In 2014, the Family Focused Treatment Association (FFTA) received a grant from the Annie E. Casey Foundation to explore how foster care agencies are engaging kinship families for Treatment Foster Care. The purpose of the grant was twofold: first, to better understand the barriers to providing Treatment Foster Care with kinship families; and second, to help member agencies develop concrete strategies to meet the treatment needs of children in kinship care.

This article shares the lessons learned from the Kinship Treatment Foster Care (TFC) Initiative, specifically, what FFTA learned about the barriers to kinship TFC and how agencies can overcome some of these barriers by following the steps to creating a “kin first” agency culture—important steps for both public and private agencies as they continue to make progress on engaging kinship families as critical resources for children and youth who have experienced trauma.

Key Developments for the Kinship TFC Initiative

The first goal for the Kinship TFC Initiative was to gauge the extent to which agencies were providing Kinship Treatment Foster Care and to learn more about the barriers they were encountering. FFTA conducted an online survey of members and held phone interviews with select agencies to learn about best practices and ongoing challenges. Project staff also reviewed the literature to better understand the research base for kinship TFC.

Common themes about the state of the field emerged from this inquiry:
• A review of the relevant research confirmed that kinship care is good for children. Kinship care helps reduce trauma, provide stability, and reduce behavioral problems for children in foster care. Although the project team did not find any research specifically about kinship TFC, the positive research helped establish the importance of further exploring opportunities to provide TFC in kinship homes.

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Kinship foster care is certainly not a new service, but its status as a viable service option for children removed from their homes has increased in recent years. This is especially true when you factor in federal, state, and tribal child welfare policies that prioritize the placement of children, who are in state custody, with relatives or kin whenever safe; the research showing that children and youth generally do best when placed with kin rather than non-kin; the challenges of recruiting new non-kin foster homes; and the removal of children from their homes at a higher rate due to the opioid epidemic.

The reality, though, is that any child removed from his home suffers a traumatic event. Many of these children also have other significant social, emotional, behavioral, developmental, or medical challenges. Although placement with a relative or kin caregiver is most often considered the best option, the child’s treatment needs are in no way reduced simply because that child is now connected to her family, her community, and her cultural identity.

There are tens of thousands of kinship foster families doing the best they can with the best intentions, but because they aren’t considered a treatment home, they often lack access to the appropriate training, resources, support, and treatment services they and their children need.

Five years ago the Family Focused Treatment Association (FFTA) began asking what it can do to bridge the service gap that exists between kinship foster care and Treatment Foster Care. FFTA embraced a kinship philosophy that “all children belong in families, preferably their own families. When children cannot safely live with their parents, they should have every opportunity to live safely with relatives or those with whom they have a family-like relationship.”

- Kinship TFC is being implemented but not on a large enough scale to draw any major conclusions about best practices. The interviews revealed that some child welfare systems, such as Connecticut and some counties in Pennsylvania, are working with their private agencies to provide kinship TFC, but most kinship TFC is happening case by case, not as a regular way of doing business.

- There are barriers within public agency policy and practice that impede more widespread use of kinship TFC. Public systems leaders don’t often encourage their private agencies to work with kin and view kinship care as a public agency function. Barriers include the process for licensing kin families, which is typically a public agency function and not as flexible as it needs to be for kin families, as well as the reality that many public systems place children with kin as an alternative to foster care, creating challenges to securing funding to meet treatment needs.

- Many private agencies that provide kinship TFC are accustomed to recruiting foster parents from the community and providing them with in-depth training and preparation to step in as Treatment Foster Care providers. Many of these private agencies have not built the capacity of their staff to identify kin and engage them in a way that is different from the agencies’ engagement of non-kin.

One of the overarching findings was that implementation of kinship TFC requires a strong public-private partnership, one in which public and private agencies work together to identify kinship caregivers who can step in as treatment foster parents and to provide the training, preparation, and support kinship caregivers need to provide specialized care for children with social, emotional, and behavioral challenges.

Armed with a better understanding of the state of Kinship Treatment Foster Care across the country, FFTA sponsored nine summits across the country in partnership with public and private agencies. The summits provided an opportunity for early adopters of kinship TFC to share their lessons learned and help summit jurisdictions explore opportunities for implementation. Several summits resulted in ongoing dialogue about how public and private systems can work more closely together on kinship care and TFC, and several agencies began to focus more intentionally on kinship care in their ongoing work.

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One idea that was repeatedly discussed in the kinship summits was the potential to use kinship TFC to help children and youth transition from residential treatment back into a family setting. Given the high cost of residential treatment and other forms of group care, kinship TFC is seen as a much less expensive option and one that helps children maintain family connections that are critical for healthy development. Kinship TFC can also help prevent the need for residential treatment in the first place. By equipping caregivers with the knowledge, skill, and support needed to manage difficult behaviors and complex medical issues, agencies can help stabilize situations that, in the past, might have resulted in disruptions.

Finally, FFTA created a Kinship Treatment Foster Care Initiative Toolkit (www.ffta.org/kinship) that includes tools, case studies, and other information to help agencies learn more about kinship care and kinship TFC. The toolkit is a practical set of resources that can help agencies become more immersed in the idea of kinship TFC and includes strategies for engaging public partners in dialogue about how kinship TFC can help improve safety, permanency, and well-being outcomes for children and youth in foster care.

Next Steps for the Kinship TFC Initiative: Becoming a “Kin First” Culture

The Kinship TFC Initiative has helped elevate the dialogue between FFTA members and their public partners about how to work together to ensure that children have their needs met in kinship settings. Although the grant with the Annie E. Casey Foundation has ended, FFTA remains committed to supporting agencies that want to do more work with kinship families. In the next phase of the initiative, FFTA will continue to support members in engaging their public partners as well as building their internal capacity to work with kinship families.
some families who already had kin living in their home were not prepared for the invasive nature of the home studies, were skeptical of the child welfare system, and were resistant to receiving outside support services. This is a common theme that we’ve heard from FFTA members across the country that are working with kinship families.

Also in this issue, find an update from our Virginia Chapter, which is determined to build the foundation for a kinship Treatment Foster Care pilot program with the chapter’s public agency partner in Norfolk. As always, check in with our Public Policy Director, Laura Boyd, PhD, for an update on our work shaping public policy.

Kinship families are resilient and dedicated to doing what is best for the children and youth they care for. It’s hard to ask for help, and some kinship families need more time to build trust in the professionals and agencies that are trying to support them. Many kinship families are dealing with multiple family dynamics and are unaware of the significant treatment needs their kin have. FFTA members are well equipped and trained to address all these issues. This issue of FOCUS highlights some of the ways that agencies are supporting kinship families and helping them thrive.

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Agencies that are interested in doing more work with kinship families may consider how closely aligned their agency culture is with the steps that have been outlined in a new resource developed by three national organizations: the American Bar Association’s Center on Children and the Law, ChildFocus, and Generations United. The publication, *wikiHow for Kinship Foster Care*, (www.grandfamilies.org/wikihow-for-kinship-foster-care) outlines key steps that are needed to reflect an agency culture that truly values kin. Although these steps were developed in close consultation with public agency stakeholders, many of the steps are also relevant to the work of private agencies together with their public partners.

- **Step 1.** Lead with a “kin first” philosophy: Leadership must consistently reinforce the value of kinship care to improve child welfare outcomes and align agency resources with this value.

- **Step 2.** Develop written policies and protocols that reflect equity for children with kin and recognize their unique circumstances: Child welfare agencies must recognize the unique ways that kinship caregivers experience placement and the differences between kin and non-kin caregivers.

- **Step 3.** Identify and engage kin for children at every step: Adopt strategies that combine engagement of parents, youth, and the community in identifying a child’s extended family network and technological resources to help youth reengage lost family connections.

- **Step 4.** Create a sense of urgency for making the first placement a kin placement: Create the teamwork needed for first-time placement with kin and ensure that it’s harder to make a non-kin placement than a kin placement.

- **Step 5.** Make licensing kin a priority: Ensure that there is flexibility for kin families to meet non-safety licensing standards and that training is relevant to the experiences of kinship families. This step also helps ensure that any red flags about safety are fully addressed.

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• Step 6. Support permanent families for children: Ensure that kinship families are presented with a range of permanency options, including reunification, subsidized adoption, and subsidized guardianship, and that they understand the differences between the options when children can’t return home.

• Step 7. Create a strong community network to support kin families: Ensure that kinship families have access to community resources to support them in their caregiving role, including support groups, access to benefits, educational advocacy, and the like.

Traditionally, child welfare systems and agencies were built with non-kin in mind. Agencies that recognize the importance of helping children maintain family connections must fully incorporate a different perspective about what it means to truly engage kinship families. This requires a fundamental shift in understanding about what kin families are going through when they partner with child welfare agencies and some of the unique and challenging family dynamics they experience when they step in for their relative or kin children. Taking the time to ensure that the steps to creating a “kin first” culture are fully engrained in the agency is difficult work, but it is work that is essential to ensure that whenever possible, children and youth can maintain the family connections that promote their well-being.

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