

## **House Bill 14 Testimony**

### **Larry Bresler**

Chairman Merrin and members of the Health Committee, my name is Larry Bresler. I am a representative of Northern Ohioans for Budget Legislation Equality (NOBLE), an organization that works to give a voice to low income and vulnerable residents in the Ohio state budget and other issues. I have been a social worker for 45 years, and I teach at the Mandel School of Applied Social Sciences, Case Western Reserve University's school of social work.

I am speaking in support of H.B. 14.

It has been estimated that there are about 125,000 children living in kinship care relationships in Ohio. That is a conservative figure, as there is no hard figure as to the number of children living in kinship care relationships in Ohio. Furthermore, with the ravage of the opioid epidemic in Ohio, the number of those living with kinship care parents is substantially increasing.

Nationally, kinship care is the preferred placement to foster care. Research has shown that the outcomes for children who stay in a kinship care relationships is noticeably better than those in foster care relationships. This goes counter to the old myth that the "Apple does not fall far from the tree;" the idea that that if children need to be removed from their parents, then the grandparents and other kin of that parent should be the last people that should be caregivers.

In fact, the opposite is true. Children in kinship care have better physical, cognitive, emotional, and skill-based scores than those in foster care. By being placed with kinship caregiver, children minimize the trauma of removal. Furthermore, children who reunify with their birth parent(s) after kinship care are less likely to re-enter foster care than those who had been in non-relative foster placements or in group care facilities.

Consequently, we should be doing whatever we can to provide the resources that are necessary that allows kinship care givers to provide the best care that they are able.

A view held by many is that grandparents and other relatives have the moral responsibility to care for their grandchildren, nieces, nephews etc. Indeed, most kinship care do believe that it is their moral responsibility to care for their kin. However, many do not have the resources to do so. Many are older grandparents who are on fixed income, who may have the resources to take care of themselves but struggle mightily to take care of unintended dependents.

There are resources available for kinship care givers, but few people take advantage of them, On a national basis, fewer than 12 percent of kin caregivers receive help from TANF for children, although a high percentage are eligible; only 42 percent of low-income kinship

families get SNAP benefits (food stamps) and assistance with child care costs are received by only 15.

There is available state support in Ohio for kinship care providers such as monetary, child care, legal assistance, medical care and mental health and counseling. However, so many of these kinship parents are not aware that any of this support exists. They frequently feel isolated and inadequate. They are not the caregivers that they wish to be nor are they providing the resources that their fragile kinship children need.

This is why we need the passage of HB 14. A fully functioning Navigator program will allow kinship caregivers to receive the critical information and referrals that they need so that can obtain the funding, services and support that is available to them to provide the best care in the best environment for the children in their care.

I urge the members of the committee to support House Bill 14.