

Practice Manual for ProtectOHIO Kinship Strategy



July 21, 2011

ProtectOHIO Kinship Strategy Manual

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ProtectOHIO Overview

In October 1997, Ohio implemented ProtectOHIO, a Title IV-E Child Welfare Waiver Demonstration project, under the authority of Section 1130 of the Social Security Act. Fourteen Ohio counties stepped forward to participate in the waiver, forming a ProtectOHIO consortium. Like other states with Title IV-E Waiver programs, Ohio and its Consortium counties were given the opportunity to use capped federal IV-E dollars, previously used for foster care reimbursement, to develop child welfare services and strategies. The primary goal of ProtectOHIO is to use the Title IVE waiver funds flexibly to change purchasing decisions and service utilization patterns to achieve better outcomes for children and families. The focus for each of the 14 counties is to reduce the number of children coming into care, decrease the length of stay in care, decrease the number of placements experienced by children already in care, and increase the number of children reunited with their families or placed in other permanent situations.

The first ProtectOhio Waiver demonstration program operated for five years, from October 1, 1997 through September 30, 2002. A “bridge period” of two years followed, while the Ohio Department of Job and Family Services (ODJFS) negotiated with the federal Department of Health and Human Services (DHHS)/Children’s Bureau to obtain a five-year extension. The extension was granted in January 2005, retroactive to October 1, 2004, and scheduled to end September 30, 2009. The new waiver expanded to include 18 counties, representing one-third of Ohio’s child population. It featured a major shift in focus: the Consortium counties agreed to implement two or more specific interventions -- family team meetings plus at least one other strategy from among supervised visitation, kinship supports, enhanced mental health/substance abuse services, and managed care¹.

ProtectOhio Consortium Counties		
Ashtabula	Franklin	Medina
Belmont	Greene	Muskingum
Clark	Hamilton	Portage
Coshocton	Hardin	Richland
Crawford	Highland	Stark
Fairfield	Lorain	Vinton

In February 2009, Ohio formally requested another five-year extension of the waiver². DHHS granted a series of short-term extensions to allow for full consideration of the extension request in the context of findings from the Human Services Research Institute (HSRI) evaluation report and the amended federal terms and conditions. In March 2011, the extension request was approved for an additional five years, from October 1, 2010 through September 30, 2015. The continued use of the Title IV-E funds will be used to strengthen the intervention strategies of Family Team Meetings and Kinship Support Services, with the intent to improve permanency outcomes for children in out-of-home placement and decrease use of foster care.

¹ Kimmich, et al (2010). *Evaluation of the Second Ohio Title IV-E Waiver Demonstration Project: Comprehensive Final Report*.

² Colbert, Michael, March 8, 2011. Personal letter to Senator Max Baucus & Honorable Members of the United State Senate Committee on Finance.

PROTECTOHIO KINSHIP STRATEGY MANUAL

1. MISSION & PURPOSE

1.1 Mission

The mission of the Kinship Strategy is to promote kinship placement as best practice, increasing attention to and support for kinship placements, caregivers, and families.

1.2 Purpose

The use of kinship caregivers for placement of children at risk of out of home care is the preferred practice in child welfare and is promoted through federal and state legislation.

For the purposes of the ProtectOHIO Kinship strategy:

- **Kinship caregivers (kinship)** are defined as relatives and non-relatives who have a connection (biological, familial, community, cultural, etc) to the child;
- **Kinship placements** consist of a span of time a child lives with kinship caregivers while a case is open to ongoing services; and
- The term **kinship family** is used to describe the kinship caregiver(s), the children in their care, and others that reside in the home during a kinship placement.

The search for kinship caregivers should begin during the intake process and continue throughout the life of the case. This is expected even if placement is not needed at the time of initial agency involvement since one component of permanence is the development of a support system for the family. In addition to extended family, the search should include absent parents (including alleged fathers) and their families as possible placements in the event that one is needed.

The primary purpose of placing a child with a suitable kinship caregiver is to maintain a child's familial, cultural, and community ties, to enable a child to live in the least restrictive setting, and to provide safety and stability. In the long term, kinship placements may be one of a range of positive permanency options.

The purpose of the Kinship Strategy is to ensure that kinship caregivers have the support they need to meet the child's physical, emotional, financial and basic needs. Kinship caregivers should support and follow court orders, follow agency recommendations

OAC 5101:2-1-01

Children services definitions of terms.

"Kin" means the following:

(a) Individuals related by blood or adoption:

(i) Parents, grandparents, including grandparents with the prefix "great," "great-great," "grand," or "great-grand."

(ii) Siblings.

(iii) Aunts, uncles, nephews, and nieces, including such relative with the prefix "great," "great-great," or "great-grand."

(iv) Cousins and first cousins once removed.

(b) Stepparents and stepsiblings.

(c) Spouses and former spouses of individuals named in paragraph (B)(129)(a) of this rule.

(d) Any non-relative adult the current custodial caretaker or child identifies as having a familiar and long-standing relationship/bond with the child and/or the family which will ensure the child's social ties.

regarding reunification and visitation efforts with the child's biological parents/caregivers, and keep the child safe. It is essential that kinship caregivers are supported in order to connect with appropriate community resources (including financial resources) for the sake of maintaining placement stability.

1.3 Core Components

This section summarizes the main components of the kinship strategy discussed in detail in the remaining sections of this manual.

- The ProtectOHIO Kinship Strategy focuses on all children with PCSA cases that are open to ongoing services in a ProtectOHIO demonstration county, regardless of custody status or supervision orders.
- Kinship Coordinators with knowledge regarding best practices in supporting kinship families serve as experts on kinship support practice within the PCSAs. These coordinators need not be solely dedicated to kinship work; kinship coordination functions may be assigned to the Coordinator and/or other PCSA staff as needed. See Section 2 for more information.
- Standard practices for location and identification of kinship are employed by the PCSA and supported by the Kinship Coordinator and/or PCSA administrators and supervisors. Diligent search efforts are a priority in this strategy and are necessary to improve positive trends toward increased use of kinship for placement. See Section 5.1.1 for more information.
- Kinship-specific assessment tools and processes are used to ensure that kinship caregivers can support the child in their care, and that services and supports they receive are aligned with their needs. See Section 3.1 for more information.
 - A Kinship Home Assessment Tool is completed; part 1 of this tool is used at the time of the initial placement and part 2 is used at the time a homestudy is completed, if a homestudy is necessary (or its contents incorporated into kinship homestudies); part 1 and part 2 may be completed at the same time; and
 - A Needs Assessment, a two-part tool, includes 1) Family Resource Scale, which is completed during the home assessment process; the Needs Assessment is repeated at least every 90 days in order to review changes in needs and family situations, and 2) a Services and Supports for Kinship Family Form.
- A Support Plan is developed in accordance with the Kinship Home Assessment Tool and Needs Assessment results. This can be incorporated into the case plan or completed as a separate document according to legal protocol and policy with the county. Although the Support Plan has no standard format, it should be: individualized, based on needs assessment results, and reviewed, monitored, and updated regularly (every 90 days, in conjunction with review of the Needs Assessment). See Section 3.2 for more information.
- Home visits with kinship families occur at least monthly and include attention to the kinship caregiver as well as the child and other family members. See Section 3.4 for more information.
- The PCSA Kinship Handbook is provided to the kinship caregiver when the youth is moved to a kinship home, or at the time of the homestudy. See Section 3.5 for more information.

- Services are available to support kinship families in accordance with their needs. See Section 4 for more information.

Core Services are available in all counties:

- Information & referral
- Mental health assessment
- Substance abuse assessment
- Mental health therapy/ counseling
- In-home family services/ family preservation
- Basic purchased hard goods
- Home-related supports
- Rental and/or utilities assistance
- Transportation
- Financial support
- Training for kinship caregivers

Optional Services may be available:

- Legal services
- Child care
- Formal or informal respite

1.4 Relationship to Kinship Navigator Projects

Ohio counties have received funding in the past to create kinship navigator programs. These programs are designed to help kinship families navigate through the available services in their county. Ohio currently has federal funding through the Fostering Connections to Success Act from the Administration for Children and Families in Department of Health and Human Service (ACYF/DHHS); seven counties are part of this three-year grant that began September 30, 2009: Ashtabula, Clark, Crawford, Hardin, Lorain, Portage & Richland.

The Kinship Navigator Project differs from the Kinship Strategy in several ways:

- Under Kinship Navigator, the kinship family's participation is voluntary;
- Anyone can refer a family to the Kinship Navigator Program;
- Kinship families do not have to have any type of custody to be able to request services from the Kinship Navigator; and
- Kinship Navigator families can continue to receive formal & informal support as their case is not time-limited.

Counties that participate in the Kinship Navigator Project³ may find that it will enhance their implementation of the ProtectOHIO kinship strategy. In particular:

- ProtectOHIO kinship families are assessed using the same Needs Assessment Tool as is used with Kinship Navigator families receiving case management; and a ProtectOHIO

³ Specific county information and other resources can be found at: <http://www.kinshipohio.org/>. Funding for this website was made possible by the Family Connection Kin Navigator Grant from the Administration for Children and Families, DHHS; Materials do not necessarily reflect the official policies of the Department of Health and Human Services.

kinship family may/can be receiving case management or informational & referral from the Kinship Navigator;

- The Kinship Navigator Project may be another resource for kinship families in any of the ProtectOHIO counties, if the kinship family resides outside the county where they are getting PCSA services;
- Kinship Navigators regularly gather current information on services available and contact people; and
- Many Kinship Navigator counties have monthly support group meetings and/or newsletters.

2. KINSHIP COORDINATION

2.1 General Kinship Coordination Duties

An essential component of the ProtectOHIO Kinship Strategy is the professionals within the PCSA who serve as experts on best practices to support kinship families. These Kinship Coordinators need to have drive and energy for kinship support work. In each county, the Kinship Coordinator is the primary go-to person for all internal and external inquiries regarding kinship caregiving needs.

Kinship coordination entails many different duties. These duties may all be assigned to one person, the PCSA's designated Kinship Coordinator, or may be shared among several staff who also have other duties. Caseworkers or other staff may be assigned to some of the kinship coordination duties, but they do not hold the Kinship Coordinator title.

Kinship coordination includes two main types of duties: working directly with kinship families, and working as a resource to those who work directly with kinship families (an indirect role). In every county, the designated Kinship Coordinator is responsible for the "indirect" duties. At county option, the direct service duties may be assigned to the Kinship Coordinator or to other staff. The range of kinship coordination duties includes:

Direct work with kinship families (responsibility of the Kinship Coordinator or other staff):

- Providing direct support to kinship families, regularly or on an as-needed basis;
- Providing training and support to kinship families;
- Advocating for individual kinship cases and/or in the broader context of influencing and informing policy and practice guidelines;
- Supporting kinship caregivers in fulfilling their roles in connection with child welfare court proceedings; and
- Providing kinship caregivers with information regarding the juvenile and family court system and their roles in different types of court proceedings involving child in their care.

Indirect work (responsibility of the Kinship Coordinator):

- Establishing relationships with community public and private service providers with the intent to educate them regarding the needs of kinship families and to develop capacity and expertise to respond to their needs; and serving as an ongoing liaison between the PCSA and the community;
- Assuring that the county resource guide/list is up-to-date so that it is useful to families and staff;
- Supporting/advising staff on how to locate, assess and engage kinship caregivers;
- Sharing responsibility for training all workers (intake and ongoing) on how to support kinship caregivers;
- Serving as an expert resource to caseworkers in their work with kinship families, assisting them to find services within and outside the county;
- Assuring Family Team Meeting facilitators are knowledgeable regarding the kinship strategy and are able to incorporate and integrate strategy practice into team meetings as necessary and appropriate (i.e. location efforts, visitation, and permanency planning, and ongoing support); and

- Assuring accurate and complete data collection for the kinship strategy. Data entry into the ProtectOHIO Data System (PODS) and Statewide Automated Child Welfare Information System (SACWIS) is critical for evaluation of the strategy. The Kinship Coordinator must ensure it is completed accurately and in a timely fashion. Kinship Coordinators may choose to do their own data entry in PODS, or the agency may designate someone else to complete the data entry. The Kinship Coordinator should be a person who will run the reports on a regular basis and track the Kinship Strategy progress. (See section 5.3 for details regarding PODS data elements.) A county may choose to separate data collection responsibilities from the rest of Kinship Coordinator duties but management will assure the task is completed.

2.2 Kinship Coordination Competencies/Skills

All staff performing kinship coordination duties should have a good working knowledge of child welfare practices and value the use of kinship families in child welfare placements. They can be supervisors, case workers, and/or support staff. The sections below indicate the specific competencies/skills that these staff should have, whether or not they hold the title of Kinship Coordinator or simply perform a limited number of the coordination functions.

The following competencies should be acquired prior to the individual taking full independent responsibility for any of the kinship coordination duties. Competencies should be acquired at least by the time core training is completed (1 year from position start).

All staff performing kinship coordination functions should have the following competencies:

- Ability to engage families to elicit, gather, evaluate, analyze and integrate pertinent information to determine a kinship family’s capacity to meet safety and quality of care needs for the child; determine strengths, concerns and support needs;
- Ability to serve as a liaison between the PCSA and community when organizing and accessing PCSA and community services and information for families according to their unique and individual needs; ability to connect kinship families to information and services that the family specifically needs, even across county lines when appropriate;
- Ability to interact and collaborate with various and diverse families, internal staff and community partners;
- Ability to respect culture and diversity of families; to engage and to support kinship caregivers and children; to promote placement stability and positive permanency outcomes;
- Ability to provide education and advocacy on behalf of kinship families; and
- Strong empathy and understanding of the unique role, needs and challenges of kinship caregivers.

In addition, Kinship Coordinators should be skilled in the following areas:

- Collaborating with service providers in their geographic area to maintain current knowledge of available resources and to help find ways to streamline services and reduce lag time in service provisions, as needed; and
- Keeping informed about relevant kinship caregiving resources and referral contacts in agencies outside their counties, since kinship caregivers may live outside the county.

2.3 Training for Kinship Coordination Staff

Training for Kinship Coordinators should be viewed as an ongoing process. Ongoing training opportunities should be identified by the Kinship Coordinator and the supervisor/director overseeing the Kinship Strategy process, regardless of the experience level of the coordinator. Kinship Coordinators should attend and look for any relevant training opportunities such as training through the Ohio Regional Training Centers, Ohio Child Welfare Training Program (OCWTP). PCSA management in collaboration with Ohio Department of Job & Family Services (ODJFS) should be involved in developing an ongoing training plan for Kinship Coordinators.

To ensure consistency in ProtectOhio Kinship Strategy practice, initial training for Kinship Coordinators should address all components of this manual. As appropriate, the training should draw upon relevant skill-building materials and activities related to the competencies listed in section 2.2.

Since working with kinship caregivers is a topic addressed in the Caseworker Core Modules Training for all new PCSA staff, any training on the practices described in this manual could be integrated into existing training opportunities and/or staff orientations. Any staff with responsibility for any kinship coordination duties (see 2.1 above) should receive initial training on the following topics:

1. Orientation to the ProtectOHIO Waiver
2. Kinship Strategy Overview, including education on all forms (Kinship Home Assessment Tool, Needs Assessment – Family Resource Scale, Support Plan, and Kinship Handbook)
3. Locating kinship families & completing genograms – This area is critically needed to help ensure that workers know all the tools and resources available to locate kinship members;
4. Education on the services available;
5. Special attention to visits in kinship homes to help assess any possible services the kinship family may need to help deflect any future concerns that arise; and to address:
 - Resource management;
 - Relative dynamics (conflict & loyalty);
 - Visitation struggles;
 - Difficulty managing child behaviors;
 - Knowing what to tell the child about the future; and
 - Difficulty assisting with reunification if the kinship family does not feel it is in their best interest.
6. Information concerning FTM.

Once they have been trained, Kinship Coordinators should be able to help train other agency staff who perform kinship coordination duties, especially regarding the kinship strategy data collection process (#2) and ways to give special attention to kinship caregivers' needs (#5). This training should be conducted on an ongoing basis, so the workers fulfilling the kinship coordination role will be fully updated on current resources that are available to kinship caregivers.

An important source of ongoing training for Kinship Coordinators is the regular meetings of the Kinship Coordinators Group. Kinship Coordinators will meet regularly to share updates, concerns and comments.

These coordinators may meet face-to-face, on conference calls, and through an e-mail listserv (details in 5.1). These meetings may enable new Kinship Coordinators to meet experienced Coordinators that are designated as Kinship Coordinator Mentors through the Kinship Coordinators Group, and perhaps arrange to shadow them. These Kinship Coordinator Mentors must be able to show expertise through knowledge and experience. In addition, ongoing Coordinator training opportunities may be mentioned through the regular meetings of these coordinators.

3. CASE MANAGEMENT

This section describes recommended procedures to assure specific, comprehensive, and concise focus on kinship caregivers. It includes information regarding safety and needs assessments, support plans, home visits, a flow chart, a kinship caregiver handbook, family team meetings, and training for kinship caregivers.

3.1 Kinship-Specific Safety & Needs Assessment

The data collection efforts recommended in this section are essential to evaluation of the kinship strategy.

3.1.1 Assuring Safety of the Kinship Home

Child safety is paramount when identifying kinship caregivers, and workers need to ensure that children are being placed in a home that will meet the child's needs of safety, permanence, and well-being. The caseworker or other designated staff (such as the Kinship Coordinator) must at minimum complete Part 1 of the Kinship Home Assessment Tool at the time a child is initially placed with a kinship caregiver or the home is being assessed for a possible kinship placement, regardless of the intended duration of that placement or the custody status of the child. Part 2 should be completed at the time a homestudy is done – when a placement is expected to be long term (lasting more than 30 days, in most cases). Part 1 and 2 may be completed at the same time in some cases. The Kinship Home Assessment questions can be incorporated into existing PCSA homestudy forms or completed separately.

The goal of the kinship home assessment process is to document safety needs/concerns, the ability and willingness of the kinship caregiver to provide permanence for the child, and identification of the needs to be met in order for the kinship caregiver to provide for the child. The questions included in the kinship assessment process are designed to spark discussion with the kinship caregiver and assure that vital topics are covered (e.g., history of kinship caregiver interaction with and current knowledge of child/family situation).

The kinship home assessment should be part of every county's kinship provider approval process, which can vary based on the nature of the case. In emergency situations, the social worker in consultation with a supervisor completes a home inspection/safety audit and background check via the law enforcement jurisdiction where the potential kinship caregiver resides.

A kinship caregiver homestudy referral is submitted to the appropriate teams as soon as possible to enable the completion of a "full" homestudy. Ideally, the same team that completes the homestudy, also answers questions, provides information and referral services and provides ongoing support to the kinship caregiver in conjunction with the child's social worker. Any changes in the household members must be quickly assessed to confirm continued safety within the kinship home.

3.1.2 Needs Assessment

A formal Needs Assessment shall be conducted once a kinship family is identified or when a child is first placed with that kinship family. The purpose of completing the Needs Assessment is to facilitate a discussion with the kinship family around what they perceive they will need in order to successfully care for the child. The use of the Needs Assessment is meant to assist the ongoing caseworker and the prospective kinship family to accurately identify what services and supports will be required and what strengths/resources the kinship family has. Examples of possible services and supports that may be identified include but are not

limited to: ODJFS financial assistance, child care, food, respite, transportation, legal assistance, and support groups.

A two-part Needs Assessment form (Attachment B) addresses kinship caregiver needs for specific services and supports, and explores family resources. The first part, “Family Resource Scale”, is a validated tool which should be used as is; it should be initially completed by the kinship caregiver during Part One of the home assessment process, and then completed periodically thereafter. The second part, “Services and Supports for Kinship Family,” helps the worker translate services and supports into SACWIS service categories and types.

Assessing kinship caregiver needs is an ongoing process and should be child- and family-specific. Every family will have different needs based on their parenting expertise and skills, prior knowledge of the child, and community resource knowledge. The Needs Assessment should be reviewed periodically, at a minimum quarterly, and could be reviewed at the kinship caregivers’ request or when a change in needs otherwise comes to the attention of the caseworker or Kinship Coordinator (e.g., when a temporary placement becomes more long-term). The Needs Assessment should be done during one of the following: home visits, regular case reviews/family team meetings, or at the request of a kinship family while the case is open with the PCSA. Ideally this review would occur simultaneously with the review of the support plan (see Section 3.2.1c). It should be expected that the identified needs of the kinship caregiver will change throughout PCSA involvement. As time goes by, the caregiver may begin to require less help/support from the PCSA; this can be measured by completing the Family Resource Scale periodically.

3.2 Written Support Plan

The support plan is developed in accordance with the needs assessment and can be incorporated into the case plan or completed as a separate document according to legal protocol and policy within that jurisdiction. A support plan template and a case plan example are included in Appendix D.

3.2.1 Support Plan Characteristics

- a. **Individualized:** Kinship caregivers typically are motivated by a desire or obligation to step in at a critical moment to meet the caregiving needs for a specific child when a biological parent/caregiver is unable. Their individual needs vary and correspond with their skills, life experience, perceptions and knowledge of the family and their own parenting capacity. Needs are further influenced and defined by the distinct needs of the child in their care. A support plan must be congruent with the individual needs of the caregiver but acknowledge that wider family involvement is needed.
- b. **Based on the Kinship Home Assessment Tool & Needs Assessment results:** The Kinship Home Assessment Tool and Needs Assessment guides the plan of support and establishes a clear connection between needs, services, supports and resource provision. Caregivers guide their needs assessment and participate in the completion of their support plan.
- c. **Subject to ongoing assessment and Review:** Support plans must be reviewed, monitored and updated regularly. The needs assessment is re-administered to the caregiver at various stages throughout PCSA involvement to ensure services and supports meet the current needs of the caregiver. This re-assessment shall occur periodically, at least every 90 days, but can occur more frequently according to the needs of the caregiver or as case circumstances would warrant. This could occur during or prior to case reviews, depending on whether the kinship caregiver(s) participate in case reviews, and the

dynamics of the case. Where kinship caregivers do not participate directly in case reviews in this manner, a worker could talk with the caregiver prior to the review, and report/record their updated information during the review. The support plan is then updated accordingly.

3.2.2 Support Plan Content

The actual content of the support plan should be determined by each PCSA. The following specific activities and supports are important to document, including their duration and frequency:

- **Financial Assistance:** direct financial assistance for clothing, food, rent, utilities, furniture, transportation, or linkage to Public Assistance;
- **Information & Referral:** range of information and service linkage for kinship, such as legal, health, counseling, emotional support, educational support, respite and day care services, social and various state and community resources;
- **Training:** Kinship caregiver training is distinct and may differ from the needs of formally trained foster parents. This is delivered directly through the kinship or casework staff or referral to formal community training resources and support groups;

The major focus of the support plan is case management activities. Case management encompasses a wide range of activities that may include assessment, planning, crisis support, referral and various activities that promote and support kinship's ability to provide ongoing care. This may include a plan for direct contact and communication with the kinship caregiver through phone calls, e-mail, and face to face contacts. Preferred practice is to build upon familial and community capacity to create and to connect the caregiver to resources that are sustainable and accessible for the long term. The extent of the support plan will depend on the extent of the kinship caregiver needs. Support plans may simply include only case management and supervision (visiting) plans if no specific services are needed.

3.3 Home Visits

Direct contact with the caregiver and child is required to ensure safety, well-being and permanency, but is also essential to support the needs and well-being of the caregiver. Home visits provide an ongoing opportunity to establish trust between the caregiver and the PCSA and promotes effective communication, education, assessment, planning and support for the family. Home visits occur monthly or more frequently based on need (or per contact timeframes required by safety plans). Face-to-face contact that targets the unique needs and challenges for these families is promoted as best practice in this strategy and demonstrates activities that might differ from prior efforts or the efforts of non-ProtectOHIO counties. In addition to routine, required home visit activities, the following areas are important to address when interacting with kinship caregivers:

- Kinship caregivers very often assume their role of caregiver during a time of crisis. This requires them to make many changes in their home life to accommodate a child with little time for preparation. Changes typically include accommodating space in the home, arranging for child care, health, school and other specialized services for the child. Prompt attention and response to these needs can quickly remove barriers or obstacles and ease stress and burden for the kinship family.

- Finding themselves in the role of the primary caregiver is the foremost issue for kinship caregivers. Kinship caregivers may be parenting their own children, have not been in a parenting role for a long time or have limited parenting knowledge. Parenting children who have experienced trauma or who present with other special needs must be addressed during home visits. Kinship caregivers need timely access to training, education, and resources related to these concerns. They may encounter feelings of loyalty, strain and/or alienation from others within their family system. The complexity of these dynamics may produce stress, confusion and conflict for the caregiver. Significant attention and support is needed to help families adjust and re-align from previously defined roles while promoting positive connections and relationships among family members. Caregivers need individual, private opportunities to communicate around these issues and concerns.
- Kinship caregivers may feel overwhelmed by the child welfare system, and specifically concepts of visitation, reunification and permanency. While manuals and more formal trainings may target this area of need, face-to-face attention may alleviate concerns, misconceptions and fears related to the child welfare process, decision-making and the direct impact on the caregiver and child.
- Visitation can be stressful for kinship caregivers, especially when the kinship caregiver is expected to supervise or facilitate parent/child contact. Home visits are an opportunity to support and ensure that the kinship caregiver is able to manage these interactions safely and without altercation and be able to manage the child's behavior after visitation.

3.3.1 Kinship Home Visit Protocol

Elements of Best Practice – Evaluate Needs Regularly and Identify Resources

- **Caregiver Training/Support Groups** (identify, document and assess the caregivers' need for additional support; provide a resource list of options within the community that can provide the caregiver with training on specific topics);
- **Caregiver Assessment** (consider if the caregiver is willing/able to continue to provide care for the child/ren and any changes that are needed to the current supports);
- **Support Plan development/updates** (develop the plan with the kinship provider; review and revise the plan as needed during subsequent contacts) ;
- **Caregiver Needs Assessment/Supportive Service Needs for Caregiver** (regularly review caregiver needs and identify supports available within the family, community, and from the agency; provide contact information and referrals as needed); and
- **Parent/Child Visitation; Parent/Caregiver Relationship** (determine and document the structure of parent/child visits/contact, including duration and frequency, and include the observations from the caregiver) ; and
- **Changes in Kinship Caregiver Household** (Re-assess the home when any members leave or enter the home, by completing the following: Kinship Home Assessment Tool, Needs Assessment, update/review Support Plan, and any needed background checks to ensure all needs are met.

OAC Requirements must be discussed at each visit and are as follows:

- **Child Safety** (the child's well-being and safety should be assessed by observing the child and caregivers in the child's living arrangement, consider age and vulnerability);

- **Child's Adjustment** (the child's emotional, educational and behavioral functioning should be assessed based on discussions with the child, caregiver and other involved adults in both the living environment and all other settings; observations made by the caseworker);
- **Service Needs for the Child** (consider discussions and observations that occur to determine emotional, educational and behavioral functioning and review and revise the child's plan and services based on needs);
- **Case Plan Progress/Permanency** child's progress toward case plan goals (update the caregiver on the current permanency plan for the child, status of the case plan goals, and continue to assess caregiver's interest if he/she is intended to be part of the permanency plan);
- **Caregiver Assessment** (consider if the caregiver is willing/able to continue to provide care for the child(ren) and any changes that are needed to the current supports; consider caregivers protective capacities and supports needed to maintain those protective capacities).
- **New Information regarding child or substitute care setting** (changes in household members, marital, health, placement of child, death of child, birth of child, arrests/ convictions, relocation, child's activities, employment) assess impact on ability/ willingness to care.

The Appendix contains an optional Home Visit Checklist that can be used to help evaluate the family needs and identify any needed resources.

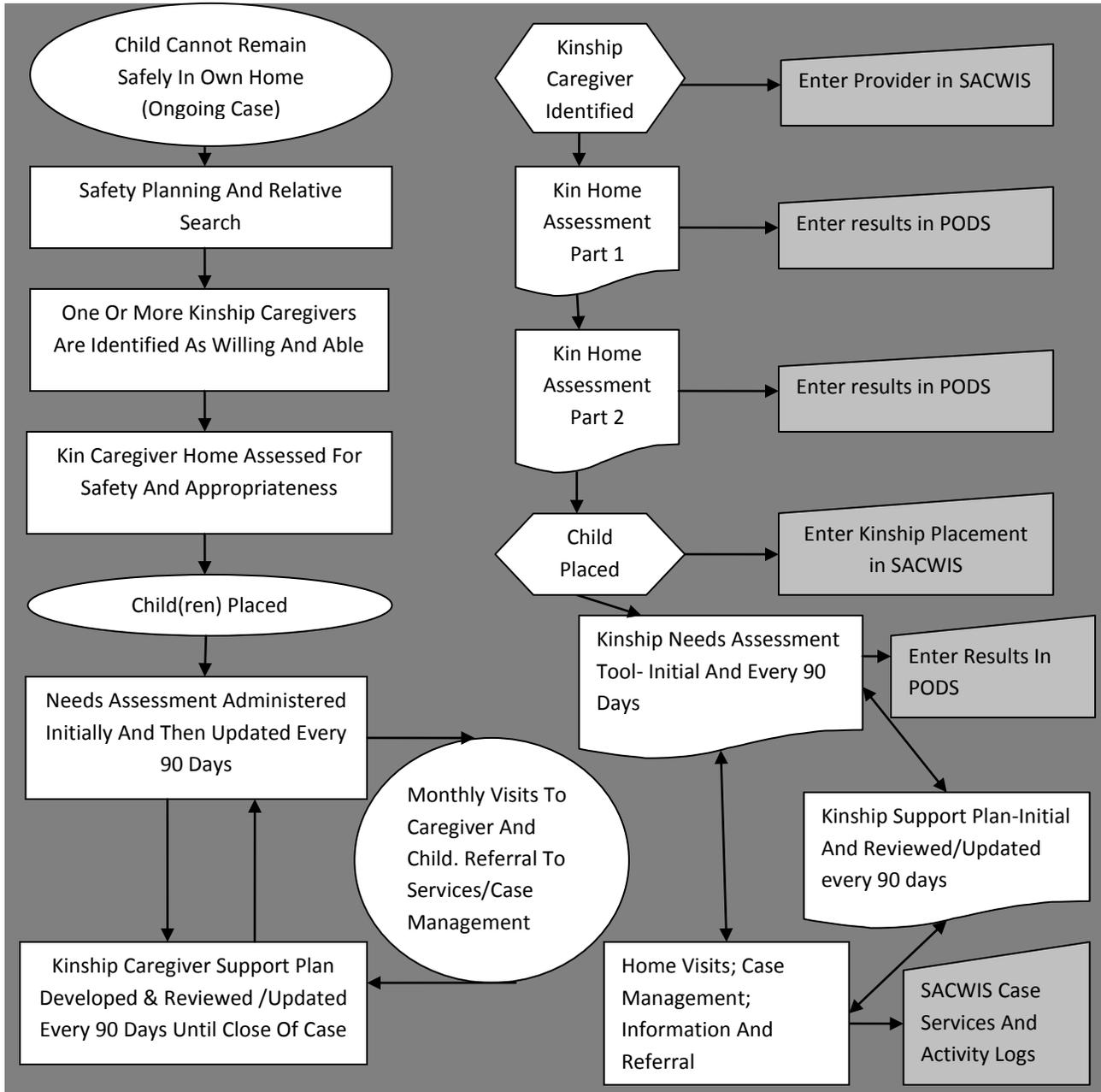
3.4 Kinship Initiative Implementation Flow Chart

The flow chart below is intended to show how the Kinship Strategy should proceed over time, and when the various data collection activities might best occur. Implementation first includes steps to assess the safety and appropriateness of kinship placement (Kinship Home Assessment Tool, Part 1 and 2 as well as homestudies for caregivers slated to be awarded custody of children). Placement may occur concurrent with or immediately following completion of the Kinship Home Assessment Tool. Next, a cycle of kinship caregiver support begins with the administration of a Kinship Needs Assessment, which drives the development of a Kinship Support Plan. Cycle of support consists of monthly (or more frequent) home visits with the kinship caregiver, during which Ohio Administrative Code (OAC) required topics and kinship caregiver needs are addressed. To complete the cycle of support, Kinship Needs Assessments and Support Plans are reviewed and updated quarterly (every 90 days) to ensure that services delivered are meeting current needs. These reviews can occur in conjunction with Family Team Meetings, Case Reviews, and Semiannual Administrative Reviews (SARs).

Kinship Initiative Implementation Flow Chart

Kinship Practice Flow Chart

Kinship Documentation Flow Chart



3.5 Handbook for Kinship Caregivers

PCSAAs shall make available a handbook for kinship caregivers that contains helpful information, particularly outlines the services and supports available in a given community. Handbooks should contain county-specific information whenever possible, but could also contain additional resources as the PCSA deems appropriate. The Ohio Kinship Resource Guide⁴ provides helpful information on state and federal level supports available, as well as general information about what kinship care entails. The handbook should be provided to the kinship caregiver when the child is placed in a kinship home, or at the time of the homestudy. PCSAAs may opt to supplement this state guide with their own local information, or create an entire guide of their own. The information provided should cover the following topics.

- **What is kinship care?** Provide information on the importance of family connections, and the strong value of culture and commitment to children;
- **Benefits:** Kinship care allows children to live with people they know and trust. It creates a sense of stability and continuity in a child's life. Children maintain their ties to family and community and lessen the trauma of separation from birth parents/caregiver. Kinship care helps to stabilize family situations and ensures children safety, while preserving and strengthening family relationships, family identity, culture, and ethnicity;

Kinship caregivers help ensure long-term permanency for children not able to return home as kinship caregivers are frequently willing to adopt or become permanent guardians when reunification is not possible;
- **Decision Making:** All decisions regarding school and medical treatment are made by the kinship caregiver in conjunction with the caseworker, consent for major life decisions remains with the biological parents/caregivers if parental rights have not been terminated. The kinship caregivers are an important member of a team of individuals responsible for the safety and well-being of the child in their care. Their thoughts, observations and ideas are important for the development of a support plan;
- **Educational issues:** There should be specific information made available to kinship caregivers regarding educational needs of children for whom they are caring. This could include online reports, IEP, tutors, after school programs, etc;
- **Financial and Medical Assistance:** Kinship caregivers may be eligible to receive financial assistance from various sources, depending on a number of factors;
- **Relationship with the Birth Family:** The kinship caregivers' ability to remain objective in their relationship with the biological parents/caregiver will be crucial. Their ability to work with the placing agency, at times against the wishes of the birth parents/caregiver, is also crucial. Kinship caregivers often struggle with feelings of guilt regarding the biological parents/caregiver. They need support with the issues that may develop in this relationship; and

⁴ JFS Form Number JFS 08146; may be found online here: <http://www.odjfs.state.oh.us/forms/file.asp?id=1779&type=application/pdf>. Copies may be ordered here: <http://www.odjfs.state.oh.us/forms/inter.asp>.

- **County Specific Resources:** Contact information & description of resources available locally.

3.6 Kinship & Family Team Meetings

There are many ways that the Kinship Strategy and Family Team Meetings (FTM) can work hand-in-hand for the benefit of ProtectOHIO families. The FTM can help by:

- Promoting kinship families as a supportive network for the family;
- Locating possible kinship families for placement;
- Coordinating family services between the FTM Facilitator and the Kinship Coordinator;
- Identifying service needs of the kinship caregiver; and
- Possible update of the Needs Assessment/Support Plan.

Initially, the FTM is an appropriate place to explore what kinship supports are available to a family or to discuss the steps needed to secure a kinship placement. For example, some counties review a genogram at the FTM. A genogram is a tool used to document family relationships, usually in the form of a picture or chart.

Just as foster parents are invited to FTMs when children are in placement, kinship caregivers should be involved in the FTM when there is a kinship placement. If the Kinship Coordinator is present at the FTM, he/she can hear what needs there might be in order to maintain/support the kinship placement. The FTM Facilitator may ask the kinship caregivers whether there is anything they need. In addition, when participants discuss how the children are doing, there may be a discussion about their behavioral, medical, and educational needs, which can provide help in areas where the kinship caregivers are struggling. An added benefit is that the FTM provides an opportunity to keep the kinship caregivers informed about the children and their case plan.

The amount of time available to discuss caregiver needs at the FTM may depend on the degree to which parents are making progress and are present at the meeting. Furthermore, some kinship caregivers may be hesitant to voice their needs and discuss their support plan in the context of an FTM. Due to this and other time constraints within the FTM agenda, it may be more appropriate to discuss the Needs Assessment and Support Plan privately with the kinship caregivers; this can occur before or after the FTM. The date of an FTM may serve as a useful reminder that the Kinship Strategy Needs Assessment should be reviewed, as both FTMs and the Needs Assessment should be completed at least quarterly.

Just as parents are allowed to call for an FTM if a need arises, or an agency may call a meeting on behalf of the foster parents if they are facing problems, the agency can decide whether to allow the Kinship Coordinator to call a meeting on behalf of the kinship caregivers. Many kinship families have critical events surrounding personal struggles, individual needs for kinship children/youth, struggles with the birth family, and other needs. It may be appropriate to discuss these issues in an FTM with the goal of preserving the placement. The FTM can also be an appropriate place to work on the relationship between the kinship caregivers and the parents.

While ultimately the family goal in FTM is reunification, there is always the possibility that the agency will make the decision to move towards permanency with kinship families. In the FTM, participants can discuss how to proceed with permanency.

3.7 Training for Kinship Caregivers

Training opportunities should be offered based on the needs assessment results and support plan development for each kinship caregiver. The purpose of training is to prepare the kinship family for meeting the needs of the child, to increase awareness and understanding of the needs of the child and to maintain and improve skills that the caregiver has. Training for kinship caregivers is a responsibility of the Kinship Coordinator. Training costs could be paid through a kinship fund or by the PCSA.

Training opportunities should include:

- All training for foster and adoptive parents:
 - Ensure inclusion in the pre-service and on-going training for foster and adoptive families: The PCSA should ensure that there are adequate handouts and space for Kinship caregivers who want to attend the trainings; and
 - Provide to kinship caregivers any newsletters, informational flyers or any other mailers that are provided to foster and adoptive parents.
- Relevant training offered by local PCSA or local community agencies:
 - Especially training focused on child development, parenting and discipline, abused youth information, behavioral management, stress management, etc; and
 - Parenting support and guidance to families through a variety of ways such as instructional videos and internet resources.
- Local PCSA training developed specifically for kinship caregivers- PCSAs should work in collaboration with Kinship families to develop trainings based on the needs of the families:
 - Ask kinship families for examples of types of speakers that may benefit them;
 - Offer small specific training sessions in areas such as how to access resources for children, including Medical providers, counseling services, Developmental Disabilities, and others that are child-specific;
 - Arrange meetings to discuss available local benefits and how to apply, provide helpful hints for applying for requested services;
 - Use the Family and Children First Council to coordinate services;
 - Provide guidance and support for addressing challenges facing youth with disabilities, mental health issues, and behavioral needs; and
 - Kinship families need assistance in understanding the various aspects of the court system that may impact them (child welfare, juvenile justice, child support enforcement, and others) but which often operate very differently from one another. This includes the courts' roles in making decisions regarding children in the formal child welfare system, the rights of kinship to be given notice and an opportunity to be heard in court proceedings and legal matters.

Other agencies in the community may also be approached about reaching out to and educating kinship caregivers:

- Work with the local Department of Job and Family Services to streamline ways for kinship caregivers to access TANF, Medicaid information and how to navigate through that system;
- Contact local educational service centers, Easter Seals, local health department, the Department of Developmental Disabilities for training resources and information to assist kinship caregivers; and
- Arrange for training by the medical/mental health professionals involved with the child who has a medical/mental health diagnosis that requires specific follow-through and specialized understanding to meet the child's needs.

4. SERVICES AND SUPPORTS

A key purpose of the Kinship Strategy is to meet the needs of kinship families. Such needs will be identified through the initial kinship home assessment and needs assessment processes, though additional needs may also be identified at other points throughout the case episode. These needs can be met through a variety of services and supports. Services and supports may be provided directly by the PCSA, or through contracted providers, or via referral to a community provider. This section contains a list of core and optional services that kinship families may need during a kinship placement. These services are defined below. For evaluation purposes, details regarding services provided to kinship families (directly, via contract, or via referral to community provider) should be entered into SACWIS; this section indicates where this data should be recorded in SACWIS⁵.

4.1 Core services

- a. **Information & referral:** Information provided to families or a referral made to a service that otherwise does not have an appropriate category/type in SACWIS. If referring to service that has an appropriate category & type (such as those listed in this section) service referral should be recorded in appropriate category/type with ‘referred’ status to indicate referral rather than provision of service.
 - SACWIS: Case service category = Case Management; Service type = Information & Referral
 - SACWIS Enhancement Requested: Addition of Kinship Navigator as Service type under Case Management category - to use to indicate referrals to KN programs⁶ (via referral) or provision of Kinship Navigator services (if in-agency KN).
- b. **Mental health assessment:** A mental health assessment such as for DD services, Diagnostic, Psychiatric/ Psychological services
 - SACWIS: Case service category = diagnostic, Type = diagnostic
- c. **Substance abuse assessment**
 - SACWIS: Case service category = diagnostic, Type = alcohol or drug diagnostic
- d. **Mental health and/or Substance Abuse therapy/ counseling:** Could be individual, group, marital (may be drug /alcohol, mental health etc.)
 - SACWIS: Case service category = counseling, many Types to chose from (family, individual, etc.)
- e. **In-home family services/ family preservation:** Intensive home or family interventions (behavior modification, for example):
 - SACWIS: Case service category = counseling, chose appropriate type (this would be used when service NOT being provided directly by PCSA); OR case service category = Case

⁵ In some cases both current and proposed/anticipated configurations are included. This section will be updated following pending SACWIS builds slated for May and June 2011.

⁶ More information about the differences between Kinship Navigator programs and the ProtectOHIO Kinship Strategy is found in 1.4 “Relationship to Kinship Navigator Projects”.

- management, enhancement to add type of 'in home/family services' (this would be used when being provided directly by PCSA casework staff)
 - SACWIS Enhancement requested: addition of type "in-home service" to both case management and counseling categories
- f. **Basic hard good purchases:** These services include but are not limited to furniture, clothing, groceries, (any payment for a hard good)
 - SACWIS: Case service category = financial supports, chose one of many Types
 - SACWIS Enhancement requested = addition of types: furniture, home repair, appliances, and other home goods
- g. **Home management:** This includes services that support the structure of the home or maintenance of that structure, including: parent aid, housing availability services, cleaning, door alarms, budgeting, etc.
 - SACWIS: Case service category = home management, chose appropriate type (environmental management, parent aid, etc.)
- h. **Housing assistance:** This includes assistance with rent, utilities, environmental modifications, home repair costs, etc.
 - SACWIS: Case service category = financial supports, chose one of many types (rent, utilities, etc)
- i. **Transportation**
 - SACWIS: Case service category = financial supports, Type = transportation
- j. **Financial Support:** Other financial supports should be recorded according to what was provided (furniture should be recorded under financial supports category, type = furniture).
- k. **Kinship Caregiver Training:** Training for kinship caregivers could occur in groups or on a one-on-one basis. A variety of training options should be available to meet the needs of kinship caregivers. Training could be offered at the agency, a community provider, or in the kinship family's home. The need for flexibility per kin caregiver needs is very important, and training provided should be based on the needs assessment results and support plan development. See also later section regarding Kinship Caregiver training (Section 3.6)
 - SACWIS: Case service category = education/training, Type as appropriate (community educational services, education services, educational advocacy)
 - SACWIS Enhancement Requested: Under Case Service Category: Education/Training, requested addition of kinship caregiver education/training.

4.2 Optional services

- a. **Legal services:** Includes a spectrum of supports from assistance with paperwork to referral to attorneys, to attending court hearings, to actual provision or purchase of legal services through agency or contracted attorneys. This could be a referral for legal services from another provider or a case management activity if completed by the agency (including case management for court preparation, court attendance, etc.)
 - SACWIS: Case service category = legal, Types = fees, attorney
- b. **Child care:** Definition: Care outside of school hours, and/or while caregiver is working, occurs at set times, could be provided by anyone, but if PCSA paying, provider must meet safety criteria

- SACWIS: case service category = child care, chose one of many types
- c. **Formal or Informal Respite:** Weekend or evening, not during work hours, not a standard set time
 - SACWIS: case service category = child care, type = respite care

Service Dates and Statuses: Dates associated with the statuses of “needed,” “referred”, “scheduled,” and “provided” can be entered for each service.

Associating Services to Children and Kinship Caregivers: Services must be associated with either or both the kinship caregiver identified as the placement resource for a kinship child (linked to the service by SACWIS provider ID) and the kinship child (linked to the service by SACWIS person ID).

5. ADMINISTRATIVE SUPPORTS/ORGANIZATIONAL STRUCTURE

Support for kinship care is a necessary component for success. At the administrative level, policies and agency practices support Kinship Coordinator(s) and workers in their efforts to assist and empower Kinship families at a level comparable to the support traditionally provided to foster families.

5.1 Support within the PCSA

It is necessary to have the commitment of the agency director, administrators, supervisors and caseworkers to support the kinship mission and assure that it is instilled at every level in the agency.

5.1.1 Locating, Identifying, and Assessing Kinship

Administrative Support: Existing case review processes (Family Team Meetings and case administrative reviews) should be used to assist in identifying and locating kinship caregivers. These reviews are often held prior to placement and may be held quarterly or more often in order to continue the conversation and allow the ongoing exploration of potential kinship providers. Procedures and processes must be in place to clarify roles of PCSA staff in identifying potential caregivers; computer and case record searches, etc. Formal training available to staff will enhance the likelihood that diligent search efforts are pursued. Various quality assurance practices and safeguards may be necessary to ensure identification and search efforts are adhered to within the agency.

Identification and location may entail travel to meet a potential kinship caregiver; therefore, fiscal support (authorization to make expenditures in order to carry out identification tasks) is also necessary.

Tools, Resources, and Process for Locating and Identifying Kinship: The Kinship Coordinator or assigned PCSA caseworker should utilize all appropriate tools and resources in the search for kinship caregivers. This includes talking to the child (when age appropriate) and everyone in the child's life about family members, kinship, or significant people in their lives who could become a potential caregiver. Tools/websites are also readily available via the internet and should be utilized when conducting family or person searches. Genograms and/or ecomaps are effective tools used in the discussion and identification of potential kinship providers. Use of agency historical records may be of assistance in identifying family members, kinship or others who could be explored.

Diligently Assessing Kinship: Kinship assessments should be completed during the home assessment and homestudy processes. It is very important to ensure placements are appropriate, have the necessary supports in place, and are available for immediate use, when necessary. Investing the time to assess the suitability of the kinship caregiver, as well as assuring the supports that they will need are explained and made available, will assist in the child's transition to placement and reduce the risk of disruption. Workers should plan for adequate time to complete assessments, taking into consideration the length of time needed to receive completed background checks.

5.1.2 Training for Workers

Both Kinship Coordinators and case workers who provide services to kinship caregivers should attend regular training to enhance their knowledge and understanding of kinship caregiver issues, concerns, and needs. A range of training options may be appropriate, depending on staff experience. Orientation to the ProtectOHIO Kinship Strategy is necessary, at minimum. Additional training may be

obtained via informal training from experienced staff, trainings available through the Ohio Regional Training Centers and any special Kinship Navigator training offered. Staff should have training to support the Kinship Coordinator competencies listed in section 2.2. See Appendix for reference documents.

5.1.3 Regular Contact Among Kinship Coordinators

Kinship Coordinators should maintain regular, ongoing contact with one another to share knowledge. This contact may occur via email listserv, regular teleconference/videoconference meetings, and possibly occasional in person meetings.

- The email listserv⁷ can serve as a way for kinship coordinators to send one email to a list of other kinship coordinators when seeking feedback on any particular matter; this allows for faster feedback from many coordinators instantaneously. This listserv is updated by one person, and all emails go to a Kinship Coordinator Administrator over the email list. This administrator then forwards the question to the email listserv for any feedback.
- The regular meetings will be optional due to time and travel constraints, but regularly scheduled meetings will be held for the coordinators who are interested and available.

The purpose of this ongoing contact is to provide support to one another, standardize and enhance practice, troubleshoot Kinship Strategy challenges, share successes and ideas, and discuss ProtectOHIO data as available.

5.2 Court and Community Support

5.2.1 Ongoing Advocacy

To enhance the viability of the Kinship Strategy, PCSAs should take action to promote broader public awareness in support of kinship families. This could be accomplished via public service announcements (PSAs), billboards, newspaper articles etc. Evaluation results regarding the impact of kinship placements (i.e. safety and cost) can be shared with the court and community through agency directors, PCSA staff, speaker's bureaus, PCSAO and kinship advocacy organizations (local, regional & state). Meetings with legislators at the local, state, and federal level regarding the kinship strategy, serve as a venue for information to be shared and to influence government policy. The state has implemented a Kinship Advisory Board that could serve as a vehicle for PCSA advocacy with the broader community around the kinship strategy.

PCSA staff should provide ongoing education and training to various entities with a vested interest in this population, such as Court Appointed Special Advocate (CASA)/ Guardian Ad Litem (GAL)⁸

⁷ An email listserv has not yet been established, but Kinship Coordinators will be informed of how to sign up for it as soon as it is available.

⁸ A CASA means a volunteer guardian ad litem appointed by the court who is responsible for: researching the background of assigned child abuse, neglect and dependency cases; representing the child's best interests; speaking for the child in all hearings, reviews and other relevant case activities; monitoring the child during the life of the case; and advocating for a safe and permanent home for the child. A GAL is a guardian appointed by the juvenile court to represent and protect the best interest of an alleged or adjudicated abused, neglected, or dependent child.

organizations, faith-based organizations, and local community providers and organizations. Forums that include child welfare youth and kinship caregivers often impact and influence public opinion.

Key Messages to Share in the Community:

- Ohio rules regarding the selection of placement setting encourages PCSAs to seek both paternal and maternal relatives for a child who cannot safely reside in their own home. This is clarified in OAC 5101:2-42-05 “Selection of a Placement Setting”, which defines the order of finding placement for youth;
- Kinship Care is safe;
- Kinship Care promotes stability and reduces trauma;
- Kinship Care is less costly than foster care; and
- Kinship caregivers could benefit from support (financial, service, community)

5.2.2 Court Engagement

For any change or enhancement of practice, it is important to take steps to include court personnel in the process. Senior PCSA management should meet with the Juvenile, Domestic Relations, and Probate Court Judges as well as probation officers, GALS, attorneys to educate them. Key court personnel may assist in the identification and location of kinship and can obtain this information early on in the court process. Having court personnel support the identification process may help families feel more comfortable sharing information with the case worker.

Advocacy is critical to encourage the court system to consider kinship caregivers as the initial option for placement. The PCSA should dialogue with court judges and magistrates regarding the placement of youth with kinship caregivers.

- Court personnel should be exposed to the ProtectOHIO Kinship Strategy. This could be accomplished via trainings provided by Kinship Coordinators or PCSA staff in each county;
- Whenever possible and appropriate the PCSA should petition the court to grant custody to the kinship caregiver, allowing for a less intrusive PCSA experience for the child and kinship caregiver; and
- Quarterly or semi-annual meetings could be held with Court Judges and Magistrates to ensure ongoing dialogue occurs regarding the importance of placing children/youth with people they know. Invite kinship caregivers and youth to participate in these meetings to promote the importance of this strategy.

5.3 Data Collection

In order to understand how the Kinship Strategy is implemented and assess whether the Kinship Strategy has the desired impact, the evaluation team will need data on each of the core components outlined in this manual. Each PCSA will be responsible for using SACWIS and PODS to enter relevant data on children and kinship caregivers involved in kinship placements. This data will be crucial for a viable evaluation, and will be important for case management purposes as well. The evaluation team will develop a PODS data entry manual and will offer training on the use of PODS prior to roll-out of the kinship strategy module. Each PCSA will be responsible for assuring that the relevant SACWIS data is entered accurately and completely.

SACWIS data collection includes:

- Person and case IDs (for each child) & provider IDs (for each kinship caregiver);
- Demographics for each child and kinship caregiver;
- Case start (family assessment approval date) and closure dates;
- Kinship placement occurrence for each child living in kinship placement for any period of time while the case is open to ongoing services, with associated data (begin and end dates, reasons, etc.);
- Custody: child and agency legal statuses, with begin and end dates for all statuses;
- Safety plan occurrence and start dates;
- Services data;
- Home visit dates & locations, with associated kinship caregivers and children; and
- Maltreatment information (during and after kinship placements).

PODS data collection includes information on for all children in kinship placement during any case that is open to ongoing services, only during the period of time the child is in kinship placement and the case remains open (i.e., if a child reunifies or enters foster care, then PODS data collection is no longer necessary).

- IDs associated with each kinship caregiver and child (SACWIS person and case IDs, SACWIS provider IDs for kinship caregivers);
- Demographics on each child/kinship caregiver not otherwise available in SACWIS;
- Needs Assessment/Family Resource Scale – at time of needs assessment and at least every 90 days while case is ‘ongoing’ and child is in kinship placement (with dates and IDs for all children and kinship caregivers); and
- Kinship Home Assessment Tool– Part 1 is completed and collected at the time of initial placement regardless of type of intended placement (temporary or long-term, any custody status). Part 2 is completed and collected at the time a homestudy is conducted (part 1 and 2 may be completed at the same time in some cases). Dates and an indication of associated kinship caregivers and children will be included for each home assessment recorded.

APPENDIX

- A: [Sample Introduction Letter](#)
- B: [Kinship Home Assessment Tool](#)
- C: [Needs Assessment: Family Resource Scale & Services & Supports for Family](#)
- D: [Support Plan Template & Example](#)
- E: [Optional Home Visit Checklist](#)
- F: [References used in developing Kinship Strategy Manual](#)

Sample Introductory Letter for Kinship Caregivers:

Dear (Kinship Family Name),

Your commitment to care for children other than your own is both challenging and rewarding. Our agency believes that placement in a Kinship home, is the best choice for any child who comes into care. Our commitment to you is to help you support the child's physical, emotional and basic needs.

As your Kinship Coordinator, I will help you navigate through the available service opportunities in our county. You may qualify for OWF (cash) assistance, medical coverage for the children in your care, Title XX Child Care or the SNAP – food assistance program. In addition, I am available to assist with information and referral to other community services providers in our area.

As your advocate, I can support you through the Family Team Meeting process, Semi-Annual Reviews, Court Hearings, Case Reviews and other identified needs. You do not have to do this alone.

By utilizing various assessment tools, together we will be able to develop an individualized support plan just for you. I encourage you to be open and honest with your feelings, concerns and needs.

I will be contacting you soon to schedule a time to visit.

Sincerely,

Kinship Home Assessment Tool

Part 1: To be completed at time of initial placement or in preparation for placement

Date Home Assessment Part 1 Completed: _____ Worker: _____

No.	Caregiver Assessment Questions	Yes	No	Comments
1.	Do the caregiver(s) or any member of household have history as an alleged perpetrator of any abuse or maltreatment ⁹ ?			
2.	Do the caregiver(s) or any member of the household have history as an alleged victim of any abuse or maltreatment?			
3.	Do the caregiver(s) or any member of household have a criminal history? If so, what does it include?			
4.	Are the caregiver(s) willing to work with the agency to protect the children and provide for their developmental well-being?			
5.	Will the caregiver(s) be able to protect child or children from further abuse and/ or neglect?			
6.	Will the caregiver(s) have appropriate supervision for the child(ren) at all times?			
7.	Is the caregiver(s) willing and able to help transport the child/ren to any needed appointments? (Review Meetings, Court, Visitation, School, etc.)			
8.	Will the caregiver need services, such as transportation, help locating/financing child care, financial assistance to meet basic needs of the child in order to maintain the child(ren) safely?			

⁹ At a minimum these questions (1 – 3) addresses the licensing rule 5101:2-7-02, paragraphs J1 and J2 and paragraphs I1 – 4 of rule; these are exclusionary.

Kinship Home Assessment Tool

Part 2: To be completed in conjunction with the homestudy

Date Home Assessment Part 2 Completed: _____ Worker: _____

No.	Caregiver Assessment Questions	Yes	No	N/A	Comments
1.	Have the caregiver(s) helped these family members in the past? How:				
2.	Do the caregivers have a relationship with the children being considered for placement?				
3.	Have the caregiver(s) cared for these children over an extended period of time?				
4.	Do the caregiver(s) have a good relationship with the parents/ other custodian?				
5.	Do the caregiver(s) know why the children may be/have been removed from the care of parents/custodian?				
6.	Can the caregiver(s) meet the basic, supervision, educational, and emotional needs of the child(ren) being considered for placement?				
7.	Will the health of the caregiver(s) impact on their ability to care for the child/ren?				
8.	Do any of the caregiver(s) have an interest/capacity to become a licensed foster parent /approved adoptive parent?				
9.	Are the caregiver(s) willing and able to provide short-term care?				
10.	Are the caregiver(s) willing and able to assist with visitation/other reunification efforts?				
11.	Are any caregiver(s) willing and able to provide a permanent legal home for the child or children as adoptive parents or legal guardians if this should become necessary?				
12.	Will the caregiver have ongoing support from extended family or friends?				
13.	Will the caregiver(s) work with the agency to develop a case plan?				
14.	Will the caregiver follow the case plan/participate in reviews and meetings?				
15.	Are the financial resources of the caregiver(s) sufficient to meet or exceed current /anticipated expenses?				
16.	Do the caregiver(s) have space for the child(ren)?				
17.	Will the child(ren) stay in the same school district?				

Needs Assessment Data Collection

Instructions for PCSA:

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

- 1) This page includes information on family and child identification and should be completed by the kinship worker who is completing the needs assessment. Always complete or update the information on this page for each Family Resource Scale – it is required in order to enter the Family Resource Scale information into the ProtectOHIO Data System (PODS).
- 2) The Family Resource Scale questionnaire can be separated from the rest of this tool and should be completed by the kinship caregiver(s), one per kinship household, at the time the initial needs assessment is complete and then regularly thereafter, at minimum quarterly. However, if a caregiver needs help in understanding the questions or how to complete the questionnaire, the worker can assist the caregiver in completing the form. This may be especially important for caregivers' for whom English is not their first language, etc¹⁰. It will be important to explain to the kinship caregiver the purpose of the questionnaire (to gain insight into their needs specifically and to collect data about caregiver's needs).
- 3) The last section is a worksheet that helps the worker to translate the kinship caregiver's needs, including their Family Resource Scale answers, into the provision or referral of services, and document that information in SACWIS. The worker can complete this form and have another staff person enter the data into SACWIS if desired.

FAMILY AND CHILD INFORMATION

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

Family Case Name: _____

Family SACWIS Case Id: _____

Kinship Children:	SACWIS Person IDs:	Others in Home:

¹⁰ A Spanish version of the Family Resource Scale is available.

Needs Assessment - Family Resource Scale

Instructions for Kinship Caregiver: This questionnaire is designed to assess what resources you need for your family. For each item, please check the response that best describes how well each need is met on a regular basis (month to month). You will NOT be penalized for any answers in any way. Though we may not be able to help you with all the items, we hope that this will help us to understand your needs so that we may try to make sure that you and your family are safe. You will be asked to complete this scale about every three months to make sure that your service plan continues to meet your family's ongoing needs.

Kinship Caregiver Name: _____ **Date:** _____

To what extent are the following resources adequate for your family:	Does not apply	Not at all	Seldom	Some-times	Usually	Always
1. House or apartment (stable housing)						
2. Food for 2 meals a day						
3. Money to buy necessities						
4. Heat for house or apartment						
5. Money to pay utility bills						
6. Money to pay monthly bills						
7. Enough clothes for your family						
8. Good job for self or spouse/partner						
9. Money to buy supplies for your child(ren)						
10. Public assistance (SSI, TANF, Medicaid, etc.)						
11. Medical insurance for child(ren)						
12. Medical insurance for yourself and spouse/ partner						
13. Dental care for self or spouse/ partner						
14. Dental care for your child(ren)						
15. Dependable transportation						
16. Furniture for your home or apartment						
17. Time to get enough sleep/rest						
18. Time to be alone						
19. Time for family to be together						
20. Time to be with your child(ren)						
21. Time to be with your spouse/ partner						
22. Access to a telephone						
23. Babysitting for your child(ren)						
24. Child care for your child(ren) while at work or school						
25. Someone to talk to						
26. Time to socialize with friends						
27. Time to keep in shape or looking the way you want						
28. Toys for your child (ren)						
29. Money to buy things for yourself						
30. Money to save						
31. Travel/vacation						

Comments:

*Sources: Healthy Start/Soft Copy Forms/IFSP/Family Resource Scale (5/00);
Dunst, C. J. & Leet, H. E. (1987). "Measuring the Resources of Families with Young Children" Child care, health and development.*

Have there been any changes in who lives in your home or a change in your child care provider since the last time you completed this scale? (please circle one) Yes / No

Needs Assessment Data Collection: Services and Supports for Kinship Family: _____

This worksheet helps with translation of kinship caregivers' needs, including (but not limited to) the results of the Family Resource Scale, into service categories and types, allowing for data entry into SACWIS. This also allows the worker to complete this form and have another staff person enter the data into SACWIS if desired.

Case Service Category	Case Service Type	Notes	Provider if Referred	N/A	Needed	Referred	Scheduled	Provided
Case Management	I&R	For I&R not otherwise covered						
	Kinship Navigator*		Kinship Navigator					
	In Home*	In Home/Family preservation						
Financial Support	Clothing ER/Non ER							
	Housing							
	Transportation							
	Utilities							
	Rent Assistance							
	Furniture *							
	Home Repair*							
	Other home goods*							
Home Management	Environmental mgmt							
	Parent aid							
	Other type:							
Legal	Attorney							
	Fees							
	Other type:							
Education/ Training	KCG education/training*							
	Other type:							
Child Care	Respite**							
	Employment/ training							
	Other type:							
Diagnostic	Diagnostic	Mental health assessments						
	Alcohol/Drug Diagnostic	Substance abuse assessments						
Counseling	In Home*	Mental health therapy/counseling						
	Other Type:	In home/ Family Preservation						

*SACWIS Enhancement requested in June 2011 to add these types.

**Respite: services designed to provide temporary relief of child-caring functions including, but not limited to crisis nurseries, day treatment, and volunteers or paid individuals who provide such services within the home. This service may be provided to a child placed in a foster home, with a relative, or a child in his own home.

Kinship Support Plan Template

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

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

____ Initial Plan Date: _____
 ____ Review/Amend Plan Date: _____
 ____ Review/Amend Plan Date: _____

Adults Involved in the PLAN/ Signatures

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

Name:	Relationship to Child	Signature	Date

Kinship Support Plan Template page 2

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

What are the concerns or needs for Family/Caregiver?	What steps will be taken by the caregiver and agency to address needs/ concern?	Who is Responsible?	Target Date to implement or Accomplish	REVIEW: Intervention, service or support continues as a need for Family/ Caregiver? EXPLAIN	Date of Review and initials of caregiver/ agency

Case (Support) Plan Example (from Lorain County)

1. CONCURRENT PLANNING FOR CHILDREN IN LCCS TC OR RELATIVE TC

SECTION 2 PART A: EXPECTED CHANGES/ SERVICES

This Section will be completed for EACH of the Concerns Listed in Section 1 (B) - Family Assessment Concerns

What is the concern?: Children are in a temporary out-of-home living arrangement and need a permanent home.

1. What behavior will change this concern to reduce risk and address safety issues of the child/ren?:

Children will have a permanent home in which all of their basic, educational, emotional, and any special needs will be met.

2. What activities do family members need to do to make this change? (Attempt to utilize and build on family strengths when planning service provisions.)

Parents will:

- Give caseworker names and addresses of all adult relatives within 30 days and continue to cooperate with giving worker updated family member addresses, phone numbers and other contact information.
- Discuss with caseworker the pros and cons of any of the above relatives becoming caregivers for their children.
- Work with Caseworker on a permanency plan for their children-a safe place where children can remain permanently
- Work with caseworker and relatives/interested third party to develop a visitation schedule that meets the children's needs.
- Follow visitation schedule, starting and ending visits timely, providing the child with all of his needs during visitation (food, drink, diapers, play time, behavior correction, etc.)
- Support the caregiver in care taking during visits-let the children know that it is ok to love the caregiver and show appreciation for what is being by the caregivers for the children.
- Attend children's appointments, school meetings and participate/provide information to assist in care of child and remain aware of child's needs

Caregiver (s) will:

- Apply for medical, cash, child care, and food stamp benefits through Lorain County Department of Job and Family Services for child with assistance and guidance from the case aide and caseworker.
- Work with Caseworker toward both case plan goals- maintaining the child in their home and reunifying children with parent. Contact the caseworker with questions or concerns at any time.
- Discuss and problem solve with caseworker problems they are having in meeting children's needs or having visits/contacts with the parent(s) and any other concern that they may have.

- See that child's basic needs are met on a regular and consistent basis (child receives nutritious meals; has medical care when necessary or recommended by medical professional, meets with school officials as needed; gets to school and has the help he or she needs in school and with homework; has weather and school appropriate clothing ; child receives services necessary to address any emotional, physical, educational problems he or she might have)
- Consider assuming permanent care of child and prepare to assume Legal Custody of child if parents are unable to make changes necessary to allow reunification. Discuss with caseworker any barriers that may prevent the child from remaining in the caregiver's home.
- Communicate with Case Worker, Case Aide, or Parents to make sure that parties are aware of appointments and meetings with as much advance notice as possible.
- Obtain any supportive training regarding the care of the child

3. How will the social worker and/or service team help the family make this change?:

Social Worker will:

- Assess the suitability of relatives and interested third parties named to identify possible caregivers.
- Talk with children to learn about possible caregivers, their feeling about living with identified caregivers and /or them naming possible caregivers for caseworker to research.
- Arrange for homestudies and background checks to ensure safe and appropriate placement.
- Work with parent and caregiver to develop visitation schedule and activities that meet children's needs.
- Meet with Caregiver and children at least monthly to discuss case plan progress, assess the children and caregiver's needs, address concerns, provide support and guidance, connect with needed services and assistance-financial, legal, mental health, environmental, educational, medical.
- Meet with Caregiver and children to work through any problems caregiver or child is having with visits, meeting children's needs, managing their own household and obtaining needed support to care for the children

4. How will the family's progress be measured?:

- Caregiver assuming care of the children and all needs met/concerns addressed for caregiver-training, financial, legal, etc.
- Parents give names and addresses of all relatives and interested third parties.
- Back-up plan in place with both relative who assumes care of children and alternate studied potential caregiver.
- Caregiver meeting children's needs
- Caregiver working with caseworker toward reunification, but committing to assuming Legal Custody of children if necessary.
- Visitation schedule being followed without problems that affect child or the placement arrangement.
- Obtain reports from service providers (school, medical, mental health, etc.) regarding parent's/caregiver's participation/attendance at meetings and appointments.

5. When will the family's progress be reviewed?:

Home Visits, Team Meetings, 90 day reviews, SARs, Court Hearings

Kinship Home Visit (Guide) Checklist:

OAC REQUIREMENTS:

_____ **Child Safety** (observations of safety and wellbeing assessed within the living arrangement, interviews with child, collateral information, consider child vulnerability)

_____ **Child's adjustment** (behavioral, social, emotional, educational, health)

(Case worker assessment through feedback from the child, direct observations, reports from collateral sources in addition to feedback from the caregiver based on their perceptions, experience, observations and assessment.)

_____ **Supportive service needs for child** (discuss service needs for child that will ensure safety and well-being, as informed through the child and caregiver)

_____ **Case Plan Progress/ Permanency Plans** (provide information related to case plan and permanency goals, discuss child's progress toward goals on case plan as applicable, and from information obtained through the child and caregiver)

_____ **Caregiver Assessment:** assess and address continued ability and willingness to meet needs of child (ren), protective capacity, parenting capacity, circumstances/ needs that may impact continued care (health, financial, changes in household members, child's daily activities, legal/ criminal)

_____ **New Information** regarding child or substitute care setting (assess changes in household status or child's needs/ care which may impact ability or willingness to care)

ELEMENTS OF BEST PRACTICE:

_____ **Parent/ Child contact and visitation.** (discuss and assess relationship/ contact between parent and kinship caregiver, determine caregiver's ability to supervise and to support safe, appropriate visitation and interactions between the child and parent before, during and after contact)

_____ **Caregiver Needs Assessment/ Re-Assessment.** (conduct and/ or review needs assessment with caregiver to identify necessary services, supports and resources that enable caregiver to meet parenting needs of child(ren)-familial, community and agency)

_____ **Support Plan development/updates.** (Develop initial plan of support with kinship caregiver, assess and revise plan as needed at a minimum of every 90 days)

_____ **Caregiver Training/Education needs and Support Groups** (assess and identify a caregiver's need for additional training, education and parenting support, arrange resources as necessary to meet these needs)

_____ **Assessment of all household members** (Re-assess the home when any members leave or enter the home, complete the Kinship Home Assessment Tool, Needs Assessment, update/review support plan, conduct necessary background checks)

Resources Used in Developing Kinship Strategy:

Childfocus (2008, July). *Training Kin to be Foster Parents: Best Practice from the Field*.

Colbert, Michael, March 8, 2011. Personal letter to Senator Max Baucus & Honorable Members of the United State Senate Committee on Finance.

Kimmich, et al (2010). *Evaluation of the Second Ohio Title IV-E Waiver Demonstration Project: Comprehensive Final Report*; Tualatin, OR: HSRI.

Leet, H.E. & Dunst, C.J. (1985). *Family Resource Scale*. Morganton , NC: Western Carolina Center.

National Resource Center for Family Centered Practice and Permanency Planning. (2002). *Assessing relatives as preferred caregivers in permanency planning: A competency-based curriculum*. New York: Author. Available:<http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/assessing-adult-relatives-aspreferred-caregivers.pdf>

Grandfamilies website: <http://www.grandfamilies.org/>