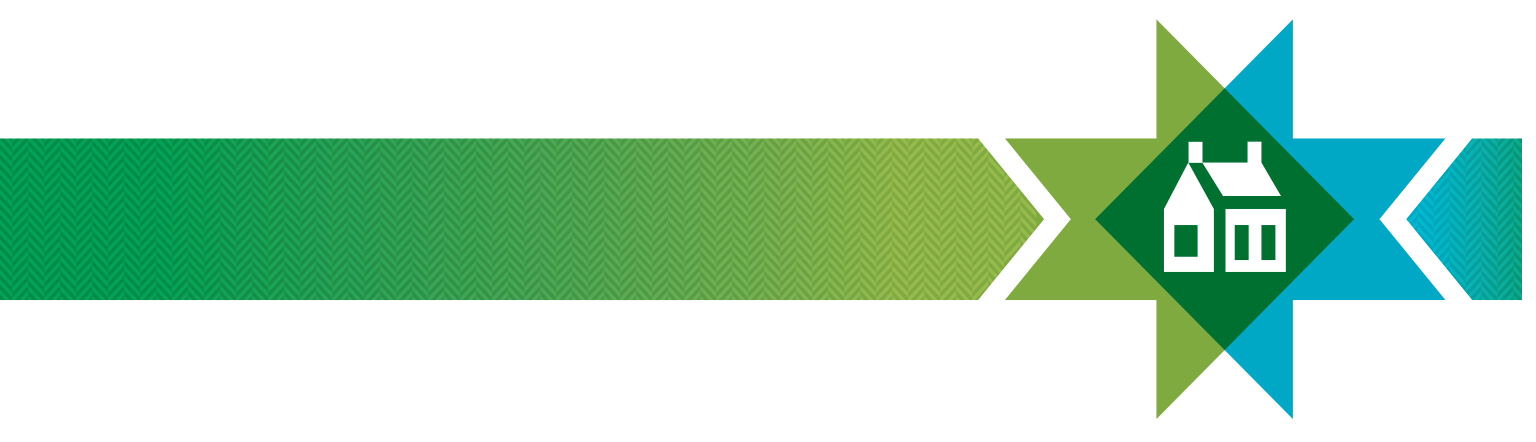
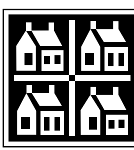
The Kinship Treatment Foster Care Initiative Toolkit



Foster Family-based Treatment Association



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ABOUT THE FOSTER FAMILY-BASED TREATMENT ASSOCIATION (FFTA)

The Foster Family-based Treatment Association's mission is to strengthen agencies that support families caring for vulnerable children. This is carried out through the provision of Program Standards, technical assistance, professional development programs and other resources to help agencies serving children and youth in family-based treatment settings. FFTA's membership is comprised of over 400 agencies that treatment foster care and other family-based treatment services throughout the United States and Canada. For more information, visit **www.ffta.org**.

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Section 1:
THE FFTA KINSHIP TFC INITIATIVE

An Overview of the FFTA Kinship Treatment Foster Care Initiative

FFTA's Kinship Treatment Foster Care (TFC) initiative is designed to promote public-private partnerships to address the social, emotional and behavioral challenges (generally referred throughout this toolkit as "treatment needs") of children in kinship care. The initiative is built on the belief that children in kinship foster care experience more stability and less trauma than children in traditional foster care, but still may have significant treatment needs that should be addressed.

AN OVERVIEW OF THE FFTA KINSHIP TREATMENT FOSTER CARE SUMMITS

In 2014 and early 2015, FFTA sponsored six state and county summits across the country to promote kinship TFC. The summits were held in San Louis Obispo, CA; Tennessee; Ohio; Sacramento, CA; North Carolina; and Georgia. They provided an opportunity for public and private agencies to hear about kinship treatment foster care models in other jurisdictions. They also allowed participants to share information with each other about kinship care and treatment foster care initiatives in their own states and counties. The participants in the summits explored the unique barriers and opportunities to implementing kinship treatment foster care in their jurisdictions and identified next steps to targeting children and families who might benefit from the approach.

Based on the experience with these summits, FFTA has learned that jurisdictions are most successful when the following conditions are in place:

- A strong public-private partnership in which public and private partners are equally involved in planning and execution of the summits;
- Participation by a strong network of providers, as well as state and local child welfare leaders, who believe in kinship care and are committed to meeting the needs of children in kinship placements;
- Partners who want to learn from other jurisdictions, as well as each other, about strategies to implement kinship TFC;
- Partners who are genuinely open to exploring the barriers to implementing kinship TFC in a safe and "non blaming" environment; and
- Partners who are committed to the development of a work plan with concrete next steps for moving closer to a kinship TFC approach.

GOALS AND OBJECTIVES OF THE FFTA KINSHIP TFC SUMMITS

The goal of the FFTA Summits is to create the impetus for a public-private partnerships to plan and implement a strategy that will engage and support kin as treatment foster parents. Specifically, participants in the Summits will have accomplished the following:

- Have an increased understanding of the benefits of TFC and kinship care and the status of kinship care and TFC in their own jurisdictions;
- Created a shared vision and philosophy for a kinship TFC approach;
- Developed a work plan with concrete next steps for moving forward with planning and implementation of kinship TFC; and
- Identified the technical assistance resources and tools needed for successful implementation.

Despite this need, significant barriers exist to meeting the treatment needs of children in kinship treatment foster care, including licensing restrictions, financing structures that do not incentivize kinship treatment foster care, and a system that is designed for traditional foster care, not kinship foster care. The FFTA initiative promotes the TFC model of trauma-informed services, training, case management and 24/7 crisis intervention for children living with kin and aims to remove barriers to meeting the needs of the entire kinship triad.

FFTA believes that ideally, children can have their treatment needs met in kinship settings from the moment they enter foster care. We also recognize, however, that not every agency is structured or financed in a way that can realize this goal from the outset. We promote TFC as a critical resource for children at every point along the child welfare continuum, including:

- Children and youth with significant treatment needs who are already placed with kinship caregivers;
- Children and youth who are at risk of disrupting from their kinship placements due to treatment needs;
- Children and youth in non kin foster care who are disrupting from their placement and can be stabilized in a kinship setting with additional supports, in some cases to prevent a step up into residential treatment or another form of group care; and
- Children and youth with treatment needs who are in group care and can transition into a kinship setting with additional supports to the family.

FFTA's Kinship Philosophy

All children belong in families, preferably their own families. When children cannot safely live with their parents, they should have every opportunity to live safely with relatives or those with whom they have a family-like relationship.

FFTA's Vision for Kinship Treatment Foster Care

Consistent with the philosophy above, FFTA's vision is that all children in out-of-home care with treatment needs can have those needs met by relatives or those with whom they have a family-like relationship, with access to the full array of training, services, and supports available through treatment foster care to help them stay safe, achieve permanency, and thrive.

FFTA Board Resolution on Treatment Foster Care and Kinship Care

WHEREAS, children in out-of-home placement have the right to live safely in families, preferably their own families or those with whom they have a family-like relationship (also known as kinship care); and

WHEREAS, kinship care has positive benefits for children, including greater stability, reducing the trauma of being placed with a family they don't know, and greater emotional, behavioral and physical health outcomes; and

WHEREAS, some children in out-of-home placement need treatment foster care services that provide specialized training, intensive case management, 24/7 crisis support and trauma informed care to families to help children stay safe, thrive and achieve permanency; and

WHEREAS, treatment foster care is a model that is proven to work for children with special emotional, behavioral and physical health care needs; and

WHEREAS, many children in foster care are already placed with kin and could have more favorable outcomes if they had the necessary treatment, and

WHEREAS, many children can transition from residential treatment or group home placement to live with kin and may continue to have treatment needs; and

WHEREAS, some agencies are already integrating treatment foster care in kinship care settings,

THEREFORE LET IT BE RESOLVED THAT:
FFTA will further promote the integration of treatment foster care with kin by:

1. Promoting public-private partnerships that result in a shared responsibility for meeting the treatment needs of children through kinship treatment foster care;
2. Advocating for identification and engagement of kin as the presumptive placement for children whenever possible and when first time placement is not possible, for continuous search and engagement of kin at every step along the continuum of a child's stay in foster care; and
3. Developing a model of kinship treatment foster care that maintains the current high standards of TFC while also recognizing the unique needs of kinship families.

Approved by the FFTA Board of Directors 7/30/13

Public/Private Partnerships for Kinship Treatment Foster Care

PUBLIC AGENCIES

"KIN FIRST" PHILOSOPHY INCLUDES:

- Routine identification of kin creates a connection for the child
- Placement of the child with kin is stabilizing and reduces trauma
- Recognition that some children's social, emotional and behavioral challenges require additional intervention

PRIVATE AGENCIES

TREATMENT MODEL INCLUDES:

- Intensive family based services for children with special needs
- 24/7 family crisis intervention
- Specialized training and education
- Licensing support, if required

BENEFITS OF A PUBLIC/PRIVATE PARTNERSHIP:

- Increase social, emotional and behavioral well being of the child
- Reduce re-entry into foster care
- Prevent the break up of kinship families
- Decrease costs to the system
- Increase family connections for children

STRATEGIES TO OVERCOME BARRIERS TO A PUBLIC/PRIVATE PARTNERSHIP:

- Simplify the licensing process for kin
- Recognize that children in kinship care deserve the same high quality services as children in non-kin care
- Develop referral mechanisms from public to private for kin families
- Consider the treatment needs for children who are diverted from foster care to live with kin
- Assist with family search and engagement

57,000
Children in Group Care Settings
With the right services in place, most of these children can transition straight to family

Annie E. Casey Foundation (2015)

23,000
Children who age out of care every year
These children are missing an opportunity for permanency with kin

AFCARS (2013)

A recent study found
28.4%
of children in kinship care needed mental health services, but only
14%
received them

Chapin Hall (2013)

Making the Case for Treatment with Kinship Families

KEY TALKING POINTS FOR PUBLIC AND PRIVATE PARTNERS

As FFTA members are well aware, kinship care plays a crucial role in the child welfare system. Twenty eight percent of the almost 400,000 children in foster care are in kinship care[1] – that is, living with relatives or someone with whom they have a family-like relationship. Many more children are placed with kin as an alternative to foster care[2] when they can't live safely with their own parents. It is no exaggeration to say that kin are increasingly becoming the backbone of the child welfare system.

Children living with kin have experienced the same trauma as children in non-kin foster care. Yet too often, children in kinship placements do not have access to the same supports that are available to children in traditional foster care. Because of the way that systems are designed and funded, children living with kin both inside and outside the foster care system typically miss out on some of the more intensive services and supports that can make a difference for their future health and well-being, including mental health services for the child, specialized training, caregiver support, services for the parent, and financial assistance.

By providing targeted and time limited interventions with children in kinship families, child welfare agencies can achieve several goals: fewer disruptions, reduced length of stay, improved safety, permanency and well-being, and prevention of more costly or ineffective placements.

This resource offers some key talking points, along with some additional tips from the field, for stakeholders to use when trying to make the case for treatment for children in kinship settings, including those currently in kinship care or those who could be moved to a kinship placement when their current placements are no longer meeting their needs.

1 Automated Foster Care and Adoption Reporting System, 2013

2 Unfortunately, national estimates of the number of children who are placed with kin as an alternative to foster care are not available, but estimates dating back to 2002 suggest that it is at least 4 times as many children in "kinship diversion" as in kinship foster care.

1. **Private agencies have implemented many of the evidence-based and evidence-informed programs and interventions that can lead to well-being for children in kin families.**
    - Treatment foster care is a proven model that works to achieve safety, permanency and well-being for children in foster care; this model of 24/7 crisis intervention, specialized training, and high quality mental and physical health intervention can easily be adopted for children living with kin.
    - Too often, children are referred to private agencies after multiple disruptions in kinship care or other placements. Serving children with specialized needs in kinship placements can prevent disruptions, shorten length of stay, and prevent inappropriate placements.
    - Private agencies can be partners in providing time-limited services and supports to kinship families at any point along the child welfare continuum – to prevent foster care placement, to stabilize children at initial placement into foster

care, as a step-down from residential placement or after other interventions or placements have failed to meet the needs of the child. Private agencies can also help to prepare kin families for legal permanency through adoption or guardianship.

- Like public agencies, private providers face serious challenges to recruiting foster parents. Engaging kin families is one way to address this challenge, while also ensuring that children get the help they need within their family network.

TIP FROM THE FIELD: Many private agencies are accustomed to working with kin on a case-by-case basis, not as a "regular way of doing business." Given that kin families have different needs and different family dynamics than traditional foster parents, it may be helpful to acknowledge how a private agency's treatment and intervention model will be adapted to pave the way for more routine work with kin families. Private agencies working with kin advise others to revise their training models, be more flexible about the standards that kin caregivers must meet to have children placed with them, and build the capacity of their staff to engage kin families in a strengths-based and culturally appropriate way.

2. Child welfare systems face many challenges that can be met through kinship TFC.

- Research shows that children in kinship care do better than children in non kin foster care: they have fewer placements, better behavioral outcomes, and are more likely to be placed with their siblings than children in non kin care.
- Kinship care is an important alternative to group care settings that can be costly and ineffective at providing a therapeutic family-based setting. Children in residential treatment can also successfully step down directly to kinship placements when they are ready to transition to the community, especially when kin are well prepared to meet their needs.
- Children who aren't able to return to their families can achieve permanency through adoption or guardianship by relatives, reducing the chances that they will age out of foster care with no permanent family.
- Kinship care can help child welfare agencies deal with the challenge of recruiting and retaining foster parents, and thus reserve the dedicated pool of existing foster parents for children with no viable kin options.

TIP FROM THE FIELD: It is important to highlight what public child welfare systems are already doing to promote kinship care for children who cannot safely live with their families. The FFTA kinship treatment initiative is about building on that progress to ensure that some kin families can benefit from specialized treatment interventions before it is too late. This initiative is not about doing it better than the public system, but adding value to what they are already doing in the kinship arena.

3. Some children in kinship care do not receive the services and supports they need to thrive.

- A 2013 report by Chapin Hall found that 28.4% of children in kinship care needed mental health services, but only 14.2% received services.
- Frequently when children in kinship care need specialized services and supports they are moved to treatment foster care with families they don't know because there is no mechanism to provide treatment in a kinship setting.
- When kin step forward to care for children who can't live with their parents, many child welfare systems place them with kin as an alternative to foster care and do not open the case for services. As a result, the children are not assessed

at the front end and run the risk of having the placement with kin disrupted. In some cases they then enter the foster care system and experience loss and trauma due to a move that could have been prevented had their needs been identified when they were first separated from their parents.

- Many kinship caregivers are reluctant to ask for help when children exhibit social, emotional and behavioral challenges, typically because they are afraid the children will be removed from their care. Failure to address these needs can be damaging to the child as caregivers become increasingly frustrated and incapable of helping the child address his or her social, emotional, behavioral or medical challenges.

TIP FROM THE FIELD: Not all children in kinship care need specialized interventions that can be provided by private agencies. In making the case for kinship TFC, be sure to emphasize that some kin families will be able to meet the needs of children on their own and only some children will need more specialized interventions to help them thrive. It is critical that front-end assessments of children's needs inform decisions about the provision of kinship treatment foster care.

Checklist for Planning and Implementing a Kinship Treatment Initiative

FFTA members in several states have been actively working with their public agencies to plan and implement kinship treatment initiatives. These initiatives are moving forward for children in foster care, as well as those who are in kinship care as an alternative to foster care. Based on the lessons learned to date, below are some of the steps public and private partners can take to move kinship treatment initiatives forward.

Engagement of public systems: ▸ Identify county or state leaders who recognize the need to provide specialized interventions for some children in kinship care, are interested in partnering with private agencies to target these interventions to the right children, and are committed to removing barriers identified.	❑
Engagement of provider community: ▸ Engage a core group of providers who are interested in providing more intensive treatment in kinship families. This could include your FFTA Chapter, provider association, advocacy organizations or other state-wide groups to ensure this opportunity is available to all providers who have the interest and capacity to provide targeted interventions with kinship families.	❑
Kinship summit: ▸ Consider holding a "kinship summit" or other forum/meeting for public and private partners to learn about providing treatment in kinship families, models from other states, strategies for engaging kin families, and innovative programs and policies in the state/locality.	❑
Data review: ▸ Review agency data to clearly understand which children could most benefit from the kinship treatment approach, such as children who disrupt from kinship placements, children at risk of residential placement, or children stepping down from group care or residential treatment.	❑
Identification of barriers: ▸ Identify public or private agency policies or practices that might prohibit providing kinship treatment interventions. Barriers might include: 1. Restrictive foster care licensing standards 2. Failure to adequately assess the needs of children living with kin 3. Insufficient search practices to identify kin willing to step in for children 4. Placing children with kin as an alternative to foster care without providing additional treatment services. Training that is not relevant to the needs of kin	❑

Strategies to overcome barriers: ▸ Develop targeted strategies to overcome barriers, such as allowing waivers for non-safety licensing standards, assessment of the needs of children with kin, family search and engagement strategies, and revised training curriculum.	❑
Private agency assessment: ▸ Be able to describe the interventions that can make a difference for children living with kin, including length and cost of service. ▸ Ensure that staff possess the competencies needed to engage kinship families, such as recognizing and addressing the differences between kinship care and traditional foster care. ▸ Confirm that the agency can deliver training for kin families that is relevant to them and includes content that is specific to their children.	❑
Assessment of funding mechanisms: ▸ Identify a funding source for the treatment intervention. In particular, assess the use of Medicaid and /or Title IV-E. ▸ Assess whether the state has resources that can be used to fill in the gaps. ▸ Develop a clear timeframe for services to be provided so costs and outcomes are clearer.	❑
Identification of target population: ▸ Clearly define the target population to be served, based on the data about which children would benefit from kinship treatment, an assessment of the funding opportunities, and strategies to overcome barriers.	❑
Outcomes: ▸ Clearly define the outcomes you want to achieve through the kinship treatment intervention, such as improved treatment outcomes, placement stability, reduced length of stay, improved permanency outcomes, etc., based on the target population to be served.	❑
Development of protocols: ▸ Develop a clear protocol for referrals to private agencies that is based on an assessment of children's needs. ▸ Ensure that public and private partners have input on the development of the protocol.	❑
Piloting approaches: ▸ Test the new protocols and intervention strategies with a few families and come back together with the planning team to share, learn and fine-tune strategies.	❑

Common Barriers to Kinship Treatment Foster Care

Through their work with kin, FFTA members and their public partners have identified several barriers to meeting the treatment needs of children in kinship care. Some of these barriers are a function of policies and practices that simply were not designed with kinship families in mind, such as licensing barriers; others are a result of public and private systems that have not regularly worked together on kinship care issues. Below are some of the most commonly identified barriers to date, as well as some approaches for overcoming these barriers to ensure that children with treatment needs in kinship care settings can thrive.

1. Barriers to licensing kin

Perhaps the most commonly cited barrier to kinship treatment foster care is that kin face challenges to becoming licensed as foster parents. In most states, the standards to become a licensed foster parent were developed with strangers, not kin, in mind. Kin who have children placed with them with no warning rarely have the time to make adjustments in their homes to meet the standards, and in some cases, they may have criminal or CPS backgrounds that make them ineligible for licensing. Many public agencies are hesitant to grant flexibility in licensing, which is permitted by the federal government, because of the perceived risks, even if they acknowledge that the placement is in the best interest of the child. Additionally, kin are often not informed of the option to become a licensed foster parent, or agencies will place children with kin as an alternative to foster care, which does not require licensure. Furthermore, kin may see the licensing process as intrusive and feel reluctant to become too deeply involved in the child welfare system to care for children who are part of their family.

How to overcome licensing barriers:

- **Create procedures to issue licensing waivers for non-safety standards:** Develop a standard process to approve licensing waivers, which is permitted by the federal government on a case-by-case basis for non-safety issues. In some states and localities, waivers for kin are routinely approved for space requirements, the number of children in a placement, CPS or criminal histories from more than five years ago, and income and training requirements. In these jurisdictions, the risks associated with this flexibility are mitigated by solid assessments of the capacity of a kin caregiver to provide safe and nurturing care for the child.
- **Adopt the National Model Family Foster Home Licensing Standards:** In 2014, the National Association for Regulatory Administration, the ABA Center on Children and the Law, and Generations United released model foster home licensing standards that states can use to assess their existing standards. The model standards also include special considerations for licensing of kin homes. A summary of the standards is available on **page 50** of this toolkit. They can also be accessed **online**.
- **Allow kin caring for children with serious social, emotional, behavioral and physical

issues to be licensed: In jurisdictions where children are placed with kin as an alternative to foster care, licensing may be appropriate if assessments reveal specialized needs that cannot be met outside the foster care system. While public agencies may resist a complete shift in their practice and philosophy to one where they routinely license kin, they may be more open to licensing targeted kin caring for children with treatment needs to help them access needed resources.

2. Kinship care is used as an alternative to foster care

As noted above, in many jurisdictions, children are placed with kin as an alternative to foster care, not as a custody arrangement. As a result, there may not be mechanisms to provide such children with needed interventions such as treatment foster care, which is typically reserved for children in custody. In these situations, many kin families outside the system fail to get the help they need to manage behaviors, meet the medical needs of the child, or help young people heal from trauma. It is also difficult for kin to access these services on their own, given that any financial assistance provided is much less than they would receive if the child were in foster care. Many agency administrators recognize the need to help these kin families but are reluctant to completely alter their philosophical approach of engaging kin to help children avoid foster care.

How to overcome access to services for kin families outside the foster care system:

- **Treat all kinship placements in a similar manner as in-home services cases:** Children in families that have open cases with the child welfare system face many of the same issues as children in kinship care face. Access to services and supports for children in the child welfare system is often provided through family preservation, wrap-around services, family support programs and other interventions designed to help build the capacity of families to meet their children's needs. Jurisdictions can design behavioral health interventions for in-home cases, including kinship placements. Many of these interventions may be eligible for Medicaid reimbursement.
- **Provide some oversight for children in kin families:** Even in jurisdictions with the overriding philosophy that kinship care should be used as an alternative to foster care, there should be mechanisms in place to provide oversight of these placements for a limited period of time. For some children, referral to private agencies for time-limited clinical interventions may be needed to stabilize the child in the kinship home.
- **Promote treatment foster care for a limited number of children with kin:** Despite good intentions, some children living with kin who are not in foster care may need to enter the child welfare system to access needed services. For jurisdictions who are understandably wary of "opening the floodgates" to licensed kinship care, it may be more realistic to carefully target those children who are at greatest risk in order to receive the agency and court oversight, clinical interventions, and protections that can only be afforded through foster care.

3. Limited Funding

States and localities often view kinship foster care as a basic foster care placement, and current policy may not permit assinging children in kinship care to a therapeutic level. Funding challenges are exacerbated when a child is not in custody and Title IV-E therefore cannot be accessed for the family.

How to overcome funding barriers:

- **Pay for kinship treatment foster care in the same way that traditional treatment foster care is funded:** Jurisdictions with strong treatment foster care programs can be more explicit in their policies that kin families are also eligible for this service. Such a policy change may require program staff to work with Title IV-E or Medicaid

staff to educate them about kinship care and present evidence that some children in these settings have a clinical need that cannot be met through traditional foster care.

- **Use kinship treatment foster care for children leaving group care:** Children transitioning from residential treatment, group homes or shelters may have significant treatment needs that can be met through a treatment foster care approach. The expense of paying for treatment foster care can be justified given that it produces well established outcomes is more cost effective than group care.

4. Frontline practice barriers

Too often, frontline caseworkers lack the knowledge and skill needed to work with kin families, who present different challenges and opportunities than traditional foster parents. For caseworkers who are accustomed to working solely with non-kin foster parents, the shift to working with relatives may be a difficult one to make. Kin caregivers often step in to care for children with little or no warning and may face guilt, embarrassment or resentment over the family's situation. For these and other reasons, it takes special skill to help families work through these dynamics as they adjust to having a new child in their home.

How to overcome frontline practice issues:

- **Conduct staff training:** Most staff value the role that kin play to protect and nurture children but would benefit from opportunities to learn strategies for engaging kin families, share their questions or concerns about kinship arrangements, and troubleshoot specific situations. Ongoing staff training in both public and private agencies can send a message that kinship care is a priority and that ongoing attention to the needs of the children in kinship families is important.
- **Engage the voices of kin caregivers:** Kinship caregivers are often open to sharing the challenges they face in caring for children involved with the child welfare system. This feedback can be helpful to frontline staff and provide good guidance as to how to best support kinship families.

5. Lack of front-end assessments

Too often, children's needs are not adequately identified when they first come to the attention of the child welfare system, and treatment interventions are not put in place until crises occur or behaviors have escalated out of control. If children are already living with kin, caregivers may have used up all of their physical and emotional reserves once the need is identified. If children are not already living with kin, the family may be reluctant to step in for a child whose needs seem so great.

How to overcome the lack of front-end assessments:

- **Develop a stronger practice for assessing children in kinship care:** Public and private agencies can work together so that children's needs are identified sooner and the proper interventions are put into place for greater stability and well-being. The Child and Adolescent Needs and Strengths (CANS) and other assessment tools can be used to drive decision making about the services and supports needed as early in the child's involvement with the system as possible.

6. Insufficient partnership between public and private agencies

Public systems may truly not understand how the interventions that private agencies use can make a difference for children and families, especially those in kinship care. Similarly, private agencies may not be aware how the public system views kinship care and what is already in place to support kinship families. Most importantly, public and private partners may not share a common vision for what is best for children and families and how they can work together to achieve better outcomes.

How to overcome insufficient public-private partnerships:

- **Commit to honest dialogue centered on the needs of children:** Private agencies are dependent on contracts with public systems to do what they do best with children and families, and public agencies rely on private providers for their clinical expertise in helping children heal from trauma. In recent years, more effective public-private partnerships have progressed because partners have worked collaboratively to create a common vision for children and families, and engaged in honest dialogue about the barriers to working more effectively together on behalf of children and families. For kinship treatment interventions to be most effective, public and private agencies must work through these steps as equal partners with one common goal: better outcomes for children and families.

Kinship Points of Intervention

At initial placement for kids diagnosed with TFC level needs

Diversion: Parent Coaching, stabilization service; potential Family Group Conferencing to identify supports

Placement: Immediate Search, Family Group Conferencing, Emergency Licensing, provide Treatment Foster Care level services with grief, loss and trauma training (kin provider) and services (youth)

For kids living in long-term, non-kin, non-permanent family placements

Intensive Permanence Services: grief, loss, trauma services (youth) with exhaustive search; Family Group Conferencing; then followed by aftercare with Treatment Foster Care level services with grief, loss and trauma training (kin provider) and services (youth)

For kids who are living with kin who are at-risk of disruption

Treatment Foster Care level services with grief, loss and trauma training (kin provider) and services (youth), Parent Coaching (optional)

After long term or multiple placements; for kids at-risk of aging out with "no one"; to prevent higher levels of care; or to step down from congregate care

Intensive Permanence Services: grief, loss, trauma services (youth) with exhaustive search; Family Group Conferencing; then followed by aftercare with Treatment Foster Care level services with grief, loss and trauma training (kin provider) and services (youth)

Source: Anu Family Services

Section 2:
KINSHIP TFC IN ACTION

Kinship TFC in Connecticut: Overview

In 2011, the Connecticut Department of Children and Families embarked on a journey to make kinship placements the presumptive placement for children who couldn't live safely with their parents. Connecticut's efforts – geared toward aligning their child welfare system with their long held philosophy of kinship as the priority placement for children in foster care – have led to an 18 percent increase in the number of children placed with kin, from 19% in 2011 to 37% in 2015. Thanks to strong leadership from a Commissioner who has made safe kinship placements a top priority for her Administration, significantly more children in Connecticut are experiencing their first placement in foster care with family.

The Connecticut story is instructive for any child welfare agency that's interested in seeing more children placed with kin. It illustrates that a child welfare system that truly values kin requires leadership from the top, a mindset that kinship is best for kids, a commitment to removing systems barriers to placement with kin, and a recognition that like all families involved in the child welfare system, kinship families need support to help children heal from trauma.

CONNECTICUT REFORM

When Commissioner Joette Katz became the leader of Connecticut's Department of Children and Families, she set out to create a system in which as many children as possible could be placed in families. In 2011, 29% of the children were in some form of group care, including 364 children living out of state. Commissioner Katz was committed to bringing many of the children who had been placed out of the state back home to their communities, preferably with a family. Given the historic challenge of finding enough foster family homes, kinship care was widely viewed as one strategy for helping children return from out of state and directly into families.

Early on, the Commissioner and her staff identified a "risk adverse" mindset as an overriding barrier to increasing family-based placements. Simply put, relative placements were seen as "risky business" and frontline staff was more comfortable placing children with already approved foster parents than someone they didn't know and hadn't previously vetted. This mindset permeated the agency, and was, in large part, responsible for so many children being placed in institutional settings, many of them out of state.

To better understand this and other barriers to kinship placements, the Commissioner requested assistance from the Child Welfare Strategy Group (CWSG) at the Annie E. Casey Foundation to identify the reasons why so few children were in kinship placements. CWSG began to conduct Kinship Process Mapping (described below) in each of the area offices. At the same time, the Commissioner issued a Memorandum to all staff indicating her unwavering support for kinship as a priority. It states:

It is our obligation to do everything possible to keep children within the family system. To this end, ***I am making it the expectation that all children in our care be placed with relatives and the exception that they go into non-relative care.*** *In other words, to use language with which I am most familiar, the presumption is that they be placed with relatives. This is a culture and a norm that the children need us to adopt and operationalize immediately in our practice.*

STEPS TO STRENGTHEN KINSHIP CARE

Several steps helped the State move its kinship agenda. These include, but are not limited to:

- **Kinship process mapping:** The State was concerned that only 18 percent of the children in foster care were in kinship care, and set out to learn the most significant barriers to kinship placements through a process called Kinship Process Mapping. This process combines data and policy analysis with interviews with key stakeholders in the system, including frontline staff and supervisors, administrators, attorneys, and kinship caregivers. Kinship process mapping helped the state identify the barriers in each of the regional and local offices, and develop a systematic process to remove the barriers wherever possible. To learn more about kinship process mapping, see **www.aecf.org/resources/kinship-process-mapping-full/**
- **Flexibility in the licensing process:** State and local officials identified barriers to licensing kin as one of the major hurdles to increasing the percentage of kinship placements. Staff and administrators alike acknowledged that some kinship placements felt too risky, especially if they didn't meet strict licensing standards. They also expressed concern that the process for issuing waivers for certain standards was cumbersome. To respond, the state streamlined the process for issuing licensing waivers for non safety issues that often prevent kin from becoming licensed, such as space requirements, income guidelines, and criminal or cps background issues from the past that have since been resolved. Instead of having waivers go through several channels at the state office, they are now almost all approved on an individual basis at the regional level.

  As for the issue of risk, the Commissioner made it clear that if the local office could document the reasons why they thought the kinship placement was the best placement for the child, she would stand behind the decision, even if it involved a waiver of licensing standards. This movement to a "shared risk" environment helped staff become more comfortable with approving kinship homes even if they didn't meet strict foster parent guidelines.
- **Firewall to make kinship placements the presumptive placement:** Every local office was required to designate one person to sign off on any initial placement into foster care that was not a kinship placement. The purpose of the firewall is to ensure that staff conducts a thorough diligent search for any known relative or family friend, including paternal relatives, and that they engage those kin identified as possible placement options.
- **Improvements to the emergency placement process:** Given the directive for the first placement to be a kinship placement whenever possible, the regions needed a better process to conduct an emergency assessment of prospective kinship homes, called a "walk through". In the past, the walk through could take several weeks to conduct. Foster care staff now completes a walk through on the same day or night while child protection staff attends to the needs of the family. By removing the most significant barriers to the walk through process, many children are experiencing their first placement with someone they know.

- **Kinship care data collection and analysis:** The Commissioner challenged each region and area office to increase the initial placement of children with kin to 40%, and to strive for 50% overall placement with kin. The state and its regions began to more closely track local progress and also identified several data collection points that needed to be improved to better understand the experience of children living with kin, such as the percentage of children who are legally free for adoption who are living in kinship placements.
- **Considered removal meetings:** Family team meetings for children at risk of removal were implemented statewide in Connecticut in 2013. Called "considered removal meetings," they are called before a child is removed from their home to make one last attempt to prevent a child's separation from his or her birth parents. Families are encouraged to bring their natural support network, including relatives and family friends, who can help them develop a plan to keep the child safe. Considered removal meetings have been instrumental in bringing additional kinship resources to the table that might have been overlooked in the past. Connecticut officials credit these meetings with helping to boost kinship placement rates.

THE NEED FOR KINSHIP SUPPORTS

By 2013, the State had made significant progress in placing more children with relatives or someone with whom they had a family like relationship, such as family friends, Godparents, or coaches. Despite this success, staff reported that many of the kinship families were struggling, and needed more support to address the mental, social, emotional and behavioral health conditions of children, many of whom had experienced significant trauma. Again and again, stories surfaced of caregivers who desperately wanted to keep children within the family network, but were overwhelmed by the magnitude of the children's needs.

State officials soon recognized that some kinship families, particularly those caring for children who were medically fragile or had significant behavioral health issues, could benefit from therapeutic foster care. To address this, the Commissioner approached the network of 18 therapeutic foster care agencies from across the state and asked for help in working with these families. While some of the therapeutic foster care agencies were not eager to change their model, others jumped at the chance to work with children within their own family networks. hese agencies saw an opportunity to help children thrive, while also creating a new line of service during a time of significant change in their relationship with the public agency.

Today, several providers are working directly with their local offices to provide therapeutic foster care in kinship homes. The state licenses the homes and then refers it to the agency once an assessment reveals that the child has needs that can't be met by the public system alone. In some cases, providers working with a child who is facing a disruption from their current non kin foster care placement are searching for and engaging kin on their own, and working with the public agency to approve the family. The private agencies provide clinical interventions until the child is ready to return home or achieve permanency through adoption or guardianship, preferably with the kinship family.

Finally, in 2013, the Commissioner successfully advocated for a $3 million line item in the state budget for a broad array of supportive services for kinship caregivers. This funding supports the Caregiver Support Team Program, a community-based program designed to help kinship families who unexpectedly step in to care for children, including assessment of need, service planning, transportation, respite care, support groups, and parent education.

RESULTS FROM CONNECTICUT

As with any system, there are always improvements that can be made and Connecticut continues to refine its approach to kinship care every day. In June 2015, for instance, the legislature approved a measure that allows kin families who are not related to the child (called "special study" in Connecticut) to receive guardianship subsidies, previously limited to blood relatives. Additionally,

many of the policies governing kinship care placements are only in draft form and must be formally approved to ensure the kinship reforms are sustained even after the Commissioner leaves her position.

Yet in only four years, the reforms have made their mark:

- Only 15 children living out of state in 2015, down from 364 in 2011
- 37% of the children in foster care living with kin, up from 15% in 2011
- 16.8% of children in congregate care, down from 29.8% in 2011
- Only 39 children under the age of 12 in congregate care, down from 202

The Connecticut reforms also demonstrate that even with the best leadership, no public child welfare agency can do it alone. It is only through careful work with frontline staff, community-based providers, the legislature, the courts, and peers from other states that child welfare agencies can truly move the dial for children and families.

ADDITIONAL RESOURCES ON CONNECTICUT'S REFORM EXPERIENCE

Supporting Children, Families and the Workforce in Connecticut's Family Foster Care System, September 2011

www.ct.gov/dcf/lib/dcf/latestnews/pdf/final_family_foster_report_9_30_11.pdf

Report to the Legislature from Commissioner Katz – June 2013

www.ct.gov/dcf/lib/dcf/press_releases/kinship_care_increased_use_and_support_june_2013.pdf

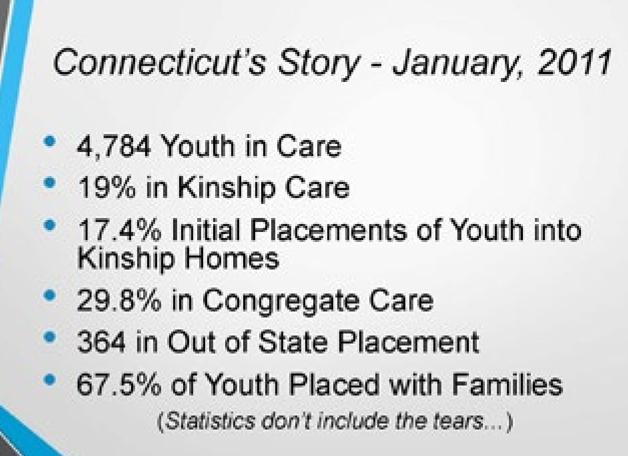
Speak with someone about DCF's reforms

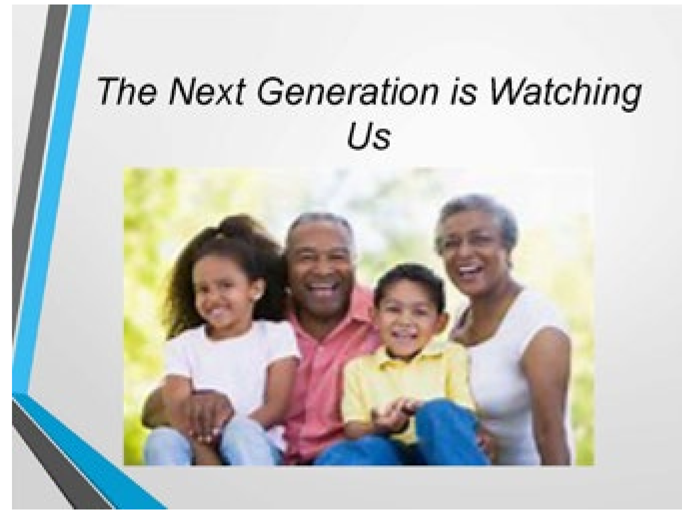
Please contact Ken Mysogland, Ombudsman for the State of Connecticut and special advisor to the Foster Family- based Treatment Association's Kinship Treatment Foster Care Initiative

Ken.Mysogland@ct.gov

Kinship TFC in Connecticut: Powerpoint Presentation

BY KEN MYSOGLAND, CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES



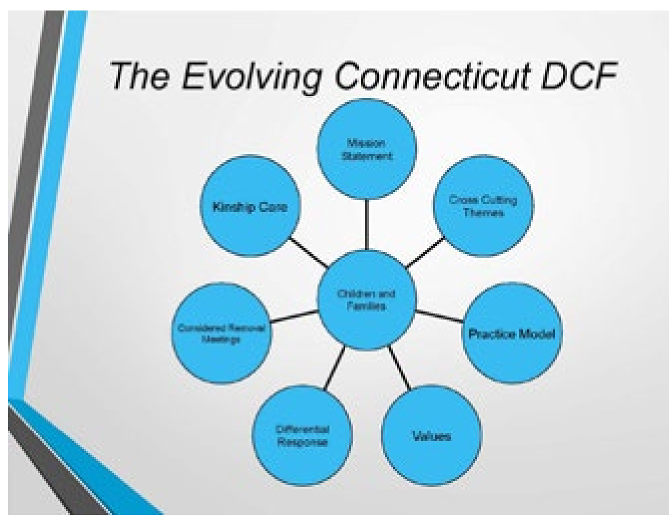


Our Language and Thoughts Towards…

Families	Providers
• Blaming	• Process Driven
• Risk Adverse	• Little Sharing of Risk
• Reflected Poor Partnership	• Implied a "Fix Them" Mentality
• "Placement"	• "Levels of Care"

Stability Outcomes of Children Placed with Relatives and Kin

- Analysis completed by the Child Welfare Strategy Group in 2011 using data from the Chapin Hall State Data Center showed 77% of children entering foster care between 2005 and 2010 in Connecticut who were initially placed into relative care, had only 1 placement.
- According to the CA Data Source, 67% of children still in care at 12 months who were initially placed with a relative between January through June 2009 were still in relative placement vs. 16% of those initially placed in a foster home.
- Children in foster care were more likely to experience three or more placement settings than children in relative care. This is according to an article entitled, "Better Evidence for Kinship Around the World" by Mark Winokur and Deborah Valentine.



Pew Charitable Trust Studies…

- In a Connecticut study, 82% of children placed with a relative were with the same caregiver a year later compared to 65% of children placed with non-relatives.
- In one study, 62% of children with relatives lived within 5 miles of their home of origin compared to 36% of children with non-relatives in California.
- An Illinois study comparing rates of re-abuse found that children placed with relatives had "much lower rates of abuse" than those placed with non-relatives.

How the Child Benefits from Kinship Placement

- Decreased Trauma
- Maintain Family Connections
- Increased Stability
- Better Educational, Mental Health and Social Outcomes
- Siblings Remain Together
- Lower or Equal Rates of Maltreatment
- Quicker Establishment of Permanency

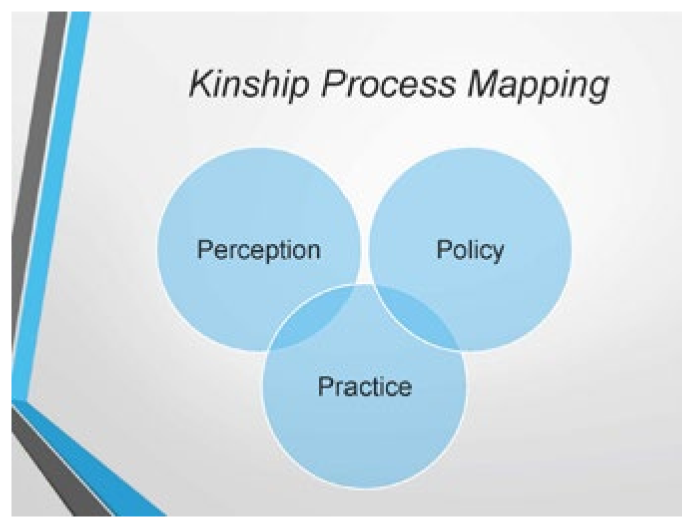
Commissioner's Directive

"It is our *obligation* to do everything possible to keep children within the family system. To this end, I am making it the expectation that all children in our care be placed with relatives and the exception that they go into non-relative care. In other words, to use language with I am most familiar; the presumption is that they be placed with relatives. This is a culture and a norm that the children need us to operationalize *immediately* in our practice."

Policy…

- Policies do not support kin as the placement preference
- At critical case decisions, kin placements are not reinforced
- Paperwork is overwhelming and confusing
- Standards are too high with no room for waivers
- Finances do not allow flexibility

Staff find safety and security in policy



Practice…

- No mechanism for emergency walk thru requests
- Absence of a "firewall"
- Services not available or offered to kin
- Not engaging the family early in the process
- Not asking the children about resources
- "Licenseability" vs. "Suitability"
- "Capability " vs. "Capacity"

Practice starts from the top down and requires constant focus with checks and balances

Perception…

- "The apple doesn't fall far from the tree"
- "They don't know how to handle these kids"
- "Where were they all along the process"
- "They will never pass licensing"
- "Too much junk in their past"
- "Too much risk"

The date you were hired influenced your perception of families and tolerance of risk

When We Listened Closely We Heard…

- Kinship care is really a *manifestation* of solid *engagement* with families.
- We are making many *assumptions* about kin that are not data driven, fact based, and lead to *exclusionary practices*.
- Our entire *system* reflected significant issues with the manner in which we *looked at* and *worked with* families.
- We would not be able to *embrace kin* until we fully accepted that *families* play a *vital part* in the *decision making process*.
- First, we had to tackle our *own biases, values and beliefs* as an *agency* before we could expect our *partners* to do the same.

Moving from "Risk Adverse to Managing Risk"

- "Capability" vs. "Capacity"
- "Licenseability" vs. "Suitability"
- "Readiness vs. Preparedness"
- "Bring them to the table and…"
- "They can obtain a license when…."
- "We can place the child once…."

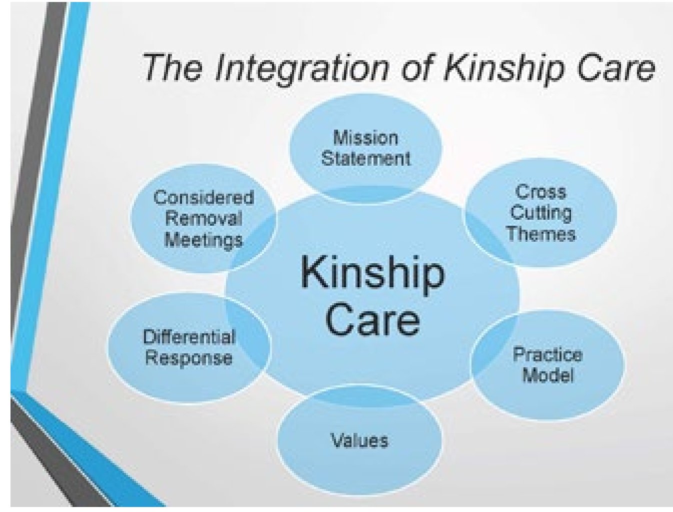
What is Really in a Child's Best Interests?

"Rather than question if kinship care is the right thing to do, make the case for therapeutic intervention, case coordination, education, training and changes in child welfare policy for kin families."

(Hong, Algood & Chiu, 2011)

Considered Removal Child and Family Team Meetings

The Considered Removal Child and Family Team Meetings (CR-CFTM) have dramatically reconstituted Connecticut's practice. In fact, 75 percent of the children who were the subject of a CR-CFTM during 2014 were either not removed or placed with kin. That is a monumental change and improvement in our work. It also allows risks to be identified, shared and managed.



The Use of Licensing Waivers: It is all about the Assessment

- Issuing a waiver meets a treatment need
- Safety concerns cannot be waived
- We can waive barriers that will not adversely impact the child
- There must be clear documentation to support the waiver
- A collaborative approach with multiple individuals allows the risks to be shared

We are not waiving that the incident happened. We are waiving that someone's past circumstances negatively influences their current ability to parent successfully

Waiver Data – The Truth is in the

Positive Outcomes for Children		3 Year Total (164 Youth Subject to a Waiver)	
Measure	Target Average	Waiver Cohort	Statewide Average
Maltreatment - Out of Home	.2%	.005%	.3%
Reunification within 12 months of most recent removal	60%	74%	63.6%
Adoption finalized within 24 months of removal	32%	56.4%	33.1%
Transfer of Guardianship within 24 months of most recent removal	70%	96%	81.3%
Sibling Placement	95%	100%	94.2%
Visitation - Out of Home	85%	100%	95%
Multidisciplinary Examination within 30 days of placement	85%	100%	94.4%

Achievements 2011-2015

- Decreased Children in Placement by 16.2% (from 4,784 to 4,010)
- Increased kinship placement from 19% to 35.4%
- Reduced Out of State placement from 364 to 15 youth
- 748 Fewer children in congregate care (52.4% decrease)
- Only 39 children under the age of 12 in congregate care (down from 202)
- 16.8% of youth in congregate care down from 29.8%.
- Children overall living in families increased from 67.5% to 80%

Essential Ingredients of Public/Private Partnership to Meet the Needs of Our Youth and their Families

- Kinship philosophy must be the same between the public and private agencies
- Open acknowledgement that the risks are shared
- Full disclosure of what is at stake
- Fluid Fiscal processes
- Joint Training on the special dynamics that occur in kinship families
- Celebrate

Kinship TFC in Connecticut: The Public Partner Perspective

COMMISSIONER'S MEMO

This is a reprint of a message from the Commissioner of the Connecticut Department of Children and Families to her staff, and exemplifies a public agency that is striving to change its culture to more highly value kinship placements.

TO: All Staff

FROM: Joette Katz, Commissioner

DATE: Thursday, April 21, 2011

SUBJECT: Relative Placements

As a Department, a core value of our work is to empower, strengthen, and collaborate with families. A major component of a family's resiliency is its ability to develop and mobilize relative and natural supports during times of need. Even the strongest individual requires assistance at points throughout his or her life. There is no greater resource than a family.

All too often, we see the dramatic negative consequences of when a parent's needs outweigh his or her ability to safely care for a child. Being removed from the home can be one of the most traumatic and life-altering experiences of a child's life. It is at this very moment when a child most needs to be with people he or she knows and trusts, and who will be able to lessen this emotional trauma.

In my short tenure with the Department, I have made the placement of children with relatives a top priority. This issue has been widely discussed internally, with our community partners, throughout media interviews, and with the legislature. It now time that we solidify an even greater focus.

We must fully embrace the mindset that first and foremost, children removed from their homes are placed with relatives. Research shows that, overwhelmingly, children placed with relatives experience much more positive results over the long term, including:

- Greater stability and less placement disruption
- Better prospects of staying together with siblings
- Stronger connections to the community
- Greater or equal safety
- More timely permanency

It is our obligation to do everything possible to keep children within the family system. To this end, **I am making it the *expectation* that all children in our care be placed with relatives and the exception that they go into non-relative care.** In other words, to use language with which I am most familiar, the presumption is that they be placed with relatives. This is a culture and a norm that the children need us to adopt and operationalize immediately in our practice.

Early in our casework, we must begin to identify relative and natural supports with families. These resources can be accessed to assist in stabilizing a family and become part of our case planning process while we are providing in-home supports. It is fundamental to our work that these same individuals can be utilized in a time of crisis to provide a home for the child. We cannot stop asking about, pursuing or encouraging relatives to become a resource -- and we must hold ourselves accountable for the outcome of our efforts.

In keeping with this greater reliance on family resources, the Office of Foster Care and Adoption already has improved procedures to assess and approve relative providers more quickly, and in more comprehensive ways. These efforts include the following:

- The Foster Care Division enhanced its ability to conduct emergency walk-through requests by designating "emergency" staffing. Now there should be minimal waiting time within which to conduct an initial check of a relative's home that allows a child to be placed with a family member.
- The waiver process has been changed for relatives who may have a technical issue that appears to prevent them from being licensed. We have moved from a "risk averse" model to one in which we are more fully assessing the current abilities of a relative to provide care and not solely focusing on their past history. Less emphasis also has been placed on the physical structure of homes, sleeping arrangements, and income levels.
- The process to have a waver approved has been made much simpler. A waiver no longer requires the oversight of multiple people, and final approval now stops with the Foster Care Director.
- A comprehensive database is maintained showing how many requests to license a relative the Foster Care Division has received, how many were approved, and requests pending with the stated barriers to licensure all being documented.
- Each month, the Regional Directors receive data on the percentage of their children who are placed with relatives and the number of times they have requested the Foster Care Division to conduct a home visit in order to approve placement.

We are establishing a culture that values and relies upon the inherent strengths within families. This culture will become a reality for children, however, only when we insure that children routinely are maintained within their family system even if they cannot remain in their own homes.

Thank you for all of your efforts, and please remember that our children deserve the benefit of these best efforts and practices.

Kinship TFC in Connecticut: The Private Partner Perspective

CHILDREN'S COMMUNITY PROGRAMS OF CT

There are a wide range of kinship families and a wide range of programs that deal with kinship related issues. An effective approach to kinship care will consist of a menu of programmatic elements which can be applied in a manner appropriate to a given set of circumstances.

The Kinship Treatment Foster Care Program developed by the Children's Community Programs of CT (CCP) is predicated on the belief that kinship families have unique needs and challenges that non-kin families do not have. Examples include the following:

1. A pre-existing relationship with the child.
2. The potential for placement to redefine relationships within the family of origin and the extended family.
3. Knowledge and history of family dynamics.
4. The decision to become a caretaker is unplanned.
5. Unanticipated challenges/requirements of licensure.
6. Split loyalties.
7. Challenges associated with dealing with the public child welfare system.

Recognizing the above needs and challenges, the program utilizes the following key elements when working with a kinship family:

1. **Search and Engagement** – Effective kinship placements begin with the identification of potential kin caregivers. In the currently designed program process the family will be identified by DCF as part of the Considered Removal process.
2. **Core Therapeutic Case Management –** A kinship case manager will provide individualized, in-home services to the family with the goal of increasing placement stability and increasing opportunity for permanency.
3. **Kinship Caregiving training** – We believe that a key indicator of success in a kinship placement is the amount of training a caregiver receives. The training elements indicated in the curriculum below are delivered by the CCP kinship case manager over the course of six weeks.
4. **24/7 Support Services –** A key element of the Children's Community Program Kinship Treatment Foster Care service is 24 hour, seven day a week availability. Our case managers are on call to answer any questions or assist in providing any immediate services the family may need.
5. **Licensing Support –** Our team assists and directs the licensing process for the family, and will manage all aspects of it to ensure a positive outcome.

As referenced above, a specific curriculum delivered to the kinship family is a critical part of the placement process. This curriculum includes the following modules and is delivered to the family in their home:

1. Education on the licensing process.
2. Education on Family genograms and eco mapping.
3. Trauma informed parenting.
4. Managed the change of role and the change in the family dynamics.
5. Intergenerational trauma.
6. Basic child development.
7. A child-specific module to address the unique needs of the child being placed.

The implementation model for the proposed Kinship Treatment Foster Care Program is as follows:

1. During the DCF considered removal meeting a kin or kin like family is identified. CCP staff will be on call and available to meet with the family at the local DCF office directly following the meeting. At this meeting, the staff will explain the CCP Kinship Treatment Foster Care program, including the licensure process, the curriculum based training, case management support, and financial incentives.
2. Once the family has agreed to the service, DCF will attend to all the initial background checks, fingerprinting, and initial walk through of the home. DCF will initiate administrative payment and this will be the official case opening date for CCP.
3. Immediately upon acceptance of the case, the CCP staff will initiate a home visit to begin the process of training and the development of a support plan.
4. During the delivery of services all requirements contained in the TFC contract will be followed.
5. Over the first 90 days, case management, training, and support services will be delivered to the family and the child.
6. At the end of the 90 days a home assessment will be written and all necessary paperwork will be submitted for full licensure of the home.
7. Upon completion of the licensure, the kinship family will receive an incentive in the amount of $1,500 from the Children's Community Programs.

Kinship TFC in Pennsylvania: The Bair Foundation

Kinship Treatment Foster Care

An Overview of The Bair Foundation's Approach

October 2014

The Bair Foundation
Child & Family Ministries

Introduction

For over a decade, The Bair Foundation has provided treatment foster care services to kinship caregivers in two counties in Pennsylvania. These specialized services help to stabilize children with special needs in the homes of kin with whom they already have a family relationship. The treatment foster care services help to prevent disruption, enhance the prospects that the placement can be permanent if children cannot return home, and provide caregivers with the knowledge and skill needed to help children thrive. Kinship treatment foster care also helps prevent movement of children into higher levels of care, such as residential treatment, group or shelter care.

History of the Project

In 2004, a county in Pennsylvania approached The Bair Foundation to discuss the fact that too many children in kinship care were disrupting out of their kinship homes, in many cases escalating to higher levels of care. The county was interested in having kin caregivers certified as treatment foster parents so that they could receive the same services and support as all other children in treatment foster care. The goal was to stabilize children in the kinship home and prevent disruption. They proposed that kinship treatment foster care would help children with behavioral and physical health challenges to stay in kinship homes rather than having to move to a family they did not know or to a higher level of care.

Shortly after, another county that routinely diverts children from foster care to live with kin approached Bair with a similar proposition. In this county, children who were diverted from custody were having to enter custody at a later date because caregivers lacked the support needed for children with special physical and behavioral needs.

Kinship Treatment Foster Care

Today, kinship treatment foster care represents approximately 50% of the treatment foster care case load in The Harrisburg, PA office. All staff are trained in the unique dynamics of working with kin families using the Joseph Crumbley training (http://www.drcrumbley.com). Bair has made some modifications to its program to accommodate the needs of kin, but the program is almost identical to their traditional treatment foster care intervention. The intervention includes:

Certification:

Once a kinship family is referred for kinship treatment foster care, The Bair Foundation certifies the family within 60 days. Approximately 93% of the kinship families referred are certified using the same requirements as Bair uses for other treatment foster parents. Foster parent certification includes 32 hours of training. For kinship families, this training can be adapted to carve out what does not relate to the child and plug in more child specific content. Training for kinship families also covers content that would not be relevant for non-related caregivers, such as navigating biological family relationships.

bair.org

Structured Intervention Treatment Foster Care

Once the family is certified, The Bair Foundation uses a trauma informed approach to meet the needs of the child. The intervention is time limited, typically six months. The Bair Foundation has worked diligently to develop a comprehensive treatment model known as Structured Intervention Treatment Foster Care®, which is made up of the following components:

A. Preparation for Placement
B. Effective Service Planning
C. No Moves
D. Developing Competencies
E. Seeing the Opportunity in Crisis
F. Resiliency

Incorporating Together Facing the Challenge as one of its six components, SITFC® Model® provides evidence-based practices to our foster children in care. In addition to this evidence-based practice, foster parents receive the trauma curriculum developed by the National Child Traumatic Stress Network, Caring for Children Who have Experienced Trauma: A Workshop for Resource Parents. "Evidence-based" means research has provided evidence that treatments for specific problems are effective. The Together Facing the Challenge curriculum was developed by Duke University Medical Center's Department of Psychiatry and Behavioral Science's Services Effectiveness Research Program.

Core Principles

Guided by these core principles, we are better able to impact those factors related to achieving positive outcomes:

1. The foster/kinship parent is the principle agent of change in a child's life.

2. Strong relationships are extremely important for successful outcomes and are built through solid commitment in the face of extraordinary challenges (family to child, agency to family).

3. Foster/kinship parents and staff must be trained so they are prepared to work effectively with children who have been exposed to trauma. (This is accomplished through comprehensive, competency training and accountability.) Proper preparation prevents poor performance.

4. All behavior has purpose; looking behind behavior to identify that purpose offers an excellent chance to facilitate change through addressing the root cause.

5. Children who are more resilient have the ability to not only survive, but to thrive when faced with adversity.

These 6 components of the SITFC ® Model clearly articulate The Bair Foundation's standard for foster care. Building on the strengths of our families and staff we have created a trauma informed, evidence-based framework for working within the context of foster care. Providing structured interventions from the moment the referral is made and continuing through the entire length of placement will positively impact the child's ability to enhance their skills and improve their interactions with others. Problem behaviors will decrease and positive behaviors will increase, changing their future outlook and providing them with the resilience to cope with the struggles of daily life as they move toward independence.

bair.org

Other Services Offered

- **Referral to a therapist** who works with the family and the case manager to address clinical issues facing the child;
- A **case manager** who is available 24/7 to help the family access necessary services, including physical and occupational therapy, behavioral interventions, special educational and medical support, etc.
- **Support groups** that focus on the unique needs of kin families, including navigating relationships with birth parents, guilt, grief, loss and attachment issues for the child and caregiver, and more.
- Access to a **foster parent stipend** to cover the costs associated with caring for the child, which is typically a higher rate for children in treatment foster care than general foster care.

Outcomes

Outcomes for kinship families that receive kinship treatment foster care continue to be favorable. They include:

- 50% of the children return home
- 50% of the children achieve permanency with kin through subsidized permanent legal custodianship or adoption
- Length of stay is approximately 9 months

"We love doing kinship treatment foster care because these are families who will be in the child's life forever. These caregivers are motivated by the attachment that is already there with the child. They are genuinely open to what we have to offer them to help the child thrive."

- Dr. Susan J. Miklos, Executive Director, The Bair Foundation Child & Family Ministries

bair.org

Structured Intervention Treatment Foster Care®, SITFC® and SI Model® are registered trademarks of The Bair Foundation Child & Family Ministries.

Kinship TFC in Texas: The Bair Foundation Pilot Project

I. Introduction

Child Welfare agencies across the country strive to identify and engage kinship connections for children in out-of-home care whenever possible. Research confirms what young people have told us; that kinship care helps to reduce the trauma of being placed with someone children do not know. Conway and Hutson (2007) have outlined the following benefits of kinship care:

- Children in kinship care experience greater stability, as indicated by fewer placements when compared to children in non-relative care
- Children who reunify with their birth parents after kinship care are less likely to re-enter care than those who had been in non-relative foster placements or in group care facilities.
- Fewer children in kinship care report having changed schools (63%) than do children in non-relative foster care (80%) or those in group homes (93%).
- Children in foster care consistently express the desire to be with siblings and children in foster care are more likely to live with their siblings if they are placed with kin.

Children in kinship care report more positive perceptions of their placements and have fewer behavioral problems. They are:

- More likely (93%) to report liking those with whom they live compared to children in non-relative foster care (79%) and group care (51%).
- More likely to report wanting their current placement to be their permanent home (61%) vs. (27%) non-relative foster care and (2%) group care.
- Less likely to report having tried to leave or run away (6%) vs. (16%) non-relative foster care and (35%) group care.
- More likely to report that they "felt loved" (94%) vs. (82%) non-relative foster care.

Kinship care has the probability of building on family strengths and provides for children the important connections to their extended families. Kinship care respects cultural traditions and may reduce racial disparities. (Conway & Hutson, 2007).

II. Program Purpose

The Bair Foundation and ACH Child and Family Services are partnering to increase the odds that children in congregate care settings can be connected to kin. This one year pilot program seeks to demonstrate that youth transitioning from a residential treatment facility can "step down" directly to the home of a relative or other kinship connection with the full array of therapeutic interventions needed to help them thrive in a family setting. This pilot project offers the same opportunity for eligible youth that are new to the system that may be better served in a relative placement rather than placement in a residential treatment facility.

III. Scope of Services

- **Identifying youth** appropriate to the program will be accomplished through collaboration with The Bair Foundation and ACH under the authority of Texas DFPS.
- Once a youth is identified, the Bair Family Search/ Transition Specialist will conduct a **diligent search for kin** with the objective of locating a Kinship Therapeutic

Foster Care placement for the youth. ACH will facilitate gaining access to a youth's records to aid in the search for potential kin and fictive kin resources.

- **Family Finding principles and practices** will be integrated into this process with the added benefit of discovering a lifelong supportive network for the youth. This includes the process of search for willing relatives, as well as engagement of the family and youth in discussions about their respective needs to provide safe and nurturing care for the child.
- Relative families or other fictive kin resources who step forward to care for these youth will be **engaged, screened, trained, verified**, and provided ongoing support and treatment interventions as Kinship Therapeutic Foster Care parents with The Bair Foundation. Kinship resources outside of Bair's jurisdiction will receive these services from a reputable and comparable therapeutic foster care agency selected by ACH. The selected agency will take an active role in the youth's transition and visitation plan prior to discharge from the RTC.
- Youth placed in "KTFC" homes will receive **therapeutic services** as developed through input from the treatment team consisting of case management and clinical staff of Bair, or other TFC agency if applicable, and the residential treatment facility.
- The Bair Family Search/Transition Specialist will provide assistance and **support** to all members of the treatment team, kinship family and youth throughout the search, engagement, training and placement process.
- Once a youth is officially **"stepped-down"** into a verified KTFC home, a Bair Foundation TFC Social Service Worker will be assigned to the youth and family while being supported by the Family Search/ Transition Specialist for an initial period of time to ensure a seamless transition. This applies to youth and families within Bair's area of jurisdiction. Those outside of Bair's jurisdiction will receive support and ongoing case management by their own agency workers.

DFPS holds the final decision making authority regarding eligible youth and kinship resource identification and placement.

A. LOCATING RELATIVES AND DILIGENT SEARCH

The Bair Foundation Family Search /Transition Specialist will conduct a thorough and diligent search to locate relatives or other potential resources or connections for a child who is currently in custody of the state and receiving services while placed at a residential treatment facility. The primary purpose of a diligent search for this program is to find and engage an adult(s) with a prior attachment to the child who will provide a kinship placement option for a youth and who is fit and willing to make therapeutic interventions available to the youth that is placed in their home.

Obtaining access to a youth's complete case record and any previous diligent search documentation is essential to the swift and successful search for kin. The Bair Foundation will work together with the residential treatment facility and DFPS Kinship Unit to gain access to the needed information to expedite the search for an appropriate kinship family option.

The relative search process for the KTFC program employs a variety of search resources including:

- Case Mining of all records
- Interviews with youth
- Interviews with parents, relatives, and other adults who have played a role in the life of the child, and others the specialist learns about in the course of the search
- Family meetings to obtain extended familial information
- Diligent Search Unit Information
- Social media (i.e. Facebook, MySpace)
- Use of free and paid online search engines
- White and yellow pages
- State registries
- Obituaries

- Public records inquiries
- Other agencies such as education, local law enforcement, postal service, telephone and utility companies, employers

Viable search findings will be documented and tracked for the purpose of potential kinship options and a lifelong supportive adult network. According to Section 103 of The Fostering Connections to Success and Increasing Adoptions Act of 2008, The Bair Foundation and ACH will adhere to the mechanism in place by DFPS to exercise due diligence to identify and notify all adult relatives of a child's removal from his parents within 30 days of that removal. Those identified may be contacted by various means including letter, email, phone call, and/or face to face meeting. Once the treatment team, including the youth, has agreed to a potential kinship family, the training, verification and transition process from the residential treatment facility begins. The treatment team includes, but is not limited to: the youth, DFPS case manager, residential treatment facility clinical staff, Bair Family Search/ Transition Specialist, Bair or other TFC agency worker, biological parents if appropriate, and kinship family. The treatment team will also develop and implement a transition plan that includes strategies to prepare the youth for permanency within six (6) months of placement in the kinship home.

B. VERIFICATION AND TRAINING

The potential Kinship Therapeutic Foster Care family verification and pre-service training will be conducted by The Bair Foundation's training and verification staff in conjunction with Bair's Family Search/Transition Specialist and residential treatment facility clinical staff who will provide strategies specific to the youth's issues and behaviors. If the location of a kinship family is outside the jurisdiction of The Bair Foundation, the therapeutic foster care agency selected by ACH will complete the verification and training process. The selected TFC agency will implement their treatment model in place of the Structured Intervention Treatment Foster Care® Model listed below that is utilized by Bair. In addition to the child-centered training recommended by the residential treatment facility clinical staff, the training will include:

1. **The Bair Foundation's Structured Intervention Treatment Foster Care® Model (SITFC®)**

   With these core principles, we are better able to impact those factors related to achieving positive outcomes for children in Kinship Therapeutic Foster Care:

   - Increased placement stability
   - Increased positive coping behaviors and skill development as evidenced by a decrease in behavioral indicators
   - Increase in social competencies and positive behaviors
   - Permanency plan to less restrictive environment

2. **Active Parenting® series by Michael H. Popkin, PH.D.**

   This ground-breaking evidence-based video-based delivery system has resulted in significant positive changes in both the behaviors of children and parents. Field test evidence for this program (Popkin, 1983) found that 97% of study participants reported positive changes in their own behavior and 84% reported positive changes in their child's behavior. In another national study (Mullis, 1999), results showed that parents did, in fact, perceive their children's behavior as more favorable following completion of the program, as measured by two child behavior questionnaires.

3. **Dr. Joseph Crumbley's Raising Children: An Overview of Kinship Care**

   Dr. Crumbley's video series for kinship families prepares relative and fictive kin by outlining the characteristics of kinship care and its comparison to traditional family foster care. The training materials present:

   - An analysis of clinical issues and the implications for effective provision of services to kinship families
   - A discussion of intrafamilial relationships that must be considered

- Case management and the managing of clinical services to the family
- The effects of culturally-based child-rearing practices, gender roles, and hierarchy of authority on practice with kinship families
- The legal rights, responsibilities and status of kinship families and children in their care

Bair's Kinship Therapeutic Foster Care families will be provided the full spectrum of therapeutic supportive services. During both the transition from residential treatment facility care to Bair Kinship Therapeutic Foster Care and throughout the youth's placement, the following are actively engaged in the youth's treatment planning:

- Bair's Kinship Therapeutic Foster Care staff (or other jurisdiction TFC agency staff)
- Designated residential treatment facility staff person
- Clinician/Therapist engaged with the youth
- DFPS
- Kinship Therapeutic Foster Care family

The Bair Family Search/Transition Specialist will remain engaged with the youth and kinship family until the youth is formally placed with the KTFC family.

IV. Outcomes

Expected program outcomes include:

1. **Shorter stay in congregate care for youth**
   Based on current residential treatment facility benchmark
2. **Placement Stability**
   Our target goal is that 100% of children in KTFC will not experience any moves while in their kinship placement
3. **Increased stabilizing behavior**
   Evidenced by an improved CANS score from initial KTFC placement to re-evaluation at six months discharge
4. **Children will remain safe in kinship therapeutic foster care placement**
   100% of children in kinship TFC placement will be free from abuse
5. **Increased family connections**
   An increase in the number of contacts with family members including siblings.
6. **Kinship family satisfaction with training, support and services.**
   As evidenced by the Kinship Satisfaction Survey results.

V. Conclusion

All children belong in families, preferably their own families. When children cannot safely live with their parents, they should have every opportunity to live safely with relatives or those with whom they have a family-like relationship. Consistent with this philosophy, it is our vision that all children in out-of-home care with treatment needs can have those needs met by relatives, or those with whom they have a family-like relationship, with access to the full array of training, services, and supports available through treatment foster care to help them stay safe, achieve permanency and thrive.

REFERENCES:

Conway, T. & Hutson, R.Q. (2007) Is kinship good for kids? Retrieved from www.clasp.org/admin/site/publications/files/o347.pdf

Mullis, F. (1999). Active Parenting: An evaluation of two Adlerian parent education programs. The Journal of Individual Psychology, Vol. 55, No. 2.

Popkin, M. (1983) The Original Active Parenting Discussion Program. Atlanta: Active parenting Publishers.

Section 3:

KINSHIP SUMMIT RESOURCES

Kinship TFC in Sacramento: Sample Invitation to Kinship Summit

Lilliput Children's Services

You are cordially invited to attend:

A Summit on Kinship Foster Care

Hosted by Lilliput Children's Services in partnership with the Foster Family-based Treatment Association (FFTA) through a grant from the Annie E. Casey Foundation and the Walter S. Johnson Foundation

December 9, 2014
9:30am-4:00 pm
Lilliput Children's Services
8391 Auburn Blvd., Citrus Heights, CA 95610

Designed to provide a forum for key child welfare leaders, policy makers & stakeholders—to share promising practices and outcomes data on kinship care, the role of foster care, and to facilitate a dialogue on the practice, policy, and funding implications related to kinship care in California

Continental breakfast and lunch to be provided.

To RSVP or for additional info, please contact Jarmal Mason, Sr. Administrative Asst. at (916) 678-7252 or jmason@lilliput.org
Prompt response is much appreciated, as space is limited.

Kinship Summit
December 9, 2014

9:30-10:00am	**Meet & Greet/Continental Breakfast/Welcome and Introductions**
10– 11:15am	**National Trends/ Kinship Perspective from Connecticut** **National Trends & Data** -Jennifer Miller, Child Focus Partners Kinship TFC in Connecticut (CT) -Brian Lynch, CEO, Children's Community Programs of Connecticut -Ken Mysogland, Director- Office of the Ombudsman, Connecticut Department of Children and Families **Q&A**
11:15am-12:30pm	**Sharing Promising Kinship Practices in 2 California Counties** -Sac County/Lilliput Panel -Placer County/Lilliput Panel **Q&A**
12:30 – 1:15pm	**Lunch**
1:15-2:15pm	**Kinship Care and the California Landscape** **State** -Angie Schwartz, Alliance for Children's Rights -Karen Alvord, Lilliput **Q&A**
2:15-3pm	**Small Group Discussions on Role of TFC & other Services in Kinship Care & the Funding & Policy Implications**
3-3:30pm	**Group Feedback**
3:30-4pm	**Next Steps & Closing**

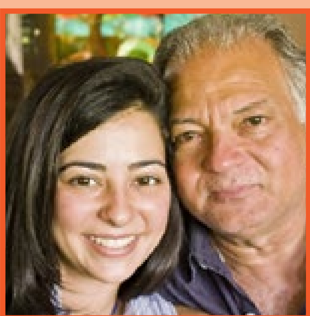
Kinship TFC in San Luis Obispo: Sample Invitation to Kinship Summit

You Are Cordially Invited To Attend

A Kinship–Therapeutic Foster Care Summit

Sponsored By: Foster Family-based Treatment Association (FFTA) and the Annie E. Casey Foundation, in partnership with the San Luis Obispo County Department of Social Services and Family Care Network, Inc. Santa Barbara and Ventura counties are also key participants.

June 23rd & 24th, 2014
The Family Care Network Administrative Headquarters
1255 Kendal Road, San Luis Obispo, CA 93401



After conducting a national research project on Kinship placements, FFTA, through a grant from the Annie E Casey Foundation, is conducting six Kinship-TFC Summits throughout the United States, and has selected the Family Care Network as the location of their first summit.

The summit is structured to provide a forum for public agency staff and their private agency partners to learn about existing and emerging kinship TFC models and assess their own kinship systems. The summit will provide the impetus for a public/private partnership to create and implement a strategy that will engage and support kin as treatment foster parents. This Summit is timely as the State moves forward on reforming the Foster Care System under the CCR process; especially with the draft CCR model including expanded services and supports to foster children placed with relatives and the imminent implementation of TFC under Katie A.

We are looking forward to your participation in this unique Summit as an opportunity to help forge new strategies and models to better serve children and youth in relative placement — absolutely the Best Practice!

To RSVP or for additional information:
Contact Sarah Davenport, FCNI Executive Assistant at sdavenport@fcni.org or (805) 781-3535

June 23rd Agenda

9:30-10:00am
Sign in and Refreshments

10:00-10:15
Welcome and Introductions

10:15-11:15
Kinship TFC: Lessons from Other States

11:15-12:30pm
Panel Discussion: The Opportunity Moment in California for Kinship TFC

12:30-1:30
Lunch
(to be provided)

1:30-3:00
Small Group Discussions

3:00-3:30
Group Feedback

3:30-4:00
Next Steps

4:00-5-00pm
Reception
(hors d'oeuvres and beverages)

June 24th Agenda
(Optional)

9:30-10:00am
Refreshments

10:00-12:00pm
Facilitated Intensive Planning Discussion: Creating a Central Coast Strategy

Kinship TFC in Ohio: Sample Agenda for Kinship Summit

Organized by the Ohio Association of Child Caring Agencies (OACCA), Foster Family-Based Treatment Association (FFTA) – Ohio Chapter, and the Annie E. Casey Foundation in partnership with Ohio Family and Children First

Overview

After conducting a national research project on kinship placements, FFTA, through a grant from the Annie E. Casey Foundation, is conducting six Kinship Treatment Foster Care Summits throughout the United States, and has selected Ohio as one of the locations.

The Ohio Kinship Summit is structured to provide a forum for public and private child welfare agency staff to learn about existing and emerging kinship treatment foster care models and assess their own kinship systems.

The Summit will provide the impetus for a public/private partnership to create and implement a strategy that will engage and support kin as treatment foster parents. This Summit is timely as Ohio is considering implementation of the federal Kinship Guardianship Assistance Program (KGAP). We look forward to your participation in this unique Summit as an opportunity to forge new strategies and models to better serve children and youth in kinship placement.

Schedule

9:00am
Sign in and refreshments

9:30am
Welcome

9:35am
Trends and Innovations in Kinship Care
Cristina Ritchie Cooper, JD, ABA Center on Children and the Law

10:00am
Research, Data, and Outcomes of Kinship Care
Jennifer Miller, Partner, ChildFocus, Inc.

10:15am
Meeting the Treatment Needs of Children in Kinship Care to Achieve Better Child Welfare Outcomes
Ken Mysogland, CT Department of Children and Families

11:00am
A Private Agency's Perspective on Kinship Treatment Foster Care
Brian Lynch
CEO, The Children's Community Programs of Connecticut, Inc.

11:30am
Lunch

12:30pm

Engaging and Supporting Kinship Families: Working With the Relative Caregiver

Dr. Joseph Crumbley, PhD, Consultant, Trainer and Family Therapist

2:30pm

Kinship in Ohio

Dan Shook, Bureau Chief, Ohio Department of Job and Family Services

Panel of county public children service agency staff, moderated by David Earley, Director of Quality and Fidelity, The Village Network

4:00pm

Closing Remarks

Schedule and presenters subject to change

Kinship TFC in Tennesee: Sample Agenda for Kinship Summit

Schedule

TUESDAY OCTOBER 28, 2014

08:30 – 09:00
Participant Registration, Continental Breakfast

09:00 - 09:15
Welcome and Introductions
Bryan Lynch, CEO, Children's Community Programs; Past-President, Foster Family-Based Treatment Association

09:15 – 09:30
The Importance of Public-Private Partnerships in Tennessee
Jim Henry, Commissioner of Department of Children's Services

09:30 – 10:45
Setting the Stage: Kinship Care at the national, state and regional levels
Jennifer Miller, Partner, ChildFocus
John Johnson, Director of Foster Care and Adoptive Services, TN Department of Children's Services
Ronya Faulkner,, Director of Resource Parent Development, TN Department of Children's Services
Mike Wilson, Kinship Coordinator, Upper Cumberland

10:45 – 11:00
Break

11:00 – 12:00
Kinship Treatment Foster Care in Action
Brian Lynch, CEO, Children's Community Programs, New Haven, CT
Dr. Susan Miklos, Executive Director, Bair Foundation Child and Family Ministries, New Wilmington, PA

12:00 – 01:00
Lunch

01:00 - 03:00
Kinship Informed Practice: Managing Risk Factors in Kinship Care
Dr. Joseph Crumbley, Trainer, Consultant and Therapist, Jenkintown, PA

03:00 – 03:15
Break

03:15 – 04:00
Small group breakouts
- What can I do differently to ensure children in kinship care thrive?
- What are the individual, organizational, funding and other policy barriers to this work?

04:00 – 04:30
Report back and closing

WEDNESDAY, OCTOBER 29, 2014

08:30 – 09:00
Participant Registration, Continental Breakfast

09:00 – 09:45
Opportunities for Advancing Therapeutic Foster Care Practices in Tennessee

Dr. Giovanni Billings, Director of Network Services,
TN Department of Children's Services

09:45 – 11:15
Small group discussion: Barrier Busting

- What are the strategies to overcome barriers at the individual, organizational, and policy levels?
- What are the next steps to build momentum for kinship TFC?

11:15 – 11:30
Small group report out

11:30 – 12:00
Sustaining the Momentum: Kinship TFC as a statewide strategy to improve child welfare outcomes

12:00
Summit close

Section 4:
OTHER KINSHIP RESOURCES

Clinical Considerations in Working with Relative Caregivers

ADAPTED FROM PRESENTATIONS BY DR. JOSEPH CRUMBLEY, LCSW

In 2014, Dr. Joseph Crumbley, one of the nation's leading experts on clinical considerations for relative caregivers, was the plenary speaker at the Foster Family-Based Treatment Association's (FFTA) national conference in Orlando, FL. Dr. Crumbley has also been a featured speaker at several of FFTA's kinship summits, teaching public and private agency participants the differences between kinship care and traditional foster care and ways to effectively engage relative caregivers. Dr. Crumbley's insights about the needs and strengths of kinship families are based on his extensive clinical practice working with relative caregivers, as well as his personal experience as a relative caregiver for his grandson.

Dr. Crumbley's trainings drive home the fact that successfully engaging relative caregivers requires different knowledge, skill and understanding than working with other types of caregivers in the child welfare system. The material helps the audience consider what might be going through the minds of relative caregivers, particularly in the initial stages after they step in to care for a relative child. His presentations are an important reminder that what might seem like weakness, resistance, or even inappropriate caregiving may be a normal emotional reaction for a relative caregiver. The goals and interventions suggested are ways of dealing with these reactions to ensure the caregiving arrangement is one that is safe and nurturing for the child.

FFTA is grateful to Dr. Crumbley for continuing to share his time and wisdom with us. Below is an outline of the material he covers in his presentations. This list is instructive to any agency that is considering working more intensively with kinship families and the awareness that's needed to ensure interventions are grounded in the history, emotions, and family dynamics that are central to the kinship experience.

For more on Dr. Crumbley's writings and materials or to contact him for a speaking engagement, please visit **www.drcrumbley.com**

Engaging Relative Caregivers: Managing Risk Factors in Kinship Care

1. Loss

Kinship caregivers feel loss on several levels, including the loss the child is experiencing at being separated from parents, loss over their natural relationship to the child (i.e. grandparent, aunt or uncle) to become a parent to the child, and loss regarding life as they knew it before they assumed care for the child.

Goals and Interventions related to loss

- Learning how to cope with the loss
- Determining thresholds for loss
- Accepting that it's OK to say no

2. Roles/Boundaries

Kinship caregivers often face confusion given that they are now assuming a more parent-like role with the child. They also find it difficult to maintain boundaries with the birth parent to ensure children are safe, both physically and emotionally. It can be difficult to adjust to playing new

roles with the child and parent and setting boundaries, particularly related to safe access to the child.

Goals and Interventions related to roles and boundaries

- Re-framing and redefining the roles, responsibilities, interactions and relationships for the caregiver now that they have assumed responsibility as the primary caregiver to the child.

3. Guilt

Kinship caregivers experience tremendous guilt over what is occurring in their family and the role they've assumed as caregivers for the child. The following guilt associations are common for kinship families:

- Fearful of contributing to family disruption
- Becoming a primary caregiver and raising child
- More committed to meeting the child's needs rather than the birth parents' needs
- Being successful with the child in a way the parent has not been
- The child becoming attached to the relative rather than the birth parent
- Being a better parent or relative to the birth child than to the birth parent

Goals and Interventions related to guilt

- Learning how to live with the guilt
- Forgiving themselves for stepping in for the child
- Accepting new roles they are playing to raise the child
- Acknowledging that without them, the child might suffer - "If not you, then who?"

4. Embarrassment

Kinship families may be embarrassed to admit that the child's birth parents could not care for them, that they might need help in raising the child, or that their lives have changed as a result of their caregiving role.

Goals and Interventions related to embarrassment

- Learning how to cope with the feelings of embarrassment
- Acknowledging and validating feelings as common or "normal"
- Educating relative caregiver to systems/procedures/policies/reaction and how to respond so they can seek the help they need
- Learning how to disclose their family situation (also taught to child)
  - What?
  - Who?
  - When?
  - How much?
- Clarifying how you can support the family?
  - Facilitate
  - Coordinate
  - Accompany
  - Behind the scene
  - How can you support?

5. Projection/Transference

It is not uncommon for relative caregivers to project their anger, frustration, or confusion about the birth parent onto the child, particularly when the child reminds them of the parents in looks or behavior.

Goals and interventions related to projection or transference

- Empowering the relative caregiver to help the child
- Believing the child can make choices that are different from the parent
- Helping the caregiver acknowledge the experiences and opportunities the children need in order to be different from their birth parents and the emotions they may feel as they provide these opportunities

6. Loyalty

Many relative caregivers feel loyal to the parent because they are hopeful they will pull things together to resume

their parenting role. Child welfare agencies may interpret this loyalty as being harmful to the child.

Goals and Interventions related to loyalty

- Helping the caregiver prioritize their loyalties and responsibilities to center on the child
- Ensuring the caregiver does not infantilize the birth parent
- Asking the caregiver the following questions
    - "Who is less able to help themselves?"
    - "Whose turn is it now?"
    - "Are you aware you may lose both if you try to save both?"
    - "Who deserves your help first?"
    - "Who does the agency need to see you caring for first, if you want to keep the child"

7. Child-Rearing Practicing

Relative caregivers step in to provide safe care for the child, but may need assistance meeting the specific needs of the child in their home now. Interventions around child rearing practices are critical to ensure the caregiver can address social, emotional and behavioral issues as they occur, particularly for children who have experienced trauma.

Goals and Interventions related to child rearing

- Encouraging trial and error to see what works
- Matching desired behavioral outcomes with parenting approaches
- Asking the caregiver who is going to help the child practice and develop the skills needed for healthy child development
- Asking the caregiver (in a respectful way) whether they're allowing the child to practice:
    - Questioning with you
    - Expressing their opinion with you
    - Problem-solving with you
    - Debating or disagreeing with you

8. Stress Management/Physical Limitations

Relative caregivers may experience high levels of stress as they assume the caregiver role, particularly if they are older and may have any health limitations. Caregivers often put their own needs behind caring for the child, which can be detrimental to the whole family.

Goals and Interventions related to stress and physical limitations

- Helping caregivers develop coping skills and support in managing children and additional responsibilities, such as seeking help or taking time for themselves
- Identifying limits in what they can do
- Identifying support in their family or community

9. Bonding and Attachment

Relative caregivers may need help recognizing and coping with bonding and attachment issues for themselves, the child and the parent. It may be difficult for them to accept that the children are attaching and bonding with them or conversely, that they still have bonds to the parent.

Goals and interventions related to bonding and attachment

- Helping caregivers and children establish new attachments/and roles
- Encouraging caregivers to "earn verses ascribed"
    - Loyalty
    - Trust
    - Intimacy
    - Affection
    - Bonding
- "Sharing loss and grief issues with the child is a bonding and attachment process, because they only share that process with you"

10. Anger and Resentment

Relative caregivers often feel anger and resentment that the parents are not fulfilling their parental role, that they have put the child in the situation of having to be removed from the parent, and that they are being "used" while the parent is off doing something else.

Goals and interventions related to anger and resentment

- Helping caregivers cope with the anger
- Ensuring the caregiver is not displacing anger onto the child
- Rationalizing the situation as one in which despite the fact that they feel used, the caregiver is helping the child.
- "If not you, then who" (rationale)

11. Morbidity and Mortality

For older grandparent caregivers in particular, it's critical to recognize the fear that they may have over what will happen to the child if something happens to them. They may feel they are the only ones that truly know what the child has been through and how to meet their needs, which may exacerbate their fear of mortality.

Goals and interventions related to morbidity and mortality

- Creating a morbidity/mortality plan
- Planning for the child's continued care in case of illness or death
- Developing respite of secondary caretakers

12. Fantasies

Some caregivers harbor great fantasies that birth parents will pull themselves together and be able to step back into the child's life, even when evidence is pointing away from reunification as a probable outcome. It's important to acknowledge this hope while also helping caregivers and children come to terms with the possibility that they won't return to their parents.

Goals and interventions related to fantasies

- Developing a concurrent plan that addresses what will happen if parents do not get it together vs. what happens if they do pull themselves together
- Helping the child understand the plan for what will happen if the parents can not resume their parenting role

13. Overcompensation

Caregivers may overcompensate for a child's traumatic experiences and loss of parent by spoiling the child, making promises they can't keep or being overly protective and not allowing the child to become independent as they grow and develop.

Goals and interventions related to overcompensation

- Encouraging balance in how they are raising the child
- Helping caregivers recognize extreme reactions and work through how they will avoid them in the future

14. Competition

Relative caregivers may want to compete with the child, parents or other family members for the child's love, attention, ability to manage the child's behaviors and other aspects of the caregiving role

Goals and interventions related to competition

- Develop a hierarchy of authority and criteria for how privileges are earned
- Don't compete or buy love, affection or respect

15. Intrusion

Relative caregivers may feel the child welfare system is being overly intrusive in their lives, and may not understand the need for any level of intrusion given their family relationship to the child.

Goals and interventions related to intrusion

- Helping relative caregivers cope with the intrusion
- Acknowledging that the intrusion is necessary to ensure that the child is safe with the caregiver given what they experienced before they came to live there
- Ensuring the caregiver that this is a necessary step to confirm that it's in the child's best interest to be with the caregiver so they can (hopefully sooner rather than later) get out of their lives

Summary of Model Family Foster Home Licensing Standards

KEY FINDINGS FROM THE RESEARCH

Full model standards are available at: **www.grandfamilies.org/Portals/0/Model%20Licensing%20Standards%20FINAL.pdf**

In 2014, Generations United, The American Bar Association Center on Children and the Law, and the National Association for Regulatory Administration released *Model Family Foster Home Licensing Standards*, the first set of comprehensive standards to guide state foster parent licensing requirements, including those for kinship foster parents. The standards were developed to address growing concern about the restrictiveness and complexity of current state foster parent licensing standards. They were also meant to respond to the increasing inconsistencies between states requirements. The goal in developing the standards is for states to adopt them as more rational, streamlined, and up to date with the current realities of being a foster parent.

The package of materials, which is available free of charge at **www.grandfamilies.org**, includes:

- A purpose statement
- Ten guiding principles
- The model standards
- An interpretive guide, which summarizes the purpose of each standard and provides instructions for compliance determinations
- A crosswalk tool, which is designed to assist states and counties in comparing and aligning their current standards with the Model

The model standards cover all the requirements necessary to license safe and appropriate family foster homes. They include 14 categories of criteria to become a family foster home – from physical and mental health to criminal and child protection background checks. The standards also include an "assurances" section, which cover areas like weapons safety after child placement, so applicants know the standards to which they will be held and can agree in advance of placement. The standards are limited to those necessary to become a licensed family foster home and do not include placement or post-placement requirements.

ELIGIBILITY STANDARDS

A specific category that the model standards address is eligibility. The standards for eligibility to become a foster parent are more in line with what's needed to provide safe care for a child. For instance, in some states, applicants must speak English, have high school diplomas, and have enough income and resources to cover the expenses of a foster child. These eligibility requirements often create barriers to applicants who otherwise would be appropriate and suitable. In contrast, the new model standards require:

- Functional literacy or the ability to read and write at the level necessary to participate effectively in society (which is interpreted to mean where the

family lives). The means, for example, being able to follow written directions from a health care provider or child welfare agency, read street signs and medicine labels.

- The ability to communicate with the child in his or her own language.
- The ability to speak to service providers and the child welfare agency, which may occur through the use of family and friends as translators.
- "Income or resources to make timely payments for shelter, food, utility costs, clothing and other household expenses prior to the addition of child in foster care."

LIVING SPACE STANDARDS

The model standards contain similar common sense approaches to living space. Rather than requiring minimum, specific square footage, the model standards look at community standards and seek to ensure that the child in foster care has the same type of space as any other child in the home. A child cannot live in the dining room, when all the other children have their own bedrooms. But, if other children have similar spaces, a child in foster care could have a sleeping space that doubles as a sitting area during the day. Homes will be assessed based on a comprehensive home study that looks at safety, but that does not judge the home based on 21st century building codes. The standards allow for the licensing of appropriate rural, urban and suburban homes, provided they meet community standards and are safe. For example, if the home was built in the 19th century and is maintained in accord with community standards, the house will not be automatically excluded from consideration if it has lead paint or small bedrooms. Instead, the licensors will use the model standards, along with guidance in an accompanying Interpretive Guide, to determine suitability.

CRIMINAL BACKGROUND STANDARDS

Another area that often acts as a barrier for licensing foster parents is criminal background. Felony convictions for child abuse and neglect, other crimes against children, spousal abuse, and crimes involving violence, such as rape and homicide, act as automatic barriers to licensing under the Adam Walsh Act. However, other crimes, such as catching too many fish on a fishing license or writing bad checks, have prevented otherwise suitable relative and non-relative applicants from becoming foster parents. Consequently, the model standards strictly follow the Adam Walsh law, but for other crimes, the model uses eight specific criteria – including type of crime and the relationship of the crime and the capacity to care for children – to assess whether a crime should act as a barrier to licensure.

Next Steps

The model standards are clear, practical standards that are not case specific, the result of litigation or socioeconomic bias. They are an important step states can take to facilitate licensing of additional kinship and non-kinship homes, so that children can live in safe homes with child welfare and court oversight, monthly financial support, and access to services that may only be available for licensed foster families, such as child care. Additionally, given that licensing is a requirement for receipt of federal Title IV-E funding, states have an incentive to license foster homes whenever possible.

Although not all states will be able to implement the model standards in their entirety, they are encouraged to use the model and the accompanying Crosswalk Tool to assess and align their standards with the model. With improved standards, and assistance to prospective foster parents throughout the process, more caregivers – both kinship and non kinship – can provide safe and loving care to children who can't safely live with their parents.

Kinship Care vs. Traditional Foster Care

A COMPARISON BETWEEN KIN AND NON-KIN EXPERIENCES

KINSHIP CARE	TRADITIONAL FOSTER CARE
Pre-existing relationship with child	No pre-existing relationship with child
Redefines existing family relationships	Strengthens new family relationships
Mixed feelings about loss of parent to child	Celebration of a new family
Mixed feelings about loss of role as grandparent, aunt, uncle, etc.	Excitement about new role as parent
Knowledge of family dynamics	Limited knowledge of family dynamics
Decision to become caregiver is unplanned and in crisis; request from parent, child protection or courts	Decision to become a caregiver is planned and voluntary
Limited preparation for caregiving	Preparation for caregiving role and support already in place before child is placed in home
Unanticipated requirements to become a foster or adoptive parent	Requirements to become foster or adoptive parent are anticipated
Guilt over birth parent problems	No guilt over birth parent problems
Guilt for taking over parental role for child	Feelings that they are saving the child
Perception that they are betraying birth parent by assuming legal relationships	Feeling that they are displaying loyalty and commitment to child by assuming legal relationship
In competition with birth parent if child becomes attached to relative	Motivated to demonstrate attachment that is as strong as previous attachment with birth parent
Split loyalties and hesitation to legalize relationship	High motivation to legalize relationship

Adapted from *Kinship Adoption: Meeting the Unique Needs of a Growing Population*, by ChildFocus, Inc. and the North American Council on Adoptable Children, April 2010

Kinship Outcomes Review

FINDINGS FROM THE LITERATURE

Research shows that children experience better outcomes with kin across three major domains: improved placement stability, higher levels of permanency, and decreased behavior problems. ChildFocus reviewed some of the more recent literature on kinship care, summarized below, across these three outcome areas.

1. Increased placement stability

Helton, J. (2011). Children with behavioral, non-behavioral, and multiple disabilities, and the risk of out-of-home placement disruption. *Child Abuse & Neglect 35*, 956-964.

> Placement with kin decreased the likelihood of disruption for a majority of children, and children with different types of disabilities were no more or less likely to disrupt in kinship care compared to children with no disability.

Zinn, A., DeCoursey, J., Goerge, R.M., & Courtney, M.E. (2006). A study of placement stability in Illinois. Chapin Hall.

> This study found that the average number of placements children experience could be effectively reduced by placing them with relatives at entry to care, which would afford children the stability of relative homes without requiring them to endure a subsequent change in placement.

Testa, M., Bruhn, C. M. ,Helton, J. (2010). in *Child welfare and child well-being: New perspectives from the National Survey of Child and Adolescent Well-Being* (Webb, M. B., Dowd, K., Harden, B. J., Landsverk, J., and Testa, M. F., Eds.) New York: Oxford University Press

> When permanency moves were ignored, formal foster care remained highly unstable, whereas children under the care of kin and other informal non-kin caregivers were statistically indistinguishable from children residing in homes of birth parents.

Park, J.M., & Helton, J. (2010). Transitioning from informal to formal substitute care following maltreatment investigation. *Children and Youth Services Review 32*, 998-1003.

> Children in informal kinship care experience a high level of placement stability in spite of a high rate of transition from kinship care to formal out-of-home care.

2. Higher levels of permanency

Falconnier, L.A., Tomasello, N.M., Doueck, H.J., Wells, S.J., Luckey, H., & Agathen, J.M. (2010). Indicators of quality in kinship foster care. *Child Welfare and Placement 91*, 4.

> Children in kinship care were less likely to re-enter care once returned to their biological parents than are children placed with non-kin. This study also found that children in kinship care experienced fewer placements

Koh, E., & Testa, M.F. (2011). Children discharged from kin and non-kin foster homes: Do the risks

of foster care re-entry differ? *Children and Youth Services Review 33*, 1497-1505.

With respect to reunification, children who exit from kinship foster homes have a much lower likelihood of re-entering foster care when possible confounding factors are ignored. The kinship effect diminishes by 25% when child-level variables that may affect kin caregivers' decisions to accept the child into their care are taken into account, but it still remains statistically significant.

3. Better behavioral and mental health outcomes

Cheung, C., Goodman, D., Leckie, G., & Jenkins, J.M. (2011). Understanding contextual effects on externalizing behaviors in children in out-of-home care: Influence of workers and foster families. *Children and Youth Services Review 33*, 2050-2060.

Children placed in kinship care show lower levels of externalizing behavior in comparison to non-kinship foster care, while children placed in group care show higher levels.

Fechter-Leggett, M.O., & O'Brien, K. (2010). The effects of kinship care on adult mental health outcomes of alumni of foster care. *Children and Youth Services Review 32*, 206-213.

Having a close relationship with an adult, such as a kinship caregiver, was found to be a predictor of more positive mental health as an adult.

Garcia, A., O'Reilly, A., Matone, M., Kim, M., Long, J., & Rubin, D. (2014). The influence of caregiver depression on children in non-relative foster care versus kinship care placements. *Maternal and Child Health Journal* June 2014.

Children in kinship care experience better behavioral outcomes than children in non-relative foster care. Emotional and behavioral outcomes among children in kinship placements are more likely to improve when caregivers demonstrate a reduction in depression over time or are never depressed.

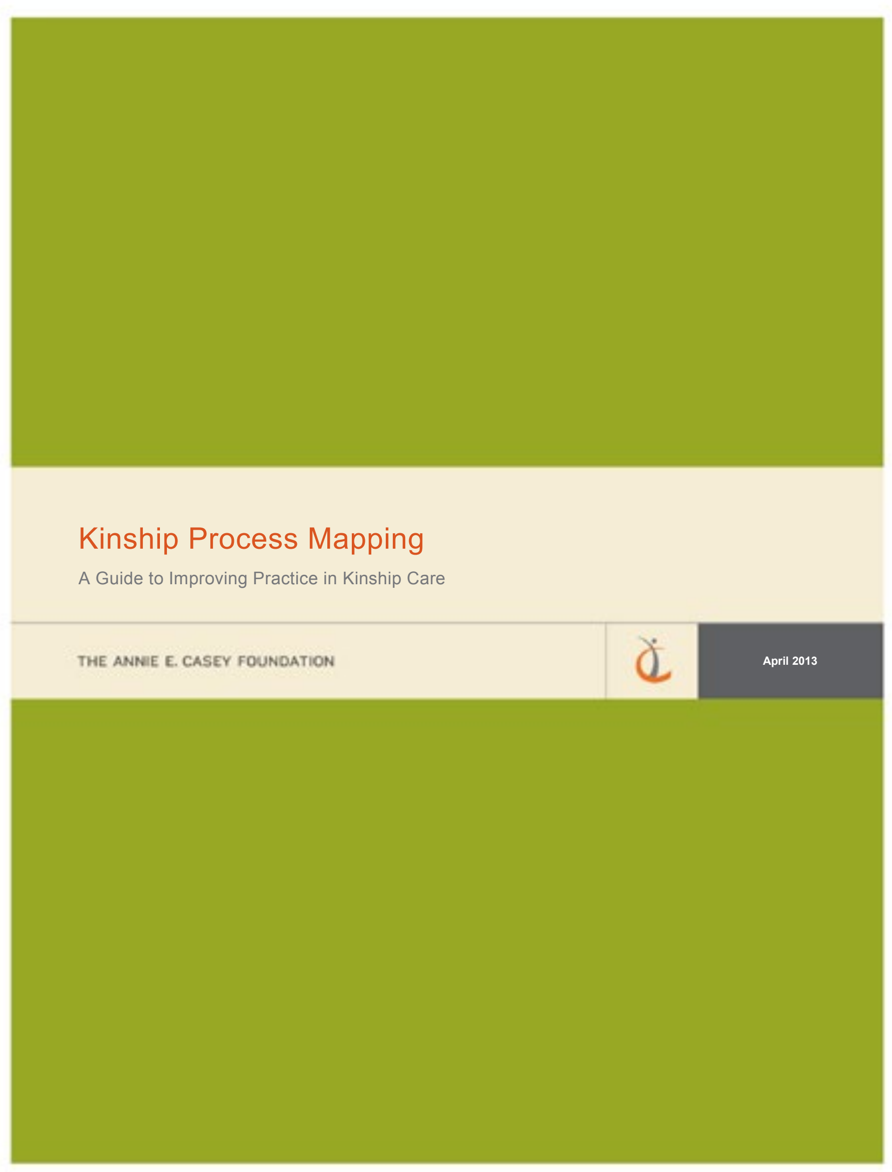
Rubin, D.M., Downes, K.J., O'Reilly, A.L.R.; Mekonnen, R.; Luan, X.; & Localio, R. (2008). Impact of kinship care on behavioral well-being for children in out-of-home care. *Archives of Pediatric and Adolescent Medicine162*, 6, 550-556.

Children placed into kinship care had fewer behavioral problems three years after placement than children who were placed into traditional foster care. Children who moved to kinship care after a significant time in foster care were more likely to have behavioral problems than children in kinship care from the outset.

Kinship Process Mapping

A GUIDE TO IMPROVING PRACTICE IN KINSHIP CARE

This guide can help agencies comprehensively assess their kinship practices. A PDF version of the full guide is available for download at **www.aecf.org/m/pdf/KinshipProcessMappingGuide.pdf**



Kinship Resources

The Grandfamilies State Law and Policy Resource Center

A project of the American Bar Association Center on Children and the Law, Generations United, and Casey Family Programs, the Grandfamilies State Law and Policy Resource Center serves as a national resource on state laws and policies that support kinship care. The website includes a searchable database of laws and legislation, narrative analysis of legal topic areas, practical implementation and advocacy ideas, personal stories, relevant resources and publications. The resources, analyses and legislative database are updated regularly.

www.grandfamilies.org

Stepping Up for Kids: What Government and Communities Should Do to Support Kinship Families

This Kids Count policy report summarizes the latest data and research on kinship care for children inside and outside the child welfare system. The report explores the needs of kinship families and includes a comprehensive set of recommendations for ensuring that these needs are met to help children in kinship care thrive.

www.aecf.org/m/resourcedoc/AECF-SteppingUpForKids-2012.pdf

The Kinship Diversion Debate: Policy and Practice Implications for Children, Families and Child Welfare Agencies

This report, which is based on the insights of more than 50 child welfare and judicial personnel, advocates, and researchers, explores the practice of diverting children from foster care to live with kin when they cannot remain with their families. It explores perspectives "for" and "against" diversion and identifies critical components that should be in place whenever agencies practice kinship diversion.

www.aecf.org/m/pdf/KinshipDiversionDebate.pdf

The State of Grandfamilies in America: 2014

This report shines a light on the challenges grandfamilies face and the incredible service they provide our country. The report includes an infographic that shows 7.8 million children live in grandfamilies, where grandparents or other relatives are the householders and offers recommendations to help guide the development of supportive policies and services for grandfamilies.

gu.org/RESOURCES/Publications/StateofGrandfamiliesinAmerica2014.aspx

Model Foster Family Licensing Standards

The American Bar Association, Center on Children and the Law, the Annie E. Casey Foundation, Generations United, and the National Association for Regulatory Administration in partnership developed Model Foster Family Licensing Standards. These standards are the first ever family foster home licensing standards to protect children and ease the way for caregivers to become foster parents. This model is accompanied by an interpretive guide and a crosswalk tool. The guide summarizes the purpose of each standard, and provides instructions necessary for compliance determinations. The crosswalk tool is designed to assist states compare and align their current standards with the model standards.

www.grandfamilies.org/Portals/0/Model Licensing Standards FINAL.pdf

Improving Foster Care Licensing Standards around the United States: Using Research Findings to Effect Change

This report summarizes the findings of a comprehensive review of foster care licensing standards in all fifty states and the District of Columbia, and makes recommendations to improve the licensing of all foster parents, including relatives.

www.grandfamilies.org/Portals/0/Improving Foster Care Licensing Standards.pdf

Kinship Adoption: Meeting the Unique Needs of a Growing Population

This issue brief highlights the unique needs of children who are adopted by their relatives. It explores why kinship adoption is on the rise, how kinship adoption differs from adoption by foster parents, and policies and practices agencies should consider to best support kin families who adopt.

childfocuspartners.com/wp-content/uploads/CF_Kinship_Adoption_Report_v5.pdf

Kinship Process Mapping: A Guide to Improving Practice in Kinship Care

Kinship Process Mapping is a tool that allows child welfare agencies to assess their agency practices with identifying, approving, and supporting kin for children who cannot safely live with their parents. The Kinship Process Mapping guide outlines a step-by-step process that agencies can use to prepare for, conduct, and analyze the results of kinship process mapping sessions. The Guide also includes best practices for ensuring that children have an opportunity to be placed with and connected to their kin whenever possible

www.aecf.org/m/pdf/KinshipProcessMappingGu-ide.pdf

Kinship Process Mapping: A Guide to Improving Practice in Kinship Care (Executive Summary)

A shorter version of the full Kinship Process Mapping guide, the Executive Summary is designed for decision makers who want to know the basics of KPM and how it can help them improve their kinship systems.

www.aecf.org/m/pdf/KinshipProcessMappingOv-erview1.pdf

State Educational and Health Care Consent Laws: ensure that children in grandfamilies can access fundamental services

Using specific examples and language from the states with educational and health care consent laws, these practical publications are designed to give policymakers and advocates the tools they need to pursue similar legislation or amend their existing state laws.

www2.grandfamilies.org/Portals/0/GU Policy Brief Final 3.pdf

Grand Resources: A Fact Sheet for Grandparent and Relative Caregivers to Help Access Support through the Temporary Assistance for Needy Families (TANF) Program

This factsheet is designed to help grandfamilies access TANF supports.

www2.grandfamilies.org/LinkClick.aspx?filetick-et=xVYWod10AIQ%3d&tabid=41&mid=403

Grand Resources: A Grandparent's and Other Relative's Guide to Raising Children with Disabilities

This publication is designed to equip relative caregivers with the national resources they need to help their children with disabilities thrive, now and in the future.

www2.grandfamilies.org/LinkClick.aspx?filetick-et=vS5zWEw1Xmo%3d&tabid=41&mid=403

Treatment Foster Care Resources

Foster Family-based Treatment Association

An array of resources about treatment foster care practice, policy and research.

www.ffta.org

What is Treatment Foster Care?

www.ffta.org/whatistfc

Foster Family-based Treatment Association (2013). *Program Standards for Treatment Foster Care* (4th ed.). Hackensack, NJ

Available for purchase from FFTA (FFTA members can download for free)

www.ffta.org/standards

Research in Treatment Foster Care

www.ffta.org/research

Domestic Minor Sex Trafficking/ Commercial Sexual Exploitation of Children: Resources for Treatment Foster Care Agencies

www.ffta.org/DMST

Best Practices in Treatment Foster Care for Children and Youth with Medically Fragile Conditions

www.ffta.org/medfrag

What does the Research Tell us about Services for Children in Therapeutic/ Treatment Foster Care with Behavioral Health Issues? Report of the SAMHSA, CMS and ACYF Technical Expert Panel, September 27-28, 2012

tools.store.samhsa.gov/pubdistribution/download/TFC_Main_Report_revised_508_final_772014_938.pdf

Appendices A-F - What does the Research Tell us about Services for Children in Therapeutic/Treatment Foster Care with Behavioral Health Issues?

store.samhsa.gov/shin/content/SMA14-4842/SMA14-4842_Appendices.pdf

The 50 State CHARTBOOK on Foster Care published by The Boston University School of Social Work, in collaboration with The MENTOR Network Charitable Foundation, 2013.

www.bu.edu/ssw/research/usfostercare/

FFTA