Kinship Care
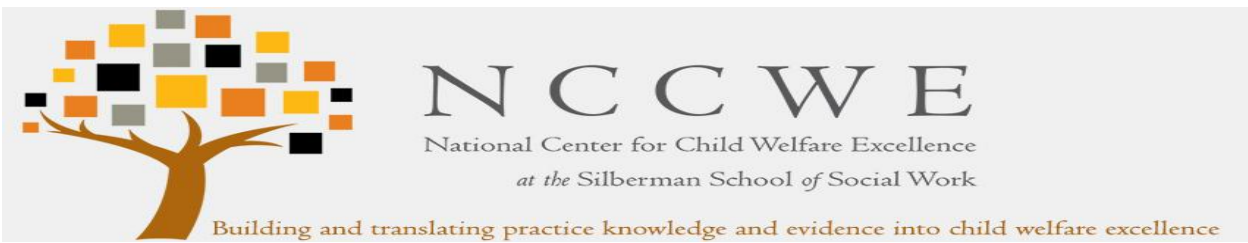
**Assessing Adult Relatives as Preferred
Caretakers in Permanency Planning:
A Competency-Based Curriculum**

Participant Handouts

NCCWE

National Center for Child Welfare Excellence
at the Silberman School *of* Social Work

Building and translating practice knowledge and evidence into child welfare excellence

Participant Handouts

Modules 1–6

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Introduction

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

Competencies and Learning Objectives

Module One: Kinship Care—History and Current Trends
Understand 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.
- Increase understanding of effective permanency planning.

Module Two: The Impact of Culture
Know and understand 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 and record answers on a flip chart.
- Identify strategies for balancing personal views with professional responsibilities towards cultural competence.

Module Three: Engaging Families
Know how 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
Know and understand 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 FSE Lessons Learned.

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

Module Six: Family Support Plans
Know how to develop an individualized support plan based on caregiver needs assessment.

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

Module One: Kinship Care—History and Current Trends

Competency
Understand 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.
- Increase understanding of effective permanency planning.

Handouts
- Handout 1.1: National Trends—Children in Placement
- Handout 1.2: Timeline of Major Federal Legislation
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Handout 1.1

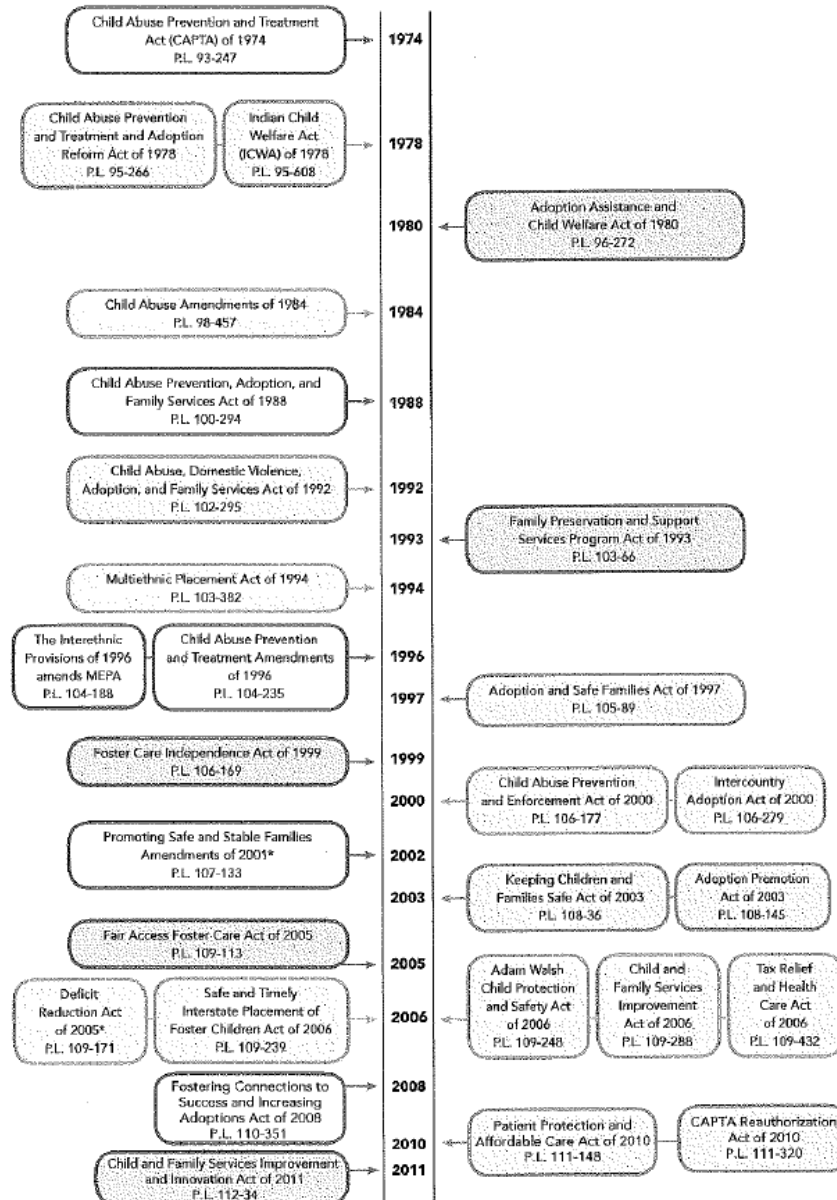### National Trends—Children in Placement

US Department of Health and Human Services. (2013) The AFCARS Report: Preliminary FY 2012 Estimates as of June 2013(20). Retrieved July 2013 from http://www.acf.hhs.gov/programs/cb/stats research/afcars/tar/report18.htm.

- As of 2011 there were 400,540 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

Handout 1.2

Timeline of Major Federal Legislation

Timeline of Major Federal Legislation Concerned With Child Protection, Child Welfare, and Adoption

	Year	
Child Abuse Prevention and Treatment Act (CAPTA) of 1974 P.L. 93-247	**1974**	
Child Abuse Prevention and Treatment and Adoption Reform Act of 1978 P.L. 95-266 • Indian Child Welfare Act (ICWA) of 1978 P.L. 95-608	**1978**	
	1980	Adoption Assistance and Child Welfare Act of 1980 P.L. 96-272
Child Abuse Amendments of 1984 P.L. 98-457	**1984**	
Child Abuse Prevention, Adoption, and Family Services Act of 1988 P.L. 100-294	**1988**	
Child Abuse, Domestic Violence, Adoption, and Family Services Act of 1992 P.L. 102-295	**1992**	
	1993	Family Preservation and Support Services Program Act of 1993 P.L. 103-66
Multiethnic Placement Act of 1994 P.L. 103-382	**1994**	
The Interethnic Provisions of 1996 amends MEPA P.L. 104-188 • Child Abuse Prevention and Treatment Amendments of 1996 P.L. 104-235	**1996**	
	1997	Adoption and Safe Families Act of 1997 P.L. 105-89
Foster Care Independence Act of 1999 P.L. 106-169	**1999**	
	2000	Child Abuse Prevention and Enforcement Act of 2000 P.L. 106-177 • Intercountry Adoption Act of 2000 P.L. 106-279
Promoting Safe and Stable Families Amendments of 2001* P.L. 107-133	**2002**	
	2003	Keeping Children and Families Safe Act of 2003 P.L. 108-36 • Adoption Promotion Act of 2003 P.L. 108-145
Fair Access Foster Care Act of 2005 P.L. 109-113	**2005**	
Deficit Reduction Act of 2005* P.L. 109-171 • Safe and Timely Interstate Placement of Foster Children Act of 2006 P.L. 109-239	**2006**	Adam Walsh Child Protection and Safety Act of 2006 P.L. 109-248 • Child and Family Services Improvement Act of 2006 P.L. 109-288 • Tax Relief and Health Care Act of 2006 P.L. 109-432
Fostering Connections to Success and Increasing Adoptions Act of 2008 P.L. 110-351	**2008**	
	2010	Patient Protection and Affordable Care Act of 2010 P.L. 111-148 • CAPTA Reauthorization Act of 2010 P.L. 111-320
Child and Family Services Improvement and Innovation Act of 2011 P.L. 112-34	**2011**	

*Some acts were enacted the year following their introduction in Congress.

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, goal-oriented 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

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

Module Two: The Impact of Culture

Competency

Know and understand 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 and record answers on a flip chart.
- Identify strategies for balancing personal views with professional responsibilities towards cultural competence.

Handouts

- Handout 2.1: My Personal Journey
- Handout 2.2: Culture—Defining Culture, Cultural Competence and Cultural Competence Continuum
- Handout 2.3: Starting Where the Client Is

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?

   _____

   _____

   _____

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.

Handout 2.2

Culture—Defining Culture, Cultural Competence and Cultural Competence Continuum

Cultural Competence Continuum
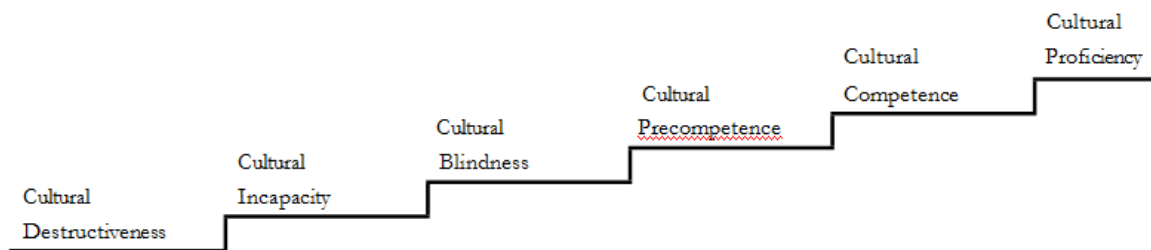
(Adapted from Cross, Terry L.; Brazen, Barbara J.; Dennis, Karl W.; Isaacs, Mareasa R., *Towards a Culturally Competent System of Care: A Monograph on Effective Services for Minority Children Who Are Severely Emotionally Disturbed*. CASSP Technical Assistance Center, Georgetown University, 1989, by Drenda 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.

Handout 2.2

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.

Cultural Precompetence

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.

Handout 2.2

**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

Handout 2.3

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.)

Handout 2.3

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.

Handout 2.3

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.

Module Three: Engaging Families

Competency
Know how 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.

Handouts
- Handout 3.1: Strategies for Conveying Respect
- Handout 3.2: Strategies for Conveying Empathy
- Handout 3.3: Strategies for Conveying Genuineness
- 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

Handout 3.1

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.

Handout 3.2

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.

Handout 3.3

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.

Handout 3.4

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.

Handout 3.5

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.

Handout 3.6

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.

Handout 3.6

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.

Module Four: Family Search and Engagement

Competency

Know and understand 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 FSE Lessons Learned.

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

Handout 4.5: Family Engagement Tips

Handout 4.1

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.

Handout 4.1

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 in-
depth 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.

Handout 4.1

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)

Handout 4.1

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.

Handout 4.1

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/ .

Handout 4.1

Automated Search Resources

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.

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 web-based 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.

Handout 4.1

Automated Search Resources

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.

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

Handout 4.1

Automated Search Resources

Subscription Sites

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.
- Relavint™… 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.

Handout 4.1

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)

Handout 4.1

Automated Search Resources

<u>Other Sources</u>

- Local Assessors Office/Assessors records
- Child Support Enforcement
- Local/State Resources
    - o Financial Services Case File
    - o Family Services Case File
    - o Statewide Medicaid System
    - o Local Automated Welfare System
    - o 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)

Handout 4.2

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

Handout 4.2

Sample Search Results—Accurint

Note: The Department of Public Welfare, Office of Children, Youth and Families wants individuals to know that the LexisNexis application for government agencies does NOT qualify authorized users to access Social Security Numbers for child welfare practice purposes. However, if authorized users already have the Social Security Number, this information may be used in the search process.

Sample Accurint Report:

On the following pages, you will see a sample Accurint Report. Please note that on the following pages identifying information (last names, full addresses, phone numbers, and lender information) has been blacked out. The purpose of seeing the sample is to reveal to you the variety of information you might receive and to discuss how it could be used.

Handout 4.2

Sample Search Results—Accurint

Comprehensive Report   Page 1 of 11

Important: The Public Records and commercially available data sources used on reports have errors. Data is sometimes entered poorly, processed incorrectly and is generally not free from defect. This system should not be relied upon as definitively accurate. Before relying on any data this system supplies, it should be independently verified. For Secretary of State documents, the following data is for information purposes only and is not an official record. Certified copies may be obtained from that individual state's Department of State.

Accurint does not constitute a "consumer report" as that term is defined in the federal Fair Credit Reporting Act, 15 USC 1681 et seq. (FCRA). Accordingly, Accurint may not be used in whole or in part as a factor in determining eligibility for credit, insurance, employment or another permissible purpose under the FCRA.

Your DPPA Permissible Use : No Permissible Purpose
Your GLBA Permissible Use : Transactions Authorized by Consumer

Comprehensive Report

Comprehensive Report
Date: 10/15/09

Report Legend:
💲 - Shared Address
🅳 - Deceased
✔ - Probable Current Address

Report processed by:
Accurint for Government Sales Demo Account
6601 Park of Commerce Boulevard
Boca Raton, FL 334878247
561-999-4400 Main Phone

Subject Information	**AKAs**	**Indicators**
(Best Information for Subject)	(Names Associated with Subject)	

Subject Information
Name: RICHARD A ▇
Date of Birth: 7/xx/1958
Age: 51
SSN: 273-62-xxxx issued in Ohio
between 1/1/1973 and 12/31/1973
View All SSN Sources

AKAs
RICHARD ALAN ▇
 DOB: 7/1958 Age: 51 SSN: 273-62-xxxx
RICHARD ▇
 DOB: 7/xx/1958 Age: 51 SSN: 273-62-xxxx
RICHARD C ▇
 DOB: 7/xx/1958 Age: 51 SSN: 273-62-xxxx

Indicators
Bankruptcy: No
Property: Yes
Corporate Affiliations: No

Address Summary

✔ ▇ WAY, ▇ NJ ▇ COUNTY (Jun 1992 - Oct 2009)
Phone at address: ▇ K G & RICHARD A
                          ▇ RICHARD
Neighborhood Profile (2000 Census)
Average Age: 35   Median Household Income: $70,898   Median Home Value: $143,300   Average Years of Education: 15

▇ WAY, ▇ NJ ▇ COUNTY (May 2002)
Phone at address: ▇ TOMOR
Neighborhood Profile (2000 Census)
Average Age: 35   Median Household Income: $70,898   Median Home Value: $143,300   Average Years of Education: 15

▇ RD, AMBLER PA 19002-3425, MONTGOMERY COUNTY (Oct 1986 - Dec 1991)
Phone at address: ▇ D A
Neighborhood Profile (2000 Census)
Average Age: 40   Median Household Income: $53,917   Median Home Value: $120,700   Average Years of Education: 12

▇ APT B, ▇ NJ ▇ COUNTY (Jan 1990 - Jan 1991)
Neighborhood Profile (2000 Census)
Average Age: 37   Median Household Income: $70,458   Median Home Value: $158,100   Average Years of Education: 15

▇ ABA, ▇ NJ ▇ COUNTY (Apr 1990)
Neighborhood Profile (2000 Census)

Handout 4.2

Sample Search Results—Accurint

Comprehensive Report   Page 2 of 11

Average Age:37   Median Household Income: $79,452   Median Home Value: $206,600   Average Years of
Education: 14

███████RD, ████████NJ ██████████COUNTY (Jul 1989)
Neighborhood Profile (2000 Census)
Average Age:39   Median Household Income: $40,653   Median Home Value: $67,600   Average Years of Education:
14

██████ST, ██████PA 1██████████COUNTY (Dec 1985 - Apr 1986)
Phone at address: ████████ RUSSELL
Neighborhood Profile (2000 Census)
Average Age:39   Median Household Income: $32,037   Median Home Value: $77,600   Average Years of Education:
14

██████ST, ██████PA 1██████████COUNTY (Nov 1985 - Apr 1986)
Neighborhood Profile (2000 Census)
Average Age:39   Median Household Income: $32,037   Median Home Value: $77,600   Average Years of Education:
14

Others Associated With Subjects SSN:
(DOES NOT usually indicate any type of fraud or deception)
   {None Found]

Comprehensive Report Summary: (Click on Link to see detail)

Bankruptcies:
   None Found
Liens and Judgments:
   None Found
UCC Filings:
   None Found
Phones Plus:
   None Found
People at Work:
   None Found
Address(es) Found:
   1 Verified and 7 Non-Verified Found
Possible Properties Owned:
   2 Found
FAA Certifications:
   None Found
FAA Aircrafts:
   None Found
Possible Criminal Records:
   None Found
Sexual Offenses:
   None Found
Florida Accidents:
   None Found
Professional Licenses:
   None Found
Voter Registration:
   2 Found
Hunting/Fishing Permit:
   None Found
Concealed Weapons Permit:
   None Found
Possible Associates:
   1 Found
Possible Relatives:
   1st Degree - 1 Found
   2nd Degree - 4 Found
   3rd Degree - 2 Found
Neighbors:
   1st Neighborhood - 6 Found

Bankruptcies:

[None Found]

Handout 4.2

Sample Search Results—Accurint

Comprehensive Report   Page 3 of 11

Liens and Judgments:

[None Found]

UCC Filings:
[None Found]

Phones Plus(s):
[None Found]

People at Work:

[None Found]

Address Summary: View All Address Variation Sources

✔ WAY,	NJ	COUNTY (Jun 1992 - Oct 2009)
WAY,	NJ	COUNTY (May 2002)
RD,	PA	COUNTY (Oct 1986 - Dec 1991)
APT B,	NJ	COUNTY (Jan 1990 - Jan 1991)
,	NJ	(Apr 1990)
RD,	NJ	(Jul 1989)
ST,	PA	(Dec 1985 - Apr 1986)
ST,	PA	(Nov 1985 - Apr 1986)

Active Address(es):   View All Address Variation Sources

✔ WAY,   NJ   (Jun 1992 - Oct 2009)

Name Associated with Address:
RICHARD A

Current Residents at Address:
RICHARD A
KATHRYN G

Current phones listed at this address:
K G & RICHARD A

RICHARD

Property Ownership Information for this Address
Property:
Parcel Number -
Name Owner : RICHARD
Property Address: - WAY, NJ COUNTY
Data Source - A

Neighborhood Profile (2000 Census)
Average Age: 35
Median Household Income: $70,898
Median Owner Occupied Home Value: $143,300
Average Years of Education: 15

Previous And Non-Verified Address(es):   View All Address Variation Sources

, NJ COUNTY (May 2002)

Name Associated with Address:
RICHARD A

Current Residents at Address:

TOMOR
GANI
TOMOR

Property Ownership Information for this Address
Property:
Parcel Number -
Book - 5871
Page - 527
Name Owner TOMOR
Name Owner 2 KUJTIME
Property Address: - WAY, NJ COUNTY

Handout 4.2

Sample Search Results—Accurint

Comprehensive Report   Page 4 of 11

Owner Address: ███████WAY, ███████ NJ ███████COUNTY
Land Usage - SFR
Total Market Value - $186,000
Assessed Value - $186,000
Land Value - $60,000
Improvement Value - $126,000
Land Size - 6,600 Square Feet
Year Built - 1992
Name of Seller : ███████ NINA S
Loan Amount - $176,250
Loan Type - CONVENTIONAL
Lender Name - ███████
Data Source - A

Neighborhood Profile (2000 Census)
Average Age: 35
Median Household Income: $70,898
Median Owner Occupied Home Value: $143,300
Average Years of Education: 15

███████ RD, ███████PA ███████COUNTY (Oct 1986 - Dec 1991)
Name Associated with Address:
RICHARD A ███████
Current Residents at Address:
DONNA ALLYSON ███████
DELIA B ███████ D A

Property Ownership Information for this Address
Property:
Parcel Number - ███████
Book - 5063
Page - 1678
Name Owner : ███████ WARREN R
Name Owner 2: ███████ DONNA A
Property Address: - ███████RD, ███████PA ███████COUNTY
Owner Address: ███████RD, ███████PA ███████COUNTY
Land Usage - SFR
Assessed Value - $133,650
Land Size - 8,220 Square Feet
Year Built - 1962
Name of Seller : ███████LINDA M & ███████LISA
Loan Amount - $114,000
Loan Type - CONVENTIONAL
Lender Name - ███████
Data Source - A

Neighborhood Profile (2000 Census)
Average Age: 40
Median Household Income: $53,917
Median Owner Occupied Home Value: $120,700
Average Years of Education: 12

███████APT B, ███████ NJ ███████COUNTY (Jan 1990 - Jan 1991)
Name Associated with Address:
RICHARD ALAN ███████
Neighborhood Profile (2000 Census)
Average Age: 37
Median Household Income: $70,458
Median Owner Occupied Home Value: $158,100
Average Years of Education: 15

███████ABA,███████ NJ ███████ COUNTY (Apr 1990)
Name Associated with Address:
RICHARD A ███████

Neighborhood Profile (2000 Census)
Average Age: 37
Median Household Income: $79,452
Median Owner Occupied Home Value: $206,600
Average Years of Education: 14

███████RD, ███████NJ ███████COUNTY (Jul 1989)
Name Associated with Address:
RICHARD A ███████
Current Residents at Address:
BARATHWAJ ███████

Handout 4.2

Sample Search Results—Accurint

Comprehensive Report   Page 5 of 11

Neighborhood Profile (2000 Census)
    Average Age: 39
    Median Household Income: $40,653
    Median Owner Occupied Home Value: $67,600
    Average Years of Education: 14

        ST,   PA   COUNTY (Dec 1985 - Apr 1986)
Name Associated with Address:
    RICHARD A
Current Residents at Address:
    PAUL T
    RUSSELL H   JR
                RUSSELL

Property Ownership Information for this Address
    Property:
        Parcel Number -
        Book - 189
        Page - 605
        Name Owner   RUSSELL H JR
        Property Address: -   ST,   PA   COUNTY
        Owner Address: ST,   PA   COUNTY
        Land Usage - SFR
        Total Market Value - $62,000
        Assessed Value - $19,840
        Land Size - 1,548 Square Feet
        Year Built - 1900
        Name of Seller :   DANIEL A & TERRY G
        Loan Amount - $79,400
        Loan Type - CONVENTIONAL
        Lender Name -
        Data Source - A
Neighborhood Profile (2000 Census)
    Average Age: 39
    Median Household Income: $32,037
    Median Owner Occupied Home Value: $77,600
    Average Years of Education: 14

        ST,   PA   COUNTY (Nov 1985 - Apr 1986)
Name Associated with Address:
    RICHARD A
Neighborhood Profile (2000 Census)
    Average Age: 39
    Median Household Income: $32,037
    Median Owner Occupied Home Value: $77,600
    Average Years of Education: 14

Possible Properties Owned by Subject:

    Property:
        Parcel Number -
        Book - 4378
        Page - 19
        Name Owner :   RICHARD A
        Name Owner 2:   KATHRYN G
        Property Address: -   WAY,   NJ   COUNTY
        Owner Address: WAY,   NJ   COUNTY
        Land Usage - SFR
        Total Market Value - $182,900
        Assessed Value - $182,900
        Land Value - $60,000
        Improvement Value - $122,900
        Land Size - 6,600 Square Feet
        Year Built - 1992
        Name of Seller :
        Data Source - A

    Property:
        Parcel Number -
        Book - 8448
        Page - 989
        Name Owner :   RICHARD
        Property Address: -   WAY,   NJ   COUNTY
        Sale Date - 05/06/2002
        Loan Amount - $192,000

Handout 4.2

Sample Search Results—Accurint

Comprehensive Report   Page 6 of 11

Loan Type - CONVENTIONAL
Data Source - A

FAA Certifications:
[None Found]

FAA Aircrafts:
[None Found]

Possible Criminal Records:
[None Found]

Sexual Offenses:
[None Found]

Florida Accidents:
[None Found]

Professional License(s):
[None Found]

Voter Registration:
Name: RICHARD A█
Address:█████WAY,█████████ NJ ███
DOB: 7/xx/1958
Gender: Male
Last Vote Date: 11/2/2004
Political Party: NONE DECLARED
State of Registration: New Jersey

Name: RICHARD████████
DOB: 7/xx/1958
Gender: Male
Last Vote Date: 11/1/2002
Political Party: NONE DECLARED
State of Registration: New Jersey

Hunting/Fishing Permit:
[None Found]

Concealed Weapons Permit:
[None Found]

Possible Associates:
GERALD A█████ DOB: 6/xx/1958 Age: 51
115-54-xxxx issued in New York between 1/1/1974 and 12/31/1975
    Names Associated with Associate:
    GERALD A█████ DOB: 6/xx/1958 Age: 51
    115-54-xxxx issued in New York between 1/1/1974 and 12/31/1975
    GERLD A█████ DOB: 6/xx/1958 Age: 51
    115-54-xxxx issued in New York between 1/1/1974 and 12/31/1975
    JERRY█████ DOB: 6/xx/1958 Age: 51
    115-54-xxxx issued in New York between 1/1/1974 and 12/31/1975
    Previous And Non-Verified Address(es):
    █████ NW,████ VA ████████ COUNTY (Jul 1998 - Aug 2009)
    █████ NW,████ VA ████████ COUNTY (Dec 2004 - Jul 2005)
    █████ VA ████ COUNTY (Dec 1989 - Nov 2004)
    █████ RT 1,████ VA ████ COUNTY (Jul 1998)
    RR 1 BOX████ VA ████ COUNTY (Dec 1993 - Jan 1995)
    PO BOX████ VA ████ COUNTY (Jul 1991)
    ████ TR 4,████ VA ████████ COUNTY (May 1989)
    █████ ST,████ PA ████ COUNTY (Nov 1987)
    █████ APT 4,████ VA ████████ COUNTY (Jan 1982 -
Nov 1987)

Handout 4.2

Sample Search Results—Accurint

Comprehensive Report   Page 7 of 11

S████████ ST, ████████ PA ████████COUNTY (Jan 1982 - Apr 1986)

Possible Relative Summary: (Click on name to link to more details within this report - No Charge)

```
> KATHRYN G ████████, Age 47
  >> KATHRYN J ████████ - (AKA), Age 47
  >> KATHRYN J ████████ (AKA), Age 47
  >> CAROL E ████████, Age 49
    >>> CAROL G ████████ - (AKA), Age 49
    >>> CAROL G ████████ - (AKA), Age 49
    >>> CAROL A ████████AKA), Age 49
    >>> CAROLE E ████████ - (AKA), Age 49
    >>> G A ████████, Age 50
      >>>> GREGORY A ████████AKA), Age 50
      >>>> GREGORY A ████████ - (AKA), Age 50
  >> D VINCENT F ████████, Age 84
    >>> D VINCENT F ████████ - (AKA), Age 84
  >> ELLEN M ████████Age 52
  >> D JEAN T ████████, Age 83
    >>> JEAN T ████████
```

Possible Relatives:

KATHRYN G ████████DOB: 8/xx/1962 Age: 47
   138-68-xxxx issued in New Jersey between 1/1/1978 and 12/31/1980
Names Associated with Relative:
KATHRYN J ████████DOB: 8/xx/1962 Age: 47
   138-68-xxxx issued in New Jersey between 1/1/1978 and 12/31/1980
KATHRYN J ████████DOB: 8/xx/1962 Age: 47
   138-68-xxxx issued in New Jersey between 1/1/1978 and 12/31/1980
Active Address(es):
S ✓ ████████WAY, ████████ NJ ████████COUNTY (Jun 1992 - Aug 2009)
   Current Residents at Address:
   RICHARD A ████████
   KATHRYN G ████████
Current phones listed at this address:
████████K G & RICHARD A
████████RICHARD

Previous And Non-Verified Address(es):
S ████████WAY, ████████ NJ ████████ COUNTY (May 2002 - Jun 2009)
   Current Residents at Address:
   TOMOR████████
   GANI████████
   ████████HAME████████

████████ DR, ████████ NJ ████████COUNTY (Oct 1980 - Jun 2001)
   Current Residents at Address:
   MAUREEN K ████████
   CRAIG R ████████
S ████████APT B, ████████ NJ ████████COUNTY (Dec 1992 - Jan 1995)
   ████████NJ ████████COUNTY (Oct 1980 - Feb 1993)

Possible Relative:
CAROL E ████████ DOB: 12/xx/1959 Age: 49
   141-62-xxxx issued in New Jersey between 1/1/1976 and 12/31/1976
   Names Associated with Relative:
   CAROL G ████████ DOB: 12/xx/1959 Age: 49
      141-62-xxxx issued in New Jersey between 1/1/1976 and 12/31/1976
   CAROL G ████████ DOB: 12/xx/1959 Age: 49
      199-50-xxxx issued in Pennsylvania between 1/1/1973 and 12/31/1974
   CAROL A ████████DOB: 12/xx/1959 Age: 49
      141-62-xxxx issued in New Jersey between 1/1/1976 and 12/31/1976
   CAROLE E ████████ DOB: 12/xx/1959 Age: 49
      141-62-xxxx issued in New Jersey between 1/1/1976 and 12/31/1976
   Active Address(es):

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Sample Search Results—Accurint

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CIR, ▮▮▮ PA ▮▮▮ COUNTY (Jan 1993 -
Aug 2009)
Current Residents at Address:
CAROL E ▮▮▮
G A ▮▮▮
Current phones listed at this address:
▮▮▮ GREGORY A

▮▮▮ GREEN

Previous And Non-Verified Address(es):
▮▮▮ DR, ▮▮▮ PA ▮▮▮ COUNTY (Aug 1999 - 2009)

▮▮▮ DR, ▮▮▮ PA ▮▮▮ COUNTY (Oct 1979 - Jun 2000)
Current Residents at Address:
STEPHANIE S ▮▮▮
FRANKLIN P ▮▮▮
▮▮▮ DR, ▮▮▮ NJ ▮▮▮ COUNTY (Oct 1979 - Dec 1992)
Current Residents at Address:
MAUREEN K ▮▮▮
CRAIG R ▮▮▮
▮▮▮ DR, ▮▮▮ NJ ▮▮▮ COUNTY (Nov 1989)

▮▮▮ DR, ▮▮▮ PA ▮▮▮ COUNTY (Oct 1989)
▮▮▮ APT 119, ▮▮▮ CA ▮▮▮ COUNTY (Nov 1980 -
Feb 1987)
PO BOX, ▮▮▮ PA ▮▮▮ COUNTY (Oct 1979)
PO BOX APT, ▮▮▮ PA ▮▮▮ COUNTY

Possible Relative:
G A ▮▮▮ DOB: 5/xx/1959 Age: 50
199-50-xxxx issued in Pennsylvania between 1/1/1973 and 12/31/1974
Names Associated with Relative:
GREGORY A ▮▮▮ DOB: 5/xx/1959 Age: 50
199-50-xxxx issued in Pennsylvania between 1/1/1973 and 12/31/1974
GREGORY A ▮▮▮ DOB: 5/xx/1959 Age: 50
199-50-xxxx issued in Pennsylvania between 1/1/1973 and 12/31/1974
Active Address(es):
CIR, ▮▮▮ PA ▮▮▮ COUNTY (Jul 1999 -
Aug 2009)
Current Residents at Address:
CAROL E ▮▮▮
G A ▮▮▮
Current phones listed at this address:
▮▮▮ GREGORY A

▮▮▮ GREEN

Previous And Non-Verified Address(es):
▮▮▮ DR, ▮▮▮ PA ▮▮▮ COUNTY (Aug 1999 -
2009)

▮▮▮ DR, ▮▮▮ PA ▮▮▮ COUNTY (Jan 1993 -
Aug 1999)
Current Residents at Address:
STEPHANIE S ▮▮▮
FRANKLIN P ▮▮▮
▮▮▮ DR, ▮▮▮ NJ ▮▮▮ COUNTY (Oct 1979 -
Jan 1999)
Current Residents at Address:
MAUREEN K ▮▮▮
CRAIG R ▮▮▮

▮▮▮ AVE APT 119, ▮▮▮ CA ▮▮▮ COUNTY
(Jun 1985 - Dec 1992)

Handout 4.2

Sample Search Results—Accurint

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BEACH CA ████ COUNTY (Apr 1988 - Dec 1990)
██ DR, ██ PA ██ COUNTY (Oct 1989)
██ DR, ██ PA ██ COUNTY (Jun 1985)
PO BOX 765, ██ PA ██ COUNTY (May 1985)
██ AVE APT 132, ██ BEACH CA ██ COUNTY
(Oct 1979 - May 1985)

☐ VINCENT F ████ DOB: 11/xx/1924 DOD:8/25/2005 (████ NJ) Age at Death: 80 (Born 84 years ago) - Verified
112-16-xxxx issued in New York between 1/1/1936 and 12/31/1951
Names Associated with Relative:
☐ VINCENT F ████ DOB: 11/xx/1924 DOD:8/25/2005 (████ NJ) Age at Death: 80 (Born 84 years ago) - Verified
117-18-xxxx issued in New York between 1/1/1936 and 12/31/1951
Previous And Non-Verified Address(es):
██ DR, ██ NJ ██ COUNTY (Nov 1992 - Aug 2009)
Current Residents at Address:
MAUREEN K ██
CRAIG R ██
██ LN APT, ██ NJ ██ COUNTY (Nov 2006 - May 2009)
Current Residents at Address:
VINCENT G ██
MAE ██
MARY R ██
WILLIAM G ██

ELLEN M GOERING DOB: 11/xx/1956 Age: 52
145-52-xxxx issued in New Jersey between 1/1/1971 and 12/31/1972
Active Address(es):
✓ ██ WAY APT 203, ██ VA ██ COUNTY
(Feb 2005 - Aug 2009)
Current Residents at Address:
ELLEN M ██
Previous And Non-Verified Address(es):
██ DR, ██ NJ ██ COUNTY (Jan 1983 - May 2006)
Current Residents at Address:
MAUREEN K ██
CRAIG R ██
██ CIR APT 203, ██ VA ██ COUNTY
(Mar 1999 - Feb 2005)

██ CIR, ██ NJ ██ COUNTY (May 1999)
██ CIR APT B, ██ NJ ██ COUNTY (Apr 1989 - May 1999)
Current Residents at Address:
SHELLI FAYE ██
██ SQ UNIT 2009, ██ PA ██ COUNTY (Nov 1998)
██ SQ APT 2009, ██ PA ██ COUNTY (Nov 1998)
██ SQ APT 1806, ██ PA ██ COUNTY (May 1977 - Nov 1998)
██ SQ, ██ PA ██ COUNTY (May 1977 - Nov 1984)

☐ JEAN T ████ DOB: 9/xx/1926 DOD:12/18/2008 (████ NJ) Age at Death: 82 (Born 83 years ago) - Proof
117-18-xxxx issued in New York between 1/1/1936 and 12/31/1951
Previous And Non-Verified Address(es):
██ LN APT 238, ██ NJ ██ COUNTY (Aug 2006 - Aug 2009)
██ DR, ██ NJ ██ COUNTY (Jan 1986 - Aug 2006)
Current Residents at Address:
MAUREEN K ██
CRAIG R ██
██ CT, ██ FL ██ COUNTY (Jun 1997 - Aug 2004)
BEVERLY & LEALAND

Possible Relative:
JEAN T ████ Age:
112-16-xxxx issued in New York between 1/1/1936 and 12/31/1951
Previous And Non-Verified Address(es):

Handout 4.2

Sample Search Results—Accurint

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████████ LN APT 238, ████████ NJ ████████████ COUNTY
(Mar 2006 - Jul 2006)

Neighbors:

Neighborhood:
✔ ████ WAY, ████████ NJ ████████ COUNTY (Jun 1992 - Oct 2009)
  Residents:
  RICHARD A ████████ DOB: 7/xx/1958 Age: 51
    273-62-xxxx issued in Ohio between 1/1/1973 and 12/31/1973
  KATHRYN G ████████ DOB: 8/xx/1962 Age: 47
    138-68-xxxx issued in New Jersey between 1/1/1978 and 12/31/1980
  Current phones listed at this address:
    ████████████ K G & RICHARD A
    ████████████ RICHARD

Address(es):
  ████ WAY, ████████ NJ ████████ COUNTY (Jul 2001 - Aug 2009)
  Residents:
  DENISE A ████████ DOB: 11/xx/1965 Age: 43
    138-74-xxxx issued in New Jersey between 1/1/1982 and 12/31/1983
  BRIAN D ████████ DOB: 11/xx/1971 Age: 37
    136-78-xxxx issued in New Jersey between 1/1/1984 and 12/31/1986
    ████████████ BRIAN

✔ ████ WAY, ████████ NJ ████████ COUNTY (Jul 1998 - Aug 2009)
  Residents:
  CYNTHIA L ████████ DOB: 9/xx/1966 Age: 43
    140-62-xxxx issued in New Jersey between 1/1/1976 and 12/31/1976
  EDWARD A ████████ JR DOB: 8/xx/1963 Age: 46
    149-70-xxxx issued in New Jersey between 1/1/1980 and 12/31/1981
    ████████████ EDWARD A

  ████ WAY, ████████ NJ ████████ COUNTY (May 2002 - Aug 2009)
  JAIMATHIE ████████ DOB: 4/xx/1973 Age: 36
    230-77-xxxx issued in Virginia between 3/3/1997 and 12/1/1997
✔ ████ WAY, ████████ NJ ████████ COUNTY (Apr 1998 - Aug 2009)
  Residents:
  THERESA J ████████ 11/xx/1955 Age: 53
    209-46-xxxx issued in Pennsylvania between 1/1/1971 and 12/31/1973
  JOHN J ████████ 10/xx/1963 Age: 45
    141-68-xxxx issued in New Jersey between 1/1/1978 and 12/31/1980
    ████████████ JOHN

✔ ████ WAY, ████████ NJ ████████ COUNTY (Feb 1992 - Aug 2009)
  Residents:
  NANCY C ████████ DOB: 2/xx/1951 Age: 58
    186-56-xxxx issued in Pennsylvania between 1/1/1976 and 12/31/1977
  GARY DAVID ████████ DOB: 1/xx/1961 Age: 48
    183-50-xxxx issued in Pennsylvania between 1/1/1973 and 12/31/1974
    ████████████ G & N

✔ ████ WAY, ████████ NJ ████████ COUNTY (May 1992 - Aug 2009)
  Residents:
  SHARON W ████ DOB: 3/xx/1963 Age: 46
    137-68-xxxx issued in New Jersey between 1/1/1977 and 12/31/1978
  BARRY Y ████ DOB: 10/xx/1960 Age: 49
    173-54-xxxx issued in Pennsylvania between 1/1/1975 and 12/31/1976

Source Information:
  All Sources   40 Source Document(s)
  Person Locator 1   1 Source Document(s)
  Voter Registrations   2 Source Document(s)
  Phone

Handout 4.2

Sample Search Results—Accurint

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Historical Person Locator	5 Source Document(s)
Person Locator 2	5 Source Document(s)
Deed Transfers	4 Source Document(s)
Tax Assessor Records	7 Source Document(s)
Person Locator 4	15 Source Document(s)
	1 Source Document(s)

Source: University of Pittsburgh School of Social Work, Pennyslvania Child Welfare Resource Center (2010). *Course 207: Family Finding*, Handout 12. Retrieved from
http://www.pacwrc.pitt.edu/Curriculum/207FamilyFindingSeriesD1-2.htm

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.

<u>Please Complete One Sheet For Each Child</u>

Country: _____
County contact person (Name, Email, and phone number):
_____
Case name: _____

<u>Child Information</u>

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: ____

<u>Parent Information</u>

Mother known to agency: yes   no
If so, first name and last initial: _____
Mother's parental rights terminated: yes   no
Mother's whereabouts are known: yes   no
If so, address: _____
Mother is involved/engaging in services: yes   no
Mother's date of birth is known: yes   no
If so, please offer: _____

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: yes   no
If so, please offer: _____

<u>Siblings</u>

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

<u>Permanent Resources</u>

Number of relatives known to the child (Not including parents): ____

Number of child's current lifelong connections: ____

Handout 4.3

Data Mining

<u>Family Engagement</u>
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? _____

<u>Permanency</u>
What is the child's permanency goal? _____

Is the child currently in a permanent placement setting?   yes   no

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

Handout 4.3

Data Mining

Maternal Information	Paternal Information
Maternal Aunt: Name: City, State: Phone:	Paternal Aunt: Name: City, State: Phone:
Maternal Uncle: Name: City, State: Phone:	Paternal Uncle: Name: City, State: Phone:
Maternal Cousin: Name: City, State: Phone:	Paternal Cousin: Name: City, State: Phone:
Maternal Cousin: Name: City, State: Phone:	Paternal Cousin: Name: City, State: Phone:
Neighbor: Name: City, State: Phone:	Friend: Name: City, State: Phone:
Neighbor: Name: City, State: Phone:	Friend: Name: City, State: Phone:
Other: Name: City, State: Phone:	Other: Name: City, State: Phone:
Other: Name: City, State: Phone:	Other: Name: City, State: Phone:

Handout 4.3

Data Mining

Maternal Information	Paternal Information
Other: Name: City, State: Phone:	Other: Name: City, State: Phone:
Other: Name: City, State: Phone:	Other: Name: City, State: Phone:
Other: Name: City, State: Phone:	Other: Name: City, State: Phone:

Current/Former Resource Caregiver: _____

Current/Former Resource Caregiver: _____

Current/Former Resource Caregiver: _____

Current/Former Resource Caregiver: _____

Current/Former Resource Caregiver: _____

Notes

_____
_____
_____
_____
_____
_____

Source: University of Pittsburgh School of Social Work, Pennyslvania Child Welfare Resource Center (2010). *Course 207*: *Family Finding*, Handout 15. Retrieved from http://www.pacwrc.pitt.edu/Curriculum/207FamilyFindingSeriesD1-2.htm

Handout 4.4

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)

Handout 4.4

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.

Handout 4.5

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

<u>Identify Central Family Figures Who Play Following Roles:</u>
- <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.

Module Five: Family Assessment Process

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

Handouts
- Handout 5.1: Stages of the Relative Assessment Process
- Handout 5.2: Full Disclosure
- Handout 5.3: Full Disclosure Checklist
- Handout 5.4: Case Scenario B: Paternal Aunt
- Handout 5.5: Guide to Assess Kin Caregivers
- Handout 5.6: Clinical Issues for Kin Caregivers
- Handout 5.7: Family Study Guide: Assessing Identified Kin Caregivers for Capacity and Motivation to Provide Kinship Care

Handout 5.1

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

Handout 5.2

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

Handout 5.3

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.

Handout 5.4

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.

Handout 5.5

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?

Initial Assessment of Family Interest

(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?

Handout 5.5

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?

Handout 5.6

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

Handout 5.6

Clinical Issues for Kin Caretakers

<u>Child Rearing Practices</u>
- 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

<u>Bonding and Attaching</u>
- Establishing a parent/child relationship instead of a relative/child relationship

<u>Anger and Resentment</u>
- 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

<u>Morbidity and Mortality</u>
- 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

Handout 5.6

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

Handout 5.7

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

Assessment Category: Motivation

Loyalty
- 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.

Handout 5.7

**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.

Anger
- 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.

Handout 5.7

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.

Handout 5.7

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

Household Configuration: Differences Between Relative and Non-Relative 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.

Handout 5.7

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.

Caregivers: The differences Between Relative and Non-Relative Homes
- 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

Handout 5.7

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

Birth Parents' Interaction with the Kinship Family: Differences Between Relative and Non-relative caregivers
- 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.

Birth Parents' Interaction with the Kinship Family: Questions for Relative 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).

Handout 5.7

**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

Handout 5.7

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

Handout 5.7

**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.

The Family's Alternative Permanency Plan: Differences Between Relative and Non-Relative Families:

- 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

<u>The Family's Alternative Permanency Plan: Questions for Relative Assessment</u>
- 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, de-centralized 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.

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

Module Six: Family Support Plans

Competency

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

Objectives

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

Handouts

- Handout 6.1: Typical Questions of Kinship 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 6.5: SMART Goals
- Handout 6.6: Needs Assessment Data Collection and Family Resource Scale

Handout 6.1

Typical Questions of Kinship Caregivers

<u>Taking Responsibility for the Children</u>
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?

Handout 6.1

Typical Questions of Kinship Caregivers

<u>Long-Term Arrangements</u>
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

Handout 6.2

Kinship Caregiver Benefits Checklist

Are relative caregivers and children receiving the support they need?

<u>Cash Benefits</u>

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 grandparents 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 grandparent must be raising the child because the child's parents are deceased or disabled, and the child began living with the grandparent before age 18.

Handout 6.2

Kinship Caregiver Benefits Checklist

<u>Cash Benefits (cont.)</u>

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 grandparents and other 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/

Handout 6.2

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 grandparents and 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.

Handout 6.2

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.

Handout 6.2

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).

Transition Services for Older Teens

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.

Handout 6.3

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.[1] 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.

Handout 6.3

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.

Handout 6.3

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

[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.

Handout 6.4

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.

Instructions: 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 Information
Family Case Name: _____
Family SACWIS Case Id: _____

Kinship Caregiver(s):	SACWIS Provider ID:	SACWIS Person ID:

Kinship Children	SACWIS Person ID:	Living in Home at Part 1	Living in Home at Part 2
		Y/N	Y/N
		Y/N	Y/N
		Y/N	Y/N
		Y/N	Y/N
		Y/N	Y/N
		Y/N	Y/N

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

Handout 6.4

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.

Handout 6.4

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?			

Handout 6.4

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 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 expenses?			
16	Do the caregiver(s) have space for the child(ren)?			
17	Will the child(ren) stay in the same school district?			

Other:

_____
_____
_____
_____
_____
_____
_____

Handout 6.5

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.

Handout 6.5

SMART Goals

Example of a SMART goal:

<u>Goal</u>
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.

Handout 6.6

Needs Assessment Data Collection
and Family Resource Scale

Instructions
There are three sections of the needs assessment data collection tool:

1) 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 helpful when documenting information in the SACWIS.

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.

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

Handout 6.6

Needs Assessment Data Collection
and Family Resource Scale

Needs Assessment Data Collection (cont.)

<u>Family and Child Information</u>
Family Case Name: _____
Family SACWIS Case Id: _____

Kinship Caregiver(s):	SACWIS Provider ID:	SACWIS Person ID:

Kinship Children	SACWIS Person ID:	Others in Home

Handout 6.6

**Needs Assessment Data Collection
and Family Resource Scale**

Needs Assessment—Family Resource Scale

<u>Instructions for Kinship Caregiver:</u>
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)						

Handout 6.6

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
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 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						

Handout 6.6

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

Handout 6.6

Needs Assessment Data Collection
and Family Resource Scale

Needs Assessment Data Collection
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.

Handout 6.6

Needs Assessment Data Collection and Family Resource Scale

Needs Assessment Data Collection (cont.)

Case Service Category	Case Service Type	Notes	Provider if Referred	N/A	Needed	Referred	Schedul	Provided
Home Management	Environmental mgmt							
	Parent aid							
	Other type:							
Legal	Attorney							
	Fees							
	Other type:							
Education/ Training	KCG education/ training*							
	Other type:							
Child Care	Respite**							
	Employment/ training							
	Other type:							
Diagnostic	Diagnostic	Mental health assessments						
	Alcohol/Drug Diagnostic	Substance abuse assessments						
Counseling	In Home*	Mental health therapy/counseling						
	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.

Handout 6.6

Needs Assessment Data Collection
and Family Resource Scale

Kinship Support Plan Template

Name Of Kinship Provider:	
Name of Caseworker:	
Caseworker Contact INFO:	
Family Name/ Case Number:	

Children involved in Plan (Names)	Date of Birth/ Age

___ Initial Plan Date: _____

___ Review/Amend Plan Date: _____

___ Review/Amend Plan Date: _____

Adults Involved in the PLAN/ Signatures

I understand and have helped develop this plan. I agree with this plan and have been provided a copy

Name	Relationship to Child	Signature	Date

Handout 6.6

Needs Assessment Data Collection
and Family Resource Scale

Kinship Support Plan Template (cont.)

What strengths and family/community supports does this family have?

What are the concerns or needs for Family/ Caregiver?	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

Appendices

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Appendix A: Best Practices to Enhance Kinship Practice

Comprehensive Strategic Planning for Kinship Care   **Ohio**
James Lacks   **James.Lacks@jfs.ohio.gov**
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 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   **Tennessee**
John Johnson   **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   **New York**
Gerald Wallace   **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   **Pennsylvania**
Jacki Hoover   **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   **New Jersey**
Colette Tobias   **Colette.Tobias@dcf.state.nj.us**
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   **Pennsylvania**
Sharon Mc Daniel   **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   **California**
Charles Chambers   **cchambers@kinshipcenter.org**
New and strengthened partnerships for resource development has 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   **Ohio**
James Lacks   **James.Lacks@jfs.ohio.gov**
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   **Colorado**
Mary Griffin   **Mary.Griffin@state.co.us**
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, 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=%7BD4CFC596-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_2012-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 no-safety 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 ever-growing 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/Kinship/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/KinshipNavImplmntReportJan2012.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; strengthening 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/SteppingUpforKids2012PolicyReport/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/Kinship-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.cfm
http://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 ancl 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 farnilies 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._collaborating_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 List*Child 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?subjID=238&rate_chno=W-00061
http://www.childwelfare.gov/pubs/reslist/printer_friendly.cfm?subjID=238&rate_chno=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 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 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/kinship-care/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-of-home 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 parent-child 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 overwhelmingly 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 semi-regular 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/kinship-care/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 co-resident, 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 delinquency. 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 co-resident, 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). Owusu-bempah, 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 socio-genealogical connectedness. This theory proposes that a sense of socio-genealogical 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/KINSHIP_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, e-mail 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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