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. Agencies have expressed interest in family search and engagement, new models of training kinship caregivers, and help for their staff to become more “kinship competent.”

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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Beverly Johnson, LCSW, is the Chief Program Officer of Lilliput Children’s Services. She is a member of the FFTA Board of Directors and serves as the Chair of the FFTA Editorial Committee. She will present on kinship care competency at the FFTA 31st Annual Conference.

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The Kinship Treatment Foster Care Initiative: Creating a "Kin First" Agency Culture | continued from pg. 3

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.

Jennifer Miller, MSW, is a partner with ChildFocus Inc., a national consulting firm that helps nonprofit organizations, foundations, and government agencies support America’s children and families. She is a consultant to FFTA on its Kinship Treatment Foster Care Initiative. She will present on becoming a kin first agency at the FFTA 31st Annual Conference.
Treatment Foster Care (TFC) is a powerful intervention designed to meet the specialized needs of children in foster care. TFC programs provide an array of services to children whose social, emotional, and behavioral health needs cannot be met in a traditional foster care program. TFC programs often depend on a public-private partnership in which private agencies place children in family settings with 24/7 support in order to meet the specialized needs of these children. TFC programs are designed to work with public systems to prevent placement disruptions, avoid placements in higher levels of care that can be very costly, and place children in family settings. Data-driven and evidence-based practices are essential to the longevity of TFC programs because data show programmatic effectiveness based on the improved outcomes for children and families.

In 2015–2016, the Annie E. Casey Foundation funded a study with the Bair Foundation to better understand how Bair has developed and implemented Structured Intervention Treatment Foster Care (SITFC) with both kin and non-kin families to measure outcomes for children in kinship TFC. Dr. Sarah Kaye worked with the Bair team to develop an evaluation plan beginning with the collection of the preliminary data and ending with the full product outcomes of an evaluation. Following are the three steps to take when preparing for a similar type of evaluation in your agency.

**Step 1: Articulate Your Theory of Change**

Your theory of change is a concise description of the outcomes your private agency seeks to achieve and demonstrates how this work will help children and families. When developing your theory of change, generate a list of practice activities and intended outcomes for children and families, interview agency leadership, staff, and stakeholders, connect specific practice activities with specific outcomes, and seek feedback on early drafts of your theory of change in order to have explicit and focused connections.

In identifying its theory of change, the Bair Foundation developed a preliminary list that linked specific practices with specific outcomes. Bair’s leadership team reviewed the preliminary list and clarified connections, and the model was revised until a consensus was reached regarding what the theory of change should be.

**Step 2: Operationalize Core Components of Practice**

Operationalizing your core components involves explicitly defining what workers, foster parents, resource parents, clinicians, and others should be doing and saying with regard to the identified theory of change as well as describing service delivery in a specific and measurable way. Practices must be defined specifically enough to observe and measure progress. Core components will be measured through forms, checklists, and data systems and by assessing the reliability and accuracy of documentation. In this step you should explore whether state
and local systems can use data to create a more comprehensive picture of how interventions have impacted outcomes in the child welfare system.

To operationalize the core practice components, the Bair Foundation collected weekly logs completed by the treatment or resource parent, performed monthly monitoring of paperwork completed by foster care workers, developed individual service plans, and undertook supervisory and performance quality reviews. When accessing these data, Bair took into account the fairness and accuracy of the data, whether the data were considered critically important in achieving outcomes for children, and whether the data could be efficiently collected and analyzed for every child in the study.

**Step 3: Operationalize Child and Family Outcomes**

Operationalizing outcomes means defining the safety, permanency, and well-being outcomes that children will experience as a result of being a part of your program. The theory of change is critical because measures must be related to the practice activities that directly result in the outcome measures. For example, if the local department of social services maintains primary responsibility for permanency-related activities, then a private agency will not want permanency outcomes as a measure. Instead, this private agency would focus on placement stability and improvements in child functioning. When operationalizing outcomes, consider the outcomes that children and families should achieve and how those outcomes will be measured. When defining the outcomes that your program will achieve, keep the following at the forefront:

- Engage stakeholders to promote clarity, transparency, and discussion of shared priorities.
- Define specific and measurable outcomes that children and families will achieve as a result of the core components of practice.
- When defining how to measure outcomes, keep the following in mind:
  - Identify data sources, measurement periods, and comparison groups.
  - Request access to public agency data to allow comparisons to be made with other child welfare studies.

**Data Quality Standards Include Completeness, Consistency, and Timeliness.**

To operationalize child and family outcomes, the Bair Foundation primarily used the SITFC model, which included the enhancement of child strengths, reduction of child needs, and attainment of safe and stable placements. Bair used the Child and Adolescent Needs and Strengths (CANS) tool to assess the strengths and needs of children age 5 and older. Bair did not have access to the state child welfare data to enhance its outcome measure. Instead, proxies were developed using data that Bair had available and then results were presented with caveats.

Public agencies can play a significant role in the evaluation process by granting access to statewide administrative data for key variables of interest. This access can be given while protecting the confidentiality of all children and their families. If sharing of comprehensive data is impossible, private agencies can request specific pieces of information about the children and families that are most important to their outcomes. For instance, if placement stability is critical in the theory of change, then important data points would include the number and type of all placements prior to referral to the TFC program and the number and type of all placements after leaving your TFC program.

It is important to ensure the use of quality data. Before their use in an evaluation, data sources must be assessed for quality. Data quality standards are required to ensure that data are reliable and valid so that the conclusions drawn are trustworthy. Data quality standards include completeness, consistency, and timeliness.

Using assessment data from standardized assessments can provide invaluable insight into the well-being or clinical outcomes of children served in TFC programs. The following are two critical considerations for using assessment data:

- Assessments must be consistently administered at defined points in time for all children in care to ensure comparable results across children.
- Different assessments have different scoring and monitoring procedures; analysis of data must be clearly defined and consistent with recommendations of the developers of the assessment.

The full article by Sarah Kaye and Jennifer Miller can be found at https://media.wix.com/ugd/93eeb7_5a98a89212d458b8a01cf713f225963.pdf.

Keisha Bryan, LCSW-C, is the Director of the Treatment Foster Care Program with The Children’s Guild in Baltimore, Maryland. She also serves on the FFTA Editorial Committee and is the Secretary/Treasurer of the Maryland Chapter of FFTA.
I write this column with an inspired spirit, expanded mind, grateful heart, and tired feet! Together we have just completed the 14th Annual FFTA Public Policy Institute and TFC Advocacy Day.

CEOs, service providers, supervisors, and agency board members covering Treatment Foster Care (TFC) services in 26 states convened in Washington, D.C., on May 1 and 2. As we headed to the capitol, 84 individual meetings with members of Congress or their staffers had been confirmed! Add at least a dozen more “drop-by” visits from especially industrious TFC leaders and WOW!

Offices in both the House and Senate and Republicans as well as Democrats were welcoming and overwhelmingly positive. Several staff members stated that finding common agenda items between both parties is a priority . . . and our TFC definition bill just might fill that need! More members of Congress and Senators than ever before met personally with our attendees. Indeed, there is a heightened importance of and responsiveness to citizen involvement and concerns.

The Institute Day of workshops and discussions was stimulating and conducted by national leaders and speakers who graciously contributed their time and resources. We received specific ideas on expanding our partnerships with the National Governors Association (NGA) and our state governors’ offices back home, and we shared with NGA the richness and resources of FFTA and TFC. We had to-the-minute updates from the administration and the Assistant Secretary for Planning and Evaluation (ASPE) as well as from key legislative staff from the Hill. We expanded our knowledge of effectively responding to immigrant families under stress and the importance of becoming “adoption competent.” Our opportunity to extend relationships back home for homeless and disconnected youth was discussed. And, most potently, our responsibility to listen to and include parent and caregiver voices was reaffirmed.

One attendee remarked that he passes up other conferences because he gets more out of our one-day training, and it is brought to him so timely. Attendees who are agency board members encouraged us to expand invitations to all our boards and offered to “testify and mentor” new board attendees next year.

As for an update on the TFC definition bill, House Bill 2290 was filed on May 2nd with four bipartisan original sponsors: DeLauro (D-CT), Cole (R-OK), Mullin (R-OK), and DeGette (D-CO). The Senate version will be filed within the next two weeks. With the urgency of the health care debate and passage of the House American Health Care Act, we encountered a slight delay. Our prior original sponsors Baldwin (D-WI), Portman (R-OH), and Stabenow (D-MI) and a new original sponsor, Sen. Roy Blunt (R-MO) are on board, giving us two Republican and two Democratic original sponsors in the Senate as well.

Join us next year, “pros” and “newbies”! Who knows what 2018 will provide or challenge us on? Our week in 2017 was smack-dab in the middle of promoting family-based care and the TFC definition, having conversations about protecting kids in the federal budgets that were released while we were there, and pleading for Medicaid access and responsible health care reform, which is morphing daily. Never a dull moment!

Finally, a shout-out to the FFTA board members for their leadership at the Institute and on the Hill, to FFTA staff for all their work on Institute details and support of attendees, and to our national colleagues who participated as presenters or as guests as we all move forward together in strong partnership on behalf of those we serve.
Virginia's Emerging Kinship Pilot Program

In April 2010, only 279 out of 6,329 children in foster care in Virginia were placed in a kinship-type foster placement, putting Virginia last in the nation in the use of kinship care. The Virginia Chapter of FFTA has been working on a kinship program for several years, and, with an anticipated start date of July 1, 2017, things are moving right along. Although Virginia was very interested in the grant to promote kinship when it was originally released, it was not until the offer came around the second time (2015) that the Virginia Chapter was able to apply for and was awarded the grant. This was the support that the Virginia Chapter needed to begin moving toward a much-anticipated pilot kickoff.

The first step was hosting a 2-day summit on March 30 and 31, 2016. The goal of day 1 was to provide a forum for public and private providers to learn about existing and emerging Kinship Treatment Foster Care models. The goal for day 2 was to establish work groups to assess current systems and create the plan of action for moving forward.

Day 1 was a training day designed to provide knowledge about kinship care as well as information for public and private agencies about how other states implemented Kinship Treatment Foster Care programs in their communities. The goal was to elicit buy-in from state and local public agencies (the Virginia Department of Social Services, the local departments of social services, and other child welfare agencies and programs) as well as private Treatment Foster Care providers for the idea that “kinship care” is essential to Virginia’s communities and ultimately a missing necessity.

Each of these work groups then reported the information they collected, and a plan of action was set in motion. The first step was to develop a needs assessment that was sent to vital organizations that would be directly involved in the success of this program. The goal was to assess the status of using kinship providers, barriers to implementing a formal kinship TFC program in local communities, and overall feelings about the program.

Following the summit and data collection from the survey, the City of Norfolk agreed to pilot a Kinship Foster Care program. This step brings Virginia to where we are today: gathering Treatment Foster Care providers that are willing to participate, writing the pilot program with assistance from FFTA National, and assessing the best way to train kinship foster parents in a cost-effective manner. Initially, we will be targeting kinship placements for youth being discharged from congregate care and then expanding the program as appropriate.

It has taken the Virginia FFTA Chapter over two years to lay the foundation for a Kinship Treatment Foster Care program. Many hours have been spent by chapter members, the board, and community affiliates to prepare this program for implementation in our communities. We hope our pilot will be of help to other states seeking to move forward with a formal Kinship Treatment Foster Care program. The process has not always been easy, but we are excited to see how this pilot transforms our Treatment Foster Care programs to be even more person centered and family focused than before.

By Angela Edmonds, LCSW, Secretary of the FFTA Virginia Chapter and COO of Embrace Treatment Foster Care
Within the state of Rhode Island, there has been an ongoing need to increase the number of kinship homes available to children involved with the Department of Children, Youth and Families (DCYF). Kinship homes include both biological relatives and other individuals known to the child or family. Placement for children in kinship homes has been unanimously identified in best practice standards as having more optimal long-term outcomes for children.

Rhode Island DCYF has a standard requiring all kinship foster homes to be licensed within six months of placement. This standard proved to be difficult for the state to adhere to, resulting in widespread negative media attention. DCYF responded with a plan to contract with four private agencies in Rhode Island to assist with licensing these kinship homes. As a well-known provider with a history of quality care in Rhode Island, Devereux Advanced Behavioral Health was selected for this assistance through contracts that were awarded by the state in 2016.

The contracts were a natural extension of Devereux’s Therapeutic Foster Care (TFC) program that was already working with children and families throughout the state, ensuring that the values of compassion, accountability, respect, excellence, and safety were being met through intensive foster care services. The first contract focused on the preparation of kinship home studies. The second contract focused on supporting kinship foster parents who currently have children placed in their homes.

It was evident from the beginning that most of the kinship homes requiring home studies had been maintaining placement of children without support services for significant periods of time. These homes were not aware of the complex child welfare system, community supports and resources, and licensing regulations. While preparing home studies, Devereux TFC quickly learned that these kinship families required much more support, but due to the minimal support these kinship families had been receiving, some initially presented as hesitant to engage in the home study process.

Because the contract specified 60 days and 20 hours to complete the home study process, Devereux TFC had to work diligently to establish a rapport with the families and help them rebuild trust in the child welfare system. The home study process is an invasive, personal experience for all, particularly for those whose family members are involved in the child welfare system. When TFC staff started working with these families and establishing a relationship of trust, staff members found the families receptive to engaging in the home study process and eager to receive additional services to further support the placement. Through this work, Devereux TFC identified some kinship homes with safety issues that could not be mitigated, and licensure had to be denied. Although these situations were difficult, the outcome was in the best interest of the children.

In other cases, Devereux TFC was able to provide support to help kinship families voice their own needs and concerns to DCYF. Throughout the process, Devereux TFC has found that, in most cases, families showed great resilience and unwavering devotion to the children placed in their homes.

The second contract for kinship support allows Devereux to support a wide range of needs for kinship foster families, from housing to employment to behavior management. This short-term service is intended to last no longer than 90 days, during which time TFC completes a minimum of weekly face-to-face contact, monthly strengths and needs assessments, monthly treatment planning, and monthly reviews and necessary assessments. Intrinsic to this work is the need to orient the families to the DCYF system and the resources available to them while helping them identify natural supports to further aid their long-term placement success.

Through this experience, Devereux has found kinship foster parents to be a very valuable yet underserved population. Although these families have demonstrated adaptability and devotion by opening their homes to their relative children, often unexpectedly, they have done so with minimal support and recognition. Devereux is honored to be able to serve this population and offer them the support and services they require to reach their highest potential.

Devereux is currently tracking outcome data for this service, specifically the length of time services were used and case outcomes. Although it is still very early in the contract, we have had only one discharge, and we intend to evaluate the efficacy of our services. We look forward to monitoring these data and adjusting our service delivery as needed to ensure successful outcomes.

Danielle Imbornone Gallagher, MEd, is Regional Manager, Rhode Island Operations, and Jennifer Young, MA, is Assistant Regional Manager, Rhode Island Operations, at Devereux Therapeutic Foster Care.
"Are kinship caregivers in the role of service provider or service recipient?" Six years ago during an FFTA workshop, a provider posed this very question. At the time, kinship care was being widely recognized as a viable foster care option. What many providers of treatment foster care were debating was how families could get through the process of paperwork, interviews, and trainings. We all could agree that placement with family was best for kids, but we also realized that many of these families required resources while fulfilling the same requirements as other foster parents that we considered “professionals.” Many providers doubted whether some families could pass the initial process and whether these families would be receptive to training. These considerations are important and address the initial assessment and subsequent interventions needed in kinship placement. Kinship families are uniquely different from unmatched families who come to this process from a different place and have more time to adjust to the process. Equally, given the strength of family connection, kinship caregivers are uniquely positioned to therapeutically support children in their care and, with proper support, are often more committed to seeing this process through.

Lilliput has spent the past 20 years of our 37-year history supporting kin caregivers throughout California to assist public agencies in moving kids to permanency primarily through guardianship or adoption. More than 50% of the 7,000 adoptions completed since that time were with relatives. We continued to build in supports for kinship caregivers through family resource centers tailored to kin, family finding efforts focused on kids entering care, and foster certification for relatives. We have been very excited to see the progress in supporting placements with kin nationally and specifically throughout northern California. Strong kinship communities invest in family finding and kinship resource navigation and supports that are equal to those that foster parents receive. Currently in California, kinship caregivers go through the same process as a non-related family—a big step for kinship care.

What is essential on macro and micro levels to support our kids who are placed in kinship care? Support begins with creating a kinship-friendly agency and identifying needed resources that are available from public agencies and their respective communities.

Strong private-public collaborations are key, and systems transformation is necessary at all levels. Such transformation starts at the top but has to be integrated at all levels to be successful. Bias must be checked consistently, and policies and procedures require consistent refinement to ensure success. Gatekeeping at critical pathways is key. Once leadership support is established, the practices and procedures to ensure kinship care can follow.

Once a system is in place to consistently address bias individually and systemically, what practices are necessary to support this work? Team members and their supervisors need to use a different lens when working with kin as opposed to non-related caregivers. Kinship caregiving is usually born out of crisis and is unplanned. Families usually have little to no time to prepare and are being asked to make some major shifts in their lives—rearranging work schedules to complete necessary trainings, enrolling children in school, making necessary health appointments. Reevaluating our expectations of families is necessary—families often need assistance navigating systems and can feel overwhelmed by the process. At the same time, family systems are in crisis, and families are reexperiencing trauma. Thorough training and supervisory support related to trauma and family dynamics are necessary to create a therapeutic environment in which children can thrive. Clinical supervision becomes a central aspect of highly effective kinship work.

Support begins with creating a kinship-friendly agency and identifying needed resources that are available from public agencies and their respective communities.

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What Does It Take to Support Kinship Placements?

Families are complex, as is the world of kinship—fraught with issues and not for the weary or unprepared. Many kinship families are quite resourceful but struggle from time to time like all families. Providers must realize that kinship caregivers more often than not are simultaneously providing and receiving services, and agencies need to be prepared in a myriad of ways to adequately support these placements.

Beverly Johnson, LCSW, is the Chief Program Officer of Lilliput Children’s Services. She is a member of the FFTA Board of Directors and serves as the Chair of the FFTA Editorial Committee. She will present on kinship care competency at the FFTA 31st Annual Conference.

8 Critical Factors for Supporting Kinship Care

✓ Addressing bias
✓ Recognizing that kin placements are more likely to be born out of crisis
✓ Recognizing our intrusion into the family
✓ Helping families navigate systems
✓ Valuing the importance of familial bonds and family dynamics
✓ Understanding safety concerns versus “good enough parenting”
✓ Valuing cultural differences
✓ Understanding that the motivation for placement is unique