



COALITION FOR CHILDREN, YOUTH & FAMILIES

# Introduction to Relative Care

A Resource Guide for Child Welfare Workers

Foster Care and Adoption Resource Center



The Foster Care and Adoption Resource Center, contracted by Wisconsin's Department of Children and Families, created this resource guide to serve as a reference for child welfare workers in their ongoing work with relative caretakers, to better promote and support permanency of children.

# Table of Contents

<b>I. Introduction to Relative Care .....</b>	<b>3</b>
a. Overview.....	3
<b>II. How Relative Care Supports Families.....</b>	<b>4</b>
a. Benefits to Children and Birth Parents .....	4
i. Key Point #1 - Benefits to children .....	4
ii. Key Point #2 - Benefits to birth parents .....	4
<b>III. Identifying Relative Caretakers .....</b>	<b>5-8</b>
a. Areas of Assessment: Relative Caregivers .....	5
i. Key Point #1 - Motivation .....	5
ii. Key Point #2 - Resources and ability to care for the child .....	6
iii. Key Point #3 - Relative caretaker interactions with birth parents .....	7
iv. Key Point #4 - Family legacies .....	8
<b>IV. Engaging Relative Caretakers.....</b>	<b>9-19</b>
a. Feelings Associated With Changing Family Roles .....	9
i. Key Point #1 - Guilt and embarrassment .....	10
ii. Key Point #2 - Projection and transference of emotions .....	11
iii. Key Point #3 - Loyalties .....	12
iv. Key Point #4 - Bonding and attachment .....	12
b. Permanency Planning – Including Relative Caretakers.....	13
i. Key Point #1 - Positive effects to consider .....	13
ii. Key Point #2 - Negative effects to consider .....	13
c. Co-Parenting .....	14
i. Key Point #1 - Goals for co-parenting .....	14
ii. Key Point #2 - Basic guidelines for effective co-parenting .....	14
iii. Key Point #3 - The role of the relative caretaker .....	15
iv. Key Point #4 - The role of the birth parents .....	15
v. Key Point #5 - Combined roles.....	16
<b>V. Conclusion to Relative Care .....</b>	<b>17</b>
a. Summary .....	17
i. Story: “A Grandmother’s Gracious Love” .....	17-18



## I. Introduction to Relative Care

### Overview

As a case worker, you can appreciate extended family members playing a significant role in caring for children when parents are unable to. Relative care occurs when those family members become placement providers and provide children the benefit of more stability of care when living with their birth parents is no longer an option.

This resource guide is intended to be utilized as a quick, easy reference tool for child welfare workers in their ongoing practice with relative caretakers, in order to better promote and support permanency of children. Specifically, this guide will focus on helping workers learn how to:

- Understand the benefits of relative care for children and parents.
- Identify appropriate relative caretakers by examining areas of assessment\* that include: *motivation, resources and the ability to care for the child, relative caretaker interactions with birth parent(s), and family legacies.*
- Develop and enhance engagement skills in the assessment of relative caretakers by taking a closer look at the different feelings associated with changing family roles, permanency planning – including relative caretakers – and co-parenting.+

\* Adapted from *Relatives Raising Children: An Overview of Kinship Care* by Dr. Joseph Crumbley and Robert Little.

+ Adapted from “Clinical Issues and Intervention with Youth in Kinship Care,” copyright 2010, Dr. Joseph Crumbley, LCSW.



## II. How Relative Care Supports Families

### Benefits to Children and Birth Parents

There are many benefits to children being cared for by a relative caretaker rather than a non-relative when possible. Likewise, birth parents also benefit from having their children placed with a relative caregiver.

Key

1

#### Benefits to children:

- Provides love and care in a familiar setting
- Children in kinship care experience greater stability
- Enables children to live with people they know and trust
- Reinforces a child's sense of cultural identity and positive self-esteem
- Helps a child make and sustain extended family connections
- Continues lifelong family traditions and memories
- Supports the child in building healthy relationships within the family
- Supports the child's need for safety and well-being
- Creates a sense of stability in the life of a child
- Children in kinship care report more positive perceptions of their placements and have fewer behavioral problems

Key

2

#### Benefits to birth parents:

- Provides birth parents with a sense of hope that children will remain connected to their birth families
- Relative care respects cultural traditions and may reduce racial disparities in a variety of outcomes
- Relative caregivers provide stability to children and youth with incarcerated parents
- Birth parents can have comfort knowing that children in relative placements have been found to experience fewer placement changes than children placed in non-relative foster homes



### III. Identifying Relative Caretakers

#### Areas of Assessment: Relative Caretakers

Determining if a relative is a safe and suitable caretaker for a child in out-of-home care requires additional factors to be taken into consideration than when evaluating a non-relative caregiver.

**Key**

**1**

#### Motivation

There may be several different motivational reasons why relatives want to provide care for a child or children in their family.

**Ex.**

#### Examples of relative caretaker *motivation*:

- Loyalty – Keeping the child with family and out of the foster care system
- Obligation – Relatives may have a sense of “someone has to do it”
- Rescue – Keeping the children safe, ensuring their well-being, and sense of belonging
- Love – Relatives, grandparents in particular, step forward out of the love they have for their own children (the birth parents) as well as their grandchildren
- Anger – Relative caregivers may be angry with the child’s parents
- Support – Having access to community resources and financial support

**?s**

#### When assessing *motivation*, consider questions that address:

- The relatives’ ability to control their feelings about the situation without projecting them on to the child.
- The relatives’ awareness of their motivations or feelings and their appropriateness in managing and channeling them.

#### Sample Questions:

- Can you keep your emotions in check if you’re upset with the child’s parents? Children often feel like a burden if the person who is caring for them resents their parents.
- If you do find yourself feeling angry towards the birth parents, what would you do or how would you handle those feelings?
- What are your motivations and feelings?
- Do you have appropriate support to manage those feelings? (e.g., support groups, relationships, activities)

\* Adapted from Assessing Adult Relatives as Preferred Caregivers in Permanency Planning, National Resource Center for Foster Care and Permanent Planning

### III. Identifying Relative Caretakers

Key

2

#### Resources and ability to care for the child

Resources and ability to care for the child are important in the assessment of relative caretakers. This area of assessment is often categorized into basic standards for measure and used to help workers determine the relative's capacity and support system to successfully provide out-of-home care.

Ex.

#### Examples of *resources and ability to care for the child* basic standards for measure categories:

- Shelter/Housing
- Food
- Clothing
- Education
- Approaches to discipline/limit setting/nurturing
- Support system
- Protection (e.g., abuse, neglect, legacies, cycles)
- Sources of income
- Family stability
  - Consistent caregivers
  - Stable residents
  - Stable household

?s

#### When assessing *resources and ability to care for the child*, consider questions that address:

- Active supports or alternative plans, should the relative caregiver become ill or die.
- The possible trauma that may be induced by the loss and how it could impact the child's emotional and environmental stability.
- Surrogate support systems, should the relative caregiver need relief or respite.
- Who the formal and informal decision-makers in the nuclear and extended family are and whether they are or have the potential to be actively involved in the planning process.

#### Sample Questions:

- What and/or who are your economic and personal support resources?
- Under what conditions was the child placed with you initially?
- Do you understand the importance of a formal legal relationship (e.g., guardianship, foster care, adoption)?
- How do you and other family members define "permanency?"

### III. Identifying Relative Caretakers

**Key**  
**3** **Relative caretaker interactions with birth parent(s)**  
The amount and form of contact a relative plans to have with a child's birth parent(s) is a key consideration when assessing that person for the role of relative caretaker. There are often legal constraints related to the frequency and types of contact birth parents are allowed to have with their child that need to be followed by relative caretakers.

**Ex.** **Examples of *relative caretaker interactions with birth parent(s)*:**

- General face-to-face exchanges under formal and informal circumstances
- Planned formal and informal visitation
- Phone/e-mail/social media communication
- Mutual family, social, or community events (e.g., Holiday gatherings, parades, birthday parties, celebrations)

**?s** **Questions for assessing *relative caretaker interactions with birth parent(s)* should address:**

- The relative caretaker's ability to meet or comply with their legal or professional responsibilities.
- Bias from past history that could negatively impact personal feelings and interactions between the caretaker and birth parents.
- The possibility that the child might be triangulated or incur feelings of split loyalties that could result in an emotionally unstable environment because of a negative past between the caretaker and birth parents.

#### **Sample Questions:**

- What is your relationship with the parent(s) like? Are you able to comply with any legal mandates for the parent's involvement without regard to your own personal feelings?
- Are you able to avoid either encouraging or discouraging the child from being involved with or having contact with his or her birth parent(s)?
- Will the children feel a sense of split loyalty between their parents and you that could make the placement emotionally unstable? How can you help the children with feelings of split loyalties?
- Can you comply with any and all legal and professional responsibilities of caring for someone else's child?

### III. Identifying Relative Caretakers

## Areas of Assessment: Relative Caretakers

**Key**

**4**

### Family legacies

Family legacies are patterns of behavior, values, and traditions that are often passed on from generation to generation. A relative stepping in to be a caregiver for a child in out-of-home care may be doing something more than simply providing for the physical needs of that child. He or she may also be stepping in to interrupt the child's exposure to some harmful or negative family legacies, and working to make sure that the child does not repeat those patterns or cycles.

**Ex.**

### Examples of *family legacies*:

- Drug abuse
- Domestic violence
- Incarceration
- Dependency
- Life cycle issues
- Family structures
- Patterns of behavior
- Values
- Traditions

**?s**

### Questions for assessing *family legacies* should address:

- Past and existing positive and negative family legacies the child may have been exposed to.
- Whether the child shares or identifies with the relative caretaker's own legacies.
- The relative caretaker's support plan to successfully limit the child's exposure to harmful or negative family legacies.

### Sample Questions:

- How will you change or alter the family legacies that have been identified?
- Can you successfully limit the child's exposure to any negative or harmful legacies or child-rearing practices?
- Do you have the support of any extended family members who will help you break any negative or harmful cycles?



## IV. Engaging Relative Caretakers

### Feelings Associated With Changing Family Roles

For a relative taking on the role of a caregiver, not only will the roles and boundaries change between themselves and the child, but also between themselves and the child's birth parent(s) and other family members.

It is essential to re-establish and re-define pre-existing roles, boundaries, and expectations with the relative caretaker, child, and birth parents to minimize any confusion.

*"Relationships with the parent are redefined as the kinship caregiver undergoes a transformation from supporter to primary caregiver, from advisor to decision maker, and from friend or peer to authority figure."*

By Dr. Joseph Crumbley, LCSW

It is no secret that accepting the responsibility of becoming a primary caregiver for a relative is a life-changing decision. Most relatives are given this option with little or no advance knowledge or forewarning. Living arrangements change, as do the roles that family members play in the life of the youth in question. With those changes come a lot of questions, fears, and emotions.

Our ability as professionals to recognize and understand these underlying feelings associated with changing family roles will better prepare us, and help to increase our techniques for engaging relative caretakers, in order to better promote and support permanency of children.



## IV. Engaging Relative Caretakers

Key

1

### Guilt and embarrassment

Relative caregivers need time to process their feelings of guilt and embarrassment. Simply having the conversation with relative caregivers can help them cope with what they are experiencing and take the mystery out of the experience.

Guilt and embarrassment issues can occur when:

- It has been established that the birth parent is unable to care for their child, therefore resulting in the child having to be placed in out-of-home care.
- Public or private agencies have to be involved.
- Fear of contributing to family disruption is experienced by the relative caretaker.
- The relative caretaker is more committed to meeting the child's needs than the birth parent's.
- The child becomes more attached to the relative than the birth parent.
- The relative caretaker demonstrates better parenting of the child than the birth parent.
- The relative caretaker has to ask for services or assistance (e.g., financial).
- Having to disclose negative information about the birth parent or family during legal or financial proceedings.
- Having to explain to the child why they're living with relatives and not their parents and siblings.
- Having to explain to friends or relatives where the child's parents are.

S

### Strategies to consider when working with relative caretakers to help ease or overcome feelings of *guilt and embarrassment*:

- Acknowledge feelings and normalize mistakes – “Mistakes happen and are part of learning.”
- Encourage forgiveness – “Forgiving yourself can lead to resilience which can then be developed within the child.”
- Remind the relative caretaker their commitment to the child makes a difference – “If it wasn't for you, who else would have stepped in to prevent placement with a non-relative?”
- Educate the relative caretaker on the systems/procedures/policies and how to respond confidently and accordingly.
- Discuss when it is appropriate to disclose or not disclose information – what, who, when, and how much.
- Explain your role and how you can help support the relative caretaker through: facilitation, coordination, accompanying, and behind-the-scenes efforts.
- Provide ideas of coping strategies that have worked for other relative caretakers or brainstorm new ideas with the relative caretaker.

## IV. Engaging Relative Caretakers

**Key**  
**2**

### Projection and transference of emotions

Sometimes, a relative caregiver has unresolved issues with a child's parent or parents. In those cases, the caregiver may not be able to separate their feelings for the parent from their feelings toward the child, leading to a projection or transference of emotions.

*"Acknowledging a child's resemblance to a parent is usually the highest compliment that can be paid to a child and parent. If the comparisons and resemblance are considered negative, however, then the child is subject to ridicule and misplaced feelings from the caregiver."*

Dr. Joseph Crumbley, LCSW

#### Projection and transference of emotions issues can occur when:

- Unresolved issues with the birth parent are transferred to child.
- The relative caretaker has difficulty perceiving the child's personality as different from the birth parent's.
- The relative caretaker does not appreciate the birth parent's influence on the child's growth and development.
- The child's behavior is misinterpreted as a personal attack.

**S**

#### Strategies to consider when working with relative caretakers to help ease or overcome feelings of projection and transference of emotions:

- Help the relative caretaker acknowledge positives and focus on individual strengths of both the parent and child.
- Discuss life experiences, opportunities (or lack thereof) that could have factored into why the birth parent is different from the relative caretaker.
- Brainstorm with the relative caretaker what opportunities are needed in order for the child to be different from their birth parents.
- Educate the relative caretaker on behaviors associated with grief and loss with respect to separation from birth parents to help encourage them to be more accepting of behaviors and become more driven to support and influence positive shifts in behavior.
- Help the relative to believe the child has the ability to make good choices and to learn from their own mistakes without implying their mistakes are a reflection of who their parent is.

## IV. Engaging Relative Caretakers

### **Key** Loyalties

**3** Upon accepting the role of relative caretaker, a relative has to commit to placing the needs of the child before the needs of the parent. As a result, the relative caretaker may experience feelings of split or dual loyalties.

**Loyalties issues can occur when:**

- The relative caretaker struggles with assuming the role of a parent out of fear of hurting the birth parent, who might perceive the relative as trying to replace them.
- Split loyalties and dual loyalties to both the birth parents and birth child exist.
- The relative caretaker feels disloyal by placing the child's needs before the birth parent's.
- Having to disclose negative information about the birth parents to others or agencies make the relative caretaker feel like they are betraying the birth parent.

### **S** Strategies to consider when working with relative caretakers to help ease or overcome feelings of loyalties:

- Have the relative caretaker answer the following questions:
  - Who is less able to help themselves?
  - Whose turn is it now?
  - Who deserves my help first?
  - Who does the agency need to see me caring for first?
- Gently remind the relative caretaker that if they try to "save" both the parent and the child at the same time, they may end up losing both of them.
- Help the relative caretaker prioritize loyalties and responsibilities.
- Discuss not infantilizing the birth parent with the relative caretaker.

### **Key** Bonding and attachment

**4** The caregivers may have a difficult time letting go of the role they once played in the life of the child. No longer are they the constant nurturer; in fact, sometimes, as a result of being the child's disciplinarian, the relative may be the adversary to the child. As relationship roles change, encourage the relative to talk with the child about their feelings – and share their own feelings with the child, as well. Such conversations can offer a strong bonding opportunity as they share and entrust one another with their feelings.

Bonding and attachment issues can occur when:

- Caretaker needs to establish a parent/child relationship instead of a relative/child relationship.

### **S** Strategies to consider when working with relative caretakers to help ease or overcome difficulties with bonding and attachment:

- Make sure the relative caretaker is aware that the child may need time to adjust to the relative in their new parental role.
- Help the relative caretaker develop a plan that will be shared with the child in order to earn each other's trust and show they deserve it – *"Share with the child what you will do to earn their trust and show the child you deserve their trust. Likewise, let the child know what are some things they can do to earn your trust and show you they deserve your trust."*
- Discuss with the relative caretaker that sharing loss and grief issues with the child is a bonding and attachment process.
- Encourage the relative caretaker to build a trusting relationship with the child through conversation.

## IV. Engaging Relative Caretakers

### Permanency Planning – Including Relative Caretakers

Including relative caretakers in permanency planning can prove to be very helpful when identifying goals and assigning members of the team to work together to achieve each goal in order to achieve the ultimate goal of permanence. Be cautious about the negative effects relatives could have on permanency planning due to friction within the family.

Key

1

#### Positive effects to consider when including relatives in permanency planning:

- It could promote and provide ongoing communication and clarification of shared responsibility as it relates to the care of the children.
- It may hold everyone on the team accountable for their part in the process.
- It could impact the outcome or progression of birth parent's responsibility by providing them the support needed to meet their own individual goals.

Key

2

#### Negative effects to consider when including relatives in permanency planning:

- Will past history cause negative feelings and interaction between the relative caretaker and birth parents?
- Will the relative caretaker be able to meet or comply with their legal or professional responsibilities?
- What is the relative caretaker's relationship with the parent(s) like? Is the relative caretaker able to comply with any legal mandates for the parent's involvement without regard to his or her own personal feelings?





## IV. Engaging Relative Caretakers

### Co-Parenting

Co-parenting is the sharing of parental responsibilities and tasks by various caretakers: birth parents, extended family members, relative caretakers, and secondary providers.

Key

1

#### Goals for co-parenting include:

- Maintaining parent/child connections in case of reunification during childhood or adulthood.
- Minimizing the loss, grief, and separation experienced by the child.
- Assisting the child in adjusting to and transitioning into the relative family.
- Insuring consistency and clarity in roles, messages, and parenting by the various care providers.
- Lessening the child's confusion or manipulation due to inconsistent parenting.

Key

2

#### Basic guidelines for effective co-parenting include:

- Don't belittle or put each other down in front of the child.
- Don't send messages to each other through the child.
- Don't change or contradict each other's rules or decisions without contacting each other first.
- Don't collude or side with the child against each other.
- Help the child re-frame and re-direct their issues or feelings to their birth parent or relative caretaker.
- Have consistent rules and expectations in both homes.
- Follow through and/or carry over with consequences and rewards in both homes.
- Provide the child a hierarchy for permission and of authority (e.g., "You have to ask your grandmother first for permission." "What did your uncle and aunt say?")
- Don't compete for, or try to buy, the child's love, loyalty, or forgiveness.



## IV. Engaging Relative Caretakers

**Key 3** **The role of relative caretakers is important and, when possible, they should help create an atmosphere that is inviting to the birth parents and shows them they want and are willing to co-parent for the best interest of the child.**

Some caregiver statements/dialogue that can help shape a positive co-parenting relationship with the birth parents are:

- "It will mean more to the children if they hear you say . . ."
- "The children need to know that it's OK with you before they will . . ."
- "Your child will feel better if you say . . ."
- "The children will listen a lot better to me or their teacher if you tell them . . ."
- "They'll trust me more if you say . . ."

These types of statements by the caregiver redefine a shared parenting relationship with the birth parent by:

- Validating the birth parent's role with the child.
- Acknowledging the birth parent's influence and significance as a parent.
- Re-defining a collaborative relationship between the birth parent and relative caregiver.

**Key 4** **Birth parents need to play a very important role in order for co-parenting to exist and be successful when collaborating with relative caretakers.**

Examples of pre-requisites for birth parents in order to share parenting in an effective way with relative caretakers includes:

- **Acknowledgment/Validation of Relative's Authority**
  - "Your aunt and uncle are now responsible for taking care of you."
  - "They're going to be able to take good care of you and be there when you need them."
- **Defer Authority to the Relative Caregiver**
  - "They're going to take care of and protect you the same way I would."
  - "When they speak, they speak for me."
- **Give Child Permission to Accept Their Relative's Authority**
  - "I want you to trust and obey them, the same way you would trust and listen to me."
- **Be Consistent**
  - "The same rules you follow in their home are the same rules you'll follow when you're with me."
  - "We both want what's best for you and for you to be happy and safe."
- **Give Child Permission to Bond With and Trust Their Caregiver**
  - "I want you to ask for help with problems the same way you asked me."
  - "You can trust them to help you and care for you the same way I love you."

## IV. Engaging Relative Caretakers

**Key 5** Combined roles, a team approach to further clarify roles and objectives between relative caretaker and birth parents, can be necessary in order to minimize and manage the child's confusion, manipulation, or resistance to the placement, change, and difference in households.

Examples of team approaches to clarify roles and objectives between relative caretaker and birth parents in order to share parenting in an effective way include:

- Redefining interactions and activities with each other and the child (e.g., disciplining, nurturing, church, school, recreation, holidays). "Who does what?"
- Identifying methods of decision-making, conflict resolution, and problem solving that do not triangulate the child. "How do we keep the child out of the middle?"
- Identifying and minimizing each other's projections and transference resulting from past unresolved issues or current conflicts. "Don't bring up the past to embarrass or hurt each other." "We can bring up the past only if we're going to talk about how we're going to do things differently to avoid repeating past mistakes."
- Identifying and de-escalating each other's competition or sabotage. (How not to compete or sabotage each other's roles and authority.)
- Sharing and "reality testing" mutual fantasies. "I hope so, but if not, then what?"
- Engaging in a loss and grief process related to their relationship and the child. "I wish things could have been different, but this is what we can do now to make things different in the future."
- Establishing future goals for the child and joint methods for accomplishing them (e.g., education, health, and psychological development).



*In summary, we leave you with a story about a youth who shared his inspirational story of gratitude towards his grandmother, who provided relative care for him as a youth in care, when his parents could not. The story speaks to the significance and positive impact relative care can have on our youth in care.*

## **A Grandmother's Gracious Love**

"Growing up, I didn't even realize that I was in the system," says Johnathan, age 23. Johnathan was placed in the care of his grandmother when he was a young boy growing up in Milwaukee. Johnathan's mother was unable to care for him and his three sisters due to her issues with alcohol and other drugs.

Johnathan loved his mother and he knew that his mother loved him. Consequently, he never gave up hope that he would be able to live with his mother again. He would one day live with his mother, but not in the way that he expected.

### **Growing up with Grandmother**

Johnathan's mother was unable to care for him, but his maternal grandmother was willing to care for Johnathan and his three sisters. She loved them. She was there for them. She reached out to them. She protected them. She was their rock. She was their saving grace.

Growing up with their grandmother meant that their family celebrated many cherished traditions with one another. Johnathan fondly remembers the first Friday of every month, which was known as Family Fun Night at their grandmother's house.

This was the time that everyone looked forward to playing games and watching movies together. They also celebrated all of the holidays together. Johnathan specifically remembers the Fourth of July celebrations because that was the time that his grandmother would pack a picnic lunch and off they would go to laugh, play, and eat together.

### **Family Matters**

Johnathan's grandmother always stressed the importance of family, which meant the world to her. She taught the importance of family to her grandchildren every day, and she did everything she could to reunite Johnathan and his siblings with their mother. Unfortunately, their mother could not win the battle against her drug addiction.

Johnathan is grateful that his grandmother prepared them for the day when they would be living on their own and how she taught them how to cook and clean at an early age. She taught him to be independent and successful in all areas of his life.

"She taught me everything I know," says Johnathan. "She is where I got my toughness, my smarts, and my survival skills."

He goes on to say, "She would give us the shirt off of her back if she had to."

### **Making Family Connections**

Johnathan has three sisters—one is 21 and is a student at UW-Madison, the next one is 20 and has earned a Certified Nursing Assistant degree. His youngest sister is 17 years old.

Johnathan is close with the two older sisters but unfortunately, he has lost contact with his younger sister. He doesn't know where she is, but hopes to reconnect with her. Johnathan has never met his father and has little information about him—although he does know that he has spent a considerable amount of time in prison.

Johnathan recently connected with his paternal grandfather, and he is in the process of making arrangements for Johnathan to meet his father. Johnathan is looking forward to that.

*Continued on next page*

## **Role Reversal**

"My mother always taught me not to take things for granted," Johnathan explains. He would soon discover the true meaning of those insightful words.

When Johnathan was 20, he received the news that would change both of their lives forever: His mother was diagnosed with multiple sclerosis.

Johnathan was determined to be there for his mother, and he was there for her when she needed him the most. This was his opportunity to reconnect with her and he dedicated his life to taking care of her the best way he knew how, through love and affection. Johnathan made certain that all of his mother's medical needs were taken care of.

"My mother loved all of us and she did the best she could to be there for us," Johnathan says. In turn, Johnathan was there to do whatever he could for his mother. In the midst of reconnecting with his mom, Johnathan was offered a basketball scholarship, but he turned it down to take care of his mother.

## **Losing the Ones You Love the Most**

Johnathan took care of his mother for two plus years. Her health took a turn for the worse, and she passed away at age of 40. Johnathan is grateful for the time that he was able to spend with his mother. He recalls how his mother tried to make up for the lost time with him, even though her health was deteriorating. He will always treasure the time he was able to spend with his mother.

Johnathan not only lost his mother but he also lost his grandmother, who passed away at the age of 54. He lost the two most important women in his life and had to reach for the strength to help him endure the tremendous feelings of grief and loss.

He misses his mother and grandmother dearly. "I felt as if I had lost two moms," Johnathan says.

"My whole life has been influenced by women. I will be successful because I have had caring people in my life."

His mother and grandmother both had a tremendous impact on his life and they surely would be proud to have raised such a thoughtful and compassionate person.

## **A Bright Future Ahead**

Johnathan is currently attending Milwaukee Area Technical College and is studying Broadcasting Telecommunication. His long-term goals are to graduate from Milwaukee Technical College and then pursue a Bachelor's degree.

Johnathan is excelling at school. When he's not studying, you can find him playing basketball. He plays on MATC's basketball team and hopes to pursue a professional basketball career. If he isn't able to fulfill that dream, he plans on pursuing a career in sports broadcasting.

Besides his involvement in athletics, he participates in the Milwaukee Youth Advisory Council and is also the president of the statewide Youth Advisory Council. He is a strong advocate for change for youth who grow up in care (including in the care of relatives).

Johnathan has spoken on numerous panels and he has advocated for change at the capital in Madison and also at the capital in Washington D.C. He exemplifies the notion that with hard work, you can achieve great accomplishments.

Most of all, he has given back what was his family taught him. Johnathan has had to overcome a great deal of hardship in his life and has persevered. He possesses the inner strength to work through whatever of life's obstacles are thrown his way.

His grandmother was there for him when he needed her, and in turn, he was there for his mother. Family has been a strong influence, and his current success is directly attributed to the two most precious women who graced his life, his mother and grandmother.



**Resources Used in Preparing *Introduction to Relative Care: A Resource Guide for Child Welfare Workers* by the Coalition for Children, Youth & Families**

Relatives Raising Children: An Overview of Kinship Care by Dr. Joseph Crumbley and Robert Little, 1997

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"Assessing Adult Relatives as Preferred Caregivers in Permanency Planning: A Competency-Based Curriculum," National Resource Center for Foster Care & Permanency Planning, 2002

*PowerPoint Presentations from the Foster Care and Adoption Resource Center's Recruitment & Retention Summit, Eau Claire, WI, September, 29, 2010:*

- "Assessing Families for Kinship Care," Dr. Joseph Crumbley, LCSW, 2010
- "Clinical Issues and Interventions with Relative Caregivers," Dr. Joseph Crumbley, LCSW, 2010
- "Co-Parenting in Kinship Families with Birth Parents," Dr. Joseph Cumbley, LCSW, 2010
- "Clinical Issues and Interventions with Youth in Kinship Care," Dr. Joseph Crumbley, LCSW, 2010



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Please call us whenever you need assistance and support.

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