

Facilitator Guide



Facilitator's Curriculum Guide

Modules 1–6

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Introduction

This curriculum was developed by the National Center for Child Welfare Excellence.

Special Information for Facilitators

Assessing Adult Relatives as Preferred Caretakers in Permanency Planning: A Competency-Based Curriculum was developed by the National Center for Child Welfare Excellence.

The curriculum is divided into modules:

- Module One: Kinship Care—History and Current Trends
- Module Two: The Impact of Culture
- Module Three: Engaging Families
- Module Four: Family Search and Engagement
- Module Five: Family Assessment Process
- Module Six: Family Support Plans

The following will assist you in knowing how to navigate and use the curriculum:

- "△" designates the use of a PowerPoint slide.
- Module-at-a-Glance provides the Facilitator with an overview of each module, including what handouts and materials are needed.
- Handouts can be copied into one booklet and provided to participants at the beginning of the training day.
- In most cases the content of the handouts is incorporated directly into the Facilitator's Curriculum Guide. When this is done, it is immediately visible to the facilitator as the font is smaller and there is a double lined box around the text. (By copying the handout into the curriculum the facilitator can avoid going back and forth from the curriculum to the handouts.)

We strongly urge all facilitators to download and review the resources cited in the Appendices. These materials reflect some of the best research and practice that has developed in the past years. The developers of these materials have spent many years identifying best practices. Most of these resources can be found on the Web and may be downloaded at no charge.

Competencies and Learning Objectives

Module One: Kinship Care—History and Current Trends

Worker knows and understands the legal mandates, principles and premises guiding kinship care as part of permanency planning for children and youth.

- Explain how the current legislation impacts relative placements and permanency planning for children and youth.
- Explain national trends of children and youth in placement.
- Explain benefits of kinship care.
- Describe effective permanency planning.

Module Two: The Impact of Culture

Worker knows and understands how one's own cultural background, values, and attitudes influence the helping process and is able to develop strategies that balance personal beliefs and professional responsibilities.

- Clarify one's personal and cultural beliefs and values regarding kin caregivers.
- Acknowledge and discuss the ambivalence workers may have about placing children and youth with kin.
- Identify strategies for balancing personal views with professional responsibilities towards cultural competence.

Module Three: Engaging Families

Worker is able to engage families through conveying mutual respect, genuineness and empathy.

- Define mutual respect, empathy, genuineness.
- Describe ways that respect, empathy and genuineness is conveyed by cultures.
- Demonstrate and convey respect, empathy and genuineness and full disclosure when working with kin caregivers.

Module Four: Family Search and Engagement

Worker knows and understands the importance of searching for appropriate kin to provide permanency for the children and youth in their care.

- Know the six steps of Family Search and Engagement.
- Explain the Family Search and Engagement Lessons Learned.

Module Five: Family Assessment Process

Worker knows how to engage and contract with relatives to assess safety, placement and permanency potential.

- Explain the stages of the kin caregiver assessment process.
- Describe the importance of full disclosure to engage, contract with and begin the assessment process with kin caregivers.

- Identify and discuss safety and protective factors to be considered when assessing kin caregivers.
- Demonstrate ability to identify issues that need to be addressed in using full disclosure, including the option of diversion from foster care.

Module Six: Family Support Plans

Worker knows how to develop an individualized support plan based on caregiver needs assessment.

- Demonstrate the ability to take safety and protective factors and develop SMART goals for a support plan.
- Demonstrate a connection between needs, services and supports when writing the support plan.

Module-at-a-Glance

Module Name	Time	Methods	Materials Needed
Module One: Kinship Care— History and Current Trends	90 mins	LectureDiscussionVideo	 ✓ Computer ✓ Projector ✓ PPT presentation on thumb drive or computer hard drive ✓ Easel pad ✓ Markers ✓ Small prizes (if available)
Module Two: The Impact of Culture	75 mins	LectureDiscussionVideo	 ✓ Computer ✓ Projector ✓ PPT presentation ✓ Easel pad ✓ Markers
Module Three: Engaging Families	90 mins	LectureDiscussionActivity	 ✓ Computer ✓ Projector ✓ PPT presentation ✓ Easel pad ✓ Markers ✓ Blindfolds (1 per pair of participants)
Module Four: Family Search and Engagement	105 mins	LectureDiscussionVideo	 ✓ Computer ✓ Projector ✓ PPT presentation ✓ Easel pad ✓ Markers ✓ Large envelope or small container ✓ Resource Booklet "Six Steps to Find a Family: A Practice Guide to Search and Engagement"
Module Five: Family Assessment Process	240 mins	LectureDiscussionVideoActivity	 ✓ Computer ✓ Projector ✓ PPT presentation ✓ Easel pad ✓ Markers
Module Six: Family Support Plans	120 mins	LectureDiscussionActivity	 ✓ Computer ✓ Projector ✓ PPT presentation ✓ Easel pad ✓ Markers

Module One: Kinship Care—History and Current Trends

Time

90 minutes

Competency

Worker knows and understands the legal mandates, principles and premises guiding kinship care as part of permanency planning for children and youth.

Objectives

- Explain how the current legislation impacts relative placements and permanency planning for children and youth.
- Explain national trends of children and youth in placement.
- Explain benefits of kinship care.
- Describe of effective permanency planning.

Materials

- ✓ Computer
- ✓ Projector
- ✓ PowerPoint presentation (thumb drive or computer hard drive)
- ✓ Easel pad
- ✓ Markers
- ✓ Small prizes (if available)

Handouts

- Handout 1.1: National Trends—Children in Placement
- Handout 1.2: Timeline of Major Federal Legislation
- Handout 1.3: Permanency Planning Framework
- Handout 1.4: Family-Centered and Community-Based Response

Facilitator's Notes

Set up the computer and projector in advance to ensure that the PowerPoint presentation and embedded video links are working properly.

Introduction

Welcome the participants.

△ **Display** PowerPoint 1.1: Module One Title Slide.

Introduce the goals of this two-day training by delivering the following description:

The National Center for Child Welfare Excellence at the Hunter College Silberman School of Social Work has developed a competency-based training curriculum that will provide caseworkers and supervisors with the family-centered and culturally responsive knowledge and skills necessary for making assessments and decisions regarding the appropriateness of relatives as placement and permanency planning resources for children requiring out-of-home care.

Explain that the development of this curriculum has had the input from caseworkers, supervisors, administrators and relative caregivers themselves. We've integrated values and skills they listed as essential to making comprehensive assessments and informed decisions regarding relatives as placement and permanency planning resources. The curriculum has been piloted and revised to reflect the most relevant skills needed.

■ Display PowerPoint 1.2: Competencies and Learning Objectives.

State that this two-day training will provide you the opportunity to:

 Ground your knowledge in the history and legal mandates of relative care;

- Explore the values inherent in child welfare practice and working with relative caregivers as well as our own values that influence the way we assess and plan with families;
- Deepen your understanding of the importance of cultural competency and the dangers of stereotyping the families who are potential relative caregivers; and
- Examine the process for determining relatives' capacity and motivation to provide safe and stable placements and serve as potential permanency resources for children who need out-of-home care.

Review the logistical concerns for today, such as beginning and ending on time, breaks and confidentiality.

Offer an overview of the training agenda.

Establish the ground rules for the training, and make sure that people have contributed rules that will help them feel comfortable and open to learning.

Display PowerPoint 1.3: Introductions.

Conduct introduction activity. Invite participants to introduce themselves to the group by stating:

- Name (or family nickname)
- Meaning or story behind the name

Note to Facilitator:

 Begin the activity by sharing a story about your own name along with a story about how your parents/family influenced the name or nickname.
 This could relate to your first name or the origin of your surname.

Conclude by noting that at the core of our identities, family has an influence. Throughout this training, it is important to keep in mind that when separated from their parents and extended families, youth in foster care lose an important part of their identities. Throughout this training, we will examine how kinship care can renew a sense of identity and connection. It can also promote safety, well-being, and permanency when well executed.

National Trends

Review national trends of children in care today using Handout 1.1: National Trends—Children in Placement.

Handout 1.1

National Trends—Children in Placement

US Department of Health and Human Services. (2013) The AFCARS Report: Preliminary FY 2012 Estimates as of June 2013(20). Retrieved February 2014 from http://www.acf.hhs.gov/sites/default/files/cb/afcarsreport20.pdf

- As of 2013 there were 397,122 children in state-supported out-of-home care
- Admissions were higher than discharges-with concentrations in the major urban centers
- Much of the growth has been children placed with relatives comprising 26% of all placements
- Infants and young children—the largest segment of the foster care population
- African American children stay longer in foster care than any other racial or ethnic group
- Societal attitudes about the importance of kin as a resource for children have shifted with a greater emphasis on strengths of family member
- Relatives who care for children in foster care now have access to financial support

Introduce "Bevanjae's Story" by explaining that it is one of several digital stories we will see over the next two days. These stories involve actual youth and families who courageously share their true stories about the child welfare system so that we can learn from their experiences.

△ **Show** "Bevanjae's Story" using the link embedded in PowerPoint 1.4: Bevanjae's Story.

Discuss the digital story by asking participants:

- Describe how you felt watching Bevanjae's story?
- What were some of the dilemmas she identified?
- How would you have helped her resolve the issues she raised in her story?
- What are some of the lessons learned from her story?

Explain that during the two days we are going to explore issues of relative care. However, we must first examine the history of relative/kinship care.

Cultural and Legal Roots of Relative Care

Ask participants to begin by defining relative/kinship care. Write their responses on the easel pad.

State that relative care is the full time parenting of children by kin, as defined by the Child Welfare League of America (CWLA.)

☑ **Display** Power Point Slide 1.5: Kinship Care.

"Kinship care is the full time nurturing and protection of children by relatives, members of their tribes or clans, godparents, stepparents or any adult who has a kinship bond with the child." (Kinship Care: A Natural Bridge. CWLA, 1994).

Ask, "How does this inclusive definition demonstrate a respect for cultural values and affectional ties?"

Encourage a brief discussion of the inclusiveness of this definition, and the importance of inclusion in child welfare practice today.

Explain that there are several types of kinship care:

- Informal—Arrangements made by family with no involvement of the child welfare system.
- Voluntary—Some involvement with "the system" but family steps in to prevent placement in foster care.
- Formal—Placement in agency custody resulting in care by approved relatives.

Note that for the purposes of this course, we will be focusing on formal kinship care for children who have been placed in foster care.

Use the following history to place relative care in context.

State that informal kinship care has historic roots in most cultures. It served to protect children whose parents were absent from the family circle for a number of reasons:

- Poverty/ Economic challenges
- Lack of available work in the community
- Death of parent
- Inability of birth parents to provide adequately for the child
- Incarceration of parent
- Illness of the parent (either mental or physical)
- Underage parents who lacked maturity or ability to care for a child when they were children themselves
- Substance abuse by parents
- Family history of informal adoption within family.

Explain that relative care has long been a tradition in many cultures for all of the reasons listed above.

In ancient times and throughout history, orphaned children were cared for by their kin based on expectations set forth in the clan, tribe, or culture. Religions, to include Christianity and Judaism, made provisions for the care of children in family homes. For many centuries, no institution outside of the family existed to care for children.

In the United States, it is common for children outside of the foster care system to be raised by grandparents, aunts, uncles, cousins and "fictive kin" (those not related by blood or marriage but who are thought of as part of the extended family).

- In African-American families, children are often informally "adopted" by kin.
- Latinos also have an informal system of intra-family adoptions that evolved based on need. These informal adoptions were a way of "sharing the burden" of care when parents were unable to assume their parental roles.
- Indian tribes have traditionally cared for their own within the cultural norms of each tribe, with informal "adoptions" a part of the varied tribal traditions.

For many families, it was common for three generations of family to live together with flexible boundaries that represented family or clan over the nuclear family.

For African American families, the traditions of living in multigenerational families sharing responsibility for child rearing were brought to this country during slavery. These practices continued as post-slavery communities developed and young people made their way north and east and west to seek work and a better life. Children were either left with relatives; grandparents, aunts, uncles, godparents, fictive kin or sent back to live with them while their parents continued to work and send money home for their care. Children knew their parents were away from "home" due to economic necessity and expected that one way or another they would be reunited with their parents.

After slavery, the need arose to provide support to families in minority communities, particularly in the rural south. Thus, the development of mutual aid societies, generally faith-based, began. When public systems did exist, they did not serve minority families.

For families of European descent who immigrated to the United States, there was often a lack of extended family support available in this country, thus

children were reared primarily by the nuclear family. In some communities, "outdoor relief" (aid provided to destitute parents in their own homes) preserved a child's family unit during times of hardship. However, due to the strong value placed on self-reliance, attitudes about the dependent poor were very punitive. Almshouses or poorhouses emerged where paupers and their children could reside but conditions were often disgraceful and some states began to remove children from the poorhouses.

Institutions caring solely for children began to emerge. Some asylums served children with special physical or mental health needs; others were created for dependent or orphaned children. Many orphanages and asylums were run by religious denominations and required families to surrender their rights upon placement; the vast majority were for white children only. However, Native American families were also impacted by institutionalization as many children were forced off of reservations to boarding schools.

Another approach to dependent children was the free foster home movement. This movement, which included transporting children from cities to rural families via "orphan trains", advocated the placement of children in families instead of institutions. The 1909 White House Conference of Children solidified the belief that children should be raised in family settings. Child welfare practice subsequently focused on the development and support of foster families; however, there was a lack of emphasis on reunification or the importance of families of origin.

Conceptual Shift

Explain that what has changed over time is that we have moved from a conceptual base of family helping family, which builds on family strengths, responsibility and resiliency, to developing a formal system of "care" outside the family.

With the formalization of care, came timeframes for planning and decision-making, and the expectation that families would formalize or legalize the care-giving status through foster care, legal guardianship or adoption placements.

Families are often ambivalent about making decisions to engage in the formal/legal foster care or adoption process. Expecting relatives to be bound by a number of rules that govern traditional foster parents has been at least awkward if not offensive for some families. Yet, we are learning that in our large urban areas close to one half of the child welfare placements involve relatives (NYC, IL), and child welfare systems have been forced to struggle with the best way to protect children from harm and support relatives as caregivers when appropriate.

This conceptual shift may create a dilemma for families who require financial assistance and services but may be put off by the designation or label of "foster parent". The term "relative or kinship foster parent" may soften the blow for some; however; the stigma may disturb many relatives. This creates natural dilemmas for families—and agency staff as well. Given the situations that brought the children to the attention of the formal child welfare system, is it any wonder that we struggle to find common ground between families and the formal system?

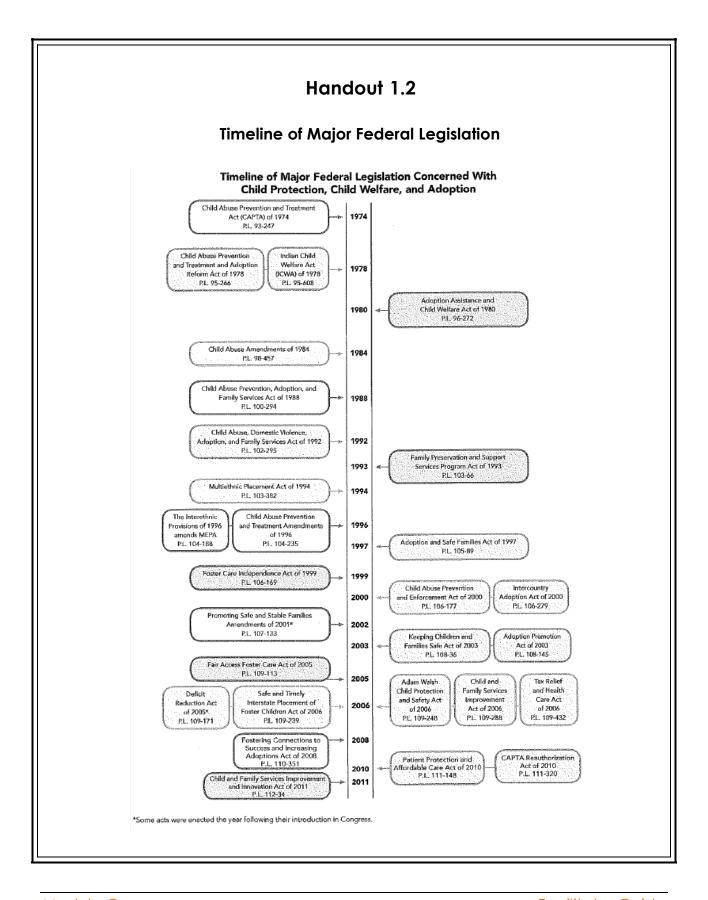
We continue to attempt, nevertheless, to ensure that children will grow up in homes that keep them connected to family and that provide them with the safety, well-being, stability and permanence that they need and deserve.

Federal Child Welfare Legislation

Note that the Child Abuse Prevention and Treatment Act set into motion our country's formal system of Child Protective Services and Foster Care.

Much of the subsequent federal legislation focused specifically on meeting the needs of children. When parents abused/neglected a child, they (and their extended families) often faced judgment and the importance of the family of origin was not recognized. Because the focus was on the child's well-being, it often appeared safer to leave the child in foster care indefinitely rather than to expose them to the possibility of further abuse/neglect.

Refer participants to Handout 1.2: Timeline of Major Federal Legislation.



Explain that in recent years, our system has come to understand a child's need for stability, family connections, and permanency.

Ask participants from their experiences why they think relative care has emerged as a major trend within the child welfare system.

Record the responses on the easel pad.

Note to Facilitator:

You may hear some of the following answers:

- Legislative mandates and policy shifts;
- Family connections are important to children;
- Relatives have come forward informally and formally;
- More children at younger ages are requiring out-of-home care due to parental abuse and/or neglect resulting from increased drug use and dependency, domestic violence, homelessness, mental illness, persistent poverty and racism.

Discuss that despite an increasing understanding of the value of relative placements, the child welfare practice has historically been child focused and has only recently begun to move toward family-centered practice that incorporates relatives. The system struggles to balance safety, permanency, and well-being and to weigh competing factors to determine what is in a child's best interest.

Family-Centered Practice

Introduce the next series of Digital Stories which can be found at the NRCPFC website under the title, "A Family Mosaic".

Read from the NRCPFC description:

"When Benjamin began creating his digital story, we knew it would be an important one. How did this bright young man with a stellar academic record

and a love for acting cope with the absence of his parents and navigate through the foster care system? What we didn't anticipate was that, in addition to birthday cards and photos for his project, Benjamin would bring his cousin, aunt, and adoptive mother to share their own stories. Each of them offers a different perspective on kinship, foster care, and adoption. Like a mosaic, each tale of loss, strength, and love adds up to reveal the bigger picture showing how the foster care system directly impacted one family."

Instruct participants to identify and prepare to discuss the child welfare practices that were effective or ineffective.

Describe each sequence and then play using the embedded links in the referenced PowerPoint slides.

"The story begins with <u>Benjamin</u>, whose rocky journey through the child welfare system ends in adoption by family. With deep awareness, this 19-year old helps us understand how dual feelings for both birth and adoptive families can create strong bonds, and yet conflicting emotions."

☑ **Display** PowerPoint 1.6: Benjamin's Story and play the Digital Story.

Proceed to the next segment using the following introduction from the NRCPFC website:

"What impact do placement decisions have on families? Benjamin's aunt <u>Saudah</u>, and her daughter, <u>Shanay</u>, initially welcomed the little boy into their own home just to see him removed and placed with a foster family. Their stories help us understand the trauma experienced by the family who is left behind with no services to help them deal with issues of grief and loss."

- Display PowerPoint 1.7: Saudah and play the Digital Story.
- Display PowerPoint 1.8: Shanay and play the Digital Story.

"Finally, through Benjamin's adoptive mother, <u>Shareefah</u>, we hear how important it is to keep family together and how unconditional love and support can heal even the deepest wounds."

- Display PowerPoint 1.9: Shareefah and play the Digital Story.
- ☐ **Display** PowerPoint 1.10: Video Discussion to guide discussion.

Note to facilitator:

You may hear some of the following answers:

Effective practices regarding:

- <u>Safety</u>—Benjamin was placed in the care of a safe and appropriate relative when he could not safely remain in the care of his parents.
- <u>Permanency</u>—Benjamin was ultimately adopted by a relative.
- Well-Being—Benjamin received good care from his relatives.
- <u>Family Connections</u>—The agency was committed to placing Benjamin with his sibling and also sought out relatives to care for him. He developed positive connections with his relatives.

Ineffective practices regarding:

- Safety—Benjamin was abused in his non-relative agency foster home.
- <u>Permanency</u>—Benjamin's first placement with a relative was disrupted, negatively impacting his stability and lengthening his stay in foster care.
- Well-Being—Neither Benjamin or his family had any voice or choice in the
 decision to move him to a non-relative foster home with a sibling (with
 whom he did not have relationship). In addition, the first relative to care
 for Benjamin received inadequate support to meet his needs.
- <u>Family Connections</u>—Benjamin was taken away from his aunt and cousin with whom he was strongly attached. His relatives were also traumatized by his removal from their home.

Responding to Legal Mandates—Family-Centered and Community-Based Practice

State that as the Digital Stories demonstrate, there is still much work to be done to make our practice increasingly responsive not only to the needs of the child, but also to the needs of the immediate and extended family members.

The answers are not always clear cut; workers must sometimes balance competing interests as illustrated in Benjamin's story when the goal to place Benjamin with a sibling was in conflict with the goal to keep him in a stable relative placement.

The best outcomes occur when we invite the youth and family to be part of the decision making process, thereby giving them voice and choice rather than making the decisions on their behalf.

Refer participants to **Handout 1.3: Permanency Planning Framework**.

State that several federal mandates have guided our practice based on the understanding that services need to be child focused, but also family centered.

Handout 1.3

Permanency Planning Framework

Adoption Assistance and Child Welfare Act of 1980—PL: 96-272 Adoption and Safe Families Act of 1997—ASFA Fostering Connections to Success and Increasing Adoptions Act of 2008

Permanency Planning involves a mix of family-centered casework and legal strategies designed to assure that children have safe, caring, stable and lifetime families in which to grow up.

- Begins with early intervention and prevention with reasonable efforts to prevent unnecessary out-of-home care when safety can be assured
- Safety as a paramount concern throughout the life of the case—with aggravated circumstances identified when reasonable efforts to preserve or reunify families may not be required; criminal background checks for foster/adoptive families;
- Appropriate least restrictive out-of-home placements within family (relatives as the preferred placement/permanency option), culture and community
- Obtain state and federal support data to help locate children's parents and other relatives
- Provide relatives with notice of the placement of a related child within 30 days after removal
- Inform relatives of their options to become a licensed foster home
- Comprehensive family and child assessments, written case plans, goaloriented practice, frequent case reviews and concurrent permanency plans encouraged
- Reasonable efforts to reunify families and maintain family connections and continuity in children's relationships when safety can be assured; time-limited reunification services.
- Reasonable efforts to place siblings together or to ensure frequent visitation if not placed together

Handout 1.3

Permanency Planning Framework

- Reasonable efforts to find alternative permanency options outside of the child welfare system when children cannot return to parents—through adoption and legal guardianship
- Expedited filing of termination of parental rights petition if the child has been in out-of-home placement 15 out of the last 22 months after placement—if exceptions do not apply
- Collaborative case activity—partnerships among birth parents, foster parents, relative caregivers, agency staff, court and legal staff, and community service providers

Divide participants into small groups and allow 5 minutes for a discussion on how some of these principles are demonstrated in their daily casework.

Ask for three or four examples from the participants regarding their daily work.

Refer participants to the "Values and Beliefs" section of **Handout 1.4: Family-Centered and Community-Based Response**.

Handout 1.4

Family-Centered and Community-Based Response

Values and Beliefs

- Children need safe, stable, supportive families and communities—and continuity in their significant relationships—for their healthy growth and development
- The temporary and unpredictable nature of the foster care experience itself can work against children's healthy development
- Concern about safety of children and all family members should be addressed
- Case work should show respect for family dignity, strengths, diversity and cultural heritage
- Social Work is grounded in the belief that people can change with the right education and supports
- · Crisis can bring opportunities for change and growth

Program Design

- Accessible, flexible, home and community-based family services and supports
- Systemic legal and casework structures/tools that support timely decisions about permanency—with time to do the complex work with birth and foster/adoptive families, relative caregivers, children, community resources
- Defining and getting to know the neighborhood or community to be served
- Accountability: outcome-based services and program evaluation
- Creative financing strategies and service design
- Opportunities for creative supervision, training, technical assistance

Handout 1.4

Family-Centered and Community-Based Response

Practice Strategies

- Building trust with families and communities: family supports, family group meetings and community organizing efforts
- Focus on strengths/resources within the family and community to improve conditions for children
- Appropriate placements within children's family, culture and community
- Innovative recruitment and retention efforts with foster/adoptive families from the community
- Emphasis on family involvement and partnerships—open communication; inclusive practice, doing with/not for; agency, birth family and foster parent collaboration
- Strengths-based, comprehensive family assessments that promote healthy development
- Using family group conferencing and child welfare mediation strategies to resolve conflicts in non-adversarial ways
- Goal-oriented, problem-solving focus—with skill-building teaching strategies and family supports and timely decision-making about where children will grow up
- Listening to the stories of children to help them cope with the foster care experience
- Timely case review and decision-making about where children will grow up

Ask participants how one or two of the values can be concretely demonstrated in services to children and families.

Refer participants to the "Program Design" section of **Handout 1.4**.

Ask someone to give an example of how their program works in meeting one or more of these criteria.

Refer participants to the "Practice Strategies" section of **Handout 1.4**.

Ask how the use of any of these specific strategies may have impacted the ineffective practice examples identified in Benjamin's Digital Story.

Note that this training will focus on providing tools and building skills to support staff in the implementation of these strategies.

State that this framework especially responds to children's needs and the impact of placement on them—whether living with relatives or non-relatives.

Benefits of Kinship Care

Invite participants to participate in a competitive activity.

Instruct small groups to discuss the potential benefits of placing youth in kinship care and list as many as possible in three (3) minutes. If the setting permits hanging materials on the wall, provide groups with easel paper and markers and post their lists upon completion.

Lead the class in recognizing/applauding the group with the most exhaustive list. Provide a small prize to the group if available.

Review the research findings regarding the benefits of kinship care and commend participants for the benefits they recognized from their own practice.

Say: Kinship care represents an opportunity for states to provide children with the safety of foster care by placing them with families that are committed to permanency. At the same time, kinship care can enhance children's well-being

by keeping them connected with relatives, their communities, and their ethnic, racial and cultural traditions (Conway & Hutson, 2007).

Display PowerPoint 1.11: Benefits of Kinship Care.

Specifically, studies show that children in kinship care:

- Experience fewer placement changes than children placed with non-kin parents (Testa, 2001)
- Are more likely to live with their siblings when they are placed with kin (Shlonsky, Webster, & Needell, 2003; Wulczyn & Zimmerman, 2005).
- Are less likely to change schools than children in non-relative foster care or in group care (National Survey of Child and Adolescent Well-Being [NSCAW, 2005).
- Have scores in physical, cognitive, emotional and skill-based domains that are more like children who are able to remain at home after child abuse and neglect investigation than children placed in unrelated foster care or a group home (NSCAW, 2005).
- Are, after reunifying with their parents after kinship care, less likely to reenter foster care than those who had been in non-relative foster placements or in group care facilities (Courtney & Needell, 1997).

☐ **Display** PowerPoint 1.12: Benefits of Kinship Care.

Children in kinship care, compared to children placed with non-relative foster parents, report more positive perceptions of their placements and have fewer behavioral problems. Children in kinship care are:

- More likely to report liking those with whom they live (93% compared to 79% for children in non-relative foster care and 51% of children in group care) (NSCAW, 2005).
- More likely to report wanting their current placement to be their permanent home (61% compared to 27% in unrelated foster care and 2% in group care) (NSCAW, 2005)
- Less likely to report having tried to run away (6% compared to 16% and 35%) (NSCAW, 2005)
- More likely to report that they "always felt loved" (94% compared to 82% in non-relative foster care (Wilson, 1996)
- Likely to be rated by their teachers and caregivers as having fewer behavioral problems than their peers in other out-of-home care settings (NSCAW, 2005).

(Source: NRCPFC, Kinship Care and the Fostering Connections to Success and Increasing Adoptions Act of 2008: A Web-based Toolkit.)

Summarize the module by asking participants what they learned, what surprised them, and why it's important to be grounded in the historical and legal context when working with families involved with the child welfare system.

State that in this module, we examined how historical events and society's values have influenced child welfare practice, which moved away from the natural supports of the family system to a system of substitute care.

As a result of our system's long term reliance on "professional foster families", we are sometimes hesitant to trust relatives. In the next module, we will explore the importance of cultural competence in assessing and supporting kinship placements. We will explore how different cultural backgrounds can influence our personal perceptions about relatives and create ambivalence about kinship care.

Allow a break before the next module.

Module Two: The Impact of Culture

Time

75 minutes

Competency

Worker knows and understands how one's own cultural background, values, and attitudes influence the helping process and is able to develop strategies that balance personal beliefs and professional responsibilities.

Objectives

- Clarify one's personal and cultural beliefs and values regarding kin caregivers.
- Acknowledge and discuss the ambivalence workers may have about placing children and youth with kin.
- Identify strategies for balancing personal views with professional responsibilities towards cultural competence.

Materials

- ✓ Computer
- ✓ Projector
- ✓ PowerPoint presentation (thumb drive or computer hard drive)
- ✓ Easel pad
- ✓ Markers

Handouts

- Handout 2.1: My Personal Journey
- Handout 2.2: Culture—Defining Culture, Cultural Competence and "Cultural Competence Continuum"
- Handout 2.2: Starting Where the Client Is

Facilitator's Notes

△ **Display** PowerPoint 2.1: Module Two Title Slide.

Review the previous module and give a brief preview of the material that will be covered within this module.

In our last activity we explored how society's values and ours influence policy and our practice. It is also important to examine how values influence our ability to understand cultural differences and how we respond to the differences. Our cultural background and identification influences our ability to understand and assess potential relatives' caregiving capacities – and may contribute to ambivalence about placing children with relative care providers.

How Personal Values Influence Our Practice

Refer participants to Handout 2.1: My Personal Journey.

Handout 2.1

	My Personal Journey			
1.	Think about your family as you were growing up. What people did you consider as part of your family?			
2.	What traditions/rituals were significant to your family?			
3.	Who invested something in you as you were growing up? Your family? Other adults? Friends your age? Someone at school? Someone at church?			
4.	What two values were important in the context of your family?			
5.	Currently, have you incorporated these values into your life? If not, what values are important to you now? What values do you hope to pass on to the next generation?			

Facilitator Guide Module Two

Ask for volunteers to discuss who is included in their definition of family.

Ask for examples to illustrate a broader definition of family, which includes more than just the nuclear family, more than just the extended family, and perhaps neighbors, clergy, and friends.

Relate the discussion on relative care to this broader definition of family.

Remind the participants that when we say we are working with family, it may often just mean the birth mother, or perhaps the birth father. We are challenged to extend our efforts in identifying family members and engaging with them in a way that honors this broader definition of family.

Ask participants what they first think of when they hear the African proverb, "It takes a village to raise a child".

Record their responses on the easel pad.

Ask if this proverb is true today and why. Ask the group what specific cultures (to include their own and those with whom they have worked) embrace this proverb.

Defining Culture and Cultural Competency

State that it's important to have a working definition of culture in order to ground our discussion.

Ask participants, "When you think of the word culture—what comes to mind?"

Note to facilitator:

Responses may include:

- Religion
- Way of life
- Beliefs
- Foods
- Diet
- Money

- Behavior
- Prejudices
- Language
- Feelings
- Rituals
- Values

Record participants' answers on the easel pad.

State that culture goes beyond a traits perspective.

Culture can also include the issues or experiences that many individuals from a group have lived through due to historical factors. These shared experiences influence the collective identity of a group and have an impact on individual identity.

These experiences include:

- Gender
- Age
- Sexual orientation
- Disability
- Widespread exposure to public or intimate violence
- Experiences of physical, sexual, or severe psychological abuse or neglect
- Severe deprivation such as hunger or childhood abandonment
- Religious affiliation and spirituality
- Privileged status
- Disadvantaged status
- Political and other forms of institutional oppression
- Immigration

(Source: Mederos, F. and Wolderguiorguis, I., (2003). Beyond Cultural Competence: What Child Protection Managers Need to Know and Do, Child Welfare, 82, 2.)

Note that the goal in developing cultural competence is not to build an extensive list of differences, but to encourage an awareness of the many factors that can have a lasting and deep impact on service provision.

Emphasize that when asked to work with a child welfare agency, people may respond in very different ways depending on their prior experiences with government agencies, immigration status, sexual orientation, ability to understand and speak English, cultural traditions about disclosing family problems, etc.

Likewise, the worker's gender, race, linguistic capacity, and cultural knowledge may influence his/her ability to connect with the family. (Mederos & Wolderguiorguis, pp. 7-8)

Refer participants to Handout 2.2: Defining Culture and Cultural Competence.

Handout 2.2

Culture—Defining Culture, Cultural Competence and Cultural Competence Continuum

Culture

The dynamic pattern of learned behaviors, values and beliefs exhibited by a group of people who share historical and geographical proximity. (Dodson, 1983)

Cultural Competence

A set of congruent behaviors, attitudes, and policies that come together in a system or agency, or among professionals, that enable the system, agency, or those professionals to work effectively in cross-cultural situations. (Cross, et al., 1989)

Culturally Competent Practice

Includes the practitioner's commitment to provide culturally competent services, an awareness and acceptance of cultural differences, an awareness of one's own cultural values, an understanding of what occurs in cross-cultural interactions, and a basic knowledge about the culture of the people with whom one is working and an ability to adapt practice skills to fit that culture. (Cross, et al., 1989)

Non-Deficit (Strengths Approach)

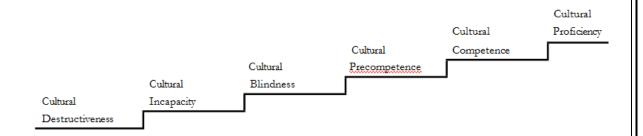
The description of those thinking processes that try to recognize the wholeness of human activity. Such thinking usually begins with an understanding of the socio-cultural validity and integrity of persons under discussion. (Dodson, 1983)

Cross, Terry L.; Brazon, Barbara, J.; Dennis, Karl W.; Isaacs, Mareasa R., Towards a Culturally Competent System of Care: A Monograph on Effective Services for Minority Children Who are Severely Emotionally Disturbed. CASSP Technical Assistance Center, Georgetown University, 1989.

Dodson, Jualynne E. An Afrocentric Educational Manual: Toward A Non-Deficit Perspective in Services to Families and Children. Center for Continuing Education, University of Tennessee, 1983.

Culture—Defining Culture, Cultural Competence and Cultural Competence Continuum

Cultural Competence Continuum



(Adapted from Cross, Terry L.; Brazen, Barbara J.; Dennis, Karl W.; Isaacs, Mareasa R., Towards a Culturally Competent System of Care: A Monograph on Effective Services for Minority Children Who Are Severely Emotionally Disturbed. CASSP Technical Assistance Center, Georgetown University, 1989, by Drenda Lakin, National Resource Center for Special Needs Adoption, 1990; revised, 1993.)

Cultural Destructiveness

Is represented by attitudes, policies, and practices that are destructive to cultures and, consequently, to the individuals within the culture. There are assumptions that one's own race or culture is superior to another and that "lesser" cultures should be eradicated because of their perceived subhuman position. Bigotry coupled with vast power differentials allows the dominant group to disenfranchise, control, exploit, or systematically destroy the minority populations.

Cultural Incapacity

Is seen in individuals and organizations that lack the capacity to help individuals, families, or communities of color. Extreme bias, a relief in racial superiority of the dominant group, and a paternal posture are evident. Resources may be disproportionately applied; discrimination and practices, subtle messages to people of color that they are not welcome or valued, and lower expectations of minority clients are seen.

Culture—Defining Culture, Cultural Competence and Cultural Competence Continuum

Cultural Blindness

Ignores cultural differences, holding an expressed philosophy of being unbiased, and perceiving all people as the same. The belief that helping approaches traditionally used by the dominant culture are universally applicable is characteristic, and cultural strengths are ignored. Assimilation is encouraged; and a "blaming the victim" model or a cultural deprivation model, which asserts that problems are the result of inadequate cultural resources, prevails. Institutional racism continues despite participation in special projects for clients of color when funds are available. These projects may take a "rescuing approach" that does not include community guidance and that may be canceled when funds run out.

<u>Cultural Pre-competence</u>

Is demonstrated when individuals and organizations recognize their weaknesses in serving people of color and attempt to improve some aspects of their services to a particular population. There is a desire to deliver high-quality services and a commitment to civil rights. Organizations may hire people of color; staff may be trained in cultural sensitivity; and people of color may be recruited for agency boards or advisory committees. Yet tokenism may prevail and, if an activity or program is undertaken and fails, there may be a reluctance to try again; or the initiation of one program or activity to serve the community may be seen as fulfilling the obligation to the community.

Cultural Competence

Respects differences, involves continuing self-assessment regarding culture, is attentive to the dynamics of difference, seeks continuous expansion of cultural knowledge and resources, and offers a variety of adaptations to service models to meet the needs of people of color who receive services.

Culture—Defining Culture, Cultural Competence and Cultural Competence Continuum

Cultural Proficiency

Is demonstrated when individuals and organizations seek to add to the knowledge base of culturally competent service delivery through research, development of new approaches based on culture, publishing and disseminating results of demonstration projects, and by becoming specialists in and advocates for cultural competence and improved relations between cultures

State the following definition from **Handout 2.2: Defining Culture and Cultural Competence**:

"Culture is the dynamic pattern of learned behaviors, values, and beliefs exhibited by a group of people who share historical and geographical proximity. It's not just historical and geographical but beliefs and personal experiences."

(Dodson, Jualynee E. An Afrocentric Educational Manual Toward a Non-Deficit Perspective in Services to Families and Children, 1983)

Ask participants if this definition captures all that we just brainstormed. Is there anything missing for them that we should add?

Refer participants back to the discussion from Handout 2.1: My Personal Journey.

Ask the group how traditions/rituals embrace who we are in the context of our culture. What does your personal journey tell you about your cultural background?

☐ **Divide** the group into triads to answer the following questions posted on PowerPoint 2.2: Personal Journey.

Ask participants to move to a different person for each question.

- How do you identify yourself culturally?
- What were the messages given to you about establishing relationships with people from a different cultural group than your own?
- How have your experiences affected your work?
- When did you notice that people are treated differently due to their cultural and racial heritage?

Note to facilitator:

To get participants out of their seats and physically moving this activity can also be conducted using concentric circles (inner and outer circle) or parallel lines facing different people for each question.

Instruct participants that they have 10–15 minutes to discuss the questions and summarize their comments.

Debrief the activity and bridge discussion to cultural competence utilizing the next set of questions.

Instruct the large group to discuss the following questions:

- What makes a worker culturally competent?
- What knowledge and skills are necessary for us to achieve cultural competence when working with relative caregivers?

Record participant's answers on the easel pad.

Display PowerPoint 2.3: Culturally Responsive Practice.

Review the 3 main components of being culturally responsive:

- 1. Recognize cultural differences, without imposing a stereotype on an individual.
- Acknowledge one's own personal biases towards different cultures or backgrounds.
- 3. Transcend the differences in order to work productively.

State the following definition from Handout 2.2: Defining Culture and Cultural Competence:

"Cultural Competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals to work effectively in cross-cultural situations."

Ask participants for a definition of stereotyping.

State the following definition of stereotyping developed by Ronald C. Hughes and Judith S. Rycus in their curriculum CORE 101—Child Protective Services—A Training Curriculum:

"Stereotypes are generalized statements about the presumed characteristics of a particular group of people."

Explain that the fallacy of stereotyping is a common fallacy of logic—we draw conclusions where no conclusions are warranted. As a result, we can be sure that our stereotypes will often be wrong.

"Stereotypes are generated in several ways. At times they may be accurate description of traits that are present in a majority of members of a cultural group. A stereotype such as 'religion is important to people of Hispanic descent' accurately describes a trait that is common to many members of this cultural group. However, we cannot assume that all persons of Hispanic origin are religious! When we automatically attribute the trait to an individual member of the culture, we do that person a disservice by forming conclusions before we even meet!"

It is important to note that when we are guided by a stereotypical response of a family from a different culture or background, we will tend to miss the individual strengths and needs of that person or family.

Hughes and Rycus further state that:

"... in child welfare, we are likely to perpetuate stereotypes if we draw conclusions about a culture from a sample that includes only client families. For example, some child welfare workers have wrongly concluded that incest is more acceptable in rural Appalachian families than in other population groups, largely because their incest cases often involve client families of Appalachian origin. Families often become involved in the child welfare system because they exhibit personal or family dysfunction, and their behaviors may not always be an accurate representation of cultural norms and values."

Ask the group for some stereotypes associated with the social work profession.

Note to Facilitator:

Examples could include the stereotype of protective service workers who are seen as a threat or as the police.

Record the group's responses on the easel pad.

Ask the group to assess the following:

- The truth or validity of the generalization behind the stereotype.
- The reasons why, even if the stereotype accurately represents a group trend, the stereotype can be dangerous.

Kinship Stereotypes

Conduct an activity regarding myths and stereotyping related to relatives.

Distribute slips of paper.

Instruct participants to anonymously write stereotypes associated with relative care placements.

Collect the slips of paper and read them to the group for assessment.

Record common themes on the easel pad.

Ask the group to assess:

- The truth or validity of the generalization behind the stereotype.
- The reasons why, even if the stereotype accurately represents a group trend, the stereotype can be misleading.

Note to facilitator:

Some examples of myths/stereotypical assumptions and realities include:

Myth: "The apple doesn't fall far from the tree."

Research shows that children living with relatives are no more likely – and are perhaps less likely – than children living with non-kin foster parents to experience abuse or neglect after being removed from their homes. A 1997 study found that non-kin foster parents were twice as likely as licensed kinship foster parents to have a confirmed report of maltreatment.

Myth: "It's their moral responsibility."

Clearly, kinship caregivers agree. They take the responsibility of raising their family when the children's parents, for a variety of reasons, cannot. These caregivers lack neither morals nor a sense of responsibility; they do, however, lack resources. They may be living on a fixed income or be retired; whatever the reason, it is highly unlikely that they planned financially for raising a relative's child.

The United States Department of Agriculture estimates that it costs at least \$7,000 per year to raise a child.

The vast majority of children living with relative caregivers are eligible for the Temporary Assistance for Needy Families (TANF) child-only grant. However, 70 percent of relative caregivers do not access TANF or any other public financial assistance.

Even when caregivers access TANF child-only grants, this assistance amounts to, on average, just over \$4,000 per year—or about 57 percent of the anticipated cost of raising a child. (Cohen, Vanessa, 2008).

Myth: "There aren't that many family members to locate anyway"

This couldn't be further from the truth. In fact, experts estimate that children have between 100 to 300 relatives at one time. (Casey Family Services, September 4, 2008).

Myth: "Kin caregivers only do it for the money."

Many kinship caregivers survive on TANF payments and receive less financial support than non-related foster care providers (Hill, 2007).

Myth: "Kin care is not as stable as adoption."

Children placed with non-relatives are three times more likely to be moved multiple time compared to children in kinship care (Green, 2003). Children in kinship homes are also less likely to reenter care after they've gone home or been adopted (Hurley, 2008).

Note: Research exists that reveals that disruption of kinship placements have been seen to occur around the third year of placement. Those disruptions tend to occur due to a lack of systemic services and supports for the relative in the form of overall training about the system, finances, medical assistance, and necessary services and supports for the child – including lack of ongoing contacts with parents and caregivers. It will be crucial to remember that, in order to better ensure that kinship care works, locating and engaging family is not enough. We must also to connect family with much needed supports to empower them to care for the child.

Myth: "Kin placements are not as safe."

Children in kinship care are three to four times less likely to be maltreated than children in traditional foster homes (Hurley, 2008). (North Carolina Family and Children's Resource Program, 2009).

Myth: "Termination of Parental Rights occurred; so, it's not worth locating family." One of the biggest benefits of having family involved in the life a child is their connections to their culture. Consistent familial connections offer a child/youth a sense of identity and belonging. Just because termination of rights occurred with the birthparent does not mean that the child no longer needs or wants familial connections.

Myth: Kin are too old/too poor to care for children.

Based on research, it is true that kinship caregivers do tend to be older and poorer than non-kin (Ehrle, Green, & Main, 2003). However, "a vast majority of children feel loved by their kin caregivers and happy with their living arrangement" (Shearin, 2007, pg. 35). In addition, older poorer kin, who might not be the best placement option, can still serve as a very meaningful and permanent connection for the youth.

(Source: University of Pittsburgh, Pennsylvania Child Welfare Training Program 207: Family Finding, Handout #9)

Ask the group what they see as some of the problems of stereotyping.

Explain that one of the biggest dangers of stereotyping is that we may miss strengths and may tend to dismiss the resources that relatives can offer the child. Research tells us some very important information about kinship care—information that can help us move beyond our stereotypes:

- Relative care providers have a high level of commitment to children in their care.
- Children in relative care homes experience fewer disruptions.
- Children in relative care have longer lengths of stay with their families than children in traditional foster care.
- Relative caregivers caring for children in the child welfare system do not always have the opportunity to consider all permanency options.
- Family members other than the caregiver are often left out of the planning process.

(Adapted from "Kinship Care: A Natural Bridge". Child Welfare League of America: Washington D.C. 1994; and overheads from Mattie Satterfield's Kinship Care Workshop Presentations.)

Summarize the discussion using the following statement:

According to Hughes and Rycus, "the greatest danger of stereotypes is that they have the potential to communicate misinformation and promote misjudgments about cultural groups and their individual members.

Stereotypes also blind us from seeing an individual or group's strengths."

Hughes and Rycus also state "stereotypes that communicate negative information can promote mistrust and fear. People have strong emotional reactions to persons whom they believe to be threatening, as when a black person in confrontation with a white person assumes she is a racist, or when a white person assumes the black person walking toward him on the street is likely to assault him."

Also according to Hughes and Rycus, "If a stereotype describes a trait that is normally thought to be positive, it is less likely to be recognized as a stereotype. However, statements still have the potential to misinform, and therefore, can be harmful."

Hughes and Rycus further state that in "child welfare, stereotyping prevents the objective observation and individualized assessment that are so essential to child welfare services. Stereotypes can seriously interfere with the development of a trusting casework relationship and with the worker's ability to communicate with the client."

Explain that exploring culture, stereotyping, and cultural competence is important when working with relatives.

In order to develop cultural competence it is important to know, appreciate, and be able to utilize the culture of the populations served by the system and apply the cultural discussion to actual families.

Ask participants to name some of the cultural backgrounds of the families they work with. What are the special attributes of these cultures that are important to understand if we are to be helpful?

Starting Where the Client Is

Refer participants to Handout 2.3: Starting Where the Client Is.

Starting Where the Client Is

A child welfare practitioner and the organization as a whole need to know, appreciate, and be able to utilize the culture of populations served. Cultural competence calls for respecting cultural differences and recognizing behaviors, values, and beliefs of the cultures of children and families served. This is crucial to that classical social work axiom of "starting where the client is."

For example:

The very definition of "family" varies from group to group.

While the dominant culture has focused on the nuclear family, African Americans define family as a wide network of extended family, nonblood kin and community. Native American Indian families traditionally include at least three generations and multiple parental functions delegated among aunts and uncles, as well as grandparents. Cousins are considered siblings. For the Chinese, the definition of family may include all their ancestors and all their descendants. (McGoldrick, et al.)

 The family life-cycle phases also vary for different groups, and cultural groups differ in the emphasis they place on certain life transitions.

Mexican families announce a girl's entrance into womanhood at age 15 with a quinceañera (cotillion), a transition that the dominant society hardly marks at all. Birth, marriage, and death are the most important life transitions in the Puerto Rican life cycle. (McGoldrick, et al.)

Starting Where the Client Is

• Families vary culturally in terms of what behavior they see as problematic and what behavior they expect from children.

While the dominant society may be concerned about dependency or emotionality, Puerto Ricans may be concerned about their children not showing respect. (McGoldrick, et al.) Japanese families may be concerned about their children not fulfilling their responsibilities. (Lynch and Hanson)

• Families also differ in their norms around communication and their expectations for how communications in specific situations will occur.

African Americans and Americans from the dominant culture differ, for example, in what information they consider public information and what they will discuss readily with persons whom they do not know well. (Kochman) Nonverbal communications styles also vary according to culture. Professionals from the dominant culture may ask many questions and view eye contact as a sign of listening and respect. In contrast, some Native American Indian people are brought up to show respect for people of knowledge and authority by not asking direct questions and not giving eye contact.

Starting Where the Client Is

 Different cultural groups also vary in their traditional practices and views of adoption.

African Americans have a very strong tradition of informal adoption or "taking children in." Puerto Rican families tend to have flexible boundaries between the family and the surrounding community so that "child lending" is an accepted practice. (McGoldrick, et al.) Other groups have much clearer boundaries between family members and outsiders and may place a stronger emphasis on bloodlines or blood ties. For these and other reasons, adoption has not been a part of the culture in Korea; and, thus, many Korean children have been adopted by U.S. families.

References:

Kochman, Thomas, Black and White Styles in Conflict. Chicago: University of Chicago Press, 1981. Lynch, Eleanor W. and Hanson, Marci J., Developing Cross-Cultural Competence: A Guide for Working with Young Children and Their Families. Baltimore: Brooks Publishing Co., 1992.

McGoldrick, Monica; Pearce, John K.; Giordano, Joseph, eds., Ethnicity and Family Therapy. New York: Guilford Press, 1982.

Ask for examples of the following points:

- The very definition of "family" varies from group to group.
- The family life-cycle phases also vary for different groups, and cultural groups differ in the emphasis they place on certain life transitions.
- Families vary culturally in terms of what behavior they see as problematic and what behavior they expect from children.
- Families also differ in their norms around communication and their expectations for how communication in specific situations will occur.

Ask participants to consider what cultural factors would require:

- Additional assessment with the relatives
- Self-reflection or increased knowledge on the part of the worker.

Note that sometimes the culture of the family can differ from the child's culture, thereby requiring extra intervention by the worker to assess emotional safety and bridge the differences.

Summarize the discussion by stating that in order to establish effective helping relationships we must understand how culture impacts our work with birth families and potential relative caregivers.

We will have an easier time of engaging families from differing backgrounds if we can learn something about that culture generally, and learn more from the family about how their culture influences the family's relationships, functioning and child-rearing practices.

This understanding of our own prejudices may assist us in acknowledging and addressing our ambivalence to use relative care providers as resources for children in need of protection and permanency.

To enhance or strengthen our capacity to engage potential relative caregivers, in the next module we will examine three engagement techniques that will aid in the assessment of care giving capacities. Solid engagement skills facilitate more respectful and comprehensive assessments,

planning, problem-resolution, and meaningful decision making about where children will grow up.

Module Three: Engaging Families

Time

90 minutes

Competency

Worker is able to engage families through conveying mutual respect, genuineness, and empathy.

Objectives

- Define mutual respect, empathy, genuineness.
- Describe ways that respect, empathy and genuineness is conveyed by cultures.
- Demonstrate and convey respect, empathy and genuineness and full disclosure when working with kin caregivers.

Materials

- ✓ Computer
- ✓ Projector
- ✓ PowerPoint presentation (thumb drive or computer hard drive)
- ✓ Easel pad
- ✓ Markers
- ✓ Blindfolds (1 per pair of participants)

Handouts

- Handout 3.1: Strategies for Conveying Respect
- Handout 3.2: Strategies for Conveying Empathy
- Handout 3.3: Strategies for Conveying Genuineness
- Handout 2.3: Starting Where the Client Is
- Handout 3.4: Outcomes vs. Problems—Part 1
- Handout 3.5: Outcomes vs. Problems—Part 2
- Handout 3.6: Case Scenario A: Teresa and Eugene

Facilitator's Notes

Display PowerPoint 3.1: Module Three Title Slide.

Review the previous module and give a brief preview of the material that will be covered within this module.

As we discussed in the last module, awareness of our own values and stereotypes can help to overcome ambivalence about including extended families in the permanency planning process. In this module, we will review the key social work skills of respect, genuineness and empathy which can be used to engage relatives and help them to overcome their potential ambivalence about becoming involved with the child welfare system.

Review of Core Engagement Skills

Conduct an activity using the blindfolds to reiterate the vulnerability of the family and review core engagement skills.

Divide the group into dyads (counting off as a method of dividing). All ones are assigned the role of the client and assign all twos to play the role of the worker.

State that each participant will play both roles.

Explain to all participants playing the role of the client/relative that they will be blindfolded,

Instruct those playing the role of workers to lead the client/relative from point A to point B ensuring that they have a positive and safe experience doing whatever is necessary to earn the client's trust.

Note to facilitator:

Facilitator may prepare index cards creating additional role descriptions for clients/relatives (e.g., non-English speaking, physically handicapped, involved with the child welfare system for 8 years as a kinship provider, etc.) and worker role descriptions (e.g., first week on the job, 20 years experience on the job, worker on probation, etc.)

After those in the role of client/relative are blindfolded, work with those in the worker role to quickly change the configuration of the room. Also devise paths from one side of the room to the other which include obstacles.

Each participant is blindfolded for at least a minimum of 5 minutes. After 5 minutes, participants reverse roles and repeat the activity.

Debrief the activity with the following questions:

- In general, what helped and what hindered the relative's ability to engage with the worker?
- How did the worker create a positive, safe experience?
- What strategies did you use to demonstrate trustworthiness, provide a sense of safety, and help the client build a minimum level of comfort?

□ Display PowerPoint 3.2: Engagement Strategies.

State the three strategies used to enhance engagement, giving a definition for each:

<u>Mutual Respect</u>—means valuing another person because he/she is a human being. Respect implies that being a human being has value in itself . . ."

Two important aspects of respect are one's attitudes and one's ability to communicate respect in observable ways. In order to communicate attitudes and values, we must treat all people with respect because all human beings are worthy of respect, each person is unique, people have the

right to make their own choices, and people can change with the right education and support.

To communicate respect in observable ways, we must show a commitment to understand, convey warmth, suspend critical judgment, use manners, politeness, and professionalism.

Note to facilitator:

Depending on the time, you can conduct a role-play by asking for four volunteers. This is your first meeting with a birth mother to discuss placement resources. The first dyad is to present a demonstration of disrespectful communication. The second dyad is to present a demonstration of respectful communication based on the discussion.

<u>Empathy</u>—is a two-stage process whereby one person attempts to experience (step into) another person's world and then communicate understanding of and compassion for the other's experience.

The first stage is to develop an accurate perception of the individual's experience or tune into the client's experience. The second stage is to communicate your understanding, discuss what's important to the client, validate the client's feelings, and use active listening, reflections and paraphrasing statements focused on feelings.

<u>Genuineness</u>—involves being aware of one's own feelings and making a conscious choice about how to respond to the other person, based on what will be most helpful in facilitating communication and developing a good relationship.

To convey genuineness, be yourself, match verbal and nonverbal behaviors (i.e., have your words reinforced by your tone of voice and tender touch on the client's shoulder), use nonverbal behavior to reach out, and be spontaneous.

(Definitions of respect, empathy, and genuineness from New York State Office of Children and Family Services Supervisory CORE Curriculum developed by SUNY Research Foundation/CDHS)

Divide the group into three small groups assigning each group a different engagement technique.

Instruct participants to discuss within their groups when they have individually been treated with respect, genuineness, and empathy, and when they haven't.

From their discussions, they are to create a list of strategies of how they would/could convey the engagement technique they were assigned.

State that Handouts 3.1: Strategies for Conveying Respect, Handout 3.2: Strategies for Conveying Empathy and Handout 3.3: Strategies for Conveying Genuineness can be used to enhance the discussion of strategies that convey respect, empathy and genuineness.

These handouts are adapted from New York State Office of Children and Family Services Supervisory CORE Curriculum, developed by SUNY Research Foundation/CHDS, 1999.

Strategies for Conveying Respect

- Convey respect for families from the beginning of the casework relationship, rather than communicating acceptance conditional on performance.
- Demonstrate interest in others through active listening and effective use of questions.
- Treat each person as a unique individual with strengths and needs.
- Explain how each individual's unique potential can be utilized to achieve successful outcomes.
- Elicit input from families.
- Give positive feedback and support for small steps taken toward change.
- Be on time for meetings with families.
- Ensure privacy and honor guidelines of confidentiality during family sessions.

Source: Adapted from New York State Office of Children and Family Services Supervisory CORE Curriculum, developed by SUNY Research Foundation/CHDS, 1999.

Strategies for Conveying Empathy

- Demonstrate active listening and observation skills (nodding, verbal utterances, recognizing non-verbal cues) when reaching for the family's experiences.
- Use reflections to test out what the family member has said.
- Ask open-ended questions of the family member to elicit emotions.
- Tune into subtle forms of communication such as a family member's tempo of speech, lowering of the head, clenching of the jaws, or shifting posture.
- Introduce issues of concern by relating them to the needs or concerns of the family member.

Source: Adapted from New York State Office of Children and Family Services Supervisory CORE Curriculum, developed by SUNY Research Foundation/CHDS, 1999.

Strategies for Conveying Genuineness

- Match verbal responses with nonverbal behavior
- Practice non-defensive communication
- Use self-disclosure appropriately.

Source: Adapted from New York State Office of Children and Family Services Supervisory CORE Curriculum, developed by SUNY Research Foundation/CHDS, 1999.

Refer participants to review Handout 2.3: Starting Where the Client Is.

Emphasize the following points which are also important to engagement:

- The importance of broadening the definition of "family"
- Respecting the variety of cultural strengths and differences in families, in terms of:
 - o What behavior they see as problematic, and
 - What behavior they expect from children
- Families also differ in their norms around communication and their expectations for how communications in specific situations will occur.

Outcomes vs. Problems

State that the initial engagement of birth parents and extended family members can be difficult.

In order to facilitate engagement we must incorporate the three techniques of engagement into our work and move our practice towards a strengths perspective and away from the blaming, problem-oriented, deficit focus.

Conduct an activity to demonstrate the importance of focusing on strengths rather than deficits.

Divide participants into dyads.

State that we are now going to simulate different types of engagement.

Refer to Handout 3.4: Outcomes vs. Problems—Part 1.

Outcomes vs. Problems—Part 1

Our perspective can affect the way we think, feel, and react to life. Consider a situation that you are struggling with now. With a partner, focus on the problem created by this situation. Ask each other the questions below.

Problem Prospective

- 1. What is the problem?
- 2. Why do you have it?
- 3. Who or what is keeping you from getting what you want?
- 4. How does this failure reflect on you and/or the situation?

Answer to Yourself

After answering the questions above, think about the questions below. Get in touch with your feelings.

- 1. How is your energy level?
- 2. How do you feel about yourself in the situation described?
- 3. How do you feel about the other people involved in the situation?
- 4. What is your level of motivation or optimism to do something about it?

Source: Adapted from Lucy Freedman, Personal and Organizations Empowerment, Syntax Communication Modeling Corporation.

Instruct participants to follow the directions on the top of the page and use only the four questions. Partners are to take turns asking each other the four questions. They have 5 minutes to complete the activity.

Ask the questions at the bottom of the page to the entire group after they have finished the questioning process.

Most people will say their energy level is average to low. Most will say that they do not feel hopeful about the situation.

Explain that the questions at the top of the page are designed to have a problem-orientation, deficit focus.

The language creates low energy, encourages a blaming focus, and offers no strong motivation for change. Some participants may feel somewhat positive during the process, which is probably due to just being able to talk about the problem not really working towards a solution.

Refer participants to Handout 3.5: Outcomes vs. Problems—Part 2.

Outcomes vs. Problems—Part 2

Consider your situation again. Only this time, focus with your partner on the possible outcomes. Ask each other the following questions. Does a positive perspective create different feelings?

Outcome Prospective

- 1. What outcome do you want in this situation?
- 2. How can you achieve it?
- 3. What/who can help you achieve what you want?
- 4. How will you know when you have achieved it?

Check for Differences

Ask yourself the following questions to see if your feelings have changed in any way.

- 1. Is there any difference in energy level?
- 2. Is there a difference in how you feel about yourself?
- 3. Do you feel differently about others in the situation?
- 4. Is there a difference in motivation, optimism?

Source: Adapted from Lucy Freedman, Personal and Organizations Empowerment, Syntax Communication Modeling Corporation.

Instruct the dyads to repeat the process using only the next set of four questions. They have five minutes to complete the activity.

Ask participants their reactions to this set of questions.

Explain that the language in this set of questions is more aim or outcome focused and encourages problem solving. It empowers families to begin to take control of the situation by focusing on their strengths and the outcomes they want to achieve, not just the problem.

State that it is important when working with birth parents and extended family members that we help them move from anger to positive action, from doubt to decision, from embarrassment to empowerment and from hopelessness to positive change.

How we frame our questions and the language we use during our initial interactions is key in establishing these helping relationships aimed at assessment and decision-making with potential relative caregivers.

We will now practice using the Core Engagement Skills of Respect, Empathy, and Genuineness with a birth mother to identify potential and alternative relative caregivers.

Meetings with Birth Parents: Use of Respect, Empathy and Genuineness to Prepare for the Assessment of an Identified Relative Caretaker

State that we have explored the importance of the engagement skills of respect, empathy and genuineness when working with birth parents and extended family member networks. Now we are going to practice these skills using a brief role-play scenario.

Conduct the role play activity.

Divide participants into groups of four:

- One person will play the worker
- One person will play the birth mother

- One person will play the birth father
- One person will be the observer

Refer to Handout 3.6 Case Scenario A: Teresa and Eugene.

Case Scenario A: Teresa and Eugene

Teresa is a 29-year-old mother of 4 children—all in out-of-home care. The older two (ages 10 and 8) are placed with a near-by maternal aunt who has agreed to adopt them. The third child (age 6) is placed with another maternal aunt, also near-by, and for whom termination of parental rights petitions have been filed against Teresa and the children's father, Eugene, age 30. The last child was born 2 months ago testing positive for cocaine. This child, Tanya, is placed with the maternal grandmother, age 62 who is also caring for her 80 year old mother in a small, two bedroom house.

Teresa has a long history of drug addiction—having entered and left drug treatment programs three times in the past 5 years. After the last baby was born, Teresa stated that she didn't want to lose another baby.

On her own, she enquired about a 28-day residential drug treatment program—one that she had not attended before—and says she would like to make a "fresh start". Although she has been involved in NA in her community and has seen an outpatient drug counselor, she has not entered the residential program.

Teresa lives with her husband, Eugene, who claims to be "clean" and not using drugs or alcohol, however he has appeared at visits with Teresa in a "dazed" state.

Teresa visits her mother's home sporadically, and is asked/told to leave when she arrives "high". You are aware by reading the record that Teresa has reached drug-free plateau several times, and then for some reason relapses and begins to use drugs again. Tanya is described as responding positively with her grandmother and others. She has not experienced any serious developmental problems as a result of the prenatal crack exposure.

Case Scenario A: Teresa and Eugene

The maternal grandmother has needed help from her other daughters in caring for her own mother. She was the original caregiver for the three other children, but allowed her daughters, the maternal aunts, to take over parenting the children when Teresa was unable to follow-through with her drug treatment and parenting plans. This time, the maternal aunts are claiming they can help their mother, but they cannot take Tanya. The maternal grandmother is thinking she will raise Tanya if she has to.

There is a paternal aunt and uncle and two paternal aunts who live in the same community—relatives who have in the past been unable to care for Teresa's children. There may be other paternal relatives who have not been contacted in the past. There are also neighbors who serve as a backup babysitter for the maternal grandmother when she needs to attend to her mother do errands.

Teresa's child welfare CPS social worker has been newly assigned to her case, and has encouraged her efforts to stay drug-free and attend a residential drug treatment program. She also is charged with finding a stable, safe and potentially permanent placement for Tanya, given the case history.

State that Teresa has been known to the child welfare agency for many years.

She has recently given birth to her fourth child, born with pre-natal crack-cocaine exposure. The baby, Tanya was placed with the maternal grandmother on an emergency basis. The CPS worker is new to the family and has been asked to meet with Teresa to engage her in a discussion related to planning activities and realistic placement resources for Tanya.

Ask participants to first identify some of the areas for discussion for this interview (identify this as the "anticipatory planning" phase of the social work process).

Instruct groups to spend no longer than 5 minutes collecting their ideas and put on easel pad to serve as a guide for the groups during their role-plays.

Review the Handout 3.6: Case Scenario A: Teresa and Eugene.

Explain that Eugene has identified his sister, Geneva, as the potential placement resource for Tanya.

This brief interview is intended to confirm this recommendation and be sure that both Teresa and Eugene know what will happen next—that an assessment worker will be meeting with Geneva and her fiancée to determine whether they:

- Can be considered as a relative resource to provide a safe environment for Tanya,
- Understand what it will take to care for her, and
- Have the capacity to raise her while Teresa and Eugene are getting the help they need to care for themselves and their baby.

This interview needs to share clear information about what will happen, but also is an opportunity to get to know Teresa and Eugene and to build trust with them regarding how the agency will work with them to plan for their child.

Instruct each group that they will have 5 minutes to plan their respective roles and then 10 minutes to engage Teresa and Eugene in a discussion aimed at confirming the need for placement and the identified potential relative they would like to care for Tanya, as Teresa's mother is not be able to continue to provide ongoing care for her.

Emphasize the importance of showing respect, empathy and genuineness in talking about difficult issues. Remind them that the warmth and concern that can be conveyed will assist them in making a connection with potentially angry and confused parents.

Instruct participants to stop the interview after 10–15 minutes, if any groups haven't finished.

Ask the observers to share with their groups what they saw.

Debrief the activity, bringing the whole group back together after observers have shared their feedback.

Ask for general reactions from the observers using the following questions as a guide:

- What happened in their interviews?
- What was the tone of the interviews?
- Did they observe respect, empathy, and genuineness on the part of the worker?
- Was it difficult to share feedback after the interviews positive or negative? Then ask:
- How did those who played the mother and father feel during the interview?
- What did the worker do to make her them comfortable and willing to share information?
- How did the worker feel during the interview?
- What was difficult to say?
- What was not so difficult to say?

Emphasize that engagement skills are important tools for initial and ongoing work with families—often when we get stuck, it is helpful to go back and reengage with the family as a means of moving the work along.

Thus, how we use ourselves to show respect, build trust and keep focused on the hard work we have to do will shape the way we are able to help parents plan for the safety, well-being and permanency of their children. Through our engagement skills of respect, empathy and genuineness we build trust, and we will learn important information that will inform next steps with the family—often identifying relative placement and permanency resources earlier than we might have if we waited to have these discussions with parents and family members.

Explain that in some states Family Unity Meetings, Family Group Conferences, or Family Group Decision Making Meetings are being used as strategies that promote the importance of family involvement in planning and decision-making for children.

These strategies stress the importance for child's healthy growth and development of maintaining ties to family, and to understanding children in context of their family, culture, and community. They promote family empowerment by being respectful of their cultural heritage, decision-making styles, and need to be involved early on in deciding how children will be safe, have their developmental needs met, and have permanency in their living arrangements over time.

Ask how many people in the group are familiar with some form of Family Conferencing and ask two to three participants to share their experiences related to the benefits and challenges of doing this work.

State that most families, when given the chance, respond positively to being involved in the planning and decision-making about where children will be placed and eventually grow up.

In this case we might have brought the whole family together to acknowledge Teresa and Eugene's difficulties with drugs, the complexities of caring for the older children and the possibilities for how they might plan for

the care of Tanya while they get the help they need to become drug-free and ready to care for their daughter. The Family Conference would also explore permanency options for Tanya if Teresa and Eugene were unable or unwilling to engage in the planning process aimed at reunification—foster care, guardianship, or even relative adoption as has happened with their other children.

Explain that for purposes of this training, we have not held the large family meeting to arrive at the decision to explore Geneva and her fiancée as the placement resources—we will assume that it is appropriate for a family meeting with multiple participants to occur, but this is material for another training.

Summarize by saying that tomorrow, we will begin the process of exploring Geneva and her fiancée as resources for Tanya.

Note that in the next module, we will discuss the importance of widening the pool of potential family connections for each child by seeking to locate and engage appropriate relatives.

Module Four: Family Search and Engagement

Time

105 minutes

Competency

Worker knows and understands the importance of searching for appropriate kin to provide permanency for the children and youth in their care.

Objectives

- Know the six steps of Family Search and Engagement.
- Explain the Family Search and Engagement Lessons Learned.

Materials

- ✓ Computer
- ✓ Projector
- ✓ PowerPoint presentation (thumb drive or computer hard drive)
- ✓ Easel pad
- ✓ Markers
- ✓ Large Envelope (or small container)
- ✓ Resource Booklet "Six Steps to Find a Family: A Practice Guide to Search and Engagement"

Handouts

- Handout 4.1: Automated Search Resources
- Handout 4.2: Sample Search Results—Accurint
- Handout 4.3: Data Mining
- Handout 4.4: Sample Relative Notification Letter (Fostering Connections)
- Handout 4.5: Family Engagement Tips

Facilitator's Notes

△ **Display** PowerPoint 4.1: Module Four Title Slide

Review the previous module and give a brief preview of the material that will be covered within this module.

Family Search and Engagement (FSE) of relatives is not only federally mandated but it is good social work practice because there are many benefits to kinship care that we reviewed in Module 1. There is an urgency to locate family members to make a permanent connection to support better outcomes for children. We will go through the steps of conducting a relative search but first let's start with an activity.

Family Connections

Conduct an activity to demonstrate the impact of losing connections with one's relatives and the difficulty in locating them following separation.

Instruct participants to take a sheet of paper.

Fold the sheet in half. Do not write your name but write the names of 5 family members who are important to you on the top half. On the bottom half, write the five names again (leaving some space between them) and tear each name off individually.

- Write only their name, not their relationship.
- Take all detached, individual names from the bottom of the sheet to the facilitator who will place them in a container/envelope and shuffle them.
- Each participant will draw five (5) names from the facilitator's envelope.
- Next, exchange the top half of your paper with your neighbor. Have that
 person cross off one (1) name. Exchange again and have the next person
 cross off two (2) names.
- Using the returned list, you now have 2 minutes to find your remaining two (2) family members.

Ask participants the following questions:

- What was this experience like?
- If it was difficult, why?
- Did you find your family?
- Did someone cross off a name of someone you loved?

Debrief by saying hopefully this activity is cause for reflection on how meaningful families are and the importance of having connections with relatives.

Family Search and Engagement: Guiding Principles

Explain that Family Search is a set of strategies and tools for identifying and locating family members who are significant to youth.

Engagement is a set of skills to establish and re-establish relationships between the youth and significant adults who can play a variety of roles in the youth's life-clarification of life events, planning, building relationships and potential placement.

△ **Display** PowerPoint 4.2: Family Search and Engagement.

Family Search and Engagement is:

- The art of creating life-long connections and building a supportive network for children and their families.
- Real family centered practice.
- Exploring multiple ways to engage relatives to increase safety, stability, and improve permanency outcomes.

Display PowerPoint 4.3: Guiding Principles for Finding a Family.

- Every youth deserves, and can have, a permanent family.
- Youth have the right to know about their family members; family members have the right to know about their youth.
- Youth should have connections with the biological family, regardless of whether they will live with them, unless there is a compelling reason not to.

Display PowerPoint 4.4: Guiding Principles for Finding a Family (cont.).

- With support, most youth can live in a home rather than in foster care or institutions.
- Family and fictive kin help develop, plan and achieve the youth's permanence.
- The goal of Family Search and Engagement (FSE) is permanency, through reunification, guardianship, adoption or another form of permanent commitment—long term placement in foster care is not a permanent plan.

Family Search and Engagement: Six Steps

State that Family Search and Engagement consists of six steps that can take place at any stage of the case, though family finding should begin as soon as possible.

Display PowerPoint 4.6: Six Steps of Family Search and Engagement.

Six Steps of Family Search and Engagement:

- Setting the Stage
- Discovery
- Engagement
- Exploration and Planning
- Decision Making and Evaluation
- Sustaining the Relationship

FSE Step One: Setting the State

- △ **Display** PowerPoint 4.7: Setting the Stage—Goal
 - Youth, social worker, supervisor, caregivers, professionals—gain clear understanding of the FSE process & how to safely & successfully support these activities
- □ Display PowerPoint 4.8: Setting the Stage—Practice Steps
 - SW & supervisor discuss definition of permanency, philosophical & clinical issues re: permanency

- SW & supervisor determine timing of youth initial participation
- SW & supervisor decide who should work w/youth
- Designated person introduces FSE to youth
- Designated person & youth explore known family network
- Youth and SW identify & involve partners

State that while it is possible for foster care workers to conduct FSE activities in conjunction with their other responsibilities, the most successful FSE programs require commitment from the agency to devote time, personnel, and resources.

Discuss the following recommendations for the development of a FSE program involves:

- Assessment
- Buy-In
- Data
- Location
- Partners
- Staff
- Resources
- Documentation of Potential Connections
- Monitoring of Progress
- Policy
- Highlight Early Successes

(Source: Deborah Saucedo, Adoptions Unlimited, Inc. Project Director for the Recruitment and Kin Connection Project as presented at National Association of State Foster Care Managers Annual Meeting, Kinship Care Webinar Wednesday, October 30, 2013.)

FSE Step Two: Discovery

- Display PowerPoint 4.9: Discovery—Goal
 - Knowledge of a large pool of family members and significant adults, some
 of whom will establish connections and join the team to assist and support
 the youth's quest for permanency.
- Display PowerPoint 4.10: Discovery—Practice Steps
 - Talk to the youth
 - Review people in youth's network
 - Contact parents and others

- Follow agency guidelines for due diligence, permissions and confidentiality
- Mine the file and other records
- Use Internet search engines
- Document findings
- Start engaging connections
- Keep youth, team and contact informed
- Talk with youth again

State that it is important to recognize that when a family tells their story in their own words, it can lead to better searches, and better outcomes.

- Gather names, addresses, and phone numbers of family members identified by the birth family;
- Reach out to the identified family members the day after temporary custody is granted;
- Conduct file mining of the current information available on SACWIS that may lead to identifying more family members;
- Schedule face-to-face meetings that will assess the current level of support for the family and create a plan that will assist with potential family support.

Note that is documenting of the family finding results is necessary to preserve family history and relationships. Share the following tips:

Try to document a child's history and relationships as soon as temporary custody is granted:

- The birth parent's account of supportive family members
- A baseline and subsequent genogram
- A child-centered eco-map
- A Family Finding Information sheet complete with addresses and phone numbers of family members
- A comprehensive Family Search and Engagement Summary Report

State that useful information can be gathered from:

- File mining (not reading the whole file but looking for names of relatives and contact information if available—to create family tree)
- Birth parent interviews, mother and father
- Interviewing family members
- Interviewing the children
- Interviewing community members
- Internet and data system searches

• Identify challenges and barriers and navigate around them to find as many names, phone numbers, and addresses as possible

Explain that we will begin by conducting a search for relatives.

Refer participants to tools which can assist in their search for relatives:

- Resource Booklet "Six Steps to Find a Family" and direct them to Step 2: Discovery" (p. 21).
- Handout 4.1: Automated Search Resources.

Automated Search Resources

Free Sites

Criminal Records

Family Watchdog (www.familywatchdog.us) National sex offender registry

Federal Bureau of Prisons (www.bop.gov)

Can search for Federal inmates incarcerated from 1982 to the present. The search page is here: www.bop.gov/iloc2/LocateInmate.jsp

State Sex Offender Registries (See State Police websites)
State Police/Megan's Law websites which list designated registered sex offenders in each state.

VINElink (www.vinelink.com)

VINELink is the online version of VINE (Victim Information and Notification Everyday), the National Victim Notification Network. VINE is a service through which victims of crime can use the telephone or Internet to search for information regarding their offender's custody status and register to receive telephone and email notification when their offender's custody status changes. If the inmate for whom you're searching is in custody at a corrections facility that participates in VINE, you should be able to locate custody information on VINELink.

Email

About.com: Top 9 Tips to Find Anybody's Email Address (http://email.about.com/od/addresssearchtip/tp/find_email.htm) In addition to the actual tips to look for email addresses, there are multiple links to other search sites, and a list of related About.com articles.

Automated Search Resources

Genealogy

Access Genealogy (www.accessgenealogy.com) Search a wide variety of genealogical records

Indian Tribal Records (www.accessgenealogy.com/native)
The Native American Rolls (www.accessgenealogy.com/native/rolls.htm)
contain records related to treaties, trade, land claims, Native American
removal to Oklahoma, allotments, military affairs, military service and pensions,
trust funds, and other activities.

Genealogy Today (www.genealogytoday.com)

Latter Day Saints (LDS) Genealogy Search (www.familysearch.org) Genealogical records from the Mormon Church.

General Search Engines

Google (www.google.com)

General search engine. Try searching on a person's name. Sometimes you can find a current address, genealogy or other interesting information on individuals online. If you Google an address, you can obtain a map and/or satellite view of the location. This site is a favorite of Stanislaus. For more indepth searching, try Google Advanced Search (www.google.com/advanced_search?hl=en)

Mamma.com

Another general search engine; good for preliminary information

Obituaries

Obitsarchive.com (free/paid)

Newspaper obituary search. Searching through ObitsArchive.com's vast collection of obituaries and death notices is free and unlimited. Users then pay to view a specific item.

Automated Search Resources

Obituaries.com

Links to obituary listing in the United States and Canada.

People Finders

123people.com

People finder which searches "images, videos, phone numbers, email addresses, social networking and Wikipedia profiles and much more." Also does international searching.

Classmates.com

Searches high school yearbook/class information

Federal Parent Locator Service (www.acf.hhs.gov/programs/cse/newhire) Site for public use. This website is sponsored by the Administration for Children and Families. The site includes information from the child support services system, and the social security death index.

iSearch (free/paid) (www.isearch.com)

People finder with the option to search by screen name, in addition to name, email, and phone. Initial search is free; pay to view more detailed information supplied by Intelius.

Jigsaw (free/paid) (www.jigsaw.com)

Provides professional contact information, including names, titles, email addresses. Obtain information by purchasing it or by submitted others' contact information.

Peoplefinder.com (free/paid) (www.people-data.com/)

This site is run by Intellius. Preliminary information is free; additional information costs (through Intellius)

Automated Search Resources

Pipl.com

People finder using more robust technology to search the "deep web," a vast repository of underlying content, such as documents in online databases. According to Pipl.com, general-purpose web crawlers cannot reach the deep web. Its content is estimated at 500 times that of the surface web, yet has remained mostly untapped due to the limitations of traditional search engines.

Privateye.com (free/paid)

The free portion lists places that people have worked, towns they have lived in, and possible relatives. The paid portion lists people the search subject has lived with.

Spock.com (free/paid)

People finder. The free portion searches social networking sites and the Web. Includes links to other sites.

Wink (www.wink.com)

People finder for the US, Canada, and UK. Includes email search and search of social networking sites such as Facebook and MySpace. Also search for people by school, interests, career, photo, etc.

Zabasearch (free/paid) (www.zabasearch.com)

Search by name or phone number. Initial search is free; fee-based (through Intelius) for additional information.

Public Records/Vital Statistics

blackbookonline.info (free/paid) (www.blackbookonline.info)

This site includes links to several other search engines, including state, local, and federal information.

Crimetime.com (free/paid)

Geared for private investigators, this site includes links to public record searches and other information.

Automated Search Resources

Marriage Records

(http://www.knowx.com/mr/search.jsp?userid=guest&password=welcome) Lexis Nexis company which Includes records for several states, including California, Colorado, Connecticut, Florida, Georgia, Kentucky, Maine, Michigan, Nevada, North Carolina, Ohio, and Texas.

Death Records Search (www.death-records.net)

Rootsweb Death Records (www.rootsweb.com)
Site also has links to several other genealogical/public records sites

- Social Security Death Index (http://ssdi.rootsweb.ancestry.com/)
- California Death Records (http://vitals.rootsweb.com/ca/death/search.cgi)
- Kentucky Death Records (http://vitals.rootsweb.com/ky/death/search.cgi)
- Maine Death Records (http://vitals.rootsweb.ancestry.com/me/death/search.cgi)
- Texas Death Records (http://vitals.rootsweb.com/tx/death/search.cgi)

SearchSystems.net (free/paid) (www.searchsystems.net)
Very large public record directory online. Provides links to over 35,958
searchable public record databases, many of which are free. A good site for finding municipal records and death certificates. SearchSystems also offers paid access to criminal records, bankruptcies/judgments and tenant/ eviction records among other information as well as a premium service, which is charged on a per-search basis. Recommended by Kevin Campbell.

Social Security Death Index (http://helpdesk.rootsweb.com/ssdi)
This link gives an introduction and directions on how to use the site. To bypass the instructions and go directly to the search page, go to http://ssdi.rootsweb.ancestry.com/.

SSN Allocation Table (www.ssa.gov/employer/stateweb.htm) Shows the first three digits of assigned SSNs and the state or U.S. Possession in which the SSN was issued.

Automated Search Resources

Social/Professional Networking

Facebook (www.facebook.com)
Social networking site

LinkedIn (www.linkedin.com)

Professional networking site. Although it is free, you have to join to use the site.

MySpace (www.myspace.com) Social networking site

Spokeo (www.spokeo.com)

Social-networking aggregator; searches 43 major social networks. According to their website, "Spokeo is a friend finder/tracker that automatically brings you friends' updates across the Web."

Telephone Directories/Reverse Lookup

411.com

This site has both reverse phone and reverse address lookup. You can also search for neighbors.

Argali White & Yellow (free/paid) (www.argali.com)

Directory lookup that searches and aggregates results from several webbased phone and email address databases, along with several other directory searches. Requires software download. Free version allows ten searches per month; paid version allows unlimited searching.

Anywho.com (free/paid)

This is AT&T's online directory; advanced searches are done through Intellius. The site includes white pages and a people finder. Using the free portion, you can find towns and sometimes ages.

Automated Search Resources

Area Codes (www.allareacodes.com)

Look up area codes for all the states, cities, and other areas serviced under the North American Numbering Plan, including Canada.

MSN white pages (http://msn.whitepages.com)
White pages search, including reverse phone and address lookups

Superpages.com

Site includes yellow pages, people finder (including reverse phone number), and business search using a map.

White Pages
Superpages.com
Ultimate White Pages (www.theultimates.com/white)
Whitepages.com

Yellow Pages
Superpages.com
Ultimate Yellow Pages (www.theultimates.com/yellow)
Yellow.com
Yellowpages.com

Automated Search Resources

<u>Subscription Sites</u>

Accurint (www.accurint.com)

A division of LexisNexis. Key features include:

- People Search... locates neighbors, associates and possible relatives.
- Phones Plus... track down phone numbers not typically available to increase your chances of finding your subject. Access over 268 million non-directory assistance records, including cell phone numbers.
- People at Work... links more than 287 million individuals to businesses and includes information such as business addresses, phone numbers, and possible dates of employment.
- RelavintTM... visually links individuals with businesses, addresses, relatives and vehicles.
- Advanced Person Search... helps find individuals when only old or fragmented data is available.

Ancestry.com

Contains immigration, military, census, birth, marriage, and death records; Jewish family history; African American family history. Offers 2 week free trial

Entersect_(www.entersect.net)

Entersect Public Records (EPR) offers searches on a variety of public records with as little information as a name, social security number, or cell phone number. Priced by individual searches plus a one-time application fee No monthly service fee or minimum usage fee

Global-Locate (www.global-locate.com/v4.1/page.asp)

Global-Locate, by Integrity, provides accurate address, phone and identification details on citizens of 207 nations. Powered by worldwide Government issued ID data, Global-Locate can help determine a current address, an active landline phone number, a cell phone number or an unpublished number, plus identity and age verification information such as date of birth, passport number or government-issued ID number, where available. Global-Locate was designed specifically for use by government, law enforcement and child welfare agencies to help locate individuals world-wide.

Automated Search Resources

Intelius (www.intelius.com)

People search, as well as background and criminal check

Per-use fee for each report requested

24-hour pass for unlimited search available

Quantity discount pricing is available; contact Intelius for more information.

Merlin Information Services (www.merlindata.com/databases.asp)
A wide variety of searches available, including address, phone, social security number, court records, births, deaths, marriages, etc.
Cost per search, depending on the type of search
People Finder unlimited for one user – annual fee

Obituaries (www.obitsarchive.com)

Contains archived obituaries from all states. If your local newspaper is not included here, check with them to see about adding a subscription to their online archives, if available. Search by name, publication date, or obituary text.

The Work Number (www.theworknumber.com/socialservices)

The Work Number is an income and employment verification service used by social service workers nationwide to determine eligibility for TANF, food stamps, low-income housing, welfare-to-work programs, cash assistance, Medicaid and other benefits. It's also used by Title IV-D directors to find child support evaders in cases where court orders have been established.

US Search (www.ussearch.com)

Provides a variety of search services on address, phone, social security number, email address, maiden name, criminal records, and court reports.

USA Trace (http://www.usatrace.com)

Other Sources

- Child Support Enforcement
- Local/State Resources

Automated Search Resources

- o Financial Services Case File
- o Family Services Case File
- Statewide Medicaid System
- o Local Automated Welfare System
- Statewide Child Support System
- Coroner
- County jails
- County vital statistics
- Department of Justice
- Department of Motor Vehicles (DMV) records (www.dmv.org)
- District Attorney's office
- Eligibility Worker
- Emergency contact information card from school
- Family members/ Friends
- Family Services
- Immigration Services/Consulates
- Interviewing the child
- Medical records
- Military agencies (Social and Family Services Departments)
- Obituaries (funeral homes)
- Parole and Probation
- Postmaster
- Red Cross
- Registered voters
- Tribes
- White & yellow pages (work phone)

Discuss the following points related to automated search tools:

With easy availability of the internet, conducting searches has turned to technology more than ever. While intensive efforts to search for family

through "mining" the case files still is a valuable aspect of searching, technology has been a helpful tool as well.

From discussions with practitioners across the country, it appears that the most thorough and up-to-date search tool is Accurint (www.accurint.com). Accurint is managed by LexisNexis and has access to over 34 billion public records. There are fees required to hold "licenses" to be able to conduct searches so for agencies there is a cost consideration.

The Federal Parent Locator is a database that collects and updates information to enforce child support obligations. This resource can be used to locate and potentially place the child with the absent parent or to contact the absent parent to help identify relatives. Access to this database is authorized for child welfare agencies through Fostering Connections.

Refer participants to **Resource Booklet: Six Steps to Find a Family, "Tips for Searching" (p.68).** Note that in addition to online resources, there are a number of other sources that can yield valuable information.

Advise participants to consult their state and local manuals for guidance on diligent searches and available sources of information.

Note to facilitator:

Try to familiarize yourself with state specific guidance about requirements for diligent searches, typically located in Child Protective Services and/or Foster Care/Adoption Manuals. Direct participants to the policy citations if possible.

Note that another Search tool is utilizing Social Media sites such as Facebook.

One of the dilemmas in utilizing Facebook is how to access it and how to use it. Most agencies do not allow staff to have access to social media sites such as Facebook on agency computers. Some agencies have resolved this issue by setting up a special computer kiosk (a standalone computer) whereby staff can access Facebook for work purposes. Most agencies have staff set up a specific email just for conducting searches. The email address should be approved by the agency.

Explain that another ethical dilemma that has come up with using search engine sites, whether it be Accurint, an on-line yellow pages site, or even a social media site like Facebook is, what are we disclosing to our clients about how we are conducting searches for information on them and their families? These are important issues that agencies need to address.

Conduct a small group activity about using automated search data.

Refer to **Handout 4.2: Sample Search Results**. Explain that this sample is similar to search results that could be generated from Accurint.

Sample Search Results—Accurint

Designed for ethical use to connect youth and family with supports, Accurint is a powerful Internet-based tool that can reveal a great deal of information about individuals. Despite this, the use of the tool and the results that it could possibly yield do not replace good casework skills and knowledge. Gathering the information for a search and getting a report is only an early step in a very involved process of client engagement and empowerment. Once a report is generated, it will be critical for the Caseworker to work with his/her Supervisor to interpret the report and consider next steps in working with the youth and/or caregivers to engage the identified individuals.

Note: While Accurint can yield a host of information about adults, it will not yield results on searches performed on children.

Information That Should be Gathered for Accurint Searches:

If nowhere else, a Social Security Number and/or a name is the best place to start regarding information to have for an Accurint search for family. If you do not have this information, it will be critical to use skills and methods – such as mining records, diligent searches, mobility mapping, and others – to engage the child/youth, caregiver, and others in the process of making connections. When engaging children/youth, their caregivers, or any other individuals involved in the case, try to obtain the following information:

Minimum Information Necessary:

- First Name (spelled correctly)
- Last Name (spelled correctly)
- Approximate Age (+/– five years) or Date of Birth
- Addresses within the last 20 years (City and/or State)

Beneficial Information to Obtain if Possible:

- Middle Name (spelled correctly)
- Cell Phone Number
- Home Telephone Number
- Social Security Number

Instruct participants to discuss how they would go about determining which leads to pursue, especially when reports can often be 20-30 pages in length.

Discuss their responses and current practices.

Note that it can feel overwhelming to receive a significant amount of information; however, it can be very useful in the search for relatives.

The Family Finding model recommends finding at least 40 relatives for each child during the search process. Automated resources often make this possible. Automated search reports can also be a good tool to use when talking to the parents or even the youth about potential connections.

Ask participants how extensively they are using online search resources in their agency.

- How has it been beneficial?
- What are the challenges?

Refer participants to Handout 4:3: Data Mining.

Handout 4.3					
Data Mining					
Before Mining: After Mining: After Accurint:					
Combing case records to identify adults who can serve as supports for the child/youth and/or caregivers, a process called Data Mining in the Family Finding model, is one of the key portions of completing Family Finding work. Use this opportunity to mine your case for supports for the child/youth and/or their caregivers. In addition to allowing you to mine critical information, the information will offer a summary of your case and can serve as a means of showing you the child's progress because of using the Family Finding model. In addition, the information will assist in more efficiently performing Accurint searches for connections. Please ensure that you capture, whenever possible, the full and accurate spelling of the names of individuals involved in the case. This form may be collected for analytical purposes.					
Please Complete One Sheet For Each Child					
Country: County contact person (Name, Email, and phone number):					
Case name:					
Child Information Age of child: Gender (Circle one): Male Female Number of years in placement, over the life of the child (out of home care): Number of different placements:					
Parent Information					
Mother known to agenc If so, first name and last i	=	yes	no	_	
Mother's parental rights		yes	no		
Mother's whereabouts a lf so, address:	re known:	yes	no	_	
Mother is involved/enga Mother's date of birth is I If so, please offer:		yes yes	no no	-	

Handout 4.3 Data Mining Father known to agency: yes no If so, first name and last initial: Father's parental rights terminated: yes no Father's whereabouts are known: yes no If so, address: Father is involved/engaging in services: yes no Father's date of birth is known: If so, please offer: yes no Siblings Does the child have siblings? yes no Does the child live w/siblings? (List the child's siblings and circle yes or no for each sibling): 1. _____ yes no 2. ______ yes no 3. _____ yes no 4. _____ yes no Frequency of contact between siblings (List the child's sibling and circle contact frequency for each sibling): 1. _____daily weekly bi-weekly monthly yearly none 2. _____daily weekly bi-weekly monthly yearly none 3. _____daily weekly bi-weekly monthly yearly none 4. _____daily weekly bi-weekly monthly yearly none Permanent Resources Number of relatives known to the child (Not including parents): ____ Number of child's current lifelong connections:

yes

no

Handout 4.3

Data Mining

<u>Famil</u>	y E	<u> En</u>	g	a	g	е	r	<u>ie</u>	n ⁻	t

Has the family been offered a Family Group Conference? yes no Has the family participated in a Family Group Conference? yes no Is a Family Group Conference scheduled? yes no If so, on what date? _____ Permanency What is the child's permanency goal?

Is the child currently in a permanent placement setting?

In conjunction with your previous Data Mining efforts, please fully complete the following information to the best of your ability, as it will assist in facilitating searches for connections.

Maternal Information	Paternal Information
<u>Maternal Grandmother:</u>	<u>Paternal Grandmother:</u>
Name:	Name:
City, State:	City, State:
Phone:	Phone:
<u>Maternal Grandfather</u> :	<u>Paternal Grandfather</u> :
Name:	Name:
City, State:	City, State:
Phone:	Phone:
<u>Maternal Aunt</u> :	<u>Paternal Aunt</u> :
Name:	Name:
City, State:	City, State:
Phone:	Phone:
<u>Maternal Uncle</u> :	<u>Paternal Uncle</u> :
Name:	Name:
City, State:	City, State:
Phone:	Phone:

Data Mining

Maternal Information	Paternal Information
Maternal Aunt:	Paternal Aunt:
Name:	Name:
City, State:	City, State:
Phone:	Phone:
<u>Maternal Uncle</u> :	Paternal Uncle:
Name:	Name:
City, State:	City, State:
Phone:	Phone:
Maternal Cousin:	<u>Paternal Cousin</u> :
Name:	Name:
City, State:	City, State:
Phone:	Phone:
<u>Maternal Cousin</u> :	<u>Paternal Cousin</u> :
Name:	Name:
City, State:	City, State:
Phone:	Phone:
Neighbor:	<u>Friend:</u>
Name:	Name:
City, State:	City, State:
Phone:	Phone:
Neighbor:	Friend:
Name:	Name:
City, State:	City, State:
Phone:	Phone:
Other:	Other:
Name:	Name:
City, State:	City, State:
Phone:	Phone:
Other:	Other:
Name:	Name:
City, State:	City, State:
Phone:	Phone:

Data Mining

Maternal Information	Paternal Information			
Other:	Other:			
Name:	Name:			
City, State:	City, State:			
Phone:	Phone:			
Other:	Other:			
Name:	Name:			
City, State:	City, State:			
Phone:	Phone:			
Other:	Other:			
Name:	Name:			
City, State:	City, State:			
Phone:	Phone:			
Current/Former Resource Caregiver: Notes				

FSE Step Three: Engagement

□ Display PowerPoint 4.11: Engagement—Goal

Those who have an inherent, or historic, connection to the youth share
information about the youth, are cleared on safety as needed, begin to
establish a connection with the youth, and, if they are not already on the
team, join the team.

□ Display PowerPoint 4.12: Engagement—Practice Steps

- Develop individual engagement strategy for each person
- Prepare for first in-person visit
- Keep youth informed

State that Engagement is the most crucial component in family finding. It is very important to:

- Demonstrate respect/empathy
- Develop an understanding of the family's past experience and current situation
- Identify family strengths and needs together
- Be consistent, reliable, and honest
- Allow family members to "vent, validate (what they feel), and venture (into family finding)"

In order to develop a partnership with the birth parents:

- Recognize that family involvement is powerful and effective.
- Help families design change by identifying their own positive supports.
- Find relatives and friends with the help of the birth parents who can be a
 positive support to the parents and to the children while they are in
 substitute care.
- Respect and value the birth parent's suggestions of relatives who can help.
- Locate relatives who can help the birth parents with meeting the tasks of their service plan.

Say that after relatives are identified through the Discovery process, the next step is contacting relatives for the purpose of Engagement.

Contact with potential kin caregivers is often initiated via written correspondence. This is generally viewed a non-threatening method of reaching out to relatives and allowing them time to process the information.

Refer participants to Handout 4.4: Sample Relative Notification Letter.

Sample Relative Notification Letter

Reprinted from FosteringConnections.org

Dear (Relative),

I am contact you because you have been identified as a relative of (child's name) who was born on (DOB) and is now in the custody of (insert agency). I am a (insert title) for the (insert agency).

We recognize that relatives play an important role in the lives of children, especially those who must be temporarily care for by someone other than their parents. Children do better when they are placed with or able to stay connected in other ways to people who know and care about them. Children who are able to stay connected to their extended family and culture experience more stability and less trauma than those who are not connected.

We are contacting you to see if you are interested in being considered as a temporary home for or otherwise staying in contact with (child's first name while (s/he) is in our custody. In the next few days, I or someone from my agency will call you to review your options for helping to care for (child's first name). For example, you may want to offer a temporary home for (child's first name) so (s/he) does not need to be in foster care or apply to be a foster parent for (child's first name). Should permanent care later be necessary for (child's first name), there may be various opportunities for guardianship or adoption. More information about your options is attached. (1)

If you are not able to provide a temporary home for (child's first name), there are other ways for you to stay involved in (his/her) life and offer important family connections. You might visit regularly, arrange regular weekend or holiday visits at your home, or offer to transport (child's first name) to and from school, doctor's visits, or other activities. (2)

Sample Relative Notification Letter

Keeping (child's first name) connected to family (and tribe as applicable) is important. Please get in contact with us so you don't lose the opportunity to connect with (child's first name) now or in the future. We will call you in the next few days to explore your options, but feel free to contact me sooner at (phone number/contact information). I also ask that you share with me names and contact information of other relatives you think may be interested in connecting with (child's first name). (3) Thank you.

Sincerely,

- (1) To comply with federal law, notice **must**: 1) explain the options the relative has under federal, state, and local law to participate in the care and placement of the child, including any options that may be lost by failing to respond to the notice; 2) describe the requirements to become a foster family and the additional services and supports available in such a home; and 3) describe how the relative guardian may enter into a guardianship assistance agreement with the agency if the state has taken the option to operate a Guardianship Assistance Program (GAP). It is suggested that you provide all of this information in an attachment.
- (2) Some states have designated response forms that go into detail about what activities relatives may participate in and allow them to check the boxes of activities that they would be interested/willing to participate in for the child.
- (3) Some states provide a form for the relative to fill out that specifies the name and contact information for other relatives who might be able to provide for the child.

Emphasize the following points regarding written notifications:

- Notice of a child entering agency custody should be sent to relatives within 30 days.
- It is important to document all identified relatives and the form of notification in the automated case record.
- To ensure that relatives understand the information, it may be necessary for your agency to have the letter translated into other languages common in your area.
- It is helpful to keep relatives informed of what is happening in the case. This can be very beneficial in case planning and building lifelong connections for the child.

State that contact can also take place via phone calls.

Refer participants to **Resource Booklet: Six Steps to Find a Family (p. 69**). Allow a few moments for participants to review sample phone call scripts.

Invite participants to share their experiences with the use of letters or phone calls and to offer best practices and helpful suggestions.

Note to facilitator:

Point out that the **Resource Booklet (Six Steps; pp. 26–28)** offers tips on preparing for initial calls or visits with relatives.

State that although engaging with families is one of the primary skills that we reviewed in Module III, engaging with extended family members can be different.

With extended family, two issues or concerns are noted:

- 1. The family may or may not have an existing connection with that child/youth, and
- 2. How much information a worker should reveal to extended family

They deserve information about the child's situation but at the same time confidentiality of his/her client has to be respected. This issue has been of primary concern of staff conducting FSE activities.

Note to facilitator:

It is important to find out if a state has policy or a standard on FSE and what can be disclosed. This could be researched ahead of time to facilitate a conversation about this issue. It would be a good time to have a report out from the group to be charted on newsprint—what is some information that you think can be shared with extended family members and what would be problematic.

Refer participants to Handout 4.5: Family Engagement Tips.

Family Engagement Tips

- Engage and empower <u>both</u> parents as much as possible—listen to and respect their story
- Do not assume that the family member knows how important he/she is to the child
- Discuss the positive impact their continued involvement can have on the child's well-being
- Identify AT LEAST four (4) key figures who are committed to maintaining family connections and assess past, current, and potential relationships with the family and children

<u>Assess Level of Support:</u>

Meet with identified family members and fictive kin and determine what level of support they can provide to the family and to the child(ren) in care.

- Formal Supports: Placement or extended respite
- Natural Supports: Short-term respite, transportation, mentoring, child care
- <u>Community Supports</u>: Therapist, school, church, attorney, activity leaders
- Informal Supports: Cards, phone calls, family photos, presence at events

Identify Central Family Figures Who Play Following Roles:

- <u>Family Gem</u>: Relative who may provide current or potential placement in future if needed; s/he will stay involved while child is in foster care
- <u>Family Leader</u>: The family looks to this person for support and guidance; has the ability to motivate/rally others in the family to act; holds the "power" in the family
- <u>Family Informant</u>: This person shares structure of family dynamics and can identify the family's strengths, needs, and current barriers. S/he can often provide addresses and contact information.
- <u>Key Player</u>: This person as the resources/skill sets to be an important figure
 in the child's life in areas such as weekend visits, tutoring, mentoring, and
 outings.

Source: Deborah Saucedo, Adoptions Unlimited, Inc. Project Director for the Recruitment and Kin Connection Project as presented at National Association of State Foster Care Managers Annual Meeting, Kinship Care Webinar Wednesday, October 30, 2013.

Share family engagement tips from a model diligent recruitment program listed at the top of the handout and discuss the various levels of support that relatives and fictive kin can provide.

FSE Step Four: Exploration and Planning

- △ **Display** PowerPoint 4.13: Exploration and Planning—Goal
 - A functioning team composed of the youth, family, professionals, and important others explores options and takes responsibility for finding permanency for the youth.
- ☑ **Display** PowerPoint 4.14: Exploration and Planning—Practice Steps
 - Merge newly identified family members with existing youth permanency team
 - Prepare self, youth & others for participation
 - Clarify goal and expectations
 - Help team explore options and assign tasks
 - Set timelines and monitor progress
 - If you does not choose to meet with team, keep youth informed

Refer participants back to **Handout 4.5: Family Engagement Tips**.

Discuss the importance of identifying central family figures who play the following roles:

Family Gem

- current placement
- potential future placement (crucial)
- short-term respite provider
- long-term respite provider

Family Informant

- Willing to talk to the agency about family structure and dynamics
- Identifies family members on maternal and paternal side
- Willing to share contact information for additional family members

Family Leader

Family members look to this person for support and guidance

- Holds "power" in the family
- Has the strongest ability to motivate others in the family to stay involved

Key Player

- Resources and skill sets to be an important figure in the child's life
- Not the current placement and may not serve that role in the future
- Mentor, confidant, includes child in family activities

(Source: Deborah Saucedo, Adoptions Unlimited, Inc. Project Director for the Recruitment and Kin Connection Project as presented at National Association of State Foster Care Managers Annual Meeting, Kinship Care Webinar Wednesday, October 30, 2013.)

FSE Step Five: Decision-Making and Evaluation

- ☑ **Display** PowerPoint 4.15: Decision-Making and Evaluation—Goal
 - The team, including the youth and social worker, develops an individualized plan for legal and emotional permanency, a timeline for completion, a process for ongoing monitoring of progress, and a contingency plan.
- △ **Display** PowerPoint 4.16: Decision—Making and Evaluation-Practice Steps
 - Team evaluates permanent possibilities
 - Teams devises primary and backup plans
 - Explore legal issues

State that developing a concurrent plan is a two-fold process with goals to:

- Build a life-long supportive network
- Develop an alternate plan if reunification is not possible

Concurrent planning requires:

- Open, honest, complete communication between the birth parents, foster parents, and case manager
- Respectful use of disclosure and confidentiality

FSE Step Six: Sustaining the Relationship

- □ Display PowerPoint 4.17: Sustaining Relationship—Goal
 - The youth, family and team has a plan to support the young person and her family, has achieved legal or non-legal commitments, and has organized the necessary resources to maintain permanency.
- ☑ Display PowerPoint 4.18: Sustaining Relationship—Practice Steps
 - Review contingency plans
 - Review legal status & less formal commitments
 - Review formal & informal resources for family members
 - Prepare team to be self-sustaining

Review key strategies for identifying and locating potential kin caregivers, making the following points:

- Get stated early.
 - Begin identifying and notifying potential relative caregivers prior to removal or as soon as the child enters agency custody.
- Ask the parents to identify relatives for the agency to contact.
 - Create a genogram to assist the parents in recalling multiple relatives. Keep discussing the importance of concurrent planning and family connections.
 - Follow up with parents about the status of relative search and engagement to build trust.
- Ask youth about their extended family.
 - Use tools such as creating a family tree/genogram or mapping with a chronological timeline of their whereabouts and relationships to reveal important family connections.
 - Continue an ongoing dialogue about family as youth may remember more information over time.
- Cast a wide net.
 - Mine agency records for information and contact agency professionals who have been involved with the family.
 - Interview household members, family members, friends, and other knowledgeable people (teachers, clergy, health care professionals,

child care providers, etc.) to develop a list of possible adult relatives.

- Develop checklists to ensure consistency.
 - Checklists of standard search procedures can help agency staff to conduct a thorough search for each child.
- Document your efforts to identify and contact relatives.
 - Create checklists of maternal and paternal relatives and document all efforts to contact them. This can help to show what efforts have been made and can prevent delays in achieving permanency if a relative appears late in the case claiming not to have known the child was in foster care.
- Use search engines and other online resources.
 - Use available resources in an effort to locate the names, whereabouts, and contact information of as many relatives as possible.
- Assess the types of support relatives can provide to the youth and the agency
 - Respectfully engage them in the planning process.

(Adapted from Jordan Institute for Families, UNC-Chapel Hill (2010). Engaging and Supporting Relative Caregivers. Children's Services Practice Notes, Vol 16, No 1. and Deborah Saucedo, Adoptions Unlimited, Inc. Project Director for the Recruitment and Kin Connection Project as presented at National Association of State Foster Care Managers Annual Meeting, Kinship Care Webinar Wednesday, October 30, 2013.)

Summarize that in this module we have examined the strategies for searching and contacting potential kin caregivers. In addition, we have seen the importance of using engagement skills to build rapport and trust that will enable us to complete thorough assessments and make placement decisions.

In the next session, we will begin the process of completing a comprehensive assessment of relatives to include the clinical issues that can impact safety, placement, and permanency potential.

Module Four Facilitator Guide

Note to Facilitator:

This module should end the first day of training, with the second day devoted to the core elements of the relative assessment and support. However, in the event that Module Four could not be completed on the first day, time will permit completing it on the second day as the full allotted time may not be needed for Module 5.

Module Four Facilitator Guide

Module Five: Family Assessment Process

Time

240 minutes

Competency

Worker knows how to engage and contract with relatives to assess safety, placement and permanency potential.

Objectives

- Explain the stages of the kin caregiver assessment process.
- Describe the importance of full disclosure to engage, contract with and begin the assessment process with kin caregivers.
- Identify and discuss safety and protective factors to be considered when assessing kin caregivers.
- Demonstrate ability to identify issues that need to be addressed in using full disclosure, including the option of diversion from foster care.

Materials

- ✓ Computer
- ✓ Projector
- ✓ PowerPoint presentation (thumb drive or computer hard drive)
- ✓ Easel pad
- ✓ Markers

Handouts

- Handout 5.1: Stages of Relative Assessment Process
- Handout 5.2: Full Disclosure
- Handout 5.2: Guide to Assess Kin Caregivers
- Handout 5.3: Case Scenario A Teresa and Eugene
- Handout 5.4: Case Scenario B Paternal Aunt
- Handout 5.5: Clinical Issues for Kin Caregivers
- Handout 5.x: Kinship Home Assessment Tool
- Handout 5.6: Elements of Effective Family Assessments
- Handout 5.7: Family Resource Scale

Facilitator's Notes

Display PowerPoint 5.1: Module Five Title Slide

Review the content covered in the previous module regarding Family Search and Engagement (and complete any outstanding portions of Module Four). Ask if there are any questions.

Note that in the last session we talked about the key attributes of effective engagement skills—mutual respect, genuineness, and empathy—skills that in combination will increase the likelihood of our helping parents and extended family members feel that we care about them and want to be helpful.

State the following the identification and engagement of relatives, we must assess the role that they can play in permanency.

In this module, we will look at the use of full disclosure to facilitate the process of engaging the potential kin caregivers in the assessment process. We will also explore how we would use these skills in the initial interview with the potential kin caregivers.

We will also focus on reviewing all phases of assessment. Going back to our case involving Teresa and Eugene, we are working with the assumption that Teresa and Eugene have suggested Geneva as the potential kin caregiver for their baby, so she and her fiancé are the relatives we will be exploring. In reality, there may be two or three relatives that come forward who will need to be assessed as to their capacity and motivation to provide a safe and nurturing home environment. When considering multiple placement options, the agency will need to make a decision in collaboration with the family themselves.

Stages of the Relative Assessment Process

Refer participants to Handout 5.1: Stages of the Relative Assessment Process.

Stages of the Relative Assessment Process

- Pre-engagement and anticipatory planning: Tuning into issues that will need exploration
- Engagement: Beginnings of the relationship-building and assessment process
- Contracting: How will we work together?
- Family Study/Assessment: exploration of capacity and motivation, strengths and needs, safety factors, well-being and permanency issues, problem-solving
- Review and contingency planning
- Payment /Licensing issues if applicable
- Decision-Making: Endings of the assessment phase of work

Full Disclosure

State that the focus of the Engagement and Contracting phases involves a "getting to know you" process for all participants (workers, parents, extended family members children), and provides an opportunity for the worker to share clarifying information serving as a reference for the work that will follow—who, what, where, when, how and why.

During the engagement and contracting phase of work, three basic things are happening, according to William Schwartz: ("On the Use of Groups in Social Work Practice," in *The Practice of Group Work*: ed. William Schwartz and Serapio Zalba.New York: Columbia University Press. 1971):

- Clarification of purpose.
- Clarification of role.
- Reaching for family input/involvement in the process.

Explain that the process of sharing complete information and addressing obstacles to the work with families is known as the skill of "full disclosure".

When full disclosure is used respectfully and responsibly, it has the potential to move the engagement and contracting process along with the worker having open, honest and respectful conversations with the birth parents and extended family members about the current situation, the needs of the children, and/or the possibilities for temporary or permanent placements.

Refer participants to Handout 5.2: Full Disclosure.

Full Disclosure

- Is an essential component of ethical social work practice
- Is a process that facilitates open and honest communication between the social worker and the biological parents and the extended family members
- Is a skill and process of sharing information, establishing expectations, clarifying roles, and addressing obstacles to the work with families

Source: Adapted from discussions with Jeanette Matsumoto and Lee Dean with the Hawaii Department of Human Services—Social Services Division, Child Welfare Services Branch

Summarize that Full Disclosure is the process whereby the worker explains the reasons for child welfare intervention, importance of identifying and involving parents and relatives in planning for children, and to set the stage for what will happen next.

Note that when we first meet with relatives who have agreed to be considered as placement (and/or permanency resources), it is important that they have as much information as possible about the need for placement and the options for support (financial and otherwise) as well as the range of placement options.

Ask participants what legal options their state's laws and policies provide for relatives to care for children.

Explain the legal options for how relatives can care for children: as licensed foster parents (if certain criteria are met) or legal guardians (with or without TANF support or state/federal subsidies).

State that the child welfare agency will want to be sure that relative resources can provide safe and stable environments, continuity of care, and connectedness to family and cultural roots, and have the community supports to do so.

Explain that the way the family study/assessment process is begun with potential relatives will likely influence the way the outcome evolves.

The goal is to help family members feel included in the assessment and the informed decision-making process. If respect, genuineness, empathy and full disclosure are not a part of the assessment process, there is a likelihood that family members may feel excluded and judged which can only lead to difficulties and delays in the planning, decision-making, placement and support process.

If the worker does not provide complete information to the family, that is provide full disclosure, there is the risk that family members may misunderstand what is expected of them and what they can expect from

the agency and make a misinformed decision about their capacity and motivation to serve as a placement and/or permanency resource.

Comment that the importance of open, honest, respectful and mutual communication with potential kin caregiver resources to arrive at a decision about who will be able to provide for the care and protection of the children does not end with the initial contact and must continue throughout the assessment process.

Initial Issues to Explore with Potential Relative Caretakers: The Family Assessment Process and Initial Safety Concerns

Refer participants to **Handout 5.3: Full Disclosure Checklist**. Use this to guide the following brief discussion of Full Disclosure.

Full Disclosure Checklist

Issues to address with parents and identified caregivers:

- The need for child welfare intervention (threats and risks to the child's safety that may exist, and how they can be addressed).
- The process which can be expected for the assessment and planning for where the child will be placed—expectations that parents and family members can have of the agency.
- Expectations the agency will have for the parents' and family members' involvement.
- Identification and discussion of family strengths, opportunities and resources that may exist.
- Potential options (with or without court intervention) to resolve problems that brought the family to the attention of the child welfare agency.
- Children's developmental need for safety, connections to family, continuity of care, connection to family and culture.
- The obligation to give first consideration to potential adult kinship caregiver and assess their capacity to serve as placement and possible permanency resources.
- Placement options for kinship caregivers: informal placement, legal guardianship (with or without subsidy, TANF funding), formal foster care, adoption (with or without subsidy).
- Parents' rights and responsibilities in continuing to plan for their children even if placed with a kinship caregiver.
- Children's urgent need for parents and family members to be involved in planning, visiting and decision-making for the children now and in the future.

Instruct participants to quickly review the categories of issues they might discuss initially with birth parents and potential relative caregivers.

Ask them whether there are any other issues they might discuss that are not on the checklist.

Divide participants into small groups of 5–6 people.

Instruct the groups to read Handout 5.4: Case Scenario B: Paternal Aunt.

Remind participants that Teresa and Eugene have suggested that Geneva be explored as a placement resource for Tanya.

Case Scenario B: Paternal Aunt

Geneva, Eugene's sister and Tanya's paternal aunt has come forward as a potential placement and permanency resource—although Teresa did not initially suggest her as a resource to explore, Eugene offered her name when he was finally present at one of the interviews with Teresa. She had been in college when the other children were placed and unable to be a placement resource for them. Geneva, a 35-year-old schoolteacher, is engaged to be married. She and her fiancée are interested in being considered as potential caregivers for Tanya. They have not had a positive relationship with Eugene and Teresa over the years due to the couples' drug use and resulting erratic behavior.

Geneva lives with her fiancée in a small 2-bedroom apartment in a neighborhood that is close to the maternal grandmother, whom they do know and have visited since Tanya was placed with her. They are saving to buy a larger place when they marry and feel they can afford it. They plan to be married within 6 months.

Geneva has not raised children of her own, but she helped to care for her younger brothers and sisters and teaches elementary school, so has a familiarity with meeting children's developmental needs. She had a difficult adolescence and found it necessary to move out on her own, find a job to support herself at the age of 18. She did not begin college until her late 20's and attended part-time until completing her degree. She is concerned that another of Eugene's children should not be raised outside of her family.

Ask for comments about issues that they might tune into before meeting with her (Anticipatory Planning Phase).

Display PowerPoint 5.2: Anticipatory Planning Phase.

Use these questions to guide discussion.

- What are your initial reactions to this family's case situation?
- What strengths do you see?
- What red flags pop up for you?
- What might you say to Geneva and her fiancée about how you would work with them?
- What might you want to be sure to tell her in the first interview about process and next steps?

Instruct participants that they have 15 minutes for discussion in their small groups. After the 15-minute period, bring them back to the large group to debrief the activity.

Ask for the anticipatory issues they identified about this family. List these issues on the easel pad.

Ask the group how comfortable they would be in talking about these issues before they have really gotten to know the family.

△ **Display** PowerPoint 5.3: Initial Interview.

Explain that the initial interview/meeting with the potential relative caregivers is the time to help prepare them to understand the family assessment process:

- What will be expected of them.
- Why their help and the help of other family members is so important for children.
- Whether or not they are able or want to provide a safe home environment.

During the initial interview the worker will need to become comfortable using full disclosure to explain the "rules", explore initial safety issues, and discuss the concerns that may emerge related to safety and/or family relationship issues.

State that the first meeting with the potential kin caregivers to begin the Family Study/Assessment process may take many hours, or a short period of time, but is key to beginning the relationship with the potential kin caregiver on a positive note.

This initial interview or meeting begins the development of trust and mutual respect and paves the way for the worker to be invited back to continue the assessment process, particularly around the initial safety assessment which should follow.

For this training we are going to assume that Geneva's home environment has been assessed as safe for a baby, and that there are no concerns about the space, fire inspection, furniture, outdoor space/neighborhood or other issues that would be assessed in a licensing study.

However, a discussion about providing a protective environment needs to take place with Geneva and her fiancée. This conversation should include the following information:

Refer participants to **Handout 5.5**: **Guide to Assess Kin Caregivers**.

Guide to Assess Kin Caretakers

Outcomes

- Child's need for safety, stability, continuity of care/relationships, nurturance and opportunities for growth and developmental well-being are met.
- Child has a caring environment, which supports family continuity through the delivery of a child-centered, family-focused system of practice to ensure permanency.

Family Identification

- Can you identify the members of your family who have a healthy/positive relationship with you and your child or children?
- Who in your family do you think can care for your child or children?

<u>Initial Assessment of Family Interest</u>

(Willingness of family member(s), length of relationship with family member(s), quality of relationship with family member(s), relationship with child or children, full disclosure of family circumstances)

- How have these family members helped you in the past?
- Has your child or have your children ever stayed with these family members over an extended period of time?
- What kind of relationship does your child or children have with these members of your family?
- Do these family member know the circumstances and conditions that have led to the need for your child or children's placement?

Guide to Assess Kin Caretakers

Initial Assessment of Issues Related to Ensuring a Safe Environment

(Ability to meet child's physical and emotional needs: does any person in the home have a history of abuse or maltreatment; willingness to work with

agency; health of family member; protection from abuse or maltreatment; ability to develop a plan with the agency)

- Is the family member willing to share personal information about their past and present circumstances by being part of the family study/assessment process?
- Can the family member meet the child's physical and emotional needs?
- Does the family member or any member of household have a history of abuse or maltreatment?
- Is the family member willing to work with the agency to protect the children and provide for their developmental well-being?
- Will the health of the family member impact on their ability to care for the child/ren?
- Will family members be able to protect child or children from further abuse? Do parents believe this to be so?
- Do any of the family members have an interest/capacity to become a licensed foster parent or to assume responsibility of the child without becoming a foster parent?
- Are family members willing and able to provide short-term care and support family reunification efforts if they are required?
- Are any family members willing and able to provide a permanent legal home for the child or children as adoptive parents or legal guardians if this should become necessary?
- Will the family member work with the agency to develop a safety plan?

Facilitate a group discussion of the following information about safety and protective factors.

- In assessing whether potential kin caregiver can ensure a safe home environment for the child/ren, it is important to take a comprehensive view of the potential kin caregiver's family circumstances, interests and abilities in the context of their relationship with the birth parents and extended family network.
- Specifically, we want to look at safety risks (potential problems) and threats (immediate concerns) while working with the family's strengths, needs and resources—taking a strengths-based or non-deficit approach to understanding the family's present circumstances, past experiences, and plans for how to handle difficult situations in the future.
- We want to understand the dynamics of the potential kin caregiver's own family and of their relationships with the extended family and birth parents that would impact on the child's present and future safety—the risks and the threats.

Consider a definition of safety as written by the National Resource Center for Child Protective Services

A child can be considered safe when there is no threat of danger to a child within the family/home or when the caregiver protective capacities within the home can manage threats of danger. A safe home is a qualified environment and living circumstance that once established can be judged to assure a child's safety and provide a permanent living arrangement. A safe home is qualified by the absence or reduction of impending danger threats; the presence of sufficient caregiver protective capacities; and confidence in consistency and endurance of conditions that produced the safe home.

- To determine if there have been past child welfare and criminal justice involvements, there will need to be a child welfare and criminal background check of the potential relative caretaker and other adults living in the home (this may depend upon state requirements).
- A home visit to observe the physical conditions of the potential kin caregiver's home to determine whether there are safety concerns and space considerations that may need to be addressed to meet state expectations for foster care licensing, or generally acceptable standards for safety if the family does not chose to become a licensed foster home.

Ask the group to identify potential risks and safety threats and discuss examples of each. Write the responses on easel pad.

Display PowerPoint 5.4: Protective Factors to emphasize the focus of this part of the lecture.

- Cognitive Ability.
- Emotional Investment/Commitment.
- Behavioral History.

State that we will want to know whether the potential kin caregiver has the cognitive ability to understand child development, the impact of child abuse and neglect on children, as well as the child's grief reactions to the separation and loss when removed from the birth parents.

What is this kin's capacity to provide a stable, nurturing and supportive environment to this child/ren? What is the kin's capacity to protect the child from situations that may be harmful – physically, emotionally?

What is the kin caregiver's emotional investment/commitment to care for this child/ren and to protect them from additional child abuse or neglect?

What is the potential kin caregiver's behavioral history in dealing with the birth family and offering support and guidance while maintaining boundaries and limits? How have they solved problems in the past, how have they learned from their mistakes and how will they establish clear safety plans for the child/ren and themselves in the future?

(Protective Factors issues adapted from discussions with Richard Varvel, colleague from the Oregon Department of Human Services—Services to Children and Families based on his work with Milli Morrisette on Kinship Care Family Assessments)

Explain that once it is determined that the potential kin caregiver meets the initial assessment criteria for capacity and motivation to provide a safe and stable placement for the child/ren, and indicates they understand what they might be getting into, a more comprehensive assessment of the family's circumstances can proceed

Refer the group again to Handout 5.5: Guide to Assess Kin Caregivers.

Summarize by saying that next we will take a look at the clinical issues that are specific to kin caregivers that we need to understand to complete a comprehensive family assessment.

Our next focus involves critical Family Assessment categories that may be different from non-relatives being considered as foster or adoptive parents.

Note to facilitator:

Allow time for breaks as needed during Module 5.

Assessing Clinical Issues with Potential Kin Caregivers

State that we will next need to spend some time looking at the clinical issues and categories of assessment that guide our work with identified caregivers.

We have been preparing for this work through building our understanding of the historic and legal context of kinship care, our review of basic social work values and skills, and our review of the phases of the relative assessment process.

Explain that these are complex issues and it is critical that we understand and use them in our assessment and decision-making with families.

We have focused on the skills of engagement, initial assessments and the consideration of the categories of information we need to do a comprehensive assessment of the identified kin's capacity and motivation to serve as a safe placement and potential permanency resource for children.

The answers to the questions posed are likely to help us and family members work together to determine if the identified kin is an appropriate placement and potential permanency resource for the child (ren).

Facilitate a brief discussion on the use of genograms and ecomaps as tools that can be used to facilitate the gathering of information about the family that will assist in determining whether the identified kin caregiver is a safe and stable care-taking resource for the child/ren.

Explain that the ecomap and genogram are traditional ways of facilitating the gathering of sensitive family information to assess the family's strengths, needs—as well as capacities and motivations to take on new challenges.

Ask the group how many people are familiar with and have used an ecomap and/or genogram with birth, foster or adoptive families—relatives or non-relatives. Ask two or three participants to comment on their experiences.

Explain the following:

Ecomap—An ecomap is a diagram of the family and the larger world in which the family exists. Its primary use is to highlight the relationships between the family and these other systems. It is an assessment tool that provides a tangible, graphic picture of a family's situation. Ecomaps use symbols to depict the nature of the relationships between the family and other systems. They also show the flow of "energy". Ideally, there should be a balance between the energy the family expends and the energy that flows into the family. An imbalance in this energy helps the worker and the family to identify areas for intervention.

<u>Genogram</u>—As the eco-map gives a visual picture of the family at a particular point in time, the genogram gives the worker and the family a picture of the intergenerational family system. A genogram can organize an enormous amount of complex information so that patterns and themes that are important to the family are easily observed.

Identify participants who have used ecomaps or genograms in their work with families.

Invite participants to share their experiences using the following questions as a guide. (5 minutes)

- How comfortable were they in using these tools to identify history, strengths, resources or need for resources?
- In what situations have you used these tools before?
- What are the benefits of using these tools?
- What would be the concerns?

Note that for those participants not experienced in the use of genograms or ecomaps, resources can be located on the internet.

PRIDE and A Tradition of Caring foster parent training curricula also include further instruction on the topic. (For the purposes of this course, there is not adequate time to teach the use of these tools.)

Another strategy used to aid in gathering family history is called mapping.

A link to the Annie E. Casey Foundation's resource entitled "Kinship Process Mapping: A Guide to Improving Practice in Kinship Care" is also provided in the Appendices at that end of the Participant Handouts.

Assessing Clinical Issues

Explain that the next areas that we need to look at are the clinical family issues that are particular to kin caregivers.

We will explore guidelines to assess clinical issues, as well as the capacity and motivation factors with potential kin caregivers. These guidelines can assist in developing a better understanding of the identified kin caregiver's family circumstances, history and stability, as well as their child rearing capacities and motivation to care for this particular child or sibling group.

The guidelines further encourage general considerations about family relationships and dynamics when working with potential kin caregiving situations—dynamics that increase the complexity of the assessment and placement decision-making process, and the ongoing work towards reunification or alternative permanency planning if needed.

State that if the family study/assessment reveals that the identified kin caregivers wish to be considered as formal foster parents, they should be helped to decide whether they want to work towards meeting the licensing standards for family foster care established by your state—with a focus on screening relatives in as a resource for the child and family whenever possible and safe to do so.

It is important to remember that if safety considerations are not an issue and licensing is not possible or chosen by the family, other options for supporting relative placements should be thoroughly explored with birth parents and relatives (i.e. legal guardianship with or without state subsidy, placement with

TANF supports and community-based services referrals, formal family foster care, and adoption with or without subsidy).

A family study/assessment—often described as a "home study"—is an interactive and mutual process used to determine "fitness and willingness" of a particular family to serve as a temporary placement and/or adoptive resource for children. The study involves a comprehensive review of the family composition, history, parenting experience/capacity, home environment, community resources as well as the nature of the relationship and interaction of the family members within the family and with extended family members.

A thorough family study also helps family members realistically assess their own capacities and interests in caring for and raising someone else's child. A mutually respectful process between the worker, potential kin caregiver, the birth parents and extended family as well as the child/ren is essential to conducting a culturally responsive and realistic assessment of the potential kin caregiver's interest and capacity to provide a safe placement option for the children.

Introduce participants to Handout 5.6: Clinical Issues for Kin Caregivers

(Adapted from the materials of Dr. Joseph Crumbley and Robert Little.) *Relatives Raising Children: An Overview of Kinship Care*. CWLA Press, Washington, DC. 1997; Dr. Joseph Crumbley's written materials 8/00).

Clinical Issues for Kin Caretakers

Loss

- Interruption of life-cycle
- Future plans
- Space, privacy
- Priorities

Role/Boundary Definitions

- From supportive to primary caregiver
- From advisor to decision-maker
- From friend to authority

Guilt

- Fearful of contributing to family disruption
- · Becoming a primary caregiver and raising child
- More committed to meeting the child's needs instead of parent's needs

Embarrassment

• Due to birth parent's inability to remain primary caregiver

Projections/Transference

- Unresolved issues with birth parent transferred to the child
- Difficulty perceiving the child's personality as different from the birth parent

Loyalty

- Usurping or replacing birth parent's role
- Fear of hurting parent's feelings and being rejected

Clinical Issues for Kin Caretakers

Child Rearing Practices

- Updating and recalling techniques and methods
- Need to learn non-corporal techniques of punishment and discipline

<u>Stress Management/Physical Limitations</u>

 Developing coping skills and support in managing children and additional responsibilities

Bonding and Attaching

 Establishing a parent/child relationship instead of a relative/child relationship

Anger and Resentment

- Birth parent's absence
- Birth parent's attempts to regain custody or continue contact
- Birth parent's sabotage or competition for child's loyalty to birth parent
- Agencies and professionals
- At/with "themselves" for becoming a surrogate parent

Morbidity and Mortality

- Concerns of illness/death triggered by previous losses and separations
- Who will take care of me if grandma gets sick or dies?

<u>Fantasies</u>

- Many parents fantasize about reuniting with their children
- These fantasies can be sometimes unrealistic
- These fantasies may cause to maintain unrealistic expectation about reuniting with the parent

Clinical Issues for Kin Caretakers

Overcompensation

- Caregiver may try to make up for the parent's failings or mistakes
- This reinforces child's experience of life as "extreme" and not balanced
- Challenge for caregiver is to provide balance and consistency

Competition/Sabotage

- Parent can sabotage the placement by undermining the authority of caregiver
- Parent may challenge, defy, or not comply with agreements regarding visiting, curfew
- Parent may give child permission to defy caregivers and professionals

Facilitate a discussion of the categories of clinical issues that Dr. Joseph Crumbley encourages workers to consider when assessing the capacity and motivation of kin caregivers. Allow 20 minutes for discussion.

Use Handout 5.6: Clinical Issues for Kin Caretakers to guide this discussion and have the categories already listed on an easel pad.

Instruct the participants to count off by the numbers 1–5.

Have them to form five groups by numbers they have—all the 1's, 2's, 3's, 4's, and 5's together.

Have each group take three of the Clinical Issues Categories and discuss the implications of each category in working with kin caregivers of children in need of out-of-home care.

Instruct each group to appoint a recorder and a reporter with the recorder writing their responses on an easel pad and the reporter sharing the group's issues with the other participants during a debriefing after they have had 20 minutes for discussion.

Note to facilitator:

Have each of the smaller groups debrief with the large group. As each group reports back, record the issues they identified on an easel pad.

Use Handout 5.6: Clinical Issues for Kin Caretakers to fill in the issues which the groups may have missed or reinforce the issues that they raised, thanking them for their creative work.

Assessing Motivation and Capacity of Relative Caretakers for Kinship Care

Introduce this section by letting participants know that we are now going to review the categories of family relationship issues that must be assessed in order to determine identified kin caregivers' potential as a placement and possible permanency resource.

These issues are adapted from materials developed by Dr. Joseph Crumbley through his workshops and his paper, "Assessing Families for Kinship and Relative Placements" (see Appendix) and his book with Robert Little, Relatives Raising Children: An Overview of Kinship Care. CWLA Press. Washington, DC; 1997.

Refer participants to Handout 5.7: Family Study Guide: Assessing Identified Kin Caregivers for Capacity and Motivation to Provide Kinship Care.

Family Study Guide: Assessing Identified Relative Caretakers for the Capacity and Motivation to Provide Kinship Care

Assessment Category: Motivation

<u>Loyalty</u>

- To the parent(s), family or child
- "We take care of our own; or my family has a tradition of staying together."
- Family tradition or a legacy of self-sufficiency from public systems/strangers
- Belief that the parent will assume responsibility for the child at a later time
- Rejection of the child would stimulate guilt and indicate disloyalty to the family

Obligation

- Attachment to child or children
- "I have to take the child because he or she is family"
- "I have to take the child rather than have him or her go into foster care."
- No other family member has come forward

The intensity of loyalty and obligation together can motivate relatives to care for children whom they may not know or have ever seen.

Penance

- Penance motivates relatives to atone or "make up" for what the birth parent didn't provide to the child (i.e., safety or protection).
- On occasion, the relative may even be atoning for what they didn't provide the birth parent.
- For some relatives, penance is a "second chance" with the child for the birth parent, themselves or the family by caring for the child.

Family Study Guide: Assessing Identified Relative Caretakers for the Capacity and Motivation to Provide Kinship Care

Rescue

- The need to rescue the child is also a motivator for relatives to provide kinship care.
- The relatives may say, "I can't let the child go into foster care, or; who
 knows what will happen to the child if he or she goes into foster care or is
 adopted, or; I can't let the child go back to being hurt by their parent or
 that family again."
- The relatives could be saving the child from "the system" (i.e., foster care or adoption), the birth parent or the extended family (i.e., maternal or paternal).
- Rescuing the child from losing contact with their family, cultural identity, history and heritage, may also be a motivator.

<u>Anger</u>

- Anger with the birth parents or extended family for abusing or neglecting the child may also be a motivating factor for relatives to provide kinship care.
- Anger with "the system" for not preventing the abuse or for removing the child from the birth parents may also cause relatives to become angry.
- This anger may then motivate relatives to protect the child from the birth parents or system.

Finances

- Financial limitations may also motivate relatives to legalize the care of their children.
- Most kinship care is being provided by grandmothers between the ages of 45 and 65 years old, who may be retired or on a limited and fixed income.
- Formalizing their relative caregiver status is frequently necessary in order for kinship families to access services, and financial support.

Family Study Guide: Assessing Identified Relative Caretakers for the Capacity and Motivation to Provide Kinship Care

Motivation: Differences Between Relative And Non-Relative Placements

- Relative placements are frequently unplanned, in a crisis or by the birth parents' default
- Relatives are usually not voluntarily pursuing a permanent or legal relationship with the child
- Relatives may already be on a fixed income if elderly or retired
- Non-relative caregivers (foster or adoptive parents) solicit, train and prepare for these children either professionally, personally or financially

Motivation: Questions for Relative Assessment

- Is the relative able to avoid displacing their feelings on the child? The results of this displacement are children feeling as if they are a burden and unwanted. The consequences are emotional reactions and behaviors associated with low self-esteem and rejection.
- The next set of questions are:
 - If the relative is aware of their motivations or feelings, and;
 - Have appropriate methods of managing and channeling them (i.e., supportive groups, relationships or activities)? This question may need to be asked hypothetically, since the relative may not yet have experienced these feelings (i.e., "If you do find yourself feeling angry towards the birth parents, what would you do or how would you handle these feelings?")
- It is important not to pathologize the relative's motivation (i.e., obligation, rescuing, and anger).
- In fact, the motivations may be considered normal and appropriate when the child's placement is unplanned, in a crisis or by default.
- It is however important to determine whether or not the relative is also positively motivated by loyalty, attachment, wanting to protect, nurture and maintain the child's identity and family connections.

Family Study Guide: Assessing Identified Relative Caretakers for the Capacity and Motivation to Provide Kinship Care

Assessment Category: Household Configuration

- Relative families may include many family members from many generations
- The household can consist of permanent, temporary and transient family members.
- More than one family may also live in the household.
- The families may be separate or multigenerational.
- Each separate household's residents should be assessed individually as well as their immediate family members

<u>Household Configuration: Differences Between Relative and Non-Relative</u> Households

- Non-relatives are usually single family households
- In relative families, there may be multiple household residents or surrogate supports with primary and secondary caregivers
- Relative caregivers are usually middle-age to elderly grandmothers living with immediate or extended family members and households for reasons of finances, health, companionship, crisis, traditions, an "empty nest" or transitions (i.e., divorce, separations, immigration).

Household Configuration: Questions For Relative Assessment

- What are the activities of family residents?
- Are their activities disruptive to the child or relative?
- Is the relative able to provide the child consistent and stable routines, schedules and caregivers?

These questions control for the misinterpretation of multiple family members (i.e., temporary or transient) and multiple families (i.e., separate or multigenerational) as indicators of chaotic household configurations.

Family Study Guide: Assessing Identified Relative Caretakers for the Capacity and Motivation to Provide Kinship Care

Assessment Category: Caregivers

 Assessing the caregivers in kinship families requires the assessment of two types of caregivers: primary and secondary caregivers.

<u>Caregivers: The differences Between Relative and Non-Relative Homes</u>

- In non-relative placements, the primary caregivers are usually from a single household
- In relative families, primary and secondary caregivers may be present because of multiple household residents or surrogate supports to the child and relative

Caregivers: Questions for Relative Assessment

- Are caregivers consistent in their approaches to child care/parenting (i.e., discipline, nurturance and supervision of the children)?
- Are the caregivers at risk of harming the children based on past behaviors (i.e., criminal history, reported for abuse or neglect)?

These questions: 1) control for the misinterpretation of multiple caregivers as indication of inconsistent and chaotic childcare, and; 2) require background checks of both primary and secondary caretakers (i.e., criminal background and checks for child abuse and neglect reports).

Assessment category: Birth Parents' Interaction with the Kinship Family

Family dynamics to assess include:

- Contact/visitation of the birth parents' with the kinship family
- Residence of the birth parents
- The parents' relationship with caregivers (past and present)
- The parents' relationship with their birth children
- The birth parents and relative's potential to re-negotiate roles and relationships, decision making, nurturing, disciplining, advisor/support

Family Study Guide: Assessing Identified Relative Caretakers for the Capacity and Motivation to Provide Kinship Care

- Birth parent family's interaction with the kinship family
- Whether child's environment is emotionally stable
- Whether the caregiver can comply with legal mandates related to protection and involvement of parent

<u>Birth Parents' Interaction with the Kinship Family: Differences Between Relative and Non-relative caregivers</u>

- Birth parents are related to the caregiver
- The birth parent and relative caregiver has an attachment and bond (positive or negative) prior to the child's birth
- The relative's relationship and/or role with the child was different prior to a formal or legal placement; after Placement, the relative's relationship must shift to a parental role
- The non-relative's initial attachment and loyalty is to the child, not to the birth family
- The non-relative's relationship with the child begins in a parental role; therefore neither the child nor the non-relative need to adjust to a shift in roles and relationships.

<u>Birth Parents' Interaction with the Kinship Family: Questions for Relative</u> Assessment

- Will past history cause negative feelings and interaction between the caregiver and birth parents?
- Will the child be triangulated or feel split loyalties because of a negative past between the caregiver and birth parents, resulting in an emotionally unstable environment?
- Will the relative caregiver be able to meet or comply with their legal or professional responsibilities?

Issues of guilt, competition or betrayal may be experienced when relatives change and exchange roles or legal relationships with the birth child (i.e., adoption, guardianship, and parental roles).

Family Study Guide: Assessing Identified Relative Caretakers for the Capacity and Motivation to Provide Kinship Care

Assessment Category: Family Legacies

- Drug abuse
- Domestic violence
- Incarceration
- Dependency
- Life cycles (individual and families)
- Pregnancies (i.e., adolescent)
- Family structures (single/two parents)
- Exits, re-entries
- Interrupted cycles and developmental stages (i.e., individual and family)
- Family structures and care taking patterns
- Nuclear
- Multigenerational
- Extended family
- Ability to change and alter legacies
- Resources and motivation
- How to change
- Reinforcements and supports
- Positive legacies
- Child-centered values
- Religious or spiritual traditions
- Family-focused values
- Educationally oriented
- Community oriented
- Self-sufficiency and reliance

Family Study Guide: Assessing Identified Relative Caretakers for the Capacity and Motivation to Provide Kinship Care

Family Legacies: Differences Between Relatives and Non-Relative Families

- In relative placements, child shares legacies with the relative because of their biological relationship.
- Legacies can be shared between the child and relative without them knowing each other or being attached. Shared legacies can be the connection between the child and relative that reinforces the cycle of legacies and bonding in kinship families.
- Repeating family's legacies and traditions may be "rites of passage" for the child in order to feel a part and a member of their family. You may hear a child say all the men in my family "go to jail;" or "go to college" or "become musicians" and "so will I."
- In non-relative placements, the child does not initially share legacies with the foster or adoptive parent. However, through attachment and bonding, the legacies between the child and non-relatives can be transferred and shared.

Family Legacies: Questions for Relative Assessment

- What are the family's legacies (positive and negative)?
- Has the relative caregiver modified or changed negative legacies or cycles in their life and household?
- Can the caregiver prevent the child from being exposed to negative legacies while in their household?

Assessment Category: Relative's Ability and Qualifications to Provide a Protective, Safe and Stimulating Environment

- Shelter, housing, food, clothing
- Education
- Approaches to discipline/limit setting/nurturing
- Protection (i.e., abuse, neglect, legacies, cycles)
- Sources of income

Family Study Guide: Assessing Identified Relative Caretakers for the Capacity and Motivation to Provide Kinship Care

- Family stability
- Consistent caregivers
- Stable residents
- Stable households, patterns of interaction and child-rearing styles

Relative's Ability and Qualifications to Provide a Protective, Safe and Stimulating Environment: Differences Between Relative and Non-Relative Families

- The child may already reside in the relatives' home prior to a former placement or qualification of the home for long-term care
- Relatives may not be motivated to seek approval since:
 - 1) the child may already be in their home;
 - 2) they feel their home is adequate since they may have already raised children, and;
 - 3) feel they are being pursued to keep or accept the child and are providing a favorable service for agencies
- Relatives may feel that they have rights and entitlement to the child by birth, biology or affinity (i.e., grandparent, aunt, godmother)
- Non-relatives are usually required to meet qualifications and housing standards prior to placement or adoption (i.e., home studies, training)
- Non-relatives are frequently motivated to be approved and meet standards or qualification so they might receive a child
- Non-relatives may feel they need licensing or legal authority in order to feel they have rights or entitlements to the child (i.e., adoption or foster parent license)

Handout 5.7

Family Study Guide: Assessing Identified Relative Caretakers for the Capacity and Motivation to Provide Kinship Care

Relative's Ability and Qualifications to Provide a Protective, Safe and Stimulating Environment: Questions for Relative Assessment

These questions require a baseline for safety and standards of care that applies to both relative and non-relative placements. However, they also allow for various levels of qualifications that considers:

- What are the economic and support resources of the family?
- Under what conditions was the child placed?
- Why may the relative resist or not understand/agree to the need for a legal relationship with the child (i.e. adoption or guardianship)?
- What is the agency's and the family's definition of permanency?

Assessment Category: The Family's Alternative Permanency Plan

- Discussion and evaluation of the family's morbidity, mortality and respite plans
- Discussion and evaluation of the family's planning and decision-making system.

<u>The Family's Alternative Permanency Plan: Differences Between Relative and Non-Relative Families:</u>

- Non-relative caregivers must meet mental and physical health standards prior to the child being placed in their home
- Relative caregivers are frequently middle age and elderly with associated medical and mental health problems
- The child is frequently already residing in the relatives' home and may have already been previously placed temporarily
- In non-relative families the person with the legal authority is frequently the decision-maker; decision making tends to be more centralized and the domain of the nuclear family
- In kinship families the person having legal authority may not be the sole decision-maker; decision-making may be more decentralized and distributed throughout the domain of the nuclear and extended family.

Handout 5.7

Family Study Guide: Assessing Identified Relative Caretakers for the Capacity and Motivation to Provide Kinship Care

The Family's Alternative Permanency Plan: Questions for Relative Assessment

- What supports or alternative plans are in place if the relative caregiver becomes ill or deceased
- How traumatic will the loss be to the child's emotional and environmental stability
- What support systems are in place to provide the caregiver relief or respite time
- Who is the formal and informal decision-makers and "power brokers" in the nuclear and extended family; and are they being involved in the planning process.

These questions: 1) control for eliminating relative caregivers as providers, simply on the basis of health and age; and 2) acknowledge the validity of family planning and decision-making patterns that are more communal, decentralized and shared by extended family members.

Assessment Category: The Child or Sibling's Readiness to Become a Part of a Kinship Family

Issues to consider include:

- Children's readiness for kinship care
- Whether the sibling group should be placed together or separated.
- The need to assess children and sibling groups is based on the assumptions that:
- Children are capable of disrupting placements, if not ready or compatible with their kinship family
- Being related to each other does not guarantee a child and relative's attachment in a parent/child relationship.

The approaches that have been useful in implementing this assessment model have been family conferencing, combined with individual interviews with family members.

Handout 5.7

Family Study Guide: Assessing Identified Relative Caretakers for the Capacity and Motivation to Provide Kinship Care

These approaches have been effective in facilitating a family's decision whether or not to provide kinship care; who and how kinship care can be provided by the family; and if kinship care is in the child's best interest.

<u>The Child or Sibling's Readiness to Become a Part of a Kinship Family:</u>
Questions for Relative Assessment

- Issues to explore with the family include:
- Fantasies and loyalties (to the birth family or parent) which might stop the child's attachment to the kinship family
- Projection transference to the relative sibling conflicts resulting in harm to each other
- Trauma: re-enactment testing that provokes harm to themselves
- Ability to re-attach or attach to the kinship family
- Changing roles (i.e., from being a parentified child)
- Values: compatibility with those of the kinship family
- Tolerance of the relative caregiver
- Number of children
- Special needs issues (i.e., sexual or physical abuse or acting out)
- Compatible personalities
- Family of origin
- Prognosis of siblings to not sabotage the placement

Use Handout 5.6: Clinical Issues for Kin Caretakers to guide a discussion of each category for kin caregiver assessment, and allow for large group discussion about the issues raised, encouraging participants to bring in their own experiences, or ask questions.

Use this as an opportunity to discuss how family studies or assessments with potential kin caregivers are different from family studies or assessments with non-relative foster care providers. Summarize the following Assessment Categories for use with relatives:

- Assessment Category: Motivation
- Assessment Category: Household Configuration
- Assessment Category: Caretakers
- Assessment Category: Birth Parents' Interaction with the Kinship Family
- Assessment Category: Family Legacies
- Assessment Category: Relative's Ability and Qualifications to Provide a Protective, Safe and Stimulating Environment
- Assessment Category: The Family's Alternative Permanency Plan
- Assessment Category: The Child or Sibling's Readiness to Become a Part of a Kinship Family

(From Materials of Joseph Crumbley: "Assessing Families for Kinship and Relative Placements")

Ask the large group the following questions:

- Consider families you have worked with—would these assessment categories have helped you better assess and address family circumstances (safety, motivation and overall capacity to be a relative placement and/or permanency resource)?
 - o Why or why not?
- How comfortable would you be discussing these assessment categories with families?
 - o What help would you need to prepare for the discussions?
- What strategies would you use for gathering this information what's worked for you in the past?
 - o What might you learn from one another that can be used in the future?

- Issues that emerged,
- Ideas they had to resolve the concerns, and
- What would make them feel comfortable that the family has addressed the concerns?

Summarize that by using effective and thorough assessment strategies, we are able to arrive at the best joint or mutual decision about adult relatives as preferred caregivers in permanency planning. In the next module, we will examine how to identify supports that will help to promote success and stability within kinship placements.

Module Six: Family Support Plans

Time

120 minutes

Competency

Worker knows how to develop an individualized support plan based on caregiver needs assessment.

Objectives

- Demonstrate the ability to take safety and protective factors identified and develop SMART goals for a support plan.
- Demonstrate a connection between needs, services and supports when writing the support plan.

Materials

- ✓ Computer
- ✓ Projector
- ✓ PowerPoint presentation (thumb drive or computer hard drive)
- ✓ Easel pad
- ✓ Markers

Handouts

- Handout 6.1: Typical Questions of Kin Caregivers
- Handout 6.2: Kinship Caregiver Benefits Checklist
- Handout 6.3: The Benefits of Social Security for Children
- Handout 6.4: Kinship Home Assessment Tool
- Handout 5.7: Family Study Guide: Assessing Identified Kin Caregivers for Capacity and Motivation to Provide Kinship Care
- Handout 6.5: SMART Goals
- Handout 5.4: Case Scenario B: Paternal Aunt
- Handout 6.6: Needs Assessment Data Collection and Family Resource Scale

Facilitator's Notes

△ **Display** PowerPoint 6.1: Module Six Title Slide.

State that as we move through the assessment process, we collect extensive information related to the kin caregiver's ability and willingness to provide a safe and stable home for the child/ren. We can use the same information to help us, along with the kin caregivers, to identify areas that may require additional support or services to assist the relatives in meeting the needs of the child and his or her biological parents.

These identified services/supports will become the basis for our plan for working with the kin caregivers.

Identifying Support Needs

Conduct an activity to open this module by creating empathy and emphasizing to participants the need to provide relative caregivers with supportive services.

Instruct participants to take out paper and complete the following with their own personal information, noting that this information is private and will not be shared with the group:

- Weekly Schedule (basic daily routine and weekly events/commitments)
- Monthly Budget (general overview of income, money committed to bills and savings, and amount of surplus funds)

Invite participants to next think of a relative with at least one child.

Ask them to imagine that they have just received a call from a child welfare agency advising that due to an emergency situation, a placement is needed for the child/ren. Due to the nature of the situation, the length of time that the placement will be needed is not known.

Instruct participants to look back at their Weekly Schedule. Ask them to write down notes about where changes would be needed to care for the relative's child/ren, considering the impact of the following:

- Getting ready in the morning for daycare, school, or church
- Transportation to daycare or school
- Childcare
- School conferences, meetings, and events

- Homework and school projects
- Extra shopping, laundry, and housekeeping
- Medical and dental appointments for the child
- Counseling and medication management appointments
- Appointments with social worker
- Court hearings
- Extracurricular activities
- One-on-one time with each child
- Dedicated visitation time with biological parents

Instruct participants to look back at their Monthly Budget. Ask them to consider how much surplus money they currently have each month. Next, ask them to write down notes about how much additional funding would be needed to care for the relative's child/ren considering the impact of the following:

- Childcare
- Food
- Diapers/Personal care items
- Food
- Clothing and shoes
- School fees
- Gifts for special occasions

Display PowerPoint 6.2: Potential Impacts of Placement.

Discuss with the large group by inviting participants to share the potential impacts on their:

- Daily routine
- Family life and relationships
- Job/daily activities
- Budget/finances
- Leisure time and rest
- Volunteer activities
- Time with friends and extended family
- Physical health
- Mental health

Note As we move forward with the development of support plans, we need to do so with empathy and a realistic understanding of the impact that placement has on many aspects of the kin caregiver's life.

Remind participants that as we plan to provide support for relatives, we must be attuned to the changes they face and challenge our own perceptions about their need for support.

Summarize the issues from the previous modules by saying that there are several challenges commonly faced by kin caregivers and promising practices that child welfare agencies are using to provide support.

Challenge: Failure To Connect To Services

Explain that most relative caregivers do not receive support from child welfare agencies. This is not necessarily bad; however, some eligible kinship families need support but fail to connect to services.

State that reasons that relatives may not seek support from agencies include:

- Perceived stigma of public assistance/involvement with social services
- Fear that asking for help may put the child's placement with them at risk.
- Concern that involvement with the agency will jeopardize relationship with the parents.
- Belief that agency involvement will be a burden.

Kin caregivers may need support in understanding that the placement in foster care is temporary and time-limited. Agencies sometimes must help to correct the misconception that the children are not "really" in foster care if they are placed with kin. This misconception can have a negative impact on the motivation of relatives to seek supportive services and for biological parents to follow through on what is needed of them in accordance with federal timeframes.

State that promising practices include:

- Targeted outreach efforts in local communities.
 - Efforts may include partnering with schools, churches, community centers, Department on Aging, libraries, businesses, and Employee Assistance Programs to share information about resources and access to services.
 - Outreach materials can be developed with kinship friendly language that reflects role of relatives (not just "parents").

Invite participants to share their successes in addressing these issues.

Challenge: Poor Preparation

Explain that while care giving can bring joy, it can also strain finances and relationships. Relatives experience major changes in daily activities and future plans.

Relatives may be confused about their new role in parenting the child as well as their legal role and decision-making responsibilities.

Remember that kin caregivers are frequently provided with less training and less resources from agencies than non-relative foster parents. This is further complicated by the fact most children in foster care frequently lack access to the full range of services they need.

Relatives are often challenged by a lack of understanding of how to work with the children's emotional and behavioral difficulties. The child welfare system and others in the community too often assume that relatives can automatically deal with the children because they are family.

There is a special need for clarity and assistance with contact between the children and biological parents. This is quite different from non-relative foster care placements and is often complicated by existing family dynamics.

State that promising practices include the following:

- Anticipating caregiver questions.
- Letting relatives know their options to include the advantages and disadvantages of legal custody, becoming a licensed foster parent, guardianship and adoption.
- Partnering with other agencies to provide kin with respite options, mentors and tutors, and tangible support for beds, clothing, toys, school supplies, etc.
- Offering foster parent training with materials that are inclusive and address the specific needs of relatives (such as the Tradition of Caring curriculum).
- Providing support groups or peer mentors to provide emotional and practical support and reduce feelings of isolation.

Note that **Handout 6.1: Typical Questions of Kinship Caregivers** is included for future reference. It provides an extensive list of questions that the worker should anticipate and be prepared to answer.

Invite participants to share their own best practices to help prepare relatives.

Typical Questions of Kinship Caregivers

Taking Responsibility for the Children

The child welfare worker should anticipate the following questions:

- Who has legal custody of the children?
- What rights and responsibilities does legal custody give in this State?
 Physical custody?
- May I receive a copy of the signed voluntary placement agreement? (when applicable)
- May I be involved in developing the service plan and receive a copy of the plan?
- Will I or the children have to go to court?
- Who is responsible for enrolling the children in school, obtaining health insurance, granting permission for medical care and obtaining it, signing school permission forms, etc?
- Will someone from child welfare services visit my home on a regular basis?
- What are the requirements for me and my home if I want the children to live with me?
- Are the requirements different if the children are with me just temporarily?
- What services are available for me and for the children, and how do I apply?
- Are there restrictions for discipline I can use (such as spanking) with the children?
- What subsidies or financial assistance is available? How do I apply?
- Am I eligible to become a licensed foster parent and receive a foster care subsidy?

Typical Questions of Kinship Caregivers

Long-Term Arrangements

The child welfare worker should anticipate the following questions:

- What is the current permanency goal for each child?
- What are the options for the children if they can never return to their parents?
- What are my options if the children cannot return to their parents?
- Under what circumstances can I receive a subsidy to help pay for the children's care?
- Will the legal arrangement be affected with the children turn 18?
- How will the child welfare agency continue to be involved with my family?

Source: USDHHS, "Tip Sheet for Kin Caregivers, 2005

Challenge: Confusion About Eligibility

Explain that child welfare staff and families may lack information about financial assistance programs and eligibility. As a result, kin caregivers may not always be offered the full range of benefits for which they are eligible.

Relatives are also confronted by stereotypes, even by professionals and other extended family members, who think that kin should not get more in the way of support than the biological parents. Within the child welfare system, there is also a need to balance the provision of services with ensuring that the supports do not have the unintended consequence of causing the child/ren to remain in foster care longer than necessary by linking families with long-term supports outside of the foster care system.

State that promising practices include:

- Learning more about eligibility and application processes for services that are most needed by kin caregivers such as: financial assistance, child care, housing, and legal consultation.
- Developing staff members with expertise in kinship care issues. Some states have designated Kinship Navigators who serve as educators and advocates.

Note that Handout 6.2: Kinship Caregiver Benefits Checklist and Handout 6.3: The Benefits of Social Security for Children are included for future reference.

These resources can assist participants and relatives to explore all available support options. Encourage participants to use these guides as a starting point to learn more about resources available in their states and localities as well as the application processes.

Kinship Caregiver Benefits Checklist

Are relative caregivers and children receiving the support they need?

Cash Benefits

Temporary Assistance for Needy Families (TANF)	1. Child-only TANF: Nearly all children in kinship care are eligible for child-only grants; considers only the needs and income of the child. Since few children have income or assets of their own, almost all relative caregivers can receive a child-only grant on behalf of the children in their care. 2. TANF family grants: Caregivers need to meet the state's TANF definition of a kin caregiver to apply for benefits. Time limits and work requirements are associated with family grants, thus they may not be appropriate for retired relative caregivers or those who need longer term assistance.
Foster Care Board Rate	Relative caregivers who are licensed foster parents taking care of children placed with them by their local child welfare agency or court may be eligible for payments.
Adoption Subsidy	May be available to relative caregivers who adopt the children in their care.
Old-Age Survivors and Disability Insurance (OASDI)	Children being raised by relatives may be eligible for social security dependent benefits under OASDI if the child's parent is collecting retirement or disability insurance benefits or if the parent was fully insured at the time of his or her death. Caregivers can apply for benefits on behalf of the child based on the work record of the child's parent, or if not receiving these benefits, may qualify for dependent benefits based on his or her grandparent's work record. Generally the relative must be raising the child because the child's parents are deceased or disabled, and the child began living with the relative before age 18.

Kinship Caregiver Benefits Checklist

Cash Benefits (cont.)

Supplemental Security Income (SSI)	May be available to children or caregivers who are disabled. This is also available to anyone over age 65. This is an important source of assistance for grandparents and other relatives raising children who are blind or who have other serious disabilities. This program, administered by the U.S. Social Security Administration (SSA), provides a cash benefit to the child. Child must meet age, disability, income, and asset criteria.
Social Security	If a child's parent or parents are deceased and were insured through the Social Security system at the time of death, the kin caregiver is eligible to receive a Social Security payment on the child's behalf.
Child Support	Until a court has terminated parental rights, a parent generally remains financially responsible for his or her children. A child support enforcement agency may assist relative caregivers in obtaining child support on behalf of the children in their care. Amount of support is based on child's needs and resources and ability of the parent to pay. Kinship caregivers who receive federally funded foster care payments or TANF may receive only a small portion of child support collected, as most of the support goes to helping the state recoup the costs of providing assistance.
Veteran's Benefits	Survivor's benefits, disability benefits, educational benefits, etc. may be available to relative caregivers who are veterans or caring for child survivors of deceased veterans. http://www.vba.va.gov/VBA/

Kinship Caregiver Benefits Checklist

Tax Credits

Earned Income Tax Credit	May be available for certain low or moderate income relative caregivers who are working. This tax credit is refundable so that even workers who do not earn enough to pay taxes can get cash from the IRS. Credit amount depends on income earned and number of qualifying children in the family.
Child Tax Credit	May be available to some relatives raising children. Age limits for dependents.
Child and Dependent Care Tax Credit	May be available to kinship caregivers who incur child care expenditures in order to work.

Subsidized Child Care

Infants and pre- school age children	State early childhood programs use a combination of state and federal funds to provide subsidized child care services to eligible families through a locally administered, state-supervised voucher system. Local DSS agencies have information about subsidies and eligibility.
Before school and after school care for school-aged children	Many school districts offer reduced program rates depending on a family's income and need.

Food Assistance

SNAP/Food Stamps	Available to families with incomes below a certain
	level. The entire household's income is considered,
	and the relative children can be included in family
	size for determining benefit amount. A caregiver
	cannot apply for food stamps for the children only.
	Application for food stamps is generally made at the
	same office where TANF applications are made.

Kinship Caregiver Benefits Checklist

Food Assistance (cont.)

WIC (women, infants, and children)	Infants and children up to age 5 are eligible. They must meet income guidelines, a State residency requirement, and be individually determined to be at "nutrition risk" by a health professional. A person who participates or has family members who participate in certain other benefit programs, such as the Supplemental Nutrition Assistance Program,
	Medicaid, or Temporary Assistance for Needy Families, automatically meets the income eligibility
	requirement.

Health Care

Medicaid or Other Health Coverage	Medicaid is a health insurance program for low-income individuals and families who cannot afford health care costs. Medicaid serves low-income parents, children, seniors, and people with disabilities. Medicaid is a little different, depending on who you are and your situation. To determine whether they or the child they are caring for are eligible for Medicaid, relative caregivers should consult their local DSS.
Mental Health Services	To determine whether relative caregivers and/or the children they care for are eligible for publicly funded services for mental health, developmental disabilities and substance abuse services, contact your public mental health services provider.

Kinship Caregiver Benefits Checklist

Education

Does the McKinney- Vento Homelessness Assistance Act apply? (42 U.S.C. 11435(2))	If so, the school must enroll the child without paperwork.
Special Educational Needs	Does the child have a physical, emotional, or learning disability that impairs school performance? If so, has the school recognized the disability and conducted assessments? If not, the caregiver can request evaluation and an IEP (Individual Education Plan) under the IDEA (Individuals with Disabilities Education Act).

<u>Transition Services for Older Teens</u>

If the youth is 14+ and deemed dependent	He or she may be eligible for transition benefits, college tuition, etc.
If the youth is 14+ and disabled	Transition services should be provided through the school and the Department of Vocational Rehabilitation.

Sources: American Bar Association, (n.d.); Children's Defense Fund, 2004; USDHHS, 2005; USDA, 2009

Adapted from Jordan Institute for Families (2010). Engaging and Supporting Relative Caregivers, Children's Services Practice Notes, 16, 1, pp. 7-8.

The Benefits of Social Security for Children

Type of Benefits	Description	Eligibility	Common Examples
Survivors Benefits	Serves vulnerable children who have lost a parent or grandparent caregiver.	Unmarried children younger than 18 (or up to 19 if they are attending elementary or secondary schools full time). Benefits may be payable to biological or adopted children, step children, grandchildren, or step grandchildren if certain conditions are met. Within a family, a child may receive up to 75 percent of the deceased parent's or grandparent caregiver's basic Social Security benefits.	A child tragically loses a parent when he is 14. The child receives 75% of his parent's retirement benefits until age 18 (or 19 if still enrolled in secondary school). The support allows him to remain enrolled in high school and afford basic needs like food and clothing.

The Benefits of Social Security for Children

Type of Benefits	Description	Eligibility	Common Examples
Retirement Benefits	Serves children whose parents or grandparent caregivers are retired.	It is the same as the eligibility for survivors' benefits. Within a family, a child may receive up to one-half of the parent's or grandparent caregivers full retirement benefits.	A child is being raised by her grandmother. The grandmother retires at the age of 65 and starts to collect benefits for herself and an additional benefit for the grandchild. The grandchild's benefit, in addition to the grandmother's own retirement benefits, allows the grandmother to retire while continuing to earn a portion of her working wages, which are critical to her ability to care for her grandchild.
Disability Benefits	Serves children of disabled parent or grandparent caregiver workers.	It is the same as the eligibility of survivor and retirement benefits. Within a family, a child may receive up to one-half of the parent's or grandparent caregiver's full disability benefits.	A child's parent or grandparent caregiver becomes disabled. The child receives up to 50 percent of the caregiver's disability benefits. The support allows the family to continue to provide for their children, despite the lost wages from the disability.

The Benefits of Social Security for Children

Type of Benefits	Description	Eligibility	Common Examples
Adult Disabled Children Benefits	Serves adults disabled before the age of 22.	Disabled unmarried adult children who become disabled before age 22 and are the dependents of the retired, deceased, or disabled workers.	A child disabled at age 8 loses a parent after she turns 18. She can then collect survivors benefits in adulthood as long as she remains disabled and unmarried. ²
Supplemental Security Income (SSI)	Serves children who have significant disabilities and live in families with very low incomes.	Unmarried children younger than 18 (or up to 22 who are students attending school regularly), who meet Social Security's definition of disability for children, and whose family's income and resources fall within the eligibility limits (In general, the monthly income limit for a one-parent family is between \$1,388 and \$2,821 and for a two-parents family is between \$1,725 and \$3,495).	A child who is blind or disabled lives in a family with very limited income and resources and meets the requirements to qualify for SSI. SSI's support helps the family meet the child's special needs.

¹ Generally, in order for grandchildren to receive the benefit, both the child's parents have to be either deceased or disabled, unless the grandparents legally adopted the grandchild. In addition, there are certain conditions for grandchildren to qualify. Refer to http://www.ssa.gov/kids/parent5.htm

Source: Generations United (2010.) Fact Sheet: The Benefits of Social Security for Children as retrieved from www.gu.org.

² Certain exceptions apply, for instance if they were to marry another disabled adult child. For more information on Social Security, visit www.gu.org/socialsecurity.asp.

Invite participants to share their own best practices related to gaining knowledge about eligibility for services.

Sources:

Jordan Institute for Families-UNC-Chapel Hill (2010). Engaging and Supporting Relative Caregivers. Children's Services Practice Notes, 16, 1, pp. 4-6. Generations United (2010.) Fact Sheet: The Benefits of Social Security for Children as retrieved from www.gu.org.

Identifying Support Needs

Conduct the activity using **Handout 6.4: Kinship Home Assessment Tool** devised by ProtectOHIO, a resource listed in the Appendices.

Kinship Home Assessment Tool

The Kinship Home Assessment Tool has been developed to ensure that Caseworkers and/or Kinship Service Coordinators have thoroughly assessed the Caregiver's ability and willingness to ensure safety, permanency, and well-being for the child/ren placed in their care. Part 1 of this Tool is meant to cover the minimum information needed to determine whether a placement is appropriate, while Part 2 is a kinship-specific supplement to a fuller homestudy process. Information gathered via the Home Assessment should be discussed in greater depth during the needs assessment process.

<u>Instructions:</u> Please check the response that most accurately answers each of the questions below. This information may be obtained via caregiver interviews, SACWIS records review, police background checks, etc.

Family and Child Informa Family Case Name: Family SACWIS Case Id:			
Kinship Caregiver(s):	SACWIS Provider ID:	SACWIS P	erson ID:
Kinship Children	SACWIS Person ID:	Living in Home at Part 1	Living in Home at Part 2
		Y/N	Y/N
		V/NI	N/AL

Source: ProtectOHIO (2011). Practice Manual for ProtectOHIO's Kinship Strategy.

Kinship Home Assessment Tool

Part 1: To be completed at time of initial placement or in preparation for placement

Date Home Assessment Part 1 Completed:	
Worker:	

No.	Caregiver Assessment Questions	Yes	No	Comments
1	Do the caregiver(s) or any member of			
	household have history as an alleged			
	perpetrator of any abuse or			
	maltreatment ⁹ ?			
2	Do the caregiver(s) or any member of			
	the household have history as an			
	alleged victim of any abuse or			
	maltreatment?			
3	Do the caregiver(s) or any member of			
	household have a criminal history? If so, what does it include?			
4	Are the caregiver(s) willing to work with			
~	the agency to protect the children and			
	provide for their developmental well-			
	being?			
5	Will the caregiver(s) be able to protect			
	child or children from further abuse and/			
	or neglect?			
6	Will the caregiver(s) have appropriate			
	supervision for the child(ren) at all times?			
7	Is the caregiver(s) willing and able to			
	help transport the child/ren to any			
	needed appointments? (Review			
_	Meetings, Court, Visitation, School, etc.)			
8	Will the caregiver need services, such as			
	transportation, help locating/financing			
	child care, financial assistance to meet			
	basic needs of the child in order to			
	maintain the child(ren) safely?			

 $^{^{9}}$ At a minimum these questions (1 – 3) addresses the licensing rule 5101:2-7-02, paragraphs J1 and J2 and paragraphs I1 – 4 of rule; these are exclusionary.

Kinship Home Assessment Tool

Part 2: To be completed in conjunction with the homestudy

Date Home Assessment Part 1 Completed:	
Worker:	

No.	Caregiver Assessment Questions	Yes	No	Comments
1	Have the caregiver(s) helped these family members in the past? How:			
2	Do the caregivers have a relationship with the children being considered for placement?			
3	Have the caregiver(s) cared for these children over an extended period of time?			
4	Do the caregiver(s) have a good relationship with the parents/ other custodian?			
5	Do the caregiver(s) know why the children may be/have been removed from the care of parents/custodian?			
6	Can the caregiver(s) meet the basic, supervision, educational, and emotional needs of the child(ren) being considered for placement?			
7	Will the health of the caregiver(s) impact on their ability to care for the child/ren?			
8	Do any of the caregiver(s) have an interest/capacity to become a licensed foster parent /approved adoptive parent?			
9	Are the caregiver(s) willing and able to provide short-term care?			
10	Are the caregiver(s) willing and able to assist with visitation/other reunification efforts?			

Kinship Home Assessment Tool

Part 2: To be completed in conjunction with the homestudy (cont.)

No.	Caregiver Assessment Questions	Yes	No	Comments
11	Are any caregiver(s) willing and able			
	to provide a permanent legal home			
	for the child or children as adoptive			
	parents or legal guardians if this			
10	should become necessary?			
12	Will the caregiver have ongoing support from extended family or			
	friends?			
13	Will the caregiver(s) work with the			
	agency to develop a case plan?			
14	Will the caregiver follow the case			
	plan/participate in reviews and			
	meetings?			
15	Are the financial resources of the			
	caregiver(s) sufficient to meet or			
	exceed current /anticipated			
1 /	expenses?			
16	Do the caregiver(s) have space for			
17	the child(ren)? Will the child(ren) stay in the same			
17	school district?			
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01110	•			

Divide participants into groups of 4 or 5 people.

△ **Display** PowerPoint 6.3: Kinship Assessment.

Remind the groups to focus on the following three issues for consideration as applied to each Assessment Category—and instruct them to identify a recorder who will report back to the larger group:

Questions Specific to Each Assessment Category

- What issues/concerns might emerge for relative caretakers related to each respective category?
- What supports might be put in place to resolve the concerns?
- How would you know that the concern has been addressed and resolved?

Advise participants to also review Handout 5.7: Family Study Guide: Assessing Identified Kin Caregivers for Capacity and Motivation to Provide Kinship Care together as a group.

Instruct participants that they will have 30 minutes for small group discussion.

Facilitate the activity by traveling from group to group to sit in on their discussion and facilitating the discussion process as needed.

Debrief the activity by bringing the large group together to review and discuss each category and the issues or concerns identified by the smaller groups.

Summarize and transition by stating that the assessment leads to the development of the support plan.

Developing a SMART Support Plan

Explain that support planning involves engaging kin caregivers in concrete planning and decision-making about the children being placed in their care to ensure permanency.

State that support planning:

- Shapes the work with kin caregivers and defines both the worker's and families' actions
- Reflects short term, measurable, achievable goals that flow from a comprehensive assessment

- Is developmentally and culturally relevant
- Involves change strategies that will support goal achievement

Display PowerPoint 6.4: Effective Support Planning.

Explain that effective support planning is:

- Individualized—meeting the unique needs of the caregiver that is family centered
- Strength-based—focused on the caregiver's existing assets and skills and how these positive qualities can contribute to the support plan
- Comprehensive—the needs of the caregiver are typically addressed in at least 3 domains: safety, medical, legal, educational/vocational, living situation, psychological and social.
- Flexible—the support plan needs to be reviewed regularly as needs change and strengths develop. Changes and modifications need to be made to the plan.

State that a support plan is not exactly the same thing as a service plan. There are, however, many similarities in how we go about deciding what to put into the plan.

Developing a good plan always requires the input of all of the individuals impacted by the plan.

In the case of the support plan, the family ~ Geneva and her fiancée, Tanya, the biological parents and the worker will be impacted by the supports identified.

Ask the following questions:

- How many of you are familiar with SMART planning?
- What makes a goal a SMART goal?

Solicit input from the group and refer them to Handout 6.5: SMART Goals.

SMART Goals

Specific

Measurable

Achievable

Relevant

Time Limited

Specific

• What is the desired result? Who? What? When? Why? How?

Measurable

- How will you measure progress toward goal achievement? Can you quantify completion numerically or descriptively?
- Making goals measurable helps to keep staff and families on track and accountable.

Achievable

- Is it realistic that the family member can achieve the goal through the services and supports you will provide or arrange to be provided?
- What resources are needed to support goal achievement?

Relevant

- Does the family member express that achieving this goal is important to them?
- If the goals in the support plan are achieved, will the purpose of kin caregiver support be achieved?

Time Limited

- Shorter time frames are better as they provide a sense of control for families.
- There should be realistic target dates for completion.

SMART Goals

Example of a SMART goal:

Goal

Caregiver will assist her granddaughter in improving her attendance and punctuality in school

Mrs. Smith will establish a routine at bedtime on school nights so that Kendra will get a full night's sleep and have an easier time getting up each morning. She will keep a log of this nightly routine, making note of the time that Kendra gets up in the morning and monitoring what time she arrives at school. Mrs. Smith will review this log with Kendra at the end of every week to review progress on attendance and punctuality.

Review the handout and criteria.

Note that even though we've said that a support plan is not the same as a service plan, many of the elements of SMART goal planning will work well for us when working with the family to develop the support plan. Using the SMART focus for our support planning will help to define the supportive services and their scope that we have mutually identified with the kin caregivers and the family.

The support plan for the kin caregivers does not replace the plan for the child and the biological parents. The biological parents will have a service/support plan that addresses the things that need to happen in order for the child to return home. The plan of services for the child will be included in that plan for purposes of filing a service plan with the court.

Based on our scenario, Geneva and her fiancé will also be a part of that plan.

Refer participants to Handout 6.6: Needs Assessment Data Collection and Family Resource Scale.

Needs Assessment Data Collection and Family Resource Scale

Instructions

There are three sections of the needs assessment data collection tool:

- This page includes information on family and child identification and should be completed by the kinship worker who is completing the needs assessment. Always complete or update the information on this page for each Family Resource Scale—it is useful when entering data into the SACWIS system.
- 2) The Family Resource Scale questionnaire can be separated from the rest of this tool and should be completed by the kinship caregiver(s), one per kinship household, at the time the initial needs assessment is complete and then regularly thereafter, at minimum quarterly. However, if a caregiver needs help in understanding the questions or how to complete the questionnaire, the worker can assist the caregiver in completing the form. This may be especially important for caregivers' for whom English is not their first language, etc. It will be important to explain to the kinship caregiver the purpose of the questionnaire (to gain insight into their needs specifically and to collect data about caregiver's needs).
- 3) The last section is a worksheet that helps the worker to translate the kinship caregiver's needs, including their Family Resource Scale answers, into the provision or referral of services, and document that information in SACWIS. The worker can complete this form and have another staff person enter the data into SACWIS if desired.

A Spanish version of the Family Resource Scale is available.

and Family Resource Scale									
Needs Assessment Data (Collection (cont.)								
Family and Child Informa Family Case Name:	<u>tion</u>								
Family SACWIS Case Id: _									
Kinship Caregiver(s):	SACWIS Provider ID:	SACWIS Person ID:							
Kinship Children	SACWIS Person ID:	Others in Home							

Kinship Children	SACWIS Person ID:	Others in Home

Needs Assessment Data Collection and Family Resource Scale

Needs Assessment—Family Resource Scale

Instructions for Kinship Caregiver:

This questionnaire is designed to assess what resources you need for your family. For each item, please check the response that best describes how well each need is met on a regular basis (month to month). You will NOT be penalized for any answers in any way. Though we may not be able to help you with all the items, we hope that this will help us to understand your needs so that we may try to make sure that you and your family and safe. You will be asked to complete this scale about every three months to make sure that your service plan continues to meet your family's ongoing needs.

Kinship Caregiver Name:	
Date:	

No.	To what extent are the following resources adequate for your family:	Does not apply	Not at all	Seldom	Some- times	Usually	Always
1	House or apartment (stable housing)						
2	Food for 2 meals a day						
3	Money to buy necessities	-			-		
4	Heat for house or apartment						
5	Money to pay utility bills						
6	Money to pay monthly bills						
7	Enough clothes for your family						
8	Good job for self or spouse/partner						
9	Money to buy supplies for your child(ren)						
10	Public assistance (SSI, TANF, Medicaid, etc.)						
11	Medical insurance for child(ren)						

Needs Assessment Data Collection and Family Resource Scale

Needs Assessment—Family Resource Scale (cont.)

No.	To what extent are the	Does	Not at	Seldom	Some-	Usually	Always
140.	following resources	not	all	30100111	times	Usualiy	Aivvays
	adequate for your family:	apply	J.I.		111103		
12	Medical insurance for						
	yourself and spouse/						
	partner						
13	Dental care for self or						
	spouse/partner						
14	Dental care for your						
	child(ren)						
15	Dependable						
	transportation						
16	Furniture for your home						
	or apartment						
17	Time to get enough						
	sleep/rest						
18	Time to be alone						
19	Time for family to be						
	together						
20	Time to be with your						
	child(ren)						
21	Time to be with your						
	spouse/partner						
22	Access to a telephone						
23	Babysitting for your						
<u> </u>	child(ren)						
24	Child care for your						
	child (ren) while at work						
	or school						
25	Someone to talk to						
26	Time to socialize with						
	friends						
27	Time to keep in shape or						
	looking the way you						
	want						

Needs Assessment Data Collection and Family Resource Scale

Needs Assessment—Family Resource Scale (cont.)

No.	To what extent are the following resources adequate for your family:	Does not apply	Not at all	Seldom	Some- times	Usually	Always
28	Toys for your child (ren)						
29	Money to buy things for yourself						
30	Money to save						
31	Travel/vacation						

Comments:

Sources: Healthy Start/Soft Copy Forms/IFSP/Family Resource Scale (5/00); Dunst, C. J. & Leet, H. E. (1987). "Measuring the Resources of Families with Young Children" Child care, health and development.

Have there been any changes in who lives in your home or a change in your child care provider since the last time you completed this scale? (please circle one) Yes / No

Needs Assessment Data Collection and Family Resource Scale

Convidence and Curp arts for Kinchia Family	Needs Assessment Data Collection	
services and supports for kinship family:	Services and Supports for Kinship Family:	

This worksheet helps with translation of kinship caregivers" needs, including (but not limited to) the results of the Family Resource Scale, into service categories and types, allowing for data entry into SACWIS. This also allows the worker to complete this form and have another staff person enter the data into SACWIS if desired.

Case Service Category	Case Service Type	Notes	Provider if Referred	N/A	Needed	Referre	Schedul	Provided
Case Management	I&R	For I&R not otherwise covered						
	Kinship Navigator*		Kinship Navigator					
	In Home*	In Home/Family preservation						
Financial Support	Clothing ER/Non ER							
	Housing Transportation							
	Utilities							
	Rent Assistance							
	Furniture *							
	Home Repair*							
	Other home goods*							

^{*}SACWIS Enhancement requested in June 2011 to add these types.

Needs Assessment Data Collection and Family Resource Scale

Needs Assessment Data Collection (cont.)

Case Service	Case Service	Notes	Provider if		70	σ	_	σ
Category	Туре		Referred		gec	rec	ာမ္	de
				N/A	Needed	Referred	Schedul	Provided
				Z	Z	Ř	Š	Ы
Home	Environmental							
Management	mgmt							
	Parent aid							
	Other type:							
Legal	Attorney							
	Fees							
	Other type:							
Education/	KCG							
Training	education/							
	training*							
	Other type:							
Child Care	Respite**							
	Employment/							
	training							
	Other type:							
Diagnostic	Diagnostic	Mental health						
		assessments						
	Alcohol/Drug	Substance abuse		_				
	Diagnostic	assessments						
Counseling	In Home*	Mental health						
		therapy/counselin						
		g						
	Other type:	In home/ Family						
		Preservation						

^{**}Respite: services designed to provide temporary relief of child-caring functions including, but not limited to crisis nurseries, day treatment, and volunteers or paid individuals who provide such services within the home. This service may be provided to a child placed in a foster home, with a relative, or a child in his own home.

Needs Assessment Data Collection and Family Resource Scale

and Family Resource Scale									
Kinship Support Plan T	emplate								
Name Of Kinship Provid	der:								
Name of Caseworker:									
Caseworker Contact II									
Family Name/ Case Nu	ımber:								
Children involved in Pla	an (Names)	Date of Birth/ A	vae						
Crindrott in tvolvod in the	arr fractios,	Baio of Birthy 7	<u>.go</u>						
	an Date: an Date: PLAN/ Signatures e helped develop this		this plan and						
Name	Relationship to Child	Signature	Date						

Source: ProtectOHIO (2011). Practice Manual for ProtectOHIO Kinship Strategy

Needs Assessment Data Collection and Family Resource Scale

Kinship Support Plan Template (cont.)

What strengths	and family	/community	/ cumparts	does th	is family	v have?
MILIOI SILELIGILIS	and farmly,	/ COH II HOHIII	y suppoits	00E2 II	13 TOLLIII	y naver

What steps will be taken by the caregiver and agency to address needs/ concern?	Who is Responsible?	Target Date to implement or Accomplish	REVIEW: Intervention, service or support continues as a need for Family/ Caregiver? EXPLAIN	Date of Review and initials of caregiver / agency
	will be taken by the caregiver and agency to address needs/	will be taken by the caregiver and agency to address needs/	will be taken by the caregiver and agency to address needs/ Responsible? to implement or Accomplish	will be taken by the caregiver and agency to address needs/ Responsible? to Intervention, service or support continues as a need for Family/ Caregiver?

Say let's take a look at our assessment information for Geneva and her fiancée.

We have identified many areas of strength in our assessment.

What areas of the assessment indicate an opportunity to provide helpful support? Remember, our goal here is to do whatever we can to facilitate a safe and stable placement for Tanya.

Identify the general areas of potential support: financial, respite/daycare, parenting support, mediation with biological family including the maternal relatives, visitation, support with their struggles with the clinical issues they face, etc.

It is not particularly helpful to have a plan that is too general; the more specific the better.

The identification of actual resources as opposed to desired resources will be much less frustrating for the family. For example, identifying the supportive service of respite care is good unless there is no resource for providing respite care. If identified supportive services are not available, the family, along with the worker, needs to be creative in coming up with possible resources to help provide the support.

Conduct an activity using the needs assessment and starting to draft a support plan for Geneva using the SMART guidelines.

Note that we can begin the draft but the real plan requires the input of the family in order to make it a workable plan.

Instruct participants work in their small groups for 30 minutes to identify some potential areas of supportive services and create three (3) SMART goals based on the scenario.

Ask participants to write their goals on easel pad paper and post them on the wall upon completion. Upon completion, pair groups to critique each other's goals based on the SMART criteria and provide feedback and suggestions.

Debrief by having the groups discuss the challenges and benefits of SMART goals in developing support plans.

Invite groups to share some of their ideas and best practices for supporting relatives.

Remind them that the best goals for support will involve the family and kin caregivers.

Thank the group for their participation and hard work.

Conclusion

Conclude the course by reminding participants that three out of every four children in foster care are living with non-relatives.

It has been the goal of this course to equip participants with the skills and resources to identify and assess relatives, build life-long family connections, and develop kinship care placements leading to permanency.

Ask if there are any additional comments or questions.

END OF TRAINING.

Appendices

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Appendix A: Best Practices to Enhance Kinship Practice

Comprehensive Strategic Planning for Kinship Care James Lacks

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Any strong kinship care program must have clear case management procedures to assure a specific, comprehensive and concise focus on kinship caregivers. ProtectOHIO as part of their Title IV-E Child Welfare Waiver has created a manual entitled "Practice Manual for ProtectOHIO Kinship Strategy." This strategic planning manual outlines information regarding a safety and

This strategic planning manual outlines information regarding a safety and needs assessment, support plans, a work flow plan that reflects a continuum of practice, home visits, a caregiver handbook, protocol for family team meetings and an outline for training kin. The focus of this publication is on how essential it is to promote kinship placement as best practice, increasing attention to and support for kinship placements, caregivers, and families.

Fulltime Kinship Coordinator John Johnson

Tennessee john.johnson@tn.gov

To give the kind of attention needed to make improvements, States and localities highlight having a Kinship Coordinator as a key practice. Tennessee DCS as part of their Kinship Improvement Project, a state and county and training consortium partnership, identified Kinship Coordinators as one of the most important elements to their improving their kinship practice. The coordinators become the focal point to hold all staff accountable for meeting the goals of the kinship care strategic plans. Coordinators help to ensure that barriers to more effective kinship practice are identified early on and develop solutions to overcome these. They serve as the resource person for best practice for relative search and engagement, assessment of kinship homes, expedited placements and kinship support.

Full Disclosure of Options to Kin Gerald Wallace

New York gwallace@cfcrochester.org

Educating caregivers about their rights and the legal options available to them is essential for good case planning efforts. It is important that kin caregivers know the implications of all their options for the children in their care. Oftentimes, children are diverted to live with relatives without adequate support from the child welfare system. New York through the Office of Children and Family Services (OCFS) has put together a Kinship Navigator Manual that focuses on the laws and resources related to benefits for kinship caregivers and information for caseworkers on what the legal rights of kin are. It is also a guide for kin caregivers who want to establish legal guardianship and legal permanency.

Kinship Exception Protocol Jacki Hoover

Pennsylvania Jacki.Hoover@alleghenycounty.us

States and localities that have embraced a Kinship Exception Protocol have seen an increase in the number of kinship placements. This protocol involves confirmation that a diligent search has been conducted and all potential kinship options have been examined. It has resulted in more comprehensive searches for relative options from the beginning of the CPS process. It also allows for a teaming model, for staff to work as a team to consider placement options. Pennsylvania CYF, specifically Allegheny County and A Second Chance, Inc. a non-profit, community-based program in Pittsburgh, PA have seen positive outcomes using this protocol in a public/private partnership.

Expedited Placement Process Colette Tobias

New Jersey

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States and localities have reported that having an expedited placement process is very important to enhance and increase kinship care placements. NJ DCF has a protocol called Caregiver Presumptive Eligibility when placing children with kinship caregivers. Presumptive eligibility means that the kinship caregiver preliminarily meets licensing standards and is therefore eligible for resource family care payment on behalf of the child in his or her care, based on the initial assessment, until the home study is completed. NJ has reported that this protocol has had a substantial impact on increasing the numbers of kinship placements in the state.

Kinship Training Improvements Sharon Mc Daniel

Pennsylvania

SharonM@asecondchance-kinship.com

Best practice around training for kin focuses on being responsive to the specific needs of kin caregivers and not a standard curriculum that is more tailored to the needs of foster parents in general. The curriculum should be specialized for kin and therefore relevant and one that will meet state foster parent licensing standards and Title IV-E requirements. Recruiting kin trainers to assist in training kinship caregivers as a support to new caregivers has proven to be effective. Allegheny County has used the Standards for Assessing and Recognizing Kinship Strengths (SARKS) model for kinship training which has been very well received.

Community Resource Supports Charles Chambers

California

cchambers@kinshipcenter.org

New and strengthened partnerships for resource development have been a key element in providing support to kinship caregivers. Multiple partnerships enable child welfare programs to take advantage of resources and supports that already exist but have not been consistently accessed for kinship families. These partnerships are essential for stabilizing kin placements.

Family Ties, a program in Monterrey County, California has been establishing community resource supports for 15 years. Their partnership with community agencies has added to their very strong kinship support system. It has been critical to ensure that kin caregivers are aware of resources and can access them easily.

Kinship Improvement Committee James Lacks

Ohio

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States and localities report that having a standing committee or workgroup for kinship care is very helpful to maintain sustainability around kinship practice. A committee serves to guide best practice and develop needed policies and protocols, evaluate and help disseminate new strategies and support the administrator or kinship coordinator in their role.

Impressive Website Mary Griffin

Colorado

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States and localities report positive feedback from kin when they have a web site that is easy to navigate and is rich in information. Colorado DSS has a very good website called the Colorado Kinship Connect. www.COKinship.org. The website provides local and statewide information about organizations, programs, and benefits that may be helpful for kinship caregivers. There is a navigation guide highlighting resources for kinship families that is both in English and Spanish. It has brochures, reports, a kinship toolkit, and upcoming events of interest to kin caregivers all across the state.

Appendix B: Resources for Kinship Curriculum

Protect Ohio Kinship Manual (2011)

A comprehensive manual that has a strong strategic planning focus to promote kinship placement as best practice. Kinship-specific assessment tools are highlighted as well as the process of support planning.

http://www.ocwtp.net/PDFs/ProtectOHIO/ProtectOHIO%20Kinship%20Manual.pdf

A Tradition of Caring: Information, Resources and Support for Kinship Care Families [Carebook; Facilitator's Guide; and Assessment Guide.] (2003)

This is a comprehensive curriculum providing kinship caregivers with valuable information and support related to kinship care. An assessment guide is part of the focus of the curriculum.

http://www.cwla.org/programs/trieschman/pridetraditionofcaring.htm

Kinship Process Mapping: A Guide to Improving Practice in Kinship Care. (2013) Anne E. Casey Publication

This is a publication that looks at the process of engaging kin effectively to be caregivers. It highlights barriers to kinship placements and potential strategies for improvement.

http://www.aecf.org/KnowledgeCenter/Publications.aspx?pubguid=%7BD4CFC 596-DCDA-4758-BDCE-00854FE4A5CE%7D

The Kinship Diversion Debate: Policy and Practice Implications for Children, Families and Child Welfare Agencies. (2013)

Anne E. Casey Publication

This report explores different perspectives on the practice of diverting children from child welfare to live with kin, and identifies critical components of an effective kinship care system.

http://www.aecf.org/SearchResults.aspx?keywords=the%20diversion%20debate &source=topsearch

Training Kin to Be Foster Parents: Best Practices from the Field (2008) Child Focus Publication

This publication focuses on issues of training. There is a comprehensive summarization of why training for kin must be different than for traditional foster parents and gives examples of considerations when designing training. http://centerforchildwelfare2.fmhi.usf.edu/kb/Implementation/TrainingKinToBeFP.pdf

The following are models of comprehensive guides that list resources available to kin to effectively care for the children in their care. There are good explanations about the questions and concerns that caregivers would have about their role and their relationship with the child welfare agency:

Having a Voice and a Choice Handbook for Relatives (2009)

http://otda.ny.gov/programs/publications/4957.pdf

Vermont Resource Guide for Relatives Caring for Children (2012)

http://dcf.vermont.gov/sites/dcf/files/pdf/fsd/KinshipCaregiversResourceGuide.pdf

Alaska Resource Family Handbook (2011)

http://dhss.alaska.gov/ocs/Documents/Publications/pdf/ResourceFamilyHandbook.pdf

NYS Kinship Navigator Manual (2012)

This publication focuses on the laws and resources related to benefits for kinship caregivers and information for caseworkers on what the legal rights of kin are. It is a guide for kin caregivers who want to establish legal guardianship and legal permanency.

http://www.nysnavigator.org/documents/NYS_Kinship_Navigator_PA_Guide_201_2-Final1.pdf

Making It Work: Using the Guardianship Assistance Program (GAP) to Close the Permanency Gap for Children in Foster Care (2012)

This is a comprehensive publication on the Title IV-E Guardianship Assistance Program. This report examines the benefits of Title IV-E GAP and best practices in states implementing GAP.

http://www.childrensdefense.org/child-research-data-publications/data/making-it-work-using-the.pdf

Web-Based Resources

AARP Grandparent Support Center

www.aarp.org/families/grandparents

Brookdale Foundation

www.brookdalefoundation.org

Children's Defense Fund

www.childrensdefense.org

Generations United

www.gu.org

Grandsplace

www.grandsplace.org

Grandfamilies of America

www.grandfamiliesofamerica.org

Videos for Training Purposes

My Special Family: Kids in the Care of Their Kin We Are Still a Family: Adults Caring for Their Kin

http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/kinship-relative-care.html#Videos

A Brooklyn Family Tale/ Why Can't We Be a Family Again?

http://www.pbs.org/wnet/familytale/about.html

National Resource Center for Permanency and Family Connections

http://www.nrcpfc.org/digital_stories/index.htm

National Institute for Permanent Family Connectedness

http://familyfinding.org/resourcesandpublications/digital_stories.html

Appendix C: Annotated Reference List of Kinship Resources 2010–2013

Collaborating with Kinship Caregivers: A Research-to-Practice, Competency-Based Training Program for Child Welfare Workers and Their Supervisors. Child Welfare League of America. (2013).

This 12-hour curriculum, approved by CWLA's National Kinship Care Advisory Committee, presents a "Collaboration Model of Practice" to teach professionals how to facilitate collaboration with kinship caregivers to enhance child safety, well-being, and permanency outcomes for children in their care. The collaboration model of practice addresses a range of issues identified by the research that informed this curriculum, with objectives that: (1) Explain why kinship care became a policy and practice choice and challenge; (2) Identify major issues of concern requiring collaboration between social workers and kinship caregivers, including: legal; financial; health/mental health; schooling; child behavior and trauma; family relationships and trauma; support services; fair and equal treatment; and general satisfaction/recommendations; (3) Demonstrate collaboration competencies, including: respecting the knowledge, skills, and experiences of others; building trust by meeting needs; creating a relationship that addresses the dynamics of attachment versus authority, and demographic diversity; and using negotiation skills; and (4) Present how collaboration works in assessing kinship families, placing children, supporting families, and transitioning them to community-based support. This curriculum, field-tested across the country, is designed for public, private, and faith-based child welfare professionals who work directly with kinship caregivers and want to learn the skills identified in the objectives listed above. Agency supervisors and managers are encouraged to participate. Community advocates and kinship care researchers also will find this program of value, as will agency and university-based trainers who want to teach this curriculum. Kinship caregivers who are co-facilitators for training would find this curriculum of value. Kinship caregivers are encouraged to learn this model of practice, as well; however CWLA is reissuing Traditions of Caring: A Collaboration Approach to Kinship Care, which is designed specifically for kinship caregivers. (Author abstract)

Nurturing Attachments Training Resource: Running Parenting Groups for Adoptive Parents and Foster or Kinship Carers.
Golding, Kim S. (2013).

Child and Family Services Policy Manual: Substitute Care for Children: Placement in Unlicensed Kinship Care.

Child and Family Services Policy Manual; Section 402-4. Montana Department of Public Health and Human Services. Child and Family Services Division. (2013).

Regulations are presented for the placement of Montana children in kinship care. The definition of kinship care is provided, followed by regulations that address: emergency placement, visits to the kinship home by the Child Protection Specialist, the responsibility of the Child Protection Specialist in placing the children when it is in the best interest of the child and the home is approved, determination of the best interests of the child, selection of the family for kinship placement, review of the options of licensed or unlicensed care with the kinship family, and required background checks. Information is then provided on the required kinship care agreement, and a copy of the kinship care agreement is included.

http://www.dphhs.mt.gov/cfsd/cfsdmanual/402-4.pdf

Kinship Care and the Fostering Connections Act.

Perspectives on Fostering Connections: A Series of White Papers on The Fostering Connections to Success and Increasing Adoptions Act of 2008. Allen, MaryLee. Miller, Jennifer. FosteringConnections.org. Children's Defense Fund. (2013).

Kinship care provisions in the Fostering Connections to Success and Increasing Adoptions Act are reviewed, including the identification and notice requirement, the Federal and State parent locator service, the waiver for nosafety licensing standards, the Title IV-E Guardianship Assistance Program, requirements for maintaining sibling connections, and the authorization of Family Connections grants to test innovative approaches to kinship care. Challenges and achievements relating to these provisions are discussed.

http://www.childrensdefense.org/child-research-data-publications/data/state-data-repository/perspectives-on-fostering.pdf

Latino Families in the Nexus of Child Welfare, Welfare Reform, and Immigration Policies: Is Kinship Care a Lost Opportunity?

Ayón, Cecilia. Aisenberg, Eugene. Cimino, Andrea. (2013). Social Work 58 (1) p. 91-94

The number of Latino children involved with the child welfare system has more than doubled in the past 15 years, currently representing 21 percent of known cases of child maltreatment. Culturally appropriate services are in dire need, and kinship care placements appeal to the family system fundamental to Latino culture. Evidence suggests kinship placements result in fewer moves and instances of reentering care, better opportunities for maintaining contact with

birth family, and faster sibling placements. Unfortunately, most child welfare policies ineffectively deal with issues unique to Latinos, such as cultural norms, mixed documentation status within households, and high rates of poverty. This commentary explores the multifaceted barriers Latino kinship care providers are likely to encounter as their lived experiences intersect with child welfare, welfare reform, and immigration policies. We posited that culturally sensitive practice and policy can reduce some strains experienced by Latino families involved with child welfare and supports kinship care as a viable placement option. (Author abstract)

Informal Kinship Care Most Common Out-of-Home Placement After an Investigation of Child Maltreatment.

Fact Sheet No. 24. Walsh, Wendy. Carsey Institute. (2013).

This fact sheet examines differences between urban and rural areas in foster care placement with informal kin caregivers. The data for this analysis come from a national sample of children who had a maltreatment report that resulted in an investigation: the second National Survey of Child and Adolescent Well-Being. Author Wendy Walsh reports that informal kinship placement settings, where a parent voluntarily places a child with a family member, were the most common out-of-home placement in both rural and urban areas. Informal placements involve children who are in physical custody of a relative but may remain in legal custody of a parent. Children aged 3 to 5 with a child maltreatment report in rural areas and those in very poor rural households (incomes less than 50 percent of federal poverty level) were more likely to be in informal kinship settings than similar children in urban areas. (Author abstract) http://www.carseyinstitute.unh.edu/sites/carseyinstitute.unh.edu/files/publications/FS-Walsh-Kin%20Care-Maltreatment-web_0.pdf

Paths to Permanence: Kin Guardianship and Adoption.

Rowe, Jamel. National Council for Adoption. (2013). Adoption Advocate (59)

This article examines the multiple benefits of kin guardianship and adoption for children, addresses some of the expressed concerns surrounding these formalized care arrangements, and details the common issues relative caregivers face, so that readers will gain a greater understanding of these evergrowing options for permanency. Additionally, the article provides recommendations for both practice and policy that, when implemented, can decrease a child's time in temporary care and improve the overall wellbeing of kinship care families. (Author abstract)

https://www.adoptioncouncil.org/publications/adoption-advocate-no-59.html https://www.adoptioncouncil.org/images/stories/NCFA_ADOPTION_ADVOCATE_NO59.pdf

The Kinship Diversion Debate: Policy and Practice Implications for Children, Families and Child Welfare Agencies.

Annie E. Casey Foundation. (2013).

This report explores different perspectives on the practice of diverting children from child welfare to live with kin when they cannot remain with their families, and identifies critical components of an effective kinship care system. This analysis is based on the insights of more than 50 child welfare and judicial personnel, advocates and researchers. (Author abstract) http://www.aecf.org/~/media/Pubs/Topics/Child%20Welfare%20Permanence/KinshipDiversionDebate/KinshipDiversionDebate.pdf

Caseworker Attitudes on Kinship Care in Ontario.

Brisebois, Kimberly. Wayne State University. (2013). Qualitative Social Work 12 (3) p. 289-306

This exploratory study aims to develop an understanding of caseworker views on the challenges and opportunities of kinship care. This sample includes protection and kinship service caseworkers who service families in Ontario. Focus groups with a self-selected sample of 27 caseworkers explored the current attitudes of ongoing caseworkers toward kinship caregivers and the policies that mandate their exploration. Results indicated that workers are embracing the idea of kinship care; however they note several limitations and frustrations with the practice. Lack of resources and services for kinship caregivers, issues of conflict and difficulty in monitoring kinship homes hinder positive attitudes about this practice. Further, workers felt that the current legislation encourages the approval of kinship homes that are viewed as substandard and unsafe for children. (Author abstract)

Grandfamilies State Law and Policy Resource Center [Website].

Casey Family Programs. ABA Center on Children and the Law. Generations United. (2012).

The Grandfamilies State Law and Policy Resource Center serves as a national legal resource created to educate individuals about state laws and legislation in support of grandfamilies and to assist interested state legislators, advocates, caregivers, attorneys, and other policymakers in exploring policy options to support relatives and the children in their care both within and outside the child welfare system. This resource center consists of a searchable database of current laws and pending legislation; topical analyses, which include summaries and comparisons of state laws, legislative trends, and practical advocacy and implementation information; powerful personal stories from grandfamilies; and

other relevant internet resources. Additionally, the ABA and Generations United staff are available to provide technical assistance and training to state policymakers and advocates or other interested parties. (Author abstract) http://grandfamilies.org/

A Research Brief on Child Well-being: Kinship Children in New York State. Council on Children and Families (New York) (2012).

This brief on kinship care in New York State begins by discussing the benefits of kinship care for children not able to stay in their homes with their parents. The financial, legal, and emotional challenges for kinship caregivers are then explained and different options of kinship caregivers are described. A chart highlights six different types of kinship care including: relative agrees to an information arrangement with a parent, relative agrees to an informal arrangement with child protective services, relative gains temporary custody, relative gains legal custody or guardianship, relative becomes an approved foster care parent, or relative who has been approved as a foster care parent assumes legal guardianship. The benefits associated with each type of arrangement are listed. Finally, the availability of support through Kinship Caregiver Programs located across New York State is noted. 1 table, 1 figure, and 6 references.

http://www.ccf.ny.gov/KidsCount/kcResources/KinshipChildrenNYS.pdf

Children Discharged From Kin and Non-Kin Foster Homes: Do the Risks of Foster Care Re-Entry Differ?

Research Watch. Beatty, Sarah L. (2012).

This research brief shares findings from a study that compared the re-entry rate of children discharged from kin and non-kin foster homes. Data was used from the Adoption and Foster Care Analysis and Reporting System from Illnois and included analyses of 12,088 children who resided in out-of-home care for at least one week between October 1, 2000 to September 30, 2004. The 12,088 children exited out-of-home care (either kinship or non-kinship foster homes) and entered into one of the following arrangements: reunification (n=6,110); adoption (n=4,752); or guardianship (n=1,226). Findings indicate kin and non-kin groups had an equal likelihood of re-entry into out-of-home care. http://cwrp.ca/researchwatch/2531

Judges' Roles in Implementing Fostering Connections: Relative Caregiver Provisions.

Grandfamilies State Law and Policy Resource Center. (2012). ABA Child Law Practice 31 (6) p. 88-93.

This article describes provisions in the Fostering Connections to Success and Increasing Adoption Act that address connecting and supporting relative caregivers, including the establishment of kinship guardianship assistance programs and Family Connection Grants, and waivers for non-safety licensing standards for relatives. Judicial considerations in implementing these provisions are discussed. 2 references.

Ohio's Fostering Connection Grant: Enhanced Kinship Navigator Project. Implementation Report.

Public Children's Services Association of Ohio. Human Services Research Institute. (2012).

In September 2009, seven Ohio counties and the Public Children Services Association of Ohio (PCSAO) began a collaborative effort to enhance supports for kinship caregivers in their local communities. Referred to as Ohio's Enhanced Kinship Navigator project, this effort is supported by funding from the federal Fostering Connection to Success Act of 2008. This report examines implementation activity in the seven counties from September 2009 to July 2011, the first half of the grant period. It provides an overview of the background of kinship supports in Ohio and then describes the activities that were involved in developing and enhancing the Navigator programs. The report then describes how Navigator programs provide services to individual caregivers and promote the development and awareness of kinship supports in broader communities. The primary sources of information for this report are implementation reports, site visits, Kinship Informational Data System (KIDS) data, and Ohio State-sponsored websites. Findings from a survey of 174 kinship caregivers are also shared and indicate Kinship Navigators have enabled kinship caregivers to continue to care for their children by listening to them and addressing their current needs. Overall, caregivers are satisfied with the help they received from the Kinship Navigator and a large proportion believe their family has been generally healthier and happier as a result of the program. Appendices include the Ohio Kinship Navigator logic model and a chart illustrating characteristics of the different counties. 2 charts, 13 tables and 10 references. (Author abstract modified)

http://www.kinshipohio.org/Resources/2012/KinshipNavImpImntReportJan2012.pdf

Foster Children in Licensed and Unlicensed Kinship Care [Table 4 from Stepping Up for Kids: What Government and Communities Should do to Support Kinship Families].

Annie E. Casey Foundation. KIDS COUNT. (2012).

This table provides a state-by-state breakdown of the number and percentage of children in state custody who are placed with relatives in both licensed and unlicensed care.

http://www.aecf.org/KnowledgeCenter/~/media/Pubs/Initiatives/KIDS%20COUNT/S/SteppingUpforKids2012PolicyReport/SteppingUpforKidsReportTable04.pdf

Stepping Up for Kids: What Government and Communities Should do to Support Kinship Families. Policy Report.

Bissell, Mary. Miller, Jennifer. Annie E. Casey Foundation. KIDS COUNT. ChildFocus. (2012).

This policy report summarizes what is known about kinship care, identifies the problems and issues these families face, and recommends how caregivers can best be supported as they step up to take responsibility for children in their extended families and communities. The benefits of kinship care in increasing child safety, stability, permanence, and well-being are discussed, as well as the number of children in kinship care in each State, the characteristics of kinship families, and common challenges for kinship families. The difficulties kin caregivers face in accessing benefits and services they need to take care of the children they are taking care of are explained, and the lack of financial help for the majority of kinship caregivers is highlighted. The brief also describes barriers to the effective use of kinship families in the child welfare system, including uneven State progress in placing children with kin, barriers to licensing kin as foster parents, and inconsistent kinship diversion policies. Recommendations are made for increasing the financial stability of kinship families; strenathening kinship families involved in the child welfare system; and enhancing other community-based and government responses for kinship families. 40 references. http://www.aecf.org/~/media/Pubs/Initiatives/KIDS%20COUNT/S/SteppingUpfor Kids2012PolicyReport/SteppingUpForKidsPolicyReport2012.pdf

Parental Incarceration and Kinship Care: Caregiver Experiences, Child Well-Being, and Permanency Intentions.

Special Issue: The Impact of Parental Incarceration on Children and Families. Denby, Ramona W. University of Nevada Las Vegas. School of Social Work. (2012). Social Work in Public Health 27 (1-2) p. 104-128.

The number of children who reside with a relative because of parental incarceration has increased over the past two decades. Although these children are at risk for negative outcomes, some protective factors, such as a strong and nurturing caregiver experience, buffer the effect of parental incarceration. This study examined the experiences of 72 caregivers and 127 children to learn whether caregivers' stress and strain, readiness and capacity, perceptions of child well-being, and unmet service needs are associated with permanency intentions. The study found strong inclinations against adoption, high intentions toward guardianship, and strong associations between these permanency choices and caregivers' experiences and their reports of unmet service needs and makes recommendations for policy, practice, and research advocacy. (Author abstract)

Kinship Care: A Guide for Judges, Attorneys and Court Participants.

Wirth, Barbara. Lowenbach, J. Robert. Colorado Department of Human Services. University of Southern Maine. Edmund S. Muskie School of Public Service. (2012).

This Guide gives practical information and helps define (1) Who are the kinship caregivers and the children in their care? (2) What are the current state and federal laws and regulations impacting kinship care? (3) How do kinship placements differ from non-relative placements and why is understanding and addressing the particular needs of a kinship placement so important? and (4) How can different members of the judicial sector effectively engage and assess a potential kinship caregiver and extended family, assess the best options within kinship care for a child, help families find the supports and services needed as kin caregivers, and work together to ensure a timely, safe and long-term placement? Sections 2 through 5 provide the background on kinship, the legal framework, and the different roles within the judicial sector. Sections 6 through 9 focus on specific interactions in which members of the judicial sector may impact a child's placement decision, including how to engage the family in the process, how to ensure a thorough assessment of a potential placement, and ultimately, how to help a family access needed resources to support the placement. The final section provides information on long-term permanency planning for kinship placements. (Author abstract) http://muskie.usm.maine.edu/helpkids/rcpdfs/kinshipguide.pdf

The Effectiveness of Support Groups in Increasing Social Support for Kinship Caregivers.

Strozier, Anne L. School of Social Work, University of South Florida. (2012). Children and Youth Services Review 34 (5) p. 876-881

Kinship caregivers face a variety of stressors including strains on family resources, legal challenges, conflicts with their own child, and loss of personal time. This paper focuses on the particular stress of reduced social support that grandparents and other relatives often experience. Frequently, kinship caregivers report feeling isolated from friends and family, and feeling unsupported at a time when they are likely to need greater social support. An intervention purported to increase the feeling of social support is the kinship support group. Though widely acclaimed as a valuable intervention, there has been limited research on the support group's actual effectiveness in increasing social support. The current study used the Dunst Family Support Scale (Dunst, Trivette, & Hamby, 1994) to measure how social support changed for kinship caregivers who participated in support groups versus kinship caregivers who did not attend the support groups. Findings indicated that caregivers who attended support groups experienced a significantly greater increase in social support than those caregivers who did not attend the support groups. An additional finding was that kinship caregivers attending the support groups were more likely to increase formal social supports from sources such as parent groups, social groups/clubs, church members, family physician, early childhood programs, school or day care, professional helpers and agencies compared to an increase in informal support such as spouse's parents, relatives, spouse's relatives, spouse, friends, spouse? friends, and children. Conclusions include the recommendation for continued efforts to find or create the best measure of kinship support group effectiveness as well as continuing efforts to understand informal kinship caregivers about whom much less is known than formal caregivers. A practice recommendation is to continue and even increase the use of kinship support groups because of this beginning evidence of their effectiveness as well as the economy and relative ease in conducting them. (Author abstract)

Guidelines for Foster Parents and Relative Caregivers for Health Care and Behavioral/Mental Health Services.

Michigan Department of Human Services. (2012).

In a continuing effort meet the health needs of children in care, DHS has partnered with Michigan Department of Community Health to ensure that department policies are aligned related to the requirements for timely completion of comprehensive and ongoing medical and dental examinations. Foster parents and relative caregivers play a crucial role in ensuring that foster

children and youth access medical and dental care timely. This publication was created to provide caregivers with an easily accessible reminder of the foster care health requirements and guidance in accessing medical and mental health care. The publication contains information for caregivers regarding: Health requirements for foster children; Behavioral/mental health services; and Tips for scheduling and accessing appointments. (Author abstract) http://www.michigan.gov/documents/dhs/12-159_Guidelines_for_Foster_Parents_Relative_Caregivers_DHS_PUB_268_401076_7.pdf

The Best of Both Worlds: How Kinship Care Impacts Reunification.

Blakey, Joan Marie. University of Texas (Arlington), School of Social Work. (2012). Families in Society 93 (2) p. 93-110.

Children entering out-of-home placement because of parental substance abuse often are placed with relatives. Placements with relatives reduce the likelihood of reunification, but little information is available about why this is the case. Using a multiple embedded case study design, interviews with 26 women and 20 professionals explored the ways kinship care influences reunification among African American women with histories of addiction. The results revealed three kinds of kinship arrangements that influenced whether women regained or permanently lost custody of their children: (a) family support with parameters, (b) limited family support, and (c) enabling family support. These findings suggest a need for child welfare agencies to help relative caregivers establish boundaries and limits particularly when substance abuse is an issue.

Family Processes in Kinship Care (In: Normal Family Processes: Growing in Diversity and Complexity. 4th ed.)

Engstrom, Malitta. (2012).

This chapter presents an integrative, multisystemic framework for understanding the complex relational processes in kinship care and contextual factors that interact with families' kinship care experiences, including financial strains, physical and mental health problems, and obstacles to service engagement. Multi-systemic practice principles to support thriving kinship families are then discussed. Numerous references.

Definition of Kinship Caregivers: Findings and Recommendations. Draft. Virginia Commission on Youth. (2012).

This brief discusses confusion over the use of the term "kinship caregiver" in Virginia and offers recommendations for modifying the Code of Virginia to ensure clarity. Key findings are addressed and include: there is confusion regarding kinship care and the definition of relatives or kin; there is confusion

over the categories of kinship care; Virginia has no standardized policy or guidance on kinship diversion; Virginia's relative notification provisions are critical in promoting kinship care; and informal kinship caregivers may find it difficult to obtain services for the children placed in their care. Explanations for the findings are included, and recommendations made. http://services.dlas.virginia.gov/User_db/frmView.aspx?ViewId=3187

NRCPFC Teleconference/Webinar: Collaborating with Kinship Caregivers Curriculum and TA.

Pasztor, Eileen Mayers. Petras, Donna D. National Resource Center for Permanency and Family Connections. (2012).

In recent months, the National Resource Center for Permanency and Family Connections (NRCPFC) has received many inquiries and requests for Technical Assistance (TA) from States working on kinship care issues. In response, NRCPFC hosted this webinar for Adoption and Foster Care Managers and their invited guests. The presenters, Eileen Mayers Pasztor, DSW and Donna D. Petras, PhD, MSW shared information about a new CWLA research to practice competency-based training "Model of Practice" for child welfare workers and their supervisors that can be used to support successful collaboration with kinship caregivers to achieve safety, well-being, and permanency for the children in their care. Stephanie Boyd Serafin, ACSW, NRCPFC Associate Director, offered information about TA available through NRCPFC to assist with the use and implementation of the curriculum (as well as other areas of kinship policy and practice), and discussed how States and Tribes can request TA. (Author abstract) http://nrcpfc.org/teleconferences/2012-09-19.html

Parientes Como Proveedores de Cuidado y el Sistema de Bienestar de Menores (Kinship Caregivers and the Child Welfare System)

Hoja informativa para las familias Child Welfare Information Gateway. (2012).

Ayuda a los parientes como proveedores de cuidado—incluyendo abuelos, tíos y otros parientes que cuidan niños—a trabajar de manera efectiva con el sistema de bienestar de menores. Abarca temas tales como los distintos tipos de cuidado por parientes, cómo se involucra el sistema de bienestar de menores en el cuidado por parientes y qué se puede esperar del sistema, servicios disponibles, la participación de los tribunales, y arreglos permanentes para los niños.

Helps kinship caregivers—including grandparents, aunts and uncles, and other relatives caring for children—work effectively with the child welfare system. This factsheet addresses topics such as the different types of kinship care, how the child welfare system becomes involved in kinship care, what to expect from the

child welfare system, available services, the involvement of the courts, and finding permanent families for children.

http://www.childwelfare.gov/pubs/cuidadoresfam/index.cfm http://www.childwelfare.gov/pubs/cuidadoresfam/cuidadoresfam.pdf

Biological Parents and Kinship Care: It's Complicated!!: Research and Recommendations for Grandparents.

DiSciullo, Emi. Dunifon, Rachel. Cornell Cooperative Extension. (2012).

Intended for caregiving grandparents, this brief acknowledges the challenges grandparents face in maintaining a relationship with the biological parent of the children in their care and offers research-based recommendations. Grandparents are urged to: think carefully before inviting parents to special events or including them in their daily lives and only invite parents if they can be counted on to be reliable and not hurtful in their behavior; provide children in kincare with mentoring relationships, support groups, and counseling to allow children to share their feelings about their parents; talk to other kinship caregivers, professional counselors, or friends to prepare for conversations about the necessity for kinship care; separate their own emotions toward their child's parents and allow children to form their own thoughts about them; make sure children know that it is not their fault they are not living with their families; acknowledge children's wishes to live with their biological parents; encourage letter writing to allow children to express their feelings; and avoid talking to children about the legal and logistical details of their custody arraignment. http://www.human.cornell.edu/pam/outreach/parenting/research/upload/Kins hip-Care-Recommendations-for-grandparents.pdf

Kinship Care in the United States: What the Research Tells Us [Presentation Slides]. Gleeson, James P. Women's Policy Inc. Congressional Caucus for Women's Issues. Annie E. Casey Foundation. University of Illinois at Chicago. Jane Addams College of Social Work. (2012).

This slide presentation begins by citing statistics on the 5.8 million children living in households headed by their grandparents, the 2.7 million children whose relatives function as their primary caregiver, and the increase in the number of children in kinship care over the past decade. Differences between ethnic groups are noted, as well as types of public support for children in households with no parent present, the degree of formal State involvement, and the differences between public and private kinship care. Data on the relationship between kinship care and socioeconomic challenges are also shared, and the greater placement stability of children placed with relatives is noted. Findings are also cited that indicate children are generally reunified with biological parents at slower rates form kinship care than non-relative foster care, but are

less likely to reenter the custody of the child welfare system. The importance of financial support in ensuring placement stability is also addressed, as well as data on kinship adoption, guardianship, and the safety of children in kinship care. Findings show children in families given the option of subsidized guardianship were more likely to achieve legal permanence, that children in public kinship care are at least as safe as children in foster care with non-relatives, and that children in formal kinship care have lower rates of mental health and behavioral problems than their peers in foster care and functioning improves over time. The need to support kinship caregivers raising children through adolescence is emphasized and emerging and promising practices for supporting kinship caregivers are identified.

http://www.womenspolicy.org/site/DocServer/Dr._Gleeson_presentation.pdf?docID=4642

Federal Tax Benefits: Foster, Adoptive and Kinship Caregivers, 2011 Tax Year. National Foster Parent Association. (2012).

Guide explains basic rules and offers tips on ways that foster and adoptive parents and kinship caregivers can claim deductions and credit available to them. The guide focuses primarily on low-to-moderate income families.

http://www.nfpaonline.org/Resources/Documents/Tax/NFPA_2011_Federal_Tax_Benefits.pdf

The Pediatric Role in the Care of Children in Foster and Kinship Care. Szilagyi, Moira. Starlight Pediatrics, Rochester, NY. (2012). Pediatrics in Review 33 (11) p. 496-508.

In September 2010, 408,425 children and adolescents resided in foster care. Recent legislation highlights an increasing focus on involving pediatricians in supporting children in foster care and defines specific requirements relevant to the role of pediatricians. After completing this article, readers should be able to: (1) Understand the purposes of foster care and the problems associated with pre-placement childhood trauma and foster care placement; (2) Know the basics of how foster care systems work; (3) Recognize that children in foster care are by definition children with special health-care needs; (4) Understand that many children in foster care have behavioral problems that can lead to placement instability that, in turn, can exacerbate those problems; and (5) Understand the physician's role in foster care. (Author abstract)

Maltreatment and Families' Receipt of Services: Associations With Reunification, Kinship Care, and Adoption. Cheng, Tyrone C. Li, Allison X. (2012). Families in Society: The Journal of Contemporary Social Services 93 (3) p. 189-195.

We examined matched services' impact on reunification, kinship care, and adoption through secondary data analysis with a sample (extracted from the National Survey of Child and Adolescent Well-Being) of 1,760 children who experienced foster care and their permanent caregivers. Permanent caregivers included biological parents, step parents, relatives, and adoptive parents. Event history analysis showed (a) reunification was likelier when permanent caregivers received housing and cash assistance, and less likely when they received other services (e.g., employment services, health care services); (b) kinship care was less likely when employment, mental health, or substance abuse services were received; and (c) adoption was less likely when employment, domestic violence, legal, or health care services were received. Maltreatment did not impact permanency significantly. Implications for social work are discussed. (Author abstract)

Final Report of the Virginia Commission on Youth: School Enrollment Practices for Virginia's Kinship Caregivers.

Virginia Commission on Youth. (2012).

During the 2010 study year, the Commission on Youth conducted a study assessing the barriers to foster and kinship care placements in Virginia. A finding from this study acknowledged the challenges that informal kinship caregivers face when enrolling the child in their care in school if the child's parents do not reside in the same school division. At the Commission's meeting on April 5, 2011, the Commission adopted a study plan to convene an advisory group of representatives from impacted agencies and stakeholder organizations to study ways to clarify the school enrollment process for informal kinship caregivers. The Advisory Group reviewed current law, local practices, and two Attorney General Opinions addressing school enrollment. The Advisory Group found that school enrollment practices vary among school divisions. Some public school divisions require a court order giving custody to the kinship caregiver in order for the child to be enrolled in school. Other school divisions require a signed affidavit or Power of Attorney. Others require only that the kinship caregiver provide proof of residency. In addition to evaluating school enrollment practices, the Commission also reviewed policies and practices of the Department of Social Services related to kinship care. (Author abstract) http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/RD1352012/\$file/RD135.pdf

Information Packet: Kinship Care and the Fostering Connections to Success and Increasing Adoptions Act of 2008.

Hertz, Kim. Ariyakulkan, Lyn. National Resource Center for Permanency and Family Connections. (2012).

This information packet focuses on kinship care as it relates to the Fostering Connections Act. It provides a summary; facts and statistics on factors that account for the increase in kinship placements, as well as the benefits of kinship placements; an overview of policy and legislation and links to related resources and examples; select best practices and model programs; and, descriptions and links to online resources.

http://www.nrcpfc.org/fostering_connections/download/Kinship_Care_&_Fostering_Connections_Act_KimHertz.pdf

Working With Kinship Caregivers.

Bulletin for Professionals Child Welfare Information Gateway. (2012).

Helps child welfare professionals promote kinship care by providing information, referral, and support services to kinship caregivers to ensure the safety, permanency, and well-being of children in their care. Topics covered include the types and benefits of kinship care, training for caseworkers, specific strategies for supporting kinship caregivers, and examples of successful child welfare programs around the country that provide services to kinship caregivers. http://www.childwelfare.gov/pubs/kinship.cfmhttp://www.childwelfare.gov/pubs/kinship.pdf

Kinship Foster Family Type and Placement Discharge Outcomes.

Zinn, Andrew. University of Chicago, Chapin Hall. (2012). Children and Youth Services Review 34 (4) p. 602-614.

Using a combination of survey and administrative data describing 453 public kinship foster family placements in Illinois, this study examines the relationship between kinship family type and the timing and disposition of children's placement discharge outcomes. Family types are identified using an empirically-grounded typology of kinship families based on family structure and household composition (Zinn, 2010). In order to explore the mechanisms governing the relationships between family type and children's discharge outcomes, the moderating effects of several other kinship family characteristics are also examined. Results suggest significant differences in the type and timing of children's discharge outcomes across kinship family type as well as two other kinship family characteristics: caregiver age and fostering competency. Implications for kinship family scholarship, policy, and practice are discussed.

Kinship and Non-Kinship Foster Care: Differences in Contact with Parents and Foster Child's Mental Health Problems.

Vanschoonlandt, Femke. Vanderfaeillie, Johan. Van Holen, Frank. De Maeyer, Skrällan. Andries, Caroline. (2012). *Children and Youth Services Review* 34 (8) p. 1533-1539.

Foster care placements, especially placements with kin, are the first option of choice when parents cannot maintain the care for their children. Therefore, an evaluation of this type of out-of-home-placement, with special attention for the differences between kinship and non-kinship placements, is necessary. In this study both types of foster placements (n = 186) are compared for two important aspects: contact with/attitude of parents and mental health of foster children. Non-kinship foster placements fare better on different aspects of contact with/attitude of parents than kinship foster placements. Foster children in kinship foster placements have less behavioral problems than non-kinship foster children. However, not the type of foster placement but the number of previous out-of-home placements is the most important predictive factor for behavioral problems. Implications for practice and policy are discussed. (Author abstract)

Home Based Care Navigation Services for Kinship Foster Families Referred by Oklahoma, Grant Program: Grantee Abstracts

North Oklahoma County Mental Health Center (NorthCare). (2012).

Organization Description: NorthCare Community Mental Health Center will serve as the project lead in partnership with the Oklahoma Department of Health and Human services contributing match funds and coordination with the OKDHS division of Child Welfare and TANF. This project will also have an evaluation component through an external evaluator. This evaluation will be conducted by research faculty from the Center on Child Abuse and Neglect (CCAN) at the University of Oklahoma Health Sciences Center. Use (s) of ACF Program Grant Funds: Family KINnections will provide comprehensive care coordination to kinship foster families. The proposed project will expand NorthCare's Systems of Care approach to providing wraparound care to a vulnerable population kinship foster families in Oklahoma County. NorthCare will receive referrals for this project from the Oklahoma Department of Human Services. NorthCare's Kinship Navigators will offer support to these families by utilizing a family needs assessment tool to help kinship families identify their needs and determine what services they need to maintain a stable placement for the children in their care. The kinship Navigator will provide education to the families on community resources and connect the kinship foster family with these resources. The kinship navigator will also help facilitate the obtaining of these services and follow-up with the family to ensure the kinship families have the ability maintain placements for their chilclren in their home.

Connective Complexity: African American Adolescents and the Relational Context of Kinship Foster Care (chapter in Challenging Racial Disproportionality in Child Welfare: Research, Policy and Practice).

Schwartz, Ann. (2011).

A study of 18 African American adolescents explored how the relational context of care experienced by adolescents in kinship foster care differs from that of adolescents in nonkinship foster family placements. Those in kinship care displayed greater continuity of connections as well as more complexity in their relationships with birth parents and caregivers. 1 table and 51 references.

Practice Principles for the Recruitment and Retention of Kinship, Foster, and Adoptive Families for Siblings.

AdoptUSKids. National Resource Center for Recruitment and Retention of Foster and Adoptive Parents. (2011).

This brief explains the importance of keeping siblings together in out-of-home care and strategies child welfare agencies can use to keep siblings together. Principles that should frame an agency's recruitment and retention practices related to siblings are listed and include: the agency will train all staff in the knowledge, skills, and attitudes necessary to be effective in finding and supporting kinship, foster, and adoptive families to parent siblings; the agency will proactively pursue placing siblings together with kinship and/or fictive kin whenever possible; the agency will diligently recruit and prepare homes for siblings who reflect the racial and ethnic diversity of children; the agency will use best practices and consider non-traditional families and innovative ways to recruit and retain families to keep siblings together; licensing and/or approval standards will encourage placement of siblings together; special funding and resources will be available to help families qualify to care for sibling groups; all foster and adoptive families will be offered training to help them provide care for sibling groups; support services will be provided to help resource families keep siblings together; families who are parenting different members of a sibling group will be supported and encouraged to bring siblings together; and if siblings are not placed together, the agency will make all reasonable efforts to provide for frequent visitation and ongoing contact among the siblings. Federal regulations regarding sibling placement are reviewed.

http://www.adoptuskids.org/_assets/files/NRCRRFAP/resources/practice-principles-and-seven-step-process-for-sibling-recruitment.pdf

How a Child Enters the Juvenile Court System: A Handbook for Foster and Relative Caregivers.

Obrecht, Stacey L. Wyoming Supreme Court. Wyoming Children's Justice Project. (2011).

A complete reference guide for Wyoming Foster and Relative Caregivers in understanding the legal process in Wyoming Juvenile Courts. http://www.courts.state.wy.us/CJP/HowaChildEnterstheJuvenileCourtSystem-ForFRCsFINAL.pdf

Coparenting in Kinship Families With Incarcerated Mothers: A Qualitative Study. Strozier, Anne L. Armstrong, Mary. Skuza, Stella. Cecil, Dawn. McHale, James. (2011). Families in Society: The Journal of Contemporary Social Services 92 (1) p. 55-61.

The number of incarcerated mothers has risen steadily in the past 20 years, with a majority of the mothers' children being cared for by relatives, usually the maternal grandmother (Smith, Krisman, Strozier, & Marley, 2004). This article examines the unique coparenting relationship of grandmothers and mothers through qualitative individual interviews with a sample of 24 incarcerated mothers with children between the ages of 2 and 6, and 24 grandmothers raising their children. The study revealed many different variants of healthy coparenting alliances, achieved against often huge odds. Much variation was also discovered in dyads where coparenting alliances were not as successful. Implications for practice include performing structural family assessments, enhancing jail education programs, and offering extended coparenting treatment after discharge. (Author abstract)

Grandparenting: Roles and Responsibilities and its Implications for Kinship Care Policies.

Devine, Mike. Earle, Tara. Memorial University of Newfoundland, St John's, NL, Canada. (2011). Vulnerable Children and Youth Studies 6 (2) p. 124-133.

The current literature with regard to grandparents providing care to their grandchildren, whether on an informal basis or when the children are under the auspices of children's protection services (state-mandated intervention), highlights a number of issues or concerns for the caregivers. In the province of Newfoundland and Labrador (Canada), there is a focus on giving priority to grandparents (and significant others) as caregivers, which is embedded in the current child welfare legislation. There appears to be an underlying assumption that grandparents are willing and able to provide such care. However, no research has been completed in order to gain an understanding of some of the dynamics of caregiving by grandparents in this province. The authors are

interested in grandparents as potential caregivers, particularly with regard to children who may come under the auspices of children's protection services. In addition, the policies and practices appear to be incongruent with current research, concerns and issues. This province is unique in that it has the fastest-growing senior population, the highest median age for seniors in Canada and has a high number of young families that have moved to other provinces to work. This research will provide insight into the willingness and ability of grandparents to provide care to their grandchildren, whether through informal or formal care (state intervention), as well as implications for current policies and practices. (Author abstract)

A Guide for Grandparent/Relative Care Providers.

Family Services Programs (West Virginia. Dept. of Health and Human Resources) West Virginia. Department of Health and Human Resources. (2011).

Intended for grandparents or relative caregivers in West Virginia, this guide provides information on kinship care. It discusses the benefits of kinship care to children and caregivers, different legal options for care giving, and differences in current child rearing practices from past practices. Information is provided on steps that should be taken before a child comes to live in the home, the development of a written agreement, feelings that may be experienced by the children and grandparents, and tips for explaining the situation to the child. Grandparents are urged to encourage open communication, take key safety steps, and support the educational needs of the child. In addition, strategies for keeping children healthy and safe around strangers are reviewed. Final sections provide recommendations for dealing with child discipline, explain available financial assistance, and provide a list of resource organizations.

Kinship Liaisons: A Peer-to-Peer Approach to Supporting Kinship Caregivers.

Denby, Ramona W. (2011). Children and Youth Services Review 33 (2) p. 217-225.

Relative caregivers are invaluable to the child welfare system. Although most states have a preference for relative placement, the support and assistance provided to relatives during and beyond the initial child placement period are inadequate. Through a U.S. Children's Bureau System of Care Demonstration project, a peer-to-peer approach (based in social cognitive theory) which paired a new relative caregiver (n = 74) with a full-time, paid kinship liaison (a current or former relative caregiver) was studied. Findings show that kinship liaisons are extremely helpful to caregivers and reveal 27 support categories that caregivers find most useful. One of the most significant services (i.e., information and referral) provided by the liaisons increased caregivers' knowledge of accessing available services and the permanency process. Data results show significant increases in caregivers' coping abilities and willingness to become a

permanent resource for the children in their care. Policy and practice insights are provided. (Author abstract)

Grandparents in Kinship Care: Help or Hindrance to Family Preservation.

Article 9. Wilkerson, Patricia A. Davis, Gloria J. Jackson State University. (2011).

Journal of Family Strengths 11 (1) p. 1-18.

This article explores the rise of kinship care, the ongoing debate about how child welfare agencies should financially assist and assess kin, and social issues that perpetuated the need for kinship care policy. The lack of mechanisms to adequately support kinship caregivers is noted and recommendations are made for considering greater compensation for kin caregivers and the adoption of new approaches to care that strengthen a child's kinship network. 56 references.

http://digitalcommons.library.tmc.edu/cgi/viewcontent.cgi?article=1016&context=jfs

Breaking the Rules: Children and Young People in Kinship Care Speak About Contact With Their Families.

Family Links: Kinship Care and Family Contact Research Series; Report #1. Child Safety Commissioner (Australia). (2011).

This report presents the views of children and young people in kinship care arrangements in Victoria. It is the first report from the research project, 'Family Links: Kinship Care and Family Contact', and aims to investigate the effectiveness of current family contact policies and how services can respond better to young people's needs. This report presents the views of children, adolescents, and young adults on views on normal family life, the importance of family, conflicted views on family contact, forced contact, prevention of desired contact, parents, siblings, extended family, and safety. (Author abstract) http://www.ccyp.vic.gov.au/childsafetycommissioner/downloads/kinship-care/973-kinship-care-report-breaking-the-rules.pdf

Does Kinship Care Work Well for Children?: A Summary of the Research. Myslewicz, Mary. Casey Family Programs. (2011).

This report was prepared at the request of Mike Scholl, Senior Director of Strategic Consulting at Casey Family Programs, as an informative resource for the Utah Division for Child and Family Services. The request is for a summary of the current research looking at the impact of kinship care on child welfare outcomes, including specific information about placement and educational stability, well-being outcomes, and the maintenance of family and cultural identity for children placed in kinship care. In addition, there was a request for research findings on the general quality of care provided to children by relative

caregivers. An internet and literature review was conducted to gather the most current research findings around the impact of kinship care. This report represents a synthesis of a portion of the research. (Author abstract) http://file.lacounty.gov/bos/supdocs/69009.pdf

Collaborating with Kinship Caregivers: The Practice Choice and Challenge of Kinship Care.

Pasztor, Eileen Mayers. Petras, Donna D. Rainey, Cassaundra. Partners for Our Children. (2011).

In the early 1990's kinship care emerged as a child welfare model. This brief presents a "collaborative mode of practice" designed to work for the maximum benefit of children in kinship care. The elements of the model include: nine major issues that require collaboration (e.g., legal status, health care, school); five caseworker competencies (e.g., respect for knowledge, skills, and experiences of others); four phases of kinship care service (ranging from assessing the kinship family for willingness to be a kin caregiver to transitioning the family to community-based supports); and three federally mandated outcomes for children (i.e., child safety, well-being, and permanency). (Author abstract)

http://partnersforourchildren.org/sites/default/files/publications/2011. collabora ting_with_kinship_caregivers.pdf

Barriers to Kinship Care in Virginia: Final Report of the Virginia Commission on Youth to the Governor and the Virginia General Assembly.

Virginia Commission on Youth. (2011).

This report discusses findings from a study that assessed barriers to kinship care placement in Virginia, as well as challenges which impact kinship care, including policies, training, and funding. Virginia's barrier crime laws were also reviewed and compared to federal requirements to determine how they impact kinship care placements. The study included a literature review on the role and benefits of kinship care and best practices, a review of federal legislation and statutes, a work group of representatives from the impacted groups, a review of Virginia laws and regulations, an analysis of Virginia practices and data, an investigation of other States' barrier crime statutes, and an assessment of the perceptions of the constituents. Findings indicate children in kinship care achieve permanency at higher rates, experience better placement stability, and have shorter lengths of stay. Visitation with birth parents and siblings is more frequent and placement with siblings is more likely. Despite its successes, however, attitudes about kinship care are not always positive. Recommendations for improving access to kinship care are offered and include

the creation of a Kinship Care Navigator to disseminate information to relative caregivers regarding available social service programs and benefits, the implementation of the Custody Assistance Program, and an annual review of barrier crimes impacting the licensure of foster or adoptive parents. A slide presentation on kinship care is attached.

http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/RD172012/\$file/RD17.pdf

Relative Caregiving: What You Need to Know.

DHS-Pub-114. Michigan. Dept. of Human Services. Michigan State University. Kinship Care Resource Center. (2011).

Intended for kinship caregivers in Michigan, this guide provides basic information about the Michigan child welfare system and resources that are available to help relative caregivers. The guide addresses: reasons for the involvement of Children's Protective Services, the foster care system, the benefits of relative care, assistance and financial resources that available to help relative caregivers, requirements for becoming a licensed relative foster parent, the licensing process, financial assistance that is available during the licensing process, Family Independence Program payments, applying for food assistance, medical care for the child, expectations of kinship caregivers, the role of foster care workers, permanent living arrangement options of a child, the difference between adoption and guardianship, financial assistance for the child if the child is adopted or the caregiver become the legal guardian, and the court process. A flow chart is included that explains a child's journey through the child welfare system. A list of support organizations is included.

http://michigan.gov/documents/dhs/DHS-Pub-114_346655_7.pdf

Kinship/Relative Care

Related Organizations ListChild Welfare Information Gateway (2011).

Organizations that provide information and resources for kinship and relative care providers.

http://www.childwelfare.gov/pubs/reslist/rl_dsp.cfm?subjlD=238&rate_chno=W-00061

http://www.childwelfare.gov/pubs/reslist/printer_friendly.cfm?subjlD=238&rate_c hno=W-00061

Kinship Care and the Fostering Connections to Success and Increasing Adoptions Act of 2008: A Web-based Toolkit.

National Resource Center for Permanency and Family Connections. (2011).

This toolkit discusses the critical kinship care practices addressed in the Fostering Connections Act: notice to relatives, foster care licensing standards, placement with siblings, and family connections grants. It provides information and links to resources on each of these topics. The toolkit is accompanied by an organizational self study on kinship care, which can be used to review kinship care policies and practices through the lens of the Fostering Connections Act. http://www.nrcpfc.org/toolkit/kinship/

Ensuring High Quality Kinship Care in Wisconsin.

Children's Rights. (2011).

The state of Wisconsin recently launched a new effort to license and train relatives following a legislative change in 2009 requiring relatives caring for foster youth to apply for a foster home license. This report evaluates the implementation of this new policy shift in Wisconsin, and offers specific recommendations that would help ensure that foster youth living with relatives are just as safe as those living with unrelated foster parents. The report finds that while Wisconsin has taken important steps to improve the safety of foster youth living with relatives -- and to bolster support for the family members willing to step up and care for them -- the state must improve its data tracking system and other licensing policies and practices to ensure that the changes it has made are actually improving the lives of the children and families it serves. The change in policy and state law was catalyzed in part by the 2009 death of 13-month-old Christopher Thomas in the home of an unlicensed relative -- a notorious case that raised serious concerns that children placed in unlicensed foster homes with relatives were not receiving the same protections, support, and services as children in the care of licensed foster parents. According to the report, DCF has started implementing this new relative licensing requirement, and taken steps to better safeguard children and support relatives. Thanks to these changes, foster children placed with licensed relatives in Wisconsin are more likely be protected; more likely to see their caseworkers regularly; and more likely to get the medical, mental health, and educational services they need. However, the report notes a number of areas where the new system could be improved: (1) If a relative refuses to be licensed, require a determination from the family court that the child in foster care can continue to safely live with that relative; (2) Increase all payments to foster parents and licensed relatives to align with the actual costs of raising children; (3) Require comprehensive training for all relative caregivers and develop and implement new training for caseworkers specifically focused on relatives caring for foster children; (4) Take steps to further ensure that child

welfare staff is accurately entering data in a timely manner; (5) Enhance the state child welfare data system to ensure all information about relative caregivers is readily available and use that information to evaluate the implementation and performance of the new "levels of care" licensing system; and (6) Comprehensively review any and all disparities in practices between kinship and non-kinship foster care. (Author abstract) http://www.childrensrights.org/wp-content/uploads//2011/03/2011-03-07 ensuring high quality kinship care for wisconsin children final.pdf

'It is the Story of All of Us': Learning from Aboriginal Communities About Supporting Family Connection.

Family Links: **Kinship Care** and Family Contact Research Series; Report #2. Kiraly, Meredith. Humphreys, Cathy. Child Safety Commissioner (Australia) University of Melbourne. (2011).

This report discusses findings from a research project that explored the longerterm support of kinship care arrangements in Australia and sought to improve children's well-being by encouraging greater attention to family connections. This particular study explored the experiences of Aborginal kinship caregivers and compared their experiences with mainstream kinship caregivers. A survey of caregivers was conducted that investigated their experience of children's contact with their family members, as well as focus groups and interviews with children and young people parents, kinship carers, and kinship support workers. A total of 430 questionnaires were completed, and 16% of the 694 children for whom survey data was available were Aboriginal and/or Torres Strait Islanders, a total of 109 children. Thirteen people participated in the consultations: 11 were Aboriginal and other two had Aboriginal family. Findings indicate: the Aboriginal caregivers were on average older, more likely to be single, and caring for both larger numbers of children and a greater proportion of young children, many difficulties with parental contact were mentioned by respondents who were caring for indigenous children and some carers felt that there was insufficient support for contact visits, almost all indigenous caregivers felt that children in their care were growing up with an active understanding of their culture; and carers felt they lacked information about entitlements, financial assistance, counseling, and information about responding to trauma. The impact of the history of the Stolen Generations is discussed, as well as financial barriers to family contact, program standards and policy for both mainstream and Aboriginal kinship care services, and casework skills. Key pointers to good practice in Aboriginal kinship care are also provided. 32 references. http://www.ccyp.vic.gov.au/childsafetycommissioner/downloads/kinshipcare/973-kinship-care-report-aboriginal-kinship.pdf

Health Outcomes and Family Services in Kinship Care: Analysis of a National Sample of Children in the Child Welfare System.

Sakai, Christina. Lin, Hua. Flores, Glenn. University of Texas Southwestern Medical Center. (2011). Archives of Pediatrics and Adolescent Medicine 165 (2) p. 159-165.

Objectives To comprehensively assess family services, health, and health care outcomes for US children in kinship care vs foster care. Design: A 3-year prospective cohort study. Setting: National Survey of Child and Adolescent Well-Being. Participants: The sample consisted of 1308 US children entering out-ofhome care following reported maltreatment. Main Exposure: Kinship care vs foster care. Main Outcome Measures: Baseline caregivers' support services and the children's behavioral, mental health, and health service use outcomes 3 years after placement. Results: Kinship caregivers were more likely than foster caregivers to have a low socioeconomic status but reported significantly fewer support services (caregiver subsidies, parent training, peer support, and respite care). Kinship care was associated with a lower risk ratio (RR) of continuing behavioral problems (RR = 0.59; 95% confidence interval [CI], 0.41-0.80), low social skills (RR = 0.61; 95% CI, 0.40-0.87), mental health therapy use (RR = 0.45; 95% CI, 0.27-0.73), and psychotropic medication use (RR = 0.46; 95% CI, 0.24-0.82) but higher risk of substance use (RR = 1.88; 95% CI, 0.92-3.20) and pregnancy (RR = 4.78; 95% CI, 1.07-17.11). Conclusions: Kinship caregivers received fewer support services than foster caregivers. Children in kinship care fared better with behavioral and social skills problems, mental health therapy use, and psychotropic medication use. Adolescents in kinship care may be at higher risk for substance use and pregnancy. (Author abstract)

Kinship Care for African American Children: Disproportionate and Disadvantageous (Chapter 3 in Child Maltreatment: A Collection of Readings). Harris, Marian S. Skyles, Ada. (2011).

This article highlights the individual and systemic practices that perpetuate the overuse of and reliance on kinship care, and emphasizes family reunification as the preferred permanency plan for African American children in the child welfare system. The number and proportion of African American children entering the child welfare system and receiving kinship foster care is discussed and illustrate the overuse of kinship care. Numerous references.

'Look at it From the Parent's View as Well': Messages About Good Practice From Parents of Children in Kinship Care.

Family Links: Kinship Care and Family Contact Research Series; Report #3. Kiraly, Meredith. Humphreys, Cathy. Child Safety Commissioner (Australia) University of Melbourne. (2011).

This report discusses findings from a research project that explored longer-term support of kinship care arrangements in Australia and sought to improve children's well-being by encouraging greater attention to family connections. This particular study explored how current child protection policy and practice in family contact work form the perspectives of the parent with children in kinship care, supervision of family contact that is needed, the importance of parentchild connection when children are separated in care, and how family contact can best be supported to improve family relationships. Twenty parents were interviewed that were between 25 and 40, 15 of whom had had child protection involvement in their families. Findings indicate that despite whatever family tension and conflict it may entail, parents overwhelminally preferred their children to remain within the family rather than go into care, as they see the alternatives; many parents felt remorse for the suffering of their children and other family caused by their own difficulties; many of these parents appeared unlikely to resume full care of their children, however, all the parents interviewed expressed interest in their children and keenness to maintain contact; and contact that is supervised in Departmental buildings was strongly disliked. When asked about support, parents said they needed a good relationship with their key worker, counseling services, and specific help for their children. 50 references.

http://www.ccyp.vic.gov.au/childsafetycommissioner/downloads/kinship-care/973-kinship-care-report-parents-view.pdf

Child-Parent Psychotherapy with Traumatized Young Children in Kinship Care: Adaptation of an Evidence-Based Intervention (In: Clinical Work with Traumatized Young Children).

Van Horn, Patricia. Gray, Lili. Pettinelli, Beth. Estassi, Natalia. (2011).

Theoretical underpinnings of child-parent psychotherapy (CPP) are explained, as well as the traumatic circumstances that result in infants and young children being placed in foster care, the strengths and vulnerabilities specific to kinship foster care, and how CPP can be adopted best to serve children in these surrogate caregiving relationships. Case examples are provided. 34 references. (Author abstract modified)

'They Need That Connection': Kinship Carers and Support Staff Speak About Contact Between Children and Their Families.

Family Links: **Kinship Care** and Family Contact Research Series; Report #4. Kiraly, Meredith. Humphreys, Cathy. Hoadley, David. Child Safety Commissioner (Australia) University of Melbourne. (2011).

This report discusses findings from a research project that explored longer-term support of kinship care arrangements in Australia and sought to improve children's well-being by encouraging greater attention to family connections. This particular study explored family contact for children in kinship care as seen by their caregivers and kinship care support workers. Findings are shared from a survey of 430 carers, as well as a series of focus groups and interviews that included 70 kinship carers and 30 support staff. Results indicate contact with family members in kinship care was generally frequent and diverse, and most children had contact with a range of family members on a regular or semiregular basis. Over two-thirds had contact with their mother, and nearly half with their father. For just over half the children, contact with their mother was seen to be going well, and to be in their best interests. For the rest of the children, however, there were seen to be difficulties and many caregivers felt that contact was only sometimes in the children's best interests, or not at all. Caregivers also described a range of services that make a difference in managing parental contact. Most often they wanted good casework support that included mediation and counseling, and access to supervised contact centers. Results from the indigenous caregivers who responded to the survey found most felt that the children in their care were growing up with knowledge of their family and culture; however, two-thirds of indigenous caregivers were not aware of the children's Cultural Support Plans. Key pointers for supporting children's contact with their families are discussed. 28 references. http://www.ccyp.vic.gov.au/childsafetycommissioner/downloads/kinshipcare/kinship-care-report-04-they-need-that-connection.pdf

Kinship Care and Communication: Family Portraits Project "Helping Teens to Tell their Stories."

Dunifon, Rachel. DiSciullo, Emi. Cornell University. Dept. of Policy Analysis and Management. (2011).

The challenge of promoting open communication between grandparents and teens in kinship placements is discussed and strategies are described for implementing a successful Family Portraits Project to support the development of positive communication and strengthen family dynamics. The Family Portraits Project is a 6-10 session series using art, writing, photography, and computer technology to develop a personal family book. The project aims to provide youth in kinship care with a safe, fun, and educational way to explore their

family dynamics and history while improving communication with their caregivers. It focuses on the creative process of storytelling as a vehicle for self-expression. Group discussions during each session provide opportunities for connecting with peers while take-home prompts allow for storytelling and intentional information gathering at home. Through this process, each participant creates an individual book to take home and share with their family and friends. Goals of the project are explained, as well as steps for implementing the project. 2 references.

http://www.human.cornell.edu/pam/outreach/parenting/research/upload/Kinship-care-and-communication-1.pdf

A Typology of Kinship Foster Families: Latent Class and Exploratory Analyses of Kinship Family Structure and Household Composition.

Zinn, Andrew. (2010). Children and Youth Services Review 32 (3) p. 325-337.

Using a combination of survey and administrative data describing 458 public kinship foster family placements in Illinois, this study uses latent class analysis to develop a typology of kinship foster families based on indicators of family structure and household composition. Kinship family types are then compared on other kinship family characteristics. Results of the latent class analysis suggest that the kinship family population in Illinois consists of at least 4 distinct subpopulations, whose defining attributes include the number and age of coresident, non-foster children and the way in which kinship parents are related to the foster children in their care. Comparisons of these subpopulations suggest statistically significant differences with respect to several kinship family characteristics, including perceived fostering competence. Implications for kinship family scholarship, policy, and practice are discussed. (Author abstract)

Kinship Foster Care for Relatives Caring for Children in CPS Custody. ACY-1081APAMPD Arizona Department of Economic Security. Division of

Children, Youth and Families. (2010).

This guide is designed to assist Arizona relatives who are providing kinship care to children who have been removed from their homes. It answers questions that address: kinship foster care, the role of Child Protective Services (CPS) and the CPS Specialist, requirements of a kinship caregiver, paperwork for becoming a kinship foster caregiver, background checks, the CPS visit and home study, deciding to become a licensed kinship foster parent and the requirements, waivers for licensing standards, financial support for kinship care, medical and dental care that is available for the children, expectations of kinship caregivers, the CPS case plan, long-term kinship care, and legal guardianship and adoption.

https://www.azdes.gov/InternetFiles/Pamphlets/pdf/ACY-1081APAMPD.pdf

Permanency Outcomes of Children in Kinship and Non-Kinship Foster Care: Testing the External Validity of Kinship Effects.

Koh, Eun. (2010). Children and Youth Services Review 32 (3) p. 389-398.

The study investigates the permanency outcomes of children in kinship foster homes in comparison to children in non-kinship foster homes. To examine whether the effects of kinship placements are generalizable across states, the study utilizes the Adoption and Foster Care Analysis and Reporting System (AFCARS) data obtained for five states that participated in the Fostering Court Improvement project: Arizona, Connecticut, Missouri, Ohio, and Tennessee. The study also addresses the issue of selection biases with the use of propensity score matching (PSM) methods. A partially longitudinal file was created from the states' AFCARS 6-month submissions from March 2000 to September 2005. The PSM method created the matched samples of the study, balancing the mean covariates between kin and non-kin children.

Analyses of survival times were conducted to investigate the permanency outcomes of children in kinship and non-kinship foster homes, using unmatched and matched samples. In the study, permanency outcomes include legal permanence and placement stability. The study finds that the direction and the size of kinship effects vary across the states with respect to the outcome of legal permanence, but positive advantages of kinship placements are reported for placement stability in all five states. Implications of the findings for practice and policy are discussed. (Author abstract)

"Nobody Knows Me No More": Experiences of Loss Among African American Adolescents in Kinship and Non-Kinship Foster Care Placements.

Schwartz, Ann E. Concordia University Texas. (2010). Race and Social Problems 2 (1) 31-49.

Youth in out-of-home care confront numerous disruptions in relationships and social environments, but how they experience such disruptions and their perception of these changes as losses has received little attention in the research literature. Furthermore, the increased use of kinship foster care raises questions regarding the effect of such placements on children's experience of loss. Due to the overrepresentation of African American children in both the child welfare system and in kinship placements, race is a central variable in understanding the kinship care context and how it impacts loss. Using interview data from 18 African American adolescents in kinship and non-kinship placements, qualitative findings are presented regarding differences in relational and locational disruptions and in perceptions of those disruptions. Compared to non-kinship participants, adolescents in kinship placements experienced fewer disruptions in relationships and location and also

experienced the restoration of losses as well as outright relational gains in entering their relative placements. Implications for policy, practice, and research are also discussed. (Author abstract)

Practice Principles for the Recruitment and Retention of Kinship, Foster and Adoptive Families for Siblings.

AdoptUSKids. (2010).

Effective recruitment of families for siblings is driven and supported by an attitude of abundance regarding the availability of families to keep siblings together. This includes having a belief that kinship, foster and adoptive families are willing to step forward to assist the agency in keeping siblings together. The following principles -- which grow out of, and align with, these attitudes -- are offered to frame an agency's recruitment and retention practices related to siblings. (Author abstract)

Kinship Foster Care and the Risk of Juvenile Delinquency.

Ryan, Joseph P. Hong, Jun Sung. Herz, Denise. Hernandez, Pedro M. (2010). Children and Youth Services Review 32 (12) p. 1823-1830.

Formal kinship care represents the placement of a maltreated or otherwise vulnerable youth in the care and protection of a known relative or adult with a recognized kin bond. The practice of identifying and utilizing kin placements in child welfare has significantly increased over the last two decades. In part, the increased use of kinship care reflects the priorities, preferences, and mechanisms specified in federal legislation. A fairly broad literature demonstrates the value of kin homes in child welfare. Yet significant gaps in the understanding of kin homes remain, especially with regard to youth outcomes across allied service systems. In the current study we use administrative records from a large urban county and propensity score matching to investigate the relationship between kinship care placements in child welfare and the risk of delinquency. The sample (n = 13,396) is diverse and our design is longitudinal in that we follow youth through child welfare and juvenile systems for several years. The results indicate that the relative risk of delinquency is significantly greater for African American and white male adolescents served in kin homes. For Hispanic males and Hispanic females, kin homes are associated with a decreased likelihood of delinguency. There is no kin placement effect associated with African American or white females. (Author abstract)

Indicators of Quality in Kinship Foster Care.

Falconnier, Lydia A. Tomasello, Nicole M. Doueck, Howard J. Wells, Susan J. Luckey, Heather. Agathen, Jean M. (2010). Families in Society: The Journal of Contemporary Social Services 91 (4) p. 415-420.

Kinship care for at-risk children is an increasingly popular alternative to traditional foster care. Despite the rationale for such placements, questions remain about the quality of kinship care compared to other foster placement alternatives and about how to evaluate its quality. The purpose of this study was twofold: a review of the literature to explore the characteristics of children and caregivers in kinship homes, and an examination of existing tools for measuring kinship care quality. A total of 25 predictive, correlational, qualitative, and meta-analytic research studies were reviewed. Children in kinship care were found to experience unique circumstances that should be considered when developing a comprehensive instrument for measuring quality of kinship care. Development should include collaboration among kinship care stakeholders in order to address the unique real-life circumstances of both caregivers and their kin. (Author abstract)

Federal Tax Benefits: Foster, Adoptive Parents and Kinship Caregivers, 2009 Tax Year.

National Foster Parent Association. (2010).

This guide explains basic rules and offers tips on ways that foster and adoptive parents and kinship caregivers can claim deductions and credit available to them.

http://www.nfpaonline.org/Resources/Documents/Tax/NFPA 2009 Federal Tax Benefits.pdf

Tools for Working with Kinship Caregivers.

Dougherty, Susan. National Resource Center for Permanency and Family Connections. (2010).

This resource lists training materials that can be used for kinship caregivers (5 resources), assessment tools (2 resources), handbooks for caregivers (4 resources), relevant websites (4 resources), and additional print materials (3 resources). Information is provided on each resource, along with websites for accessing the material.

http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/Tools%20for%20Working%20with%20Kinship%20Caregivers.pdf

Addressing Kinship Care in Virginia: Stock Presentation.

Children's Services Systems Transformation (Va.). (2010).

This presentation explains the benefits of kinship care for children in Virginia and reports steps Virginia is taking to increase the placement of children with relative caregivers. Virginia is reported as last in the nation in the use of kinship care with only 4.6% of placements with kin, and information is provided on: the challenges of kinship care policy and practice; positive child welfare outcomes with kinship care; and provisions in the Fostering Connections to Success and Increasing Adoptions Act to support efforts to provide kinship caregivers with monetary assistance, modify licensing requirements to increase the availability of licensed foster family homes with relatives, notify relatives, and keep siblings together. The federal Family Connection Grants Program is also described, and federal support for providing services to older adopted youth is discussed. The final part of the presentation identifies four goals that Virginia will address to promote kinship care and lists kinship care resources.

[Oregon Foster Family Home Study]: Oregon Administrative Ruled. Chapter 413, Department of Human Services, Children, Adults and Families Division: Child Welfare Programs. Certification Standards for Foster Parents, Relative Caregivers and Pre-Adoptive Parents. Or. Admin. R. 413-200-0301 (2010).

Oregon. Laws, Statutes, etc. (2010).

These rules apply to any individual requesting a Certificate of Approval, any individual who has a current Certificate of Approval, or any individual who is requesting re-certification to provide immediate, temporary, or permanent care for a child or young adult in the care or custody of the Department. The individual may be an adult related to the child, an unrelated adult with an existing relationship to the child, or an adult unrelated and unknown to the child.

The Effects of Kinship Care on Adult Mental Health Outcomes of Alumni of Foster Care.

Fechter-Leggett, Molly O. O'Brien, Kirk. (2010). Children and Youth Services Review 32 (2) p. 206-213.

Kinship foster care is emerging into the dominant preferred placement type for out-of-home care, exceeding traditional foster care and group care. The push towards kinship foster care has brought up questions as to whether kinship foster care can better provide for the short- and long-term emotional needs of children in care. This study examined the effects of kinship foster care on adult mental health outcomes of former foster children. Data were drawn from the Casey National Alumni Study and included case record data on 1582 alumni and interviews of 1068 alumni. The adjusted response rate was 73%. Logistic

regression was used to compare several patterns of placements in kinship care and their impact on mental health functioning in the year prior to interview. Results indicated that long-term kinship care alone does not result in more positive adult mental health as measured by ten specific mental health outcomes when demographics, risk factors, and foster care experiences were controlled. However, a variety of other in-care factors were identified that were associated to positive mental health functioning. (Author abstract)

Vermont's Grassroots Perspective on Kinship.

Granger, Lynn. New England Association of Child Welfare Commissioners and Directors. Vermont Kin As Parents. (2010). Common Ground (New England Association of Child Welfare Commissioners and Directors) 25 (1) p. 1, 5.

This article highlights the efforts of the Vermont Kin As Parents (VKAP) program, an initiative committed to supporting relatives who are raising children and educating the public and community partners about the joys and difficulties these families experience. Services provided by VKAP are described, as well as its support for State legislation implementing subsidized guardianship.

Engaging and Supporting Relative Caregivers.

North Carolina. Division of Social Services. North Carolina Family and Children's Resource Program. (2010). Children's Services Practice Notes 16 (1) p. 1-9.

Intended for child welfare workers in North Carolina, this brief discusses strategies for engaging and supporting relative caregivers. It begins by citing statistics that highlight the benefits of kinship care over nonrelative foster care and then offers practical suggestions for meeting policy and legal standards for searching for and giving adequate notice to extended family when children enter foster care in North Carolina. A following section discusses promoting practices for overcoming hurdles to supporting kinship caregivers, including connecting relative caregivers to services, preparing kinship caregivers, and providing kin caregivers with information about assistance programs and eligibility. A kinship caregiver benefits checklist is provided, as well as a list of tips for kinship caregivers. 21 references.

http://www.practicenotes.org/v16n1.htm
http://www.practicenotes.org/v16n1/cspnv16n1.pdf

Public Care and Kinship Care (chapter in The Wellbeing of Children in Care: A New Approach for Improving Developmental Outcomes).

Owusu-bempah, Kwame. University of Leicester, UK. (2010).

The dichotomy between formal and informal kinship foster care is explored as well as the implications of this dichotomy for the children and families involved. Definitions of kinship care, reasons for kinship care, legal and policy issues in kinship care, and research findings on kinship care in the United Kingdom and Spain are shared.

Advocating for Children in Foster and Kinship Care: A Guide to Getting the Best out of the System for Foster Parents, Relative Caregivers, and Practitioners. Rosenwald, Mitchell. Riley, Beth N. Barry University. (2010).

This book offers strategies for effectively advocating for youth in foster and kinship care, paying special attention to the consequences of the trauma youth may experience. Advocacy must be consistent throughout a child's assignment and adjustment, and this text teaches practitioners the best methods for assessing a family's abilities and level of commitment, while guiding families through the various challenges of the foster care system. Part one details the important steps that potential foster parents and kinship caregivers should consider, with the assistance of practitioners, when contemplating caring for youth. Part two addresses advocacy within service providers, such as family court, social service agencies, schools, and the medical and mental health establishments. Part three describes lobbying for agency and legislative change, as well as change within a given community. Case examples ground recommendations in concrete contexts, and an entire chapter discusses how to broker a successful partnership between practitioners, families, and other disciplinary teams. (Author abstract)

Understanding Birthparent Involvement in Kinship Families: Influencing Factors and the Importance of Placement Arrangement. Green, Yolanda R. Goodman, Catherine C. (2010). Children and Youth Services Review 32 (10) p. 1357-1364.

Birthparent involvement within informal and formal kinship families is examined using cross-sectional data from a National Institute on Aging funded survey of 351 custodial grandmothers. Specifically the research addressed two questions: What are the patterns of parental involvement in kinship families? What contextual and family factors are related to parental involvement in kinship families? Using cluster analysis, three distinct subgroups of birthparents were identified: those with high involvement (30%); moderate involvement (35%), and low birthparent involvement (35%). Study results indicated that birthparents were twice as likely to be in the high involvement subgroup compared to the

moderate and low subgroups if there was an informal kinship arrangement; and they were 39% more likely when there was a closer relationship between the grandmother and birthparent. Implications for professionals working to improve this relationship when possible are discussed. (Author abstract)

A Typology of Kinship Foster Families: Latent Class and Exploratory Analyses of Kinship Family Structure and Household Composition. Zinn, Andrew. (2010). Children and Youth Services Review 32 (3) p. 325-337.

Using a combination of survey and administrative data describing 458 public kinship foster family placements in Illinois, this study uses latent class analysis to develop a typology of kinship foster families based on indicators of family structure and household composition. Kinship family types are then compared on other kinship family characteristics. Results of the latent class analysis suggest that the kinship family population in Illinois consists of at least 4 distinct subpopulations, whose defining attributes include the number and age of coresident, non-foster children and the way in which kinship parents are related to the foster children in their care. Comparisons of these subpopulations suggest statistically significant differences with respect to several kinship family characteristics, including perceived fostering competence. Implications for kinship family scholarship, policy, and practice are discussed. (Author abstract)

In the Interests of the Child: Kinship Care (chapter in The Wellbeing of Children in Care: A New Approach for Improving Developmental Outcomes). Owusubempah, Kwame. University of Leicester, UK. (2010).

The disadvantages and advantages of kinship placement are discussed, as well as theoretical perspectives of kinship placement. The relationship between the theory of socio-genealogical connectedness and kinship care is explained and it is concluded that in kinship placement children are socialized by and feel connected to their kin and their hereditary roots.

Kinship Caregivers and the Child Welfare System

Factsheet for Families Child Welfare Information Gateway. (2010).

Informal and formal kinship care arrangements help to ensure stability and protection for children within their extended family. This fact sheet describes the benefits of kinship care as a child protection alternative and examines the agency's responsibility for the placement. The placement decision-making process, what to expect from the child welfare service and court system, and financial support, available services, and permanency planning are discussed. Questions for new kin caregivers to ask and a list of additional references are provided.

http://www.childwelfare.gov/pubs/f_kinshi/index.cfm http://www.childwelfare.gov/pubs/f_kinshi/f kinshi.pdf

Kinship Care in New York: Keeping Families Together: 2010 Kinship Summit Report.

New York State Kincare Coalition. (2010). Sponsoring Organization: New York Life Foundation. AARP Foundation.

This report explains the cost benefits of informal kinship care for children and youth involved in child welfare services in New York State. Information is provided that indicates the average costs of one child placed in regular foster care is \$21,535, and \$6,490 per child in informal kinship care, a cost difference of \$15,045. The report states that if the Office of Children and Family Services kinship programs are not funded, an estimated 475 children will leave informal kinship care and enter foster care during FY 2011-12, at an increased costs between \$23,545,570 (for all foster care placements) or \$7,146,375 (compared to regular foster parent care). Facts on kinship care in New York are listed and it is concluded that public assistance and kinship services provide a cost effective alternative to foster care.

http://www.cccaregivers.org/Kinship-Cost-Benefit-2010.pdf

'I Made Some Mistakes . . . But I Love Them Dearly' The Views of Parents of Children in Informal Kinship Care.

Gleeson, James P. Seryak, Claire M. (2010). Child and Family Social Work 15 (1) p. 87-96.

In-depth semi-structured interviews with 30 parents of children living with relatives in informal kinship care arrangements revealed the parents' views of the reasons for the informal kinship care arrangements, quality of their relationships with the children and their caregivers, their current and future roles in their children's lives, feelings experienced when with and away from the children, positive and negative aspects of kinship care, future goals and dreams for their children, and their assessments of their own strengths and challenges. Results of these interviews suggest several implications for social work practice and research. (Author abstract)

Let's Help Caregivers and Children in Informal Kinship Care: De Facto Custodian Legislation.

Gibson, Priscilla A. Singh, Shweta. University of Minnesota. (2010). *Child Welfare* 89 (3) p. 79-97

Caregivers in informal kinship care encounter numerous difficulties when lacking a legal relationship with the children in their care. The de facto custodian

guardianship, a concept that is relatively unknown in social work, provides an additional legal option to caregivers by allowing them to present their caregiving history during custody hearings. This article introduces the significance of the de facto concept and provides detailed information on its components and limitations. Recommendations are forwarded for social education and practice.

Knowing Limits: Finding the Right Match Between the Children in Care and the Foster Parents and Kinship Caregivers. (Chapter 2 in Advocating for Children in Foster and Kinship Care: A Guide to Getting the Best out of the System for Foster Parents, Relative Caregivers, and Practitioners.)

Rosenwald, Mitchell. Riley, Beth N. Barry University. (2010).

Strategies for determining the type and level of fostering to provide are discussed, as well as strategies for assessing fostering preferences, identifying comfort level with fostering children with major medical needs, and determining comfort level with fostering children with mental health needs. Steps for considering the needs of the children, analyzing the context in which foster care is going to be provided, developing a fostering plan, and implementing the plan are addressed. Discussion questions are included. 3 tables.

Advocacy in Interdisciplinary Teams. (Chapter 7 in Advocating for Children in Foster and Kinship Care: A Guide to Getting the Best out of the System for Foster Parents, Relative Caregivers, and Practitioners.)

Rosenwald, Mitchell. Riley, Beth N. Barry University. (2010).

This chapter discusses how the multidisciplinary team can help parents with the complex challenges of advocating for youth in foster and kinship care. It explores how foster parents, kinship parents, and practitioners can effectively advocate for children by being members of interdisciplinary teams and addresses potential obstacles to maximum team functioning. Additionally, it examines the important skills of collaboratively evaluating children's progress as a vital aspect of teamwork. Discussion questions are included. 1 figure and 5 tables. (Author abstract modified)

The Emotional Journey of Relative Care Giving.

Tip Sheets: Quick References for Parents. Adoption Resources of Wisconsin. Foster Care and Adoption Resource Center (Wis.). (2010).

This tip sheet acknowledges the difficulties faced by relative caregivers when a child is placed in their home and the emotional ups and downs they may experience. Feelings of comfort, pride, patience, inspiration, encouragement, happiness, love, compassion, and hope are identified, as well as emotional lows

such as fear, anger, guilt, sacrifice, loss and disappointment, frustration, sadness, confusion, embarrassment, and isolation. Relative caregivers are urged to recognize that the behaviors of the biological parent are not necessarily a reflection on them and to contact a local support group or counselor if they need help. A list of resources is provided.

http://wiadopt.org/Portals/WIAdopt/Tipsheets/TakingCare/Emotions.pdf

Public Care versus Kinship Care: Psychosocial Developmental Outcomes (chapter in The Wellbeing of Children in Care: A New Approach for Improving Developmental Outcomes).

Owusu-bempah, Kwame. University of Leicester, UK. (2010).

This chapter discusses negative developmental outcomes for children associated with the public care system and presents the new theory of sociogenealogical connectedness. This theory proposes that a sense of sociogenealogical connectedness is an essential factor in children's adjustment to separation and forms the basis of their emotional and mental health.

Kinship Caregivers in the Child Welfare System.

National Survey of Child and Adolescent Well-Being Research Brief; No. 15. National Data Archive on Child Abuse and Neglect. United States. Administration for Children and Families. Office of Planning, Research and Evaluation. (2010).

This research brief examines the parenting provided by kinship caregivers to children 10 years old or younger who have been involved in investigations of child maltreatment; it addresses the following questions: (1) What characterizes families headed by kinship caregivers? How do these characteristics compare with those of families headed by nonkin foster caregivers? (2) What characterizes the kinship caregivers' neighborhoods? How do these characteristics compare with those of nonkin foster caregivers' neighborhoods? and (3) What characteristics generally define parenting by kinship caregivers? How do these characteristics compare with the parenting characteristics of nonkin foster caregivers? (Author abstract)

http://www.acf.hhs.gov/programs/opre/resource/national-survey-of-child-and-adolescent-well-being-no-15-kinship-caregivers
http://www.acf.hhs.gov/sites/default/files/opre/rb_15_2col.pdf

Kinship Care: The History of a Name.

Pasztor, Eileen Mayers. California State University, Long Beach. (2010). Fostering Families Today p. 20.

This article explains that the term "kinship care" derived from Carol Stack's book "All Our Kin: Strategies for Survival in a Black Community," and was first used in a publication by the Child Welfare League of America in 1991 to describe relative care for children in foster care.

http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/download/Kinship %20Care_Best%20Interest%20for%20Children%202010.pdf

Quality Kinship Care: An Evolving Practice.

Miller, Jennifer. New England Association of Child Welfare Commissioners and Directors. (2010). Common Ground (New England Association of Child Welfare Commissioners and Directors) 25 (1) p. 2, 22.

Provisions in the Fostering Connections to Success and Increasing Adoptions Act to promote the successful use of kinship care are reviewed, and trends are discussed that relate to the identification and notification of relatives, educating caregivers about their options, and embracing the unique nature of kinship care as an important source of support for child welfare involved families.

Kinship Navigators: The New Child Welfare System.

Wallace, Gerard. New England Association of Child Welfare Commissioners and Directors. (2010). Common Ground (New England Association of Child Welfare Commissioners and Directors) 25 (1) p. 3.

This article discusses the inclusion of funding for kinship navigators in the Fostering Connections to Success and Increasing Adoptions Act of 2008, the awarding of 24 federal grants, and services that are being provided through the grants. Services include information and referral systems, intensive family finding efforts, family group decision-making conferencing, and residential family treatment.

Mental Health Needs in Kinship Care Should Be a Priority.

Point of View. Friedman, Michael B. Columbia University. (2010). Mental Health News 12 (4) p. 6 (journal).

This brief discusses the mental health challenges faced by children and adolescents in kinship care and shares recommendations from a workgroup on mental health convened in 2009 and 2010 by the AARP and the New York State Kin Caregiver Coalition. Reasons why kin caregivers provide care are reviewed, as well as difficulties such caregivers have in accessing mental health services. Steps that can be taken to improve access in New York State are described and

include: make kinship care a policy priority, improve the mental health and substance abuse systems, support current efforts to integrate physical and mental health services, focus on mental health promotion, and confront the issue of the relevance of mental disorders to child protection. Specific proposals are made for each step.

http://www.mhnews.org/back_issues/MHN-Fall2010.pdf#zoom=100 http://www.michaelbfriedman.com/mbf/images/stories/mental_health_policy/K INSHIP_MENTAL_HEALTH_NEEDS_Print_Friendly.doc.pdf

A Resource Guide for Kinship Caregivers in Arkansas: What Every Grandparent or Relative Caregiver Needs to Know, When a Parent is Arrested, Incapacitated, or Involved in a Dependency-Neglect Proceeding. 5th Ed.

Arkansas Voices for the Children Left Behind. (2010).

Designed for kinship caregivers in Arkansas, this resource guide provides relative caregivers with information for caring for children separated from their parents. It begins with suggestions from other relative caregivers on caring for children in distress and providing discipline, and describing services provided by Arkansas Voices for the Children Left Behind, Inc., an organization dedicated to justice for children left behind. Information is then provided on the following topics: school enrollment, Medicaid, Supplemental Security Income, Social Security Disabilities, and Temporary Employment Assistance. Eligibility requirements for each program and guidelines for applying are reviewed. Additional information is provided on juvenile court dependency/neglect proceedings, kinship foster care, guardianship, power of attorney, adoption, the Families in Need of Services program, State laws governing relative caregivers, behavior management tips, and transitional issues for relative caregivers. Finally, phone numbers are listed for county agencies.

http://www.arkansasvoices.org/uploads/1/4/9/2/14920838/handbook_for_kinship_caregivers.pdf

Kinship Care/Grandparents Raising Grandchildren

Related Organizations List Child Welfare Information Gateway. (2010).

This resource listing provides the contact information of selected organizations that offer information on kinship care. Each entry includes a brief description of the function of the organization, mailing address, telephone and fax number, email address, and web address.

Annotated reference list provided by Child Welfare Information Gateway www.childwelfare.gov.

Appendix D: Additional References Pertaining to Kinship Care

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