

# Intervention Approach with Kinship Families: Strategies for Child Protection Workers

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## **Module Overview**

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## **Summary**

Thirty-five kinship cases were reviewed in Ramsey County's Human Service Department to assess factors that workers encounter during service delivery. Four themes emerged as pervasive with kinship families: (a) placement disruptions, (b) children needing special services, (c) characteristics of biological parents and (d) supportive services to caregivers.

## **Relationship to Policy and Practice**

Findings give credence to the many challenging situations that Child Protection Workers face in the provision of service delivery in foster kinship care. They question the notion that placement with relatives is static and provide detailed examples of factors that occur. Findings were incorporated into a direct practice framework with specific intervention strategies aim at maintaining the kinship placement, which is currently absent in the literature.

New models of service delivery in social work are constantly being developed to fit the context and culture of client families. The following suggested approach has been developed to assist Child Protection workers during direct practice with families in formal kinship care. It rests on two salient aspects of practice effectiveness; taking into account culture and context of those experiencing the phenomena. It is congruent with the value in qualitative research that findings are not generalizable but applicable to use as a guide practice.

## Description of Module Content

As formal kinship care increases so does social work's need to provide effective direct practice aimed at maintaining the caregiving relationship. Formal kinship care is defined as relatives caring for their kin under the auspices of the public child welfare system (Cuddle & Orme, 2002). It is usually called kinship foster care and is the fast growing type of out-of-home placement arrangement (Peters, 2005). In fact, kinship foster care is viewed as a "new" solution to older child welfare problems (Brown, Cohon, & Wheeler, 2002).

Child protection workers face complex situations when working with kinship care families. First, are the many barriers encountered in identifying relatives (Gibson, & Rinkle, in progress). Second is the lack of responses from identified kin who cannot for various reasons accept the role of caregiver. Third is father involvement in kinship care (O'Donnell, 1999, 2001). Fourth is the newness of the caregiving situations with is accompanied by changes in family relationships.

While the most of these problems have a presence in the literature on kinship care, the totality of their influences on the provision of services has not been developed into a practice approach.

## Project Description

The qualitative findings being reported here were part of a larger mixed-method study conducted to further explore previous findings regarding the kinship search. The original research project was an evaluation of the Casey's Foundation BSC conducted from October 2006 to May, 2008.

This current project was conducted from September, 2008 to May, 2009. It focuses on examining four components of direct service practice with kinship families: father involvement, culturally issues, and search process. Data were collected through reviews of kinship cases and personal interviews with workers. Findings are from case reviews only.

The procedures involved working with Child Protection staff (supervisor and manager ) to identify kinship cases. The cases were assessed for specific information using a 30 item survey form created specifically for this purpose.

## Results

### Demographic Profile

Of the 35 cases, caregivers range in age from 20 to 69. Most were child protection cases with aunts (12) and grandparents (9). The majority of the children in care were in sibling groups (21) and range in age from 15-19 (18).

## Themes

Findings were coded into four themes describing problematic situations that workers documented in kinship case records. These themes are interrelated as they may have been present in more than one case or experienced by individual members of a sibling group. The numbers appearing after the subthemes indicate their frequencies for individual children. Each theme is explained below.

1. Kinship placement disruptions. Disruptions in kinship placements occurred when the child left the home of the relative caregiver. This movement was either abrupt or planned. It could have been initiated by the Child Protection Workers, child in care, or caregiver. Regardless of the situations, placement disruptions generally signaled a problem in the case or family relationship.

During case reviews, workers documented movements from the kinship placement to four out-of-home placement arrangements. These include (a) many sequential placements in stranger foster care (10), (b) kinship placements with different relatives sequentially (26), (c) residential treatment due to behavior problems (15) or incarceration for criminal acts (6), and returning to a former stranger foster care placement (2).

2. Children needing special services. The need for special services by children in kinship care is not surprising because of the possible trauma they experienced that resulted in the initial need for out-of-home placement. Child Protection Workers documented five types of problems children evidenced, which typically led to referrals for services: (a) mental health diagnoses (24), (b) learning disabilities (6), (c) physical health concerns (2), (d) running away or other behavioral issues (26), and (e) prenatal exposure alcohol or drugs (10).
3. Characteristics of biological parents. Child Protection Workers documented characteristics of both mothers and fathers of children in need of out-of-home placement. Both parents were experiencing similar problematic situations such as (a) incarcerations, fathers (12) and mothers (6); (b) chemical abuse, mothers (19) and fathers (5); (c) homelessness or highly mobile, fathers (9) and mothers (7); and (d) mental illness diagnoses, mothers (8) and fathers (0).

There were exceptions that described distinct experiences by each parent. For fathers only, there was a lack of information about paternity (6). For mothers only, there was a history of Child Protection involvement (9) and being in either kinship foster care or stranger foster care at the same time as their children (3).

4. Supportive services to caregivers. Child Protection Workers recorded three types of services caregivers were referred to: counseling (12), training (4), and financial services beyond the normal subsidies (9).

## **Discussion Questions**

The findings add to the knowledge base on problematic situations Child Protection Workers face when providing direct services to foster kinship families. They also paint a portrait of concerns, needs, and services in public kinship care. This section will discuss the finding and provide a detailed intervention approach.

Kinship placement disruptions' subtheme of movement among other relatives has the most frequencies (26 of 35 cases). The benefits of such movements are that the children are with a relative. The concern, which has implications for practice is how to stabilize the placement so that the child does not have to adjust to another home environment.

The literature on foster care disruptions indicates that kinship placements disrupt at the same to lower frequencies as non-kinship arrangements (Oosterman, 2007 check), though it is commonly believed that kinship placements offer more stability to children. This is an area that calls for attention due to the many transitions to various placement settings. Furthermore, James (2004) found that the risk for placement disruption was highest in the first 100 days of placement, while Pabustan-Claar (2007) found this risk occurs even earlier, the first six months of placement. Risk concentrated in this formative stage of the kinship arrangement provides the workers with a critical opportunity for intervention in support of maintaining the placement.

Returning to a former stranger foster care placement, warrants further explanation. In some high mobility cases involving stranger foster care providers, a previous foster parent would be considered as kin in the kinship search and children would be placed with them a second time, renewing previous relationships and supporting continuity in home life. This marks an expanded definition of kin (Gibson & Rinkle, ) and values the multiple avenues through which children form relationships.

In addition, placement disruptions often coincided with an escalation in behavioral problems of the children in care. These frequently stemmed from mental health concerns that were beyond the capacity of the kinship caregiver to handle effectively. It was common for workers to learn of a disruption in a kin or stranger foster placement after the child had already left the home, or after the arrangement had deteriorated to such an extent that it was no longer a viable placement.

The special needs of children in formal kinship care have a strong presence in the literature with many authors finding that children need services because of behavioral and mental health problems. It is generally accepted that caregivers in formal kinship will need certain services to be effective in their role. Whether those services are provided have been controversial in the literature with most research study finding that compared to caregivers in informal kinship care, those in formal kinship care receive more services.

Whether the problems are connected to prior trauma or reactions to being placed in kinship care continues to be the subject of research studies. Data showed that workers had

made referrals for help with these problems. In cases when special needs were noted, most often service referrals were made. Occasionally, families did not follow through with referrals. Referrals for counseling almost always led to the child receiving therapy, which was conducted out of home. Another area of consideration ought to be providing counseling in-home for families.

In terms of characteristics of biological parents, documentation of workers confirmed following state-of-the art practice of inclusion they are involving fathers. Case reviews showed that they recorded characteristics of both parents, which is another valued principle in best practice with kinship care families.

### **Direct Practice Approach for Child Protection Workers to Intervene with Families in Formal Kinship Care**

This approach is informed by findings from the above research project and the current literature on best-practice with kinship families. Kinship foster care research points to the difficulties that caregivers have in coping with children's behavior resulting from a lack of training and information. This review confirmed that placements were indeed more likely to succeed if foster parents were able to respond to children's needs and problems (Stone & Stone, 1983; Sinclair & Wilson, 2003; Walsh & Walsh, 1990; Osterman, et al, 2007). With kinship placement disruptions occurring frequently, and mental health-related behavioral problems often preceding placement breakdowns, it follows that equipping kin caregivers with adequate tools for coping with such problems will promote kin placement maintenance.

The underlying assumptions of the intervention:

1. Kinship families would benefit from continued counseling services to assist with not only the adjustment process but also with the many challenges that emerge during caregiving.
2. Kinship families ought to receive continuity of services focused on maintaining the kinship placement and reducing the numbers of placement disruptions.
3. Caregivers in kinship families should be apprised of the inherent challenges in the placement.
4. Children in kinship care should be informed that they will need to adjust to their new caregivers.
5. Child Protection Workers ought to facilitate culturally-sensitive, context-relevant in-home services to meet the needs of kinship families and assist in maintaining the kinship placement.

It is suggested that intervention ought to be conducted in two phases: Pre-placement and Post-placement. The Pre-placement phase begins after the kinship search has been completed and the caregiver has been determined. It has three steps and focuses on preparation of caregivers and children to have a maximum adjustment to each other and the context of kinship care in a formal system. The workers' intervention strategies are as follows:

1. Provide psycho-educational information about the possible reactions of children in kinship care arrangements. Findings from this study showed that placement might be disrupted by children running away, having to be placed with other kin or return to prior stranger foster care. Regardless of who initiates the disruption or whether the child goes to another relative, changing caregivers is traumatic for the child. Providing this information to both caregiver and children going into kin placement in separate orientation sessions will give both preparations for what may be encountered in the future. Some workers may be concerned that such information will give children ideas about running away. No strategy is foolproof but this one is designed to educate about the challenges, which that may occur.
2. Provide structured pre-placement visits. Findings from this study found that children have numerous acting out behaviors. The purpose of this strategy is for both children and caregivers to obtain information about the other. Case records indicate that there are usually pre-placement visits between caregivers and children going into placement at the home of the caregiver, though the content and structure of these meetings is rarely described. By structuring this opportunity, caregivers will have an opportunity to be explicit about household rules.

In addition, workers would help the caregiver and child to develop a list of questions to discuss regarding their individual reactions to stress. Workers could meet with both caregiver and children separately prior to the first visit to develop their list of questions. Instruct both to start with positive questions such as likes, positive traits, etc. Then help each develop the harder, more intimate questions about how each might react to stressful situations. A caregiver might ask a child, "What do you do when you are told 'no'" and a child may want to know "What's the best way to let you know that I've made a mistake and am sorry?"

3. Incorporate problem-solving strategies. Child Protection Workers ought to hold a joint meeting with caregiver and child to have a discussion about the challenges of the placement—their living together. Although the purpose of this meeting is an honest exchange, you may want to start by acknowledging the power differential. Then, help them to identify challenges, make a list of possible solutions, and discuss which ones are best. The child may disagree with some of the caregivers' household rules, which is an excellent time to teach about following rules and the consequences of breaking them for children and the authoritative role of caregivers as well.

Post-placement phase occurs once the child is living with the caregiver.

The literature noted that disruptions are mostly likely to occur early in kinship placement. The on literature services to kinship caregivers at this phase revealed that caregivers prefer concrete services such as referrals and financial assistance instead of counseling from Child Protection Workers. Despite this disinterest, findings from this study revealed that both caregiver and children would benefit from such services. The workers' strategies for the



post-placement phase include:

1. Inform of challenges. First and foremost, caregivers must be gently informed that their blood connection and affection for young relatives and vice versa will not deter problems in placement. Communicating this information in a sensitive manner will increase the possibility of the caregiver hearing it.
2. Normalize challenges. This is done by acknowledging that kinship caregiving is challenging and continued adjustments must be made by caregivers and children. Workers ought to tell the caregiver to expect some challenges as a normal and natural. Also they should discuss the caregiver's strengths to deal with the challenges.
3. Develop a plan the most common challenging situations. Worker and caregiver can collaboratively develop a plan to deal with challenges that might develop. The findings from this study provide a list. Others can be added to it. For example, a list of all the possible options can be developed to deal with a curfew violation or an assault. Preparation for such challenges and assuring that the worker will also assistance may ease caregiver's apprehension.

## **Selected References for Additional Readings**

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## Resource List for More Information

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## Potential Guest Speakers

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