



# Family Foster Care and Kinship Care

## DEFINITION

Family Foster Care and Kinship Care Programs work with parents, children, and caregivers to provide children with safe, stable, nurturing, and often temporary care in families, that promotes well-being and ensures strong connections with family, peers, and community. When children are separated from their families due to maltreatment or other family circumstances, services and supports are provided to facilitate reunification and stability, and ensure that all children have permanent living arrangements as well as safe and nurturing relationships that will endure over time. Family Foster Care is provided by foster parents who volunteer to bring children into their families and give them opportunities for family and community living. Foster parents are recruited, assessed, selected, credentialed, trained and retained for this voluntary role. Foster parents always care for children in the custody of the local child welfare agency and serve as partners in child protection, well-being, and permanency.

Kinship Care is the full-time care of children by relatives, members of tribes or clans, or anyone to whom a family relationship is ascribed. Kinship caregivers provide care through arrangements made privately or informally in the family, or through arrangements made with the involvement and oversight of the local child welfare agency. In some jurisdictions or circumstances kin may serve as foster parents. Kinship care builds on the strengths of family relationships and ensures children's continued connections to their family networks and community supports, while recognizing that the entire family (children, parents, and kinship caregivers) may need an array of services. Their natural role, the dynamics of family relationships, and the strengths and needs of kin requires that organizations form strong collaborations with kinship caregivers in order to best promote permanency and the preservation of families. Treatment Foster Care Services provide a therapeutic family environment and intensive clinical services, to children whose medical, developmental or psychiatric needs cannot be met by their families or in traditional family foster care. With the support of the multidisciplinary treatment team, specially trained foster parents provide nurturing care and treatment-based interventions that promote improved functioning. Children may have: severe emotional or behavioral disturbances; physical disabilities; developmental disabilities; severe or life threatening illnesses; or conditions that require the routine use of a medical device and/or daily ongoing care or monitoring.

## Standards Assignment Criteria

The Family Foster Care and Kinship Care Standards cover a range of

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programs that support and empower families when children are in need of temporary care in a family environment. These include family foster care programs (who work with foster parents and kinship caregivers), treatment foster care programs, and kinship care programs.

All Administration and Management Standards and Service Delivery Administration Standards that are applicable to foster parents specifically reference foster parents within the standard. If foster parents are not specifically addressed in the standard, it does not apply to foster parents.

NAs are available on all Indian Child Welfare Act (ICWA) related standards for organizations that only provide services for foreign-born children.

**Family Foster Care to Adoption Services** (Foster to Adopt) will complete: all of FKC and AS 2, 3, 7, 9, 11, 12, 13, and 14. **Family Foster Care Case Management Services** plan, secure, and coordinate comprehensive services provided to children in Family Foster Care and/or their family, while monitoring progress on agreed upon goals. Case management services for children monitor each child's safety and promote stability, well-being and permanency.

Case management services for parents assist parents in making progress towards reunification by implementing resources to meet the family needs and increase the family's protective factors.

Organizations providing Family Foster Care Case Management Services will complete: FKC 1, 2, 3, 4, 5, 12, 14, and 19. Organizations responsible for managing services for parents will also complete FKC 8. Organizations responsible for managing services for children will also complete 9 and 10, as well as 6, 7 and/or 13 depending on their responsibility for coordinating placement, family and community connections for children and supporting youth in their transition to adulthood.

**Family Foster Care Home Services** recruit, assess, select, train, and retain resource parents and may provide ongoing support and monitoring of resource families on a regular basis. Organizations providing only Family Foster Care Home Services will complete FKC 1, 6, 12, 15, 16, 17, 18, and 19. Organizations that provide treatment foster care will also complete FKC 11.

**Kinship Care Services** provide services when families have made private arrangements and there is no local child welfare agency involvement (informal), or when the child is temporarily living with kin while the local child welfare agency provides oversight and services in support of reunification or stabilization (formal). Kinship Care Programs may vary in who they provide direct services to - children, parents, or kinship caregivers - and in the intensity and nature of services provided. Kinship Care Programs may also be supporting families in which children are living with kin long term

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because of family circumstances.

Organizations that provide formal Kinship Care Services will complete all of FKC with the exception of 2.05, 6.03, 6.04, 10.01, 10.03, 15.01, 15.02, 16.02, 16.03, 16.04, 17.04, 17.05, 17.06, 19.06, and any additional relevant NAs.

Organizations that provide informal Kinship Care services will complete FKC 1, 2, 3, 4, 9, 10, 12, 14, 17, and 19. The following NAs are available for informal kinship care service providers: 2.05, 2.06, 9.01, 9.02, 9.07, 10.01, 10.03, 12.01, 12.03, 12.06, 12.07, 14.02, 17.04, 17.05, 17.06, 19.06, and all of 5, 6, 7, 8, 13, 15, and 16.

**Research Note:** *Unaccompanied Alien Children (UACs) and Unaccompanied Refugee Minors (URMs) receive placement and support services through contracted providers supported by the U.S. Office of Refugee Resettlement of the Department of Health and Human Services. Resettlement or stabilization of these children occurs in accordance with domestic child welfare guidelines. Services, including family foster care, are provided through contracted provider programs specifically designed to meet the unique needs of URM and UACs.*

**Research Note:** *The disproportional representation of some groups of children and families of color within the child welfare system, and the disparity in service delivery and outcomes for children and families depending on racial and ethnic group membership has been well documented. Research conducted by the federal government identified at least four contributing factors to the overrepresentation of certain groups of children of color in child welfare: poverty, racial bias, inadequate access to services, and challenges in finding permanent homes. Analyzing policies, procedures and practices through a racial equity lens has been identified as an important step for addressing disproportionality and reducing disparities. A racial equity lens focuses on how race and ethnicity shape access to resources, treatment, and experiences with power, from a contemporary and historical perspective.*

**Research Note:** *The Indian Child Welfare Act (ICWA) provides a set of "minimum federal standards" which govern child welfare proceedings involving American Indian and Alaska Native children in state child welfare systems. Updates to the federal regulations and guidelines were made in 2016 and went into effect for all child custody proceedings initiated on or after December 12, 2016, irrespective of any previously initiated proceedings. Organizations must have established procedures for determining if children have Native heritage and are members or eligible for*

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*membership in a federally recognized-tribe and collaborate with local child welfare agencies to determine their role in the context of tribal-state child welfare agreements, ICWA, and any relevant state laws pertaining specifically to Indian child welfare.*

*Organizations should be familiar with the relevant legal requirements of ICWA and all policies, procedures, and agency documentation should be designed to ensure compliance. ICWA requires the inclusion of tribal representatives throughout all aspects of service delivery, including, but not limited to, assessment, service planning, permanency planning, case closing, and aftercare. Specific practice standards reflect the stages of practice that require deferment to tribal jurisdiction or collaboration with tribal representatives.*

*While collaboration with federally recognized tribes is required by ICWA, organizations should reach out to tribal representatives when children have heritage in tribes that are not federally recognized as well. Tribes and Indian agencies serve as an important resource to local child welfare agencies and organizations working with Indian children. Tribes can facilitate children's connections to their culture and tribal government, inform families and the organization of culturally relevant services available to children, act as an advocate for Indian children and their families, and provide ongoing support and information as case plans are created and permanency goals are set. Actively seeking tribal involvement is particularly important when children's tribes do not have the infrastructure to participate formally in the court case or when the tribes are geographically distant from the children's families or homes and their participation is somewhat limited.*

*Working with tribal families also requires organizations to have a basic understanding of the historic treatment of American Indian and Alaska Native children and families by child welfare systems. This treatment has left many Native families and communities to struggle with intergenerational and historical trauma that must be considered in assessment, planning, service delivery, and aftercare. Organizations should be mindful that interventions adopted for the broader child welfare population, including evidence-based practices, may be ineffective or harmful to American Indian and Alaska Native children and families, and instead identify culturally-appropriate interventions that have been demonstrated to be effective for the population served.*

**Research Note:** *The importance of providing trauma-informed care is reinforced by a growing body of research on the impact of adverse childhood experiences and a federal policy focus that compels child and family-serving systems to ensure children's social and emotional well-being.*

*A national network of providers, researchers and families working*

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*collaboratively to raise the standard of care has defined a trauma-informed organization as one in which all programs:*

- a. *routinely screen for trauma exposure and related symptoms;*
- b. *use culturally appropriate and evidence-based assessment and treatment for traumatic stress and associated mental health symptoms;*
- c. *make resources available to children, families, and providers on trauma exposure, its impact, and treatment;*
- d. *engage in efforts to strengthen the resilience and protective factors of children and families impacted by and vulnerable to trauma;*
- e. *address parent and caregiver trauma and its impact on the family system;*
- f. *emphasize continuity of care and collaboration across child-serving systems; and*
- g. *maintain an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress, and that increases staff resilience.*

**Research Note:** *Just as children and families have histories that are important in understanding and respecting their traditions, so do child welfare programs. In the early 1990's, several prominent national child welfare advocacy organizations, under the leadership of the Child Welfare League of America, collaborated to develop and promote the field's use of strengths-based language for the temporary care of children in families. Family Foster Care was advanced to emphasize the family-centered component of this temporary care and Kinship Care was developed as the appropriate program name to identify the benefits of raising children through the strength of kinship networks. The child welfare field has followed the family foster care and kinship care terminology since then.*

**Research Note:** *Organizations that provide Family Foster Care and Kinship Care Services should be familiar with the issue of human trafficking. The Trafficking Victims Protection Act of 2000 (TVPA) defines human trafficking as: The recruitment, harboring, transportation, provision, or obtaining of a person for sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery. Any child (under the age of 18) engaged in commercial sex (including prostitution, pornography, stripping) is a victim of trafficking.*

*Increasingly, first responders, including law enforcement and social service providers, are being trained to seek support services for human trafficking victims rather than prosecuting them for activities they may have engaged in while being trafficked, such as prostitution, theft, undocumented status, and wage/hour violations. Recognizing that these individuals are victims rather than criminals is a paradigm shift still under way in our society. This*

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*paradigm shift is critical as trafficking victims are eligible for services and protections under federal and some state law that may not be provided to them otherwise.*

**Note:** *For ease, "Resource parent", "resource family", and "resource family home" are used throughout the standards to refer to foster parents, kinship caregivers, and treatment foster parents, and their homes, with the exception of standards that address specific practice requirements with one of the groups.*

*"Resource Family" was first used in the child welfare field in order to have one term to refer to both foster and pre-adoptive families because of the parallel nature of recruitment and preparation for these groups. The umbrella term has become more prevalent with the growing recognition that many different types of families are needed not only to provide temporary care for children, but to play different roles in children's lives over time. For generations and across cultures, kin have been a natural resource within families and their support systems.*

*References to "parents" include: biological parents, adoptive parents, or legal guardians of a child prior to placement. The term "children" is used throughout the Family Foster Care and Kinship Care Standards and includes infants, toddlers, school age children, and youth. "Youth" is used only when standards refer directly to services for older children, generally fourteen years old and up.*

*The terms "American Indian and Alaska Native", "Indian", or "Native" are used interchangeably throughout the standards to refer to children or families who are members of federally recognized tribes and protected under the Indian Child Welfare Act as well as to agencies or organizations that belong to or advocate on behalf of tribes.*

**Note:** *Please see [FKC Reference List - Private, Public and Human Trafficking Reference List - Private](#) for a list of resources that informed the development of these standards.*

### **Table of Evidence**

#### **Self-Study Evidence**

- Provide an individual overview of each program being accredited under this section. The overview should describe:
  - a. the program's approach to delivering services;
  - b. eligibility criteria;
  - c. any unique or special services provided to specific populations;and

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- d. major funding streams.
- If elements of the service (e.g., assessments) are provided by contract with outside programs or through participation in a formal, coordinated service delivery system, provide a list that identifies the providers and the service components for which they are responsible. Do not include services provided by referral.
- Provide any other information you would like the peer review team to know about these programs.
- A demographic profile of children and families served by the programs being reviewed under this service section with percentages representing the following:
  - a. racial and ethnic characteristics;
  - b. gender/gender identity;
  - c. age;
  - d. presence of mental health and emotional/behavioral conditions;
  - e. medical conditions;
  - f. major religious groups; and
  - g. major language groups
- As applicable, a list of groups or classes including, for each group or class:
  - a. the type of activity/group;
  - b. whether the activity/group is short-term or ongoing;
  - c. how often the activity/group is offered;
  - d. the average number of participants per session of the activity/group, in the last month; and
  - e. the total number of participants in the activity/group, in the last month
- A list of any programs that were opened, merged with other programs or services, or closed
- A list or description of program outcomes and outputs being measured
- Family Foster Care and Kinship Care Data Sheet - Private, Public, Canadian, Network (required only for Family Foster Care programs)
- Kinship Care Service Profile - Private, Canadian, Network (required only for Kinship Care programs)

### On-Site Evidence

No On-Site Evidence

### On-Site Activities

No On-Site Activities

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## FKC 1: Service Philosophy

The program is guided by a service philosophy that:

- a. reflects the voices of children and families;
- b. is grounded in the social and cultural contexts of the communities it serves;
- c. is based on program goals and the best available evidence of practice effectiveness; and
- d. establishes a practical approach for how program activities and outputs will promote positive outcomes for children and families.

**Interpretation:** *A program model or logic model can be a useful tool to help staff think systematically about how the program can make a measurable difference by drawing clear connections between the service population's needs, available resources, program activities and interventions, program outputs, and desired outcomes.*

**Research Note:** *Many child welfare systems are implementing a practice model approach for service delivery, in their efforts to sustain system reform and practice change. A practice model links the agency's mission, practice principles, and standards of professional practice with the strategies, methods, and tools needed to integrate these into daily work. It should be prescriptive as to how services are provided, based on the agency's policy and procedure, but allow enough flexibility to support individualized, family-centered practice. A practice model is intended to be shared with all staff and stakeholders, so the system can work to provide congruent and coordinated services.*

### Rating Indicators

- 1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.
- 2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,
  - Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
  - Written service philosophy needs improvement or clarification; or
  - Procedures need strengthening; or
  - With few exceptions procedures are understood by staff and are being used; or
  - Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR

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6.02) and training (TS 2.03); or

- In a few rare instances required consent was not obtained; or
- Monitoring procedures need minor clarification; or
- With few exceptions the policy on prohibited interventions is understood by staff, or the written policy needs minor clarification.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- The written service philosophy needs significant improvement; or
- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Documentation is inconsistent or in some instances is missing and no corrective action has not been initiated; or
- Required consent is often not obtained; or
- A few personnel who are employing non-traditional or unconventional interventions have not completed training, as required; or
- There are gaps in monitoring of interventions, as required; or
- Policy on prohibited interventions does not include at least one of the required elements; or
- Service philosophy is not clearly related to expressed mission or programs of the organization; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- There is no written service philosophy; or
- There are no written policy or procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### **Table of Evidence**

#### **Self-Study Evidence**

- Service Philosophy

#### **On-Site Evidence**

### **Purpose**

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No On-Site Evidence

### On-Site Activities

- Interview:
  - a. Program director
  - b. Relevant personnel

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## FKC 2: Initial Assessment and Access to Services

The organization conducts prompt and responsive initial assessment and outreach to ensure awareness of services, determine if the program can meet the needs of children and families, and provide alternative service recommendations if needed.

**Interpretation:** *Because organizational roles in the initial assessment process are dependent on referral systems and contractual obligations, organizations should provide procedural or documentary evidence that demonstrates implementation of the standards.*

### Table of Evidence

#### Self-Study Evidence

- Initial assessment procedures
- Admission policy
- Procedures for identification of children with American Indian and Alaska Native heritage and collaboration with tribes on ICWA cases
- Screening or Assessment tool that addresses American Indian and Alaska Native heritage

#### On-Site Evidence

- Copies of tribal state agreements, when applicable
- Outreach materials

#### On-Site Activities

- Interview:
  - a. Program director
  - b. Relevant personnel
- Review case records

### (FP) FKC 2.01

Prompt, responsive initial assessment practices:

- a. ensure equitable treatment;
- b. give priority to urgent needs and emergency situations;
- c. support timely initiation of services; and
- d. ensure that referral sources are notified immediately if services cannot be provided or provided promptly.

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**NA** *The organization is not responsible for initial assessment.*

### **FKC 2.02**

During intake, the organization gathers information to identify critical service needs and/or determine when a more intensive service is necessary, including:

- a. personal and identifying information;
- b. emergency health needs; and
- c. safety concerns, including imminent danger or risk of future harm.

### **FKC 2.03**

Organizations maintain an admission policy that includes:

- a. steps and requirements for admission;
- b. prohibition of discriminatory selection processes; and
- c. reasons the program may decline referrals.

**Related:** CR 1.01, CR 1.05, CR 1.07

**NA** *The organization: (1) accepts all clients, or (2) only receives clients by referral, and is required by contract to accept all referrals.*

### **FKC 2.04**

Organizations conduct outreach in their service area to:

- a. ensure families are aware of and able to access services offered;
- b. promote community awareness and collaboration; and
- c. increase resource family recruitment.

### **(FP) FKC 2.05**

The organization identifies American Indian and Alaska Native children and has a process to ensure outreach and collaboration with the tribe or Indian organization to:

- a. determine jurisdiction;
- b. ensure compliance with the Indian Child Welfare Act ;
- c. provide families with information regarding their rights under the Indian

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Child Welfare Act;

- d. participate in assessment and service planning to determine the most appropriate plan for children and families; and
- e. maintain connections between children, their extended family, and their tribes.

**Interpretation:** *The organization should have established procedures for identifying American Indian and Alaska Native children to determine if the child or his/her biological parent(s) are members of a federally recognized tribe, or if the child is eligible for membership in a federally recognized tribe. Physical appearance, blood quantum, and perceived presence or absence of cultural cues within the family, are not appropriate determinants of ICWA applicability. The organization should document efforts to identify and contact children's tribes, and if tribes are unknown, the organization should contact the regional office of the Bureau of Indian Affairs to identify, locate, and notify the child's tribe.*

**Research Note:** *Early identification of American Indian and Alaska Native children is critical to ensuring that the requirements of ICWA are followed from the beginning of the case and preventing harmful placement delays or disruptions later in the proceedings. To facilitate accurate determinations of tribal membership, organizations should provide tribes with: parents' genograms or family ancestry charts; parents' maiden, married, and other known former names or aliases; parents' current and former addresses; and parents' places of birth and birthdates.*

**NA** *The organization provides kinship care or informal kinship care services only.*

**NA** *The organization provides services for foreign-born children only.*

### **(FP) FKC 2.06**

Organizations conduct an initial assessment of children's risk of harm to self or others and when risks are identified, that information is used to:

- a. inform decision-making;
- b. identify suitable resource families; and/or
- c. develop safety plans with parents and resource families.

**NA** *The organization provides informal Kinship Care Services only.*

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### FKC 3: Comprehensive Assessment

Children, parents, and resource families are engaged in an individualized, strengths-based, and culturally responsive comprehensive assessment process that guides service and permanency planning.

**Interpretation:** *When the organization receives an assessment from another provider this assessment should contain all components identified within the standards or the organization should use a supplemental assessment that satisfies the standards and provides additional opportunities to engage with and learn about children and families.*

**Research Note:** *Personnel that conduct initial and comprehensive assessment should be aware of the indicators of a potential victim of human trafficking. Several tools are available to help identify a potential victim and determine next steps toward an appropriate course of treatment. Examples of these tools include, but are not limited to, the Rapid Screening Tool for Child Trafficking and the Comprehensive Screening and Safety Tool for Child Trafficking.*

**Research Note:** *Assessment should be an ongoing, collaborative, and functional process that tracks and analyzes child and family strengths, needs, and functioning. Assessment training and tools should be designed to equip the worker with the skills to engage children and families in dialogue about their strengths, experiences, struggles, and fears. Considering how families currently and have historically functioned helps to identify strengths and underlying needs. Strengths and needs assessment should continue throughout the work with families and focus on the underlying causes behind behaviors and situations that put children at risk. Comprehensive assessment that guides effective service planning will be best achieved when families are engaged as partners in identifying their strengths and needs.*

#### **Rating Indicators**

- 1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.
- 2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,
  - Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
  - Procedures need strengthening; or
  - With few exceptions procedures are understood by staff and are being

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used; or

- For the most part, established timeframes are met; or
- Culturally responsive assessments are the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.05); or
- Active client participation occurs to a considerable extent; or
- Diagnostic tests are consistently and appropriately used, but interviews with staff indicate a need for more training (TS 2.08).

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Assessment and reassessment timeframes are often missed; or
- Assessment are sometimes not sufficiently individualized;
- Culturally responsive assessments are not the norm and this is not being addressed in supervision or training; or
- Staff are not competent to administer diagnostic tests, or tests are not being used when clinically indicated; or
- Client participation is inconsistent; or
- Assessments are done by referral source and no documentation and/or summary of required information present in case record; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- There are no written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### **Table of Evidence**

#### **Self-Study Evidence**

- Assessment procedures
- Assessment tool(s) and/or criteria included in assessment
- A description of strategies for family engagement (FKC 3.01, FKC

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3.03)

### On-Site Evidence

- Data on the timeliness of assessments

### On-Site Activities

- Interview:
  - a. Program director
  - b. Relevant personnel
- Review case records

### **FKC 3.01**

All immediate family members are engaged in the assessment process, and extended family members and other supports are identified during initial assessment and involved whenever possible.

**Interpretation:** *The organization should have specific culturally-responsive strategies for promoting engagement with children, families, and their support systems through all stages of the intervention.*

**Interpretation:** *It is important that strategies for family engagement account for and accommodate for the dynamics of family systems and histories particularly when kin are caring for children.*

**Interpretation:** *Family participation in the assessment process may not be possible when the organization is serving children with limited family involvement or unaccompanied minors, however children should be actively engaged in the process.*

**Interpretation:** *When the organization is working with an American Indian or Alaska Native family, tribal representatives or other tribal community members must be involved in the assessment process, as determined by the tribe and the family.*

**Research Note:** *Identifying and engaging fathers, both custodial and non-custodial is critical to children's well-being and may lead to the discovery of additional extended family resources. Research demonstrates that involved fathers can have an undeniably positive impact on child development. Some strategies for engaging fathers include:*

- a. *speaking with fathers to assess their needs, the program's father friendliness, and program accessibility;*
- b. *understanding factors that impact father involvement;*
- c. *training staff on the impact of father involvement, the diversity of father's roles within family systems, and ways that fathers may relate to their*

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children;

- d. *developing partnerships with community providers that are already accessible to fathers; and*
- e. *coordinating dads-only programming and offering multiple ways for*

*fathers to connect with the organization.*

**Research Note:** *Meaningfully engaging with families is at the core of effective child welfare work. Engagement begins the moment that families come into contact with the organization. Successful family engagement involves:*

- a. *identifying strengths, protective capacities, and resilience in parents;*
- b. *building relationships with parents through empathy and compassion;*
- c. *promoting caregivers and young people involved in the system as the experts for matters concerning their family; and*
- d. *supporting the use of community-based resources to achieve positive outcomes.*

### **(FP) FKC 3.02**

In addition to elements required in the Assessment Matrix, the following areas are discussed and documented during the assessment process:

- a. the child and family's telling of their own story;
- b. the presence and impact of trauma on the child, parents, and extended family (including kinship caregivers);
- c. child, parent, and family strengths and protective factors;
- d. child, parent, and family needs across life domains;
- e. individual and family functioning over time and historical factors that have contributed to the concerns identified in initial risk and safety assessments and screenings;
- f. child and family characteristics pertinent to selecting an appropriate placement or to ensuring stable placement with kin;
- g. identification of the extended family system and the dynamics of family relationships;
- h. identification of informal supports as well as community and cultural resources and connections for the child and the parents; and
- i. exploration of contributing factors such as poverty, domestic violence, substance abuse, mental health, and chronic health problems.

**Interpretation:** *The Assessment Matrix - Private, Public, Canadian, Network determines which level of assessment is required for COA's Service Sections. The assessment elements of the Matrix can be tailored according to the needs of specific individuals or service design.*

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

**Interpretation:** *Different assessment tools or forms may be necessary to ensure that all life domains and particular concerns such as traumatic stress, mental illness, and domestic violence are addressed.*

*Clinical trauma assessment must be provided by appropriately trained clinicians.*

*Standardized and evidence-based assessment tools are recommended to inform decision-making in a structured manner and objectively gather data across cases.*

*Tools such as ecomaps and genograms may help identify extended family and community support systems and facilitate in-depth conversations between workers and families.*

**Interpretation:** *Given that parents will often be reluctant to tell their own story due to stigma, cultural norms, and concerns that the information they provide will be used against them, parents should have multiple opportunities to tell their story, over time, as trust is gradually established.*

**Research Note:** *Research has documented that trauma experienced by many members of kinship families, especially birth parents, needs particular attention in order to increase birth parent participation in kinship care arrangements.*

**Research Note:** *Protective factors are conditions that support effective parenting and promote child and family well-being, even under stress. Research has shown that protective factors including nurturing and attachment, knowledge of parenting and child and youth development, parental resilience, social connections, and concrete supports for parents are linked to lower incidence of child abuse and neglect.*

**Research Note:** *Research on promoting trauma-informed care across an organization supports the use of evidence-based trauma screening tools, the incorporation of conversations around trauma into assessment tools, and the use of clinical assessment tools to further assess symptoms and identify treatment and intervention opportunities.*

### **FKC 3.03**

The assessment process is strengths-based and culturally-responsive to increase family engagement and identify available resources and individualized needs.

**Interpretation:** *A strengths-based and culturally-responsive approach*

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

*should be emphasized throughout training curricula and reflected in assessments, service plans, and other documentation.*

*Taking a culturally-responsive approach involves recognizing and valuing the varying sociocultural histories of families, taking the time to learn about families' lived experiences, acknowledging one's own culturally-based beliefs and norms, and adapting casework practice and service delivery to be responsive to differences.*

*Culturally-responsive assessment includes but is not limited to attention to:*

- a. *age,*
- b. *developmental level,*
- c. *ethnicity,*
- d. *gender identity and expression,*
- e. *geographic location,*
- f. *immigration/refugee history and status,*
- g. *language,*
- h. *political status,*
- i. *race,*
- j. *sexual orientation,*
- k. *tribal affiliation,*
- l. *religion, and*
- m. *cultural background and tradition.*

**Research Note:** *Strengths-based practice includes the beliefs that:*

- a. *children, youth and families are experts on themselves;*
- b. *children, youth, and families must be fully engaged/involved in all decisions impacting their lives;*
- c. *the input of children, youth, and families is vitally important and will be treated with respect and value;*
- d. *lifelong connections should be promoted and maintained; and*
- e. *children, youth, and families should drive system planning and reforms.*

### **FKC 3.04**

The assessment process is initiated through individual meetings:

- a. with children within the first 72 hours of initial placement or any subsequent placements;
- b. with parents within the first two weeks of placement; and
- c. with resource parents within the first two weeks of placement.

**Interpretation:** *The individual interview should address physical, cognitive, emotional, social, cultural and spiritual/religious development from children's*

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

own perspectives as outlined in the Assessment Matrix.

*If staff have demonstrated competency in working with LGBTQI children/youth, exploration of gender identity and sexual orientation should be included in the individual conversation. As opposed to asking direct questions staff should ask open-ended questions that prompt discussion and help establish rapport. Information shared is used to responsively inform placement matching and service or treatment planning and should only be included in written plans when children and youth give explicit consent.*

**Interpretation:** *The initial meeting with children in treatment foster care is part of the admission process and occurs on the day of placement. The initial meeting with treatment foster parents occurs within 10 days of placement.*

**Research Note:** *Because of the positive impact on child permanency outcomes, organizations are identifying creative strategies to bring parents and resource families together early on in the child welfare intervention. For example, some have instituted an introductory or "ice breaker" meeting within 72 hours of placement that gives parents the opportunity to share information about their children and to learn about the family that will be caring for their children.*

### **FKC 3.05**

Assessments are completed by qualified personnel within timeframes established by the organization, and are updated on an ongoing basis:

- a. prior to case reviews;
- b. for decision-making processes; and
- c. when child or family circumstances change.

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



# Family Foster Care and Kinship Care

## FKC 4: Service Planning

Service plans are developed, reviewed, and updated in partnership with children, parents, and resource families to guide service delivery and ensure implementation of effective interventions and supports.

**Interpretation:** *When the organization receives a service plan from another provider this service plan should contain all components identified within the standards and the organization must ensure that the service plans that guide their daily work with children address all life domains.*

**Interpretation:** *When the case involves an American Indian or Alaska Native child and family, tribal or local American Indian or Alaska Native representatives must be included in the service planning process and culturally relevant resources available through or recommended by the tribe or local Indian organizations should be considered and prioritized when developing the service plan.*

### Rating Indicators

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- In a few instances client or staff signatures are missing and/or not dated; or
- Active client participation occurs to a considerable extent.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- In a number of instances client or staff signatures are missing and/or not dated (RPM 7.04); or
- Quarterly reviews are not being done consistently; or
- Level of care for some clients is inappropriate; or
- Service planning is often done without full client participation; or
- Appropriate family involvement is not documented; or
- Documentation is routinely incomplete and/or missing; or
- Assessments are done by referral source and no documentation and/or summary of required information present in case record; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### Table of Evidence

#### **Self-Study Evidence**

- Service planning procedures
- Service Plan template
- A description of strategies for promoting parent and resource family collaboration (FKC 4.01, FKC 8.03)

#### **On-Site Evidence**

No On-Site Evidence

#### **On-Site Activities**

- Interview:
  - a. Program director
  - b. Relevant personnel
  - c. Parents
  - d. Children and youth
- Review case records
- Review documentation of quarterly service plan review (if not in case

#### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

record)

### **FKC 4.01**

Service plans are developed with the full participation of children, families, and resource families.

**Interpretation:** *Generally children age six and older are to be included in service planning, unless there is clinical justification for not doing so.*

*Service planning procedures are adapted as needed in cases involving domestic violence to promote safe, healthy, and active participation of all family members. For example, in some instances, the organization may determine that meetings involving both the perpetrator and the victim/survivor would pose a safety risk or would limit the participation of the victim/survivor and would not be appropriate.*

**Interpretation:** *In situations where children have no family involvement, the standard is implemented through demonstrating children's full participation in the development of their service plan.*

**Interpretation:** *Safety concerns for victims of human trafficking often do not end when they enter care. The organization should work with the victim to develop a safety plan that focuses on increasing physical safety by securing needed documents, property, and services; maintaining the shelter's location in confidence; and linking efficiently to law enforcement, if needed.*

*In cases where the child is a victim of human trafficking, it is important to be aware that the child's parent or caregiver may be the trafficker or complicit in the trafficking. In such cases, determining appropriate family supports and level of involvement should include the input of the child, as well as child welfare and law enforcement systems.*

**Research Note:** *Including resource families in the service planning process can ensure more comprehensive service delivery to children, strengthen the network of supports for birth families, and promote resource family retention.*

### **FKC 4.02**

Children and families are given the opportunity to include supportive people of their choice, such as extended family, friends, and community members in the service planning process.

**Research Note:** *Family teaming models (such as Family Group*

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

*Decision-Making, Family Team Meetings, and Family Group Conferencing) have become increasingly prevalent for intentionally collaborating with families throughout the child welfare intervention and particularly at crucial decision-making points.*

*The family "team" is the group of people that a family has chosen to support them in meeting their goals and that may provide support identified in the service plan. Family teams can include:*

- a. *extended family members,*
  - b. *family friends,*
  - c. *resource parents,*
  - d. *service providers already working with a family,*
  - e. *community members,*
  - f. *tribal members,*
  - g. *faith group members, and*
  - h. *other supportive people identified by the family.*
- Family teaming models have proven to be successful in supporting positive outcomes by helping service providers share power with families, build and incorporate the larger circle of family support, and develop plans that ensure safety and achieve permanency more quickly. Through evaluation studies family teaming has been identified as an effective practice tool for collaborating with kinship families.*

### **FKC 4.03**

Service planning builds on the assessment process and explores:

- a. families' short- and long-term goals, child welfare system goals if applicable, and the desired outcomes when goals are met;
- b. how to maintain and strengthen relationships while children are not living with their parents;
- c. strategies to address needs through formal services and informal family and community support;
- d. the organization's role in supporting the achievement of desired outcomes;
- e. benefits, cultural relevance, and alternatives to planned services; and
- f. the legal timeframes for achieving child permanence and the ramifications of non-participation in services, as applicable.

**Interpretation:** *When the organization is working with American Indian and Alaska Native children and families, tribal representatives should, whenever possible, play an active role in service planning, beyond mere document review.*

*Culturally-relevant interventions and practices or customs of children and*

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.





## Family Foster Care and Kinship Care

*families' cultures, tribe, or faith-based communities should be incorporated into care to the greatest extent possible and appropriate.*

### **(FP) FKC 4.04**

Service plans are completed within timeframes determined by the organization, expedited when needed, and include:

- a. service goals, objectives, measurable outcomes, and timeframes for achievement;
- b. services and supports to be provided, by whom, and by when; and
- c. the signature of parents, children, and family teams, whenever possible.

**Interpretation:** *The contents of service plans will vary depending on the organization's role in providing services to children, families or both. Service plans should address all major life domains. For youth age 14 and older, service plans must contain a description of the services and activities that will prepare them for the transition to adulthood.*

*Treatment Foster Care Programs complete preliminary treatment plans prior to placement that identify diagnoses, strategies to ensure children's adjustment to treatment families, and identify short-term goals for the first 30 days of placement.*

**Note:** See FKC 11.04 for required components of the comprehensive treatment plan.

### **FKC 4.05**

Workers and supervisors, or clinical, service, or peer teams, review cases quarterly, or more frequently as determined by case status, to assess:

- a. service plan implementation;
- b. progress toward service and permanency goals and desired outcomes; and
- c. the continuing appropriateness of the agreed upon service goals.

**Interpretation:** *More frequent review may be necessary because of decision-making milestones, the involvement of other systems, the frequency and intensity of service provision, or other case-specific factors.*

*Experienced workers may conduct reviews of their own cases. In such cases, the worker's supervisor reviews a sample of the worker's evaluations as per the requirements of the standard.*

**Interpretation:** *When the case involves an American Indian or Alaska*

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

*Native child, a representative from the tribe or a local Indian organization must receive timely notification of case reviews to ensure their involvement, particularly when any changes are made to the plan. Phone and video conferencing can be used to facilitate tribal participation. The case review should include an assessment for compliance with the Indian Child Welfare Act.*

### **(FP) FKC 4.06**

Workers and families regularly review progress toward achievement of agreed upon goals, make adjustments to service plans as needed, and sign updated plans.

**Research Note:** *Using a solution-focused approach when monitoring and adjusting plans with families supports positive engagement through acknowledging and building on successes, and working from a shared vision so families can experience monitoring as a mutual process intended to ensure that their goals are met.*

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



# Family Foster Care and Kinship Care

## FKC 5: Child Permanency

The organization participates in or facilitates permanency planning to promote physical, emotional, and legal permanence for children.

**Interpretation:** *Permanency planning is a child-centered process that aims to ensure children have enduring relationships that last a lifetime, offer the social and legal status of family membership, and support their connections with extended family, and to their cultures and communities of origin.*

*When the organization is not responsible for facilitating permanency planning, it documents all participation in the process and any efforts to connect children to positive relationships with significant adults.*

*In addition, organizations demonstrate their role in supporting timely permanency planning through regular case record documentation and official reports provided to the local child welfare agency or the court which comment on children's and/or families' progress towards permanency goal(s).*

**NA** *The organization provides informal Kinship Care Services only.*

### Rating Indicators

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards;

e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### Table of Evidence

#### **Self-Study Evidence**

- Permanency planning procedures
- Procedures for identifying and engaging kin

#### **On-Site Evidence**

No On-Site Evidence

#### **On-Site Activities**

- Interview:
  - a. Program director
  - b. Relevant personnel
  - c. Parents
  - d. Children and youth
- Review case records

### (FP) FKC 5.01

In compliance with applicable law and regulation, legal permanency planning occurs with children and families according to the following standard timeframes:

- a. within 60 days of placement a court-determined permanency plan is developed;
- b. at least every 6 months a court or administrative review of progress

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

towards permanency occurs;

- c. within 12 months of placement, and every 12 months thereafter, a permanency hearing evaluates the permanency goal and determines the need for an alternative goal; and
- d. after a child has been in placement for 15 of the most recent 22 months, a legally-exempted permanency decision is made or proceedings are initiated for the termination of parental rights.

**Interpretation:** *Permanency planning should occur with the team of people that support and provide services for the family, as appropriate. This planning often occurs in conjunction with service planning. Resource parents are notified and entitled to participate in any review or hearing.*

*The length of time a child has been in care cannot be the only justification for terminating parental rights. In order to support parents that are actively making progress towards reunification but need more time, the organization can work with the public authority to determine a compelling reason for not filing for the termination of parental rights.*

**Interpretation:** *The permanency planning process for American Indian and Alaska Native children and families must always involve tribal representatives and service providers to ensure compliance with the Indian Child Welfare Act's placement preferences and support culturally responsive planning that recognizes and incorporates tribal definitions of permanency and tribal perspectives of the best interests of the child into the permanency plan. To facilitate full participation, the organization must ensure that the tribe or local Indian organization receives timely notification of court or administrative case reviews, and is informed of any changes made to the permanency plan.*

**Research Note:** *Federal law permits American Indian and Alaska Native families to move forward with a customary adoption, without terminating parental rights. Customary adoptions, approved or adjudicated by the tribal court, are arranged through custom and tradition and allow for the transfer of custody while preserving parental rights.*

*Other circumstances that preclude termination of parental rights when the case involves an American Indian or Alaska Native child include: placement with extended family per ICWA placement preferences; transfer of jurisdiction to the tribal court; insufficient provision of "active efforts" to support reunification; and inability to satisfy the legal requirements for termination of parental rights under ICWA.*

**Research Note:** *The Adoption and Safe Families Act (ASFA) outlines three legal exemptions to the termination of parental rights requirement outlined in FKC 5.01, including if:*

### Purpose

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

- a. *the child is being cared for by a relative;*
- b. *the case record contains documentation of a compelling reason why the termination of parental rights would not be in the best interest of the child, including failure to meet federal statutory requirements such as active or reasonable efforts; and*
- c. *the organization hasn't provided the family with services identified by the state to be necessary for the safe return of the child.*  
*ASFA does not override, amend, or repeal the requirements of the Indian Child Welfare Act.*

**NA** *The organization only provides services to children in which there is no dependency/family court involvement, such as in many kinship care programs or foster care programs for unaccompanied minors.*

### **FKC 5.02**

Permanency planning is child-driven and children are actively involved in the process as appropriate to their age and developmental level.

**Interpretation:** *Child-driven permanency planning involves children at every stage of the process including conversations about what permanency means to them, the discovery of extended family and other significant adults and the formation of a permanency team that will support their desired outcomes and have an ongoing role in their lives.*

*Children's ages should not limit the consideration of all permanency options.*

### **FKC 5.03**

The organization collaborates with children, parents, and the local child welfare agency to identify, notify, and engage relatives and other close, supportive adults that can be resources or supports for placement and permanency.

**Interpretation:** *The organization is expected to be diligent and purposeful in identifying supportive resources. As appropriate to their role, organizations should have established procedures for identification of kin that involves a combination of engaging children and family members in identification and the use of technological resources for family-finding. Notification should be provided in multiple forms, including written form in order to ensure accountability and maintain a record of efforts to notify.*

**Research Note:** *Family-finding efforts support the increased identification and involvement of incarcerated parents and their families in the permanency plan. Unless the court has determined that reasonable efforts*

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

*to support reunification are suspended, public agencies are mandated to work with incarcerated parents as with other parents. This involvement is important for children's well-being and may increase motivation for incarcerated parents to work for reunification or participate in the development of an alternative plan.*

### **FKC 5.04**

Concurrent planning includes:

- a. early, preliminary, and reasoned assessment of the potential for reunification, the best interests of the child, and the need for an alternative plan;
- b. full disclosure to all involved parties of permanency options, expectations, and legal timelines;
- c. early identification and involvement of potential family resources including non-custodial parents, relatives of incarcerated parents, extended family members, family members outside of the country, and family-like supports;
- d. early placement with a permanent family resource or pre-adoptive resource family; and
- e. counseling parents about relinquishment and alternative permanency options if needed.

**Interpretation:** *Federal and state statutes or administrative rules may provide guidance about when concurrent planning is required, and how concurrent planning is to be conducted. When concurrent planning is not formalized, workers can be proactive with regard to the early identification of different permanency options for children, as is the intention of concurrent planning.*

### **FKC 5.05**

To support permanency goals kinship caregivers are informed about, and assisted in, pursuing permanency options such as adoption or guardianship, as appropriate.

**Interpretation:** *Customary adoption should be considered as a permanency option for Indian children.*

**NA** *The Family Foster Care program does not work with kinship caregivers.*

### **FKC 5.06**

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

Case records document efforts made to support parents towards reunification, including:

- a. involvement in assessment, service planning, and service selection;
- b. access to needed services;
- c. ongoing, constructive, and progressive contact with their children;
- d. reduction of barriers to contact and involvement in their children's care; and
- e. the use of formal and informal community resources and supports to prepare families for reunification.

**Interpretation:** *When the organization is working with American Indian and Alaska Native children and families, the Indian Child Welfare act requires active efforts be provided to support reunification. Active efforts require affirmative, thorough, timely, and culturally responsive engagement with families to satisfy the case plan by accessing resources and services and partnering with the tribe. Early consultation with tribes is critical to ensuring that a full range of resources have been made available to the family and that active effort requirements are fulfilled.*

*Organizations may work with tribal leadership, elders, religious figures, or professionals with expertise concerning the given tribe to determine culturally-responsive active efforts and identify culturally appropriate services for the family.*

**NA** *The organization does not provide services to parents.*

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.





## Family Foster Care and Kinship Care

### FKC 6: Child Placement

Children are placed with resource families who can best meet their needs and best support their ties to family and community.

**Interpretation:** *When another provider is responsible for child placement, the organization must ensure the standard is met. An organization that provides emergency placements must document efforts made to meet the standards given the emergency nature of the placement. Emergency placements involving an American Indian or Alaska Native child must comply with the emergency proceeding provisions set out in the Indian Child Welfare Act. Efforts should be made to identify emergency placements that comply with the placement preferences in ICWA so as to prevent future placement changes in the event that a full child custody proceeding is initiated.*

**NA** *The organization has no role in facilitating child placement.*

**NA** *The organization provides informal Kinship Care Services only.*

**Note:** *Foster Care to Adoption programs will implement FKC 6 and AS 9.*

#### Rating Indicators

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or

#### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards;

e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### Table of Evidence

#### **Self-Study Evidence**

- Placement procedures including:
  - a. matching children and resource families
  - b. preventing and managing placement disruptions
- A description of services to support placement changes
- Procedures for developing shared living agreements

#### **On-Site Evidence**

No On-Site Evidence

#### **On-Site Activities**

- Interview:
  - a. Program director
  - b. Relevant personnel
  - c. Resource parents
  - d. Parents
  - e. Children and youth
- Review case records
- Review resource parent records

### (FP) FKC 6.01

All resource families' homes are licensed, approved, or certified according

#### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

to state, tribal, or local regulation and contain no more than:

- a. five children with no more than two children under age two; or
- b. two children in treatment foster care.

**Interpretation:** *When children are placed with kin on an emergent basis, criminal and child abuse background checks and preliminary safety assessments are conducted prior to placement and the local child welfare agency may allow eligible kin a period of time to work towards certification or licensing as a resource family home.*

*When the local child welfare agency is not assuming custody of a child, the kinship caregiver's home may be approved as a temporary placement option while the family works towards stabilization.*

**Interpretation:** *The total number of children includes all children under the age of 18 residing with the family, and includes any children residing with the family for overnight respite care. Exceptions may be made on a case-by-case basis to the number of children in the home to accommodate sibling groups, to place children with relatives, or when the home is licensed by the state or tribe to care for more children and demonstrates that the needs of every child can be met.*

**Research Note:** *Federal legislation allows the state or county child welfare authority to waive non-safety licensing standards for kinship caregivers on a case-by-case basis. This legislation encourages organizations to be flexible in working with kinship caregivers in order to keep children with their families and to recognize that some non-safety standards that are appropriate for non-related resource parents may not be relevant to placements with kin. In addition to certain non-safety waivers, organizations may be able to grant exceptions on a time-limited basis to allow kin time to meet a requirement, especially when they are already caring for a child.*

### **FKC 6.02**

To identify the safest and most nurturing home for every child the organization uses a process that examines:

- a. children's and caregivers' characteristics, strengths, needs, supports, and resources; and
- b. the appropriateness of the resource family home environment.

**Interpretation:** *The organization uses all intake, initial assessment, comprehensive assessment, and prior placement information available at the time of placement to make the best possible match. Any prior relationship between children and caregivers should also be examined.*

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

*At least one resource parent effectively communicates in the children's language, and when such placements are not possible, assistance is provided with translation and support while a more suitable family is identified.*

*The home environment includes factors such as sleeping arrangements and characteristics and needs of other children in the home.*

**Interpretation:** *When placing children who are victims of human trafficking or who have a record of running away (AWOL), resource families should be assessed for their ability to care for this population.*

**Research Note:** *Several studies have identified a "good fit" between children and resource parents as a predictor of placement stability. "Goodness of fit" typically refers to the totality of factors that are assessed, with particular attention to temperament and personality traits.*

**Research Note:** *Neither The Multiethnic Placement Act of 1994 (MEPA) nor the Small Business Job Protection Act of 1996 override, amend, or repeal the requirements of the Indian Child Welfare Act (ICWA). The protection granted under ICWA is based upon children's political affiliation to the tribe and this is distinct and separate from the racial classifications outlined in either act. As such, Indian children should be placed according to the placement preferences outlined in ICWA (See FKC 6.04).*

### **(FP) FKC 6.03**

Children are placed according to their best interests in the most family-like and familiar setting possible:

- a. with siblings;
- b. with kin; or
- c. with families that reside within reasonable proximity to their family and home community.

**Interpretation:** *Unless it is contrary to the well-being of a child, organizations are required to make reasonable efforts to place siblings together and policy requires that preference be given to kin. If a child is not placed in a manner consistent with the specified options, the reason is documented in the case record.*

**NA** *The organization provides Kinship Care Services only.*

### **FKC 6.04**

#### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

American Indian and Alaska Native children are placed according to the placement preferences specified in the Indian Child Welfare Act.

**Interpretation:** *When the organization is working with American Indian and Alaska Native children and families, tribal representatives and service providers must be involved in placement decisions and moves to ensure compliance with the Indian Child Welfare Act, which requires that preference be given to placements in the following order:*

- a. *a member of the child's extended family;*
  - b. *resource families licensed, approved, or selected by the child's tribe; and*
  - c. *American Indian or Alaska Native families licensed or approved by a non-Native licensing authority;*
  - d. *an institution approved by an Indian tribe or operated by an Indian organization.*
- Alternative placement preferences established by the child's tribe may apply, and the court may also take into consideration the preferences of the child or his/her birth parents. Organizations should work closely with the child's tribe to identify placement options within the tribal community. Families from all tribes to which the child has ties should be considered as placement options, and eligibility criteria should be consistent with the norms of the tribe.*

**NA** *The organization provides Kinship Care Services only.*

**NA** *The organization provides services for foreign-born children only.*

### **FKC 6.05**

The organization prevents placement changes through coordinated placement planning that:

- a. ensures children, families, and resource families are aware of the placement process and receive support and information throughout;
- b. provides all legally permissible information about children's characteristics, behaviors, histories, and permanency goals to prospective resource families;
- c. arranges opportunities for children and parents to meet prospective resource families when possible;
- d. responds proactively to challenges associated with placement and assesses the need for services and supports; and
- e. facilitates workers' ability to spend more time with children, families, and/or resource parents after a new placement or when challenges arise.

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

**Research Note:** *The trauma of separation and placement moves can be partially minimized through a sensitive and responsive placement process. Effective placement planning requires sharing of information to promote equal involvement in the process and to allow all parties to do their job well. Birth and resource families need information about the process, visitation, decision making timeframes and expectations for involvement in meetings and ongoing communication.*

### **FKC 6.06**

Placement changes occur to support the best interest of children and their permanency goals.

**Interpretation:** *The organization should make every effort to prevent any placement change that is not in the best interest of children and their permanency goals. Placement changes that support children's best interests and permanency goals may include moving from a foster home to an adoptive home, moving from foster care to kinship foster care or other moves that bring children closer to family or community.*

**Research Note:** *Significant research has demonstrated the correlation between placement instability and negative child outcomes including poor academic performance and social and emotional difficulties. Regardless of children's prior history of maltreatment or behavioral challenges, these negative outcomes increase following placement disruptions.*

### **FKC 6.07**

Children, families, and resource families receive additional support during placement changes that include:

- a. sufficient advanced notice prior to a placement change;
- b. formalized discussions of the reasons for a placement move or disruption, each parties' feelings about the change, and as needed, interventions to address the reasons for the change;
- c. reassessment of children's needs in advance or at the time of the change, and identification of a resource family or other placement setting that can best achieve safety, well-being, and permanency; and
- d. referral to additional services or supports.

**Interpretation:** *Whenever possible notice should be provided at least 14 days in advance of a placement move.*

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

### **(FP) FKC 6.08**

When youth are in care past the age of 18, shared living agreements are developed at the time of placement, or upon youths' birthdays, to promote independence, clarify new roles, and establish mutually agreed upon expectations.

**Interpretation:** *In many states foster care services have been extended to youth until age 19, 20, or 21. In a developmentally appropriate manner, every youth over 18 should be engaged in a conversation, that is formally documented, that explores and determines the mutual expectations and responsibilities of the living arrangement now that they are not a minor.*

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



# Family Foster Care and Kinship Care

## FKC 7: Developing and Maintaining Connections

The organization promotes the development of social and emotional well-being and positive support systems for all children by facilitating connections with family, peers, and community.

**Interpretation:** *If the organization does not facilitate or supervise in-person contact it should maintain documentation of all in-person contact between children and families, children's response to contact with family, and all efforts to support other forms of contact between children and their families and networks of support.*

**Interpretation:** *When the organization is working with Indian children, tribes or local Indian organizations are included in planning for family and community contact to ensure children's connections to extended family and the tribal community.*

**NA** *The organization provides informal Kinship Care Services only.*

**NA** *The organization does not provide case management services for children.*

### Rating Indicators

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.





## Family Foster Care and Kinship Care

strengthening; or

- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### Table of Evidence

#### **Self-Study Evidence**

- Guidelines for ensuring ongoing, meaningful contact
- Procedures for visitation planning and implementation
- Visitation plan template or sample
- A description of services that support family, peer, and community connections

#### **On-Site Evidence**

No On-Site Evidence

#### **On-Site Activities**

- Interview:
  - a. Program director
  - b. Relevant personnel
  - c. Foster parents
  - d. Parents
  - e. Children and youth
- Review case records

### (FP) FKC 7.01

Planned, ongoing contact occurs as frequently as possible between

#### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

children, parents, and siblings, unless contraindicated, but at a minimum in-person contact occurs:

- a. weekly between children and parents, and
- b. monthly between siblings.

**Interpretation:** *Implementation of the standard will be assessed by determining the organization's compliance with the required frequency and length of in-person contacts as outlined in court or administratively-determined visitation plans. The frequency and length of in-person contacts should be occurring according to children's age and developmental needs, and in line with permanency goals and reunification planning; however, other factors such as children's and parents' schedules and distance may factor into visitation arrangements. Infants and toddlers, in particular, need in-person contact as frequently as possible in order to develop and maintain strong attachments with their parental figures.*

*Children and parents are entitled to in-person contact unless parental rights are terminated and in some cases after termination, and incarcerated or detained parents are entitled to in-person contact unless restricted.*

*The standard requires engagement of parents whenever possible. In addition to in-person contact, organizations can support resource families to help children maintain contact in other creative ways. Web-based technologies and other electronic communications are increasingly used to facilitate family connections.*

**Research Note:** *Positive, frequent in-person contact between children and families enhances the well-being and positive development of the child; reduces the trauma of separation and placement; promotes placement stability; increases the likelihood of reunification; and facilitates the timely achievement of permanency goals. Research indicates that youth in out-of-home care often maintain relationships with their families and return to them upon exit from care. Supportive relationships should be fostered when possible and youth should receive assistance to cope with or avoid unhealthy relationships.*

**NA** *By virtue of law or contract, the organization does not develop or facilitate the implementation of visitation plans.*

### **FKC 7.02**

Children are assisted to develop social support networks by building and sustaining relationships with caring individuals of their choosing, including:

- a. extended family;
- b. peers;

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

- c. individuals with whom they had a prior relationship; and
- d. members of their community, ethnic group, faith group, clan, or tribe.

**Interpretation:** *Children have the right to determine who they maintain relationships with. The organization should work with children to identify individuals with whom they have supportive relationships.*

*In situations with known or suspected concerns about human trafficking, organizations should be aware that traffickers may pose as a boyfriend, older relative, or communicate through another individual and utilize in-person contact to continue the exploitation of the victim.*

### **FKC 7.03**

Written visitation plans are:

- a. developed in collaboration with parents, resource parents, and children;
- b. informed by assessment information;
- c. focused on relationship-building; and
- d. determined by children's developmental needs and permanency goals.

**Interpretation:** *When the organization is working with Indian children and families, representatives from their tribes or local Indian organizations should be included in the development of the visitation plan.*

**Interpretation:** *For organizations that operate an Unaccompanied Refugee Minor Foster Care Program visitations plans may exist for contact with siblings and are typically developed by the Office of Refugee Resettlement and applicable judicial bodies.*

**NA** *By virtue of law or contract, the organization does not develop or facilitate the implementation of visitation plans.*

**Note:** *Visitation plans are typically part of the permanency plan and/or the service plan and are modified in accordance with planning for reunification or an alternate permanency goal.*

### **FKC 7.04**

Written visitation plans include:

- a. start dates, frequency, time, length, and location of in-person contacts;
- b. participants;
- c. transportation arrangements;
- d. supervision or monitoring requirements, if any;
- e. developmentally-appropriate and interactive activities; and

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

- f. cancellation arrangements.

**Interpretation:** *Workers can help families determine how to involve appropriate extended family and friends to support regular contact and maintain families' support system. These supports can serve as supervisors, provide transport, offer their home for parents and children to spend time together, involve children in cultural or community events, or provide respite for resource parents.*

**Research Note:** *The more detailed and collaboratively determined a visitation plan is, the more likely that in-person contact will be positive and occur consistently. A fixed schedule is considered best practice and has been linked to helping children and families spend time together more frequently.*

*Research has found that in-person contact tends to be more consistent and positive when it occurs in a comfortable home location, such as parents' own homes, resource parents' home, or another home setting, compared to when in-person contact is at the organization or another location.*

**NA** *By virtue of law or contract, the organization does not develop or facilitate the implementation of visitation plans.*

### **FKC 7.05**

Workers or designees promote meaningful and constructive contact by:

- a. providing support to help children, parents and resource families prepare for and transition to and from in-person contact;
- b. following-up after in-person contact with all parties to assess for concerns that may indicate the need to modify the visitation plan or services; and
- c. documenting the activities that occurred and behaviorally-specific observations that pertain to family relationships and parenting.

**Research Note:** *Resource parents consistently state that helping children transition after in-person contact with their families is one of the most challenging aspects of the process. Resource parents and/or workers can help children develop transition plans that provide a structure for how they can healthfully shift gears after spending time with their parents and to help validate confusing feelings.*

### **(FP) FKC 7.06**

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

Organization policy prohibits cancellation of in-person contact as a disciplinary action.

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

### FKC 8: Services for Parents

Parents receive individualized services and supports that address their family's needs, increase their capacities for effective parenting, and assist them in preparing for reunification or facilitating other permanency options for their children.

**Interpretation:** *When the organization is working with an Indian families, services offered or recommended by the tribe or local Indian organizations should be prioritized when working with parents to identify strategies to meet their needs.*

**NA** *The organization, by virtue of law or contract, does not serve parents, or the organization only serves children who are legally free for adoption.*

**NA** *The organization provides informal Kinship Care Services only.*

#### Rating Indicators

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or

#### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### **Table of Evidence**

#### **Self-Study Evidence**

- A description of culturally-relevant services to parents
- Community resource and referral list
- Case Management procedures

#### **On-Site Evidence**

- Contracts or service agreements with community providers for the provision of services to parents
- Informational materials provided to parents

#### **On-Site Activities**

- Interview:
  - a. Program director
  - b. Relevant personnel
  - c. Parents
- Review case records

### **(FP) FKC 8.01**

Parents receive information about services that includes:

- a. an orientation to the program;
- b. their rights and responsibilities when their children are in care;
- c. the rights and responsibilities of resource families; and
- d. how service plans will be implemented to ensure involvement and contact with their children, and communication with the organization and the resource family.

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

### **FKC 8.02**

Workers maintain regular contact with parents to:

- a. build and sustain positive relationships;
- b. facilitate involvement in their children's activities;
- c. include them in decisions about their children;
- d. review service participation and effectiveness; and
- e. mutually monitor progress towards reunification or other permanency goals.

**Related:** CR 1.01

**Interpretation:** *Parents are encouraged to participate in health appointments, school activities, and other events and are involved in everyday decision making whenever possible, unless it is contraindicated.*

**Research Note:** *Parents who are involved in activities on behalf of or with their children are more likely to visit their child frequently.*

### **FKC 8.03**

Resource families maintain connections with parents to mutually share information about their children and support involvement in their children's care, unless contraindicated.

**Interpretation:** *The organization's strategies for promoting collaboration between parents and resource families should include a description of the expectations for how they maintain contact and how the organization supports and documents this contact.*

*Whenever possible, it is particularly important that resource families maintain regular communication with the parents of infants and toddlers, who may be unable to express their needs, in order to best meet the needs and keep the parents abreast of changes during this period of rapid child development.*

### **FKC 8.04**

Culturally-relevant services are provided, directly or through referral, to help parents meet their needs and to reunify families, including:

- a. child care;
- b. domestic violence services;
- c. family support services including parent education;
- d. housing referral and assistance;

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.





## Family Foster Care and Kinship Care

- e. income assistance and financial planning;
- f. in-home support and home health aide services;
- g. medical and dental care;
- h. mental health care;
- i. respite care;
- j. substance abuse treatment services;
- k. transportation services; and
- l. vocational and educational assistance.

**Interpretation:** *The organization can work with the public agency and other stakeholders to collect data on the need for services that are not readily accessible in the service area in order to advocate for greater availability.*

*Informal family and community supports can be identified as well as formally included in the service plan, and may be more beneficial in the long term if families can access the support after the case is closed.*

**Research Note:** *Poverty and child maltreatment, particularly neglect, are inextricably intertwined. Research indicates that poverty can play a major role in many conditions that increase risks to child safety, such as parental stress, inadequate housing and homelessness, lack of basic needs, inadequate supervision, substance abuse, and domestic violence. Researchers continue to examine if child maltreatment is reduced by ensuring that families can meet their basic needs.*

**Research Note:** *Reasonable efforts must be made to support reunification with incarcerated parents, unless a court has suspended the need to make such efforts. In addition to maintaining the parent-child relationship and involving parents in their children's care, organizations should identify needed rehabilitative services and document when services are not available in order to demonstrate both reasonable efforts made and the barriers incarcerated parents face in accessing needed services.*

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

### FKC 9: Services for Children and Youth

Children and youth receive developmentally-appropriate services that promote well-being.

**Interpretation:** *When the organization is working with Indian children, services offered by the tribe or local Indian organizations should be prioritized when identifying services.*

**Interpretation:** *Informal Kinship Care Programs should work closely with kinship caregivers to meet the needs identified in the standards through support and mentoring, advocacy, direct referrals for service, and linkages to community resources.*

**NA** *The organization does not provide case management services for children.*

#### Rating Indicators

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information

#### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### **Table of Evidence**

#### **Self-Study Evidence**

- A description of culturally-relevant services to children and youth
- Community resource and referral list
- Procedures for educational collaboration and support
- A description of activities for children and youth
- Procedures for assessing independent living skills
- Case Management procedures

#### **On-Site Evidence**

- Contracts or service agreements with community providers for the provision of services to children and youth
- Informational materials provided to children
- Schedule of activities for children and youth
- Independent living skills assessment tool

#### **On-Site Activities**

- Interview:
  - a. Program director
  - b. Relevant personnel
  - c. Resource parents
  - d. Children and youth
- Review case records
- Visit resource family homes

### **(FP) FKC 9.01**

#### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

Children receive a developmentally-appropriate orientation to the program and the resource family that includes:

- a. their rights and responsibilities when they are not living with their parents;
- b. what they need to feel safe;
- c. the rules in the program and in the family's home and their response to the rules;
- d. their contact with their parents, extended family, friends, and community.

**NA** *The organization provides informal Kinship Care Services only.*

### **(FP) FKC 9.02**

Resource parents provide children in care with:

- a. nurturing family relationships that promote positive attachment;
- b. a pleasant and safe atmosphere and a space in their room to personalize;
- c. a physical environment and materials that support their development;
- d. nutritious meals and snacks;
- e. clothing that is clean, seasonal, age-appropriate, and comfortable;
- f. age- and developmentally-appropriate boundaries, supervision, and discipline;
- g. an orderly but flexible daily schedule that provides opportunities for positive participation in age- and developmentally-appropriate educational, cultural, social, recreational, and community activities;
- h. regular access to a telephone to contact workers, advocates, service providers and approved family and friends; and
- i. personal needs and an allowance, as appropriate.

**Interpretation:** *Resource parents should maintain a welcoming, safe, and nonjudgmental environment after each episode of running away.*

**NA** *The organization provides informal Kinship Care Services only.*

### **FKC 9.03**

Culturally-relevant services are provided, directly or through referral, to increase children's well-being.

**Interpretation:** *Services to increase well-being include but are not limited to:*

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

- a. *counseling or group therapy to address trauma, separation, loss, and other emotional/behavioral factors;*
- b. *educational and support services for LGBTQI youth;*
- c. *formal opportunities for social skills development;*
- d. *mentoring services;*
- e. *responsive physical and mental healthcare; and*
- f. *services and activities that support children born outside of the U.S. to make a positive personal and social adjustment, increase cross-cultural skills, maintain their ethnic identity, and move forward with long-term acculturation.*

### **FKC 9.04**

The organization is proactive in ensuring that children receive support from family members, community members, peers, resource families, and workers regarding the development of their personal and social identities.

**Interpretation:** *Workers should receive training and supervision to ensure they are attune to children's perceptions of their own identities and their family experiences, and struggles they may face in areas, including but not limited to:*

- a. *culture,*
  - b. *ethnicity,*
  - c. *gender, gender identity, and gender expression,*
  - d. *immigration or refugee status,*
  - e. *language,*
  - f. *race,*
  - g. *religion,*
  - h. *sexual orientation, and*
  - i. *tribal heritage and membership.*
- Culturally-relevant services should be accessed whenever possible to support children's positive identity development and by extension their well-being.*

### **FKC 9.05**

Children receive support to achieve their full educational potential through:

- a. *regular and ongoing communication and collaboration between workers, educators, resource families, and parents;*
- b. *stability in their home schools, unless it is determined not to be in their best interest;*
- c. *educational assessments and an individual education plan when*

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

- needed;
- d. early childhood care, education, and early intervention services;
- e. tutoring; and
- f. advocacy.

**Research Note:** *Federal law requires: "An assurance that the child's initial placement and subsequent placements take into account the appropriateness of the current school and the proximity of that school to the placement; and that the agency has coordinated with the local education department to ensure the child can stay enrolled in their school despite the placement; or if the agency determines it isn't in the child's best interests to stay in the same school, an assurance that the child is immediately enrolled in a new school and that all the child's educational records are provided to the new school."*

### **FKC 9.06**

Opportunities are provided for children to:

- a. participate in ethnic, cultural, and religious activities and develop a sense of identity consistent with their cultural, ethnic, or native traditions;
- b. experience social, cultural, and recreational activities characteristic of resource parents' community;
- c. participate in age- and developmentally-appropriate group activities to meet, support, and share positive experiences with peers; and
- d. participate in age- and developmentally-appropriate educational, after-school programs or independent living activities.

### **FKC 9.07**

The organization works with children, parents, and resource families, to assess the independent living skills of children 14 years and older, at regular intervals.

**Interpretation:** *Organizations should use a standardized assessment instrument as soon as possible after children's 14th birthdays to establish a benchmark for progress on the development of skills in the areas of:*

- a. *educational and vocational development,*
- b. *interpersonal skills,*
- c. *financial management,*
- d. *household management, and*

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

- e. ~~self-care~~  
Systematic assessment normally reoccurs at six or twelve month intervals.

**NA** The organization provides informal Kinship Care Services only.

### **FKC 9.08**

In an age- and developmentally-appropriate manner, the organization works with children, parents, and resource families to promote children's self-sufficiency, informed decision making, and readiness to assume responsibility for:

- a. activities of daily living;
- b. household management and obtaining housing;
- c. obtaining and maintaining employment;
- d. money management, including budgeting, saving, investing, buying on credit, and debt counseling;
- e. accessing community resources;
- f. navigating public assistance and other governmental programs; and
- g. effective interpersonal communication and conflict resolution.

**Interpretation:** *The standard is applicable for all children regardless of age. FKC 13 provides further detail as to the services and supports provided to youth as they move towards the transition to adulthood.*

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

### FKC 10: Physical and Mental Healthcare

Children receive comprehensive healthcare services within appropriate timeframes to promote optimal physical, emotional and developmental health.

**NA** *The organization does not provide case management services for children.*

#### Rating Indicators

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being

#### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.





## Family Foster Care and Kinship Care

used; or

- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### **Table of Evidence**

#### **Self-Study Evidence**

- Initial health screening procedures
- Procedures for the coordination and provision of physical and mental health care services
- Procedures for the transfer of health care information at case closing

#### **On-Site Evidence**

- Documentation of the qualifications of health care professionals
- Informational health and wellness materials provided to children and youth

#### **On-Site Activities**

- Interview:
  - a. Program director
  - b. Relevant personnel
  - c. Resource parents
  - d. Parents
- Review case records

### **(FP) FKC 10.01**

Prior to or within 72 hours of initial entry into care children receive an initial health screening from a qualified medical practitioner to:

- a. identify health conditions that require immediate or prompt medical attention; and
- b. identify health conditions that should be considered in making placement decisions.

**Interpretation:** *Conditions that require immediate or prompt medical attention include, but are not limited to: acute illnesses, chronic diseases requiring therapy, signs of abuse or neglect, signs of infection or communicable diseases, hygiene or nutritional problems, pregnancy, and significant developmental or mental health disturbances.*

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

*The American Academy of Pediatrics recommends that the initial health screening occurs within 24 hours of the initial placement out of the home. When possible the screening should be performed by the child's primary care physician who has knowledge of the child's medical history or a physician that can serve as the child's medical home while in foster care. The screening may be completed by a nurse practitioner, registered nurse, or physician's assistant if a physician is unavailable.*

*The local child welfare authority is often responsible for ensuring that the initial health screening occurs and, in this case, the foster care organization would maintain documentation of the screening in order to ensure response to all conditions that affect placement decisions and conditions that require follow-up. The screening may be included in the assessment that occurs when a child is taken into custody following treatment at a hospital, clinic, or medical office.*

*The initial screening should include a developmental component to determine the need for further developmental assessment for children under six.*

**Interpretation:** *The initial health screening for children entering the foster care system, as recommended by the American Academy of Pediatrics, can only be conducted by a qualified medical practitioner. For a rating of a 2, appropriately qualified and trained professional staff can administer a brief screening tool to determine if more immediate medical care is needed. The organization must demonstrate that:*

- *the screening tool was developed in collaboration with a qualified medical practitioner;*
- *the tool and its administration are appropriately designed to be within the scope of the staff's qualifications;*
- *staff are trained on administration of the tool and related procedures;*  
*and*
- *procedures outline criteria for determining the need for and accessing medical care.*

**NA** *The organization provides kinship care or informal kinship care services only.*

### **(FP) FKC 10.02**

Healthcare services are centrally coordinated for children to ensure:

- a. continuity of care;
- b. receipt of comprehensive healthcare services;

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

- c. appropriate communication and coordination among healthcare providers, social service providers, other professionals, and children, families and resource parents; and
- d. that children, families and resource parents receive needed information and support.

**Interpretation:** *Children in foster care should have a medical home where healthcare is provided by medical professionals with expertise on the issues of children and adolescents in foster care. The receipt of comprehensive healthcare services includes mental healthcare and educational services that promote social and emotional well-being and development.*

**Interpretation:** *When possible, Indian children should receive health services from qualified professionals who have experience working with the tribe and knowledge of tribal customs and practices. Organizations that have the responsibility for placing Indian children should be aware of healthcare services that the child may have access to through tribally contracted health facilities or through the federal Indian Health Services. The organization should work with the tribe or a local Indian organization to ensure they have access to needed medical information.*

**Research Note:** *A study of resource parent retention suggests that the difficulty some resource parents have accessing medical providers and dentists who accept Medicaid contributes to resource parent turnover. Other research has demonstrated the challenges that kinship caregivers face in accessing medical care for the children in their care.*

### **FKC 10.03**

Children's relevant health information, including family medical history when available, is recorded in an efficient and secure system and shared with providers and resource parents, as appropriate.

**NA** *The organization provides kinship care or informal kinship care services only.*

### **(FP) FKC 10.04**

Qualified professionals provide children with age-appropriate health services including:

- a. comprehensive medical examinations within 30 days of entry into care and according to well child guidelines;
- b. dental examinations within 30 days of entry into care and every 6

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

months;

- c. developmental, mental health, and alcohol and drug screenings within 30 days of entry into care, and when indicated to identify the need for further diagnostic assessment; and
- d. needed mental health and other therapeutic services.

**Interpretation:** *See Recommendations for Preventative Health Care for children in foster care published by the American Academy of Pediatrics. Medical assessments include, as appropriate to children's ages and circumstances: lead exposure, tuberculosis testing, and HIV/STD risk assessment screening. Dental assessments should be provided for children over age three.*

**Interpretation:** *Dental exams should occur every six months, and more frequently for children with dental issues based on clinical need. The organization can receive a rating of 2 if there is an annual preventive exam and evidence that recommendations from the dental care provider indicate children are not in need of more frequent care.*

**Research Note:** *Federal law requires that public agencies monitor and treat emotional trauma, particularly, that associated with children's maltreatment and separation from family. Mental health screening and assessment should identify children's trauma histories and symptoms of traumatic stress.*

*The experience of maltreatment and the trauma of being separated from their families places children at risk of psychological and developmental problems. Children in foster care are more likely than other children to have significant medical and mental health needs.*

*Research suggests that despite regulations and policies requiring the provision of comprehensive and routine healthcare, many children do not receive routine and specialized services.*

### **(FP) FKC 10.05**

Children receive age and developmentally appropriate support and education regarding:

- a. safe and healthy relationships;
- b. sexual development;
- c. family planning and effective parenting;
- d. HIV/AIDS prevention; and
- e. prevention and treatment of sexually transmitted infections/diseases.

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

### **FKC 10.06**

Prior to the termination of services, children receive assistance to maintain or obtain:

- a. health insurance;
- b. health records;
- c. medical, dental, developmental, mental health, and substance use treatment services; and
- d. needed medication.

**Interpretation:** *The organization should provide assistance to ensure access to coverage, including coverage provided through the child's tribal affiliation when one has been established.*

**Research Note:** *The Affordable Care Act (ACA) will require states to provide Medicaid coverage for individuals under age 26 who were in foster care at age 18 and receiving Medicaid. Youth will be eligible for full Medicaid benefits which include Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) services.*

*It is recommended that organizations train direct service personnel on their states Medicaid eligibility requirements and healthcare options for youth transitioning out of the foster care system and conduct follow-up training as changes are implemented based on the ACA. Organizations should also work directly with state Medicaid agencies to connect eligible individuals to benefits.*

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

### FKC 11: Treatment Foster Care

Children with significant emotional, behavioral, medical, or developmental needs receive structured treatment within a therapeutic family setting that promotes well-being, family connections, and community integration.

**NA** *The organization does not provide treatment foster care services.*

#### **Rating Indicators**

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or

#### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

- Documentation is routinely incomplete and/or missing; or A
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### Table of Evidence

#### **Self-Study Evidence**

- A description of services:
  - a. description of the treatment model
  - b. description of the needs of children served in the program;
  - c. team roles and functioning;
  - d. therapeutic services
- Treatment planning procedures
- Discharge procedures
- Table of Contents for staff and foster parent treatment model training

#### **On-Site Evidence**

- Formal agreements with therapeutic facilities and/or providers that serve children and families in the program
- On-call schedule for treatment foster care programs
- Documentation of staff and treatment foster parent attendance at treatment model training

#### **On-Site Activities**

- Interview:
  - a. Program director
  - b. Parents
  - c. Treatment team members
  - d. Resource parents
- Review case records

### **FKC 11.01**

The treatment foster care program follows an articulated treatment model.

**Interpretation:** *The treatment model should contain components that are either evidence-based or evidence-informed. Program staff should receive pre-service and in-service training to understand and implement the treatment approach.*

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

### **FKC 11.02**

Services are team delivered, coordinated by the worker, and as appropriate to the needs of children, treatment teams include:

- a. family members;
- b. treatment foster parents;
- c. local child welfare agency workers;
- d. parole or probation officers;
- e. the program supervisor and clinicians or clinical consultants;
- f. behavior support specialists;
- g. mentors and court advocates;
- h. tribal or local Indian organization representatives;
- i. teachers;
- j. nurses and physicians;
- k. psychiatric nurses and psychiatrists; and
- l. rehabilitation therapists.

**Interpretation:** *The treatment team includes at least one agency or contract employee, in addition to the supervisor, who has an advanced degree in social work or a related field and at least two years of professional experience working with children with therapeutic needs.*

### **(FP) FKC 11.03**

Within 30 days prior or subsequent to placement, children, as applicable, receive a diagnostic mental health assessment provided by a board-certified child psychiatrist or other licensed and approved mental health professional, in accordance with state or local regulation.

### **(FP) FKC 11.04**

Treatment teams develop individualized, comprehensive treatment plans within 30 days of placement that:

- a. identify, incorporate, and build on children's strengths and assets;
- b. specify diagnoses and presenting problems;
- c. assess needs in major developmental areas; and
- d. specify short- and long-term therapeutic interventions.

### **FKC 11.05**

#### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.





## Family Foster Care and Kinship Care

Comprehensive treatment plans are:

- a. discussed weekly by the treatment team to coordinate an effective response to current issues and behaviors;
- b. reviewed monthly to evaluate progress towards treatment goals; and
- c. officially updated every 90 days to evaluate progress and the continued need for treatment foster care.

**Interpretation:** *Weekly communication between treatment team members can occur by teleconference, when necessary.*

### **FKC 11.06**

The organization coordinates the provision of needed therapeutic, rehabilitative, and supportive services and provides assistance to community providers to maximize service benefits for children.

**Interpretation:** *Therapeutic and rehabilitative services may include, but are not limited to:*

- a. *individual, family, and/or group therapy,*
  - b. *social skills groups, and*
  - c. *medical treatment.*
- Organizations should provide formal and informal support to other service providers in order to best meet the specialized needs of the children in their program.*

### **FKC 11.07**

Treatment foster parents receive ongoing training and support to assume primary responsibility for:

- a. implementing in-home treatment strategies;
- b. assisting children to understand treatment goals and interventions;
- c. documenting children's behaviors and progress in targeted areas; and
- d. acting as liaisons with clinical personnel.

### **(FP) FKC 11.08**

Formal agreements are established with:

- a. mental health facilities, medical institutions including neonatal and pediatric facilities, and other rehabilitation service providers to ensure the availability of requisite medical and mental health services; and

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

- b. a board-certified physician with appropriate experience who assumes responsibility for medical elements of a program that serves children with significant medical needs.

**Interpretation:** *The board-certified physician can provide service as an employee, contractor, or through formal agreement. Experience should be appropriate to the level and intensity of service, as well as the needs of the population served.*

### **(FP) FKC 11.09**

Treatment foster parents receive the support of:

- a. weekly contact by the assigned worker;
- b. in-person contact every two weeks and more frequently when indicated;
- c. on-call crisis intervention 24-hours a day, seven days a week; and
- d. the availability of additional personnel, technical assistance, and needed training.

**Interpretation:** *Additional personnel should be available during critical or stressful periods, such as the time from the end of the school day until bedtime.*

### **FKC 11.10**

Discharge reports are prepared for every child that document:

- a. the course of treatment and treatment recommendations;
- b. the transfer of records and appointment information;
- c. the nature, frequency and duration of aftercare services, when applicable.

**Note:** *The organization should maintain documentation on the provision of aftercare services.*

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

### FKC 12: Worker Contact and Monitoring

Workers maintain regular contact with children, parents, and resource families to establish positive relationships that promote safety, well-being and progress towards service and permanency goals.

**Interpretation:** *For organizations that provide Foster Care Home Services the worker is the staff person that carries a caseload of resource families.*

**Interpretation:** *When the organization is working with Indian children and families representatives from tribes or local Indian organizations should be informed of regular contact with children, caregivers, and families and be given an opportunity to participate.*

**Research Note:** *Federal quality monitoring processes have demonstrated the positive correlation between worker visits and several quality indicators including assessing the needs of children and families; involving children and families in case planning; meeting the physical, mental health and educational needs of children; achieving permanency goals; and preserving families and family connections.*

#### **Rating Indicators**

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or

#### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards;

e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### Table of Evidence

#### **Self-Study Evidence**

- Procedures or guidelines for worker contact and meetings in the home
- Guidelines for maintaining contact with other service providers
- Protocols for preventing and responding to missing children and allegations of maltreatment in resource families

#### **On-Site Evidence**

No On-Site Evidence

#### **On-Site Activities**

- Interview:
  - a. Program director
  - b. Relevant personnel
  - c. Foster parents
  - d. Parents
  - e. Children and youth
- Review case records
- Observe system that maintains information about children's current placements

### (FP) FKC 12.01

#### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

Workers meet separately with children and parents at least once a month:

- a. on a consistent, scheduled basis whenever possible;
- b. primarily in the home (parent or resource family); and
- c. when convenient for children, parents, and resource families.

**Interpretation:** *Workers may meet with children and/or parents depending on to whom the organization is responsible for providing services. Each meeting with children should include time for private discussion to ensure that they can feel comfortable sharing information. An organization that provides Kinship Care Services must meet with children in their kinship caregivers' homes.*

*Treatment foster care workers meet with children at least twice a month.*

**NA** *The organization provides informal Kinship Care Services only.*

**NA** *The organization provides Family Foster Care Home Services only.*

### **FKC 12.02**

Workers maintain contact and/or meet with children and parents to:

- a. maintain supportive relationships;
- b. monitor and promote safety and well-being;
- c. consult with children and parents about family and worker actions to achieve goals in the service plan; and
- d. continuously explore changes in children's or families' circumstances.

**Interpretation:** *For organizations that do not provide services to parents this standard applies to worker contact with the child.*

**NA** *The organization provides Family Foster Care Home Services only.*

### **(FP) FKC 12.03**

Workers meet with resource parents at least once a month:

- a. on a consistent, scheduled basis whenever possible;
- b. primarily in the home; and
- c. at mutually agreed upon times.

**Interpretation:** *Organizations that provide only Foster Care Home Services may meet with resource families in the home less than monthly, but at a minimum on a quarterly basis.*

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

**Interpretation:** *The first meeting with the resource parents should occur within the first two weeks of placement.*

*Workers meet with treatment foster parents in the home at least twice per month.*

**NA** *The organization provides informal Kinship Care Services only.*

### **FKC 12.04**

Workers regularly consult with resource parents:

- a. to maintain positive relationships;
- b. to monitor and promote safety and well-being;
- c. about their ongoing role in supporting the service plan and the worker's role in supporting them; and
- d. to share all relevant and legally permissible information concerning the children.

**Research Note:** *Literature suggests a consistent relationship with a worker who provides information and support to the resource parent can be a key factor in resource parent retention and placement stability.*

### **FKC 12.05**

Workers regularly communicate with other service providers to monitor service participation and effectiveness.

### **FKC 12.06**

Current information about children's placements is available to authorized personnel at all times.

**Interpretation:** *When a child is moved, information about a new placement is entered in the case record within 24 hours.*

**Interpretation:** *When the organization is working with Indian children and families, current information about the child's placement is made available to tribal representatives.*

**NA** *The organization provides informal kinship care services only.*

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

### **(FP) FKC 12.07**

The organization implements practices and protocols to prevent and respond to missing children and allegations of maltreatment with resource families.

**Interpretation:** *Missing children include children who run away, are abducted, or are otherwise unaccounted for. Protocols for preventing and responding to missing children and allegations of maltreatment should be developed in collaboration with law enforcement, public agencies, tribal governments, and other community organizations.*

**Interpretation:** *An event-based re-assessment should be conducted when children return following an episode of running away, including re-entry examinations and clinical consultations.*

**Research Note:** *Federal, state, and local officials who discover a minor who may be a victim of human trafficking are required to notify the U.S. Department of Health and Human Services within 24 hours to facilitate the provision of interim assistance.*

**NA** *The organization provides informal Kinship Care Services only.*

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

### FKC 13: Transition to Adulthood

Youth are supported in their transition to adulthood through individualized planning and preparation that promotes emotional well-being, connected support systems, access to needed resources, and skill development.

**Interpretation:** *The transition to adulthood refers to both the developmental life stage and the transition out of the foster care system.*

**Research Note:** *Research consistently shows that youth who have left the foster care system face more challenges than the general population around educational attainment, employment, criminal justice involvement, substance abuse, mental illness and poverty.*

*Systematic skills assessment, independent living skills training, involvement of caregivers as facilitators, and developing and maintaining community connections are four overarching strategies that have been identified as effective for preparing youth for self-sufficiency.*

**NA** *The organization does not serve youth 14 or older.*

**NA** *The organization provides informal Kinship Care Services only.*

### Rating Indicators

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.





## Family Foster Care and Kinship Care

- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards;

e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### **Table of Evidence**

#### **Self-Study Evidence**

- Procedure for transition planning
- A description of services to support youth in the transition to adulthood

#### **On-Site Evidence**

No On-Site Evidence

#### **On-Site Activities**

- Interview:
  - a. Program director
  - b. Relevant personnel
  - c. Youth
- Review case records

### **FKC 13.01**

Transition planning is a youth-driven, strengths-based process that:

- a. ensures maximum youth participation through involvement in all aspects of planning;
- b. includes important informal and formal members of youths' lives;
- c. explores involved adults' commitment to the youth;
- d. incorporates attention to safety, well-being and permanency; and

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

e. involves collaboration and coordination among all service providers.

**Interpretation:** *Implementation of the standard is demonstrated through case record documentation and interviews with youth that indicate that the organization has worked consistently and collaboratively with youth through the planning process to identify and engage family members, friends, natural mentors, and other community supports in the planning process for their transition. Collaborative, team-based transition planning that begins well in advance of the youth's transition will naturally promote the development of a positive support system.*

**Interpretation:** *For youth transitioning into adult systems of care planning meetings and discussions should include providers from the adult-serving systems that will be working with the youth.*

**Interpretation:** *For American Indian and Alaska Native youth, their tribe and/or the local Indian organization must be included in transition planning.*

### **FKC 13.02**

With the worker or another supportive professional, youth have the opportunity to explore:

- a. their family relationships and relationships with supportive peers and adults;
- b. their families' readiness for healthy participation in their lives;
- c. the range of housing options available to them, including tribal options for Indian youth;
- d. the risks and benefits of available housing options;
- e. their academic needs and interests and available educational paths; and
- f. their work interests and skill sets, as well as different vocational interests, career paths, and employment supports.

**Research Note:** *Transitional periods in life are often particularly stressful for survivors of trauma who need to guide their own transition planning at a pace that feels comfortable for them and may require additional supports in order to have a safe experience of transition.*

### **(FP) FKC 13.03**

The organization assists youth in developing individualized transition plans, at least six months prior to their 18th birthday or discharge from care, that identifies specific plans for:

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

- a. coping with and healing from stress and trauma associated with grief and life transitions;
- b. education and academic support;
- c. employment and workforce support;
- d. finances/income;
- e. health insurance and healthcare;
- f. housing; and
- g. mentoring and continued support services.

**Research Note:** *A theme in the area of transition planning is the importance of understanding normal adolescent brain development and using this understanding as the foundation for creating transition plans with youth that support them through these normal developmental stages.*

### **FKC 13.04**

As appropriate to each individualized transition plan, the organization ensures youth have information and support around:

- a. the transfer or termination of custody;
- b. benefits that will end at transition or case closing, at least six months in advance;
- c. accessing affordable community based healthcare and counseling;
- d. transitioning to adult systems of care for mental health or developmental disabilities;
- e. services and supports available to youth who were in foster care for education and independent living activities;
- f. public assistance programs and the court system;
- g. maintaining an ongoing relationship with their tribe and tribal community members to receive supports and services available from the tribe and engage in cultural activities;
- h. child care services;
- i. available support through community volunteers or individuals who have made a successful transition;
- j. how to contact the organization and what supports the organization can offer after case closing; and
- k. who they can contact in an emergency, crisis, or for support.

### **FKC 13.05**

The organization ensures that youth transition to adulthood with social supports in place, including:

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

- a. access to at least one committed, caring adult;
- b. access to cultural and community supports; and
- c. access to positive peer support.

**Interpretation:** *When the organization is working with Indian youth, tribal representatives should be active members in the creation of a transition plan.*

**Research Note:** *Youth who leave the foster care system consistently name emotional support as the most common element missing from their lives.*

**Research Note:** *The organization may consider using permanency pacts, which provide the opportunity to discuss and document specific supports that an involved, caring adult will provide a youth, with the goal of promoting the development of a lifelong relationship.*

### **FKC 13.06**

The organization assists youth in obtaining or compiling documents necessary to function as an independent adult, including, when applicable:

- a. an identification card;
- b. a social security or social insurance number;
- c. a resume;
- d. a driver's license;
- e. an original copy of the youth's birth certificate;
- f. bank account access documents;
- g. religious documents and information;
- h. documentation of immigration or refugee history and status;
- i. documentation of tribal eligibility or membership;
- j. death certificates when parents are deceased;
- k. a life book or a compilation of personal history and photographs;
- l. a list of known relatives, with relationships, addresses, telephone numbers, and permissions for contacting involved parties;
- m. previous placement information; and
- n. educational records, such as high school diploma or general equivalency diploma, and a list of schools attended.

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



# Family Foster Care and Kinship Care

## FKC 14: Case Closing and Aftercare

The organization works with reunified families, youth who are transitioning from care, adoptive families, and families with permanent legal guardianship to plan for case closing and when possible to develop aftercare plans.

**Interpretation:** *While the decision to develop an aftercare plan is based on the wishes of the service recipient, unless aftercare is mandated, the organization is expected to be strongly proactive with respect to aftercare planning.*

### Rating Indicators

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- In a few instances the organization terminated services inappropriately; or
- Active client participation occurs to a considerable extent; or
- A formal case closing summary and assessment is not consistently provided to the public authority per the requirements of the standard.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Services are routinely terminated inappropriately; or
- A formal case closing summary and assessment is seldom provided to the public authority per the requirements of the standard.; or
- A number of client records are missing important information; or
- Client participation is inconsistent; or

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### Table of Evidence

#### **Self-Study Evidence**

- Case closing procedures
- Reunification planning procedures
- Aftercare/follow-up procedures

#### **On-Site Evidence**

- Review contract with public authority, as applicable
- Materials on community resources provided to families

#### **On-Site Activities**

- Interview:
  - a. Program director
  - b. Relevant personnel
  - c. Parents
  - d. Children and youth
- Review case records

### **FKC 14.01**

Planning for case closing:

- a. is clearly defined and includes assignment of staff responsibility;
- b. begins at intake; and
- c. involves children, families, workers, and others, as appropriate.

### **(FP) FKC 14.02**

#### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

Reunification planning is ongoing throughout the work with families and includes:

- a. ongoing, mutual assessment of the progress towards meeting family goals;
- b. emotional and physical preparation with parents, non-custodial parents, children, and resource families;
- c. transfer of all applicable legal, educational, and medical documents and service summaries prior to reunification date;
- d. assistance in accessing needed community-based resources prior to reunification date; and
- e. identification of post-reunification services.

**NA** *The organization provides informal Kinship Care Services only or does not work with families who will be reunifying.*

### **FKC 14.03**

Upon case closing, the organization notifies any collaborating service providers, including the courts and tribal governments, as appropriate.

### **FKC 14.04**

The organization develops aftercare plans with children and families, sufficiently in advance of case closing, that specify options for meeting the families' needs for supports and services, and the steps to meeting these needs.

**Interpretation:** *The organization develops the plan in collaboration with children and families, explores suitable resources, and takes the initiative to make contact with service providers with the family or on behalf of the family if they would benefit from this assistance.*

**Interpretation:** *When the case involves an American Indian or Alaska Native child, resources available through the tribe or local Indian organization should be considered when developing an aftercare plan.*

**Research Note:** *Aftercare services such as in-home support, counseling, housing assistance, and respite care can support reunification efforts.*

**NA** *The organization has a contract with a public authority that prohibits or does not include aftercare planning or follow-up.*

### **FKC 14.05**

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

The organization that has a contract with a public authority that does not include aftercare planning or follow-up:

- a. conducts a formal case closing evaluation and assessment of unmet needs; and
- b. informs the public body of the findings, in writing, as appropriate to the contract and with the permission of the family member.

**NA** *The organization always provides aftercare, or the organization does not have a contract with a public authority.*

### **FKC 14.06**

The organization follows up on the aftercare plan, as appropriate, when possible, and with the permission of children and families.

**NA** *The organization has a contract with a public authority that prohibits or does not include aftercare planning or follow-up.*

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.





## Family Foster Care and Kinship Care

### FKC 15: Resource Family Recruitment and Assessment

Resource family recruitment and assessment ensures a diverse group of resource families can be prepared to meet the needs of children and their families.

**Interpretation:** *Resource family recruitment should be structured as a mutual assessment and selection process in which prospective resource families can best determine if providing resource family care will be positive for their family and for children that could enter their care. Kinship caregivers who are completing the process of becoming licensed resource parents may already have children in their care, may be identified by their families, or may be identified through other family-finding efforts.*

**Interpretation:** *An organization that has responsibility for placing American Indian and Alaska Native children should work closely with tribes and local Indian organizations to establish eligibility criteria for resource families that are consistent with the norms of the tribe and identify resource families within the tribal community through joint recruitment efforts. Tribes and local Indian organizations may also be able to provide valuable support in assessing and approving resource families for American Indian and Alaska Native children.*

**NA** *The organization provides informal Kinship Care Services only or has no role in resource family recruitment or assessment.*

#### **Rating Indicators**

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

**3)** Practice requires significant improvement, as noted in the ratings for the

#### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### Table of Evidence

#### **Self-Study Evidence**

- Recruitment procedures
- Resource Family assessment procedures
- Resource Family assessment tool and/or criteria
- Procedures for background, child abuse, and sex offender registry checks
- Criteria for selection of treatment foster parents

#### **On-Site Evidence**

- Documentation of tribal participation in resource parent recruitment, when applicable
- Recruitment materials

#### **On-Site Activities**

- Interview:
  - a. Program director
  - b. Relevant personnel
  - c. Resource parents
- Review resource parent records

#### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

### **FKC 15.01**

Recruitment involves key stakeholders including:

- a. family foster care alumni;
- b. current resource parents, including foster parents and kinship caregivers, when possible;
- c. workers;
- d. community leaders;
- e. tribal representatives or urban Indian organization representatives; and
- f. other organizations in the community.

**Research Note:** *The Multi-Ethnic Placement Act of 1994 (MEPA) prohibits the consideration of "culture" as proxy for race, color or national origin, however state child welfare systems are also required to develop diligent recruitment plans for foster and adoptive families that reflect the characteristics of the children in its foster care system. Because of MEPA these plans must contain provisions that prohibit the denial of potential resource families not identified in the diligent recruitment plan.*

*As one component of a diligent recruitment plan, culturally-sensitive recruitment has become more prevalent with the recognition that children and families can benefit when placement is with families who may be from the same community and/or have the same racial, ethnic, or cultural background. Some strategies that have been used to increase recruitment in communities of color include:*

- a. *translating materials into relevant languages,*
- b. *co-training with resource families of color,*
- c. *conducting joint community outreach efforts,*
- d. *engaging prospective families jointly with current resource parents, and*
- e. *building relationships to facilitate recruitment efforts with faith, civic, and ethnic organizations in the community.*

*In addition, literature suggests that recruitment efforts target:*

- a. *friends and family of current resource parents,*
- b. *individuals or families that will care for children who are difficult to place, including school-age children, youth, and children with special needs, and*
- c. *parents seeking to expand their family.*

**NA** *The organization provides Kinship Care Services only.*

### **FKC 15.02**

Recruitment efforts are planned, implemented, and evaluated to ensure suitable families are available for the children entering care.

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

**Interpretation:** *Planning should include a regular assessment of the qualities of families needed, recruitment resources available, and recruitment goals. Evaluation of recruitment efforts should include the cost-effectiveness of activities and the utilization of new resource families.*

**Interpretation:** *Generally, when board members, employees, or consultants of the organization express interest in becoming resource parents, the organization refers them to another provider. If the organization allows board members, employees, or consultants to provide resource family care, the organization must have a policy and procedures that address the circumstances under which this practice is allowed, conflicts of interest, confidentiality of client and resource parent information, evaluation of the home, and any other risks that have been identified by the organization.*

**Research Note:** *The federal government advocates that organizations place children's best interests at the forefront of recruitment efforts and consider all qualified families that can provide loving homes for children. Each year approximately 100,000 children in the U.S. foster care system are awaiting adoption.*

*In addition to an increase in culturally-specific recruitment and other targeted efforts, organizations should develop strategies to increase knowledge and competence of lesbian, gay, bisexual and transgender (LGBT) communities and become fully welcoming and affirming of LGBT prospective parents. In states where it is illegal for LGBT families to adopt, organizations can advocate to remove legal and cultural barriers for LGBT adoption, with the goal of achieving permanency for all children.*

*A large body of research shows that LGBT parents are equivalent to heterosexual parents in their ability to effectively parent.*

**NA** *The organization provides Kinship Care Services only.*

### **FKC 15.03**

Prospective resource families are engaged in the recruitment process through:

- a. awareness of the recruitment-to-placement timeline and available supports;
- b. timely, sensitive, personal, and culturally-responsive follow-up at each step of the process;
- c. personalized contact with existing resource families; and
- d. accessible and inviting open houses, orientations, and training sessions.

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

### **FKC 15.04**

During the recruitment and assessment process kinship caregivers have the opportunity to:

- a. discuss their families' stories and the experiences that brought them to caring for or planning to care for a kin child;
- b. discuss their concerns with becoming licensed resource parents; and
- c. learn how the program collaborates with kinship caregivers and supports relationships between kinship families, parents and extended families.

**NA** *The Family Foster Care program does not work with kinship caregivers.*

### **(FP) FKC 15.05**

The resource family assessment considers factors that may impact the ability of resource parents to provide effective care and offer experiences that enhance healthy development, including:

- a. personal characteristics;
- b. motivation for providing resource family care and interest in adoption, if applicable;
- c. willingness to provide responsive care for children with the characteristics and needs of the children in care;
- d. willingness to support children's ties to family, peers, and community;
- e. family relationships and family functioning, including the perspectives of all adults and children in the home;
- f. mental and physical health;
- g. parenting skills, experiences, and beliefs;
- h. social support networks; and
- i. the home environment.

**Interpretation:** *The resource family assessment is a standardized process that meets legal requirements for homestudies. It should include an interview with all adults and children living in the home, including the identification of family roles as well as exploration and assessment of each person's ability to contribute positively to a child's healthy development. Household members should be interviewed separately to ensure each person feels comfortable to share freely.*

**Research Note:** *In addition to the assessment interview, research has demonstrated the efficacy of using a standardized questionnaire or inventory to assess prospective applicants' potential strengths and areas for development and support in the primary domains linked to fostering*

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

successfully.

### **(FP) FKC 15.06**

Resource family assessments are completed prior to placement, and are updated:

- a. within two weeks of a reported change in the home composition; and
- b. at least once annually.

**Interpretation:** *Children may be placed with kin on an emergent basis - including the same day as separation from their family - in order to facilitate family connections and minimize disruptions. Consistent with the Adam Walsh Act criminal and CPS background checks and same day preliminary safety assessments are required prior to placement. Issues that may be revealed on these checks does not necessarily preclude placement of children in relatives' homes but should be one component of an overall assessment of relatives' capacity and appropriateness to care for children.*

**Interpretation:** *Changes that warrant a follow-up assessment include but are not limited to: individuals who move in or out of the home; death or debilitating illness of a caregiver; structural defects in the home related to fire, flood, or natural disaster; or legal proceedings affecting the family such as eviction or divorce. The annual assessment update can occur in conjunction with the annual resource parent evaluation.*

### **(FP) FKC 15.07**

To ensure resource families can provide safe and consistent care:

- a. all adult caregivers in the home receive health assessments prior to placement, or within 45 days after the first placement, and again when licenses are renewed; and
- b. all adults in the home receive criminal background, child abuse and sex offender registry checks prior to placement in accordance with applicable federal and state law.

**Interpretation:** *Organizations may have more flexibility to make exceptions around certain non-violent criminal or civil background histories for kin who are otherwise determined to be appropriate caregivers. Each situation should be assessed on a case-by-case basis. Element (a) is not applicable for kinship caregivers who are not becoming licensed resource parents.*

**Interpretation:** *Special circumstances, including the health needs of the resource parent, warrant more frequent assessment. The organization*

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

*should consult with the local public health authority to determine if a skin tuberculin test should be included in the assessment. A written statement from a physician or other qualified health professional regarding the person's health is acceptable to meet the intent of the standard. If the assessment indicates a mental health concern, the individual must also obtain a formal evaluation from a mental health professional.*

### **FKC 15.08**

The organization selects treatment foster parents based on established criteria that include:

- a. proven experience as resource parents, work experience in a setting such as a group home or residential center, or specialized training in treatment foster care;
- b. three non-relative references; and
- c. attainment of at least twenty-one years of age.

**NA** *The organization does not provide treatment foster care.*

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

### FKC 16: Resource Family Training and Preparation

Resource families receive training and preparation to strengthen their capacity to care for children and support children's families.

**Interpretation:** *Training and other preparation activities should be structured to offer prospective resource parents exposure to real-life examples of caring for children that come into care, such as children that have experienced trauma and maltreatment and/or may exhibit emotional/behavioral challenges.*

**NA** *The organization provides informal Kinship Care Services only.*

#### Rating Indicators

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards;

#### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.





## Family Foster Care and Kinship Care

e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### Table of Evidence

#### **Self-Study Evidence**

- Policy or procedure for required training for resource parents (including specific requirements for foster parents, treatment foster parents, and kinship caregivers, as applicable)
- Table of contents of training curricula
- Protocols for responding to emergencies

#### **On-Site Evidence**

- Training curricula
- Training attendance records
- Sample of emergency protocols from resource homes, if resource parents develop individualised plans
- Materials that specify pre- and in-service training requirements
- Material provided to resource parents describing their rights and responsibilities

#### **On-Site Activities**

- Interview:
  - a. Program director
  - b. Relevant personnel
  - c. Resource parents
- Review resource parent records

### **FKC 16.01**

Resource parents receive the appropriate amount of pre-service and in-service training and support to demonstrate competency in:

- a. understanding the organization's mission, philosophy, and service array;
- b. providing protection and promoting psychological safety to mediate the effects of trauma, maltreatment, separation, loss, and exploitation;

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

- c. meeting children's developmental needs across life domains and supporting their identity development;
- d. promoting positive behavior and healing through coaching, nurturing, and positive discipline;
- e. supporting and facilitating children's emotional, physical, and legal permanency;
- f. supporting and facilitating family relationships, friendships, cultural ties, and community connections;
- g. managing the caregiver role, self-care, and the impact of fostering on the family;
- h. supporting family stability as a kinship caregiver, if appropriate; and
- i. collaborating with family team members and service providers.

**Interpretation:** *Family Foster Care programs that work with kin and unrelated resource parents should make the effort to provide separate training for kinship caregivers in order to provide a space in which kinship caregivers can relate to each other and apply the training to their specific experiences of caring for their kin.*

*If resources do not allow for separate training the training facilitator should work to incorporate the experience of both groups into the training. Training facilitators can follow up with kinship caregivers about their concerns and the training experience, to ensure that their particular concerns can be addressed in the training or at another time by the staff working with their family. Some of the specific training and support needs of kin may relate to negotiating family dynamics, the experience of family trauma, managing boundaries, and disciplining traditions.*

*Kinship Care Programs that are not required to provide a comprehensive competency-based training program can cover the identified topics during skill-building sessions in kinship caregiver support groups (see FKC 17.01).*

**Interpretation:** *With regards to element (f), training must include educating resource parents on the Indian Child Welfare Act, its impact on placement and permanency for American Indian and Alaska Native children, and the resource parents' responsibilities for supporting the child's cultural identity and facilitating connections to his or her tribe.*

**Interpretation:** *Educating resource parents on sex trafficking is an important component to prevention, identification, and treatment. Education should address how resource parents can support children through information on topics such as internet safety, how to respond when a child runs away, and developing healthy relationships. Additionally, education for resource parents of trafficking victims should emphasize the issue of stigma*

### Purpose

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

*associated with prostitution to help the family provide a healthy, nonjudgmental home environment, supportive of a successful reintegration.*

### **(FP) FKC 16.02**

Resource parents receive pre-service training on rights and responsibilities including:

- a. specific duties of resource parents;
- b. identification and reporting of abuse and neglect;
- c. reimbursement for services and compensation for damages caused by children placed in the home;
- d. notice of and participation in any review or hearing regarding the child;
- e. preventing allegations of maltreatment and procedures when allegations are made;
- f. complaint procedures; and
- g. circumstances that will result in revoking a resource family license or certification.

**Research Note:** *Resource parents participating in a study of retention stated that the lack of reimbursement for some incurred expenses, including transportation, clothing, and recreational services, can impact resource parent turnover. Researchers recommend identifying and addressing concerns about the costs of providing resource family care during training.*

**NA** *The organization provides Kinship Care Services only.*

### **(FP) FKC 16.03**

Resource parents are:

- a. trained in basic first aid;
- b. trained in medication administration;
- c. certified in CPR, when necessary;
- d. trained in recognizing and responding to child behaviors that jeopardize health and well-being; and
- e. trained in medical or rehabilitation interventions and operation of medical equipment required for a child's care.

**Interpretation:** *Retraining should be provided at least every two years.*

**Interpretation:** *CPR certification is required when treatment foster parents provide care to children with exceptional medical needs. In other cases, the organization should consult with the state to determine whether and under what circumstances it is necessary and appropriate for resource parents to*

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

*be certified in CPR. If it is determined that CPR certification is not necessary, the organization should use the state's guidance to develop a plan for how resource parents should respond in case of emergency. Appropriate responses may vary based on the geographic area that the organization serves.*

**NA** *The organization provides Kinship Care Services only.*

### **(FP) FKC 16.04**

Resource parents sign a statement indicating that for children placed in their care they agree to:

- a. identify and report abuse and neglect;
- b. employ positive discipline techniques;
- c. refrain from using physical and degrading punishment; and
- d. ensure that others refrain from using physical and degrading punishment.

**Interpretation:** *In addition to providing training and support around positive discipline, organizations should help resource parents process their beliefs about discipline and proactively support their use of positive discipline techniques.*

**NA** *The organization provides Kinship Care Services only.*

### **(FP) FKC 16.05**

Resource families develop or use the organization's protocols for responding to emergencies including accidents, run-away behavior, serious illness, fire, and natural and human-caused disasters.

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

### **FKC 17: Resource Family Development, Support, and Retention**

The organization promotes resource family development and retention by collaborating with resource families to determine the support needed to ensure that children receive safe, consistent, and nurturing care.

**Research Note:** *Kinship care has not always been identified as its own area of practice in large part because of policy structures that situate kinship care as a form of foster care or family preservation. At the same time, due to societal changes and policy that requires preference be given to kin, children are entering kinship care in greater numbers.*

*Regardless of the service model for working with kin, researched conducted with kinship caregivers supports a collaborative approach. Collaboration entails mutual support and commitment between adults who are responsible for ensuring a child's safety, stability, permanency, and well-being.*

*This research identified that collaborative support is demonstrated through five crucial competencies:*

- a. *respecting mutual knowledge, skills, and experiences;*
- b. *building trust by meeting needs;*
- c. *facilitating open communication;*
- d. *creating an atmosphere in which cultural traditions, values, and diversity are respected; and*
- e. *using negotiation skills.*

### **Rating Indicators**

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

- Active client participation occurs to a considerable extent.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### Table of Evidence

#### **Self-Study Evidence**

- A description of support efforts and services, including opportunities for peer support
- A calendar or listing of recreational or social activities
- Community resource and referral list
- Procedures for safety assessment of resource family home and vehicle
- Kinship caregiver strengths and needs assessment

#### **On-Site Evidence**

- Documentation of and/or attendance records for peer support opportunities
- Documentation of formal relationships with community providers for the provision of support services, as applicable
- Informational materials on community resources provided to resource parents, including any specific materials for kinship caregivers

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

### On-Site Activities

- Interview:
  - a. Program director
  - b. Relevant personnel
  - c. Resource parents
- Review resource parent records
- Review case records

### **FKC 17.01**

The organization provides accessible opportunities for peer support among resource parents.

**Interpretation:** *Organizations should consider the different needs of the foster parents, kinship caregivers, and treatment foster parents they work with and offer opportunities tailored to the different groups. Opportunities for support include regular meetings in which resource parents can share concerns and discuss strategies for managing their role, and/or social events that bring resource families together and give them the chance to get to know each other better.*

*Organizations can work with resource parents to determine how to make peer support opportunities more accessible- such as by offering food and/or childcare.*

**Research Note:** *Research indicates that kinship caregivers best benefit from a hybrid approach to training and support in which the support group component is emphasized and serves as a space for targeted training activities.*

### **FKC 17.02**

The organization offers recreational or social activities for resource families.

**Interpretation:** *Kinship care programs should offer activities more regularly if these activities are a fundamental component of the services they offer kinship families, such as if recreational activities function as a form of respite for kinship caregivers.*

### **FKC 17.03**

Resource families have access to services to improve family functioning and prevent and reduce stress and family crisis including:

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

- a. child care;
- b. counseling;
- c. peer support opportunities outside of the organization;
- d. cultural, recreational, and social activities outside of the organization;
- e. respite care; and
- f. transportation.

**Interpretation:** *When working with Indian children, services offered by tribes or local Indian organizations should be considered when identifying support services.*

**Research Note:** *An identified effective practice for increasing retention of foster parents is to encourage their participation in local, state, and national associations for foster parents, which can offer powerful opportunities for peer support and involvement in a larger movement to advocate for children.*

### **FKC 17.04**

Resource families participate in an annual mutual review to identify areas of strength and concern, and develop plans for needed support and training.

**Interpretation:** *The mutual review conducted as part of the home recertification process may be used to demonstrate implementation of this standard, provided such reviews are conducted annually. Resource families should receive ongoing feedback regarding performance, which focuses on strengths and needs, as part of the ongoing support provided.*

**NA** *The organization provides kinship care or informal kinship care services only.*

### **(FP) FKC 17.05**

Resource families' homes are regularly assessed to identify and address any safety concerns including, but not limited to:

- a. inadequate heat, light, water, refrigeration, cooking, and toilet facilities;
- b. malfunctioning smoke detectors;
- c. unsanitary conditions;
- d. lack of phone service;
- e. unsafe doors, steps, and windows, or missing window guards where necessary;
- f. exposed wiring;
- g. access to hazardous substances, materials, or equipment;

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.





## Family Foster Care and Kinship Care

- h. rodent or insect infestation; and
- i. walls and ceilings with holes or lead.

**NA** *The organization provides kinship care or informal kinship care services only.*

### **(FP) FKC 17.06**

Resource parents who transport children in their own vehicles:

- a. use age-appropriate passenger restraint systems;
- b. provide adequate passenger supervision, as required by statute or regulation;
- c. properly maintain vehicles and obtain required registration and inspection;
- d. provide the organization with annual validation of their driving records; and
- e. provide the organization with regular validation of their licenses and appropriate insurance coverage.

**Interpretation:** *Regarding element (e), this information should be provided as frequently as necessary, based on the amount of time licenses and insurance are valid. For example, if licenses are valid for two years, license validation can occur every two years. Regarding validation of appropriate insurance coverage, it is suggested that the organization maintain a copy of each resource parent's auto policy declaration.*

**NA** *The organization provides kinship care or informal kinship care services only.*

### **FKC 17.07**

The organization collaborates with resource families, and when appropriate with parents, to identify informal resources that can offer support, including as appropriate:

- a. friends;
- b. neighbors;
- c. other resource parents;
- d. members of clan, tribal, religious, and spiritual communities; and
- e. local businesses or other community organizations.

**Interpretation:** *As appropriate to each family's situation and in line with requirements for ensuring safety, the family and resource family can*

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

*collaboratively or individually identify informal resources to help care the for the child and/or provide other types of support. This type of support may need to be included in service plans to ensure communication.*

### **FKC 17.08**

Strengths and needs assessments are conducted in collaboration with kinship caregivers who receive assistance, directly or through referral, to obtain supports or services, including but not limited to:

- a. financial assistance;
- b. legal services;
- c. housing assistance and resources to provide a safe home environment;
- d. food and clothing;
- e. physical and mental health care; and
- f. in-home support services.

**Interpretation:** *Organizations should be aware of applicable state regulations governing financial supports available to kinship caregivers. Kinship caregivers should be provided with all available options that can support stability and assisted to access the option that is best for their family and best for child permanency.*

**Interpretation:** *When the organization is working with Indian children and families, tribal representatives should be used as resources to help locate the most appropriate services for kinship caregivers.*

**NA** *The Family Foster Care program does not work with kinship caregivers.*

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

### FKC 18: Respite Care

Respite care reduces caregiver stress and promotes the stability of placements.

**NA** *The organization does not provide respite care in its resource family homes.*

**NA** *The organization provides kinship care or informal kinship care services only.*

**Note:** *If care is going to continue for an indefinite period of time, the notice and placement preferences in the Indian Child Welfare Act may apply.*

#### Rating Indicators

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of

#### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

implementation at all, as noted in the ratings for the Practice standards;

e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### **Table of Evidence**

#### **Self-Study Evidence**

- A description of respite services, including number of children permitted in respite care homes
- Guidelines for the review of respite care options with resource families
- Procedures and criteria for matching children with respite caregivers
- Procedures for providing respite services in response to a crisis
- Health and safety procedures and protocols

#### **On-Site Evidence**

- Informational materials regarding the respite care program

#### **On-Site Activities**

- Interview:
  - a. Program director
  - b. Relevant personnel
  - c. Respite caregivers
  - d. Resource parents
- Review case records

### **FKC 18.01**

Respite care options are reviewed with resource parents prior to placement and on a regular basis.

### **FKC 18.02**

Children are matched with respite caregivers who can meet their needs, and:

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

- a. are familiar with their daily routines, preferred foods and activities, and needed therapeutic or medical care; and
- b. respect their culture, race, ethnicity, language, religion, gender identity, and sexual orientation.

**Interpretation:** *Children who require therapeutic or medical treatment should be matched with a caregiver that has appropriate skills and qualifications.*

### **FKC 18.03**

Respite caregivers offer enriching activities appropriate to the interests, age, development, physical abilities, interpersonal characteristics, culture, and special needs of children.

**Interpretation:** *When children are involved in regular therapeutic, educational, or employment activities, respite caregivers work with the resource parents to plan for continued participation.*

### **(FP) FKC 18.04**

When respite care is provided in response to a crisis, the organization provides needed developmentally, culturally, and age-appropriate interventions to help children cope with trauma or stress associated with the crisis.

**NA** *The organization does not provide respite care in its resource homes in crisis situations.*

### **(FP) FKC 18.05**

Respite caregiver homes have no more than:

- a. five children with no more than two children under age two; or
- b. two foster children in treatment foster care.

**Interpretation:** *Resource parents are expected to meet the same criteria with regard to the total number of children able to reside within the family home regardless of whether children join the family for traditional foster care placement or temporary respite placement. Exceptions to the total number of children approved to reside with the family are usually considered only to accommodate sibling groups, kinship care placements, or if the home if*

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

*pecially licensed by the state or tribe to care for more children.*

**Interpretation:** *When overnight care is provided, accommodations include sleeping arrangements appropriate to the number, age, special needs, and gender of the individuals in the home.*

### **(FP) FKC 18.06**

When children in respite care experience accidents, health problems, or changes in appearance or behavior, information is promptly recorded and reported to the resource parents and administration, and follow-up occurs, as needed.

### **(FP) FKC 18.07**

Respite caregivers return children only to the resource parents, or another person approved by the resource parents, and follow guidelines for situations that pose a safety risk or when a child requires protection.

**Interpretation:** *Protocols should provide direction on how to use appropriate organizational or community resources to respond to individuals who are intoxicated by drugs or alcohol, mentally or physically unstable, or who present a safety concern.*

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



# Family Foster Care and Kinship Care

## FKC 19: Personnel

Qualified personnel receive support to provide culturally-responsive services that ensure the safety of children, promote the well-being of children and families, and increase the efficacy of resource families.

**Interpretation:** *FKC 19 refers to employees only. Resource parents are not considered personnel.*

**Note:** *When the organization is unable to fully implement one or more of the standards within this section, intensive efforts should be placed on fully implementing the other standards. For example, if the organization is unable to recruit workers with specific qualifications, it can ensure that appropriate supervision and workload standards are implemented.*

### Rating Indicators

- 1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.
- 2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,
  - With some exceptions, staff (direct service providers, supervisors, and program managers) possess the required qualifications, including: education, experience, training, skills, temperament, etc., but the integrity of the service is not compromised.
    - Supervisors provide additional support and oversight, as needed, to staff without the listed qualifications.
    - Most staff who do not meet educational requirements are seeking to obtain them.
  - With some exceptions staff have received required training, including applicable specialized training.
    - Training curricula are not fully developed or lack depth.
    - A few personnel have not yet received required training.
    - Training documentation is consistently maintained and kept up-to-date with some exceptions.
  - A substantial number of supervisors meet the requirements of the standard, and the organization provides training and/or consultation to improve competencies.
    - Supervisors provide structure and support in relation to service outcomes, organizational culture and staff retention.
  - With a few exceptions caseload sizes are consistently maintained as required by the standards.
  - Workloads are such that staff can effectively accomplish their assigned

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



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tasks and provide quality services, and are adjusted as necessary in accord with established workload procedures.

- Procedures need strengthening.
- With few exceptions procedures are understood by staff and are being used.
- With a few exceptions specialized staff are retained as required and possess the required qualifications.
- Specialized services are obtained as required by the standards.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- One of the Fundamental Practice Standards received a rating of 3 or 4.
- A significant number of staff, e.g., direct service providers, supervisors, and program managers, do not possess the required qualifications, including: education, experience, training, skills, temperament, etc.; and as a result the integrity of the service may be compromised.
  - Job descriptions typically do not reflect the requirements of the standards, and/or hiring practices do not document efforts to hire staff with required qualifications when vacancies occur.
  - Supervisors do not typically provide additional support and oversight to staff without the listed qualifications.
- A significant number of staff have not received required training, including applicable specialized training.
  - Training documentation is poorly maintained.
- A significant number of supervisors do not meet the requirements of the standard, and the organization makes little effort to provide training and/or consultation to improve competencies.
- There are numerous instances where caseload sizes exceed the standards' requirements.
- Workloads are excessive and the integrity of the service may be compromised.
  - Procedures need significant strengthening; or
  - Procedures are not well-understood or used appropriately; or
- Specialized staff are typically not retained as required and/or many do not possess the required qualifications; or
- Specialized services are infrequently obtained as required by the standards.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

### Purpose

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.





## Family Foster Care and Kinship Care

For example:

- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### **Table of Evidence**

#### **Self-Study Evidence**

- Program staffing chart that includes lines of supervision
- List of program personnel that includes:
  - a. name;
  - b. title;
  - c. degree held and/or other credentials;
  - d. FTE or volunteer;
  - e. length of service at the organization;
  - f. time in current position
- Job descriptions
- Description of average workload per worker, including the average caseload size for the last four quarters
- Procedures or criteria used to assign and evaluate workload
- Table of contents for training curricula
- Guidelines for how workers are provided up-to-date information about culturally-relevant community services

#### **On-Site Evidence**

- Information and/or data describing staff turnover
- Training curricula and training attendance record

#### **On-Site Activities**

- Interview:
  - a. Supervisors
  - b. Personnel
- Review personnel files
- Review case records as needed

### **FKC 19.01**

Workers are qualified by:

- a. an advanced degree in social work or a comparable human service field; or

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

- b. a bachelor's degree in social work or a comparable human service field with two years of related experience.

**Interpretation:** *Organizations should have specific plans for increasing the educational credentials of existing staff and hiring relevantly credentialed staff; however, exceptions may be made on a case-by-case basis when a worker has an unrelated bachelor's degree but has directly relevant experience and/or competencies.*

### **FKC 19.02**

Workers have the competencies and support needed to:

- a. build positive, engaged relationships with parents that motivate them for change, help them identify their strengths and needs, and support family success;
- b. build trusting, engaged relationships with children to be a source of support, help them identify their strengths and needs, and advocate for their wishes;
- c. work with all families in an equitable, culturally-responsive, and empowering manner;
- d. facilitate permanency, family connections, and community supports;
- e. recruit, assess, and engage in collaborative relationships with resource parents;
- f. collaborate with kinship caregivers to meet the needs of the family;
- g. facilitate relationships between parents and resource families;
- h. help resource families provide a safe, nurturing environment;
- i. collaborate with other units, systems, and service providers; and
- j. promote self-care, identify triggers and effects of secondary traumatic stress and countertransference, and access supports to address concerns.

**Interpretation:** *Competency can be demonstrated through education, training, or experience. Support can be provided through supervision or other learning activities to improve understanding or skill development in specific areas. Element (f) only applies to organizations that work with kinship caregivers.*

**Research Note:** *Training that focuses on anti-racism and addresses individual and institutional racism has been identified as a promising strategy for reducing the disproportionality of children of color in the child welfare system by addressing implicit bias that impacts decision-making around such areas as investigation, separating children from their families, and permanency.*

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



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**Research Note:** *While immigration policy and law supports family reunification whether or not parents are deported, and child welfare policy prioritizes reunification whenever possible, practice shows that when parents are detained or deported family separation often lasts for extended periods and too often juvenile dependency courts terminate parental rights because of the length of separation.*

*Caseworkers and all other relevant staff should receive training on immigration law and enforcement policies in order to best advocate for the children of immigrants and immigrant families.*

### **FKC 19.03**

Workers receive training to develop their skills in:

- a. comprehensively assessing strengths, needs, risks, and protective factors;
- b. collaborating with families to develop effective service plans;
- c. conducting well-planned, quality home visits that focus on issues pertinent to service planning; and
- d. evaluating progress on identified goals and the continued need for placement.

### **FKC 19.04**

Workers demonstrate a belief that parents can safely care for their children, a commitment to children's right to be part of a family, and dedication to achieving permanency for all children.

### **FKC 19.05**

Workers have access to comprehensive, up-to-date information about culturally-relevant community services, and maintain regular contact with other providers to share information about service delivery.

### **(FP) FKC 19.06**

Workers and supervisors, depending on job responsibilities, are knowledgeable about relevant provisions of the Indian Child Welfare Act (ICWA), including:

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

- a. the importance of ICWA and special considerations for working with American Indian and Alaska Native children;
- b. the identification of American Indian and Alaska Native children;
- c. determination of jurisdiction;
- d. appropriate notice and collaboration with the child's tribe;
- e. placement preferences that support the child's connection to their native culture and heritage;
- f. active efforts requirements to reunify families; and
- g. court procedures.

**Interpretation:** *All child welfare personnel should be trained in the basic requirements of ICWA with additional specialized training for staff in specialized service units, such as intake or permanency planning. All screening personnel must be trained on how to identify children with American Indian or Alaska Native heritage. Workers should also be informed of the cultural norms and historical trauma associated with Indian tribes.*

**Research Note:** *Training resources on the Indian Child Welfare Act are available from the [Bureau of Indian Affairs](#), the [National Indian Child Welfare Association](#), and the [California Social Work Education Center](#).*

**NA** *The organization provides kinship care or informal kinship care services only.*

**NA** *The organization provides services for foreign-born children only.*

### **(FP) FKC 19.07**

Employee workloads support the achievement of positive outcomes for families, are regularly reviewed, and are based on an assessment of the following:

- a. the qualifications, competencies, and experiences of the worker including the level of supervision needed;
- b. the work and time required to accomplish assigned tasks and meet practice requirements, including those associated with individual caseloads and other organizational responsibilities;
- c. service elements provided by other team members or collaborating providers; and
- d. service volume, accounting for the complexity and status of each case.

**Interpretation:** *Case complexity can take into account: intensity of child and family needs, size of the family, and the goal of the case. Nationally recognized caseload guidelines recommend no more than 15 children in foster care or kinship care, and no more than 8 children in treatment foster*

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.



## Family Foster Care and Kinship Care

care. There are circumstances under which caseloads may exceed these limits. For example, caseload size may vary depending upon the volume of administrative case functions (e.g., entering notes, filing, etc.) assigned to the worker. Caseloads may also be higher when organizations are faced with temporary staff vacancies.

**Research Note:** Child welfare research shows that a manageable workload enables a worker to conduct home visits where they can build positive relationships, which are necessary for achieving outcomes. Staff retention literature indicates that high caseloads and time-consuming paperwork are primary factors in child welfare workforce turnover. Research and literature also suggest that high turnover rates impact timeliness of reunification and resource parent retention.

**Note:** The evaluation of this standard will focus on whether the assigned workload is manageable for staff, taking into account the factors cited in the standard and interpretation. Each organization should determine what caseload size is appropriate, and reviewers will evaluate: (1) whether the organization's designated caseload size reflects a manageable workload, and (2) whether the organization maintains caseloads of the size it deemed appropriate.

### **FKC 19.08**

Supervisors are qualified by an advanced degree in social work or a comparable human service field and two years of experience working with children and families, preferably in family foster care or kinship care.

**Interpretation:** If Treatment Foster Care supervisors do not meet these qualifications additional regular clinical consultation must be provided at least monthly.

### **Purpose**

Children in Family Foster Care and Kinship Care live in safe, stable, nurturing, and often temporary family settings that best provide the continuity of care to preserve relationships, promote well-being, and ensure permanency.