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## **Supporting Kinship Care**

Promising Practices and Lessons Learned

## About Casey Family Programs

Casey Family Programs' mission is to provide and improve—and ultimately to prevent the need for—foster care.

Established by United Parcel Service founder Jim Casey, the Seattle-based national operating foundation has served children, youth, and families in the child welfare system since 1966.

The foundation operates in two ways. It provides direct services, and it promotes advances in child welfare practice and policy.

Casey collaborates with foster, kinship, and adoptive parents to provide safe, loving homes for youth in its direct care. The foundation also collaborates with counties, states, and American Indian and Alaska Native tribes to improve services and outcomes for the more than 500,000 young people in out-of-home care across the United States.

Drawing on four decades of front-line work with families and alumni of foster care, Casey Family Programs develops tools, practices, and policies to nurture all youth in care and to help parents strengthen families at risk of needing foster care.

**For more information about this report, contact Casey Family Programs at [info@casey.org](mailto:info@casey.org) or 1300 Dexter Avenue North, Floor 3, Seattle, WA 98109. Visit our Web site at [www.casey.org](http://www.casey.org).**

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# I: Overview of Kinship Care Issues and This Report

Relatives and other significant adults in families' lives have always played a role in raising children when their parents were unable to provide effective care. The care, nurturing, and protection of children by extended family and other supportive adults is a long-standing tradition in many cultures.

When the availability of traditional foster families began to decline, the child welfare system began to look to extended families as a resource for the care of children and youth who entered the formal child welfare system. Since that time, increasing numbers of children who enter foster care have been placed in the care of kin. Kin are a source of support and a vital resource for parents. When kin are engaged early, their support can prevent children from being removed from their home. When circumstances make it necessary to remove children from their home, kin are often ideal caregivers.

Child welfare systems have moved from an almost exclusive reliance on unrelated foster families to a greater reliance on relatives and others with close relationships to the family. This significant shift in caregiving arrangements has inspired child welfare professionals to focus on the appropriateness and relevance of policies, practices, services, and supports for this population of children in foster care and their kinship families.

Questions to consider include:

- How and when should agencies identify kin?
- How can kin involvement help prevent the child's removal from the home?
- What are ways to support kin and children during the placement process?
- How do agencies best promote permanency for children in kinship placements?
- How can agencies help to keep families connected when children are removed from the home and placed with kin?
- How can agencies best serve and support kin caregivers and the children living with them?
- How can agencies improve their partnerships with kin?
- How do agencies effectively collaborate with other organizations to better serve kin?
- How can agencies encourage caregivers to support each other?
- How can agencies ensure that workers and other staff have the knowledge to best serve kinship families?

Given this growing focus on kinship care, in 2004, Casey Family Programs (Casey) sponsored a Breakthrough Series Collaborative (BSC) to improve how systems support kinship care. While kinship arrangements may be informal arrangements that happen naturally between family members without state or legal intervention, the focus of this BSC was specific to kinship families who are involved with the public or tribal child welfare system. This report summarizes the work of the teams involved in the BSC.

This report is intended to be an easy-to-use resource for administrators and practitioners in the child welfare field who desire to learn about the successful strategies Breakthrough Series Collaborative teams developed to support kinship care. It is our intent that, with this information, administrators and practitioners will benefit from the experience of BSC teams and apply the successful strategies to improve the services to children and families within their jurisdiction.

The report is structured to allow for a straightforward review of every component of the framework. Each component has a chapter dedicated to a discussion of: (1) the specific component and its subcomponents; (2) the challenges faced by teams in addressing this area of the framework, (3) the strategies tested by teams, and (4) the success of those strategies.

The conclusion of the report addresses qualitative and quantitative outcomes and overarching themes.



## II: Background and Overview of the Breakthrough Series Collaborative Methodology

The Breakthrough Series Collaborative (BSC) methodology was developed in 1995 by the Institute for Healthcare Improvement (IHI) and Associates in Process Improvement (API). This quality improvement method has grown into an international movement in health care.

In 2001, based on the success of IHI, Casey brought the BSC methodology to the field of child welfare. In collaboration with IHI, Casey launched its first BSC, Improving Health Care for Children in Foster Care. Since then, Casey has sponsored five other BSCs that address significant issues facing agencies serving children in foster care, including:

- Recruiting and Retaining Foster Families<sup>1</sup> (2003–2004)
- California State Differential Response<sup>2</sup> (2004–2005)
- Supporting Kinship Care<sup>3</sup> (2004–2005)

<sup>1</sup> The final report, *Recruitment and Retention of Resource Families: Promising Practices and Lessons Learned*, can be accessed at [www.casey.org](http://www.casey.org).

<sup>2</sup> The final report, *Implementing Differential Response in California: Promising Practices and Lessons Learned*, can be accessed at [www.casey.org](http://www.casey.org).

<sup>3</sup> The final report, *Supporting Kinship Care: Promising Practices and Lessons Learned*, can be accessed at [www.casey.org](http://www.casey.org).

- Reducing Disproportionality and Disparate Outcomes for Children and Families of Color in the Child Welfare System (2005–2006)
- Improving Educational Continuity and School Stability for Children in Out-of-Home Care (2006–2007)

In a BSC, teams from public and tribal child welfare agencies across the country come together to rapidly test strategies in order to improve a prevailing issue in child welfare: Each team is guided and mentored by experts in the field as they develop, test, improve, implement, and spread their successful strategies. Teams share lessons learned via a secured Internet site, phone conferences, and three two-day meetings called Learning Sessions. The process takes approximately eighteen months from planning to completion.

### **Key Aspects of the BSC Methodology**

The BSC methodology differs from a standard pilot or implementation project in several ways. The key aspects that set apart a BSC include the following six characteristics.

#### **1. The Use of the BSC Model for Improvement**

The BSC Model for Improvement uses Plan-Do-Study-Act (PDSA) Cycles as the catalyst for the rapid changes that each BSC witnesses. Instead of spending a long time planning for massive changes, teams are encouraged to test an idea as soon as it occurs. Teams are encouraged never to plan more than they can actually do—and if they can't complete their test “by next Tuesday,” they need to make their test even smaller.

#### **2. Anyone Can Have and Test Ideas**

Ideas to test should come from every team participant—not just from management. Hotline workers, screeners, family members involved with the system, community partners, and management—all have a great deal of experience and knowledge, and all are thus a source of good ideas that can be tested.

### 3. Consensus Is Not Needed

The BSC encourages participants to test their ideas in the field instead of talking about their ideas in a meeting room. Consensus is not needed for participants to test their ideas.

### 4. Ideas Are Openly Shared

This methodology has the word collaborative in its title for a specific reason. Each participating team in the BSC benefited greatly from the successes and discoveries of the other teams. There are several levels of collaboration necessary for teams to be successful in a Breakthrough Series Collaborative: interteam, intrateam, and community.

#### ➔ Interteam Collaboration

At the Broadest Level, a BSC is a collaboration of teams from across the country. While Casey supports the teams by providing access to expert faculty, we have found that teams learn best from one another. Cross-team sharing is encouraged through regular conference calls, a secured Internet site, monthly newsletter, and three in-person two-day Learning Sessions. Because multistate collaborative efforts require a significant expenditure of resources, opportunities of this kind are, unfortunately, rare opportunities for most public child welfare agencies to participate in.

#### ➔ Intrateam Collaboration

The second type of collaboration exists within each jurisdiction's BSC team. BSC core team membership represents various levels of the public child welfare agency, courts, and community-based organizations, in addition to kinship caregivers and youth or alumni from kinship care. The extended team membership varied across jurisdictions, but typically included a broad representation of stakeholders. Faculty members coached these inclusive teams on how to value the voice of each team member and honor the voices of youth and families.

**➔ Community Collaboration**

The final level of collaboration challenges jurisdictions to improve the way they partner with communities and other systems in their efforts to support kinship care. This collaboration is independent of the BSC organizational structure, reflecting a change in agency practice.

**5. Successes Are Spread Quickly**

Many pilot projects begin and then remain in a pilot site. Or worse yet, once a “project” is completed, the pilot somehow disappears. The BSC method tries to prevent this from happening. Once a change has been tested successfully in the pilot site, the team is responsible for spreading that change throughout the agency and jurisdiction.

**6. We Measure to Gauge Improvement**

The BSC strives to gauge improvements over time. Each participating team was encouraged to track and report on specific measures monthly for the purpose of self-evaluation. By looking at progress in these measures as well as documenting their small scale practice changes, teams can monitor their progress and improvements over time.

## III: Framework for Change

The foundational document for this work is the *Framework for Change*, which guides the work of teams in the BSC. The kinship care framework was created by experts in the field, including agency representatives, advocates, judges, families, youth, and researchers.

The framework identified eight components and related subcomponents required in a fully functional system of kinship care.

1. Identify, explore, and pursue birth family relationships with kin at the initial point of contact with the child welfare system and from that point forward as a resource to help meet child and family needs.
2. Support permanency, broadly defined.
3. Maintain, strengthen and support connections among birth parents, children, youth, their siblings, and their kin.
4. Implement inclusive planning that results in the provision of the culturally relevant, kinship-competent services that birth parents, children, youth, and their kin request. Ensure that these services are available when clients need them, throughout their involvement with the child welfare system.
5. Actively engage birth parents, children, youth and their kin as true partners in designing the system of kinship care services and supports.

6. Collaborate with the community, other public agencies, and families to effectively meet the needs of birth parents, children, youth, and their kin by building on community leadership and strengths.
7. Facilitate kinship families' connections with one another in ways that promote self-help, mutual support, leadership, shared resources, and advocacy.
8. Train and support child welfare staff in the specific skills and competencies required to effectively work with birth parents, children, youth, and their kin.<sup>4</sup>

Using a framework gives teams several advantages:

- The framework helps agencies to bridge the gap between knowledge and practice. The intention of a BSC is not to create an entirely new body of knowledge. Instead, a BSC is intended to fill the gap between what is known as “promising practice” and what is actually practiced in the field. The framework helps teams prioritize their work in order to focus on the most important areas of improvement. It also serves as a catalyst to generate ideas that move jurisdictions toward system and cultural change.
- It is comprehensive. The framework calls for improvements in all levels of a system including working directly with families, shaping policy, and collaborating with other systems, organizations, and communities. Making improvements at all levels helps ensure that the changes made during the BSC are sustainable.
- The framework guides the work of the team. They use the framework as a way to assess where they need to make changes and determine where they want to focus the strategies and small tests of change, as depicted in the following diagram.

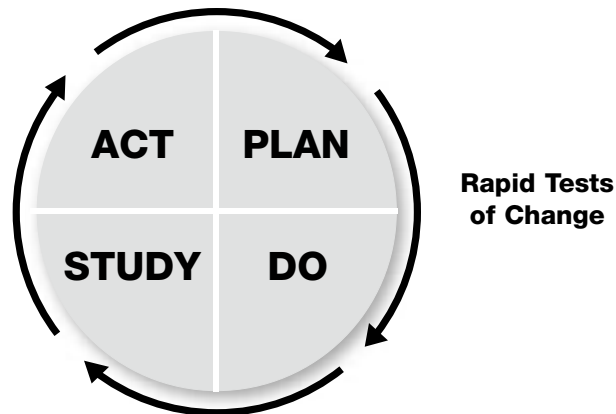
<sup>4</sup> See Appendix A for the complete framework, including principles and subcomponents.

## Model for Improvement

**What practice/system change are we trying to accomplish?**

**What is the small test we can try to make the change?**

**How will we know that the small test accomplished what we wanted?**



The BSC emphasizes rapid, small-scale tests of change using the Model for Improvement developed by Associates in Process Improvement.<sup>5</sup> Teams conduct Plan-Do-Study-Act (PDSA) cycles geared toward addressing specific changes the team would like to see happen within their system. Using small tests minimizes the time spent planning and reduces the consequences of unsuccessful ideas.

Teams are encouraged never to plan for more than they can actually do—and if they are not able to complete their test rapidly they are encouraged to make their test even smaller. Critical aspects of

<sup>5</sup> This model can be found on the Associates in Process Improvement Web site at [www.apiweb.org/API\\_home\\_page.htm](http://www.apiweb.org/API_home_page.htm).

**AT A GLANCE**

**Plan-Do-Study-Act Cycle**

This hypothetical example of an initial PDSA (adapted from a PDSA developed by Catawba County, North Carolina) improves the way the agency utilizes the input of youth to identify potential kinship caregivers.

**PLAN/DO**

**What:** Call one youth recently placed in care to obtain a list of individuals who may be an appropriate kinship placement in the event the youth cannot return home.

**Who:** Youth BSC team member will contact one youth in care, and report back what she learned.

**When:** 10/12/2006

**Hypothesis:** The youth may have ideas about possible kinship caregivers.

**STUDY**

The PDSA went well and the youth in care was able to provide four options for possible caregivers. Providing the youth with an explanation of kinship care helped the youth to participate more fully in identifying possible caregivers.

*Continued on next page.*

a successful PDSA process are defining the hypothesis of the small test of change and taking the time to determine if the intended outcome occurred. Teams who are most successful using the Model for Improvement understand the importance of not overplanning; developing a clear “prediction” of what they hope will occur during the test; keeping tests very small; and, immediately following the test, determining whether their prediction was accurate.

**What Makes Teams Successful in Using the BSC Methodology?**

Casey Family Programs strives to use the Breakthrough Series Methodology as a means to identify promising practices and encourage change in the child welfare system. From our process of analysis that follows every BSC, Casey’s General Systems Improvement Team has identified the following key factors of team success.

**1. Dedicated Core Team**

While teams were selected from jurisdictions that are progressive leaders in the area of kinship care, ultimately their individual successes depended on the capacity of staff to fully participate in this process. All of the participating teams were able to develop and test strategies for change; not all were able to successfully implement and sustain these strategies, however. This challenge can be partially attributed to the difficulty some team members experienced in devoting time to the project. Balancing the responsibility of managing cases and working toward systemic change can be overwhelming. Without the flexibility and ability to focus on BSC work efforts as opposed to case management, team members will be forced to focus on their primary work efforts first.

For teams to fully benefit from the BSC experience, they must be able to access and participate in team collaboration. Teams that did not join all the collaborative calls, access the secured Internet site, or attend all three Learning Sessions did not benefit from the full experience of peer-to-peer learning.

## 2. Committed Leadership

The BSC methodology requires that all team members participate in the development, planning, and testing of strategies. All team members, regardless of status, have a place and voice in this process; it is up to the senior leadership and day-to-day managers, however, to remove barriers and hold team members accountable. A commitment to improving practice and changing agency culture must be championed, supported, pushed, and led by the agency leadership. A lack of this investment will produce a low quality return on the work and impede overall systems improvement.

Strong senior leadership played a significant role in the success of BSC teams. Without a strong leader willing to clear the way for this process, the work would have failed to move forward. The leadership of the BSC teams varied significantly, and as a result the success of teams did as well. While all teams experienced challenges with resources and funding, it was apparent that teams with a strong, committed, and invested leader were better able to creatively navigate the challenges and produce innovative changes.

## 3. Integrating this Work into Agency

*“Agency leadership must highlight the importance of kinship care and encourage staff who work with families to pursue kinship options. As staff observe that kinship care is an important priority for the agency, they become more aware of the importance of enhancing services for kinship care giving families in order to maintain safe and healthy placements for children. Staff will understand that this is a major task where community participation and volunteerism is critical.”*

—Texas Team Member

The most successful teams found explicit ways of integrating the work of the BSC into their agency’s strategic plan and priorities. The BSC methodology cannot be perceived as a new initiative; it must be viewed as a means to achieve what the agency already wants to do in a more efficient and rapid manner. By understanding the priorities of the agency, teams are more successful at prioritizing the small tests of change and concentrating on the key areas that will result in maximum system improvement.

*Continued from page 12.*

### ACT/ADJUST

During the next PDSA cycle, the team may test this strategy on a younger child to see if they need to tailor their approach to different age groups.

In a PDSA, each test is part of a collection of tests conducted to address a specific challenge (e.g., improve the way the agency identifies kin). If successful, these tests result in a practice that can be spread across the agency, county, state, or tribe.

“The BSC gave us new tools like the PDSA approach to practice change, which helped energize our staff and allowed us to take risks. This approach is particularly effective for bureaucratic organizations steeped in layers of planning and policy formation. The PDSA process cuts to the chase in a constructive way. We have internalized this approach in our agency culture.”

—Beth Brandes,  
Assistant Director of  
Catawba County, North  
Carolina’s Department of  
Social Services

#### **4. The Capacity to Track and Report Successes**

Working to change practice or change entrenched systems is difficult. Small changes in outcomes for children and families can motivate teams to “keep up the good work.” Teams that regularly tracked the progress and success of PDSAs and measures were better able to adjust their focus if needed and communicate their improvements effectively.

#### **5. Engaged Extended Team**

The ultimate goal of a BSC is to spread successful tests of change throughout the organization and community. The core team is a small group of individuals committed to the issue—in this case, supporting kinship caregivers. The core team alone is not sufficient to spread and sustain changes in practice. Others within the agency and community must be brought into the change process. The Massachusetts Department of Social Services engages their extended team by asking for one volunteer from each area of case management. These volunteers attended the weekly BSC meetings within the agency. The Massachusetts team realized that if they were to spread what they learned effectively, they needed their colleagues throughout the office to be aware of the team’s activities. Recruiting these new staff members brought great energy to the team and helped spread improvements.

## IV: Team Selection and Support

Following a competitive process in which applications were submitted from public child welfare agencies and tribes across the country, twenty-six teams were selected to participate in this Breakthrough Series Collaborative. Casey Family Programs selected jurisdictions with a high level of interest and readiness for this BSC, as demonstrated by the work already underway in the area of kinship care and the commitment of the jurisdictions' leadership.

Although all of the jurisdictions had distinguished themselves as progressive leaders in kinship care and systems improvement, several major factors influenced the level of readiness for teams: (1) preexisting initiatives relating to kinship care in place; (2) the capacity to track and report successes; and (3) the availability of leaders, staff and other team members to dedicate time and energy to this work. The teams selected included state, county, and tribal agencies.<sup>6</sup>

### Support Available to BSC Teams

Teams benefited from a number of resources provided while participating in the BSC. The resources included access to national expert faculty, cross-team learning, and support from the BSC staff.

<sup>6</sup> See Appendix B for a list of participating teams.

**BSC Faculty**

The work of each team, as well as the direction of the overall BSC, is guided by the BSC faculty. Each of the faculty members and co-chairs brought a varied and unique perspective to issues surrounding the support of kinship care. Faculty members represented public agencies, community based organizations, the court system, the educational system, and the constituent perspectives. The faculty worked diligently to advance the ideas for strategies and increase the knowledge base of all participants around best practices for supporting kinship care.

**Cross-Team Learning Sessions**

The BSC brings teams together for three in-person meetings called Learning Sessions. Each Learning Session provides teams with an opportunity to share their small tests of change, report on their successes and lessons learned, and access the experience of their peers to solve challenges. The periods between learning sessions are called “action periods.” During action periods, cross-team learning occurs through a variety of collaborative supports including regular conference calls, a monthly newsletter, and a secured project Internet site.

**BSC Staff**

Each team receives technical assistance and support from Casey staff. Along with the faculty, Casey staff helps teams to identify small tests of change, methods for collecting data, and effective strategies for using data within their own agency to support the use of the newly identified promising practice. Teams were able to access this support at any time. Helping teams to use data as a way of identifying and showing improvements increases the likelihood that jurisdictions can sustain and spread improvements.

# V: Strategies That Support Kinship Care

This section of the report details the strategies the BSC teams tested and found to support kinship care. They are accompanied by explanatory sidebars and mini-cases of success that demonstrate the process of devising tests of change and carrying them out. These strategies further the eight components of the kinship care support and service system:

- Component 1:** Placement
- Component 2:** Permanency
- Component 3:** Family Relationships
- Component 4:** Services and Supports
- Component 5:** Constituency Engagement
- Component 6:** Collaboration
- Component 7:** Self-Support
- Component 8:** Training

The eight components are discussed and broken into subcomponents in Appendix A, Supporting Kinship Care Breakthrough Series Collaborative Framework.

**AT A GLANCE****BSC Framework  
Component 1:  
Placement**

Identify, explore, and pursue birth family relationships with kin at the initial point of contact with the child welfare system and from that point forward as a resource to help meet child and family needs.

**Subcomponents:**

- Staff work in partnership with birth parents, children, youth and other resources to identify potential kin early in the families' involvement with the child welfare system.
- Communication with birth parents, children, youth, and their kin is honest, respectful, and direct.
- Staff fully disclose to birth parents, children, youth and their kin caregiving options and accompanying services, supports, rights, and standing.
- Staff fully disclose to kin all known information regarding child or youths' circumstances.
- Staff must demonstrate explicit effort to clarify roles within the family network.

*Continued on next page.*

**COMPONENT 1****Placement**

Over the last twenty years, the rate of children living in kinship care has been in flux, shaped by the climate of the child welfare system. In 1986, the percentage of children in state custody living with kin was 18%; by 1990 this rate rose to 31%.<sup>7</sup> In his analysis, Geen attributes part of this dramatic increase to the fact that the number of children placed in state custody grew while the number of non-kin foster homes decreased.<sup>8</sup>

Changes to state policy also contributed to this growth in kinship care—by 1996 nearly all states gave preference to relatives when placing children in out-of-home care.<sup>9</sup> Recent data indicate that this upward trend did not last—the number of children living with relatives declined from 29% in 1998 to 24% in 2001, and the number of children being placed with kin may be as low as 20%.<sup>10</sup> As Geen points out, although the rate of kinship placements has not increased significantly for a number of years, this trend may not indicate that agencies are no longer valuing kinship care, but rather that agencies are engaging kin in different ways. For example, many of our Breakthrough Series Collaborative teams engage kin as resources to prevent a child from being placed outside the home. A caveat to the kinship rates presented here is that the percentage of children and youth living with kin—even in formal kinship placements may be under-reported because of the way agencies track and record children being placed with kin. This is a problem facing many jurisdictions including some BSC teams.

<sup>7</sup> Kusserow, 1992.

<sup>8</sup> Geen, 2003b.

<sup>9</sup> Boots & Geen, 1999.

<sup>10</sup> Geen, 2003b.

## Component 1: How Can Agencies Identify Kin and Support Kin and Children During the Placement Process?

### Strategies and Small Tests of Change

#### Strategy 1.A

##### Ask Appropriate Questions of Reporters, Birth Parents, Children, and Youth

- Ask reporters at intake questions such as, “Do you have any information about relatives or others who are important to the family?”
- Ask children at assessment and routinely thereafter, “With whom would you feel safe if your parents had to go away overnight?”
- Ask parents, “To whom do you turn for support?”

#### Strategy 1.B

##### Collaborate with Other Child-Serving Agencies to Identify Kin

- Collaborate with shelter staff to ask questions to children about kin
- Ask guardians ad litem to ask questions about kin during visits with the child

#### Strategy 1.C

##### Create Positions and Add Capacity to Locate Relatives and Aid in Placement Decisions

- Designate specialized staff to search for kin
- Search federal and state databases (often set up for custody and paternity searches) for paternal relatives

#### Strategy 1.D

##### Engage and Involve Family Throughout the Life of the Case

- Use family team meetings to ask about kin.

#### Strategy 1.E

##### Streamline and Expedite the Placement Process

- Give kin caregivers informational materials prior to home assessment to prepare for the process
- Ensure that policies for waivers/exemptions to licensing rules are clearly understood by staff

#### Strategy 1.F

##### Give caregivers and children opportunities to get to know each other prior to placement

- Ask children to complete an “All About Me” form describing their likes and dislikes, hopes, and dreams

*Continued from page 18.*

- When placement with kin is necessary, decision making is guided by birth family choice, safety, and the capacity of the kin to nurture and meet the children or youth’s needs.

Teams learned that improving the way agencies identified kin was not just a matter of asking more questions about kin. In order to improve this area, teams fundamentally changed how they obtained information about kin. Additionally, because kinship caregivers have a special relationship with families and are often recruited during a time of family crisis, they are sometimes less prepared and in need of more support than traditional foster care families during the placement phase. The adjacent diagram summarizes the successful strategies and small tests of change reported in Component 1.

### **Strategy 1.A Ask Appropriate Questions of Reporters, Birth Parents, Children, and Youth<sup>11</sup>**

This strategy encompasses a variety of ways to identify kin. Initially, teams assumed that workers were regularly asking questions to identify kin, but as they worked to address Component 1, they found that workers were not consistently asking about relatives or other supportive individuals. Teams tested opportunities to ask about kin at each stage of a case including intake, investigation, assessment, and after a child has already been placed.

#### **Intake/Hotline**

Asking reporters about relative information can be challenging for intake and hotline staff. The success of teams depended on the level of knowledge of intake and hotline staff about the importance of identifying kin, the relationship of the reporter to the family, and the appropriateness of the questions. For instance, during an unsuccessful test, hotline workers asked reporters to provide information about family strengths. Staff learned that reporters seemed to perceive this kind of question as “questioning the validity” of the information given. Teams that successfully implemented this strategy did not ask reporters to provide anything other than the names of relatives, if known. See “Examples of Successfully Tested Questions” for variations on this question.

#### **A Closer Look** Washington, Alaska, and Ramsey County, Minnesota and the Use of Appropriate Questioning

- In Washington, three out of thirteen reporters were able to identify known relatives when asked. In addition, the team realized that school staff were better equipped to provide information about relatives and known support people because school files often contain lists of emergency contacts. The team is now exploring ways to institutionalize this strategy of asking reporters about kin throughout the state.
- The Alaska team realized early in the testing phase that asking reporters to identify relatives was successful when this question helped to prevent children in three families from being placed in traditional foster care.

<sup>11</sup> Teams in Alabama, Arizona, Connecticut, Massachusetts, Missouri, Oklahoma, New Mexico, Ramsey County, Minnesota, San Diego County, California, Summit County, Utah, and Washington successfully implemented this strategy. Teams in Idaho and Texas were still testing this strategy at the end of the BSC.

- The entire intake unit in Ramsey County, Minnesota now asks all callers to provide information on known relatives or support systems. The Ramsey County team reports that 50% of the placements that would have been emergency shelter placements are now relative placements.

## Safety Assessment and Investigation

The investigation process can be a traumatic experience for a family already in crisis. While in the investigation phase, it can be challenging for workers to communicate and develop a trusting relationship with a family. Although teams in Alaska and Arizona reported success with asking children and parents to identify relatives during an active investigation, several teams reported that they were better able to obtain information about relatives during the assessment phase.

### A Mini-Case of Success

#### Ramsey County, MN and Kinship Searches

In 2003, intake screeners and assessment workers in Ramsey County, Minnesota were doing approximately 10% of the kinship searches. Now, in 2005, 55% of all searches are done during intake or assessment.

#### Family Centered Assessment Phase

More teams developed and tested strategies about identifying kin during the assessment phase than in other phases of a case. Teams found that when workers helped parents and children fill out genograms and other kinds of forms to identify kin, families enjoyed this opportunity to tell workers about the people that are important to them.

#### After Placement

Many teams recognized the importance of continuing to explore kin relationships after placement occurs, but few teams reported testing in this area.

The Summit County, Ohio team has implemented and spread a policy where workers are required to ask birth families about relatives during every semiannual case review. Additionally, the team developed a questionnaire for night and weekend workers to use during an emergency removal. Workers now use the questionnaire to identify kin who may be available to provide short-term care. This practice helps prevent emergency

#### AT A GLANCE

After three months of using a new form that asks about relatives, an investigation unit in Arizona has identified fifty-nine potential placements.

placements to group homes and shelters. The Summit County team reported that many workers regularly requested this information but noted that the use of a checklist helped make the practice standard.

Teams also learned that talking to parents and children about kin relationships helped family members feel more comfortable and was more successful than having family members fill out a standard form by themselves.

Teams in Missouri, Oklahoma and Utah reported that workers go through questionnaires together with families. As the Utah team reported, it is critical that “caseworkers focus on finding out who is important in a child’s life rather than just walking through a set of standard questions.”

Often workers rely solely on the birth mother to provide information about potential kin. Teams in Massachusetts and San Diego, California learned that children and youth are often better resources to identify kin than birth parents. The Ramsey County, Minnesota team now explores paternal relatives who may have been overlooked in the past.

### **A Mini-Case of Success**

#### Asking the Right Questions at the Right Time in Washington

After assessing existing practice, the Washington team learned that four out of six children polled had not been asked questions about relatives or others when they were placed in out-of-home care. Now at the time of placement, all children are asked three questions: “Who are your relatives?” “Who are other people important to you or who can you go to?” and “Is there anyone else you trust?” The answers are documented in the case record and the workers are trained on how to ask these questions.

Prior to participating in this BSC, only one-third of the children in Washington’s pilot site were asked about relatives. Now policies are in place to ensure that 100% of children are asked about relatives and significant others before they are placed.

The senior leader in Washington reported that the procedures tested by the BSC target site to ask reporters about relatives will now be implemented statewide.

The kinship placement rate in Washington’s pilot area has almost doubled, increasing from representing 24% of out-of-home placements to over 42%. The senior leader attributes this in part to the renewed emphasis on Family Team Decision Making.

### **Strategy 1.B Collaborate with Other Child-Serving Agencies to Identify Kin<sup>12</sup>**

While most teams worked to improve how public child welfare agencies identified kinship caregivers, two teams identified other organizations that can help collect and share information about kin. The Clark County, Nevada team gave an emergency children's shelter a questionnaire that asks children about relatives during the admission process. The Catawba County, North Carolina team is testing a strategy to have guardians ad litem (GALs) interview children. Both of these improvements provide people outside of the public child welfare agency with additional opportunities for identifying kin. This strategy requires collaboration, especially between agency workers and those staff at other organizations that work directly with families. While only two teams reported being successful, this strategy is an innovative way to identify kin and may lead to improved community collaboration.

### **Strategy 1.C Create Positions and Add Capacity to Locate Relatives and Aid in Placement Decisions<sup>13</sup>**

Increasing the capacity of the agency to locate relatives may initially require additional costs, but teams found these resources increased the quality of the relative searches and allowed social workers to spend more time supporting kinship families. The Clark County, Nevada team began using a grant-funded service to search databases to find relatives. Once relatives are identified, they are contacted and encouraged to call the social worker. The process is designed to protect the privacy of families and children. Teams in Arizona, Utah, and Washington added new staff to help locate relatives. Arizona and Utah teams also use a kinship locator to search for relatives. In Utah this is a state position that can search for non-custodial parents and possible kin from both maternal and paternal sides of the family (using the Federal Office of Child Support Enforcement's resources).<sup>14</sup> The Washington team recruited interns to complete kin searches and kin home studies. When Summit County, Ohio assigned a kinship social worker to oversee staffings on custody decisions (called "pre-admission process") only three out of twenty pre-admission staffings resulted in the decision to file

<sup>12</sup> Teams in Clark County, Nevada successfully implemented this strategy; the Catawba County, North Carolina team was still testing this strategy at the end of the BSC.

<sup>13</sup> Teams in Arizona, Clark County, Nevada, Utah, and Washington successfully implemented this strategy.

<sup>14</sup> For more information on Utah's Kinship Locator position, see [www.orspolicy.utah.gov/publicpolicy/vol-2/146P.htm](http://www.orspolicy.utah.gov/publicpolicy/vol-2/146P.htm)

**AT A GLANCE**Team Tips  
for Asking  
About Kin

- Seek input from youth, young adults and birth parents when creating questions.
- Create reminder stickers for workers.
- Collect relative information on a form that can be easily seen in the case file.
- Use genograms.
- Ask about paternal relatives.
- Remember that schools often have emergency contact forms which may be a good place to find relatives.
- When using a form, sit down with the birth parent or child and go through each question rather than having them fill the form out by themselves.
- Remember that children are often the most helpful source of information about relatives.

custody. The test was so successful that the kinship social worker is now a permanent member of the panel overseeing the staffings.

**Measurable Improvements**

- Since the kinship locator position has been established in Arizona, this staff person is locating over 20 family members a week.
- Because kinship workers in Summit County, Ohio are now present at preadmission staffing, only 15 percent of the cases (three out of twenty) resulted in the decision to file for custody.
- In August 2005, Clark County, Nevada identified 22 relative placements using Diligent Search.

**Strategy 1.D Engage and Involve Family Throughout the Life of the Case<sup>15</sup>**

Practice models that promote family inclusion and voice can also be valuable opportunities to explore relationships with kin. This strategy has been used during the initial removal and later in the case, as teams continue to search for kin even when a relative placement was originally not appropriate. Fresno County, California used Team Decision Making (TDM) to locate kin for placements and to stabilize existing placements. Summit County, Ohio used family team meetings as an opportunity to look for kin even after the child was removed from the home.

*”It is important and crucial to make every attempt to involve kin prior to placement, even if the case is not heading toward placement... By having a worker from the Department actually take the time to engage the kin, they are more apt to cooperate and work as a team member toward the safety of the child.”*

—Massachusetts Team Member

<sup>15</sup> Teams in Fresno County, California and Summit County, Ohio successfully implemented this strategy.

## Strategy 1.E Streamline and Expedite the Placement Process<sup>16</sup>

As kin assume the new responsibility of caring for children, they are often unprepared for the approval process—suddenly their home is scrutinized by child welfare professionals, they are asked to undergo criminal background checks, and many reported feeling overwhelmed or frustrated by the process. BSC teams worked to improve the home study process and streamline the criminal background check process for potential kinship caregivers.

### Assessments and Home Studies

The Arizona team implemented a 15- to 30-day completion requirement for home studies. Teams in Sacramento and Massachusetts began to mail a letter and checklist to potential caregivers to prepare them for the home assessment process. During the call to schedule the home study appointments in Sacramento, the clerical staff now asks if there is another child in the home, which allows the process to be expedited. In Utah, the home study form used for kin was revised to include questions about adoption. To streamline the assessment process, the placement coordinator in Ramsey County, Minnesota now checks to see if relatives are or have been licensed at the time of the 72-hour hold.

#### A Closer Look

##### Massachusetts' Welcome Letter

The BSC team in Massachusetts revised the welcome letter given to potential caregivers by adding exactly what will be required of them during the home study process. The team felt that by letting kin know about the expectations from the start, they would minimize the frustration felt by caregivers about the process. The team reported that “providing detailed information to the caregiver, prior to the home study beginning, makes [caregivers] more comfortable and willing to participate in the process.” The pilot site is now using the revised letter with all new kinship placements and as an informational tool with kin who are considering having a child placed with them.

<sup>16</sup> Teams in Arizona, Fresno County, California, Sacramento County, California, Clark County, Nevada, Massachusetts, Ramsey County, Minnesota, and Utah have successfully implemented this strategy.

**AT A GLANCE****Alternatives to State Custody in Missouri**

Each jurisdiction has different laws governing how public agencies can place children with kin. Many jurisdictions offer kinship arrangements as an alternative to coming into state custody. The Missouri team explained how this process works in their state during a BSC all-collaborative call:

“Once we identify that there is a possibility that a child may need to come into care, we attempt to locate relatives and identify alternative family placements so that the agency does not have to obtain custody of the children. We collaborate with juvenile courts and law enforcement as well as other agencies to identify kin so that we can avoid having to place children under the custody of the local agency. We usually do an initial check and a criminal background check to see if the placement is appropriate, but the children do not actually come into our care and are not under the same timelines and mandates as a child in foster care.”

**Criminal Background Checks**

The Clark County, Nevada team began using the National Crime Information Center (NCIC) to conduct FBI background checks. With the assistance of the Department of Family Services Director and Assistant Director, the Fresno County, California team now uses a simplified exemption process that reduces the recommendation letter requirement from three to one letter of recommendation for kinship caregivers.

Legal issues often surfaced when teams worked to simplify the placement process. As one team stated, “The legal complexity of placing children in a kinship placement has resulted in our pilot region being very conservative and not willing to take a lot of risks to place children with kin as the first placement.”

As teams worked to improve the placement process for kinship caregivers, they found it was critical to educate judges and workers about the importance of kinship care. The Arizona team trained judges and attorneys on the value of conducting home studies and making other placement decisions in a timely fashion. The Fresno County team created an emergency placement decision tree to help workers understand the placement process and assure appropriate and timely placements.

**Measurable Improvements**

Seven months into the BSC, the Catawba County, North Carolina team reported that the rate of children being placed with kin increased from 12% of children in out of home placements to 46%. This is an improvement of almost 300%.

In Wyoming the number of licensed kinship providers has increased from 10 to 30, an improvement of 200%.

### **Strategy 1.F Give Caregivers and Children Opportunities to Get to Know One Another Prior to Placement<sup>17</sup>**

The teams in Massachusetts, Oklahoma, and Clark County, Nevada created a form called “All About Me” or “Who Am I?” for children to share information about themselves to caregivers. Workers help the child complete a form that asks about their likes, dislikes, fears, and other preferences. The information is then given to the kinship caregiver to aid in the transition. In addition to giving future caregivers information about children that is not found in case files, this exercise is a fun activity for children, and can help workers build effective relationships with children on their caseload.

#### **Summary**

As teams tested strategies, they discovered that success required understanding and including the perspective of parents, children, and kin throughout a family’s experience with the agency. The work of the BSC teams flagged an important area that the original framework did not address: supporting kin and children during the placement process. Identifying, engaging, and supporting kin at the point of initial contact with a family by the child welfare agency can help to promote permanency while maintaining family connections. The hard work of the teams resulted in major improvements in identifying and engaging kin as well as laying the groundwork for improvement in other component areas.

<sup>17</sup> Teams in Massachusetts, Clark County, Nevada, and Oklahoma successfully implemented this strategy.

**AT A GLANCE****BSC Framework  
Component 2****Support Permanency  
Subcomponents:**

- Kinship care is recognized and supported as a permanency option.
- Birth families, children, youth and their kin are actively engaged in both the planning for and decision making around child permanency.
- Staff have frequent and regular contacts with birth parents, kinship caregivers, and with the children and youth in their care.
- Kinship caregivers receive information from agency staff regarding the juvenile and family court system and their roles in different types of court proceedings involving permanency options for children in their care.
- Staff work closely with court systems to consider legal permanency such as guardianship and adoption, when appropriate.

*Continued on next page.*

**COMPONENT 2**

## Permanency

Research indicates that children and youth in kinship care have more stable placements than children in other types of out of home care. Yet children in kinship homes are less likely to achieve adoption, custody, or guardianship.<sup>18</sup> Increased stability and decreased likelihood of obtaining legal permanency may seem incongruous, but these findings illustrate the tension between the legal definition of permanency for children in state custody and the ambivalence many kinship caregivers feel toward their new role and the implication of this role-change within their family.

*“As a kinship caregiver for two grandchildren, the word permanency did not mean much—I thought of it more as family is family. As caregivers, we always have a hope that the parents will return to their natural role of parent to these children.”*

— Margaret Barrie,  
Kinship Caregiver, BSC Faculty Co-Chair

As Margaret Barrie’s statement suggests, permanency for children living with kin is a complex concept. In addition to the challenges of family dynamics and role re-alignment that accompanies kinship care placements, kinship providers may be less prepared to provide care for children being placed in their home than non-kin foster parents. Kin sometimes agree to care for children without understanding that the placement may become a long-term arrangement. Additionally, grandparents and other older kin may find caring for children increasingly challenging as both the child and caregiver grow older. Some kinship placements fail as the caregiver’s own needs for health care and other services increase. Successfully supporting permanency for children and youth in kinship care requires respecting the dynamics of the family structure and understanding and supporting the needs of kin throughout the life of the child.

The figure on the following page depicts the strategies teams used to support permanency for children in kinship arrangements.

<sup>18</sup> Child Welfare League of America, 2005.

## Component 2: Promoting Permanency for Children in Kinship Placements

### Strategies and Small Tests of Change

#### Strategy 2.A

##### Educate and Raise the Awareness of Kinship Caregivers About Permanency Options

- Create brochures and fact sheets about permanency and distribute them to kin caregivers early in the process
- Discuss permanency at the first meeting with kin caregivers to help them understand child welfare roles and responsibilities

#### Strategy 2.B

##### Restructure/Add New Staff to Ensure Kin Feel Connected and Supported by Agency

- Create a kinship care social work position that kin can access for support
- Have kinship support worker join the ongoing worker during home visits once child is placed in the home

#### Strategy 2.C

##### Engage and Involve Family, Including Kin in Case Planning and Decision Making

- Include kinship caregiver in family team meetings to help identify supports for kin caregivers

#### Strategy 2.D

##### Raise Staff Awareness About Permanency

- Create a permanency planning notebook as a reference for staff to find out information about permanency options for kin caregivers
- Distribute brochures created about permanency to workers throughout the agency to ensure staff are aware of and consistently discuss permanency options with kin

#### Strategy 2.E

##### Provide Caregivers with Support and Services to Maintain Kinship Placement

- Offer family preservation or wraparound services and supports to kinship caregivers to make placements less disruptive to family life
- Create a tip sheet of supportive service options to prevent caregiver burnout

*Continued from page 28.*

- Agencies financially support all permanency options equally.
- Caregivers, families, and youth are aware of their rights and exercise them.

**AT A GLANCE****Kinship Care Worker in San Diego County, California**

In San Diego County, the BSC team created a kinship care worker position, which has secondary status on a case. During the testing phase, the team created a referral form and trained the Court Intervention (CI) staff on the new process, using a BSC core team member as the kinship care worker. (Court Intervention is a dedicated unit that provides support to families during court visits and attends all court hearings for children in agency custody.) The CI staff immediately started referring cases. The first referral was to help a caregiver who was going through the process of adoption. The placement was unstable and the CI worker reported being grateful for the referral to a kinship care worker to help preserve the placement. The success of this position soon spread. In order to effectively support kin and facilitate a trusting relationship, the kinship care worker does not play a role in the investigation of the birth parents, but assists kin in identifying support services early in the investigation process.

*Continued on next page.*

**Strategy 2.A Educate and Raise the Awareness of Kinship Caregivers About Permanency Options<sup>19</sup>**

Teams learned that kin are often unaware of permanency options and reported that these options are often not discussed with the caregiver until after the child has been living with the caregiver for a significant length of time. In an effort to improve the current practice, teams began to provide information about permanency options early in the placement process.

In San Diego County, California, the team instituted a policy which requires workers to discuss permanency options during the first meeting with the kinship family after the child is placed. Workers use the question, “If necessary, are you willing to give this child a permanent home?” as a way to start the conversation about permanency. This question is asked in all circumstances, even if the plan is for the child to be reunited with his or her parents. The team found that some kin had not considered being a permanent caregiver to a child until they were asked this question. Most caregivers were open to considering guardianship and adoption during this conversation.

*“Kin always have the hope that the biological parent is going to reunify with their children, no matter how rough it gets. They may have not thought of that option [adoption or guardianship] so it is important to bring it up and prepare kin for that possibility.”*

—San Diego County Team Member

Teams in Arizona, Connecticut, and Texas created brochures, fact sheets, and other materials about permanency specifically written for kinship caregivers. The materials were distributed during the home study process, or at other early points of contact with the agency. Teams also made the information available to caregiver support groups and, when possible, translated the information into Spanish and other languages.

<sup>19</sup> Teams in Arizona, Connecticut, San Diego County, California, and Texas successfully implemented this strategy. The team in Missouri was still testing this strategy at the end of the BSC.

### **Strategy 2.B Restructure / Add New Staff to Ensure Kin Feel Connected and Supported by Agency<sup>20</sup>**

As a child's case moves through phases in the child welfare system, family members who come into contact with multiple systems and workers. Kinship caregivers may not know whom to turn to as the case gets passed from unit to unit in an agency. Having a dedicated kinship worker ensures that kin have at least one person in the agency they can contact for ongoing support. The example below describes how San Diego County, California created a kinship care worker position.

The public child welfare agency in Massachusetts had a dedicated kinship care worker position in place prior to the BSC. The team improved how this position supported permanency by having the kinship care worker and permanency worker conduct a joint visit to the kinship family to discuss planning and progress toward the permanency goal.

The Massachusetts team found that because of the joint visit between the permanency worker and kinship care worker, everyone was on the same page, all questions asked by the kinship caregiver were answered, and the goal of legal guardianship was achieved.

### **Strategy 2.C Engage and Involve Family in Case Planning and Decision Making<sup>21</sup>**

Family inclusion is an important strategy used to address several areas of this framework, including permanency. Approaches such as Family Group Conferencing or Team Decision Making can be used to include kin in decisions about permanency goals. (At the outset of the BSC, teams such as Hamilton County, Ohio and Catawba County, North Carolina had practices already in place that supported this strategy.) Including kin in case planning increases kin involvement in their case and may help them feel more invested in partnering with the agency. Encouraging caregivers to voice their thoughts during planning meetings can help workers assess more effectively whether kin are ready to move to permanent options, such as legal guardianship or adoption. These opportunities also allow kin to identify their own needs in order to create and maintain safe healthy placements.

<sup>20</sup> Teams in San Diego County, California and Massachusetts successfully implemented this strategy.

<sup>21</sup> Teams in Fresno County, California, San Diego County, California, Massachusetts, MHA Nation, Maryland, Catawba County, North Carolina, Ramsey County, Minnesota, Texas, and Utah successfully implemented this strategy.

*Continued from page 30.*

The team found that supporting the kinship caregiver early on in the case allows children to be placed in the home more quickly.

**AT A GLANCE**

**Addressing Permanency Options: Legal Definitions of Permanency**

**Federal Policies**

Making every effort to find permanent homes for children is a federal mandate. Unfortunately, legal definitions of permanency are not flexible enough to include most kinship arrangements. As one BSC participant said, “Until the Adoption and Safe Families Act changes and there is a category for kinship care placements, workers will continue to be placed in the position of having to pressure and really force caregivers to adopt. Currently, we are under the mandate that every child has to be evaluated for adoption and all children under the age of two are considered adoptable. So, the change really must begin with the law so workers do not have the pressure on them to have children adopted.” Kinship families who would like to make a commitment to provide long-term care to a child but who do not want to adopt may have other options, discussed below, depending on the policies in their jurisdiction.

*Continued on next page.*

*“[The fact that many guardianships with kin fall apart] makes a strong argument for family group decision-making, which (1) help(s) explore whether this is the best decision for the family and (2) increase(s) the support the family will have with the decision once it is made because they were involved in the process.”*

—Arizona Team Member

**Making Real Agency Change in MHA Nation**

*Based on their work in Strategy 2C, the MHA Nation team reported major improvement in their practice in the following subcomponent:*

*Birth families, children, youth and their kin are actively engaged in both the planning for and decision making around child permanency.*

Doesn't exist	Policy only	Specific protocols and procedures	Sometimes implemented in practice	Routinely implemented in practice
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*(Based on team self-assessment data from January 2005 and August 2005.)*

**Strategy 2.D Raise Staff Awareness About Permanency<sup>22</sup>**

Several teams implemented strategies to raise the awareness of staff and community partners around the definition of permanency.

The Arizona team created a Permanency Planning Resource Notebook for staff with policy guidelines, information about available services and supports, and sample questions to ask families.

The team in Ramsey County, Minnesota has worked to improve their engagement with fathers. While working to support permanency, the team learned that most fathers they worked with wanted to be involved.

<sup>22</sup> Teams in Arizona, San Diego County, California, Connecticut, and Texas successfully implemented this strategy.

Other teams created brochures and other materials about permanency options to distribute to kinship caregivers.

### **Strategy 2.E Provide Caregivers with Support and Services to Maintain Kinship Placement<sup>23</sup>**

There are several types of supports that teams put in place specifically to maintain placements and support permanency.

The Ramsey County, Minnesota team noticed that when placements are disrupted due to a finding of child maltreatment by a relative caregiver, the finding is often of neglect due to poor health or limited resources of the caregiver. The agency has now begun to offer—when needed and appropriate—family preservation, therapy, or wrap-around services which can help prevent removing a child from a relative home. This requires collaboration with community-based agencies, such as mental health agencies.

The team in San Diego County, California reported that caregivers were grateful for the tip sheet created to reduce caregiver burnout. The tip sheet described how kin can relieve stress and take care of themselves.

Massachusetts provides community wrap-around services to kin at any time when a child is placed in care. The team made certain that caregivers understood the services were voluntary and accessible at anytime.

*“Our goal is for our families to think of us (the agency) as a support system. We don’t want to wait until a placement is in trouble. We can serve a family with wrap-around services on a voluntary basis.”*

–Massachusetts Team Member

*Continued from page 32.*

#### **Jurisdictional Policies**

Every jurisdiction has different permanency classifications available for youth in kinship care, but generally the options include (1) adoption; (2) guardianship; and (3) reunification with family. Many kin are reluctant to adopt children because that would formally terminate the parent’s rights. Guardianship can seem like a better alternative to kin because it does not require the formal termination of parental rights. In some jurisdictions adopting or becoming a guardian for a child means giving up all or a portion of the services and financial supports available to kinship caregivers. Many jurisdictions do offer some form of financial assistance for guardianship and adoptions, but usually not to the extent they provide for licensed foster parents. Many BSC jurisdictions acknowledge the need to change their policies to improve the legal definitions and subsidies associated with permanency options for kinship placements, yet the BSC teams tested strategies aimed at improving practice rather than changing laws. This focus may be associated with the challenges of

*Continued on next page.*

<sup>23</sup> Teams in San Diego County, California, Massachusetts, and Ramsey County, Minnesota successfully implemented this strategy.

*Continued from page 33.*

making policy changes using the BSC model for improvement (legislative changes are not conducive to rapid, small scale tests of change). Additionally, the BSC teams recognize that making practice changes to better maintain guardianships or other placements is critical.

**Making Real Agency Change in San Diego**

*Based on their work to support permanency, the team in San Diego reported great improvement in their self assessment in the following subcomponent area:*

*Kinship care is recognized and supported as a permanency option.*

	Doesn't exist	Policy only	Specific protocols and procedures	Sometimes implemented in practice	Routinely implemented in practice

*(Based on team self-assessment data from January 2005 and August 2005.)*

**Summary**

Having a family, living in a place you can call home and knowing that someone will always be there for you is something everyone needs, especially children and youth. The Adoption and Safe Families Act of 1997 highlighted the need for lifelong ties to loved ones with the requirement of permanency for children. However, while the goal of permanency for children is laudable, the concept is unclear to many outside of the child welfare sphere. One outcome of the BSC was a better understanding of how to use language to engage and educate kin, community members, judges, and other service providers about the importance of permanency in the life of every child. Once the concept was better understood, the next step was to find effective ways to better achieve permanency for children.

Through the testing strategies addressing this component, BSC teams recognized that to fully support permanency, they must first support kin caregivers by keeping them informed about choices, respecting their voices, and understanding and responding to the challenges of caring for children in their care.

## COMPONENT 3

### Family Relationships

The experts, faculty members, and teams involved in this BSC wrestled with many complex issues and engaged in many value-laden conversations about what it means to support kinship caregivers. One of the most important outcomes of these discussions was the understanding that kinship care fundamentally requires a realignment of relationships within an existing family network. (“Family” is broadly defined here.) For example, the person who yesterday was “Grandma” may now be functioning as “Mom,” and Mom is no longer carrying out the day-to-day parenting role. Grandma, Mom, and the children need to adjust to these new roles and the implications of these changes. This realignment of roles can be very difficult for birth parents, children, youth, and their kin. It requires that social workers seek to create safe environments and explicit opportunities to attend to the process of realignment. All those involved in the process need to appreciate that from time to time kin may become confused, scared, angry, and resentful while at the same time being grateful, supportive, encouraging and loving.

Public and tribal child welfare agencies and their community partners must not ignore these difficult transitions, but face and support them. If done well, these transitions provide the opportunity to ensure that a child’s connection to their birth family, siblings and other extended family members are maintained. The figure on the following page illustrates the strategies that teams used to successfully maintain family connections.

### Component 3: How Can Agencies Help to Keep Families Connected when Children Are Removed from the Home and Placed with Kin?

#### Strategies and Small Tests of Change

##### Strategy 3.A

##### Actively Promote Opportunities to Build Relationships Between Family Members

- Take birth parents along on the first home visit to kinship caregiver’s home
- Hold “Ice Breakers” between kin and birth parents to give the parent a chance to describe the child’s interests, routines, likes and dislikes, bedtime rituals, etc. The meeting is a time for workers to address role realignment and other tensions that may exist

#### AT A GLANCE

### BSC Framework Component 3

Maintain, strengthen, and support connections between birth parents, children, youth, their siblings, and their kin.

Child welfare workers engage in practices that support the relationships between birth parents, children, youth, siblings, and their kin.

When children or youth are in a kinship placement, frequent interaction with birth parents, allowing for optimal connection that supports reunification efforts, is facilitated and supported by child welfare workers.

Child welfare workers support children and youth’s relationships with their siblings by placing siblings together whenever possible, and by supporting frequent contact between siblings when siblings are not placed together.

Child welfare workers support children and youth’s ongoing connections with birth parents, siblings, and kin when they leave foster care for adoption, even in closed jurisdictions or situations where the legal guardian is not kin.

**Strategy 3.B****Raise Children and Youth’s Awareness of and Interest in Family**

- Ask the child and his or her parent(s) to complete a family tree during their visits together.

**Strategy 3.C****Co-Train Workers, Caregivers, and Birth Parents on Working Together**

- Conduct training on how to work as a team—including role playing and other interactive exercises—to promote understanding and empathy among team players.

**Strategy 3.d****Leverage Resources to Keep Siblings Connected****Strategy 3.A Actively Promote Opportunities to Build Relationships Between Family Members<sup>24</sup>**

Building and maintaining relationships between family members is an ongoing process which begins when a case is opened and continues until the case is closed.

**During the Intake Process**

When workers in San Diego County make their first home visit to kin caregivers, they now ask birth parents to join them. This creates an opportunity for the kin caregivers and the family members to visit, discuss how the child is doing, and talk about what needs to happen for the child to go home. It also provides an opportunity for the child to see his/her parents and the kin caregivers interacting—which can help the child to feel less emotionally torn. To remind workers about the importance of this new practice, the team added the question, “Are the biological parents involved?” to the kin visitation form.

*“Staff members are now thinking about family much more readily than they did before this BSC. We have increased the use of “family unity meetings,” “family group decision making” and other family engagement methods*

<sup>24</sup> Teams in Los Angeles County, California, Pomona Office, San Diego County, California, Summit County, Ohio, and Washington successfully implemented this strategy. The team in Idaho reported still testing this strategy. (Note: Other teams use this strategy to address other parts of the framework.)

*of planning. Our child protection units are beginning to refer to those interventions.”*

—Washington Team Member

## **After Placement**

It is important to engage and include birth parents throughout the time a child is in out-of-home care. The Summit County, Ohio team sent a letter to birth families and kin caregivers inviting them to participate in the case planning process. This particular PDSA worked so well in the pilot site, it is now considered regular protocol throughout the agency and all workers are responsible for inviting families to participate in case planning meetings.

Maintaining children’s connections to their birth family requires workers to actively engage birth parents after the children have been removed from the home.

### **A Mini-Case of Success** “Ice Breakers” in Los Angeles County, California, Pomona Office

After the Team Decision Making meeting that ordinarily takes place prior to a child being placed in care, workers in Los Angeles County, Pomona Office now ask the kinship caregiver and birth parent(s) to stay for a second meeting, called an ice breaker. In the ice breaker meeting, parents are asked about the child’s interests, friends, bedtime routines, favorite foods, etc. This meeting provides an opportunity for the kinship caregiver to learn more about the child and can help the birth parent feel more comfortable sharing his or her opinions and experiences with the kin caregiver and the worker. The workers are prepared to specifically address the issue of role realignment and respond to concerns that may arise during the ice breaker session. The BSC team in the Los Angeles County, California Pomona Office reported that ice breakers are one of the most successful strategies they have implemented while participating in the BSC.

**Making Real Agency Change in Summit County, Ohio**

*Based on their work in Strategy 3A, the team in Summit County, reported major improvement in their practice. In the following subcomponent, the team went from having nothing in place to implementing in practice.*

*Child welfare workers support children and youth’s ongoing connections with birth parents, siblings, and kin when they leave foster care for adoption, even in closed jurisdictions or situations where the legal guardian is not kin.*

Doesn't exist	Policy only	Specific protocols and procedures	Sometimes implemented in practice	Routinely implemented in practice

Because birth parents and kin typically have a pre-existing relationship and may continue to have close contact with one another, it is essential for workers to offer opportunities for birth parents and kin to work together, regardless of whether or not the child’s goal is reunification.

Methods like family group conferencing help birth family and kin work through conflicts that may arise and can keep family members engaged.

**Strategy 3.B Raise Children and Youth’s Awareness of and Interest in Family<sup>25</sup>**

Keeping families connected is one of the components for this BSC, and families often benefit from strong family connections when coming to the attention of the child welfare system. The crisis that brings a young person to the attention of the agency can turn into an opportunity for workers to promote the importance of family. In Sacramento, workers provide a family tree worksheet to biological parents and children during visitation to encourage written and oral sharing of family history. Genograms and some of the other activities discussed in Component 1 may also serve to raise a child’s awareness of family history.

<sup>25</sup> The team in Sacramento County, California successfully implemented this strategy.

*Workers became very excited about the family tree worksheet and families reported positive feedback about this activity and saw it as a fun activity to engage in during visitation.”*

—Sacramento Team Member

### **Strategy 3.C Co-Train Workers, Caregivers, and Birth Parents on Working Together<sup>26</sup>**

The complex family dynamics at work in kinship care can make it challenging for caregivers, birth parents, and agency staff to work together. San Diego County, California offers a unique training called “How to Work as a Team” composed of role playing and other small group exercises.<sup>27</sup> The training promotes sharing so that participants can appreciate the different viewpoints, challenges, and strengths of other individuals. This strategy was developed because the team knew that they needed the input and knowledge of families to identify the best practices in the process of kinship care, but also knew that agency staff, birth families, and their kin did not have a history of effectively working as a team. Trusting relationships were developed as part of this team building process.

### **Strategy 3.D Leverage Resources to Keep Siblings Connected<sup>28</sup>**

Placing siblings together is important—whether children are in kinship care or not—and represents the core value of maintaining family connections. While the public agencies represented by BSC teams typically had policies in place that gave preference to placing siblings together, teams also sought to promote this practice in kinship care arrangements. For example, in San Diego County, California the team used Family Preservation funds to pay for moving expenses for kin in order to accommodate all siblings. The Clark County, Nevada team engaged a local camp that reunites brothers and sisters placed in separate foster, adoptive or kinship homes.<sup>29</sup>

<sup>26</sup> The team in San Diego County, California successfully implemented this strategy.

<sup>27</sup> More information about this training can be found at: [www.fakce.org/working.html](http://www.fakce.org/working.html).

<sup>28</sup> Teams in San Diego County, California and Clark County, Nevada successfully implemented this strategy.

<sup>29</sup> The Clark County, Nevada BSC team used “Camp to Belong,” which has locations in Nevada, Colorado, California, Maine, Massachusetts, and Oregon. For more information visit: [www.camptobelong.org](http://www.camptobelong.org).

**Summary**

An analysis of the self-assessment ratings reveals that although many teams indicated improvements in this component, the improvements were small. The fact that many teams rated themselves as improving, even slightly, in this component despite the limited numbers of specific strategies successfully implemented may indicate that strategies addressing other areas of the framework, such as Permanency (Component 2) and Services and Support (Component 4) can also help maintain family connections. Improvements in maintaining family connections may also be more visible in the changing attitudes of workers and the shifting of agency culture rather than in specific practice changes that are easily documented and tracked as PDSAs.

Ultimately this component requires teams to understand that kinship care is much more than a placement option—it is a way to respect and nurture the natural strengths of a family and the community in which the family resides.

## COMPONENT 4

### Services and Supports

Frequently kin become caregivers after a family crisis. They may have little preparation in terms of learning about the child welfare system, their new role as kinship caregivers, or how to access support. Studies indicate that kin are more likely to be single and to be poorer, older, in poorer health, and have less formal education than non-kin foster parents.<sup>30</sup> Kin caregivers may have a greater need for services and supports than non-kin foster caregivers, yet “kinship caregivers are referred for, offered, and actually receive fewer services for themselves and for the children in their care” when compared to non-kin foster parents.<sup>31</sup>

As our BSC teams learned, a critical part of supporting kin is promoting trust and establishing strong relationships between the worker and families. Kinship caregivers may have complex feelings about the child welfare system. They may, for example, agree that children need to be in a safe place, but feel torn about becoming the “replacement” caregivers for their kin. They may believe that the system was too quick to remove the children and should have offered services and supports to their kin, or they may fully agree with the children being removed and be willing to help the children safely return home.

*“We must recognize that the connection [between the system and caregiver] may rely on how we have interacted with those parents and how that interaction is communicated with the relative caregivers.”*

—Carol Wilson Spigner, D.S.W., BSC Faculty Member

### Component 4: How Can Agencies Best Serve and Support Kin Caregivers and the Children Living with Them?

#### Strategies and Small Tests of Change

##### Strategy 4.A

##### Improve Communication about Services and Supports through Written Material

- Create and disseminate tip sheets, brochures, and other information about the services the agency or community-based providers can provide to kin caregivers

<sup>30</sup> Geen, 2003a.

<sup>31</sup> Boots and Geen, 1999.

#### AT A GLANCE

### BSC Framework Component 4

Implement inclusive planning that results in the provision of culturally relevant, kinship-competent services that birth parents, children, youth, and their kin ask for—and are that available when they need them—throughout their involvement with the child welfare system.

#### Subcomponents:

- Information about the child welfare system and available services and supports is openly provided to kinship families.
- The agency and its partners recognize and respect that families have preferences and choices.
- The financial needs of kinship families are recognized and sources of funding to meet their needs are identified.
- Children and youth, birth families, and kinship families are involved in decisions about obtaining services and supports through clearly established, consistent processes.

*Continued on next page.*

*Continued from page 41.*

- Services and supports are provided to kinship families based on their strengths and needs, and address the changing family dynamics as kin take on new roles and responsibilities within their families.
- The services and supports are provided when needed, assessed regularly, and changes are made as necessary to support the family.
- The array of services and supports provided are culturally appropriate, relevant to kin caregivers, community-based, and encourage connection to the community.

Services and supports are available throughout the developmental stages and lifetime of the children and youth in kinship care.

Furthermore, many kin caregivers reported feeling reluctant to ask for support once the children were in their care. These caregivers feared that asking for help might be viewed as a weakness by the public agency. Given these complicated emotions, it is critical that the child welfare system find explicit ways to reach out to kin and involve

*Continued on next page.*

- Design a newsletter that informs kin about available services and the experiences of other kin caregivers and updates about agency requirements

#### **Strategy 4.B**

##### **Include Kinship Caregivers and Children in Identifying and Planning Needed Services and Supports**

- Institute a practice of visiting caregivers to discuss service needs
- Include kin caregivers in family team meetings to help identify supports needed for caregivers
- Assess the needs of kin to better match services to families

#### **Strategy 4.C**

##### **Train Kin Caregivers about Agency Policies and Available Resources**

- Identify topics and issues that are important to kin. Hold monthly forums on these topics.

#### **Strategy 4.D**

##### **Improve Agency Financial Assistance Process**

- Submit information about kinship caregivers to eligibility workers electronically to expedite receipt of financial assistance
- Develop a relationship with a local vendor to secure donated furniture
- Negotiate with landlords to improve living arrangements

#### **Strategy 4.E**

##### **Help Kin Prepare to Be Caregivers**

### **Strategy 4.A Improve Communication about Services and Supports through Written Material<sup>32</sup>**

BSC teams discovered that kin were often unaware of the services and supports available to them as caregivers. To foster better communication, teams began to create and distribute materials about the supports available to kinship families.

#### **Tip Sheets and Brochures**

Ten teams created tip sheets and brochures to distribute to caregivers with information about support groups, financial and other forms of assistance, and community-based services. Teams provided informational

<sup>32</sup> Teams in Arizona, Sacramento County, California, San Diego County, California, Idaho, Ramsey County, Minnesota, Clark County, Nevada, Hamilton County, Ohio, Summit County, Ohio, Texas, Utah, Washington, and Wyoming successfully implemented this strategy. Teams in Missouri and Oklahoma were still testing this strategy at the end of the BSC.

material to kin at the time of placement, during home studies, and during support groups. Brochures were also made available in other places caregivers visit, such as medical and dental offices.

*“Caregivers may be too overwhelmed to know what questions to ask. Having the basic information available in an easy-to-reference brochure can make the caregivers feel more prepared for their new role.”*

—Arizona Team Member

Creating reference material about services serves a secondary purpose of ensuring that workers are informed of the latest information and helps staff relay information accurately and consistently to caregivers.

The content of the brochures varied depending on the jurisdiction, but generally contained information about supports such as education, day care, cash assistance, food stamps, housing, employment, support groups, medical services, and Web sites to go to for additional information. Several teams revised their kinship brochure to include additional information about permanency options and child welfare laws.

When designing informational materials, many teams sought input and review from caregivers to make certain that the materials were written clearly and contained relevant information. Translating the material into Spanish and other languages was another step used to make information accessible to caregivers. In Summit County, Ohio, the team added cultural, ethnic, and religious community resources to their resource list because these resources are often more relevant to caregivers than agency-based programs. Massachusetts took a fresh approach by providing basic information and important phone numbers on a magnet distributed to caregivers at the time of placement.

## Newsletter

Newsletters proved to be a successful mechanism for communicating with caregivers and youth. Teams in Idaho and Hamilton County, Ohio created newsletters for kinship caregivers, while the Summit County, Ohio team created a newsletter for youth. The newsletters contain information about services, support groups, upcoming events or agency deadlines, contact numbers, interviews, and profiles of caregivers. The

*Continued from page 42.*

them in the decision-making process.

The BSC framework uses phrases such as *recognize and respect*, *involved in decisions*, and *based on their strengths and needs*, as a reminder that supporting kinship arrangements requires agencies to appreciate the experiences, perspectives, needs, and strengths of kin caregivers and children in the context of the family and community in which they live.

Summit County youth newsletter includes spotlights on entertainers and cartoon characters who were raised in a kinship placement, crafts, and word games. An independent nonprofit (Ohio Grandparent/Kinship Coalition) is now responsible for the newsletter's distribution.

### **Measurable Improvements**

#### Home Visits in Arizona

Using only the newsletter to promote a new mentoring program, the team in Hamilton County recruited 23 caregivers. This confirmed the team's belief that the newsletter, which is sent to about 95 caregivers, is a highly effective way to communicate with caregivers.

Increasing new kinship caregivers' awareness was the emphasis for most teams, but teams in Arizona and San Diego County, California checked in with experienced caregivers to make sure that they were aware of services as well. In Arizona, the BSC manager visited caregivers' homes; in San Diego County, caregivers were interviewed on the phone. Both teams were surprised that many kin who had provided care for years did not know about services and financial assistance for which they were eligible.

### **A Closer Look**

#### Home Visits in Arizona

The BSC day-to-day manager in Arizona visited the homes of 30 experienced caregivers to assess whether kin were accessing resources like the local kinship care center and Temporary Assistance for Needy Families. The manager was stunned to learn that only 1 in 30 of these caregivers was receiving TANF. Many caregivers reported giving up because they found the TANF application process too difficult or frustrating.

Although newsletters, brochures and fact sheets play a critical role in helping caregivers understand the services and supports available, providing written materials cannot substitute for speaking with caregivers individually about their service needs.

*“Sometimes I don’t have time to organize all my handbooks and fliers and so I really like it when I can just pick up the phone and call someone to get the information I need. It is important to recognize and emphasize that caregivers need to be able to contact someone to get their questions answered.”*

—Margaret Barrie, BSC Co-Chair and Experienced Kinship Caregiver

### **Strategy 4.B Include Kinship Caregivers and Children in Identifying and Planning Needed Services and Supports<sup>33</sup>**

Teams addressed this strategy in three basic ways: (1) creating new opportunities for face-to-face meetings with caregivers specifically to address services and support, (2) using approaches like family group conferencing or Team Decision Making to ensure that kinship families are involved in planning for services and supports, and (3) designing and offering assessments or menus of services that help match kin to the most appropriate services.

#### **New Face-to-Face Meetings**

Teams in Arizona; Los Angeles County, California Compton Office; San Diego County, California; and Texas created opportunities for caregivers to meet with each other face-to-face to learn more about the services and supports available to them. These meetings usually took place during or prior to the home study process to ensure that kin were informed early about available resources. Giving specific information (a list of names and numbers) relevant to a particular caregiver’s need was found to be more effective than just giving every caregiver the same resource list. While other teams met with caregivers one-on-one, Texas held a “resource night” to share information about the kinship program and community resources available to kinship caregivers.

<sup>33</sup> Teams in Arizona, Compton County, California, Pomona County, California, San Diego County, California, and Texas successfully implemented this strategy. The team in Oklahoma was still testing this strategy at the end of the BSC.

*“Just realizing that there is support out there, even if it is not needed at the time of the visit, puts the relative at ease.”*

—A San Diego County Team Member

### **A Closer Look**

#### Arizona’s Resource Day

The Arizona BSC team demonstrated a strong commitment to raising kin’s awareness of and access to services, stating that it is critical “for kinship caregivers to receive information and support as quickly as possible after becoming involved with the system.” They established the practice of Resource Day. Kinship families are contacted, within a week of their referral, to set up a twenty-to-thirty minute in-person meeting in which they can ask questions, complete financial aid information, and receive resource information. As the team explains:

“[The caregiver] may have questions about the home study process, Temporary Assistance for Needy Families application; child protective services allowances, or any other number of issues, all of which are addressed at the resource appointment, instead of having to wait until the home study visit. A brief contact with someone, face to face, in the early stages, is instrumental in keeping the family involved and minimizing the confusion and frustration. Our hope is that in the long run this process will help to stabilize the placement and give the family a sense of being part of a team.”

Within the first six months of initiating Resource Day, the pilot site in Arizona has hosted eighty-one resource day appointments with caregivers. All of the caregivers polled in a preliminary survey indicated that the information was beneficial.

### **Family Inclusion Practices to Identify and Plan Services and Support**

Practices such as Family Group Conferences and Team Decision Making are excellent opportunities for workers to explore the resources and supports that might benefit a kinship family. Kin can identify the supports that they need and others in their circle of relationships can provide pieces of that support.

### **Assessments and “Menus” to Guide Service Access**

This practice works best when done within the context of a face-to-face meeting between the worker and kin caregivers. The San Diego team developed an assessment tool that asks caregivers to rate themselves on a scale of 1 to 10 in terms of their ability to care for kin. Workers used this assessment tool as a guide for conversations with kin about service needs and supports. In the Los Angeles County, California Pomona Office, workers ask questions regarding the culture and norms of families during intake.

*“Information gathered about culture, norms and family rituals early in the process is used to drive the way in which we deliver services to families.”*

—A Los Angeles County, Pomona Office Team Member

### **Strategy 4.C Train Kinship Caregivers about Agency Policies and Available Resources<sup>34</sup>**

Teams found that trainings for kinship caregivers, in addition to providing kinship caregivers essential information about supports and services available, can also foster connections among caregivers and often result in an experience similar to support groups. Based on suggestions raised by caregivers during trainings, teams in Massachusetts and Catawba County, North Carolina started support groups. The trainings were often great opportunities for caregivers to share their own experiences and for agency staff to learn about the service gaps and unaddressed needs that caregivers may face.

*“The Heart Set Program, which is a kinship specific training has been one of the team’s most successful PDSAs and has spread throughout the organization with an incredible amount of enthusiasm.”*

—Senior Leader Catawba County Team

*“The fourteen providers who participated in the training desperately needed a forum to express their ideas, feelings, and thoughts. The group process were helpful in bringing out additional challenges that social workers are not aware of. After the trainings, the team started a support group, and trained workers on the issues that caregivers brought up during the training.”*

—Catawba County Team Member

<sup>34</sup> Teams in Catawba County, North Carolina, Clark County, Nevada, Massachusetts, Texas, Utah, and Wyoming successfully implemented this strategy. Teams in Missouri and Washington were still testing this strategy at the end of the BSC.

Teams reported that trainings are most effective when conducted as early as possible in the placement process. Because it can be hard to engage kin to attend trainings, given everything else that they have to do, the Massachusetts BSC team now requires kinship caregivers to attend the trainings as part of their agreement to place children in their homes. While this may seem somewhat “top down,” the kin who attend the training are very appreciative of the content and the opportunity to network with other kin caregivers.

Some teams revised curricula that already existed for non-kin foster parents. Texas used a pre-existing ten-week education/support group model called Comprehensive Relative Enhancement, Support, and Training (CREST) that has been shown to be successful.<sup>35</sup>

***Making Real Agency Change in Catawba County***

*Based on their work in Strategy 4C, the team in Catawba County, North Carolina reported major improvements in practice. In the following subcomponent, the team went from having just a policy in place to routinely implementing in practice.*

*Information is provided openly to kinship families about the child welfare system and the services and supports that are available to families.*

Doesn't exist	Policy only	Specific protocols and procedures	Sometimes implemented in practice	Routinely implemented in practice

*(Based on team self-assessment data from January 2005 and August 2005.)*

Missouri and Washington (both still testing at the completion of the BSC) plan to include representatives outside of the child welfare agencies in their training. In Missouri, the trainings will be specifically about courts, and will use judges and attorneys as facilitators. The Washington

<sup>35</sup> The Comprehensive Relative Enhancement and Support Training Program (CREST) is a collaborative program between Casey Family Programs and the Texas Department of Family and Protective Services, which was started through a three-year federal Adoption Opportunity Grant. CREST provides kinship caregivers with training, caseworker support, information and referrals, support groups, counseling, and goods. This program serves caregivers in the San Antonio area.

team is going to provide trainings by collaborating with the community-based organization that conducts kinship support groups.

### **A Closer Look**

#### Massachusetts' Caregiver Training Experience

To provide kin with needed information as early as possible, the BSC team in Massachusetts developed and now provides specific training for individuals providing care for minor kin. The training covers information about the expectations and resources for caregivers and youth in care and empowers caregivers to access needed resources and navigate the system. The team noticed that caregivers also used these trainings as much-needed opportunities to express feelings and share experiences. When caregivers shared their experiences in these trainings, caseworkers learned of issues and challenges of which they were unaware. For instance, as a result of the sharing among kin, the training now includes a section on “how to work with birth parents and social workers.”

The initial seven-module training was so successful that the agency now requires all kin caregivers to attend these sessions as part of their initial agreement with the agency. The trainings are two hours long and held twice a month, every month. Several other offices in Massachusetts as part of the SPREAD process have begun to explore the idea of implementing similar training to their kin caregivers. The team regularly surveys participants to continue to improve the training.

### **A Closer Look**

#### Training Topics in Wyoming

In Wyoming, caregivers identified four topics as the most important issues regarding kinship care. The team convenes monthly town-hall style forums to address the following topics:

- Navigating the system
- Legal issues
- Financial assistance
- Family support (caring for self and children)

### **Strategy 4.D Improve Agency Financial Assistance Process<sup>36</sup>**

In order to learn what supports are most beneficial for kin, many teams surveyed caregivers. The most critical need reported by caregivers was financial assistance. In addition to building awareness about available financial assistance, the Sacramento County, California team began to electronically transfer payment paperwork to eligibility staff. Using technology to expedite the process resulted in caregivers receiving TANF and other assistance sooner.

### **Kinship Teams Legislative Update**

Changing state policy is a complex and lengthy process and is seldom accomplished through the rapid, small-scale tests of change that form the basis of the BSC work effort. While it is unlikely that the BSC was the sole impetus for state policy changes that took place during its duration, the work done in the pilot sites can strengthen the call to action. The following policy changes occurred in two BSC jurisdictions:

- In 2005, Wyoming's State Legislature passed a bill allowing grandparents to get temporary guardianship of children in order to enroll them in school and obtain medical care for them.
- Also in 2005, Texas passed Senate Bill 6, which provides (effective March 2006) a one time award to kinship families of \$1,000 for "integration"; \$500 reimbursement for each child per year for three years (for sports equipment, music lessons, school activity fees, etc.); and a designated kinship development worker who works directly with kinship families providing casework direction including kinship education and support group activities.

*"We've had a number of situations where legal guardianships have fallen apart because the relatives are finding that they are in need of much more financial assistance than they anticipated."*

—Clark County Team Member

<sup>36</sup> The team in Sacramento County, California successfully implemented this strategy.

### Strategy 4.E Help Kin Prepare to Be Caregivers<sup>37</sup>

One notable difference between kin caregivers and non-relative caregivers who are licensed as foster parents is that non-relative licensed caregivers usually have the luxury of planning their decision to care for children, whereas kin most often assume the caregiver role to help a child they love who is in crisis. Kin usually have very little time to prepare for becoming caregivers. Often they must make drastic changes to their living arrangements, such as moving to a bigger home, learning about neighborhood schools, or obtaining children's furniture and clothing. Kin frequently find these changes to be emotionally and financially overwhelming, and details like getting an extra bed can hold up a much needed placement. In order to prevent these kinds of setbacks, the Massachusetts team developed a relationship with a local vendor to secure donated furniture. The team also successfully negotiated with landlords to secure better living arrangements for caregivers. These supportive measures help prevent housing or other material limitations from slowing down the placement process.

#### Summary

When a child and his or her family become involved with the child welfare system, the added strain of this crisis can test the strength of the entire family, including kin caregivers. Successfully supporting kinship families requires ongoing partnerships with kin and children.

*“We have witnessed a significant growth in our kinship caregivers and workers as we strive to make a strong effort to listen to one another and build a trusting relationship. Many kin have a very hard time trusting the system enough to ask for help. Our main focus presently is to build trust with families.”*

*—Wyoming Team Member*

<sup>37</sup> The team in Massachusetts successfully implemented this strategy.

**AT A GLANCE****BSC Framework  
Component 5**

Actively engage birth parents, children, youth and their kin as true partners in designing the system of kinship care services and supports.

**Subcomponents:**

- System-wide information is shared openly about the child welfare system and the services and supports that are funded and available.
- The expertise of birth parents, children, youth, and their kin is actively solicited, used, and compensated (i.e. stipend/honorarium) in the development of agency policy, programs, and practice.
- Training and support (i.e. transportation, child care) is provided to kinship caregivers, to prepare them for working with the agency as full partners, and to ensure their involvement on an ongoing basis.
- Responsibilities of, expectations for, and rights of birth families, kinship families and the agency are clear.

**COMPONENT 5****Constituency Engagement**

Listening to the voices of youth, alumni, birth families, and kin is part of good casework practice and is discussed in many of the other component chapters. Component 5 emphasizes a larger piece of family involvement engaging family members as true partners in improving agencies, systems and communities. At Casey Family Programs, we refer to this work as “constituency engagement.” The Casey Family Programs Constituency Engagement Protocol (2004) explains:

Constituency work is about partnering and collaborating in order to advance the best possible policy and practice in foster care. We include constituencies in our work because we recognize that without their perspective, our work is incomplete. Youth, alumni, and families bring an expertise that cannot be acquired from any book or study or any amount of professional practice.

While it may be an important first step, it is not enough to simply invite constituency members to help us with work we have already planned as “extra hands.” We will be most successful when constituents influence our work in an ongoing way, both in terms of what we do and how we do it. Because of this, much of the work of constituency engagement is looking at how we may need to change in order to be good listeners and good partners with constituents.”

### **Component 5: How Can Agencies Ensure that Families and Kin Partner with Agencies to Shape and Change the Child Welfare System?**

#### **Strategies and Small Tests of Change**

##### **Strategy 5.A**

##### **Engage Youth and Caregivers in the Development of Targeted Services and Products**

- Attend caregiver support groups and ask members to discuss methods of improving services and supports.
- Survey caregivers and youth to better understand their experiences with agency social workers. Use this information to improve worker training.
- Ask kinship caregivers and youth to critique the questions the agency uses to identify kin.
- Ask caregivers and youth to review written materials; revise the materials on the basis of this feedback.

**Strategy 5.B****Create Mechanisms for Kinship Family to Provide Ongoing Feedback<sup>38</sup>**

- Call four to six caregivers each month to gather feedback on their experiences with existing services and supports.
- Conduct “Town Hall” meetings in which caregivers gather to discuss issues and learn about how the agency might provide better supports.

**Strategy 5.C****Enlist Youth and Caregivers as Decision Makers in Agency Committees and Workgroups**

- Require kinship caregiver and youth representation on agency workgroups and committees. Ensure that representatives have the power, voice, and information they need to be effective decision makers.
- Use support groups, youth panels, or other pre-existing constituent groups to review policies and procedures, new requests for proposals, etc.

**Strategy 5.A Engage Youth and Caregivers in Development of Targeted Services and Products<sup>39</sup>**

This strategy enlists constituents in targeted, time-limited efforts to improve the existing practice in an agency. These efforts focus on practices such as assessing the needs of kin caregivers, placing children with kin caregivers, or supporting relationships between kin and birth parents.

Information is also used to develop specific products (brochures or training content) or activities such as services and supports.

**Questions to Ask Constituents About Services:**

- Do you or the children in your care have specific needs that are not currently being met?
- Is there something you would like to tell our agency about the process of becoming a kinship caregiver?

<sup>38</sup> Teams in Clark County Nevada, Summit County, Ohio, Washington, and Wyoming successfully implemented this strategy.

<sup>39</sup> Teams in Arizona, Fresno County, California, San Diego County, California, Connecticut, Clark County, Nevada, and Hamilton County, Ohio successfully implemented this strategy.

- Would you be interested in being part of a kinship support group?
- How can workers better support caregivers?
- What can our agency do to support your ability to care for the children in your home?

### Services and Supports

To improve supports and services for kinship caregivers, five BSC teams sought input from constituents:

- BSC teams in Arizona, Connecticut, and Fresno County, California conducted surveys to better serve constituents.
- Teams in Arizona and San Diego County, California visited kinship support groups to get feedback.
- The Arizona team also conducted a focus group with five caregivers to discuss needed supports and to generate ideas about future PDSAs in this area.
- Clark County, Nevada conducted a “Town Hall” meeting where they asked kinship caregivers to identify their needs and concerns.

#### A Closer Look

##### Engaging Support Groups in San Diego County, CA

Team members from San Diego County visited a kin support group sponsored by a local nonprofit to present about the BSC and to ask caregivers for their guidance and support in the BSC process.

The staff brought Halloween costumes for the children. The team found that the caregivers had a tremendous amount to share and were very happy to have someone from the agency listen to them. The event provided a valuable opportunity for agency staff to engage in an open dialogue with kin and to listen to their ideas.

The San Diego County team learned that past experiences had given some of the caregivers a very negative view of social workers and that this event helped caregivers view workers in a more positive light.

**Worker Training**

The San Diego BSC team sought the input of caregivers in order to better train workers on kinship issues. The team created a survey that asked kin, “What do you expect from your social worker?” and “How do you know that your social worker is listening?” The team reported, “We found that the caregivers have very clear ideas about how social workers need to communicate with them and to be respectful of their needs and feelings.”

**Making Real Agency Change in Connecticut and in San Diego County, California**

*Based on their work in Strategy 5A, the Connecticut team reported major improvement in practice. In the following subcomponent, the team went from having nothing in place to routinely implementing in practice.*

*The expertise of birth parents, children, youth, and their kin is actively solicited, used, and compensated (through a stipend or honorarium) in the development of agency policy, programs, and practice.*

Doesn't exist	Policy only	Specific protocols and procedures	Sometimes implemented in practice	Routinely implemented in practice

*(Based on team self-assessment data from January 2005 and August 2005.)*

**Materials for Kinship Caregivers**

Teams in both Hamilton County, Ohio and Clark County, Nevada benefited from the input of caregivers when developing brochures:

- The Hamilton County, Ohio team enlisted members of support groups to refine their kinship brochure. They found that caregivers were not always aware of the different care arrangements available or the array of services offered in the agency.

- The Clark County, Nevada team reported that including kinship caregivers in the development process for a new brochure improved the agency’s relationship with the participating caregivers.

*“We initially discovered that many caregivers were reluctant to reach out for help unless they were in a state of crisis. We learned that requesting the caregivers’ assistance and feedback helped to build relationships with many families. As a result, many families now feel comfortable asking for help.”*

—Clark County, Nevada Team Member

### **Language to Use When Asking Families About Kin**

Sometimes the way we ask questions is more important than the question itself.

- The San Diego team created another opportunity for the constituents to influence agency practice by asking children and caregivers to critique potential questions for workers to use when asking families to identify caregivers.

### **Strategy 5.B Create Mechanisms for Kinship Family to Provide Ongoing Feedback<sup>40</sup>**

Three teams developed processes to capture feedback from kinship families. Teams in Wyoming and Summit County, Ohio regularly convene constituents and other stakeholders to discuss selected issues related to kinship care. The topics of these sessions are selected by constituents. These sessions serve a dual purpose: they provide caregivers with information about important issues and they provide a forum for the agency to listen and respond to the issues that caregivers and youth present.

The Washington team took a different approach to the feedback-gathering process. They now call four to six caregivers each month and ask for input about the services, supports, and resources they need to better serve children. The team found that the need for respite care is often the main issue that caregivers raise.

Hosting forums and conducting surveys help agency staff stay informed about the needs and experiences of kin families, but maintaining

<sup>40</sup> Teams in Clark County, Nevada, Summit County, Ohio, Washington, and Wyoming successfully implemented this strategy.

these activities requires committed resources and can be costly. In the following section, we discuss a strategy for ensuring constituent involvement that is embedded within preexisting agency practice and requires no major expenditures of additional resources.

### **What Teams Learned from Kinship Families**

Below is a compilation of highlights from team surveys and discussions with kin families:

#### **Specific Services**

- Caregivers need help accessing TANF\*
- Caregivers need respite care\*
- Caregivers feel support groups are helpful\*
- Caregivers need transportation support\*
- New kinship caregivers need basic items such as additional beds and baby formula, which are offered by the agency, but caregivers may not know of their availability.

#### **Agency Practice**

- Agencies must do a better job of providing up-to-date health and family information about children to caregivers\*
- Caregivers feel that workers fail to meet kin with the same level of respect as non-kin foster parents\*
- Caregivers do not feel like part of “the team”

#### **General Knowledge**

- Caregivers need help navigating the child welfare and court systems
- Kin find materials such as tip sheets and resource books helpful.

\* reported by more than one team

### **Strategy 5.C Enlist Youth and Caregivers as Decision Makers in Agency Committees and Workgroups<sup>41</sup>**

Although involving constituents in committees and workgroups seldom requires new resources, it does demand a significant change in agency culture. Teams from Sacramento County, California, Catawba County, North Carolina, and Clark County, Nevada learned this firsthand as they sought to change agency practice and culture by involving constituents in the decision-making process.

In Clark County, agency committees that establish and revise policies and protocols now include caregiver and youth representatives.

In Catawba County, the agency partners with caregiver support groups and youth panels to review agency policy on a regular basis. This approach allows a group of constituents to make decisions, as opposed to making a single person responsible for representing the voices of all kinship caregivers or youth.

Many agencies already have foster parents in workgroups, but most, like Sacramento County, California, did not specifically include kinship caregivers. Through the work of the BSC, the Sacramento County team had multiple conversations with kin and realized that kinship caregivers are valuable contributors to all aspects of agency policy and practice. Kin now participate on all agency committees.

<sup>41</sup> Teams in Catawba County, North Carolina, Clark County, Nevada, and Sacramento County, California successfully implemented this strategy.

**Making Real Agency Change in Clark County, Nevada**

*Halfway through the BSC, the team in Clark County, Nevada had a policy about actively soliciting the expertise of birth parents, children, youth, and their kin in the development of agency policy, programs, and practice, but reported that this policy was not part of worker practice. By the end of the BSC, the team reported that birth parents, children, youth and their kin were enlisted in the development.*

Doesn't exist	Policy only	Specific protocols and procedures	Sometimes implemented in practice	Routinely implemented in practice

*(Based on team self-assessment data from January, 2005 and August, 2005.)*

**A Closer Look**

Tips for Engaging Constituents

Teams that used face-to-face methods, rather than surveys or telephone calls, to get input from families reported the greatest success. Town Hall meetings and support groups provide forums in which families can provide meaningful feedback. The teams that sent surveys to families received a lower response rate and less detailed answers. Face-to-face interactions can have the additional benefit of strengthening relationships between workers and constituents.

- Get feedback from kin in both formal (dependent) and informal (nondependent) kinship care arrangements.
- Use the act of getting feedback as an opportunity to share information about current work.
- Honor constituents' time. Use stipends or other incentives and schedule events on nights and weekends.
- Have other constituents rather than workers ask questions of family members. This may help respondents feel more comfortable giving honest answers.

- Two teams reported difficulty in engaging youth. It may require multiple attempts and a variety of approaches to find the one that best suits young adults. Teams note that the feedback they were able to get (even if it was from only one youth) was worth the extra effort to engage young people.
- Several teams used support groups to solicit feedback about what topics should be addressed during staff and family trainings, but one team reported having difficulty getting access to a group hosted by a local nonprofit organization. This team learned that it is important to have a good relationship with the organization that hosts support groups.

### Summary

Fully valuing, acknowledging, and eliciting the experiences of constituents requires significant changes in agency culture. Agency staff—both administrators and social workers—must move from a practice of directing constituents to one of collaborating with them as colleagues and peers. For years, agencies have taken a hierarchical, authoritative approach toward families. As a result, most systems have underestimated or ignored the value of collaboration in developing policy, identifying best practices, and planning cases.

Today, child welfare experts recognize the importance of listening to constituents and incorporating their input into systemic planning processes. Engaging constituents in the process of changing an organization requires preparation on the part of the agency. By providing information, training, and support to families, agencies will foster a change in the power dynamics that can impede constituents from being included and listened to.

This kind of systemic change is difficult to accomplish during a yearlong BSC. That said, teams that did make a concerted effort to engage constituents in changing the practices of their agency reported that they will never go back to a time when family voices are not part of the process.

*“By engaging the voice of kin caregivers—and really listening to what kin have to say—we are a much better, more sensitive, and more effective system.”*

—Sacramento County, California Team Member

## COMPONENT 6

### Collaboration

One of the challenges that teams identified was how to leverage existing community services to support kinship caregivers. In talking to kin we learned that many kinship families have pre-existing ties to community partners, such as places of worship, mental health agencies, community health clinics, and community help centers. Staff in the public child welfare agency can leverage the supports that already exist within communities to help kinship caregivers meet the immediate needs of the children in their home. Community partners can also serve as an ongoing support system after the child welfare system is no longer involved in a family's life.

Kinship caregivers will, in most cases, need to build relationships with governmental entities such as schools, the TANF agency, or the Medicaid agency that funds health care for the family. It will be critical to assist kin caregivers in understanding these systems and help pave the way for access of services.

### Community Partners

Understanding and embracing the strength residing in communities is fundamental to kinship care. The BSC framework uses the term community partners to refer to a variety of organizations that are as diverse as the communities and individuals they serve. These community resources help prevent or reduce the impact of crisis for families and often offer diverse supports that may not be available within a public agency. Partners include faith-based organizations, places of worship, community providers of social and behavioral health services, membership organizations, coalitions, and other formal and informal groups.

Organizations with close ties to the community may be reluctant to be viewed as closely aligned with the public child welfare agency. The challenge of engaging or partnering with communities can be even more complex for tribal child welfare agencies, or county or state agencies serving tribes.

*“When we [the child welfare agency] go into the community, we have to have our act together. Many communities have experienced negative relationships with governmental systems, and will be hesitant to engage in partnerships because of this.”*

—Day-to-Day Manager, Ramsey County, Minnesota

### AT A GLANCE

## BSC Framework Component 6

Collaborate with the community, other public agencies, and families to effectively meet the needs of birth parents, children, youth, and their kin by building on community leadership and strengths.

### Subcomponents:

- Public child welfare agencies identify community partners and build relationships that result in cross-system service collaboration that will support birth and kin families.
- A culture is developed within the public child welfare system and across the community that supports kinship families.
- Information about community services and supports is shared openly with birth families, children, youth, and their kin.
- Public and private agencies and community partners, including courts, schools, and the faith community, are educated about kinship care with kin caregivers playing a key role in the educational process.

*Continued on next page.*

*Continued from page 61.*

- Public and private agencies and community partners, including courts, schools, and the faith community make concerted efforts to educate policy makers about kinship care.

Although creating effective partnerships with community organizations can be challenging and time consuming for child welfare agencies, the relationships that result are often tremendously beneficial for the families served. Collaborating with community partners can improve the way in which families engage with a public system and can result in a broader array of resources to offer families. With these partnerships child welfare system becomes less isolated and better able to understand the needs of the families it serves.

*“Since Pueblo Zuni is removed from many of the typical community-based organizations, we had to examine the cultural relationship already in place for kinship care, which is Clanship. The Clans are responsible for children—they are seen as extended family....It is very challenging to come in from the outside public agency.”*

—Day-to-Day Manager, New Mexico Children,  
Youth and Families Department

### **Governmental Entities**

Often kinship caregivers will need to navigate unfamiliar governmental systems such as community mental health centers, the TANF program, the Medicaid program, and the school system. Families may find the requirements of each system to be both confusing and frustrating.

Personnel working in other public systems may be less knowledgeable about the importance and benefit of supporting kinship caregivers as they come to them for assistance. Some may hold negative stereotypical beliefs about the suitability of kin as appropriate placements.

## **Component 6: How do agencies build on community strengths and collaborate with other organizations?**

### **Strategies and Small Tests of Change**

#### **Strategy 6.A**

#### **Educate and Raise Awareness of Community Partners and Other Public Agencies**

- Conduct training for school nurses, guardians ad litem (GALs), court staff, and community partners on the agency's approach to kinship care and the need for supports for kin.
- Engage the state bar association to help integrate kinship content into standard trainings and conferences for attorneys and judges.
- Hold a forum to give professionals who work with kinship caregivers' opportunities to learn from one another.
- Reach out to communities of color, fostering relationships with organizations such as the Black Ministerial Alliance, Latino Cultural Centers, and the African American Leadership Councils.

#### **Strategy 6.B**

#### **Develop and Maintain Formal Partnerships with Community-Based Organizations**

- Develop a Request for Information (RFI) to assess the available kinship services and supports within the state. Then send a Request for Proposals to contract with identified organizations to provide services and supports to kinship families.
- Require weekly meetings between child welfare social workers and community providers to build relationships and create a pool of kinship care services and supports.
- Leverage involvement in other initiatives and demonstration programs to improve support for kinship caregivers.

### **Strategy 6.A Educate and Raise Awareness of Community Partners and Other Public Agencies<sup>42</sup>**

As a critical first step toward collaborating with community partners and public agencies, nine teams raised awareness about the value of kinship care. BSC teams reached out to a variety of partners, including school nurses, guardians ad litem, and representatives of foster care associations.

<sup>42</sup> Teams in Arizona, Connecticut, Idaho, MHA Nation, Massachusetts, Ramsey County, Minnesota, Missouri, Summit County, Ohio, Utah, and Washington successfully implemented this strategy. Teams in Catawba County, North Carolina, Hamilton County, Ohio, and Wyoming were still testing this strategy at the end of the BSC.

Common topics for training include:

- Policies and procedures unique to kinship care
- Points of view from youth and caregivers
- Resources and supports available for caregivers and youth
- Specific information about the BSC

### **Tips for Successful Trainings**

- Ask youth and caregivers to help present
- Access other organizations through informal brown bag forums
- Use pre-existing committees to train multiple systems
- Conduct pre- and post-training evaluations to improve trainings
- Survey community partners prior to training or presentation to gauge their pre-existing knowledge and assumptions about kinship care
- Engage the state bar association to help integrate kinship content into regular trainings and conferences
- Offer continuing education credits as an incentive for participants
- Use materials such as brochures and fact sheets for participants to increase dissemination

#### **A Closer Look**

##### Massachusetts' School Nurse Training

The team in Massachusetts conducted a training for school nurses that was reported to be well received by the participants. The team believes that the training helped to improve communication between the schools and the Department of Social Services. The team also learned that the school nurses were interested in attending trainings on the specific topic of trauma and placement.

**A Closer Look**

## Summit County's Professional Forum on Kinship Care

Summit County, Ohio holds monthly forums for community members and kinship families and youth. Their Kinship Professional Forum had an excellent turnout of professionals. The forum included a kinship expert as a keynote speaker; a panel with representatives from the local jobs and family services agency; the Summit County Kinship Navigator program; the Akron Board of Education; and the Community Head Start Program. There were booths showcasing the services offered by various community agencies. The participant feedback was very positive and participants from a variety of agencies reported that the information about legal issues in kinship care was helpful.

The court system was a vital partner for many teams. Seven teams trained judges, attorneys, and other court staff on the importance of support kinship care. Wyoming now offers kinship training annually to all attorneys who wish to be certified as guardians ad litem. The Ramsey County, Minnesota team strategically reached out to lead judges who are most likely to influence other judges.

*“If you can create buy-in from one judge, they spread this among the other judges and lawyers.”*

—Ramsey County, Minnesota team member

The team in Ramsey County, Minnesota made efforts to reach out to African American communities through building relationships with an African American adoption agency, the Black Ministers Alliance, and the African American Leadership Council. When addressing community organizations, team members in Ramsey County explained that it is important to be sincere and humble, and to be able to demonstrate the work as a long-term commitment with real connections to the community.

### ***Making Real Agency Change in Ramsey County, Minnesota***

*Based on their work in Strategy 6A, the team in Ramsey County, Minnesota reported major improvement in their self-assessment in the following subcomponent of the Framework.*

*Public and private agencies and community partners, including courts, schools, and the faith community, are educated about kinship care—with kin caregivers playing a key role in the educational process.*

Doesn't exist	Policy only	Specific protocols and procedures	Sometimes implemented in practice	Routinely implemented in practice

*(Based on team self-assessment data from January 2005 and August 2005.)*

*“It is important to ensure that there are opportunities for community members to speak and share their concerns when you go out to address a group. If you are going to talk to community members you need to be humble and genuine. You need to let them know this is a true long-term commitment of the agency. They have seen token projects come and go.”*

—Ramsey County, Minnesota team member

### **Strategy 6.B Develop and Maintain Formal Partnerships with Community-Based Organizations<sup>43</sup>**

Many state, county, and tribal child welfare agencies have developed contracts with community-based organizations to provide services and supports for foster parents. Unfortunately, these services and supports are not always extended to kinship caregivers.<sup>44</sup> BSC teams worked to establish formal partnerships with other systems and community-based organizations through formal Memoranda of Understanding (MOUs)

<sup>43</sup> Teams in Clark County, Nevada, Hamilton County, Ohio, and Washington successfully implemented this strategy.

<sup>44</sup> Geen, 2003a, p.141.

and contracts for the provision of services and supports specifically to kinship families.

BSC teams in both Washington State and Hamilton County, Ohio helped initiate a contract between the public child welfare agency and a community-based organization to help identify and provide kinship resources. In Washington, the agreement stipulates weekly meetings between public child welfare agency workers and staff from the community-based organization.

The team in Hamilton County, Ohio reported that using a formal Request for Proposal (RFP) process both increased the services available to kinship caregivers and helped raise community awareness about the importance of kinship care services. The team made sure to include a kinship caregiver on the team that reviewed the proposal applications.

In Missouri the kinship caregiver on the BSC team launched a non-profit agency to provide caregivers with immediate funding when children are placed in their homes. The team helped the caregiver negotiate the initial steps in this process such as obtaining tax-exempt status.

Other jurisdictions engaged and leveraged work efforts in other ongoing initiatives to provide services and supports for kinship caregivers. For example, through a federal grant (Systems of Care Grant through the Administration of Children and Families), Clark County, Nevada is funding a community-based parent organization (Parents Encouraging Parents) to provide kin support services such as mentoring, specialized training, kin support groups, and parent advocacy.<sup>45</sup>

### **Summary**

While teams reported improvements in this area, there continues to be a need to institutionalize formal community supports for kinship caregivers. Institutionalizing relationships among agencies requires developing formal commitments, often in the form of contracts or MOUs, which can require policy changes and a lengthy approval process. Activities such as implementing new service agreements and contracts, changing business procedures to co-locate staff, establishing ongoing

<sup>45</sup> More information at [www.nvpep.org/template.php?page=collaboration\\_dept](http://www.nvpep.org/template.php?page=collaboration_dept).

methods of communication, cross-learning, and increasing trust between public systems and the community require long-term commitment of agency leaders. Collaborating with communities, other organizations, and systems requires the leaders and staff of public child welfare agencies to be patient, honest, and creative. When funding for families is limited and budgets are stretched, organizations may be reluctant to dedicate resources to support a specific subpopulation, such as kinship caregivers. Child welfare agencies need to demonstrate that supporting kinship care strengthens families, reduces the need for traditional foster parents (who are becoming more challenging to recruit), and supports the community as a whole. When families have built-in supports, they are less likely to need or rely on formal public services.

Although the road to true collaboration can be long, relationships and partnerships with other systems and community-based organizations can lead to significant benefits, including increased likelihood that caregivers, birth families, and children feel comfortable accessing services; supports and services that fit the unique strengths and needs of the caregivers in the community; and a greater capacity to serve and support families.

## COMPONENT 7

### Self-Support: How Can Agencies Encourage Caregivers to Support Themselves and One Another?

Providing care for children in the midst of a family crisis, managing strained relationships with the children's parents and other family members, and navigating the child welfare and court systems can be an overwhelming experience for kin. Many kinship caregivers feel powerless and alienated once they assume the new role of caregiver.

Workers are charged with the responsibility of providing supports and services to kin families but must also encourage family members to strengthen their own abilities to become effective self-advocates. Developing this skill will ultimately impact a family's ability to be self-sufficient and thus, less reliant on the services available from public systems.

*“The Department will not be involved with these families forever. Therefore, it is important and beneficial to connect kin families with one another.”*

—A Massachusetts Team Member

The public child welfare agency facilitates the development of mutual support and advocacy and ongoing dialogue between families and the agency that begins as early as possible.

One of the first steps that families can take to reduce their reliance on the child welfare system is to help families understand the supports and services that are available within their community. Another important step is to engage and develop relationships with other families who are facing similar stressors and create opportunities for families to share strategies for surviving the experience.

This chapter describes the strategies that teams developed to connect kinship caregivers and the children in their care with other families in kinship arrangements.

#### AT A GLANCE

### BSC Framework Component 7

Facilitate kinship families' connections with one another in a way as to promote self-help, mutual support, leadership, shared resources, and advocacy.

#### Subcomponents:

- Information about the child welfare system and available services and supports is openly provided to kinship families.
- Infrastructure exists for kinship families to connect with one another to share information and provide support.
- Collaborative training and other supportive activities are available to kinship families to assist them in advocating for the services and resources that they need.

## **Component 7: How Can Agencies Encourage Caregivers to Support Themselves and One Another?**

### **Strategies and Small Tests of Change**

#### **Strategy 7.A**

##### **Create or Improve a Support Group for Kinship Caregivers**

- Make connections to pre-existing support groups within the community.
- When starting new support groups, ask experienced caregivers to join first and to lead many of the initial discussions. Be prepared for attendance to be sporadic initially.
- Provide child care, transportation, and food during support group meetings. Send out reminders a few days before the group meeting. Distribute brochures to promote the support groups. Encourage kin to recruit other kin to attend.

#### **Strategy 7.B**

##### **Encourage Mentoring Among Kinship Caregivers**

- Use kinship support groups to identify possible mentors.
- Because individual circumstances vary, use mentoring only on a case-by-case basis.

#### **Strategy 7.C**

##### **Conduct a Retreat for Caregivers**

- Conduct an overnight retreat for kin caregivers. Ensure that the agenda items meet the needs of kin caregivers and include topics such as legal issues, financial information, and accessing community supports. Provide maximum opportunity for kin to share among themselves.

#### **Strategy 7.D**

##### **Use Other Kinship Homes for Respite Care**

- Offering other kinship homes as respite fosters relationships among kin caregivers and provides a much-needed break that can prevent placement disruption.

## **Strategy 7.A Create or Improve a Support Group for Kinship Caregivers<sup>46</sup>**

BSC teams asked kinship caregivers to identify the most helpful supports for their families; many mentioned the benefits of connecting and interacting more frequently with other kinship families. Teams that conducted trainings for caregivers observed that participants often appeared to find the opportunity to share their experiences with other caregivers more valuable than the educational presentation and materials developed by staff. Based on these findings, the BSC teams formed teams to create and improve support groups for kinship caregivers.

Starting a successful support group can be difficult, and it often takes time for the group process to take root. For example, the team from Connecticut sent out fifty invitations for their first support group meeting and received fifteen responses from caregivers who were planning on coming. Yet on the first night, no one came.

### **Team Tips for Successful Support Groups**

- Connect to pre-existing support groups in the community before attempting to create a new group.
- Provide child care. (Some teams were unsuccessful until they were able to make child care accommodations.)
- Offer help with transportation.
- Partner with other community agencies to share resources such as facilitators, child care, and meeting spaces. If possible, hold the meeting somewhere other than the public agency.
- Target recruitment: Start with experienced caregivers who have established good relationships with workers because they may be more comfortable with the new group.
- Avoid using the term “support group.” Call the meeting a “get-together.”
- Begin with an informal social event like a holiday party. Gauge the level of interest for something more ongoing.
- Have caregivers solicit new members; ask them to write a letter which the agency can send to other caregivers.

<sup>46</sup> Teams in Massachusetts, Hamilton County, Ohio, Summit County, Ohio, Washington, and Wyoming successfully implemented this strategy. Teams in Connecticut, Missouri, Catawba County, North Carolina, Utah, and Tohono O’odham Nation tested this strategy.

- If the invitation does come from an agency representative, invite caregivers face-to-face rather than relying on flyers or letters.
- Make sure all agency staff are aware of the support group so they can make referrals.
- In order to increase attendance, conduct reminder phone calls two or three days prior to meetings.
- Send out flyers.
- Don't give up—sometimes no one attends the first meeting, but word will spread.

### ***Making Real Agency Change in Massachusetts***

*Based on their work in Strategies 7A, 7B, and 7C, the team in Massachusetts reported major improvement in practice. In the following subcomponent, the team went from having policy in place to often implementing in practice.*

*Infrastructure exists for kinship families to connect with one another to share information and provide support.*

Doesn't exist	Policy only	Specific protocols and procedures	Sometimes implemented in practice	Routinely implemented in practice

*(Based on team self-assessment data from January 2005 and August 2005.)*

**A Closer Look** Improving Kinship Support Group Attendance in Hamilton County, Ohio

Hamilton County has kinship support group sites that were in place prior to this BSC, but the team wanted to improve and maintain attendance. The team started providing transportation to the meetings and distributed monthly flyers. The most important improvement the team tested was making reminder phone calls to participants a few days prior to the meeting. The telephone reminders have increased the attendance of the support group by 50%. The team also noticed that attendance increases when the support groups host special events such as a school-supply giveaway.

Although the team's primary goal for these support groups is to foster support and connections among caregivers, the team noted that caregivers seem to value the agency information-sharing that occurs during the meetings.

**Strategy 7.B Encourage Mentoring Among Kinship Caregivers<sup>47</sup>**

Many teams tested ways to connect new kinship caregivers with experienced caregivers; the Massachusetts team successfully implemented and spread this strategy. Workers in Massachusetts encourage new caregivers to speak to experienced caregivers on the telephone. The newly formed kinship caregiver support group facilitates this exchange; rather than providing all new kinship caregivers with a mentor, they offer mentoring on a case-by-case basis. The team reported that the two caregivers who participated in the first test cycle developed a friendship and now support one another by providing child care as needed.

<sup>47</sup> The Massachusetts team successfully implemented this strategy. Teams in Alaska, Arizona, Missouri, Clark County, Nevada, and Oklahoma were still testing this strategy at the end of the BSC.

**In the Works** Support Groups and Mentoring for Youth and Young Adults in Idaho

Several teams reported planning strategies to test support groups for youth in kinship care. Idaho's young adult team member met with "Foster Youth in Idaho" (FYI) to learn more about the issues and values of mentoring. Although not implemented before the BSC ended, ensuring that the work is led by youth and young adults and learning from youth associations that are already doing this work will help the Idaho team move this strategy successfully toward implementation.

The team in Massachusetts tested a strategy to initiate a youth support group. The team had some difficulty launching the group; they reported that one of the most challenging obstacles to group participation was the lack of staff buy-in, which was necessary both to refer youth to the group and to maintain interest and engagement in the group over time.

**Strategy 7.C Conduct a Retreat for Caregivers<sup>48</sup>**

The Wyoming team was the only team to implement this strategy—and they consider it a resounding success. The child welfare agency, in partnership with the YMCA and the Park Service, sponsored a retreat for kinship families called "You Are Not Alone." The retreat was held from Friday night until Sunday morning, with child care provided during the daytime. The retreat included sessions on leadership, advocacy, cultural sharing, and goal-oriented action planning for regional kinship care groups.

**Strategy 7.D Use Other Kinship Homes for Respite Care<sup>49</sup>**

This strategy is effective in connecting caregivers with one another while providing the much-needed service of respite care. Typically, agencies will use unrestricted licensed homes for respite care for kin families. To encourage connections among kinship families, the Massachusetts team was granted approval by their supervisor and area program manager to allow kinship caregivers to provide respite care for each other.

<sup>48</sup> The team in Wyoming successfully implemented this strategy.

<sup>49</sup> The team in Massachusetts successfully implemented this strategy.

## Summary

At the conclusion of the BSC many teams were continuing to test PDSAs to establish mentoring programs and support groups. These critical supports rely heavily on positive relationships between kin and public agencies as well as positive connections among kinship families, which take time to mature.

An area of future work for teams in this component is to strengthen the confidence and skill of caregivers and youth to advocate for themselves. Knowing when and how to speak up for yourself and others like you is not easy for anyone—and is particularly challenging for the kin and youth who address representatives of powerful systems. The team in Catawba County, North Carolina is planning to train kin caregivers specifically about how to become effective self-advocates.

For kin and youth, the benefits of fostering self-advocacy and connections among kinship families are both immediate and lasting.

*“When people begin to become aware of services and no longer feel alone, they can usually come up with their own solutions. Perhaps the answer is providing the forum for people to come together to find a solution together as opposed to becoming reliant on the system for answers to ongoing problems.”*

—Margaret Barrie, Kinship Caregiver, BSC Faculty Co-Chair

**AT A GLANCE****BSC Framework  
Component 8**

Train and support child welfare staff in the specific skills and competencies required to effectively work with birth parents, children, youth and their kin.

**Subcomponents:**

- Child welfare core competencies include training on how kinship care requires families to realign their roles and specific practice strategies to support this process.
- Individuals working in the kinship care arena are sensitive to the issues of intergenerational trauma, grief, and loss and can promote understanding and support engagement of birth parents, children, youth and their kin.
- All agency staff are committed to partnering with birth parents, children, youth, and their kin.
- Staff receive training and preparation for working with birth parents, children, youth, and their kin based on the principles and components of this framework.

*Continued on next page.*

**COMPONENT 8**

Training: How Can Agencies Ensure that Workers and Other Staff Have the Knowledge to Best Serve Kinship Families?

As we have learned in the preceding chapters, the dynamics of kinship arrangements drive the need for different services and supports. Staff must understand these dynamics and build on the natural strengths of kinship families.

The last component of the BSC framework advances strategies that improve the awareness and skill of staff members to support kinship families. In many cases, staff education or training is not a discrete strategy, but rather a necessary step toward implementing practice changes in the other seven component areas. For example, once a jurisdiction has identified a set of questions that have been tested successfully with youth to identify potential caregivers (Component 1), the agency may need to train all workers to use the new questions in order to fully institutionalize this practice within the agency.

Although many education and training elements are embedded within the strategies discussed in previous chapters, consistently building the skill and awareness of professionals in a way that influences the culture of an agency requires a sustained, deliberate approach. Kinship care and the values associated with it (strength of families, importance of communities and culture, etc.) must be demonstrated as a priority by the agency.

## **Component 8: How Can Agencies Ensure that Workers and Other Staff Have the Knowledge to Best Serve Kinship Families?**

### **Strategies and Small Tests of Change**

#### **Strategy 8.A**

##### **Include Family Voices When Training or Educating Workers**

- Train new workers about kinship care. Enlist the help of at least one caregiver and one youth to share experiences and present information.
- If doing multiple trainings, reduce the burden on individuals by recruiting a team of caregivers and youth to participate in training. Or record the training to use again.
- Ask a caregiver to write a letter to staff about what he or she wants workers to know when they work with kinship families.

#### **Strategy 8.B**

##### **Train Other Units in the Agency about Kinship Care**

- Offer training to staff from the home study, licensing, child protective services, family preservation, and probation units.

#### **Strategy 8.C**

##### **Create an Informational Display**

- Include fact sheets, brochures, and other materials designated for workers and caregivers.

#### **Strategy 8.D**

##### **Ensure that Kinship Caregivers Get Access to Services and Events that Are Available to Foster Parents**

- Remind workers to invite caregivers to events held for foster parents.

#### **Strategy 8.E**

##### **Develop New Tools for Caseworkers**

- Give new workers a matrix showing all of the services and supports available to kinship families in specific areas.

#### **Strategy 8.F**

##### **Improve Supervision of Caseworkers**

- Create a checklist for supervisors to use during supervision that addresses key kinship care issues.
- Send e-mail reminders to supervisors about best practices such as having a youth always present during case planning.
- Expand the job description of the social worker to include kin identification and support.
- Amend agency practice principles and policy manuals to include kinship values.

*Continued from page 76.*

- Staffing decisions take into account the cultural, racial, ethnic, linguistic, and religious/spiritual backgrounds and needs of the population being served.
- Supervisors and management provide staff with appropriate and adequate support to partner with birth parents, children, youth, and their kin.

### Strategy 8.A Include Family Voices when Training or Educating Workers<sup>50</sup>

While testing how to train staff, teams learned that staff often reported that the most meaningful part of the training experience was the opportunity to hear about the personal experience of caregivers. Teams found three major benefits from the inclusion of family members:

1. The personal experiences of youth and kinship caregivers helped workers (especially new workers or those who have not worked extensively with kin) understand the importance of kinship care and the uniqueness of these families. During a new worker orientation, the team in Arizona reported that participants found the stories from kinship family members the most powerful part of the training.
2. Families speak from experience about the practices, relationships, and resources they found most helpful. This information often provides agency staff with specific ideas about how to improve their own practice.
3. Including families as co-trainers or facilitators sends a clear message that family inclusion and constituency engagement extends beyond merely inviting family members to meetings involving their own cases: Families must be valued as experts and agencies should make them an integral part of the decision and improvement process.

#### A Closer Look

##### Videotaping Kinship Families in Utah

The team in Utah observed a presentation given by a kinship caregiver describing her personal experiences with the agency and the court system. The compelling presentation helped many social workers reconnect to the reasons they first became social workers. This powerful depiction of the caregiver's experience and its impact on agency workers led the team to develop a video to capture the stories of caregivers and youth in care. The video is now used as a tool for training workers throughout the entire agency.

<sup>50</sup> Teams in Arizona, San Diego, California, Connecticut, Catawba County, North Carolina, Hamilton County, Ohio, Oklahoma, Utah, and Washington successfully implemented this strategy. The Missouri team was still testing this strategy at the end of the BSC.

## The Impact of Including Family Voices in Trainings

- During the 6 staff trainings about kinship care conducted with 219 staff in Arizona, 95% of staff agreed that they gained a new perspective about kinship caregivers.
- During a monthly agency meeting in Oklahoma, a grandparent who is a caregiver for her grandchild spoke to workers about her experiences in the child welfare system and her feelings of grief and loss dealing with her own daughter. The agency continues to invite this kinship caregiver to monthly staff meetings and now non-kin foster parents are also invited.
- After a young person and caregiver from the BSC team shared their life experience with workers in Utah, the team reported,

Caseworkers were in awe. Workers in the northern region suggested that this be available statewide and that we should make a video. Workers were much more receptive than we thought. It really helped personalize the caregivers' and young adults' voices.
- The Connecticut team reported that “[t]he impact of youth speaking in their own words to staff and potential kinship providers is powerful.”

Hearing the voices of families during training sessions had a powerful impact on staff. This is one of the most consistent findings of this BSC, yet teams learned that inviting families to give presentations must be done with a respect for their time and emotional well-being. Once the Arizona team had successfully developed a training opportunity for staff to hear the voices of family members, they spread this model across the district. However, team members became concerned because only one caregiver and one youth had participated to date, and these individuals might become overburdened.

Recruiting several family representatives who are interested in participating in trainings was crucial to ensure that the agency does not burn out one or two family trainers. An expanded team of presenters adds a diversity of perspective that can enhance the agency's understanding of families.

Families can be included in the training effort not only by presenting sessions, but also by participating in training design.

**Making Real Agency Change in Oklahoma**

*Based on their work in Strategy 8A, the team in Oklahoma reported major improvement in their practice. In the following subcomponent, the team went from having nothing in place to routinely implementing in practice.*

*Child welfare core competencies include training on how kinship care requires role realignment within the existing family network and specific practice strategies to support this process.*

Doesn't exist	Policy only	Specific protocols and procedures	Sometimes implemented in practice	Routinely implemented in practice

**A Closer Look** A Unique Approach to Sharing the Voices of Family in Arizona

The caregiver on Arizona’s team wrote a letter to educate and guide CPS case managers in their interactions with kinship caregivers. The letter was approved to be included in the policy manual. The day-to-day manager reported, “The letter has been written and it is magnificent....The ability of our kinship caregiver to say just the right thing in just the right way is astonishing. He can influence and educate staff in ways no trainer could.”

**Strategy 8.B Train Other Units in the Agency<sup>51</sup>**

While teams conducted most of their trainings with the offices and workers closely associated with the BSC team, some teams identified other agency staff who could benefit from being educated about kinship care. Teams in both Connecticut and Utah trained licensing staff on the licensing process for kinship caregivers. The Wyoming team trained all the Child Welfare Agency managers and has scheduled trainings for

<sup>51</sup> Teams in Arizona, Connecticut, Summit County, Ohio, Utah, and Wyoming successfully implemented this strategy.

Child Protective Services, Family Preservation, and Probation Units. In Arizona, the team trained the home study staff on legal issues.

Pervasive attitudes about kinship care vary among agencies. In some agencies, finding groups of staff who are willing to learn more about kin and kinship caregiving can be challenging. One team that offered presentations to every unit and department in its agency reported that several of the units did not respond to their offers. After conversations with these departments, the team concluded that the disappointing response stemmed from biases that exist about kin.

Training activities work by building awareness and ultimately changing the behavior of staff. For practice changes to take root throughout an agency, all or most of the staff must receive training. With high levels of staff mobility and turnover, frequent trainings can become a heavy burden on an agency. The remaining strategies (8C–8G) help build staff awareness without requiring the extensive ongoing resources required for training. These strategies may not be sufficient to change staff behavior by themselves, but they contribute to changes in agency practice when done as part of a series of strategies.

### **Strategy 8.C Create an Informational Display<sup>52</sup>**

The Sacramento County, California and Washington teams both displayed bulletin boards highlighting information about kinship care and the BSC work in their target site. The Washington team observed that staff are reading the bulletin board and are picking up the brochures and booklets to give to relative caregivers.

#### ***Making Real Agency Change in Washington***

*Based on their work in Strategies 8A, 8C, 8D, 8F, and 8G, the team in Washington reported major improvement in their practice. In the following subcomponent, the team went from having nothing in place to having protocol in place for implementation.*

<sup>52</sup> Teams in Sacramento County, California and Washington successfully implemented this strategy.

*Child welfare core competencies include training on how kinship care requires role realignment within the existing family network and specific practice strategies to support this process.*

Doesn't exist	Policy only	Specific protocols and procedures	Sometimes implemented in practice	Routinely implemented in practice

### **Strategy 8.D Ensure that Kinship Caregivers Get Access to Services and Events that Are Available to Foster Parents<sup>54</sup>**

Kinship caregivers are less likely to access services than non-kin foster parents.<sup>53</sup> Kinship caregivers' reduced use of services may be partly attributed to their lack of awareness about existing services, but also may occur because agency policies fail to include kinship caregivers in services and supports designed for non-kin foster parents.

The BSC team in San Diego County asked staff to invite caregivers to participate in the holiday gift event that had in the past only been attended by non-kin foster parents. Kinship caregivers commented that they appreciated the invitation. In addition, including kin caregivers in the gift event gave them an opportunity to build relationships with staff. The team reports that now all staff are encouraged to call kinship families (in addition to foster families) when they have donated goods available and that staff attitudes toward kinship caregivers have changed.

### **Strategy 8.E Develop New Tools for Caseworkers<sup>55</sup>**

The team in Hamilton County, Ohio provided all new workers with a matrix to help them understand the variety of services available to kinship families. The team surveyed workers who reported that this service matrix was helpful.

<sup>53</sup> Teams in San Diego County, California and Washington successfully implemented this strategy.

<sup>54</sup> Geen, 2003a.

<sup>55</sup> The team in Hamilton County, Ohio successfully implemented this strategy.

### Strategy 8.F Improve Supervision of Caseworkers<sup>56</sup>

Although educating workers directly about kinship care is important, sustainable changes in practice requires support and coaching from supervisors. The team in Clark County, Nevada created a checklist for supervisors to use in reviewing cases. Used for all cases, this checklist is designed to ensure that caseworkers are referring families for diligent searches, working on appropriate permanency options, and exploring next steps with families.

The Washington team e-mailed supervisors with targeted reminders to emphasize the importance of giving youth a voice in case staffings, even if the meetings must be held during school hours.

At the end of the BSC, the Catawba County, North Carolina team was still testing how to coach child welfare staff to improve empathy for families. The Catawba County team plans to have supervisors ask the following questions of workers during supervision meetings: How do you think the family views the information shared and decisions made during the treatment team meeting? What can we do to provide them with support?

*“It is important for cases to be followed under a supervision model where there is an opportunity to discuss why a particular decision may have been made concerning kinship caregivers. For example, kinship caregivers should have the availability and the room to come into the agency and have that conversation with managers, supervisors and workers to solve problems. We must function as one team with every member of the team having equal voice—versus the “we have power over you” mentality. We need to have a natural perspective and a holistic approach in terms of how we work with kinship families.”*

—Ramsey County, Minnesota Team Member

<sup>56</sup> Teams in Clark County, Nevada and Washington successfully implemented this strategy. The team in Catawba County, North Carolina was still testing this strategy at the end of the BSC.

## Strategy 8.G Change Language in Agency Documents to Highlight Kinship Care<sup>57</sup>

Incorporating language that emphasizes the importance of kinship care into formal agency documents is an effective way to get staff to understand that kinship care is a priority for the agency.

The team in Clark County, Nevada was able to add values related to kinship care as part of agency's guiding principles.

The Washington team added language to the social worker job description to make working with kinship families a formal part of the job expectations. The BSC team in Arizona added a section dedicated to kinship care to the agency's policy manual. Much of the material in this section came from improvements the team learned during the BSC.

### A Closer Look

#### Revised Job Description for Washington Caseworkers

The Washington team advocated for changing the job descriptions for the region, but the change has since been implemented statewide.

“Engaging families, searching for relatives, maintaining, strengthening, and supporting connections between family members, and providing supports and services for kinship caregivers.”

### Summary

Providing training directly to workers, improving supervision, and revising agency policy were all effective strategies that teams employed to promote the value of kinship care throughout their agencies. In addition to giving workers the knowledge and skills needed to support kin families, such strategies support and sustain the innovative practice changes that teams implemented in other component areas.

<sup>57</sup> Teams in Arizona, Clark County, Nevada, and Washington successfully implemented this strategy.

# VI: Conclusion

## Overarching Themes

As faculty and staff of the BSC reviewed the hundreds of small tests of change and lessons learned that occurred throughout the twelve-month process, several themes for successfully engaging and supporting kinship caregivers emerged. These themes included:

- To engage kin, it is imperative to serve them in the context of their culture.
- Inclusion and relationship-building are critical in successfully serving kin.
- Ensuring that kin and youth voices are represented during all facets of case planning and organizational planning contributes to changes in practice and agency culture.
- Effective use of materials can expand the knowledge of kinship caregivers and give staff and community partners a better understanding of these individuals' needs.

### 1. Kinship and Culture

When engaging kin in the process of taking care of a loved one's children, it is crucial to consider the kin's culture, language, and rituals. The Native American tribes involved in the BSC made this abundantly clear during the initial Learning Session. In the cultures of these tribes, kinship care is the norm for nonparental care; kin are expected to care for one another whenever the need arises. When approaching tribal

members who have this orientation to kinship care, it is critical to honor and acknowledge the history and rituals that are part of tribal custom and practice.

Many of the kinship caregivers on the teams spoke of the importance of having brochures and written materials available in the languages of the families represented in the system. The benefits of this practice are obvious—families need access to accurate information. However, teams learned that it is not sufficient to merely translate materials from English to other languages. The translation process must consider how the messages are communicated. When producing materials in languages other than English, it is essential to express the cultures and experiences of the specific families whom the agency is trying to reach. This is best accomplished by asking individuals from that culture to review materials before printing, to ensure that the use of language reflects the norms and mores of their culture.

When seeking ways to engage families of other cultures and backgrounds, partnership with communities of color was found to be very effective. However, as several teams made clear, when approaching community members the agency must “have its act together.” Child welfare representatives must be willing to listen to the concerns of community members and discuss in very specific ways how they will try to better serve children and families from that community. Child welfare staff must approach the community with a sense of humility and a willingness to be a student of culture, if they are to garner the trust that will result in engagement of kinship caregivers.

## **2. Relationship-Building and Inclusion of Kinship Caregivers' Voice**

Unlike birth families who are mandated to work with the child welfare system, or foster parents who have sought out a relationship with the system, kinship caregivers join the child welfare system when they choose to help a specific child who needs care. We need kin to want to make this choice. Many individuals have only one impression of the child welfare system—negative. They may have gleaned this impression from the press, or from family members or neighbors. To the potential kin caregiver, the social worker who initiates conversations may be the most significant messenger and predictor of how the child welfare agency will treat them. Thus relationship-building begins at the point of

first contact and continues throughout the life of the case.

Teams found that meetings between family members and workers were an effective means of building relationships in virtually every phase of the case, from identifying kin (either as a resource to prevent removal or as a potential placement), to permanency planning, to supporting ongoing placement. A large percentage of families served can find solutions to their own problems when asked. Different teams explored a variety of ways of holding these meetings, including Family Team Meetings—a process developed by the Annie E. Casey Foundation as part of the Family to Family initiative. These meetings are held prior to removal of a child from their family and are very effective in identifying placement options within the family or extended relationship circle.

Other teams explored the use of Family Group Decision Making (FGDM). This family meeting model places the family at the heart of decision making. Often outside facilitators are used to support the process and to ensure that the perspectives of the families are not diminished by agency culture or practices. Plans are a result of the family coming together to decide what is best for them.

*“[When] the social worker was trying to place the children with the grandparents, she found many barriers. Families can sometimes come up with options that may work better for everyone than if the social worker makes the plan in isolation. When the family got together, they made the decision and made it happen.”*

—San Diego County, California Team Member

Other teams used variations of the models described above. Teams also experimented with inviting eligibility workers, permanency workers, and licensing workers to family meetings. They found that when workers were included, the agency better understood the needs of the family and served them in a more cohesive manner.

The model used to structure family meetings is secondary to the embedded value that families have solutions to their own problems. Successful relationships are founded on the belief that family voices must guide the planning and decision-making processes.

The results of the BSC attest to the fact that teams found this to be an important area of concentration. Of the BSC participants who filled out

a final evaluation survey, 96% agreed or strongly agreed that as a result of their participation in the BSC, their agency had identified successful strategies for improving the way it engages kinship families.

*“Participation in the BSC definitely raised my consciousness of how important it is to team with kin caregivers. I will always listen with great weight to the voice of youth.”*

—Core Team Member, Los Angeles County, California Pomona Office

### **3. Impact of Constituents’ Voices**

While it may seem logical to engage kin in planning for their own lives and the lives of the children in their homes, it is less intuitive to engage kin in planning for child welfare system reform. But as teams discovered upon listening to the voices of kin during the case-planning processes, systemic flaws are glaringly obvious. Materials that previously were felt to be strong and compelling suddenly seem weak and unfocused; practices of engaging kin which were thought to be effective appeared to be disrespectful and “system-driven”; ways of engaging kin in case planning which seemed “good enough” now appear to miss the mark and dishonor the voices of those we serve.

#### **Data from Final Survey Related to Constituency Engagement**

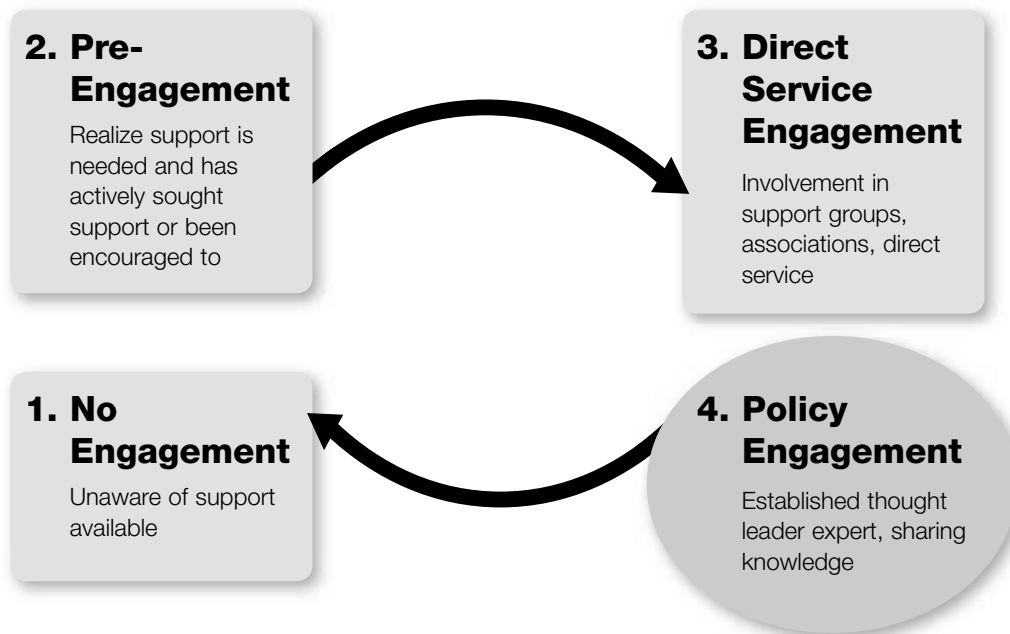
Sixty-six percent of survey respondents agreed or strongly agreed that their BSC team successfully engaged kin caregivers to inform agency policy and practice.

Forty-seven percent of survey respondents agreed or strongly agreed that their BSC team successfully engaged youth to inform agency policy and practice.

Few teams were successful in institutionalizing the presence of family voice in the process of creating systemic change. Some of the barriers to effectively engaging constituency voice included lack of resources to support (pay for) family involvement, lack of family preparation for involvement (i.e., provision of materials early in the process and taking the time to train families on how the system currently functions), and an agency culture that is ill-prepared to respond to the direct, sometimes critical observations of families. Another barrier identified was not selecting families who were ready to think beyond their individual case to assist systemic practice.

The following diagram depicts a process for constituent involvement that might be helpful as jurisdictions around the country seek to engage family voices.

### The Continuum of Constituency Engagement



***It is important that constituents transition into the “policy engagement” activity. To function as expert and thought leaders, they need to be beyond isolation.***

In order to model constituency engagement, all BSC teams were required to have an experienced kinship care provider and a youth or young adult who was either currently in kinship care or had formerly been in a kinship placement. (The faculty included a young adult and kinship care provider as well.) All BSC team members, including constituents, have equal voice in the team’s work. Constituent team members made recommendations and tested PDSAs. Their voices added an important perspective to this work.

### **Lessons Learned from Constituent Involvement**

#### **A. Be aware of cultural habits learned from being part of a system or organization.**

After observing team discussions during Learning Sessions, faculty members noted that it was easy for BSC team members who were agency staff to slip into their system-based roles and language, leaving constituents completely disengaged from the process.

#### **B. Select constituents who do not work for the public agency.**

Some teams selected young-adult team members who were once in kinship care, but are now employees of the public agency. At the outset, this combination of experience seemed to offer “the best of both worlds.” However, once the teamwork was underway, these constituents, while very capable and creative individuals, accepted the obstacles that are considered reality in many public systems and found it challenging to think about and advocate for change in a way that confronts and questions the status quo.

#### **C. Select constituents who are ready to improve systems.**

Some teams selected youth or caregivers who later had to discontinue their BSC involvement because of a family crisis. Other youth and caregivers on teams were not enduring a crisis during the BSC, but were still healing from their own trauma and may not have been ready to do broader constituency work. We learned from these experiences that it is important to pick constituents who are ready and want to be part of this work.

### **4. Effective Use of Materials and Training**

Many teams found that by changing the content, accessibility, language, and focus of their materials, they were able to: 1) significantly improve caregivers’ knowledge about the process of kinship care and 2) increase awareness of the needs of kinship caregivers among staff and the community. Some of the changes were small, such as modifying or translating brochures. Others were more substantive, such as developing or modifying training for social workers and the community about the role of kinship caregivers in the child welfare system.

Kinship caregivers on the teams specifically stressed the importance of better understanding community resources and permanency definitions and options. As teams developed or modified materials to address these

informational issues, kin caregivers expressed not only appreciation for the system's efforts to improve communication, but confirmation that this improved information aided them in making decisions about the children in their homes.

*“Until I began working with the BSC, I knew nothing about kinship care even though I was a kin caregiver! This was a great help for me.”*

—Kinship caregiver from North Carolina

Staff on the teams spoke to the importance of having user-friendly resources about services (specific to kinship care) to give to families to reduce disruption in placements. This information also helped social workers gain a greater grasp of the options available for kin in their community; they indicated that the improved training helped them to better understand how kinship care fit into the larger picture of child welfare. Direct training in mediating family conflicts and assisting families in role realignment is invaluable to workers who have growing numbers of kinship caregivers on their caseload.

*“Participation in the BSC has resulted in a different perspective on kinship care—how their needs are far greater than the system has acknowledged and how [kinship families] might be suspicious and hesitant to ask for resources. We have come a long way from where we started and have become committed with Kinship Mentor Programs, Diligent Search, and Kinship Referral processes for support.”*

—Community Team Member, Nevada

By talking about a child's need for connection to kin, culture, and community—and by stressing the benefits of kinship care—community members were better able to understand the child welfare agency focus and find ways to support kin. Joint training with child welfare staff provided opportunities for community members and agency social workers to discuss how they were going to support kinship caregivers. New services and supports emerged from these community conversations.



# Appendices

## **Appendix A: Supporting Kinship Care Breakthrough Series Collaborative Framework**

This document is intended to address the spectrum of child caring arrangements known as “kinship care” and offers a framework to describe how public child welfare systems should best identify, support, and serve kinship families. This framework is not intended to be prescriptive but instead identifies seven principles and eight key component areas that must be reflected in policy, practice and training. This framework is a companion piece to the Measures Summary for Kinship Care.

### **Types of Kin**

In this framework we take the view that it is families who define “kin.” A range of individuals may be considered “kin,” depending on the family’s and the community’s perceptions as to who falls within the concept of “family” and who can be depended upon to provide for the care, nurturing, teaching, and protection of children. Kin may include both maternal and paternal relatives and may include the adult siblings of younger children. Depending on the individual family’s relationships and the community’s traditions, kin also may extend to individuals not biologically or legally related to the family but who are, nonetheless, perceived as “family.” The care, nurturing and protection of children by extended family and other significant adults is a long standing tradition in many cultures. This tradition is particularly strong in communities of color—African American, Native American and Latino communities.

### **Types of Kinship Caregiving Arrangements**

We recognize that there are many types of kinship care ranging from informal arrangements that happen naturally between family members without state

or legal intervention to more legally-defined formal arrangements that occur with the involvement of the public child welfare system and/or the courts. The focus of this framework is specific to kinship families that have some type of relationship with the public child welfare system. Due to the variation in and the fluidity of families' care-giving arrangements we refer to all types of placements with kin in general terms as "kinship care." Because public agency involvement may vary by family and over time—true systemic improvements in kinship care will result when the framework's principles guides practice and each of the components are addressed, regardless of the "type" of kinship care arrangement that exists.

### **The Complexity of Role Realignment**

In the development of this framework we wrestled with many complex issues and struggled through value laden conversations. One of the most important "learnings" to come from these discussions was the fact that kinship care fundamentally requires a realignment of relationships within an existing family (broadly defined) network. This realignment can be very difficult for birth parents, children, youth and their kin. It requires that those involved attend to the process of realignment and appreciate that from time to time birth parents, children, youth and their kin may become confused, scared, angry, and resentful while at the same time being grateful, supportive, encouraging and loving. Public child welfare agencies and their community partners must not shy away from these difficult transitions, but face and support them.

### **Key Principles**

This framework is built upon seven foundational principles. These principles express the overarching values that must guide all policies, programs, practices, services and supports for kinship care. They are interrelated and work together in a dynamic, synergistic way. The order does not reflect a judgment of each principle's respective worth or relevance.

- 1. Family relationships are enduring and offer permanent resources to their own members.**
- 2. Birth parents, children, youth and their kin have strengths and resiliency.**
- 3. Kinship care meets a variety of needs—i.e., as a preferred alternative to involvement with the public child welfare system, as a temporary care, or as a permanent resource for the child.**

- 4. Kinship care is a unique form of child welfare and requires policies and practice that reflect an understanding of changing family dynamics, the power of inter-generational and inter-familial relationships, and the ways that families express loss, and grief.**
- 5. There is a psychological and emotional presence of the birth parents and siblings in the kinship caregiving family; children and youths' continued connections with their birth parents and siblings is essential.**
- 6. Policies, services and supports exist that do not stigmatize families, are fair and responsive, and honor the cultural, racial, ethnic, linguistic, and religious/spiritual backgrounds and sexual orientation of birth parents, children, youth and their kin.**
- 7. Active engagement of birth parents, children, youth and their kin, in a continuing dialogue with public agencies and community service providers is fundamental to:**
  - a. developing and implementing appropriate services;
  - b. ensuring consumer choice;
  - c. effectively evaluating outcomes;
  - d. holding public child welfare agencies accountable; and
  - e. improving the quality of services.

### **Components of the Kinship Care Support and Service System**

While the principles provide overarching values to kinship care, the components provide “best practice” requirements and their sub-components a description of how the practice requirement is implemented. In this Breakthrough Series Collaborative, public child welfare agencies in partnership with diverse community agencies, birth parents, caregiving partners, and youth, are expected to test ideas within all eight of these components. Teams must be working on improving multiple components simultaneously. Dramatic improvements in the overall system of identifying, supporting, and serving kinship families will only occur when improvements in all eight of these components are achieved.

The components include:

**1. Identify, explore, and pursue birth family relationships with kin at the initial point of contact with the child welfare system and from that point forward as a resource to help meet child and family needs.**

Subcomponents:

- A. Staff work in partnership with birth parents, children, youth and other resources to identify potential kin early in the families' involvement with the child welfare system.
- B. Communication with birth parents, children, youth, and their kin is honest, respectful, and direct.
- C. Staff fully disclose to birth parents, children, youth and their kin caregiving options and accompanying services, supports, rights, and standing.
- D. Staff fully disclose to kin all known information regarding child or youths' circumstances.
- E. Staff must demonstrate explicit effort to clarify roles within the family network.
- F. When placement with kin is necessary, decision-making is guided by birth family choice, safety, and the capacity of the kin to nurture and meet the children or youth's needs.

**2. Support permanence, broadly defined.**

Subcomponents:

- A. Kinship care is recognized and supported as a permanency option.
- B. Birth families, children, youth and their kin are actively engaged in both the planning for and decision making around child permanence.
- C. Staff have frequent and regular contacts with birth parents, kinship caregivers, and with the children and youth in their care.
- D. Kinship caregivers receive information from agency staff regarding the juvenile and family court system and their roles in different types of court proceedings involving permanency options for children in their care.

- E. Staff work closely with court systems to consider legal permanence such as guardianship and adoption, when appropriate.
- F. Agencies financially support all permanency options equally.
- G. Caregivers, families, and youth are aware of their rights and exercise them.

**3. Maintain, strengthen and support connections between birth parents, children, youth, their siblings, and their kin.**

Subcomponents:

- A. Child welfare workers engage in practices that support the relationships between birth parents, children, youth, siblings, and their kin.
- B. When children or youth are in a kinship placement, frequent interaction with birth parents, allowing for optimal connection that supports reunification efforts, is facilitated and supported by child welfare workers.
- C. Child welfare workers support children's and youths' relationships with their siblings by placing siblings together whenever possible, and by supporting frequent contact between siblings when siblings are not placed together.
- D. Child welfare workers support children's and youths' ongoing connections with birth parents, siblings, and kin when they leave foster care for adoption, even in closed jurisdictions or situations where the legal guardian is not kin.

**4. Implement inclusive planning that results in the provision of culturally relevant, kinship-competent services that birth parents, children, youth, and their kin ask for—and are available when they need them, throughout their involvement with the child welfare system.**

Subcomponents:

- A. Information is provided openly to kinship families about the child welfare system and the services and supports that are available to families.
- B. The agency and its partners recognize and respect that families have preferences and choices.

- C. The financial needs of kinship families are recognized and sources of funding to meet their needs are identified.
- D. Children and youth, birth families, and kinship families are involved in decisions about obtaining services and supports through clearly established, consistent processes.
- E. Services and supports are provided to kinship families based on their strengths and needs, and address the changing family dynamics as kin take on new roles and responsibilities within their families.
- F. The services and supports are provided when needed, assessed regularly, and changes are made as necessary to support the family.
- G. The array of services and supports provided are culturally appropriate, relevant to kin caregivers, community-based, and encourage connection to the community.
- H. Services and supports are available throughout the developmental stages and lifetime of the children and youth in kinship care.

**5. Actively engage birth parents, children, youth and their kin as true partners in designing the system of kinship care services and supports.**

Subcomponents:

- A. System wide information is shared openly about the child welfare system and the services and supports that are funded and available.
- B. The expertise of birth parents, children, youth, and their kin is actively solicited, used, and compensated, (i.e. stipend/honorarium) in the development of agency policy, programs, and practice.
- C. Training and support (i.e. transportation, child care) is provided to kinship caregivers, to prepare them for working with the agency as full partners, and to ensure their involvement on an ongoing basis.
- D. Responsibilities of, expectations for, and rights of birth families, kinship families and the agency are clear.

**6. Collaborate with the community, other public agencies, and families to effectively meet the needs of birth parents, children, youth, and their kin by building on community leadership and strengths.**

Subcomponents:

- A. Public child welfare agencies identify community partners and build relationships that result in cross system service collaboration that will support birth and kin families.
- B. A culture is created and supported within the public child welfare system and across the community that supports kinship families.
- C. Information about the community services and supports is shared openly with birth families, children, youth, and their kin.
- D. Public and private agencies and community partners, including courts, schools, and the faith community, are educated about kinship care --with kin caregivers playing a key role in the educational process.
- E. Public and private agencies and community partners, including courts, schools, and the faith community make concerted efforts to educate policy makers on kinship care.

**7. Facilitate kinship families' connections with one another in ways that promote self-help, mutual support, leadership, shared resources, and advocacy.**

Subcomponents:

- A. Information is provided openly to kinship families about the child welfare system and the services and supports that are available to families.
- B. Infrastructure exists for kinship families to connect with one another to share information and provide support.
- C. Collaborative training and other supportive activities are available to kinship families to assist them in advocating for the services and resources that they need.
- D. The public child welfare agency facilitates development of mutual support and advocacy and ongoing dialogue between families and the agency that begins as early as possible.

**8. Train and support child welfare staff in the specific skills and competencies required to effectively work with birth parents, children, youth and their kin.**

Subcomponents:

- A. Child welfare core competencies include training on how kinship care requires role realignment within the existing family network and specific practice strategies to support this process.
- B. Individuals working in the kinship care arena are informed of and sensitive to the issues of intergenerational trauma, grief, and loss to promote understanding and support engagement of birth parents, children, youth and their kin.
- C. All agency staff are committed to partnering with birth parents, children, youth, and their kin.
- D. Staff receive training and preparation for working with birth parents, children, youth, and their kin based on the principles and components of this framework.
- E. Staffing decisions take into account the cultural, racial, ethnic, linguistic, and religious/spiritual backgrounds and needs of the population being served.
- F. Staff receive appropriate and adequate support from their supervisors and management to partner with birth parents, children, youth, and their kin.

## Appendix B: Participating Teams

Alaska, Alaska Department of Health and Social Services

Arizona, Arizona Department of Economic Security

Arizona, Tohono O'odham Nation

California, Fresno County Department of Children and Family Services

California, Los Angeles County Department of Children and Family Services,  
Compton Office

California, Los Angeles County Department of Children and Family Services,  
Pomona Office

California, Sacramento County Child Protective Services Agency

California, San Diego County Health and Human Services Agency

Connecticut, Connecticut Department of Children and Family Services

Idaho, Idaho Department of Health and Welfare

Massachusetts, Massachusetts Department of Social Services

Maryland, Maryland Department of Human Resources

Minnesota, Ramsey County Human Services

Missouri, Missouri Department of Social Services

North Carolina, Catawba County Social Services

North Dakota, Mandan-Hidatsa-Arikara (MHA) Nation

New Mexico, New Mexico Children, Youth and Families Department

Nevada, Clark County Department of Family Services

Ohio, Summit County Children's Services

Ohio, Hamilton County Job and Family Services

Oklahoma, Oklahoma Department of Human Services

Texas, Texas Department of Family and Protective Services

Utah, Utah Department of Human Services

Washington, Washington Department of Social and Health Services

Washington, Muckleshoot Indian Tribe

Wyoming, Department of Family Services

## Appendix C: Team Responses: Making Changes at the Jurisdiction Level

The teams involved in the Kinship Care BSC cited several findings that they will consider as they utilize the BSC methodology within their jurisdiction.

### 1. Collaboration Benefits

As the BSC evolved, teams discovered the power of the collaborative process. They found that collaboration is real and tangible. Not only does it provide a forum for shared learning and support, but it creates an environment where teams are accountable to one another to make changes, try new small tests of change, and strive to make things better for kinship families.

Collaboration requires significant resources. While many teams are continuing their work in their jurisdiction, the scale of collaboration from which teams benefit in a BSC is hard to replicate.

### 2. BSC as Developmental Process

Mastering the art of testing small-scale ideas is harder than it sounds. The simplicity of the PDSA model can seem counterintuitive, given the organizational structures and practices of the child welfare system. Long strategic planning processes that entail complicated policy development efforts followed by phased rollout efforts are the norm. The idea that anyone can test an idea—and that the idea tested will spread and may then end up as policy is beyond the realm of possibility to many individuals within large bureaucracies.

*“In reflecting over all of this, it is more and more apparent to me that it was the process that produced the results.... It was not so much like being in a competition as much as it was having so many witnesses (our team, pilot site staff, our own administration, you guys [BSC staff], the other teams kinship families) and feeling more accountable ...to making the needed changes.”*

—Arizona Team Member

*“As a senior leader, once I understood it, I loved the model and it is now the way that we do business in Ramsey County. It was hard to learn that we had to make the tests really small—but once we learned it—it became part of our culture. If someone raises an issue that they want addressed, my response is “PDSA” it! Supervisors have embraced this model as a way to get staff buy in on change efforts. Rather than our leadership telling staff how a new change will occur, they tell us. It is liberating and energizing not to have to have all of the answers but to rely on the staff and families—who do have the answers.”*

—Senior Leader, Ramsey County, Minnesota BSC Team

*“I do have to say the process was somewhat foreign to me, because I was used to simply putting my head down and plowing through the work the best way I knew how. Now I find myself more goal oriented and mindful of the bottom line: Children and their entire family.”*

—Wyoming Team Member

## Appendix D: Quotes from Final Evaluation Survey

In the spirit of honoring voices, we wanted to share some of the comments from team members:

*“This [BSC] not only helped improve kinship care, it gave me as a youth support in knowing that others have been in similar situations.”*

—Youth from Idaho Team

*“The BSC contributed to the creation of new training which allowed me the opportunity to address CPS workers and be heard.”*

—Kinship Caregiver from Arizona Team

*“As a kin caregiver, I am thankful for being part of this group. It opened my eyes where I did not know they were closed. It has changed me forever. I will always work to help to improve care for children.”*

—Kinship Caregiver from Missouri Team

*“As a result of the BSC, we have greater appreciation and involvement of kin in the process.”*

—Los Angeles County, California Compton Office Team Member

*“The BSC exceeded my expectations in implementing different strategies and methods to seek permanency for children in kinship care.”*

—Youth from Connecticut Team

*“I have done a lot of listening through all three [Learning Sessions]. It has had a positive impact on me both personally and professionally. I believe that I have been given many tools to be able to better serve the families I work with.”*

—Connecticut Team Member

*“We have come up with many great ideas that improve relationships with kin, help identify kin early on, and better partner with kin and families.”*

—Massachusetts Team Member

*“We had no program before and now we do. And we are continuing to improve.”*

—Catawba County, North Carolina Team Member

*“We made a wonderful start that will change kinship experience far into the future.”*

—Massachusetts Team Member

*“There are still areas we need to work hard on (i.e., ensuring that kinship care is equal to foster care). Kinship families deserve the same benefits and more!”*

—Ramsey County, Minnesota Team Member

*“The PDSAs that were successful in regard to supports and services [for kinship families] have been a benefit locally, but I look at the spread and I see growth for the future for our state.”*

—Missouri Team Member

*“[As a result of the BSC], the primary change or improvement was in culture change within the department regarding the value of kinship care.”*

—Core team member from Sacramento County, California

*“Most of all, we did not know we could do the kinds of things we have done here. Participation in this BSC has served to put us in touch with the real power that we can wield. We really can make a difference, especially when we come together with a common cause and unified purpose, with willingness to take risks and perseverance to keep focused.”*

—Arizona Team Member

## Appendix E: Quantitative Results from the Final Survey

The Supporting Kinship Care BSC Final Evaluation Survey was administered during the third and final Learning Session in Scottsdale, Arizona on September 14, 2005. Of the 26 Kinship Care BSC teams, 24 attended the final Learning Session, including 131 individual participants. Surveys were completed and returned by 96 participants, representing a 73% response rate among those who received the survey at the third learning session.

Surveys were completed by members from 20 of the 26 Kinship Care BSC teams (77% of teams). Six teams were not represented: Hamilton County, Ohio; Summit County, Ohio; Texas; Muckleshoot Indian Tribe, Washington; Tohono O'odham Nation, Arizona; and Wyoming.

### Reports of Knowledge and Practice Change

Ten questions on the survey were posed to assess the degree to which respondents believe that their attitudes, knowledge, and practices regarding kinship care had changed as a result of participating in the BSC.

Respondents were asked to rate, on a Likert-type scale with responses ranging from 1 (Strongly Disagree) to 5 (Strongly Agree), the extent to which they believed participation in the BSC resulted in change.

#### Attitude Change

**I have a better appreciation for the importance of kinship care.**

92% of survey participants responded Agree or Strongly Agree.

#### Knowledge Change

**I have learned concrete ways to support kinship families.**

92% of survey participants responded Agree or Strongly Agree.

**Our agency has identified strategies to improve the way it engages kinship families.**

96% of survey participants responded Agree or Strongly Agree.

**Our agency is better equipped to respond to the needs of kinship caregivers.**

73% of survey participants responded Agree or Strongly Agree.

#### Practice Change

**Our agency has experienced positive system change related to kinship care.**

74% of survey participants responded Agree or Strongly Agree.

**Effective practice changes have been implemented in the BSC pilot site.**

78% of survey participants responded Agree or Strongly Agree.

**Our agency was successful at engaging youth to inform policy and practice.**

47% of survey participants responded Agree or Strongly Agree.

**Our agency was successful at engaging kinship caregivers to inform policy and practice.**

66% of survey participants responded Agree or Strongly Agree.

### **Spread**

**Effective practice changes have been spread throughout our agency.**

42% of survey participants responded Agree or Strongly Agree.

Note: 82% of Day-to-Day managers and 50% of core team members felt that this was only Somewhat True.

### **Sustainability**

**Our agency will continue to improve its efforts to support kinship families after the conclusion of the BSC.**

94% of survey participants responded Agree or Strongly Agree.

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