local tax expert.

Child and Dependent Care Credit

This credit helps families who must pay for childcare while they work or look for work. The amount depends on the number of children you're raising, your income, and the cost of childcare. Usually the child must be your dependent, as defined by the IRS.

For more information, visit www.irs.gov or contact a local tax expert.

Child tax credit

This program offers a child tax credit of up to \$1,000 per child. The child must be your dependent, as defined by the IRS, and the child must be younger than 17.

For more information, visit www.irs.gov or contact a local tax expert.

National Council on the Aging (NCOA) benefits check-up

www.benefitscheckup.org

This website helps people ages 55 and over find programs that may pay for some of their costs of health care, utilities, etc.



Health insurance for your children

Private insurance

You may add a child in your care to your health insurance per your health insurance provider or after an adoption is finalized. Your private insurance will be the child's primary insurance, with Title XIX the secondary insurance, where applicable. Talk to your health insurance provider to verify eligibility and benefits available to children in your home.

Title XIX

Children who receive DHS adoption subsidy qualify for Iowa Title XIX medical benefits. If you add your child to your private insurance, Title XIX becomes the secondary insurance. Contact your adoption worker or your IFAPA Adoption Information Specialist for more information.

hawk-i, or Healthy and Well Kids in Iowa

hawk-i is a program that provides health care coverage for Iowa children in families with limited incomes. A family does not pay more than \$20 a month, even if several children qualify for hawk-i.

To qualify, a child must live in Iowa and:

- Be under 19 years old
- Have no other health insurance
- Be a citizen of the United States or a qualified alien
- Be in a family that meets the hawk-i income limits
- Cannot be the dependent of a State of Iowa employee
- Children who qualify for Medicaid cannot get hawk-i

For more information, call 1-800-257-8563, 7 a.m. to 7 p.m. Monday through Friday or visit www.hawk-i.org. Also, TDD: 1-515-457-8051 or 1-888-422-2319.



Affordable childcare

Childcare and referral

There is a childcare and referral agency for every county in the state.

Visit www.iowachildnetwork.org for more information.

Financial assistance for childcare

Child Care Assistance (CCA) helps families pay for childcare costs for children under the age of 12 and for special needs children under the age of 19. Family income must be within the program limits, and the parent must be absent for a portion of the day due to employment or participation in academic or vocational training.

Assistance may also be available for a limited period of time to the children of a parent looking for employment or when the parent who normally cares for the child is unable to do so due to hospitalization or outpatient treatment for physical or mental illness.

You may get help from the CCA program if you:

- Have a child who needs care who is under the age of 13 (or under the age of 19 if the child has special needs) and
- Are a member of a Family Investment Program (FIP) household.

If you're not a FIP participant, you may qualify for the CCA program if you:

- Have a child who needs care who is under the age of 13 (or under the age of 19 if the child has special needs), and
- Have income under the program's limits, and
- Work an average of 28 hours per week; or
- Attend an approvable training or education program full-time; or
- Are looking for work; or
- Are unable to provide care because of an approved medical reason.

For more information, contact your county DHS listed in the State or County Government section of your local phone book, under "Department of Human Services" or "Human Services."

Your childcare options

- **Group family childcare** offers an in-home setting of family childcare for up to 14 children. With more than 12 children, two adults must be present.
- **Childcare centers** provide care for larger numbers of children for half 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 age three. Both Head Start and Early Head Start may be provided in a center or home-based setting. Visit www.ehsnrc.org to locate a Head Start program in your area.
- **Early childhood education programs** provide structured school settings for children ages two and older.
- **Parent's day out programs** offer part-time childcare for preschool-age children in recognition of parents' need for personal time.
- **Before- and after-school programs** are usually located in schools, childcare centers, family childcare homes, churches, or other settings offering childcare.



Respite

Direct Family Access Respite

The Direct Family Access Program assists families who need respite care but are not eligible for respite services from any other source or have exhausted other resources. Administered by the Iowa Respite & Crisis Care Coalition (IRCCC), this program is for families who have a respite care provider but need financial assistance to pay for the care. The maximum annual award is \$400 per individual. In addition, a special mental health block grant was received that will allow up to \$1,000 per individual (maximum of \$2,000 per family) to be awarded to families with a child or children with a documented severe emotional disorder, or SED.

For more information or for an application, call IRCCC at 1-877-255-3140 or visit www.irccc.com.

Crisis respite

Crisis childcare is care that is provided to children at risk of abuse or neglect during a family crisis. It provides a temporary, safe environment for children whose parents are unable to meet their needs due to overwhelming circumstances or an emergency in their lives.

Contact your IFAPA Adoption Information Specialist or a local crisis hotline for more information.

Adoption respite

IFAPA administers the Adoption Respite Program. Adoption Respite is available to DHS adoptive families for subsidized adopted children. Each adopted child who is subsidized is eligible for five days of respite per fiscal year at the rate of \$15 per day. You must find your own respite provider.

For more information, call IFAPA at 1-800-277-8145, extension 165, or contact your IFAPA Adoption Information Specialist.

Camps and recreation programs

Camps and recreation programs can provide valuable experiences for children while giving caregivers a much-needed break. Consider:

- Local recreation departments
- YMCA or YWCA
- Boys and Girls Club
- 4-H
- Girls Scouts and Boys Scouts
- Church camps
- Camps for children with special needs, such as Camp Courageous and Camp Sunnyside

Other respite programs

Check out www.archrespite.org, the ARCH Respite Network and Resource Center to locate other respite opportunities.

Educational issues

Parents and caregivers want their children to have a positive and rewarding school experience. Children who are not living with their birthparents may face many challenges in school. Those challenges may be emotional, social, and academic. The child's difficulties are influenced by many factors including the child's genetic history, their social history, and the environment of their particular school. If the child in your care experiences difficulty in school, you may find yourself wondering if the problem is related to the child's genetic or social history, if it is a developmental problem common to children in that age group, or if it is a problem within the school system.

The challenges faced by children who are living with you may include some or all of the following:

- Frequent school changes.
- Behavioral or emotional struggles.
- History of inconsistent caregivers.
- Poor preparation for school and little encouragement when enrolled.
- Disabilities that qualify the child for special education.
- Learning lags or learning interruptions.

Being an advocate

The most important way you can help the child in your care succeed in school is to become an advocate. Try to develop good working relationships with teachers and other staff. Attend your child's school conferences and any other school meetings. Attend your child's games, art shows, or chorus performances. Make sure you contact the teachers regularly, not just when you have a concern or an issue arises.

It can be helpful to review a complete set of the child's educational records. If the records contain something you do not understand, ask someone at the school to explain it. For some children, the records may be incomplete or inaccurate, usually because the child has moved several times. Urge the school to have records from previous schools transferred, and correct any inaccuracies you find. Begin keeping records of the child's work, as well as any contacts you have with the school. A three-ring binder or accordion folder can help divide the information into categories and keep it organized in one location.

Special education

If you suspect that your child may have a disability interfering with his or her ability to learn, there is help available. There are two laws, the Individuals with Disabilities Education Act and Section 504 of the Rehabilitation Act of 1973. These laws help ensure that students with disabilities are provided with meaningful educational opportunities and are not discriminated against.

If the child hasn't been evaluated before, you can ask the school district to do so to determine if a disability exists and if the child is eligible for special education services.

For help with special education questions, contact your local Area Education Agency, or AEA. Each AEA has a Family-Educator Connection program to assist families and educators to improve educational program for students with disabilities. You can ask your local school district how to contact the AEA in your area.

Another excellent resource is the Parent Training and Information Center which is part of the ASK Resource Center in Des Moines. They can be reached at 1-800-450-8667 and have a website at www.askresource.org

Curriculum concerns

You may find that your child is given school assignments that are challenging or even hurtful because they focus on the child's background, personal information, genetics, or other topics. This can set a child who is not living with their birthparents apart and make him or her feel different from classmates. Some typical assignments that can be troublesome include autobiographies, family trees, Mother's or Father's Day events, and other activities that focus on the child's background or parents.

IFAPA has developed materials that can educate and inform teachers about assignments that are more sensitive for all children in the classroom. Contact your IFAPA Adoption Information Specialist for additional information.

Talking with school personnel about your child

You may wonder how much information to share with school personnel regarding your child and his or her history. There are no clear-cut answers to these difficult questions. Each family must examine its own situation and the child's history to determine what information to provide to school personnel. Be aware, too, that these considerations may vary during the child's school career as the age and needs of the child change.

You might choose to keep some information private in an attempt to avoid having the child feel uncomfortable or having others treat them differently. Some caregivers prefer to wait and see if occasions arise during the course of the year; they choose to share information when it will assist the teacher in understanding and dealing with a particular problem.

On the other hand, you might want to share pertinent information about the child's background upfront in order to help the teachers be sensitive to difficult situations that may arise during the school year. Emotional issues such as grief, separation and loss, and feeling different from other children can affect a child's ability to perform to his or her maximum potential in school. When teachers have some knowledge of a child's history, they are better prepared to work cooperatively with the child and the child's caregivers.

Circumstances of a child's background can potentially cause behavior problems at school. When this is the case, it can be helpful to enlist the support of school personnel.

It may be necessary to share relevant information about the child. Careful consideration should be given, however, to how detailed the information should be and to whom it is provided. It might, for example, be vital to share with a child's teacher that the child experienced abuse in the birth home. However, there is seldom a need to talk about the specifics of the abuse. It is appropriate to share just enough facts that the teacher gains an understanding of what might influence the child's classroom behavior or performance. Teachers and other school personnel are bound by confidentiality standards, but it's always wise to state clearly that the information should not be shared without your permission.

Communication between caregivers and school personnel is one of the most important keys to ensuring that every child succeeds in school. Increasing educators' awareness about the issues involved with children who are not living with birthparents and each individual child's situation plays a part in assuring that all children will have a successful and rewarding school experience.



Children's mental health services

Children who are not living with their biological parents may benefit from therapy to help understand the many issues they face. Children frequently struggle with a wide variety of issues, such as neglect, physical and sexual abuse, abandonment, and grief.

Children of parents with mental illness are more likely to develop a mental illness themselves. If both biological parents are mentally ill, the chance is even greater that the child will suffer from a mental illness.

According to the American Academy of Child and Adolescent Psychology, the risk is particularly strong when a parent has one or more of the following: bipolar disorder, an anxiety disorder, ADHD, schizophrenia, alcoholism or other drug abuse, or depression. It's important for you to educate yourself about the problems facing the biological parents of the children in your home.

Growing up in an unpredictable or violent environment can also contribute to mental illness in children.

Where to turn for help

The mental health system can be confusing and overwhelming, but it doesn't have to be impossible.

- Make an appointment with a psychiatrist, psychologist, child neurologist, or behavioral pediatrician for an evaluation. You can ask your child's pediatrician or caseworker for a referral.
- Gather information from libraries, websites, and your IFAPA Adoption Information Specialist.
- Find a way to connect with other families of children with the disability.
- Ask questions about treatments and services.
- Work with the child's school and local Area Education Agency (AEA) so he or she receives appropriate services.

State and local mental health resources:

The University of Iowa Center for Disabilities and Development

www.healthcare.uiowa.edu/cdd

1-877-686-0031

Child Health Specialty Clinics

www.uihealthcare.com/depts/state/chsc/index.html

1-866-219-9119

CHSC serve children, birth through 21, who have a chronic physical, developmental, behavioral, or emotional condition or have an increased risk for a chronic condition.

Mid-Iowa Family Therapy Clinic, Inc.

www.midiowafamilytherapy.org

1-800-649-5423

Mid-Iowa provides culturally diverse advocacy, training, and support services to children with mental health needs, their families, and community providers.

Area Education Agency (AEA)

Iowa Area Education Agencies are regional service agencies that provide specialized services for children and students birth to age 21.

You can ask your local school district how to contact the AEA in your area.

ASK Resource Center

www.askresource.org

1-800-450-8667

The Center provides a broad range of information, advocacy, support, training, and direct services for people throughout the state.

ARC

www.thearc.org

The ARC provides information and services for children and families affected by a wide range of disabilities.

National Alliance for the Mentally Ill (NAMI)

www.nami.org

1-800-417-0417 for NAMI Iowa

NAMI is dedicated to the eradication of mental illnesses and to the improvement of the quality of life of all whose lives are affected by these diseases.

Iowa Federation of Families for Children’s Mental Health

www.iffcmh.org

1-888-400-6302

IFFCMH assists parents of children who have emotional or behavioral disorders, are receiving mental health system services, are receiving special education services, or are in the juvenile justice system.

Your local mental health agency

Check out “Mental health services” in the yellow pages of your phone book.

Understanding ADHD

Attention Deficit Hyperactivity Disorder (ADHD) is a neurobiological disorder that causes children to have difficulty controlling their behavior. It is the most commonly diagnosed behavior disorder among children and adolescents.

There are three types of ADHD: Inattentive, hyperactive-impulsive and combined attention-deficit/hyperactivity disorder.

Children with the inattentive type often:

- Have short attention spans
- Are easily distracted
- Don't pay attention to detail
- Make lots of mistakes
- Fail to finish tasks
- Have trouble listening, even when spoken to directly
- Are unorganized and have trouble remembering things

Children with the hyperactive-impulsive type often:

- Fidget and squirm
- Can't stay seated or be quiet
- Run or climb when they should not
- Talk too much when they should not
- Interrupt
- Have trouble taking turns

Attention-deficit/hyperactivity disorder is a combination of the inattentive and the hyperactive-impulsive types.

Resources

Children and Adults with Attention-Deficit/Hyperactivity Disorder

www.chadd.org

Driven To Distraction: Recognizing and Coping with Attention Deficit Disorder from Childhood Through Adulthood by Edward M. Hallowell and John J. Ratey

Taking Charge of ADHD, Revised Edition: The Complete, Authoritative Guide for Parents by Russell A. Barkley

Contact your IFAPA Adoption Information Specialist for additional resources.

Other mental health issues

Anxiety disorders

Young people who experience excessive fear, worry, or uneasiness may have an anxiety disorder. Anxiety disorders are among the most common of childhood disorders. Anxiety disorders include:

- **Phobias**, which are unrealistic and overwhelming fears of objects or situations, such as animals, storms, or being in an enclosed space.
- **Generalized anxiety disorder**, which causes children to demonstrate a pattern of excessive, unrealistic worry that cannot be attributed to any recent experience.
- **Panic disorder**, which causes terrifying panic attacks that include physical symptoms, such as a rapid heartbeat, dizziness, nausea, or a feeling of imminent death.
- **Obsessive-compulsive disorder**, which causes children to become trapped in a pattern of repeated thoughts and behaviors, such as counting, hand washing, or arranging objects.
- **Post-traumatic stress disorder**, which causes a pattern of flashbacks and other symptoms. This can occur in children who have experienced a distressing event, such as being abused or being a victim or witness of violence or disaster.

Autism spectrum disorders and Asperger's syndrome

Children with autism have problems interacting and communicating with others. Autism causes children to act inappropriately, often repeating behaviors over long periods of time. Some children bang their heads, rock, or spin objects. Symptoms of autism range from mild to severe. Children with Asperger's syndrome, a subset of the autism spectrum disorders, often have a preoccupation with a single subject or activity and have difficulty relating to peers.

Bipolar disorder

Children who have exaggerated mood swings that range from extreme highs to extreme lows may have bipolar disorder. Periods of moderate mood may occur in between the extreme highs and lows. During manic phases, children may talk nonstop, need very little sleep, and show unusually poor judgment. At the low end of the mood swing, children experience severe depression.

Depression

The most common symptoms of depression include a feeling of sadness that won't go away, hopelessness, changes in eating and sleeping patterns, low energy, poor concentration, self-deprecating remarks, and thoughts or expressions of death or suicide.

Eating disorders

Children who are intensely afraid of gaining weight and do not believe that they are underweight may have eating disorders. Eating disorders can be life threatening.

Young people with anorexia nervosa fail to maintain a healthy body weight and often exercise compulsively.

Young people with bulimia nervosa eat huge amounts of food in one sitting and rid their bodies of the food by vomiting, abusing laxatives, taking enemas, or exercising obsessively.

Learning disorders

Difficulties that make it harder for children to receive or express information could be a sign of learning disorders. Learning disorders can show up as problems with spoken and written language, coordination, attention, or self-control.

Oppositional defiant disorder (ODD) and conduct disorder

Children with ODD often lose their temper, argue with adults, blame others for mistakes, deliberately annoy others, refuse to follow rules, and are resentful and angry.

Conduct disorder causes children to display serious, repetitive, and persistent misbehavior. They are often aggressive toward people or animals, destroy property, lie and steal, set fires, and consistently break rules.

Reactive attachment disorder (RAD)

Children with RAD have a markedly disturbed and developmentally inappropriate way of relating to peers and adults. Children develop RAD when their primary caregivers disregarded their basic physical and psychological needs. Children with RAD are often very aggressive and have little guilt or remorse.

Schizophrenia

Young people with schizophrenia have psychotic periods that may involve hallucinations and loss of contact with reality. Other symptoms include delusional or disordered thoughts and withdrawal from others.

Tourette's disorder

Tourette's is a neurological disorder that causes children to have motor and vocal tics, such as excessive eye blinking, throat clearing, and vocal outbursts.

Understanding Fetal Alcohol Syndrome

Fetal alcohol syndrome (FAS) is a set of physical and mental birth defects that can result when a woman drinks alcohol during her pregnancy. The baby may suffer lifelong damage as a result.

FAS is characterized by brain damage, facial deformities, and growth deficits. Heart, liver, and kidney defects also are common, as well as vision and hearing problems. Individuals with FAS have difficulties with learning, attention, memory, and problem solving.

Fetal Alcohol Spectrum Disorders (FASD) is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications. The term FASD is not intended for use as a clinical diagnosis.

Many children with FAS:

- Have a small head circumference.
- Have a short, upturned nose and smooth, wide philtrum.
- Have small, wide-spaced eyes.
- Have tactile sensitivity or insensitivity.
- Have erratic sleeping and eating patterns.
- Have a short attention span.
- Are unable to settle down and sit still.
- Forget what was previously learned and have difficulty learning from consequences.
- Are volatile and impulsive.
- Have poor social skills.
- Have a limited concept of time or money.
- Have poor judgment.
- Don't learn from mistakes.

Parents of children with FASD should:

- Focus on teaching daily living skills.
- Redirect behavior.
- Establish routines.
- Let the child know in advance when an activity will change.
- Break down work into small pieces.
- Set limits and be consistent.
- Avoid places where the child will become over-stimulated.
- Review and repeat simple rules again and again.

Resources:

Healthy Connections, 2517 Carver Road, Winterset, Iowa 50273, 1-515-462-2024
Prevention Concepts, Inc., 12875 Geneva Street, Indianola, Iowa 50125, 1-515-961-8830

www.nofas.org

www.fetalalcoholsyndrome.org

www.chrysaliswomen.org

www.thearc.org

Raising chemically-free kids

Children hear about drugs everywhere – on television, in movies and music, and from their friends. Because many children being raised by relatives have birthparents with addictions, it is especially important that they learn about drugs from you – so you can teach them the facts and your own values.

The Children of Alcoholics Foundation suggests the following guidelines for talking to kids about alcohol and drugs.

Pre-school aged children (3 - 5 years old)

Children this age are learning how to make decisions and handle their feelings. They need help to understand what they hear and see. You do not need to give a lot of details at this age. Instead, talk about drugs in general. For example, you might say, “Some drugs are important, like medicine the doctor gives you when you are sick. Other drugs make you act strangely.” You can also:

- Talk about who they can trust to take them places, feed them, or give them medicine.
- Talk about the difference between real and pretend.
- Teach self-help skills like brushing their teeth and washing their hands by themselves.
- Help them learn to develop solutions by breaking down problems into smaller pieces.

School-aged children (6 - 10 years old)

Children in elementary school want to be grown-up and make their own choices. Friends and what they think are very important. They may have a hard time focusing on the future and the results of their actions. Some children may have already been offered drugs and alcohol. When you talk to children at this age, you need to talk about the facts and focus on the here and now. You can also:

- Set clear rules and support healthy friendships.
- Talk about what alcohol and other drugs are like, why they are against the law, and what harm they can do.
- Help them use healthy ways to get their feelings out – like talking, drawing, or writing in a diary.
- Help them make smart choices and help them see the difference between a quick fix and a long-term answer.

Teens (11 – 18 years old)

By the time young people become teenagers, they are at high-risk for drug problems. They have a strong need to be liked by other teens, even if it means disobeying adults. This is the most common time for children to begin using drugs or alcohol. Even if they get drug education in school, you have to do more. You can:

- Talk about how alcohol and drugs affect the body in ways that matter to teens – stained teeth, skin problems, and bad breath.
- Talk about how and why addiction happens, and what that means to people who are children of substance abusers.
- Help teens come up with ways to take a stand against peer pressure.
- Find healthy ways to deal with stress – bring out their creativity and praise even the little things. By talking about drugs and alcohol early and often, you can help provide a safe place to bring questions, get facts, and talk about what might be confusing.

For more information, contact:

American Council for Drug Education

164 W. 74TH street

New York, NY 10023

1-212-595-5810, ext. 7860

www.acde.org

National Clearinghouse for Alcohol and Drug Information

P.O. Box 2345

Rockville, MD 20847-2345

1-800-729-6686

www.health.org



Reproduced in part with permission from The Ties That Bind, an initiative of the Phoenix House Children of Alcoholics Foundation. For more information, call 212-595-5810, ext. 7760 or visit www.coaf.org.

Raising children of color

Many times family members find themselves raising a child of a different race. Children need and deserve to be connected to their cultural and racial heritage. The following are a few ideas to help your child grow up to be proud of who they are and where they come from.

- Let the child know that he or she is important and special and 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 that celebrate the child's heritage.
- Prepare ethnic foods from various cultures.
- 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 that stereotyping is wrong.
- Discuss stereotypes, prejudice, and racism 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.
- Do not 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 extended family members to have a relationship with the child.

Resources:

PACT, an Adoption Alliance

www.pactadopt.org

Provides articles, book lists, links, and more for families raising children of color.

[Inside Transracial Adoption](#) by Gail Steinberg and Beth Hall

Contact you IFAPA Adoption Information Specialist for more resources.

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Internet safety

Today's kids learn computer skills very early. Most often they are better at navigating a mouse than any parents! Unfortunately, with the advent of new technology comes new ways to hurt children. Be aware that kids on the Internet may be:

- Exposed to inappropriate sexual, violent, or hateful material.
- Approached to meet a person face-to-face. Sexual predators use chat rooms and bulletin boards to try to lure children to meet them in person.
- Harassed. Children may instant message (IM) or e-mail messages that are harassing or demeaning. Many school administrators say Mondays are difficult school days because kids have spread rumors or fought online over the weekend.
- Spending your money. Kids can shop, gamble, and more with a credit card.
- Seeing pornography, alcohol ads, and more.
- Getting false information. Just because it's online, does not make it true.

If your child has access to the Internet, it's important to set some guidelines, such as:

- Never give out identifying information, including your full name, address, or school.
- Never share your password.
- Never give out credit card information.
- Never arrange to meet someone you meet online.
- Never send something via the computer that you wouldn't say to a person face-to-face.
- Never respond to an e-mail or chats that make you feel uncomfortable.
- Never send a photo of yourself to someone you meet online.
- Always tell a trusted adult if you read or see something inappropriate or dangerous or if you feel someone is in trouble.

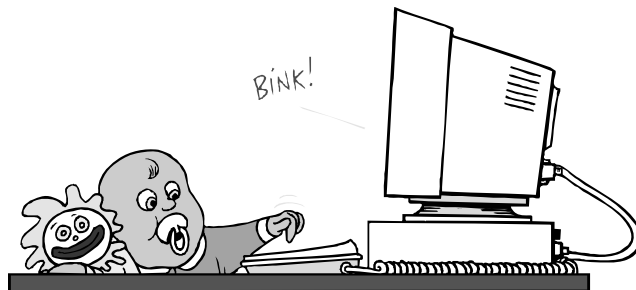
Parents need to learn all they can about how their children use the computer. Consider allowing your child to use the Internet only under your supervision. Also consider installing parental control software on your computer to block harmful websites and more. Be aware that these are not foolproof.

Internet safety resources:

www.safekids.com

www.getnetwise.org

www.netlingo.com



What about parent visits?

Depending on your situation, the birth parents may spend time with the children in your care.

If the child is in foster care, you may be required to transport and supervise visits. If you have questions or concerns about the visits, contact your DHS worker. If the visits are detrimental to the child, it may be necessary to have visits modified or discontinued.

If you have adopted the child, you have the authority to make decisions about visits with the parent. You must set boundaries about the type of contact, timing of contact, etc.

Firmly communicate to the parents that they:

- Make arrangements for a visit with you, not with the children.
- Arrive on time or call with a valid excuse.
- If substance abuse is an issue, arrive sober. If not, they will not be allowed in the house or to see the children.
- Should interact with the children and not do laundry or take naps, for example.

Other tips:

- Discuss in advance how you want the parent to handle discipline.
- Be clear about who can be present for the visit. This may not be the time for children to meet a new friend of the parent.
- If sobriety or missed visits are a chronic problem, do not tell the children about the 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.
- Encourage the parent to plan activities the children will enjoy.
- Model appropriate parenting and interaction with the children.
- Do not leave the children alone with the parent unless you are sure they will be safe.
- If the visit goes well, encourage the parent to visit again and thank him or her for spending time with the children.
- Record the date, time, place, and content of the visit.



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Preventing an abduction

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

- 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.
- 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 that if it feels wrong, do not go.
- Write down the parents' car license plate number, color, make, and year.
- Keep names and numbers of the parents' family, friends, and employers.
- 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.
- Have current photos of the children and both parents to give to the police.



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Talking with children about their parents

One of the most significant advantages of kinship adoption – the relationship with the birth parents – can also be the most challenging for kinship caregivers.

In their book, Telling the Truth to Your Adopted or Foster Child, Betsy Keefer and Jayne Schooler raise an important question: If the relative caregiver dislikes or does not respect the birth parent, will he or she be able to treat the child fairly? Or will the caregiver be constantly looking for proof that the child is “just like” his birth father, for example? The authors suggest that kinship care can have the same feelings of an ugly, bitter divorce.

For these reasons, it is particularly important to be aware of what you say about the child’s birth family and birth history.

When talking to children, consider the following guidelines:

- If possible, regularly discuss with the birth parents and extended family the ways in which communication will be handled. Everyone needs to be on the same page.
- Do not lie.
- Tell the truth, but tell only as much as the child really wants to know and can understand. Adapt the information as the child matures.
- Never bad-mouth the parent.
- Explain the parents’ problems as kindly as you can.
- Remind children that parenting is a job, like teaching or banking, and that not all people can do the parenting job.
- When children ask tough questions, it is okay to make statements such as, “I don’t know”; “I don’t know where Mommy is”; or “I don’t know when Dad is coming back.”
- If a parent is a drug user, talk about it by making statements such as, “Your dad uses drugs, so he is not able 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 problems make it hard for him to be here.”
- Find something – anything – good you can truthfully say about the parent.
- Always reassure the children that the situation is not their fault.

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Dealing With Your Own Aging

If you are a grandparent or great-grandparent who has adopted a child, you have additional considerations for the child as you face your own aging. To protect the child if a grandparent 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 is able to resume care of the children, you may be able to withdraw the petition.

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 more information and 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. Take time for yourself. Insist on a regular quiet time during each day. Grandparents need to take care of themselves as well as they do the children in their care.



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