ASSESSING ADULT RELATIVES AS PREFERRED CAREGIVERS IN PERMANENCY PLANNING:

A COMPETENCY-BASED CURRICULUM

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NRCFCPP

NATIONAL RESOURCE CENTER FOR FOSTER CARE & PERMANENCY PLANNING

Hunter College School of Social Work of the City University of New York

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A WORD ABOUT OUR CURRICULUM…

Welcome to the National Resource Center for Foster Care and Permanency Planning's (NRCFCPP) *"Assessing Adult Relatives as Preferred Caretakers in Permanency Planning: A Competency-Based Curriculum"*. We are proud of the work that has gone into this curriculum and hope that you find it useful as you are asked to identify and assess relatives who could be considered as first placement resources for children in need of out-of-home care, protection and permanency.

This Curriculum is intended to be used in coordination with your existing state laws, policies and best practices regarding safety and family study assessments, placement, permanency planning efforts, child and family well-being initiatives and foster/adoptive family licensing/approval procedures. What makes this curriculum unique is that it provides an overview of the key knowledge and skills needed to respectfully and effectively work with birth families and extended family resources, and it identifies family assessment categories that are different for relatives from the traditional family assessment or home study criteria used with non-relatives coming forward as potential foster or adoptive resources for children.

While this curriculum does not directly teach the skills of facilitating family group meetings (i.e. Family Unit Meetings, Family Group Decision-Making Meetings, or even Family Case Conferencing Meetings), we assume that these strategies will be used to enhance the assessment of adult relatives as preferred caretakers, and that staff and group meeting facilitators will be appropriately trained in how to meet with families to determine safety, placement, visitation and permanency options. Our curriculum is designed to prepare supervisors prior to caseworkers so they can provide the educational and administrative support workers will need as they implement the new expectations for earlier identification and assessment of adult relatives as preferred placement and potential permanency resources for children. Some relatives may chose to become formal foster parents, in which case they will need to meet the same licensing/approval criteria that your state expects of non-relatives. There are other options for caring for children in need of out-of-home care and protection, for example: legal guardianship with or without state/federal subsidy; informal placement with TANF support; or adoption with or without state/federal subsidy.

States around the country are in the process of rethinking their approaches to finding, preparing and supporting relatives as preferred placement and permanency resources. We hope this curriculum will assist you as you are assessing their options, capacities, and

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HANDOUTS

MARCH 2002

HANDOUT 1.1
NATIONAL TRENDS - CHILDREN IN PLACEMENT

- Significant growth in numbers of children receiving state-supported out-of-home care
- Admissions higher than discharges - with concentrations in the major urban centers
- Much of the growth has involved the placement of children with relatives
- Infants and young children are the fastest growing segment of the foster care population - remaining in foster care longer than other age groups, and experiencing many moves while in care
- African American children stay longer in foster care than any other racial or ethnic group

THUS, IF HIGH LEVELS OF REMOVAL ARE INDEED NECESSARY TO PROTECT INFANTS, THEN POLICY AND PROGRAMS MUST BE CREATED TO ENCOURAGE EARLY PERMANENCE FOR THEM.

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TRAINING EVALUATION

NAME OF TRAINING: _____

LOCATION (CITY AND STATE): _____

DATE: _____

TRAINER(S): _____

TITLE/POSITION AT YOUR AGENCY: _____

1. Please rate the training on the following elements *(1=poor; 5=outstanding)*:

➤ The training session's organization and logical flow.	1	2	3	4	5
➤ The trainer(s) ability to relate to the group and respond to the questions and concerns that were raised.	1	2	3	4	5
➤ The trainer(s) knowledge of content/topic of training.	1	2	3	4	5
➤ The trainer(s) ability to show respect for the experience and knowledge of participants.	1	2	3	4	5
➤ Rate the potential for the use of the information presented in your day to day job functioning.	1	2	3	4	5
➤ Rate the session on how the concepts, methods and tools presented were shown to be interrelated.	1	2	3	4	5
➤ The session(s) helped me gain new knowledge or enhanced my current knowledge.	1	2	3	4	5
➤ The session(s) helped me refine and/or learn how to implement the skills, methods and techniques presented.	1	2	3	4	5
➤ Rate the materials on clarity and understandability.	1	2	3	4	5
➤ Rate the materials on relevance to the topic.	1	2	3	4	5
➤ How would you rate the overall training?	1	2	3	4	5
➤ Please rate the location of the session(s)	1	2	3	4	5

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PERMANENCY PLANNING AND KINSHIP CARE ANNOTATED BIBLIOGRAPHY
Prepared by Douglas Simon and Gary Mallon, DSW, MSW.

Barth, R.P., Courtney, M., Berrick, J.D., & Albert, V. (1994). From child abuse to permanency planning. New York: Aldine De Gruyter. Synthesizes the results of a current study concerning the pathways of children through the foster care system. Chapter five examines some of the differences between kinship care and foster family care, and explains why kinship care has slower and lower rates of reunification. Chapter nine traces the evolution of kinship care, and provides statistical and demographic data.

Berrick, J.D., Barth, R.P., & Needell, B. (1994). A comparison of kinship foster homes and foster family homes: implications for kinship foster care as family preservation. Children and Youth Services Review, 16 (1-2), pp. 33-61. Provides an overview of kinship care. Identifies some of the complex issues involved: assessing quality of care, age of the caregivers, and delivery of service. Analyzes data from a study of 4,234 children in kinship care and foster family homes.

Black Task Force on Child Abuse and Neglect. (1992). Position paper on kinship foster care. New York City. Suggests that using the kinship networks of African American families should be an integral component of family preservation and child welfare policies. Recommends a culturally relevant approach and a non-deficit perspective on African American culture for effective work with African American families.

Child Welfare League of America, Inc. (1994). Kinship Care: A Natural Bridge. Washington, DC: Child Welfare League of America. A thorough examination of kinship care and its role in the child welfare field. Examines policy implications, supplies demographic information, addresses controversial issues, includes guidelines for practice, and concludes with suggestions for improving the system.

Chipungu, S.S. (1991). A value-based policy framework. In J.E. Everett, S.S. Chipungu & B.R. Leashore (Eds.), Child Welfare: An Africentric perspective (pp. 290-305). New Brunswick, NJ: Rutgers University Press. Studies the historical foundations of the present child welfare system and its effect on African American children. Describes the impact of certain values on African American children and the child welfare services for African American children.

Council of Family and Child Caring Agencies. (1991). Kinship foster homes and the potential role of kinship guardianship. New York City: Council of Family and Child Caring Agencies. Analyses the problems faced by kinship families and agencies. Offers recommendations for a model of services for kinship families.

Dubowitz, H., Feigelman, S. & Zuravin, S. (1993). A profile of kinship care. Child Welfare , 72 (3), pp. 153-169. Describes some of the positive and negative aspects of kinship care. Profiles 524 children in kinship care in Maryland. Discusses some of the differences between kinship care and foster family care.

Gleeson, J.P. & Craig, L.C. (1994). Kinship care in child welfare: an analysis of states' policies. Children and Youth Services Review, 16 (10-2), pp. 7-29. Examines how public policy has influenced the growth of kinship care, and addresses some of the problems with the program. Contains an analysis of thirty-

two states' policies regarding kinship care. The authors propose that the role of the kinship foster parent needs to be clarified.

Gleeson, J.P. (1995). Kinship care and public child welfare: challenges and opportunities for social work education. Journal of Social Work Education. 31 (2), pp. 182-193. Summarizes the recent research and clearly identifies the major issues and questions concerning kinship care policy. The author proposes that the kinship care field is an ideal area of involvement for social work schools and educators. Study of kinship care fulfills the mandated curriculum focus on values and ethics, diversity, promotion of social and economic justice, and populations at risk. It also involves inquiries into the major curriculum areas of social work schools: human behavior and the social environment, social welfare policy and services, social work practice, and research.

Inglehart, A.P. (1994). Kinship care and public child welfare: challenges and opportunities for social work education. Children and Youth Services Review, 16 (1-2), pp. 107-111. Provides a brief history on kinship care. Suggests that kinship care is the least traumatic type of foster care placement for children, and that the system of legal guardianship should be improved. Using data collected in 1988 in Los Angeles, the author concludes that kinship care results in more stable placements.

Le Prohn, N.S. (1994). The role of the kinship foster parent: a comparison of the role conceptions ofrelative and non-relative foster parents. Children and Youth Services Review, 16 (1-2), pp. 65-84. Summarizes statistical data illustrating the differences between kinship care and non-relative foster care. Analyzes survey data and establishes that different types of caregivers have different ideas about their roles.

McFadden, E.J. & Downs, S.W. (1995). Family continuity: the new paradigm in permanency planning. Community Alternatives, 7 (1), pp. 39-60. Suggests that family continuity has become an important framework for family and children's services. Family continuity focuses on supporting families, protecting children, achieving permanence, and providing for continuance of important relationships across the life span. The article indicates that the difficult social conditions of the 1990's have necessitated this evolution of the permanency planning movement away from the linear, decision-making mode. The authors also summarize family continuity practice principles, and the implications of family continuity on permanency planning. Kinship connections are highlighted.

Minkler, M. (1993). Grandmothers as caregivers: Raising children of the crack cocaine epidemic. Newbury Park, CA: Sage. Focuses on grandmothers as kinship caregivers. Combines case studies with policy analysis to create a thorough examination of this aspect of kinship care.

Report of the Mayor's Commission for the Foster Care of Children. (1993). Family assets: kinship foster care in New York City. Presents an overview of kinship care and the issues involved. Examines the features of the participating populations, and offers recommendations for improving the system. Concludes that alternative permanency planning goals need to be developed.

Scannapieco, M. & Hegar, R. (1994). Kinship care: two case management models. Child and Adolescent Social Work Journal, 11 (4), pp. 315-324. Describes the trend toward the increasing use of kinship care for foster children. Examines the traditional kinship model as well as Baltimore's more inclusive Services to Extended Families with Children program.

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Task Force on Permanency Planning for Foster Children, Inc. (1990). Kinship foster care: the double-edged dilemma. Rochester, NY: Task Force on Permanency Planning for Foster Children, Inc. Outlines and describes the complex issues involved in kinship care, and how they affect permanency planning. Includes statistical data and suggestions for improving kinship foster care.

Thornton, J.L. (1991). Permanency planning for children in kinship foster homes. <u>Child Welfare</u>, 70 (5), pp. 593-601. Describes the growth of the kinship care program in New York City using data collected in 1987. Explores the issue of permanency planning in kinship homes, and especially how it relates to adoption. The study finds that kinship foster parents are not inclined to adopt their foster children.

U.S. Department of Health and Human Services. (1994). <u>The National Survey of Current and Former Foster Parents</u>. Washington, DC: U.S. Department of Health and Human Services. This survey clearly explains why the number of traditional foster parents has decreased and why kinship foster care continues to increase.

Wulczyn, F.H. & Goerge, R.M. (1992). Foster care in New York and Illinois: the challenge of rapid change. <u>Social Service Review</u>, 66 (2), pp. 278-294. Examines the increase of children in out-of-home placements, especially kinship care. Analyzes statistical data from New York and Illinois to illustrate relevant trends. The authors suggest that strengthened preventive services and reunification efforts are imperative.

Training Evaluation, cont'd

1. List three things that you will do differently as a result of this training.

2. List three areas where you would like additional consultation and/or training.

4. Additional comments and/or questions.

Thank You!!!

HANDOUT 1.2
RELATIVE CARE & RECENT CHILD WELFARE HISTORY

1978: The Indian Child Welfare Act - Public Law 95-608: Strengthens the role played by tribal governments in determining the custody of Indian children; specifies that preference is given first to placements within the child's family/tribe, second to other Indian families. Efforts to preserve Indian culture and keep Indian children connected to their tribes.

1979: Miller v. Youakim – 440 U.S. 125: ruled that relatives are entitled to foster care benefits if eligibility criteria are met.

1980: The Adoption Assistance and Child Welfare Act, Public Law 96-272: mandated placement of children as close to their communities of origin as possible in the most family-like setting consistent with the child's best interest and needs; required reasonable efforts to prevent unnecessary placements and reunify children with their birth parents and or families; established adoption as an alternative permanent plan for children who could not return to birth parents; required that decisions about permanency be made within 18months of a child entering care.

1986: Eugene F. case – New York State Court ruled that relatives caring for children under court ordered supervision are entitled to the same benefits as non-relatives if certain eligibility criteria are met.

1988: L.J. vs. Massinga Consent Decree: Maryland court required the state to assure that children in custody of the state and in kinship care have access to specialized services that were previously only available to children in foster care.

1996: The Personal Responsibility and Work Opportunity Act of 1996 - Public Law 104-193: requires that states must consider giving preference to adult relatives over non-relatives when determining placement for a child.

1997: The Adoption and Safe Families Act – Public Law 105–89: requires that relatives meet the same foster care eligibility requirements as non-relatives; exceptions to time frames for filing TPR petitions may be granted at the option of the state if child is cared for by a "fit and willing" relative who can provide a "planned alternative permanent living arrangement".

HANDOUT 1.3
PERMANENCY PLANNING FRAMEWORK

Adoption Assistance and Child Welfare Act of 1980 – PL: 96-272
Adoption and Safe Families Act of 1997 – ASFA

Permanency Planning involves a mix of family-centered casework and legal strategies designed to assure that children have safe, caring, stable and lifetime families in which to grow up.

- Targeted and appropriate efforts to protect safety, achieve permanence, strengthen family and child well-being
- Begins with early intervention and prevention with reasonable efforts to prevent unnecessary out-of-home care when safety can be assured
- Safety as a paramount concern throughout the life of the case - with aggravated circumstances identified when reasonable efforts to preserve or reunify families may not be required; criminal background checks for foster/adoptive families;
- Appropriate least restrictive out-of-home placements within family (relatives as the preferred placement/permanency option), culture and community
- Comprehensive family and child assessments, written case plans, goal-oriented practice, frequent case reviews and concurrent permanency plans encouraged
- Reasonable efforts to reunify families and maintain family connections and continuity in children's relationships when safety can be assured; time-limited reunification services.
- Reasonable efforts to find alternative permanency options outside of the child welfare system when children can not return to parents - through adoption, legal guardianship or in special circumstances, another planned alternative permanent living arrangement
- Expedited filing of termination of parental rights petition if the child has been in out-of-home placement 15 out of the last 22 months after placement -if exceptions do not apply
- Services to promote adoption and post-adoption services required; adoption incentives offered
- Collaborative case activity - partnerships among birth parents, foster parents, relative caregivers, agency staff, court and legal staff, and community service providers
- Frequent and quality parent-child visitation
- Six-month case reviews, twelve-month permanency hearings and timely decision-making about where children will grow up - based on children's sense of time
- Geographic Barriers should be addressed

HANDOUT 1.4
FAMILY-CENTERED AND COMMUNITY-BASED RESPONSE TO ASFA

VALUES AND BELIEFS
- Children need safe, stable, supportive families and communities - and continuity in their significant relationships - for their healthy growth and development
- The temporary and unpredictable nature of the foster care experience itself can work against children's healthy development
- Concern about safety of children and all family members should be addressed
- Case work should show respect for family dignity, strengths, diversity and cultural heritage
- Social Work is grounded in the belief that people can change with the right education and supports
- Crisis can bring opportunities for change and growth

PROGRAM DESIGN
- Defining and getting to know the neighborhood or community to be served
- Accessible, flexible, home and community-based family services and supports
- Systemic legal and casework structures/tools that support timely decisions about permanency - with time to do the complex work with birth and foster/adoptive families, relative caregivers, children, community resources
- Accountability: outcome-based services and program evaluation
- Creative financing strategies and service design
- Opportunities for creative supervision, training, technical assistance

PRACTICE STRATEGIES
- Building trust with families and communities: family supports, family group meetings and community organizing efforts
- Focus on strengths/resources within the family and community to improve conditions for children
- Appropriate placements within children's family, culture and community
- Innovative recruitment and retention efforts with foster/adoptive families from the community
- Emphasis on family involvement and partnerships - open communication; inclusive practice, doing with/not for; agency, birth family and foster parent collaboration
- Strengths-based, comprehensive family assessments that promote healthy development
- Using family group conferencing and child welfare mediation strategies to resolve conflicts in non-adversarial ways
- Goal-oriented, problem-solving focus - with skill-building teaching strategies and family supports and timely decision-making about where children will grow up
- Listening to the stories of children to help them cope with the foster care experience
- Timely case review and decision-making about where children will grow up and develop lifetime relationships

HANDOUT 2.1
CORE VALUES OF THE SOCIAL WORK PROFESSION

- Promote self-determination and empowerment of families

- Respect cultural differences and diverse perspectives

- Conduct assessments differentially

- Understand 'person-in-situation' – personal, interpersonal and environmental context

- Work in collaboration – doing with, not for

- Respect family confidentiality

HANDOUT 2.2
 RELATIVE CARE PRACTICE PRINCIPLES

- A broad view of family

- Ongoing striving for cultural competence

- Collaboration in decision-making

- A long-term view of child-rearing

- Involvement of children and youth in planning and decision-making
  (Added by the NRCFCPP)

Bonecutter, F., Gleeson, J. (1997) *Achieving Permanency for Children in Kinship Foster Care: A Training Manual,* Jane Addams College of Social Work at University of Illinois at Chicago.

HANDOUT 2.3 – PERMANENCY PLANNING
CHILDREN'S DEVELOPMENTAL NEEDS

- SECURITY AND PROTECTION FROM HARM

- FOOD, CLOTHING, SHELTER, AND HEALTH CARE

- TO BE NURTURED, LOVED, AND ACCEPTED

- SPIRITUAL AND MORAL FRAMEWORK

- OPPORTUNITIES TO GROW INTELLECTUALLY, EMOTIOINALLY, SOCIALLY, PHYSICALLY AND SPIRITUALLY - AND TO REACH MAXIMUM POTENTIAL

- STABILITY, CONSISTENCY, CONTINUITY and PREDICTABILITY IN FAMILY RELATIONSHIPS – SECURE ATTACHMENTS WITH AT LEAST ONE SIGNIFICANT ADULT

- LIFETIME FAMILY CONNECTIONS - A SENSE OF BELONGING TO A FAMILY

- CONNECTIONS TO THE PAST; SECURITY IN THE PRESENT and….

- HOPE FOR THE FUTURE

Adapted from Maas and Engler study 1958

- Extended stays in out-of-home care can have negative and lasting effects on child development

- Negative impact increases with multiple placements

- Children placed close to family and community are more likely to have parental visitation and to return home

- Parents who visit regularly are more likely to be reunited with their children

- Children who remain in care longer than 12-18 months are less likely to return home

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HANDOUT 2.3 – PERMANENCY PLANNING CONTINUED
PERMANENCY PLANNING CORE ELEMENTS

Permanency** for children requires families who offer:

- **<u>Intent</u>** - while a permanent home or family may not be *<u>certain</u>* to last forever, it is one that is *<u>intended</u>* to last indefinitely and offers the hope of lifetime connections and support.

- **<u>Commitment and continuity in family relationships</u>** - a permanent family is meant to survive geographic moves and the vicissitudes of life because it involves sharing a common future - whether with the family of origin, an adopted family, or a guardianship family

- **<u>Sense of 'belonging' to a family</u>** - evolves from commitment, continuity, and social/legal status - is critical to security and positive self-esteem, and paves the way to healthy growth and development

- **<u>Legal and social status</u>** - there is a need to overcome the second class status associated with temporary or long-term foster care, and legitimize a child's place in a legally permanent family; a family that offers a child a *definitive legal status* separate from the child welfare system protects his or her rights and interests, and promotes a *sense of belonging.*

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HANDOUT 2.3 – PERMANENCY PLANNING CONTINUED
PERMANENCY PLANNING OUTCOMES

- Children remain safely with their parents or extended family network,

- Children are reunified safely with their parents or with their extended family network,

- Children are placed with a relative for adoption or legal guardianship,

- Children are placed with a non-relative for adoption or legal guardianship, or

- Only in special circumstances, children remain in another planned alternative permanent living arrangement within the child welfare system

HANDOUT 2.4
MY PERSONAL JOURNEY

1. Think about your family as you were growing up. What people did you consider as part of your family?

2. What traditions/rituals were significant to your family?

3. Who invested something in you as you were growing up? Your family? Other adults? Friends your age? Someone in school? In church?

4. What two values were important within the context of your family?

5. Currently, have you incorporated these values into your life? If not, what values are important to you now? Which of these values do you hope to pass on to the next generation?

HANDOUT 3.1 - CULTURE
DEFINING CULTURE AND CULTURAL COMPETENCE

CULTURE
is the dynamic pattern of learned behaviors, values and beliefs exhibited by a group of people who share historical and geographical proximity. Dodson, 1983

CULTURAL COMPETENCE
is a set of congruent behaviors, attitudes, and policies that come together in a system or agency, or among professionals, that enable the system, agency, or those professionals to work effectively in cross-cultural situations. *Cross, et al., 1989*

CULTURALLY COMPETENT PRACTICE
includes the practitioner's commitment to provide culturally competent services, an awareness and acceptance of cultural differences, an awareness of one's own cultural values, an understanding of what occurs in cross-cultural interactions, and a basic knowledge about the culture of the people with whom one is working and an ability to adapt practice skills to fit that culture. *Cross, et al., 1989*

NON-DEFICIT (STRENGTHS APPROACH)
is the description of those thinking processes that try to recognize the wholeness of human activity. Such thinking usually begins with an understanding of the socio-cultural validity and integrity of persons under discussion. *Dodson, 1983*

Cross, Terry L.; Brazon, Barbara, J.; Dennis, Karl W.; Isaacs, Mareasa R., *Towards a Culturally Competent System of Care: A Monograph on Effective Services for Minority Children Who are Severely Emotionally Disturbed.* CASSP Technical Assistance Center, Georgetown University, 1989.

Dodson, Jualynne E. *An Afrocentric Educational Manual: Toward A Non-Deficit Perspective in Services to Families and Children.* Center for Continuing Education, University of Tennessee, 1983.

HANDOUT 3.1 – CULTURE CONTINUED

(Adapted from Cross, Terry L.; Brazen, Barbara J.; Dennis, Karl W.; Isaacs, Mareasa R., *Towards a Culturally Competent System of Care: A Monograph on Effective Services for Minority Children Who Are Severely Emotionally Disturbed.* CASSP Technical AssistanceCenter, Georgetown University, 1989, by Drenda Lakin, National Resource Center for Special Needs Adoption, 1990; revised, 1993.)

CULTURAL COMPETENCE CONTINUUM
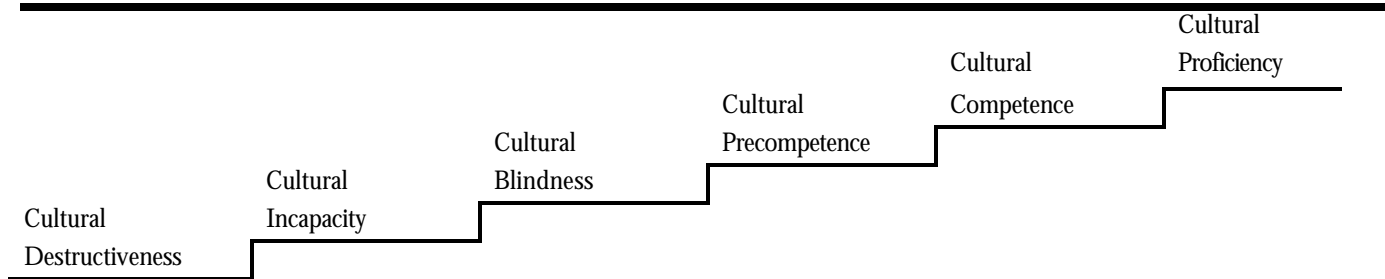
CULTURAL DESTRUCTIVENESS is represented by attitudes, policies, and practices that are destructive to cultures and, consequently, to the individuals within the culture. There are assumptions that one's own race or culture is superior to another and that "lesser" cultures should be eradicated because of their perceived subhuman position. Bigotry coupled with vast power differentials allows the dominant group to disenfranchise, control, exploit, or systematically destroy the minority populations.

CULTURAL INCAPACITY is seen in individuals and organizations that lack the capacity to help individuals, families, or communities of color. Extreme bias, a relief in racial superiority of the dominant group, and a paternal posture are evident. Resources may be disproportionately applied; discrimination and practices, subtle messages to people of color that they are not welcome or valued, and lower expectations of minority clients are seen.

CULTURAL BLINDNESS ignores cultural differences, holding an expressed philosophy of being unbiased, and perceiving all people as the same. The belief that helping approaches traditionally used by the dominant culture are universally applicable is characteristic, and cultural strengths are ignored. Assimilation is encouraged; and a "blaming the victim" model or a cultural deprivation model, which asserts that problems are the result of inadequate cultural resources, prevails. Institutional racism continues despite participation in special projects for clients of color when funds are available. These projects may take a " rescuing approach" that does not include community guidance and that may be canceled when funds run out.

CULTURAL PRECOMPETENCE is demonstrated when individuals and organizations recognize their weaknesses in serving people of color and attempt to improve some aspects of their services to a particular population. There is a desire to deliver high-quality services and a commitment to civil rights. Organizations may hire people of color; staff may be trained in cultural sensitivity; and people of color may be recruited for agency boards or advisory committees. Yet tokenism may prevail and, if an activity or program is undertaken and fails, there may be a reluctance to try again; or the initiation of one program or activity to serve the community may be seen as fulfilling the obligation to the community.

CULTURAL COMPETENCE respects differences, involves continuing self-assessment regarding culture, is attentive to the dynamics of difference, seeks continuous expansion of cultural knowledge and resources, and offers a variety of adaptations to service models to meet the needs of people of color who receive services.

CULTURAL PROFICIENCY is demonstrated when individuals and organizations seek to add to the knowledge base of culturally competent service delivery through research, development of new approaches based on culture, publishing and disseminating results of demonstration projects, and by becoming specialists in and advocates for cultural competence and improved relations between cultures.

HANDOUT 3.2
STARTING WHERE THE CLIENT IS

A child welfare practitioner and the organization as a whole need to know, appreciate, and be able to utilize the culture of populations served. Cultural competence calls for respecting cultural differences and recognizing behaviors, values, and beliefs of the cultures of children and families served. This is crucial to that classical social work axiom of "starting where the client is." For example:

• **The very definition of "family" varies from group to group.** While the dominant culture has focused on the nuclear family, African Americans define family as a wide network of extended family, nonblood kin and community. Native American Indian families traditionally include at least three generations and multiple parental functions delegated among aunts and uncles, as well as grandparents. Cousins are considered siblings. For the Chinese, the definition of family may include all their ancestors and all their descendants. (McGoldrick, et al.)

• **The family life-cycle phases also vary for different groups, and cultural groups differ in the emphasis they place on certain life transitions.** Mexican families announce a girl's entrance into womanhood at age 15 with a quinceañera (cotillion), a transition that the dominant society hardly marks at all. Birth, marriage, and death are the most important life transitions in the Puerto Rican life cycle. (McGoldrick, et al.)

• **Families vary culturally in terms of what behavior they see as problematic and what behavior they expect from children.** While the dominant society may be concerned about dependency or emotionality, Puerto Ricans may be concerned about their children not showing respect. (McGoldrick, et al.) Japanese families may be concerned about their children not fulfilling their responsibilities. (Lynch and Hanson)

• **Families also differ in their norms around communication and their expectations for how communications in specific situations will occur.** African Americans and Americans from the dominant culture differ, for example, in what information they consider public information and what they will discuss readily with persons whom they do not know well. (Kochman) Nonverbal communications styles also vary according to culture. Professionals from the dominant culture may ask many questions and view eye contact as a sign of listening and respect. In contrast, some Native American Indian people are brought up to show respect for people of knowledge and authority by not asking direct questions and not giving eye contact.

• **Different cultural groups also vary in their traditional practices and views of adoption.** African Americans have a very strong tradition of informal adoption or "taking children in." Puerto Rican families tend to have flexible boundaries between the family and the surrounding community so that "child lending" is an accepted practice. (McGoldrick, et al.) Other groups have much clearer boundaries between family members and outsiders and may place a stronger emphasis on bloodlines or blood ties. For these and other reasons, adoption has not been a part of the culture in Korea; and, thus, many Korean children have been adopted by U.S. families.

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HANDOUT 4.1
STRATEGIES FOR CONVEYING RESPECT

- Convey respect for families from the beginning of the casework relationship, rather than communicating acceptance conditional on performance.

- Demonstrate interest in others through active listening and effective use of questions.

- Treat each person as a unique individual with strengths and needs.

- Explain how each individual's unique potential can be utilized to achieve successful outcomes.

- Elicit input from families.

- Give positive feedback and support for small steps taken toward change.

- Be on time for meetings with families.

- Ensure privacy and honor guidelines of confidentiality during family sessions.

HANDOUT 4.2
STRATEGIES FOR CONVEYING EMPATHY

- Demonstrate active listening and observation skills (nodding, verbal utterances, recognizing non-verbal cues) when reaching for the family's experiences.

- Use reflections to test out what the family member has said.

- Ask open-ended questions of the family member to elicit emotions.

- Tune into subtle forms of communication such as a family member's tempo of speech, lowering of the head, clenching of the jaws, or shifting posture.

- Introduce issues of concern by relating them to the needs or concerns of the family member.

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HANDOUT 4.3
STRATEGIES FOR CONVEYING GENUINENESS

- Match verbal responses with nonverbal behavior

- Practice non-defensive communication

- Use self-disclosure appropriately.

HANDOUT 4.4
OUTCOMES VS. PROBLEMS – PART I

Our perspective can effect the way we think, feel, and react to life. Consider a situation that you are struggling with now. With a partner, focus on the problem created by this situation. Ask each other the questions below.

PROBLEM PERSPECTIVE

1. What is the problem?
2. Why do you have it?
3. Who or what is keeping you from getting what you want?
4. How does this failure reflect on you and/or the situation?

ANSWER TO YOURSELF:

After answering the questions above, think about the questions below. Get in touch with your feelings.

1. How is your energy level?
2. How do you feel about yourself in the situation described?
3. How do you feel about the other people involved in the situation?
4. What is your level of motivation or optimism to do something about it?

(Adapted from Lucy Freedman, Personal and Organizations Empowerment, Syntax Communication Modeling Corporation.)

HANDOUT 4.5
OUTCOMES VS. PROBLEMS – PART II

Consider your situation again. Only this time, focus with your partner on the possible outcomes. Ask each other the following questions. Does a positive perspective create different feelings?

OUTCOME PERSPECTIVE

1. What outcome do you want in this situation?
2. How can you achieve it?
3. What/who can help you achieve what you want?
4. How will you know when you have achieved it?

CHECK FOR DIFFERENCES:

Ask yourself the following questions to see if your feelings have changed in any way.

1. Is their any difference in energy level?
2. Is there a difference in how you feel about yourself?
3. Do you feel differently about others in the situation?
4. Is there a difference in motivation, optimism?

(Adapted from Lucy Freedman, Personal and Organizations Empowerment, Syntax Communication Modeling Corporation.)

HANDOUT 4.6
CASE SCENARIO A: TERESA AND EUGENE

Teresa is a 29-year-old mother of 4 children - all in out-of-home care. The older two (ages 10 and 8) are placed with a near-by maternal aunt who has agreed to adopt them. The third child (age 6) is placed with another maternal aunt, also near-by, and for whom termination of parental rights petitions have been filed against Teresa and the children's father, Eugene, age 30. The last child was born 2 months ago testing positive for cocaine. This child, Tanya, is placed with the maternal grandmother, age 62 who is also caring for her 80 year old mother in a small, two bedroom house.

Teresa has a long history of drug addiction - having entered and left drug treatment programs three times in the past 5 years. After the last baby was born, Teresa stated that she didn't want to loose another baby. On her own, she enquired about a 28-day residential drug treatment program – one that she had not attended before – and says she would like to make a "fresh start". Although she has been involved in NA in her community and has seen an outpatient drug counselor, she has not entered the residential program. Teresa lives with her husband, Eugene, who claims to be 'clean' and not using drugs or alcohol, however he has appeared at visits with Teresa in a "dazed" state.

Teresa visits her mother's home sporadically, and is asked/told to leave when she arrives "high".   You are aware by reading the record that Teresa has reached drug-free plateau several times, and then for some reason relapses and begins to use drugs again. Tanya is described as responding positively with her grandmother and others. She has not experienced any serious developmental problems as a result of the prenatal crack exposure.

The maternal grandmother has needed help from her other daughters in caring for her own mother. She was the original caregiver for the three other children, but allowed her daughters, the maternal aunts, to take over parenting the children when Teresa was unable to follow-through with her drug treatment and parenting plans. This time, the maternal aunts are claiming they can help their mother, but they cannot take Tanya. The maternal grandmother is thinking she will raise Tanya if she has to. There is a paternal aunt and uncle and two paternal aunts who live in the same community – relatives who have in the past been unable to care for Teresa's children. There may be other paternal relatives who have not been contacted in the past. There are also neighbors who serve as a backup babysitter for the maternal grandmother when she needs to attend to her mother do errands.

Teresa's child welfare CPS social worker has been newly assigned to her case, and has encouraged her efforts to stay drug-free and attend a residential drug treatment program. She also is charged with finding a stable, safe and potentially permanent placement for Tanya, given the case history.

HANDOUT 5.1
STAGES OF THE RELATIVE ASSESSMENT PROCESS

- Pre-engagement and anticipatory planning: Tuning into issues that will need exploration

- Engagement: Beginnings of the relationship-building and assessment process

- Contracting: How will we work together?

- Family Study/Assessment: exploration of capacity and motivation, strengths and needs, safety factors, well-being and permanency issues, problem-solving

- Review and contingency planning

- Payment /Licensing issues if applicable

- Decision-Making: Endings of the assessment phase of work

HANDOUT 5.2
FULL DISCLOSURE

- Is an essential component of ethical social work practice

- Is a process that facilitates open and honest communication between the social worker and the biological parents and the extended family members

- Is a skill and process of sharing information, establishing expectations, clarifying roles, and addressing obstacles to the work with families

(Adapted from discussions with Jeanette Matsumoto and Lee Dean with the Hawaii Department of Human Services - Social Services Division, Child Welfare Services Branch)

HANDOUT 5.3
FULL DISCLOSURE CHECKLIST

Issues to address with parents and identified caregivers:
- ☑ The need for child welfare intervention (threats and risks to the child's safety that may exist, and how they can be addressed)

- ☑ The process which can be expected for the assessment and planning for where the child will be placed - expectations that parents and family members can have of the agency

- ☑ Expectations the agency will have for the parents' and family members' involvement

- ☑ Identification and discussion of family strengths, opportunities and resources that may exist

- ☑ Potential options (with or without court intervention) to resolve problems that brought the family to the attention of the child welfare agency

- ☑ Children's developmental need for safety, connections to family, continuity of care, connection to family and culture

- ☑ The obligation to give first consideration to potential adult kinship caregiver and assess their capacity to serve as placement and possible permanency resources

- ☑ Placement options for kinship caregivers: informal placement, legal guardianship (with or without subsidy, TANF funding), formal foster care, adoption (with or without subsidy)

- ☑ Parents' rights and responsibilities in continuing to plan for their children even if placed with a kinship caregiver

- ☑ Children's urgent need for parents and family members to be involved in planning, visiting and decision-making for the children now and in the future.

HANDOUT 5.4
CASE SCENARIO B: PATERNAL AUNT

Geneva, Eugene's sister and Tanya's paternal aunt has come forward as a potential placement and permanency resource – although Teresa did not initially suggest her as a resource to explore, Eugene offered her name when he was finally present at one of the interviews with Teresa. She had been in college when the other children were placed and unable to be a placement resource for them. Geneva, a 35-year-old schoolteacher, is engaged to be married. She and her fiancée are interested in being considered as potential caregivers for Tanya. They have not had a positive relationship with Eugene and Teresa over the years due to the couples' drug use and resulting erratic behavior.

Geneva lives with her fiancée in a small 2-bedroom apartment in a neighborhood that is close to the maternal grandmother, whom they do know and have visited since Tanya was placed with her. They are saving to buy a larger place when they marry and feel they can afford it. They plan to be married within 6 months.

Geneva has not raised children of her own, but she helped to care for her younger brothers and sisters and teaches elementary school, so has a familiarity with meeting children's developmental needs. She had a difficult adolescence and found it necessary to move out on her own, find a job to support herself at the age of 18. She did not begin college until her late 20's and attended part-time until completing her degree. She is concerned that another of Eugene's children should not be raised outside of her family.

HANDOUT 5.5
INITIAL GUIDE TO ASSESS POTENTIAL RELTAIVE CAREGIVERS' SAFETY AND PLACEMENT POTENTIAL

OUTCOMES
- Child's need for safety, stability, continuity of care/relationships, nurturance and opportunities for growth and developmental well-being are met.
- Child has a caring environment, which supports family continuity through the delivery of a child-centered, family-focused system of practice to ensure permanency.

FAMILY IDENTIFICATION
- Can you identify the members of your family who have a healthy/positive relationship with you and your child or children?
- Who in your family do you think can care for your child or children?

INITIAL ASSESSMENT OF FAMILY INTEREST – (Willingness of family member(s), length of relationship with family member(s), quality of relationship with family member(s), relationship with child or children, full disclosure of family circumstances)
- How have these family members helped you in the past?
- Has your child or have your children ever stayed with these family members over an extended period of time?
- What kind of relationship does your child or children have with these members of your family?
- Do these family member know the circumstances and conditions that have led to the need for your child or children's placement?

INITIAL ASSESSMENT OF ISSUES RELATED TO ENSURING A SAFE ENVIRONMENT - (ability to meet child's physical and emotional needs: does any person in the home have a history of abuse or maltreatment; willingness to work with agency; health of family member; protection from abuse or maltreatment; ability to develop a plan with the agency)
- Is the family member willing to share personal information about their past and present circumstances by being part of the family study/assessment process?
- Can the family member meet the child's physical and emotional needs?
- Does the family member or any member of household have a history of abuse or maltreatment?
- Is the family member willing to work with the agency to protect the children and provide for their developmental well-being?
- Will the health of the family member impact on their ability to care for the child/ren?
- Will family members be able to protect child or children from further abuse? Do parents believe this to be so?
- Do any of the family members have an interest/capacity to become a licensed foster parent or to assume responsibility of the child without becoming a foster parent?
- Are family members willing and able to provide short-term care and support family reunification efforts if they are required?
- Are any family members willing and able to provide a permanent legal home for the child or children as adoptive parents or legal guardians if this should be come necessary?
- Will the family member work with the agency to develop a safety plan?

HANDOUT 6.1
CLINICAL ISSUES FOR THE RELATIVE CAREGIVERS

Loss
- Interruption of life-cycle
- Future plans
- Space, privacy
- Priorities

Role/Boundary Definitions
- From supportive to primary caregiver
- From advisor to decision-maker
- From friend to authority

Guilt
- Fearful of contributing to family disruption
- Becoming a primary caregiver and raising child
- More committed to meeting the child's needs instead of parent's needs

Embarrassment
- Due to birth parent's inability to remain primary caregiver

Projections/Transference
- Unresolved issues- with birth parent transferred to the child
- Difficulty perceiving the child's personality as different from the birth parent

Loyalty
- Usurping or replacing birth parent's role
- Fear of hurting parent's feelings and being rejected

Child Rearing Practices
- Updating and recalling techniques and methods
- Need to learn non-corporal techniques of punishment and discipline

Stress Management/Physical Limitations
- Developing coping skills and support in managing children and additional responsibilities

Bonding and Attaching
- Establishing a parent/child relationship instead of a relative/child relationship

Anger and Resentment
- Birth parent's absence
- Birth parent's attempts to regain custody or continue contact
- Birth parent's sabotage or competition for child's loyalty to birth parent
- Agencies and professionals
- At/with "themselves" for becoming a surrogate parent

HANDOUT 6.1 CONTINUED
CLINICAL ISSUES FOR THE RELATIVE CAREGIVERS

Morbidity and Mortality
- Concerns of illness/death triggered by previous losses and separations

- Who will take care of me if grandma gets sick or dies?

Fantasies
- Many parents fantasize about reuniting with their children
- These fantasies can be sometimes unrealistic
- These fantasies may cause to maintain unrealistic expectation about reuniting with the parent

Overcompensation
- Caregiver may try to make up for the parent's failings or mistakes
- This reinforces child's experience of life as "extreme" and not balanced
- Challenge for caregiver is to provide balance and consistency

Competition/Sabotage
- Parent can sabotage the placement by undermining the authority of caregiver
- Parent may challenge, defy, or not comply with agreements regarding visiting, curfew
- Parent may give child permission to defy caregivers and professionals

HANDOUT 6.2
FAMILY STUDY GUIDE: ASSESSING INDENTIFIED RELATIVE CAREGIVERS FOR THE CAPACITY AND MOTIVATION TO PROVIDE KINSHIP CARE

Assessment Category: Motivation

<u>Loyalty</u>
- To the parent(s), family or child
- "We take care of our own; or my family has a tradition of staying together."
- Family tradition or a legacy of self-sufficiency from public systems/strangers
- Belief that the parent will assume responsibility for the child at a later time
- Rejection of the child would stimulate guilt and indicate disloyalty to the family

<u>Obligation</u>
- Attachment to child or children
- "I have to take the child because he or she is family"
- "I have to take the child rather than have him or her go into foster care."
- No other family member has come forward

The intensity of loyalty and obligation together can motivate relatives to care for children whom they may not know or have ever seen.

<u>Penance</u>
- Penance motivates relatives to atone or "make up" for what the birth parent didn't provide to the child (i.e., safety or protection).
- On occasion, the relative may even be atoning for what they didn't provide the birth parent.
- For some relatives, penance is a "second chance" with the child for the birth parent, themselves or the family by caring for the child.

<u>Rescue</u>
- The need to rescue the child is also a motivator for relatives to provide kinship care.
- The relatives may say, "I can't let the child go into foster care, or; who knows what will happen to the child if he or she goes into foster care or is adopted, or; I can't let the child go back to being hurt by their parent or that family again."
- The relatives could be saving the child from "the system" (i.e., foster care or adoption), the birth parent or the extended family (i.e., maternal or paternal).
- Rescuing the child from losing contact with their family, cultural identity, history and heritage, may also be a motivator.

HANDOUT 6.2 CONTINUED
FAMILY STUDY GUIDE: ASSESSING INDENTIFIED RELATIVE CAREGIVERS FOR THE CAPACITY AND MOTIVATION TO PROVIDE KINSHIP CARE

Anger
- Anger with the birth parents or extended family for abusing or neglecting the child may also be a motivating factor for relatives to provide kinship care.
- Anger with "the system" for not preventing the abuse or for removing the child from the birth parents may also cause relatives to become angry.
- This anger may then motivate relatives to protect the child from the birth parents or system.

Finances
- Financial limitations may also motivate relatives to legalize the care of their children.
- Most kinship care is being provided by grandmothers between the ages of 45 and 65 years old, who may be retired or on a limited and fixed income.
- Formalizing their relative caregiver status is frequently necessary in order for kinship families to access services, and financial support.

Motivation: Differences Between Relative And Non-Relative Placements
- Relative placements are frequently unplanned, in a crisis or by the birth parents' default
- Relatives are usually not voluntarily pursuing a permanent or legal relationship with the child
- Relatives may already be on a fixed income if elderly or retired
- Non-relative caregivers (foster or adoptive parents) solicit, train and prepare for these children either professionally, personally or financially

Motivation: Questions for Relative Assessment
- Is the relative able to avoid displacing their feelings on the child? The results of this displacement are children feeling as if they are a burden and unwanted. The consequences are emotional reactions and behaviors associated with low self-esteem and rejection.
- The next set of questions are:
  1) If the relative is aware of their motivations or feelings, and;
  2) Have appropriate methods of managing and channeling them (i.e., supportive groups, relationships or activities).
     This question may need to be asked hypothetically, since the relative may not yet have experienced these feelings (i.e., "If you do find yourself feeling angry towards the birth parents, what would you do or how would you handle these feelings?")
- It is important not to pathologize the relative's motivation (i.e., obligation, rescuing, and anger).
- In fact, the motivations may be considered normal and appropriate when the child's placement is unplanned, in a crisis or by default.
- It is however important to determine whether or not the relative is also positively motivated by loyalty, attachment, wanting to protect, nurture and maintain the child's identity and family connections.

HANDOUT 6.2 CONTINUED
FAMILY STUDY GUIDE: ASSESSING INDENTIFIED RELATIVE CAREGIVERS FOR THE CAPACITY AND MOTIVATION TO PROVIDE KINSHIP CARE

Assessment Category: Household Configuration
- Relative families may include many family members from many generations
- The household can consist of permanent, temporary and transient family members.
- More than one family may also live in the household.
- The families may be separate or multigenerational.
- Each separate household's residents should be assessed individually – as well as their immediate family members

Household Configuration: Differences Between Relative and Non-Relative Households
- Non-relatives are usually single family households
- In relative families, there may be multiple household residents or surrogate supports with primary and secondary caregivers
- Relative caregivers are usually middle-age to elderly grandmothers living with immediate or extended family members and households for reasons of finances, health, companionship, crisis, traditions, an "empty nest" or transitions (i.e., divorce, separations, immigration).

Household Configuration: Questions For Relative Assessment
- What are the activities of family residents?
- Are their activities disruptive to the child or relative?
- Is the relative able to provide the child consistent and stable routines, schedules and caregivers?

These questions control for the misinterpretation of multiple family members (i.e., temporary or transient) and multiple families (i.e., separate or multigenerational) as indicators of chaotic household configurations.

Assessment Category: Caregivers
- Assessing the caregivers in kinship families requires the assessment of two types of caregivers: primary and secondary caregivers.

Caregivers: The differences Between Relative and Non-Relative Homes
- In non-relative placements, the primary caregivers are usually from a single household
- In relative families, primary and secondary caregivers may be present because of multiple household residents or surrogate supports to the child and relative

Caregivers: Questions for Relative Assessment
- Are caregivers consistent in their approaches to child care/parenting (i.e., discipline, nurturance and supervision of the children)?
- Are the caregivers at risk of harming the children based on past behaviors (i.e., criminal history, reported for abuse or neglect)?

HANDOUT 6.2 CONTINUED
FAMILY STUDY GUIDE: ASSESSING INDENTIFIED RELATIVE
CAREGIVERS FOR THE CAPACITY AND MOTIVATION TO PROVIDE
KINSHIP CARE

These questions: 1) control for the misinterpretation of multiple caregivers as indication of inconsistent and chaotic childcare, and; 2) require background checks of both primary and secondary caretakers (i.e., criminal background and checks for child abuse and neglect reports).
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Assessment category: Birth Parents' Interaction with the Kinship Family
Family dynamics to assess include:
- Contact/visitation of the birth parents' with the kinship family
- Residence of the birth parents
- The parents' relationship with caregivers (past and present)
- The parents' relationship with their birth children
- The birth parents and relative's potential to re-negotiate roles and relationships, decision making, nurturing, disciplining, advisor/support
- Birth parent family's interaction with the kinship family
- Whether child's environment is emotionally stable
- Whether the caregiver can comply with legal mandates related to protection and involvement of parent

Birth Parents' Interaction with the Kinship Family: Differences Between Relative and Non-relative caregivers
- Birth parents are related to the caregiver
- The birth parent and relative caregiver has an attachment and bond (positive or negative) prior to the child's birth
- The relative's relationship and/or role with the child was different prior to a formal or legal placement; after Placement, the relative's relationship must shift to a parental role
- The non-relative's initial attachment and loyalty is to the child, not to the birth family
- The non-relative's relationship with the child begins in a parental role; therefore neither the child nor the non-relative need to adjust to a shift in roles and relationships.

Birth Parents' Interaction with the Kinship Family: Questions for Relative Assessment
- Will past history cause negative feelings and interaction between the caregiver and birth parents?
- Will the child be triangulated or feel split loyalties because of a negative past between the caregiver and birth parents, resulting in an emotionally unstable environment?
- Will the relative caregiver be able to meet or comply with their legal or professional responsibilities?

Issues of guilt, competition or betrayal may be experienced when relatives change and exchange roles or legal relationships with the birth child (i.e., adoption, guardianship, and parental roles).

HANDOUT 6.2 CONTINUED
FAMILY STUDY GUIDE: ASSESSING INDENTIFIED RELATIVE
CAREGIVERS FOR THE CAPACITY AND MOTIVATION TO PROVIDE
KINSHIP CARE

Assessment Category: Family Legacies
- Drug abuse
- Domestic violence
- Incarceration
- Dependency
- Life cycles (individual and families)
- Pregnancies (i.e., adolescent)
- Family structures (single/two parents)
- Exits, re-entries
- Interrupted cycles and developmental stages (i.e., individual and family)
- Family structures and care taking patterns
- Nuclear
- Multigenerational
- Extended family
- Ability to change and alter legacies
- Resources and motivation
- How to change
- Reinforcements and supports
- Positive legacies
- Child-centered values
- Religious or spiritual traditions
- Family-focused values
- Educationally oriented
- Community oriented
- Self-sufficiency and reliance

Family Legacies: Differences Between Relatives and Non-Relative Families
- In relative placements, child shares legacies with the relative because of their biological relationship.
- Legacies can be shared between the child and relative without them knowing each other or being attached. Shared legacies can be the connection between the child and relative that reinforces the cycle of legacies and bonding in kinship families.
- Repeating family's legacies and traditions may be "rites of passage" for the child in order to feel a part and a member of their family. You may hear a child say all the men in my family "go to

- jail;" or "go to college" or "become musicians" and "so will I."
- In non-relative placements, the child does not initially share legacies with the foster or adoptive parent. However, through attachment and bonding, the legacies between the child and non-relatives can be transferred and shared.

Family Legacies: Questions for Relative Assessment
- What are the family's legacies (positive and negative)?
- Has the relative caregiver modified or changed negative legacies or cycles in their life and household?
- Can the caregiver prevent the child from being exposed to negative legacies while in their household?

_____

Assessment Category: Relative's Ability and Qualifications to Provide a Protective, Safe and Stimulating Environment
- Shelter, housing, food, clothing
- Education
- Approaches to discipline/limit setting/nurturing
- Protection (i.e., abuse, neglect, legacies, cycles)
- Sources of income
- Family stability
- Consistent caregivers
- Stable residents
- Stable households, patterns of interaction and child-rearing styles

Relative's Ability and Qualifications to Provide a Protective, Safe and Stimulating Environment: Differences Between Relative and Non-Relative Families
- The child may already reside in the relatives' home prior to a former placement or qualification of the home for long-term care
- Relatives may not be motivated to seek approval since: 1) the child may already be in their home; 2) they feel their home is adequate since they may have already raised children, and; 3) feel they are being pursued to keep or accept the child and are providing a favorable service for agencies
- Relatives may feel that they have rights and entitlement to the child by birth, biology or affinity (i.e., grandparent, aunt, godmother)
- Non-relatives are usually required to meet qualifications and housing standards prior to placement or adoption (i.e., home studies, training)

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FAMILY STUDY GUIDE: ASSESSING INDENTIFIED RELATIVE CAREGIVERS FOR THE CAPACITY AND MOTIVATION TO PROVIDE KINSHIP CARE

- Non-relatives are frequently motivated to be approved and meet standards or qualification so they might receive a child
- Non-relatives may feel they need licensing or legal authority in order to feel they have rights or entitlements to the child (i.e., adoption or foster parent license)

Relative's Ability and Qualifications to Provide a Protective, Safe and Stimulating Environment: Questions for Relative Assessment
These questions require a baseline for safety and standards of care that applies to both relative and non-relative placements. However, they also allow for various levels of qualifications that considers:
- What are the economic and support resources of the family?
- Under what conditions was the child placed?
- Why may the relative resist or not understand/agree to the need for a legal relationship with the child (i.e. adoption or guardianship)?
- What is the agency's and the family's definition of permanency?

Assessment Category: The Family's Alternative Permanency Plan
- Discussion and evaluation of the family's morbidity, mortality and respite plans
- Discussion and evaluation of the family's planning and decision-making system.
    _____

The Family's Alternative Permanency Plan: Differences Between Relative and Non-Relative Families:
- Non-relative caregivers must meet mental and physical health standards prior to the child being placed in their home
- Relative caregivers are frequently middle age and elderly with associated medical and mental health problems
- The child is frequently already residing in the relatives' home and may have already been previously placed temporarily
- In non-relative families the person with the legal authority is frequently the decision-maker; decision making tends to be more centralized and the domain of the nuclear family
- In kinship families the person having legal authority may not be the sole decision-maker; decision-making may be more decentralized and distributed throughout the domain of the nuclear and extended family.

HANDOUT 6.2 CONTINUED
FAMILY STUDY GUIDE: ASSESSING INDENTIFIED RELATIVE CAREGIVERS FOR THE CAPACITY AND MOTIVATION TO PROVIDE KINSHIP CARE

The Family's Alternative Permanency Plan: Questions for Relative Assessment
- What supports or alternative plans are in place if the relative caregiver becomes ill or deceased
- How traumatic will the loss be to the child's emotional and environmental stability
- What support systems are in place to provide the caregiver relief or respite time
- Who is the formal and informal decision-makers and "power brokers" in the nuclear and extended family; and are they being involved in the planning process.

These questions: 1) control for eliminating relative caregivers as providers, simply on the basis of health and age; and 2) acknowledge the validity of family planning and decision-making patterns that are more communal, de-centralized and shared by extended family members.

Assessment Category: The Child or Sibling's Readiness to Become a Part of a Kinship Family
Issues to consider include:
- Children's readiness for kinship care
- Whether the sibling group should be placed together or separated.

The need to assess children and sibling groups is based on the assumptions that:
- Children are capable of disrupting placements, if not ready or compatible with their kinship family
- Being related to each other does not guarantee a child and relative's attachment in a parent/child relationship.

The approaches that have been useful in implementing this assessment model have been family conferencing, combined with individual interviews with family members.

These approaches have been effective in facilitating a family's decision whether or not to provide kinship care; who and how kinship care can be provided by the family; and if kinship care is in the child's best interest.

The Child or Sibling's Readiness to Become a Part of a Kinship Family: Questions for Relative Assessment
- Issues to explore with the family include:
- Fantasies and loyalties (to the birth family or parent) which might stop the child's attachment to the kinship family
- Projection transference to the relative sibling conflicts resulting in harm to each other
- Trauma: re-enactment testing that provokes harm to themselves
- Ability to re-attach or attach to the kinship family
- Changing roles (i.e., from being a parentified child)
- Values: compatibility with those of the kinship family
- Tolerance of the relative caregiver
- Number of children
- Special needs issues (i.e., sexual or physical abuse or acting out)

HANDOUT 6.2 CONTINUED

FAMILY STUDY GUIDE: ASSESSING INDENTIFIED RELATIVE CAREGIVERS FOR THE CAPACITY AND MOTIVATION TO PROVIDE KINSHIP CARE

- Compatible personalities
- Family of origin
- Prognosis of siblings to not sabotage the placement

HANDOUT 7.1
TEAM MEETING GUIDE

- What are your current reactions to this family's case situation?
- What strengths do you see now?
- What red flags or concerns pop up for you now re: safety, motivation and capacity, and permanency?
- What else might you want to know that is not in the case descriptions?
- What might you say to Geneva and her fiancée about the family's strengths and concerns?
- What supports might be put in place to address these concerns?
- How would you know these concerns have been addressed?
- What might you want to know from Geneva about her reactions to the assessment process?
- What decisions might you recommend about the placement of Tanya with Geneva and her fiancée?
- What might you say to Teresa, Eugene, Geneva and her fiancée about the recommended next steps?
- Do you think Geneva would want to become a foster parent? What would you need to do to make this happen?
- What would be the benefits of her becoming a foster parent? What other options might exist?
- What would be the benefits of her not becoming a foster parent?

HANDOUT 7.2
ASSESSMENT GUIDE: UNDERSTANDING FAMILIES

Elements of an Effective Foster or Adoptive Family Assessment

- Involves respect, cultural competence, objectivity, empathy, active listening, honesty

- Builds on trust and mutuality and is strengths/needs based

- Emphasizes empowerment, self-selection and joint decision-making

- Is used to "screen in" rather than "screen out"

- Considers "person-in-situation" within a comprehensive, ecological perspective to assess: health, education, housing, well-being, finances, formal/informal supports, problem-solving/coping capacities, family strengths, roles/responsibilities/communication patterns, parenting experiences, motivation, family values and cultural issues

- Considers capacity to provide safety, permanency and developmental well-being for children

- Provides information and clarity about roles, responsibilities and expectations (family and agency)

- Uses differential assessment strategies and full disclosure to identify, clarify and resolve concerns families and/or agencies may have about families' capacity to care for abused or neglected children from troubled families: issues related to separation and loss, attachment, family continuity, transitions, mentoring, acceptance of children's history

- Explores additional information about: family discipline - beliefs and strategies, family interests and expectations of foster parenting or adoption, coping with separation and loss

- May ask for family members to write their own biographical history – parents and children

- Explores children's opinions about foster care or adoption (age appropriate)

(Adapted from materials found in "Supporting the Kinship Triad" Child Welfare League of America, 1999; "The Special Needs Adoption Curriculum" The National Resource Center for Special Needs Adoption and Spaulding for Children; and Handouts from the National Resource Center for Foster Care and Permanency Planning)

NRCFCPP

NATIONAL RESOURCE CENTER FOR FOSTER CARE & PERMANENCY PLANNING

ASSESSING FAMILIES FOR KINSHIP AND RELATIVE PLACEMENTS
By
Dr. Joseph Crumbley, D.S.W.

Federal and many state legislations are recommending that relative caregivers be given preferential consideration when planning temporary or permanent placements for children. Federal and many state legislation's are also recommending that kinship families meet the same standards and qualifications foster families must meet in order to become licensed foster parents. The implications of these legislations are that relative caregivers must participate in an assessment process.

The purpose of this presentation is to provide a model for assessing a relative's ability to provide kinship care. Learning objectives for participants will include: 1) identifying categories for assessment; 2) identifying sources and strategies for gathering and accessing information; 3) understanding and identifying similarities and differences between relative and non-relative placements and assessment, and; 4) how to engage the family in a self-assessment and self-selection process.

The categories for assessment include 1) motivation; 2) household configuration; 3) caregivers (primary and secondary); 4) the birth parents interaction with the relative caregiver; 5) family legacies; 6) the relatives resources and ability to provide safety and protection, and; 7) alternative permanency planning (i.e., morbidity and morbidity plans), and; 8) the child or siblings' readiness for kinship care.

Several factors have been identified as possible sources motivating relatives to provide kinship care. These factors include: loyalty, obligation, penance, rescuing, anger or finances.

- Loyalty is frequently evidenced by relatives stating that "we take care of our own; or my family has a tradition of staying together." The factor of obligation is often demonstrated in statements such as, "I have to take the child because he or she is family," or "I have to take the child rather than have him or her go into foster care." The intensity of loyalty and obligation can motivate relatives to care for children whom they may not know or have ever seen. The loyalty or obligation may be to the birth parent, birth child or family tradition.

- Penance motivates relatives to atone or "make up" for what the birth parent didn't provide to the child (i.e., safety or protection). On occasion, the relative may even be atoning for what they didn't provide the birth parent. For some relatives, penance is a "second chance" with the child for the birth parent, themselves or the family by caring for the child.

- The need to rescue the child is also a motivator for relatives to provide kinship care. The relatives may say, "I can't let the child go into foster care, or; who knows what will happen to the child if he or she goes into foster care or is adopted, or; I can't let the child go back to being hurt by their

parent or that family again." The relatives could be saving the child from "the system" (i.e., foster care or adoption), the birth parent or the extended family (i.e., maternal or paternal). Rescuing the child from losing contact with their family, cultural identity, history and heritage, may also be a motivator.

- Anger with the birth parents or extended family for abusing or neglecting the child may also be a motivating factor for relatives to provide kinship care. Anger with "the system" for not preventing the abuse or for removing the child from the birth parents may also cause relatives to become angry. This anger may then motivate relatives to protect the child from the birth parents or system.

- Financial limitations may also motivate relatives to legalize the care of their children. Most kinship care is being provided by grandmothers between the ages of 45 and 65 years old, who may be retired or on a limited and fixed income. Formalizing their relative caregiver status is frequently necessary in order for kinship families to access services, and financial support.

- The differences in motivations between relatives and non-relative caregivers and placement are due to the following factors:

    o relative placements are frequently unplanned, in a crisis or by the birth parents' default
    o relatives are usually not voluntarily pursuing a permanent or legal relationship with the child
    o non-relative caregivers (foster or adoptive parents) solicit, train and prepare for these children either professionally, personally or financially
    o relatives may already be on a fixed income if elderly or retired

The questions for assessing motivation are as follows:

- Is the relative able to not displace their feelings on the child? The results of this displacement are children feeling as if they are a burden and unwanted. The consequences are emotional reactions and behaviors associated with low self-esteem and rejection.
- The next questions are: 1) if the relative is aware of their motivations or feelings, and; 2) have appropriate methods of managing and channeling them (i.e., supportive groups, relationships or activities). This question may need to be asked hypothetically, since the relative may not yet have experienced these feelings (i.e., "If you do feel angry towards the birth parents, what would you do or how would you handle these feelings?")

It is important not to pathologize the relative's motivation (i.e., obligation, rescuing, and anger). In fact, the motivations may be considered normal and appropriate when the child's placement is unplanned, in a crisis or by default. It is however important to determine whether or not the relative is also positively motivated by loyalty, attachment, wanting to protect, nurture and maintain the child's identity and family connections.

Household configuration is the second category to also be assessed. The household can consist of permanent, temporary and transient family members. More than one family may also live in the household. The families may be separate or multigenerational. The differences in configurations between relative and non-relative households are due to the following factors:

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- Non-relatives are usually single family households
- Relative caregivers are usually middle-age to elderly grandmothers living with immediate or extended family members and households for reasons of finances, health, companionship, crisis, traditions, an "empty nest" or transitions (i.e., divorce, separations, immigration).

The questions for assessing the household are:

- What are the activities of family residents;
- Are their activities disruptive to the child or relative;
- Is the relative able to provide the child consistent and stable routines, schedules and caregivers

These questions control for the misinterpretation of multiple family members (i.e., temporary or transient) and multiple families (i.e., separate or multigenerational) as indicators of chaotic household configurations.

Assessing the caregivers in kinship families requires the assessment of two types of caregivers, primary and secondary caregivers. The differences in the types of caregivers in relative and non-relative homes are that:

- In non-relative placements, the primary caregivers are usually from a single household
- Primary and secondary caregivers may be present because of multiple household residents or surrogate supports to the child and relative

The questions for assessing caregivers in the home are:

- If childcare and the providers are consistent in their approaches (i.e., discipline, nurturance and supervision)
- Are the caregivers at risk of harming the children based on past behaviors (i.e., criminal history, reported for abuse or neglect).

These questions: 1) control for the misinterpretation of multiple caregivers as indication of inconsistent and chaotic childcare, and; 2) require background checks of both primary and secondary care providers (i.e., criminal background and checks for child abuse and neglect reports).

The next assessment category is the birth parents' interaction with the kinship family. Family dynamics to assess include:

- Contact/visitation/ residence of the birth parents' with the kinship family
- The parents' relationship with caregivers (past and present)
- The parents' relationship with their birth children
- The birth parents and relative's potential to re-negotiate roles and relationships
- Decision making
- Nurturing
- Disciplining
- Advisor/supported
- Birth parent family's interaction with the kinship family

The differences in the birth parents' interaction with relative and non-relative caregivers are as follows:

- A major difference between relative and non-relative placements is that the birth parents are related to the caregiver
- the birth parent and relative caregiver has an attachment and bond (positive or negative) prior to the child's birth
- The relative's relationship and/or role with the child was different prior to a formal or legal placement; after placement, the relative's relationship must shift to a parental role
- The non-relative's initial attachment and loyalty is to the child, not to the birth family
- The non-relative's relationship with the child begins in a parental role; therefore neither the child nor the non-relative need to adjust to a shift in roles and relationships.

The questions assessing the birth parents' interaction with the kinship family are as follows:

- Will past history cause negative feelings and interaction between the caregiver and birth parents
- Will the child be triangulated or feel split loyalties because of a negative past between the caregiver and birth parents, resulting in an emotionally unstable environment
- Will the relative caregiver be able to meet or comply with their legal or professional responsibilities. Issues of guilt, competition or betrayal may be experienced when relatives change and exchange roles or legal relationships with the birth child (i.e., adoption, guardianship, and parental roles).

Family legacies are also a category for assessment. The sub-categories for assessment include:

- drug abuse
- domestic violence
- incarceration
- dependency
- life cycles (individual and families)
- pregnancies (i.e., adolescent)
- family structures (single/two parents)
- exits, re-entries
- interrupted cycles and developmental stages (i.e., individual and family)
- family structures and care taking patterns
- nuclear
- multigenerational
- extended family
- ability to change and alter legacies
- resources and motivation
- how to change
- reinforcements and supports
- positive legacies
- child centered values
- religious or spiritual traditions
- family focused values
- educationally oriented
- community oriented

- self-sufficiency and reliance

The primary difference between relative and non-relative families is that the child shares legacies with the relative because of their biological relationship. In non-relative placements, the child does not initially share legacies with the foster or adoptive parent. However, through attachment and bonding, the legacies between the child and non-relatives can be transferred and shared.

Legacies can be shared between the child and relative without them knowing each other or being attached. Shared legacies can be the connection between the child and relative that reinforces the cycle of legacies and bonding in kinship families. Repeating family's legacies and traditions may be "rites of passage" for the child in order to feel a part and a member of their family. You may hear a child say all the men in my family "go to jail;" or "go to college" or "become musicians" and "so will I."

The questions to ask when assessing family legacies are:

- What are the family's legacies (positive and negative)
- Has the relative caregiver modified or changed negative legacies or cycles in their life and household
- Can the caregiver prevent the child from being exposed to negative legacies while in their household.

Assessing the relative's ability and qualifications to provide a protective, safe and stimulating environment is another category for consideration. Issues under this category for assessment include:

- shelter, housing
- food
- clothing
- education
- approaches to discipline/limit setting/nurturing
- protection (i.e., abuse, neglect, legacies, cycles)
- sources of income
- family stability
- consistent caregivers
- stable residents
- stable households, patterns of interaction and child-rearing styles

Issues impacting the criteria for qualifying relative and non-relative caregivers are as follows:

- Non-relatives are usually required to meet qualifications and housing standards prior to placement or adoption (i.e., home studies, training)
- The child may already reside in the relatives' home prior to a former placement or qualification of the home for long-term care
- Non-relatives are frequently motivated to be approved and meet standards or qualification so they might receive a child
- Non-relatives may feel they need licensing or legal authority in order to feel they have rights or entitlements to the child (i.e., adoption or foster parent license)

- Relatives may not be motivated to seek approval since: 1) the child may already be in their home; 2) they feel their home is adequate since they may have already raised children, and; 3) feel they are being pursued to keep or accept the child and are providing a favorable service for agencies
- Relatives may feel that they have rights and entitlement to the child by birth, biology or affinity (i.e., grandparent, aunt, godmother)

These questions require a baseline for safety and standards of care that applies to both relative and non-relative placements. However, they also allow for various levels of qualifications that considers: 1) the economic resources of the family; 2) conditions underwhich the child was placed (i.e., crisis, unplanned); 3) why the relative may resist or not see the need for a legal relationship with the child (i.e., adoption), and; 4) agency's definition of permanency (i.e., adoption or guardianship).

Another category for assessment is the family's alternative permanency plan. This assessment evaluates the family's morbidity, mortality and respite plans, as well as, the family's planning and decision-making system.

Differences between relative and non-relative families are as follows:

- Non-relative caregivers must meet mental and physical health standards prior to the child being placed in their home
- Relative caregivers are frequently elderly with associated medical and mental health problems
- The child is frequently already residing in the relatives' home and may have already been previously placed temporarily
- In non-relative families the person with the legal authority is frequently the decision-maker; decision making tends to be more centralized and the domain of the nuclear family
- In kinship families the person having legal authority may not be the sole decision-maker; decision-making may be more decentralized and distributed throughout the domain of the nuclear and extended family.

The questions to ask for assessing the family's alternative permanency plans are:

- What supports or alternative plans are in place if the relative caregiver becomes ill or deceased
- How traumatic will the loss be to the child's emotional and environmental stability
- What support systems are in place to provide the caregiver relief or respite time
- Who is the formal and informal decision-makers and "power brokers" in the nuclear and extended family; and are they being involved in the planning process.

These questions: 1) control for eliminating relative caregivers as providers, simply on the basis of health and age, and; 2) acknowledges the validity of family planning and decision-making patterns that are more communal, de-centralized and shared by extended family members.

The final category for assessment is the child or sibling's readiness to become a part of a kinship family. There are several issues to assess: 1) in determining the children's readiness for kinship care, or; 2) whether the sibling group should be placed together or separated. The need to assess children and sibling groups is based on the assumptions that: 1) children are capable of disrupting placements, if not ready or compatible

with their kinship family, and; 2) being related to each other does not guarantee a child and relative's attachment in a parent/child relationship. Issues for consideration are as follows:

- Fantasies and loyalties (to the birth family or parent) which might stop the child's attachment to the kinship family
- Projection/transference to the relative
- Sibling conflicts resulting in harm to each other
- Trauma: re-enactment
- Testing that provokes harm to themselves
- Ability to re-attach or attach to the kinship family
- Changing roles (i.e.,; from being a parentified child)
- Values: compatibility with those of the kinship family
- Tolerance of the relative caregiver
- Number of children
- Special needs issues (i.e., sexual or physical abuse or acting out)
- Compatible personalities
- Family of origin
- Prognosis of siblings to not sabotage the placement.

The approaches that have been useful in implementing this assessment model have been family conferencing, combined with individual interviews with family members. These approaches have been effective in facilitating a family's decision whether or not to provide kinship care; who and how kinship care can be provided by the family; and if kinship care is in the child's best interest.

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<u>**HHS Releases Kinship Multi-State Study**</u> **Children's Bureau Express/Caliber Associates March 2000**

<u>Informal and Formal Kinship Care</u> **Allen W. Harden of the Chapin Hall Center for Children and the University of Chicago and Rebecca L. Clark and Karen Maguire of the Urban Institute, June, 1997.**

<u>Relatives Raising Children: An Overview of Kinship Care</u> **Crumbley and Little. Child Welfare League of America, 1997.**

motivations to provide children with the safety, permanency and developmental well being they so urgently need.

ACKNOWLEDGMENTS…

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and permanency plans for children – keeping them whenever possible within their family networks and connected to their cultural heritage.

Assessing Adult Relatives as Preferred Caretakers in Permanency Planning
A Competency-Based Curriculum

COMPETENCY ONE:

Worker understands the legal mandates, principles and premises that guide the development of relative care as a part of the continuum of child welfare practice and permanency planning for children.

OBJECTIVES

At the end of this module, participants will be able to:
- Describe the historical roots of kinship care in Europe and the United States
- Identify the federal, state and local legislation that affects current child welfare policy and impacts placement and permanency options with relatives.
- Explain how the recent legislation (Welfare Reform Act of 1996 and the Adoption & Safe Families Act of 1997) impacts relative placements and permanency planning for children.

TIME

60 minutes

MATERIALS

- Small pieces of blank paper
- Legislative Strips: Provide typed strips of paper, each containing one paragraph from Handout 2. Exclude date of legislation from strip of paper.

HANDOUTS

- Pre-Training Evaluation
- Handout 1.1: National Trends – Children in Placement
- Handout 1.2: Relative Care & Recent Child Welfare History
- Handout 1.3: Permanency Planning Framework
- Handout 1.4: Family-Centered and Community-Based Response to ASFA

PREVIEW

1. Welcome participants to the training and introduce yourself and your co-facilitator by providing background information about where you are from and sharing your professional experience related to working with relative caregivers in the context of child welfare practice.

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2.   Ask participants to reach into their wallets and take out a photograph of their family – children, adults, whoever they may have. If participants do not have a picture, distribute blank paper for them draw/represent (stick figures are fine or writing names and ages) their family. Have participants introduce themselves to the group by giving their:

- Name
- Their family constellation, and/or if they feel comfortable,
- To share a special story about their family.

3.   Comment that we have come to realize the importance of stories in the lives of children. Summarize the introductions by emphasizing the importance of family to children, and perhaps, if we keep our own children and families concretely present as we focus on our work, it will help shape and improve the work we do with other families. Children served by child welfare systems also need special stories that tie them to the past, present and future – stories of the families who gave birth to them and the families who had a role in raising them.

4.   Introduce the goals of this two-day training by delivering the following description:

The National Resource Center for Foster Care and Permanency Planning, at the Hunter College School of Social Work over a three year period has developed a competency-based training curriculum – with the support of the Baltimore City Department of Social Services and the New York City Administration for Children's Services. The focus of this project is to facilitate the implementation of the new title IV-E state plan requirement emanating from Public Law 104-193: The Personal Responsibility and Work Opportunity Act of 1996 to consider giving preference to relatives over non-relatives when determining a placement for a child. The objective of this training project is to provide caseworkers and supervisors with the family-centered and culturally responsive knowledge and skills necessary for making assessments and decisions regarding the appropriateness of relatives as placement and permanency planning resources for children requiring out-of-home care.

5.   The development of this curriculum has had the input from caseworkers, supervisors, administrators and relative caregivers themselves, from both New York City and Baltimore. We've integrated values and skills they listed as essential to making comprehensive assessments and informed decisions regarding relatives as placement and permanency planning resources. The curriculum has been piloted and revised to reflect the most relevant skills needed. This two-day training will provide you the opportunity to:

- Ground your knowledge in the history and legal mandates of relative care;
- Explore the values inherent in child welfare practice and working with relative caretakers - as well as our own values that influence the way we assess and plan with families;
- Deepen your understanding of the importance of cultural competency and the dangers of stereotyping the families who are potential relative caregivers;

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- Fine tune your engagement and assessment skills with potential relative caregivers; and
- Examine the process for determining relatives' capacity and motivation to provide safe and stable placements and serve as potential permanency resources for children who need out-of-home care.

6. Review the logistical concerns for today, such as beginning and ending on time, breaks and confidentiality. Offer an overview of the training agenda. Establish the *ground rules* for the training, and make sure that people have contributed rules that will help them feel comfortable and open to learning.

7. Ask the participants to take 5 minutes to complete a Pre-Training Evaluation and remind them to include a 4 digits number for confidential comparison with their Post-Training Evaluation. Let them know we want to know what they knew before the training and what they learned and will find useful in their work as a result of the training.

ACTIVITY DESCRIPTION:

WHAT ARE THE CULTURAL AND LEGAL ROOTS OF RELATIVE CARE?

1. Ask participants to define relative/kinship care. Write their responses on the flip chart. State that relative care is the full time parenting of children by kin, as defined by the Child Welfare League of America (CWLA.) Prepare flip chart with the following statement:

   "Kinship care is the full time nurturing and protection of children by relatives, members of their tribes or clans, godparents, stepparents or any adult who has a kinship bond with the child." (Kinship Care: A Natural Bridge. CWLA, 1994).

   Ask:

   How does this inclusive definition demonstrate a respect for cultural values and affectional ties?

   Encourage a brief discussion of the inclusiveness of this definition, and the importance of inclusion in child welfare practice today.

2. Use the following history to place relative care in context: State that kinship care has historic roots in most cultures. It served to protect children whose parents were absent from the family circle for a number of reasons:

   - Economic
   - Lack of available work in the community
   - Poverty
   - Inability of birth parents to provide adequately for the child
   - Illness of the parent either mental or physical

- Underage parents and their lack of maturity and their inability to care for a child when they were children themselves
- Substance abuse by parents
- Family history of informal adoption by families.

Relative care has long been a tradition in African-American families for all of the reasons listed above. It is common for children to be raised by grandmothers, aunts, cousins and "fictive kin." In African-American families, children were often informally "adopted" by kin. Latinos also have an informal system of intra-family adoptions that evolved based on need. These informal adoptions were a way of "sharing the burden" of care when parents were unable to assume their parental roles. Indian tribes have traditionally cared for their own within the cultural norms of each tribe, with informal "adoptions" a part of the varied tribal traditions.

Historically, within African cultures the concept that "it takes a village to raise a child" was rooted in the custom of aunts and uncles assisting in the raising one another's children, which resulted in the concept of shared parenting. It was common for three generations of family to live together with flexible boundaries that represented family or clan over the nuclear family.

The traditions that were brought to this country during slavery continued as post-slavery communities developed and young people made their way north and east and west to seek work and a better life. Children were either left with relatives; grandparents, aunts, uncles, godparents, fictive kin or sent back to live with them while their parents continued to work and send money home for their care. Children knew their parents were away from "home" due to economic necessity and even though relatives were referred to as "big mama" or "mama Jones," they knew who their parents were and expected that one way or another they would be re-united with their parents.

After slavery, the need arose to provide support to families in minority communities, particularly in the rural south. Thus, the development of mutual aid societies, generally faith-based, began. When public systems did exist, they did not serve minority families.

What has changed over time is that we have moved from a conceptual base of family helping family, which builds on family strengths, responsibility and resiliency, to developing a formal system of "care" outside the family. With the formalization of care, came timeframes for planning and decision-making, and the expectation that families would formalize or legalize the care-giving status-through foster care, legal guardianship or adoption placements. Families are often ambivalent about making decisions to engage in the formal/legal foster care or adoption process. Expecting relatives to be bound by a number of rules that govern traditional foster parents has been at least awkward if not offensive for some families. Yet, we are learning that in our large urban areas close to one half of the child welfare placements involve relatives (NYC, IL), and child welfare systems have been forced to struggle with the

best way to protect children from harm **and** support relatives as caregivers when appropriate.

This conceptual shift may create a dilemma for families who require financial assistance and services but may be put off by the designation or label of "foster parent". The term "relative or kinship foster parent" may soften the blow for some, however the stigma may disturb many relatives. This creates natural dilemmas for families – and agency staff as well. Given the situations that brought the children to the attention of the formal child welfare system, is it any wonder that we struggle to find common ground between families and the formal system?

We continue to attempt, nevertheless, to ensure that children will grow up in homes that keep them connected to family and that provide them with the safety, well being, stability and permanence that they need and deserve.

3. Ask the participants to look again at their family photos or drawings, and determine who is included in their definition of family. Ask for examples to illustrate a broader definition of family, which includes more than just the nuclear family, more than just the extended family, and perhaps neighbors, clergy, and friends. Relate the discussion on relative care to this broader definition of family. Remind the participants that when we say we are working with family, it may often just mean the birth mother, or perhaps the birth father. We are challenged to therefore extend our efforts in identifying family members and engaging with them in a way that honors this broader definition of family.

4. Then move on by asking participants what they first think of when they hear the African proverb, "It take a village to raise a child". Record their responses on the flip chart. Ask if this proverb is true today and why. Ask the group what specific cultures embrace this proverb?

5. Using Handout 1.1, review national trends of children in care today. Ask participants from their experiences why they think relative care has emerged as a major trend within the child welfare system? Record the responses on the flip chart (you may hear some of the following answers: Legislative mandates and policy shifts; family connections are important to children; relatives have come forward informally and formally; more children at younger ages are requiring out-of-home care due to parental abuse and/or neglect resulting from increased drug use and dependency, domestic violence, homelessness, mental illness, persistent poverty and racism).

6. Move on to examine the legislative history of the use of Relative Care. Introduce the Activity of the Legislative Timeline by letting participants know we will now examine the legislative and policy framework that establishes relative care as an important component of child welfare services. Divide participants into groups of three. Distribute pieces of legislation. Ask the groups to decide when the piece of

legislation occurred on the timeline and back up your answer by thinking about what was happening at the time socially, politically, and for you personally.

Note: Facilitator creates a time line starting with 1978 and ending with 1997. Mark in chronological order, the following years on the timeline: 1978; 1979; 1980; 1986; 1988; 1991; 1996; and 1997.

Ask participants to choose a spokesperson for their group to present the group's discussion points and put the legislative item on the timeline.

7. Facilitator can use Handout 1.2 to broaden the discussion:

8. Responding to ASFA – Family-Centered and Community-Based Practice: Have participants read Handout 1.3. Ask for 3 or 4 examples from the participants regarding how some of these principles are demonstrated in their daily casework. Have participants read the "values and beliefs" section of Handout 1.4. Ask participants how 1 or 2 of the values can be concretely demonstrated in services to children and families. Have participants read the "program design" section of Handout 1.4, and request that someone give an example of how the program they work in meets one or more of these criteria. Have participants read the "practice strategies" section of Handout 1.4. Comment that this training will focus on providing tools and building skills to support staff in the implementation of these strategies.

9. State that this framework especially responds to children's needs and the impact of placement on them - whether living with relatives or non-relatives.

10. Summarize the activity by asking participants what they learned; what surprised them, and why it's important to be grounded in the historical and legal context when working with families involved with the child welfare system.

Assessing Adult Relatives as Preferred Caretakers in Permanency Planning
A Competency-Based Curriculum

COMPETENCY TWO:
Worker understands the social work values and practice principles inherent in family-centered and child-focused child welfare practice and permanency planning.

OBJECTIVES
At the end of this session participants will be able to:
- Explain core social work values and practice principles inherent in child welfare, relative care and permanency planning practice.
- Explain how values and beliefs influence national and local trends within the field of child welfare.
- Describe how personal values and assumptions may influence practice with families and children.

TIME
60 Minutes

HANDOUTS
- Handout 2.1: Core Values of the Social Work Profession
- Handout 2.2: Relative Care Practice Principles
- Handout 2.3: Permanency Planning – "Impact of Placement on Children," "Permanency Planning Outcomes," "Permanency Planning Core Elements," and "Children's Developmental Needs"
- Handout 2.4: My Personal Journey

REVIEW/PREVIEW
Facilitator comments that we have just explored the history of relative care by taking a look at its cultural and legislative roots. We're now going to take a closer look at the core social work values that are inherent in the practice of family-centered, child-focused child welfare, to understand how relative care fits into the formal system's continuum of services. We'll also explore how values, both individual and systemic, influence the way we work with families involved with the child welfare system.

ACTIVITY DESCRIPTION:
SOCIAL WORK VALUES/PRINCIPLES – POLARITY EXERCISE
1. Ask participants to stand and come into the middle of the room.

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2. Indicate to the group that you are going to call out 2 words, at a time. Each pair of words represents separate concepts. Warn participants that the words used are not necessarily opposite words that are mutually exclusive. For example, if I was to call out 'Daisy' and 'Rose', I'm asking you to choose one that you are instinctively drawn to. I'm not asking you to prove that one is wrong and the other is right. When each pair is called out, ask participants to move to the left or right side of the room, that designates the polarity they most identify with.

3. First demonstrate with the following:

SAILBOAT	MOTOR BOAT
CITY	COUNTRY
JAZZ	CLASSICAL

4. Then begin reading the terms related to child welfare: "RETURN HOME and ADOPTION". Designate one side of the room for adoption, the other for return home. Then ask:

"Which of the 2 words/phrases do you most identify with?"

"Stand in the designated area for that word."

5. Polarity Exercise:

Instruct participants to find at least one other person from their group and explain why they chose that word or phrase. Ask each group to call out words or phrases that summarize the group's explanation for their choice. The following are the word-pairs that are used for this activity:

Worker controls decision-making	Family is engaged in decision-making
Protecting parents from the truth	Full disclosure – open discussion
Child as client	Family as client
Doing For	Doing With
Professionals know best	Families are their own best experts
Protecting child from birth parents	Birth and foster parent teamwork
Sequential planning	Alternative or contingency planning
Stranger Foster Care	Relative Care/Foster Care
Case Reviews	Family meetings
One goal at a time	Multiple goals simultaneously
Adoption	Return home
Adoption	Guardianship
Long-term Foster Care	Permanency Planning
Central office	Community-based practice

6. Prior to training record the word pairs on the flip chart in two columns as above and cover until this point in the training. Now uncover and ask the participants to identify what values/guiding principles/trends/shifts in practice they think the 2 columns represent. What do the lists say about the values of child welfare?

   Consider alternative activities: List concepts in handout and have agree/disagree section.

7. State that the two lists capture the recent trends both nationally and locally in the field of child welfare. Use the flip chart to summarize the values inherent in child welfare practice. Point out that child welfare in the last five to ten years has shifted its practice to integrate new, innovative approaches, such as: family-centered practice, relative care, family group decision- making, concurrent permanency planning, neighborhood-based services, and the practice of full disclosure – all grounded in the core values of the social work profession as found in Handout 2.1.

8. Comment that these approaches have emerged as "best practice" and reflect an urgent concern about the numbers of children entering and remaining too long in the foster care system. In response, child welfare advocates have reassessed their own values and have shifted the focus of values that underscore the child welfare field. Over the years, the field has moved to incorporate more family-centered, strengths-based practice – focusing on the historic social work values of respect, self determination, understanding the person-in-situation, differential assessment, issues of confidentiality, and in child welfare to redefine success to revolve around permanence for children - whatever the outcome. *Trainers Note: Be prepared to describe the concepts listed above.*

9. Add that principles of practice in relative care reflect these trends (Cutter and Gleeson, 1997) and are found in Handout 2.2.

10. Again bring the participants' attention to Handout 1.1. State that child welfare values have influenced and have been influenced by these trends. Note specifically the trends of younger children entering and remaining in care longer, an increased use of relative care, and the persistent over-representation of children of color in care. These trends indicate a real need to better assess the capacity of relatives to promote safety, permanence, and well being of children in out-of-home care.

11. These outcomes reflect the child's urgent need to belong to a stable family that can support overall child development, promote a positive identity, and encourage a sense of belonging. Permanency planning attempts to balance children's needs and rights with parents' needs and rights – within the understanding that the passage of time and delays in planning and decision-making can bring harm to children and families.

    Lead a discussion that involves participants in sharing their thoughts about the concept of permanency and the importance of/focus on permanency planning in child welfare today.

    Ask:

- What are children's basic developmental needs?
- Do children and adults view the need for permanency from similar perspectives?
- What makes for a "sense of permanency" from a child's point of view and sense of time?

Use the permanency planning handouts (Handouts 2.3), as needed, to review children's needs and the process of permanency planning.

12. Using the Permanency Handouts 2.3, lead a discussion about the impact of placement on children, the range of permanency outcomes, the core elements of permanency planning, and the fundamental developmental needs of children cross-culturally. Include in your lecture the following points:

- Permanency Planning involves a process of working with families to assure that children in out-of-home care have a stable family in which to grow and with which to maintain lifetime intimate relationships.

- Children need adults in their lives who have the intent to make a commitment to a particular child or sibling group

- Placements that are not in the child welfare system provide the child with non-stigmatized social and legal status.

- A sincere commitment from an adult provides the child with stability, consistency, and predictability. Commitment from an adult also provides the secure attachment needed for developmental growth.

Use Handout 2.3 to explain that permanency can be achieved by helping children to:

- Remain safely with their parents or extended family network

- Reunify safely with their parents or extended family network

- Be placed with a relative or non-relative for adoption

- Be placed with a relative or non-relative who serves as a legal guardian, and

- Only in special circumstances, remain in another planned alternative permanent living arrangement within the child welfare system

13. Comment that these trends and our practices are influenced by underlying assumptions and values - both society's and our own which sometimes clash. Our values and assumptions are based on our own past and present personal experiences. We are now going to take a look at how our own experiences influence the way we practice.

14. Distribute the Handout 2.4, My Personal Journey, and briefly review the questions from the handout. The personal journey is an attempt to take a snapshot of your family and the values that were instilled in you. Inform the participants that they will later share in a small group only the answers they are comfortable sharing.

15. Ask the participants to complete the handout individually, answering the questions, in five to ten minutes:

16. Divide participants into small groups to share what they are comfortable sharing from their personal journey. Ask each group to appoint a recorder and reporter. Inform them that they have 15 minutes to answer the following two questions which are recorded on the flip chart:

    - What values from your personal journey enhance the way you work with families?
    - What values from the personal journey create challenges in the way that you work with families?

17. Summarize the activity by stating that it is personal values - about the importance of family and as well what we think of families with problems - that impact and influence our work with kinship families, as well as the values in the field of child welfare that shape and ground our practice. We are now going to explore the impact culture has on our work with relative caregivers.

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COMPETENCY THREE:

Worker understands how one's own cultural background, values and attitudes influence the helping process and the relationship between worker, birth parents and extended family members when assessing potential relative caretakers.

OBJECTIVES
At the end of this session participants will be able to:
- Describe one's own cultural background;
- Identify and discuss ways culture affects our worldview and behavioral responses in the context of working with birth parents and the extended family network;
- Consider and describe the risk of stereotyping families who are relative care providers;
- Acknowledge and discuss the ambivalence workers may have about placing children with relative care providers.

TIME
60 minutes

HANDOUTS
- Handout 3.1: Culture – "Defining Culture and Cultural Competence" & "Cultural Competence Continuum"
- Handout 3.2: Starting Where the Client Is

REVIEW/PREVIEW
In our last activity we explored how society's values and ours influence policy and our practice. It is also important to examine how values influence our ability to understand cultural differences and how we respond to the differences. Our cultural background and identification influences our ability to understand and assess potential relatives' care-giving capacities – and may contribute to ambivalence about placing children with relative care providers.

ACTIVITY DESCRIPTION:
HOW PERSONAL VALUES INFLUENCE OUR PRACTICE
1. It's important to have a working definition of culture in order to ground our discussion. Ask participants when you think of the word culture – what comes to mind? Record

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participant's answers on the flip chart. (Responses may include: religion, way of life, beliefs, foods, diet, money, behavior, prejudices, language, feelings, rituals, values)

2. Share with participants the following definition from Handout 3.1 – Defining Culture and Cultural Competence:

   "Culture is the dynamic pattern of learned behaviors, values, and beliefs exhibited by a group of people who share historical and geographical proximity. It's not just historical and geographical but beliefs and personal experiences."
   (Dodson, Jualynee E. An Afrocentric Educational Manual Toward a Non-Deficit Perspective in Services to Families and Children, 1983)

   Ask participants if this definition captures all that we just brainstormed. Is there anything missing for them that we should add?

3. Refer participants back to the discussion from 'My Personal Journey' asking the group how traditions/rituals embrace who we are in the context of our culture.

   ▪ What does your personal journey tell you about your cultural background?

Divide the group into triads to answer the following questions posted on the flip chart. Ask participants to move to a different person for each question.

   Trainer's Note: *To get participants out of their seats and physically moving this activity can also be conducted using concentric circles (inner and outer circle) or parallel lines facing different people for each question.*
   ▪ How have your experiences affected your work?

   ▪ How do you identify yourself culturally?

   ▪ What were the messages given to you about establishing relationships with people from a different cultural group than your own?

   ▪ When did you notice that people are treated differently due to their cultural and racial heritage?

4. Allow participants 10-15 minutes to discuss the questions and summarize their comments. Debrief activity and bridge discussion to cultural competence utilizing the next set of questions.

5. Ask the group the following questions:

   ▪ What makes a worker culturally competent?

   ▪ What knowledge and skills are necessary for us to achieve cultural competence when working with relative caretakers?

Record participant's answers on the flip chart. Share the 3 main components of being culturally responsive:

1. Recognize cultural differences, without imposing a stereotype on an individual.

2. Acknowledge one's own personal biases towards different cultures or backgrounds.

3. Transcend the differences in order to work productively.

6. Share with participants the following definition from Handout 3.1 – Defining Culture and Cultural Competence:

Cultural Competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals to work effectively in cross-cultural situations.

7. Ask participants for a definition of stereotyping? Offer the following definition of stereotyping developed by Ronald C. Hughes and Judith S. Rycus in their curriculum CORE 101 - Child Protective Services –A Training Curriculum:

'Stereotypes are generalized statements about the presumed characteristics of a particular group of people.'

Comment that the fallacy of stereotyping is a common fallacy of logic; we draw conclusions where no conclusions are warranted. As a result, we can be sure that our stereotypes will often be wrong.

According to Hughes and Rycus:

"Stereotypes are generated in several ways. At times they may be accurate description of traits that are present in a majority of members of a cultural group. A stereotype such as 'religion is important to people of Hispanic descent' accurately describes a trait that is common to many members of this cultural group. However, we cannot assume that all persons of Hispanic origin are religious! When we automatically attribute the trait to an individual member of the culture, we do that person a disservice by forming conclusions before we even meet!"

It is important to note that when we are guided by a stereotypical response of a family from a different culture or background, we will tend to miss the individual strengths and needs of that person or family.

Hughes and Rycus further state that:

"…in child welfare, we are likely to perpetuate stereotypes if we draw conclusions about a culture from a sample that includes only client families. For example, some child

welfare workers have wrongly concluded that incest is more acceptable in rural Appalachian families than in other population groups, largely because their incest cases often involve client families of Appalachian origin. Families often become involved in the child welfare system because they exhibit personal or family dysfunction, and their behaviors may not always be an accurate representation of cultural norms and values."

8. Ask group for some stereotypes associated with the social work profession. Record the group's responses on the flip chart. (Examples could include the stereotype of protective service workers who are seen as a threat or as the police).

   Record the group's responses on the flip chart. Ask the group to assess 1) the truth or validity of the generalization behind the stereotype; and 2) the reasons why, even if the stereotype accurately represents a group trend, the stereotype can be dangerous.

9. Disseminate slips of paper and ask participants to anonymously write stereotypes associated with relative care placements. Collect and read to group for assessment. Record on the flip chart. The facilitator should ask the group to assess

   - the truth or validity of the generalization behind the stereotype; and
   - the reasons why, even if the stereotype accurately represents a group trend, the stereotype can be misleading.

   Some examples of stereotypical assumptions include:

   - The apple doesn't fall far from the tree
   - Relatives and family have a history that can interfere with meeting safety, stability and permanency needs of children
   - Parents may still put children at risk of harm through informal contact
   - Relatives will not have the will or ability to protect children because of their relationships with the birth parents

10. Ask the group what they see as some of the problems of stereotyping?

    Comment that one of the biggest dangers of stereotyping is that we may miss strengths and may tend to dismiss the resources that relatives can bring to the child – for example, research tells us some very important information about relative/kinship care – information that can help us move beyond our stereotypes:

    - Relative care providers have a high level of commitment to children in their care

    - Children in relative care homes experience fewer disruptions

    - Children in relative care have longer lengths of stay with their families than children in traditional foster care.

- Relative care providers caring for children in the child welfare system do not always have the opportunity to consider all permanency options

- Family members other than the caregiver are often left out of the planning process. (Adapted from "Kinship Care: A Natural Bridge". Child Welfare League of America: Washington D.C. 1994; and overheads from Mattie Satterfied's Kinship Care Workshop Presentations.)

Use the following statement to summarize the discussion.

According to Hughes and Rycus, "the greatest danger of stereotypes is that they have the potential to communicate misinformation and promote misjudgments about cultural groups and their individual members. Stereotypes also blind us from seeing an individual or group's strengths."

Hughes and Rycus also state "stereotypes that communicate negative information can promote mistrust and fear. People have strong emotional reactions to persons whom they believe to be threatening, as when a black person in confrontation with a white person assumes she is a racist, or when a white person assumes the black person walking toward him on the street is likely to assault him."

Also according to Hughes and Rycus, "If a stereotype describes a trait that is normally thought to be positive, it is less likely to be recognized as a stereotype. However, statements still have the potential to misinform, and therefore, can be harmful."

Hughes and Rycus further state that in "child welfare, stereotyping prevents the objective observation and individualized assessment that are so essential to child welfare services. Stereotypes can seriously interfere with the development of a trusting casework relationship and with the worker's ability to communicate with the client."

11. Exploring culture, stereotyping and cultural competence is important when working with relatives. In order to develop cultural competence it is important to be able to know, appreciate and be able to utilize the culture of the populations served by the system and apply the cultural discussion to actual families. Ask participants to name some of the cultural backgrounds of the families they work with. What are the special attributes of these cultures that are important to understand if we are to be helpful?

12. Distribute Handout 3.2 – Starting Where the Client Is and highlight the following points by asking for examples of each:

- The very definition of "family" varies from group to group.

- The family life-cycle phases also vary for different groups, and cultural groups differ in the emphasis they place on certain life transitions.

- Families vary culturally in terms of what behavior they see as problematic and what behavior they expect from children.

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- Families also differ in their norms around communication and their expectations for how communication in specific situations will occur.

13. Summarize the discussion by stating that in order to establish effective helping relationships we must understand how culture impacts our work with birth families and potential relative caregivers. We will have an easier time of engaging families from differing backgrounds if we can learn something about that culture generally, and learn more from the family about how their culture influences the family's relationships, functioning and child-rearing practices.

   This understanding of our own prejudices may assist us in acknowledging and addressing our ambivalence to use relative care providers as resources for children in need of protection and permanency.

14. To enhance or strengthen our capacity to engage potential relative care providers, we are now going to examine three engagement techniques that will aid in the assessment of care giving capacities. Solid engagement skills facilitate more respectful and comprehensive assessments, planning, problem-resolution, and meaningful decision-making about where children will grow up.

Assessing Adult Relatives as Preferred Caretakers in Permanency Planning
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COMPETENCY FOUR:

Worker is able to engage families through conveying mutual respect, genuineness, and empathy.

OBJECTIVES

At the end of this session participants will be able to:
- Define mutual respect, empathy, genuineness, and full disclosure.
- Describe ways that respect, empathy and genuineness is conveyed by cultures served by the child welfare system and their possible reactions.
- Demonstrate and convey respect, empathy and genuineness and full disclosure when working with families to identify relative care providers.

TIME

90-120 Minutes

MATERIALS

Blindfolds

HANDOUTS

- Handout 4.1: Strategies for Conveying Respect
- Handout 4.2: Strategies for Conveying Empathy
- Handout 4.3: Strategies for Conveying Genuineness
- Handout 3.2: Starting Where the Client Is
- Handout 4.4: Outcomes vs. Problems – Part I
- Handout 4.5: Outcomes vs. Problems – Part II
- Handout 4.6: Case Scenario A: Teresa and Eugene

REVIEW/PREVIEW

Explain that awareness of our own values will impact on our ability to then respectfully engage families in the permanency planning process. This module will review the key engagement skills of respect, genuineness and empathy.

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ACTIVITY DESCRIPTION:

REVIEW OF CORE ENGAGEMENT SKILLS

1. Divide the group into dyads (counting off as a method of dividing). All ones are assigned the role of the client and assign all twos to play the role of the worker. Advise the group that each participant will play both roles. Instruct all participants playing the role of the client that they will be blindfolded and workers are instructed to lead client from point A to point B ensuring that they have a positive and safe experience doing whatever is necessary to earn the client's trust.

   Trainer's Note: *Facilitator may prepare index cards creating additional role descriptions for clients i.e., non-English speaking, physically handicapped, involved with the child welfare system for 8 years as a kinship provider, etc. worker role descriptions; first week on the job, 20 years experience on the job, worker on probation, etc. Each participant is blindfolded for at least a minimum of 5 minutes. After 5 minutes, participants reverse roles and repeat the activity.*

2. Debrief the activity with the following questions:

   - Ask participants in general what helped and what hindered the clients' ability to engage with the worker?

   - How did the worker create a positive, safe experience?

   - What strategies did you use to demonstrate trustworthiness, provide a sense of safety, and help the client build a minimum level of comfort?

3. State the 3 strategies to enhance engagement, with a definition for each:

   ### *Mutual Respect*

   "…means valuing another person because he/she is a human being. Respect implies that being a human being has value in itself…"

   (Definitions of respect, empathy, and genuineness from New York State Office of Children and Family Services Supervisory CORE Curriculum developed by SUNY Research Foundation/CDHS)

   State that two important aspects of respect are one's attitudes and one's ability to communicate respect in observable ways. In order to communicate attitudes and values, we must treat all people with respect because all human beings are worthy of respect, each person is unique, people have the right to make their own choices, and people can change with the right education and support.

   To communicate respect in observable ways, we must show a commitment to understand, convey warmth, suspend critical judgement, use manners, politeness, and professionalism.

Trainer's Note: *Depending on the time, you can conduct a role-play by asking for four (4) volunteers. This is your first meeting with a birth mother to discuss placement resources. The first dyad is to present a demonstration of disrespectful communication. The second dyad is to present a demonstration of respectful communication based on the discussion.*

Empathy
is a two-stage process whereby one person attempts to experience (step into) another person's world and then communicate understanding of and compassion for the other's experience.

The first stage is to develop an accurate perception of the individual's experience or tune into the client's experience. The second stage is to communicate your understanding, discuss what's important to the client, validate the client's feelings, and use active listening, reflections and paraphrasing statements focused on feelings.

Genuineness
involves being aware of one's own feelings and making a conscious choice about how to respond to the other person, based on what will be most helpful in facilitating communication and developing a good relationship.

To convey genuineness, be yourself, match verbal and nonverbal behaviors (i.e., have your words reinforced by your tone of voice and tender touch on the client's shoulder), use nonverbal behavior to reach out, and be spontaneous.

4. Divide the group into three small groups assigning each group a different engagement technique. In their groups, they are to discuss when they have individually been treated with respect, genuineness, and empathy, and when they haven't. From their discussions, they are to create a list of strategies of how they would/could convey the engagement technique they were assigned.

    Handouts 4.1, 4.2 and 4.3 can be used to enhance the discussion of strategies that convey **respect, empathy and genuineness.** These handouts are adapted from New York State Office of Children and Family Services Supervisory CORE Curriculum, developed by SUNY Research Foundation/CHDS, 1999.

5. Instruct participants to review again Handout 3.2 Starting Where the Client Is and highlight the importance of broadening the definition of "family"; respecting the variety of cultural strengths and differences in families, in terms of what behavior they see as problematic and what behavior they expect from children; and that families also differ in their norms around communication and their expectations for how communications in specific situations will occur.

ACTIVITIY DESCRIPTION:
OUTCOMES VS. PROBLEMS

6. State that the initial engagement of birth parents and extended family members can be difficult. In order to facilitate engagement we must incorporate the three

techniques of engagement into our work and move our practice towards a strengths-perspective and away from the blaming, problem-oriented, deficit focus.

Divide participants into dyads and state that we are now going to simulate different types of engagement. Distribute Handout 4.4: Outcomes vs. Problems Part I. Instruct participants to follow the directions on the top of the page and only use the four questions. Partners are to take turns asking each other the four questions. They have 5 minutes to complete the activity.

After they have finished the questioning process, pose the questions at the bottom of the page to the entire group. Most people will say their energy level is average to low. Most will say that they do not feel hopeful about the situation.

Point out that the questions at the top of the page are designed to have a problem-orientation, deficit focus. The language creates low energy, encourages a blaming focus, and offers no strong motivation for change. Some participants may feel somewhat positive during the process, which is probably due to just being able to talk about the problem not really working towards a solution.

Distribute Handout 4.5: Outcomes vs. Problems Part II and have the dyads repeat the process utilizing only the next set of four questions. They are given five minutes to complete the activity.

Ask participants their reactions to this set of questions. The language in this set of questions is more aim or outcome focused and encourages problem solving. It empowers families to begin to take control of the situation by focusing on their strengths and the outcomes they want to achieve, not just the problem.

State that it is important when working with birth parents and extended family members that we help them move from anger to positive action, from doubt to decision, from embarrassment to empowerment and from hopelessness to positive change. How we frame our questions and the language we use during our initial interactions is "key" in establishing these helping relationships aimed at assessment and decision-making with potential relative care providers.

We will now practice using the Core Engagement Skills of Respect, Empathy, and Genuineness with a birth mother to identify potential and alternative relative care providers.

ACTIVITY DESCRIPTION:
MEETINGS WITH BIRTH PARENTS: USE OF RESPECT, EMPATHY AND GENUINENESS TO PREPARE FOR THE ASSESSMENT OF AN IDENTIFIED RELATIVE CARETAKER

1.   Comment that we have explored the importance of the engagement skills of respect, empathy and genuineness when working with birth parents and extended family member networks. Now we are going to practice these skills using a brief role-play

scenario. Divide participants in to groups of four; one person will play the worker, two people will play the birth mother and father, and one person will be the observer.

2. Distribute Handout 4:6 Case Scenario A: Teresa and Eugene. State that Teresa has been known to the child welfare agency for many years. She has recently given birth to her fourth child, born with pre-natal crack-cocaine exposure. The baby, Tanya was placed with the maternal grandmother on an emergency basis. The CPS worker is new to the family and has been asked to meet with Teresa to engage her in a discussion related to planning activities and realistic placement resources for Tanya.

3. Ask participants to first identify some of the areas for discussion for this interview (identify this as the "anticipatory planning" phase of the social work process). Spend no longer than 5 minutes collecting their ideas and put on flip chart to serve as a guide for the groups during their role-plays.

4. Review the Handout 4.6: Case Scenario A: Teresa and Eugene. Explain that Eugene has identified his sister, Geneva, as the potential placement resource for Tanya. This brief interview is intended to confirm this recommendation and be sure that both Teresa and Eugene know what will happen next – that an assessment worker will be meeting with Geneva and her fiancée to determine if they can be considered as a relative resource to provide a safe environment for Tanya, understand what it will take to care for her, and have the capacity to raise her while Teresa and Eugene are getting the help they need to care for themselves and their baby. This interview needs to share clear information about what will happen, but also is an opportunity to get to know Teresa and Eugene and to build trust with them regarding how the agency will work with them to plan for their child.

5. Each group is given 5 minutes to plan their respective roles and then 10 minutes to engage Teresa and Eugene in a discussion aimed at confirming the need for placement and the identified potential relative they would like to care for Tanya, as Teresa's mother is not be able to continue to provide ongoing care for her.

    Allow 10-15 minutes for the role-play. Urge participants to remember the importance of showing respect, empathy and genuineness in talking about difficult issues. Remind them that the warmth and concern that can be conveyed will assist them in making a connection with potentially angry and confused parents.

    Stop the interview after 10-15 minutes. Ask the observers to share with their groups what they saw.

6. Bring the whole group back together to debrief after observers have shared their feedback. Ask for general reactions from the Observers using the following questions as a guide:

    ▪ What happened in their interviews?

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- What was the tone of the interviews?
- Did they observe respect, empathy, and genuineness on the part of the worker?
- Was it difficult to share feedback after the interviews – positive or negative?

Then ask:

- How did those who played the mother and father feel during the interview?
- What did the worker do to make her them comfortable and willing to share information?
- How did the worker feel during the interview?
- What was difficult to say?
- What was not so difficult to say?

7. Comment that engagement skills are important tools for initial and ongoing work with families – often when we get stuck, it is helpful to go back and re-engage with the family as a means of moving the work along. Thus, how we use ourselves to show respect, build trust and keep focused on the hard work we have to do will shape the way we are able to help parents plan for the safety, well being and permanency of their children. Through our engagement skills of respect, empathy and genuine engagement we build trust, and we will learn important information that will inform next steps with the family – often identifying relative placement and permanency resources earlier than we might have if we waited to have these discussions with parents and family members.

8. Explain the in some states Family Unity Meetings, Family Group Conferences, or Family Group Decision Making Meetings are being used as strategies that promote the importance of family involvement in planning and decision-making for children. These strategies stress the importance for child's healthy growth and development of maintaining ties to family, and to understanding children in context of their family, culture, and community. They promote family empowerment by being respectful of their cultural heritage, decision-making styles, and need to be involved early on in deciding how children will be safe, have their developmental needs met, and have permanency in their living arrangements over time.

9. Ask how many people in the group are familiar with some form of Family Conferencing and ask two to three participants to share their experiences related to the benefits and challenges of doing this work.

Comment that most families, when given the chance, respond positively to being involved in the planning and decision-making about where children will be placed and eventually grow up. In this case we might have brought the whole family together to acknowledge Teresa and Eugene's difficulties with drugs, the complexities of caring for the older children and the possibilities for how they might plan for the care of Tanya while they get the help they need to become drug-free and ready to care for their daughter. The Family Conference would also explore permanency options for Tanya if Teresa and Eugene were unable or unwilling to

engage in the planning process aimed at reunification – foster care, guardianship or even relative adoption as has happened with their other children.

Explain that for purposes of this training, we have not held the large family meeting to arrive at the decision to explore Geneva and her fiancée as the placement resources – we will assume that it is appropriate for a family meeting with multiple participants to occur, but this is material for another training.

10.   In the next session, we will begin the process of exploring Geneva and her fiancée as resources for Tanya. We will focus on the importance of "full disclosure" within our capacity to be respectful, empathic and genuine in the beginning phase of the family assessment process.

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COMPETENCY FIVE:

Worker understands the importance of and can use full disclosure to engage and contract with relatives to assess safety, placement and permanency potential.

OBJECTIVES

At the end of the session participants will be able to:
- Explain the phases of the assessment and decision-making process in determining adult relatives as potential placement and permanency resources for children.
- Describe the importance of full disclosure to engage, contract with and begin the assessment process with identified relative care providers.
- Demonstrate ability to identify issues that need to be addressed in using full disclosure.
- Identify and discuss safety and protective factors to be considered when assessing potential relative care providers as placement resources for children in need of out-of-home care

TIME

60 Minutes

HANDOUTS

- Handout 5.1: Stages of the Relative Assessment Process
- Handout 5.2: Full Disclosure
- Handout 5.3: Full Disclosure Checklist
- Handout 4.6: Case Scenario A Teresa and Eugene
- Handout 5.4: Case Scenario B Paternal Aunt
- Handout 5.5: Initial Guide to Assess Relative Caretakers' Safety and Placement Potential

REVIEW/PREVIEW

Comment that in the last session we talked about the key attributes of effective engagement skills – mutual respect, genuineness, and empathy– skills that in combination are likely to increase the likelihood of our helping parents and extended family members feel that we care about them and want to be helpful. We will now begin to explore the process of engaging and developing contracts or agreements with adult relatives about how we will work with them to determine their capacity and motivation to safely serve as placement and possible permanency resources for children whose parents are unable to provide for their safety and immediate well-being.

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This session will focus on reviewing the phases of assessment and using the skills of full disclosure to engage and contract with potential relative caregivers. Again, we are working with the assumption that Teresa and Eugene have suggested Geneva as the potential relative caretaker for their baby, and that is the relative we shall be exploring – in reality, there may be two or three relatives that come forward who will need to be assessed as to the capacity and motivation to provide a safe and nurturing home environment, and a decision would then need to be made by the agency in collaboration with the family themselves.

Comment that the pieces will emphasize the importance of open, honest, respectful and mutual communication with potential relative caregiver resources to arrive at a decision about who will be able to provide for the care and protection of the children.

DISCUSSION DESCRIPTION
STAGES OF ASSESSMENT WITH POTENTIAL RELATIVE CARETAKERS
1. Using Handout 5.1, briefly explain that the phases of the assessment and decision-making process with potential relative care providers involves - put on flipchart or overhead.

2. State that in this module we will quickly review and discuss the engagement and contracting process; and in our next two modules we will discuss the categories of issues for assessment and decision-making.

DISCUSSION DESCRIPTION
THE IMPORTANCE OF FULL DISCLOSURE IN THE ENGAGEMENT/CONTRACTING PHASES OF WORK
1. State that the focus of the engagement and contracting phases involves a "getting to know you" process for all participants (workers, parents, extended family members children), and provides an opportunity for the worker to share clarifying information serving as a reference for the work that will follow – who, what, where, when, how and why.

3. State that during the engagement and contracting phase of work, three basic things are happening, according to William Schwartz: ("On the Use of Groups in Social Work Practice," in *The Practice of Group Work*: ed. William Schwartz and Serapio Zalba. New York: Columbia University Press. 1971):

    ▪ Clarification of purpose
    ▪ Clarification of role
    ▪ Reaching for family input/involvement in the process

4. Explain that the process of sharing complete information and addressing obstacles to the work with families is known as the skill of "full disclosure". When full disclosure is used respectfully and responsibly, it has the potential to move the engagement and contracting process along – with the worker having open, honest

and respectful conversations with the birth parents and extended family members about the current situation, the needs of the children, and/or the possibilities for temporary or permanent placements.

5. Using Handout 5.2 Full Disclosure, comment that "Full Disclosure" is:
    ▪ Is an essential component of ethical social work practice
    ▪ Is a process that facilitates open and honest communication between the social worker and the biological parents and the extended family members
    ▪ Is a skill and a process of sharing complete information, establishing expectations, clarifying roles, and addressing obstacles to the work with families

    (Adapted from discussions with Jeanette Matsumoto and Lee Dean with the Hawaii Department of Human Services - Social Services Division, Child Welfare Services Branch)

6. Full Disclosure is the process whereby the worker explains the reasons for child welfare intervention, importance of identifying and involving parents and relatives in planning for children, and to set the stage for what will happen next.

7. Comment that when we first meet with relatives who wish to be considered as placement (and/or permanency resources), it is important that they have as much information as possible about the need for placement and the options for support (financial and otherwise) as well as the range of placement options.

8. Ask participants what legal options their state's laws and policies provide for relatives to care for children. Discuss the legal options for how relatives can care for children: as licensed foster parents (if certain criteria are met) or legal guardians (with or without TANF support or state/federal subsidies). State that the child welfare agency will want to be sure that relative resources can provide safe and stable environments, continuity of care, and connectedness to family and cultural roots – and have the community supports to do so.

9. Continue by explaining that the way the family study/assessment process is begun with potential relatives will likely influence the way the outcome evolves. The goal is to help family members to feel included in the assessment and the informed decision-making process as the goal. If respect, genuineness, empathy and full disclosure are not a part of the assessment process, there is a likelihood that family members may feel excluded and judged which can only lead to difficulties and delays in the planning, decision-making, placement and support process.

10. If the worker does not provide complete information to the family, that is provide full disclosure, there is the risk that family members may misunderstand what is expected of them and what they can expect from the agency and make a misinformed decision about their capacity and motivation to serve as a placement and/or permanency resource.

ACTIVITY DISCUSSION:

INITIAL ISSUES TO EXPLORE WITH POTENTIAL RELATIVE CARETAKERS: THE FAMILY ASSESSMENT PROCESS AND INITIAL SAFETY CONCERNS

1. Refer to Handout 5.3: Full Disclosure Checklist. Use this to guide the following brief discussion of Full Disclosure:
    - Ask participants to quickly review the categories of issues they might discuss initially with birth parents and potential relative caregivers
    - Ask them if there are any other issues they might discuss that are not on the Checklist.

2. Ask the participants to then break into small groups of 5-6 people. Then ask the groups to read Handout 5.4 – Case Scenario B Paternal Aunt. Remind them that Teresa and Eugene have suggested that Geneva be explored as a placement resource for Tanya.

    Ask for comments about issues that they might tune into before meeting with her (Anticipatory Planning Phase). Use these questions to guide discussion.
    - What are their initial reactions to this family's case situation?
    - What strengths do they see?
    - What red flags pop up for them?
    - What might they say to Geneva and her fiancée about how they would work with her?
    - What might they want to be sure to tell her in the first interview about process and next steps?

    Allow 15 minutes for discussion. Bring them back to the large group and ask for the anticipatory issues they identified about this family. List these issues on the flip chart.

3. Ask the group how comfortable they would be in talking about these issues before they have really gotten to know the family?

    Explain that the initial interview/meeting with the potential relative caregivers is the time to help prepare them to understand the family assessment process, what will be expected of them, why their help and the help of other family members is so important for children – whether or not they are able or want to provide a safe home environment.

    Also explain that during the initial interview the worker will need to become comfortable using full disclosure to explain the 'rules', explore initial safety issues, and discuss the concerns that may emerge related to safety and/or family relationship issues.

4. Comment that the first meeting with the potential relative caregivers to begin the Family Study/Assessment process may take many hours, or a short period of time –

but is key to beginning the relationship with the potential relative care provider on the right foot. This initial interview or meeting allows the process of trust and mutual respect to begin to develop, and paves the way for the worker to be invited back to continue the assessment process, particularly around the initial safety assessment which should follow.

Comment that for this training we are going to assume that Geneva's home environment has been assessed as safe for a baby, and that there are no concerns about the space, fire inspection, furniture, outdoor space/neighborhood or other issues that would be assessed in a licensing study.

However, a discussion about providing a protective environment would need to take place with Geneva and her fiancée, a conversation that includes the following information – Refer to Handout 5:5 Initial Guide: Initial Guide to Assess Relative Caretakers' Safety and Placement Potential to guide this discussion.

5.   Using Handout 5.5, guide the group in a discussion of the following information about safety and protective factors.

- In assessing whether potential relative care providers can ensure a safe home environment for the child or sibling group, it is important to take a comprehensive view of the potential relative care provider's family circumstances, interests and abilities in the context of their relationship with the birth parents and extended family network.

- Specifically we want to look at safety risks (potential problems) and threats (immediate concerns) while working with the family's strengths, needs and resources – taking a strengths-based or non-deficit approach to understanding the family's present circumstances, past experiences, and plans for how to handle difficult situations in the future.

- We want to understand the dynamics involved within the potential relative caretaker's own family and within their relationships with the extended family and birth parents that would impact on the child's present and future safety – the risks and the threats. Consider a definition of safety generated by Tom Morton, Co-Director of the National Resource Center for Child Maltreatment at the Child Welfare Institute, from "Designing a Comprehensive Approach to Child Safety" 1999; p.6:

  "…A child may be considered safe when there are no threats of harm present or when the protective capacities in the family can adequately manage foreseeable threats of harm. A child is unsafe when the present or emerging threats of harm that exist cannot be managed by the family's protective capacities, in which case agency intervention is needed to supplement those protective capacities. Agency supplements may be more or less restrictive depending on the intensity and seriousness of the threats of harm and the family's own capacity for protection…

A threat of harm may refer to a particular family condition that is currently present, operating in an uncontrolled manner, and likely to result in severe consequences for a child…"

- To better understand past child welfare and criminal justice involvements, there will need to be a child welfare and criminal background check of the potential relative caretaker and other adults living in the home (this may depend upon state requirements).

- A home visit will be needed to review the concrete, physical conditions of the potential relative caregiver's home to determine whether there are safety concerns and space considerations that may need to be brought into compliance with state expectations for foster care licensing, or generally acceptable standards for safety if the family does not chose to become a licensed foster home.

6. Ask the group to identify potential safety risks and threats and discuss examples of each. Write the responses on flip chart.

7. To highlight the focus of this part of the lecture, write the following words on flipchart: Cognitive Ability, Emotional Investment/Commitment, and Behavioral History.

    Continue by commenting that we will want to know whether the potential relative care provider has the ***cognitive ability*** to understand child development, the impact of child abuse and neglect on children, as well as the child's grief reactions to the separation and loss when removed from the birth parents. What is this relative's capacity to provide a stable, nurturing and supportive environment to this child or sibling group? What is the relative's capacity to protect the child from situations that may be harmful – physically, emotionally?

    We will want to assess the potential relative care provider's ***emotional investment/commitment*** to care for this child or sibling group and to protect them from additional child abuse or neglect.

    We will also want to assess the potential relative care provider's ***behavioral history*** in dealing with the birth family and offering support and guidance while maintaining boundaries and limits. How have they solved problems in the past, how have they learned from their mistakes and how will they establish clear safety plans for children and themselves in the future?

    (Protective Factors issues adapted from discussions with Richard Varvel, colleague from the Oregon Department of Human Services – Services to Children and Families based on his work with Milli Morrisette on Kinship Care Family Assessments)

8. Explain that once it is determined that the potential relative caretaker meets the initial assessment criteria for capacity and motivation to provide a safe and stable placement for the child, and indicates they understand what they might be getting

into, a more comprehensive assessment of the family's circumstances can proceed. Again, refer the group to Handout 5.5.

9.   In light of this framework, comment that our next module will examine the clinical issues specific to relative caregivers that we need to understand to complete a comprehensive family assessment. Explain that the focus of the next module involves critical Family Assessment categories that may be different from non-relatives being considered as foster or adoptive parents.

10.   This module should end the first day of training, with the second day devoted to the core elements of the relative assessment.

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Assessing Adult Relatives as Preferred Caretakers in Permanency Planning
A Competency-Based Curriculum

COMPETENCY SIX:

Worker knows how to assess the capacity and motivation of an identified relative caretaker to provide a safe placement and to be a potential permanency resource for children in need of out-of-home care.

OBJECTIVES
At the end of this module participants will be able to:
- Understand and discuss the need for a comprehensive assessment of the identified caretaker's current and past interactions and family dynamics.
- Identify and discuss clinical issues and family assessment categories to guide work with relative care providers, birth families and children (the "kinship triad)

TIME
180 Minutes – 3 hours

HANDOUTS
- Handout 6.1: Clinical Issues for the Relative Caretakers
- Handout 6.2: Family Study Guide: Assessing Identified Relative Caretakers for the Capacity and Motivation to Provide Kinship Care
- Handout 5.4: Case Scenario B: Paternal Aunt

REVIEW/PREVIEW
Comment that we are now going to spend a serious amount of time – up to three hours – discussing the clinical issues and categories of assessment that guide our work with identified caretakers. We have been preparing for this work through building our understanding of the historic and legal context of kinship care, our review of basic social work values and skills, and our review of the phases of the relative assessment process.

Explain that these are complex issues and will require our best effort to understand and use them in our work – assessment and decision-making with families.

DISCUSSION DESCRIPTION
REVIEW – FRAMEWORK FOR ASSESSMENT: FAMILY STUDY AND DECISION-MAKING
ABOUT PLACEMENT AND PERMANENCY OPTIONS
1. Explain that we have focused on the skills of engagement and initial assessments with identified relative care providers in our previous sessions. We will now move

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on to the more comprehensive assessment of the identified relative's capacity and motivation to serve as a safe placement and potential permanency resource for children. The answers to the questions posed are likely to help staff and family members together determine if the identified relative is an appropriate placement and potential permanency resource for the child (ren).

2. Briefly lead participants in a discussion on the practice and wisdom of using the genogram and ecomap as tools to gather information about the family to assist in determining if the identified relative caretaker is a safe and stable care-taking resource for the child or children. The ecomap and genogram are the traditional ways of facilitating the gathering of sensitive family information to assess the family's strengths, needs – as well as capacities and motivations to take on new challenges.

Ask the group how many people are familiar with and have used an ecomap and genogram with birth, foster or adoptive families – relatives or non-relatives. Ask two or three participants to comment on their experiences. Then, explain the following:

ECOMAP
An ecomap is a diagram of the family and the larger world in which the family exists. Its primary use is to highlight the relationships between the family and these other systems. It is an assessment tool that provides a tangible, graphic picture of a family's situation. Ecomaps use symbols to depict the nature of the relationships between the family and other systems. They also show the flow of "energy". Ideally, there should be a balance between the energy the family expends and the energy that flows into the family. An imbalance in this energy helps the worker and the family to identify areas for intervention.

Genogram
As the eco-map gives a visual picture of the family at a particular point in time, the genogram gives the worker and the family a picture of the intergenerational family system. A genogram can organize an enormous amount of complex information so that patterns and themes that are important to the family are easily observed.

ACTIVITY DESCRIPTION:
PERSONAL GENOGRAM AND ECOMAP

1. Identify participants who have used ecomaps or genograms in their work with families. Allow them 10 minutes share their experiences using the questions below as a guide.
   ▪ How comfortable were they in using these tools to identify history, strengths, resources or need for resources?
   ▪ In what situations have you used these tools before?
   ▪ What are the benefits of using these tools?
   ▪ What would be the concerns?

2.	Explain that we will now move the discussion and activities from the tools used to assess potential relative caretaker families to examine the clinical family issues that are particular to relative caregivers. We will explore guidelines to assess clinical issues, as well as the capacity and motivation factors with potential relative caretakers. These guidelines can assist in developing a deeper understanding of identified relative caretaker's family circumstances, history and stability, as well as their child rearing capacities and motivation to care for this particular child or sibling group. The guidelines further encourage general considerations about family relationships and dynamics when working with potential relative care situations – dynamics that increase the complexity of the assessment and placement decision-making process, and the ongoing work towards reunification or alternative permanency planning if needed.

3.	Comment that if the family study reveals that the identified relative care providers wish to be considered as a formal foster parent, they should be helped to decide whether they want to work towards meeting the licensing standards for family foster care established by your state – with a focus on screening relatives *in* as a resource for the child and family whenever possible and safe to do so – rather than using licensing standards to screen them out.

4.	Go on to say that it is important to remember that if safety considerations are not an issue, and licensing is not possible or chosen by the family, other options for supporting relative placements should be thoroughly explored with birth parents and relatives (i.e. legal guardianship with or with out state subsidy, placement with TANF supports and community-based services referrals, formal family foster care, and adoption with or without subsidy).

5.	Comment that the family study/assessment – often described as a "home study" – is an interactive and mutual process used to determine "fitness and willingness" of a particular family to serve as a temporary placement and/or adoptive resource for children. The study involves a comprehensive review of the family composition, history, parenting experience/capacity, home environment, community resources as well as the nature of the relationship and interaction of the family members within the family and with extended family members.

6.	A thorough family study also helps family members to realistically assess their own capacities and interests in caring for and raising someone else's child. A mutually respectful process among the worker, potential relative care provider, the birth parents and extended family as well as the child is essential to conducting a culturally responsive and realistic assessment of the potential relative care providers' interest and capacity to provide a safe placement option for the child or sibling group.

ACTIVITY DESCRIPTION

CLINICAL ISSUES FOR THE IDENTIFIED RELATIVE CARETAKERS

(Adapted from the materials of Dr. Joseph Crumbley and Robert Little. *Relatives Raising Children: An Overview of Kinship Care.* CWLA Press, Washington, DC. 1997; Dr. Joseph Crumbley's written materials 8/00).

1. Present and discuss the categories of clinical issues that Dr. Joseph Crumbley encourages workers to consider when assessing the capacity and motivation of identified relative care providers: Use Handout 6.1 to guide this discussion, and have the categories already listed on a flip chart or overhead projector. Allow 30 minutes for discussion.

2. Ask the participants to count off by the numbers 1-5. Ask them to form 5 groups by numbers they have – all the 1's, 2's, 3's, 4's, and 5's together. Each group is to take 3 of the Clinical Issues Categories and discuss the implications of each category in working with relative care providers of children in need of out-of-home care.

    Ask each group to appoint a recorder and a reporter; with the recorder writing their responses on flip chart paper, and the reporter sharing the group's issues with the other participants after they have met for the 20 minutes.

    Report back to the large group from each smaller group. As each group reports back, record the issues they identified on the flipchart or overhead projector.

    Using the Handout 6.1 – Clinical Issues for the Relative Caretakers, fill in the issues which the groups may have missed, or reinforce the issues that they raised, thanking them for their creative work.

DISCUSSION:

ASSESSING MOTIVATION AND CAPACITY OF RELATIVE CARETAKERS FOR KINSHIP CARE

1. Introduce this section by letting participants know that we are now going to review the categories of family relationship issues which must be assessed in order to determine identified relative care providers' potential as a placement and possible permanency resource. These issues are adapted from materials developed by Dr. Joseph Crumbley through his workshops and his paper, "Assessing Families for Kinship and Relative Placements" (see Appendix) and his book with Robert Little, *Relatives Raising Children: An Overview of Kinship Care.* CWLA Press. Washington, DC; 1997.

2. Use Handout 6.2: Family Study Guide: Assessing Identified Relative Caretakers for the Capacity and Motivation to Provide Kinship Care to guide a discussion of each category for relative caretaker assessment, and allow for large group discussion about the issues raised, encouraging participants to bring in their own experiences, or ask questions. Use this as an opportunity to discuss how family studies or assessments with potential relative care providers are different from family studies or assessments

with non-relative foster care providers, summarize the following Assessment Categories for use with relatives:

- Assessment Category: Motivation
- Assessment Category: Household Configuration
- Assessment Category: Caretakers
- Assessment Category: Birth Parents' Interaction with the Kinship Family
- Assessment Category: Family Legacies
- Assessment Category: Relative's Ability and Qualifications to Provide a Protective, Safe and Stimulating Environment
- Assessment Category: The Family's Alternative Permanency Plan
- Assessment Category: The Child or Sibling's Readiness to Become a Part of a Kinship Family

From Materials of Joseph Crumbley: "Assessing Families for Kinship and Relative Placements"

3.   Ask the large group the following questions:

- Consider families you have worked with – would these assessment categories have helped you better assess and address family circumstances (safety, motivation and overall capacity to be a relative placement and/or permanency resource)? Why or why not?

- How comfortable would you be discussing these assessment categories with families? What help would you need to prepare for the discussions?

- What strategies would you use for gathering this information – what's worked for you in the past? What might you learn from one another that can be used in the future?

ACTIVITY DESCRIPTION: SMALL GROUP DISCUSSION
ASSESSING MOTIVATION AND CAPACITY OF POTENTIAL RELATIVE CARETAKERS TO PROVIDE A SAFE AND STABLE PLACEMENT ENVIRONMENT
1.   Divide participants into groups of 4 or 5 people. Have the following 3 issues listed below already written out on a flipchart or on an overhead projector for easy reference. Ask participants to review Handout 6.2 – Family Study Guide: Assessing Identified Relative Caretakers for the Capacity and Motivation to Provide Kinship Care together as a group. Ask the groups to focus on the following 3 issues for consideration as applied to each Assessment Category – and ask that they identify a recorder who will report back to the larger group:

Questions Specific to Each Assessment Category

- What issues/concerns might emerge for relative caretakers related to each respective category?

- ▪ What supports might be put in place to resolve the concerns?
- ▪ How would you know that the concern has been addressed and resolved?

2. Allow 30 minutes for small group discussion – travel from group to group to sit in on their discussion and facilitate the discussion process as needed.

    Bring the large group together to review and discuss each category and the issues or concerns identified by the smaller groups.

    Identify each category and ask the groups for issues that emerged, ideas they had to resolve the concerns and what would make them feel comfortable that the family has addressed the concerns.

3. Thank the group for their hard work on this important activity.

4. Comment that we will now we now move on to reviewing the strategies used to make a joint or mutual decision about adult relatives as preferred caretakers in permanency planning.

Assessing Adult Relatives as Preferred Caretakers in Permanency Planning
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COMPETENCY SEVEN:

Worker understands the importance of working as a member of a team to review, analyze, and use information gathered to make mutual and informed decisions about relative placement and permanency options for children.

OBJECTIVES:
At the end of the session participants will be able to:
- Review and analyze information gathered and consider directions for case decision-making during meeting with peers and supervisor.
- Review and reflect on information gathered and determine directions of placement and permanency planning with birth parents and relative care providers.
- Summarize lessons learned through this training.

TIME
120 Minutes

HANDOUTS
- Handout 4.6 and 5.4: Case Scenarios A and B
- Handout 7.1: Team Meeting Guide
- Handout 7.2: Assessment Guide: Understanding Families

ACTIVITY DESCRIPTION:
MEETING WITH TEAM MEMBERS TO DETERMINE PLACEMENT NEEDS AND PERMANENCY PLANNING ACTIVITIES – DECISION-MAKING WITH SUPERVISOR, PEERS, AND FAMILY MEMBERS

1. Begin this section by telling participants that decision-making is an important process and outcome in assessing relatives. This segment reinforces the role of supervisor, peers and families in the decision-making process.

2. Use the following points to guide the discussion.

   - In assessing adult relatives as preferred caretakers, the assessment guides we have reviewed are used to guide staff in gathering information and reaching decisions about which family members can best provide a safe, stable, and nurturing environment for the child.

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- The eco-map and genogram completed earlier are examples of information gathering tools/processes to inform ours and the family's understanding of their strengths, needs and decision-making about their capacities and motivations.

- Reviewing information gathered through the family assessment with your supervisor and peers can be very helpful to making complex or difficult decisions about where children will be placed and may eventually grow up. Often these discussions can assist in identifying strengths, considering concerns and limitations, raising issues about personal biases, and help us to become more objective about the strengths and concerns that emerge.

- Peers and supervisors also bring their knowledge of resources that can help you and the family be creative in the identification of family and community supports that can help resolve issues of concern – building on the familiar two heads are better than one.

- Having a meeting with the birth parents and extended family can be invaluable to identifying placement needs, family resource motivations and capacities, a plan for service delivery and visitation as permanency planning steps and strategies.

2. Ask the participants to find Teresa' and Geneva's case descriptions once again – Handout 4.6 Case Scenario A: Teresa and Eugene and Handout 5.4: Case Scenario B Paternal Aunt.

3. Ask the participants to form groups of 6. In these groups, ask them to identify some one to take on the role of a supervisor – someone who will facilitate the group meeting – and someone who will be the family assessment caseworker. Then ask that the supervisor lead a case review to determine what the caseworker and the other team members would recommend regarding Tanya's placement with Geneva and her fiancée.

4. Remind them that they had reviewed their initial reactions and identified strengths and red flags yesterday when they first reviewed the case.

   Then ask the supervisors to lead the groups in a process of once again reviewing Geneva and Teresa's case situation now that they have had an opportunity to review and discuss Dr. Cumbley's Clinical Issues and Relative Assessment Categories. With this guidance, they should discuss any concerns that might emerge, specifically for potential relative caretakers during the assessment process. Suggest that the "supervisors" use Handout 7.1 as a guide for this Team Meeting discussion.

5. Allow the groups half an hour to meet to review the case situations in light of the Clinical Issues and Assessment Categories presented in this training. Ask the groups to finish up their discussions when 5 minutes remains. Have the smaller groups rejoin the larger and answer the following questions.

- How many thought that they would recommend that Tanya be placed with Geneva and her fiancée? Ask them to explain the reasons why.

- What concerns emerged about Geneva's situation re: safety, motivation and capacity and permanency?

- Is there anyone in the groups who would not have recommended Geneva and her fiancée be the placement resources for Tanya?

- Were there any other recommendations that emerged?

- What benefits were there to having a supervisor, caseworker and peers discuss this case?

6. Now ask the same groups to shift gears a bit, and ask that the supervisors and caseworkers continue in their roles, and that the remaining members of the group assume new roles: Geneva and her fiancée; Teresa and Eugene.

Ask the groups to now hold a brief family meeting to share what has been learned, to hear the family's issues and would like to see happen, and to make a decision about whether Geneva and her fiancée would be placement and potential permanency resources for Tanya.

Ask the caseworker and supervisor to meet for 5 minutes to plan their approach; ask that Geneva and her fiancée meet for 5 minutes with Teresa and Eugene to plan their approach to the meeting. Then ask that they all meet together for 20 minutes with the caseworker facilitating the meeting to share what emerged from the family study process – what the caseworker and what the family members learned; what they feel would be the best next steps.

Remind them that the family study and meeting process is intended to be respectful and mutual – that we want to be genuine and empathic as well as able to discuss emerging concerns about safety, motivation or capacity respectfully and carefully. Also comment that the process should lead to a deeper self-assessment on the part of the family members as well as a comprehensive and accurate assessment by the agency. Hopefully the process will allow agencies and families to reach a mutual decision about next steps – decisions that will keep children safe and within their own families of origin.

7. After 20 minutes of family meetings, ask the groups to finish up. Then ask them

- What happened in their groups?

- What decisions were made?

- What were the dilemmas that emerged?

- How did the caseworkers feel in leading this discussion?

- How did those who played Teresa/Eugene feel about the process?

- How did those who played Geneva and her fiancée feel about the process?

- Did they feel respected and heard?

- What role did the supervisor take?

- What observations did the supervisor have of the process?

- What were the benefits of holding a family meeting to review information gathered – strengths and concerns about safety, motivation, capacity and permanency.

8. If Geneva and her fiancée are approved and they decide to become foster parents, a more traditional family study will need to be completed following guidelines established in each state. Share Handout 7.2 – Assessment Guide: Understanding Families that lists elements used traditionally to guide family assessments of potential foster and adoptive families – relatives or non-relatives.

    Let participants know this is an example of the information to be gathered and reviewed with the family in one form or another. Additionally, agencies will have training and support groups that families will be encouraged or mandated to attend – training, preparation and support opportunities which can assist families in caring for relatives' children.

9. As a way of ending the training, review the Seven Competencies that were taught throughout the two-day training experience. To summarize their experiences, ask participants to think about one thing they learned that will be helpful to them in their work with birth families and extended families. Ask that those who would like to share what they found helpful to please do so.

    Comment that so much of what will happen with adult relatives will depend on what emerges from the family study process – on the past and present circumstances of the families, on the needs of the children and on the approach and skills of the workers in engaging and working respectfully with diverse families.

    Let participants know that we hope these skills and strategies have been re-enforced for them and that they will be able to work more sensitively and effectively with families as a result.

    Thank them for their special participation – and ask that they complete their evaluations, remembering the 4-digit number used at the beginning of training.

10. Encourage participants to use community, family and academic resources to increase their capacity to engage and understand families. And wish them well.