



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 family settings, 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 may 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, for children whose medical, developmental or psychiatric needs cannot be met by their families or in traditional family foster care. With the support of a 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 accommodate an

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array of programs that support and empower families when children are in need of temporary care in a family environment, including:

- Family Foster Care Services
- Treatment Foster Care Services
- Foster to Adoption Services
- Family Foster Care Case Management Services
- Family Foster Care Home Services
- ~~Formal and informal Kinship Care Services.~~

The way in which the standards are applied and implemented will depend on the type of service and targeted service recipients, as well as the organization's role and responsibilities as defined by the local child welfare agency. Please refer to the [Family Foster Care and Kinship Care \(FKC\) Standards Assignment Criteria Chart](#) for a list of applicable standards by program model.

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*

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determining if children have Native heritage and are members or eligible for 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.*

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A national network of providers, researchers and families working 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: *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 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: *The following definitions apply throughout this section of standards:*

- *The term "children" includes infants, toddlers, school-age children, and youth, including youth in care after age eighteen. The term "youth" is used only when standards refer directly to services for older children, generally fourteen years old and up.*
- *The terms "parent" and "family" typically refer to a child's biological*

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parents and/or family of origin, but can also refer to anyone who is the child's guardian or primary caregiver prior to child welfare involvement. For example, while core concepts addressing "Services for Parents" and "Family Reunification" are typically for birth parents, they can also be applicable to other primary caregivers from whom the child was separated due to maltreatment concerns. "Parent" and "family" are also used to refer to adoptive parents and families and legal guardians in the core concepts that refer to expectations and supports for these families. However, the term "family" is typically not intended to include "resource families," which are defined separately below, except when referencing the extended family that may include related kinship caregivers.

- The terms "resource parent" and "resource family" refer to foster parents, formal and informal kinship caregivers, and treatment foster parents. When standards address practice requirements relevant only to certain sub-groups of resource parents (e.g., kinship caregivers, or treatment foster parents), this is indicated in the language of the standard.

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.

Note: The Family Foster Care and Kinship Care standards were revised in May 2018 to reflect current best practice. For more information, please refer to the [FKC Standards Update Summary](#).

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
 - 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.

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- 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 or practice model that is the basis for a program or logic model that establishes how program activities, outputs, and outcomes will lead to positive outcomes for children and families and:

- a. reflects the voices of children, families, resource families, and community partners;
- 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. is understood and embraced by staff and informs all aspects of practice, including policies, procedures, and partnerships with children, families, resource families, and collaborating providers.

Interpretation: *A program model or logic model can be a useful tool to help staff think systematically about how the program can make a measureable difference by drawing clear connections between the service population's needs, available resources, program activities and interventions, program outputs, and desired outcomes. The organization should strive to establish advisory committees comprised of youth, families, and resource families who can provide input regarding the program and its approach to service.*

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,

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- however, these do not significantly impact service quality; or
- Written service philosophy or practice model 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 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 or practice model 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 or practice model 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 practice model; 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.

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Table of Evidence

Self-Study Evidence

- Service philosophy or practice model
- Program or logic model

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
 - c. Children and families served
 - d. Resource parents

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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.*

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
- 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

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- 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

- 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;

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- c. support timely initiation of services; and
- d. ensure that referral sources are notified immediately if services cannot be provided or provided promptly.

Related: BSM 2.04, BSM 2.05

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.

Interpretation: *Regarding element (c), outreach should include increasing awareness of the needs of children and families, the critical and valuable role that resource parents have, and the steps for becoming a resource parent.*

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(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 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 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.

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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 supports, 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

- Procedures for:
 - a. Initial comprehensive assessment
 - b. Ongoing assessment

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c. Case review

- Assessment tool(s) and/or criteria included in assessment
- A description of strategies for family engagement (FKC 3.01, FKC 3.04)

On-Site Evidence

- Data on the timeliness of assessments
- Regulatory or administrative requirements that define intervals for safety assessments, if applicable

On-Site Activities

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

FKC 3.01

In order to promote a comprehensive and responsive assessment process:

- a. all immediate family members are engaged in the assessment;
- b. the process includes the child and family's telling of their own story;
- c. the organization makes a diligent attempt to locate absent fathers, as applicable; and
- d. extended family members and other supports are identified and involved whenever possible.

Interpretation: *The assessment process should be adapted based on the characteristics and needs of families, as necessary and appropriate. For example, the process for engaging family members should be adapted to protect the safety of victims of domestic violence, and strategies for family engagement should account for and accommodate the dynamics of family systems and histories, particularly when kin are caring for children.*

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

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

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process.

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 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.*

(FP) FKC 3.02

Assessments explore parents' strengths, needs, and functioning related to the following areas:

- a. family relationships, dynamics, and functioning, including any history of or exposure to domestic violence or human trafficking;
- b. informal and social supports, including relationships with extended family and community members, as well as connections to community and cultural resources;
- c. ability to meet basic financial needs and obtain adequate housing, food, and clothing;
- d. trauma exposure and related symptoms;
- e. physical health, including any chronic health problems;
- f. substance use;
- g. emotional stability, including mental health, adjustment, and coping abilities;
- h. parenting skills; and
- i. disciplinary practices.

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.*

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Interpretation: *The assessment should consider individual and family functioning over time, including historical factors that may have contributed to concerns identified in the initial assessment. 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.

Regarding element (d), the expectation of this standard is that personnel will conduct a screening to identify trauma exposure and reactions, and arrange for a follow-up trauma-focused assessment when needed. Clinical trauma assessment must be provided by appropriately trained clinicians.

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: *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.*

NA *The organization, by virtue of law or contract, does not serve parents.*

(FP) FKC 3.03

Assessments explore children's strengths, needs, and functioning related to the following areas:

- a. physical health, including any chronic health problems;
- b. emotional stability and adjustment;
- c. behavior;
- d. education and cognitive development, including school readiness;
- e. family relationships;
- f. informal and social supports, including relationships with adults and peers in the extended family and community, as well as connections to community and cultural resources;
- g. substance use;
- h. trauma exposure and related symptoms;
- i. gender identity and sexual orientation; 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.



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- j. any history of human trafficking.

Interpretation: *Regarding element (i), when exploring gender identity and sexual orientation personnel should ask open-ended questions that prompt discussion and help establish rapport, as opposed to asking direct questions. Information shared should be used to inform service planning, as well as for matching children with resource families they may be able to join, when appropriate, and should only be included in written plans when children give explicit consent.*

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

Note: *See also the Interpretations and Note to FKC 3.02.*

Note: *See FKC 11 for additional information regarding health and mental health screenings and assessments.*

FKC 3.04

A strengths-based and culturally-responsive approach to assessment is undertaken to:

- a. increase family engagement and identify available resources and individualized needs;
- b. gain a better understanding of families' experiences;
- c. learn about times families managed challenging situations successfully; and
- d. identify competencies and resources family members can utilize and build upon to promote change and reduce the risk of maltreatment.

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

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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- c. *ethnicity,*
- d. *gender identity and expression,*
- e. *geographic location,*
- f. *socioeconomic status;*
- g. *immigration/refugee history and status, including potential eligibility for Special Immigrant Juvenile Status (SIJS) and other immigration-related services;*
- h. *preferred language,*
- i. *political status,*
- j. *race,*
- k. *sexual orientation,*
- l. *tribal affiliation,*
- m. *religion, and*
- n. *cultural values 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.*

Research Note: *It may be especially important to identify strengths related to the protective factors that have been shown to 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: *When working with undocumented children, it is particularly important that workers assess children for their potential eligibility for Special Immigrant Juvenile Status (SIJS). Minors under 21 years-of-age may be eligible for SIJS if (1) they cannot be reunified with either parent because of abuse, neglect, or abandonment, and (2) it is not in their best interest to be returned to their home country. SIJS allows a child to remain in the United States and eventually obtain lawful permanent residency. It also provides an employment authorization document that allows the child to work and serves as a government-issued identification card.*

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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FKC 3.05

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 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.*

(FP) FKC 3.06

Assessment is ongoing and formal re-assessments of strengths, needs, risk, and safety are conducted with families periodically, including:

- a. as part of case reviews;
- b. for decision making processes; and
- c. when children's or families' circumstances change.

Interpretation: *The organization should be in compliance with any regulatory or administrative requirements that define intervals for safety assessments.*

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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Interpretation: *Assessments should be completed within timeframes established by the organization.*

Interpretation: *To prevent unnecessary placement changes and ensure placement in the least restrictive setting that meets their needs, an individualized re-assessment determines the appropriate level of care for youth who are pregnant or parenting and evaluates whether the youth's needs can continue to be met in a family setting. See FKC 12 regarding supports and services for youth who are expectant or parenting.*

Purpose

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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 effective implementation of 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.



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- 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 9.02)

On-Site Evidence

No On-Site Evidence

On-Site Activities

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

- Review documentation of quarterly service plan review (if not in case record)

FKC 4.01

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

Interpretation: *Service planning is to be conducted so that service recipients retain as much personal responsibility and self-determination as possible and desired. Individuals with disabilities who have limited ability to make independent choices should receive help with making decisions and support to assume more responsibility. Generally, children age 6 and older are to be included in service planning, unless there is clinical justification for not doing so.*

Interpretation: *Processes and protocols for involving family members may need to be adapted based on the specific circumstances of children and families. For example, in cases where the child is a victim of human trafficking, the organization should 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. Similarly, procedures should be adapted as needed in cases involving domestic violence to promote safe, healthy, and active participation of all family members. For example, 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. Finally, in situations where children have no family involvement, the standard is implemented through demonstrating children's full participation in the development of their service plans.*

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 choose a team of supportive people, such as extended family, resource families, friends, community members, and other service providers to participate in 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.



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service planning process.

Interpretation: *The organization can facilitate participation by, for example, helping arrange transportation or including participants in scheduling decisions.*

Research Note: *Family teaming models (such as Family Group 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. In addition to parents, children, and siblings, 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 to explore:

- a. children's and families' short- and long-term goals, child welfare system goals if applicable, and the desired outcomes when goals are met;
- b. the organization's role in supporting the achievement of desired outcomes and the legal mandates for ensuring children's safety, permanency, and well-being;
- c. how to maintain and strengthen relationships while children are not living with their parents;
- d. working on challenging behaviors, including their antecedents, coping strategies, and contributing factors;
- e. strategies to address needs and challenges through formal 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.



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informal family and community support;

- f. benefits, cultural relevance, and alternatives to planned services; and
- g. the ramifications of non-participation in services, as applicable.

Related: FKC 13.04

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

Interpretation: *With regards to element (d), working on challenging behaviors may include physical interventions for some organizations, dependent upon local laws and regulations. These interventions do not include:*

- a. mechanical restraints;
- b. the use of drugs as a restraint or off label;
- c. the seclusion of a child or youth in a locked room;
- d. corporal punishment;
- e. methods that interfere with the child or youth's right to humane care (e.g. deprivation of sleep or food); or
- f. physical restraint holds except for a child who is at imminent risk of harm to themselves or others, if already outlined as permissible in the organization's policy and the 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 youth's location in confidence; and linking efficiently to law enforcement, if needed.*

(FP) FKC 4.04

Service plans are individualized, based upon permanency goals, and include:

- a. clearly-articulated goals and desired outcomes, as well as the specific tasks and objectives that support their achievement;
- b. services and supports to be provided, by whom, and by when;
- c. timeframes for accomplishing tasks and goals, evaluating progress, 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.



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- updating plans; and
- d. the signature of parents, children, and family teams, whenever possible.

Related: FKC 13.04

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.

Research Note: *Pointing to the fact that only attending a required service is not sufficient to reduce risk and promote safety, literature on working with parents emphasizes the importance of developing specific goals for behavioral change that target the issues that led to the involvement of the child welfare system, and describe what caregiver behavior will look like when changed. The Solution Based Casework model also highlights the importance of focusing these behaviorally-specific plans on the tasks in everyday life that tend to pose challenges for the family, in order to help the family interrupt the destructive patterns that threaten safety. In order to ensure parents understand what they are responsible for accomplishing, both goals and tasks should also be written in clear and straightforward language.*

Note: *See FKC 13.04 for required components of the comprehensive treatment plan.*

(FP) 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 goals, including permanency goals;
- c. the continuing appropriateness of goals, including permanency goals;
and
- d. visitation/family time plans, as applicable.

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.*

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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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 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:

- a. review and document progress toward the achievement of goals, including family members' perspectives on progress and concerns regarding the case;
- b. identify any barriers to meeting goals; and
- c. make adjustments to service plans as needed, and sign updated plans.

Interpretation: *In addition to involving all immediate family members, children and families should be given the opportunity to include other supportive people of their choice, such as extended family, friends, and community members, in progress reviews. Resource families should be involved in progress reviews and sign updated service plans, with the parent's consent when possible, unless parental rights have been terminated.*

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 of all ages, including older youth, have enduring relationships that are intended to last a lifetime, offer the social and legal status of family membership, and support their connections with extended family and cultures and communities of origin. See FKC 7 for more information about helping children build and sustain relationships with caring individuals of their choosing, and FKC 15 for more information about connecting youth transitioning to adulthood to lifelong supports.*

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).

Note: *As noted in FKC 4, permanency planning often occurs in conjunction with service 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
 - 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.

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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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

- Permanency planning procedures
- Procedures for identifying and engaging kin
- Reports or other aggregate data regarding the length of stay in foster care for the organization, from the previous year

On-Site Evidence

No On-Site Evidence

On-Site Activities

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



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(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 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, and reviews should be scheduled at times when appropriate parties can attend. This planning often occurs in conjunction with service planning. Resource parents should be notified of and are 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. Whenever possible, the permanency timeline for parents with substance use conditions should reflect the time needed to receive substance use treatment services and make progress towards recovery.

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*

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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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:*

- 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:

- a. *occurs with families and the team of people that support them, including resource families, service providers, and extended family members or other supportive individuals identified by the family, as appropriate;*
- b. *is child-driven, with children 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.

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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FKC 5.03

Permanency plans document:

- a. permanency goals;
- b. why goals are in the best interest of children and their well-being;
- c. why other permanency options are not appropriate; and
- d. how service plans and identified interventions support permanency and child well-being.

FKC 5.04

The organization facilitates family connections and engagement by collaborating 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, conducting a thorough review of the case record, and using technological resources for family-finding. Notification should be provided in family members' preferred languages and in multiple forms, including written form in order to ensure accountability and maintain a record of efforts to notify. Intensive efforts should be made to identify and notify at least relatives up to the third degree, and ideally relatives up to the fifth degree, including non-custodial parents and their relatives, relatives of incarcerated parents, and family members outside of the country. While federal law does not require it, the organization should ideally also identify and involve other family-like supports, including non-related adults with a connection to the child. It is also important to note the necessity of finding life-long connections for youth even when they do not currently wish to be adopted.*

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 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.*

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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FKC 5.05

Concurrent planning is documented and 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 all permanency options, including expectations, implications, available supports, and legal timelines;
- c. early placement with a permanent family resource or pre-adoptive resource family; and
- d. 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.*

Research Note: *Rather than considering alternative options for permanency only after family reunification has been ruled out, concurrent planning seeks to eliminate delays in achieving permanence by pursuing all reasonable options at the earliest possible point following a child's separation from his or her family.*

FKC 5.06

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

FKC 5.07

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 and supports, including both formal and informal community resources;
- c. ongoing, constructive, and progressive contact with their children; and
- d. reduction of barriers to contact and involvement in their children's 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: *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, by virtue of law or contract, 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 for safety, permanency, and well-being, 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.*

Interpretation: *COA's standards utilize the term "placement" when referring to the organization's role in facilitating changes in children's living environments; however it is valuable to look at this process as children joining resource families. Conceptualizing the process in this way helps workers humanize children and account for the emotional and physical toll this process can have on children.*

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

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

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

- Placement procedures including:
 - a. matching children and resource families
 - b. preventing and managing placement disruptions
- A description of services to support placement changes
- Policy for giving preference to kin

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

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

- Review case records
- Review resource parent records

(FP) FKC 6.01

Resource family homes are licensed, approved, or certified according to state, tribal, or local regulation and contain no more than five total children in the home, including:

- a. no more than two children under the age of two or four children over the age of 13 in foster care; or
- b. no more than 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 to the maximum capacity may be made on a case-by-case basis to keep siblings together, to place children with relatives, to keep parenting youth together with their children, for other extenuating reasons that directly support plans for children to be connected to relationships that are safe, nurturing, and intended to be enduring, or when the home is licensed by the state or tribe to care for more children and demonstrates through the family assessment and home study 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.*

Note: *This standard is not applicable for unlicensed 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 6.02

All available information is considered in order to identify the best living environment for each child and the process includes an assessment of children's and potential caregivers' strengths, needs, supports, and resources.

Interpretation: *The information to be considered includes information obtained during intake, initial and comprehensive assessments, and case review, including information about previous placements/living environments, as well as information obtained during assessments and annual reviews of resource parents. When children are separated from their families before comprehensive assessments are conducted the information available will obviously be more limited, but the organization should still consider all available information, including any information obtained at the time the children are separated from their families.*

Interpretation: *The organization should ensure that the appropriateness of a potential living environment is assessed in line with the strengths, needs, and characteristics of each child. For example, when children pose a risk of harm to self or others, the organization must assess the level of risk when identifying a suitable family or treatment setting, and should develop plans for maintaining safety when necessary. Similarly, when children are victims of human trafficking or have a record of running away, potential caregivers or programs should be assessed for their capacities, competencies, resources, and willingness to provide effective care. The organization should also ensure that at least one primary caregiver can effectively communicate in a child's language. When such a setting is not possible, assistance should be provided with translation and support and the organization should continue to identify a more suitable living environment. With regard to family settings, given that a potential caregiver's ability to meet a child's needs may be impacted if the caregiver is already caring for other children, the examination of characteristics and needs should also include attention to the needs of any other children currently residing in the potential caregivers' home. Any prior relationship between children and caregivers should also be examined.*

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.*

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 6.03

In order to ensure children are in the most family-like and familiar setting possible, the organization makes reasonable efforts to ensure children are placed:

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

Interpretation: *Organizational policy must require that preference be given to kin, and organizations are required to make reasonable efforts in accordance with applicable law and the requirements of the standard unless it is contrary to children's well-being. If children are not in the most family-like and familiar setting possible, the reason must be documented in the case record. In the event that siblings cannot stay together, ongoing sibling contact will be critical.*

NA *The organization provides Kinship Care Services only.*

Note: *See FKC 10.05 for more information regarding the importance of also helping children to maintain stability in their home schools, unless it is determined not to be in their best interest.*

FKC 6.04

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;
- c. American Indian or Alaska Native families licensed or approved by a non-Native licensing authority; and
- 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

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

placement options, and eligibility criteria should be consistent with the norms of the tribe.

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, American Indian and Alaska Native children should be placed according to the placement preferences outlined in ICWA.*

NA *The organization provides Kinship Care Services only.*

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

FKC 6.05

The organization promotes the stability of children's living environments and prevents the need for placement changes through coordinated placement planning that:

- a. ensures children, families, and resource families understand the steps involved in the process for a child joining a new family setting 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. ensures that resource families make an informed decision to accept children into their care;
- d. arranges opportunities for children and parents to meet prospective resource families when possible;
- e. responds proactively to challenges that arise by assessing the need for services and supports; and
- f. facilitates workers' ability to spend more time with children, families, and/or resource parents after children first come into the home or when challenges arise.

Research Note: *The trauma of separating families, facilitating children joining a new family setting, and any subsequent changes in the living setting can be partially minimized through a sensitive and responsive matching and 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/family time, decision making timeframes and expectations for involvement in meetings and ongoing*

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

communication.

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 6.06

The appropriateness of children's placements is reviewed regularly, and changes occur to support children's best interests and permanency goals, as needed.

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 family to an adoptive family, moving from foster family to a kinship family or other changes that bring children closer to family or community.*

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 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 strengths and needs in advance or at the time of the change, and identification of a resource family or other placement setting that can best promote 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.*

Interpretation: *When the organization is working American Indian or Alaska Native children and families, tribal representatives must be involved in placement decisions and moves for American Indian and Alaska Native*

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 in 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 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 American Indian or Alaska Native 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 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

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

- 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
- Policy prohibiting cancellation or restriction of in-person contact as a disciplinary action

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, and 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 based on children's ages 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/family time arrangements. Very young children, in particular, need in-person contact as frequently as possible in order to develop and maintain strong attachments with their parental figures and promote developmental progress. Meaningful contact between parents and children should ideally take place daily for infants and at least every two to three days for toddlers, and should include caregiving activities.*

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

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

sustaining relationships with caring individuals of their choosing, including:

- a. extended family;
- b. peers;
- c. other 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 or older relative, or communicate through another individual and utilize in-person contact to continue the exploitation of the victim.

FKC 7.03

Written visitation/family time 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 American Indian or Alaska Native children and families, representatives from their tribes or local Indian organizations should be included in the development of the visitation/family time plan.*

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

Interpretation: *Visitation/family time 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. The organization should offer a continuum of visitation/family time options and encourage unsupervised contact in normative community settings when possible and appropriate. Supervised visitation should ideally be required only when assessments indicate safety concerns or a need for coached visitation/family time.*

NA *By virtue of law or contract, the organization does not develop 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

facilitate the implementation of visitation plans.

FKC 7.04

Written visitation/family time 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;
- f. cancellation arrangements; and
- g. preparation and debriefing arrangements.

Interpretation: *Workers can help families determine how to involve appropriate extended family and friends to support regular contact and maintain families' support system. For example, these supports might provide transport, offer their homes for parents and children to spend time together, involve children in cultural or community events, or provide respite for resource parents. As noted in FKC 7.03, supervised visitation should ideally be required only when assessments indicate safety concerns or a need for coached visitation/family time.*

Research Note: *The more detailed and collaboratively determined a visitation/family time 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. helping children, parents and resource families prepare for and transition to and from in-person contact;
- b. following-up with children, parents, and resource families after in-person contact to process what occurred, ascertain progress, and assess for concerns that may indicate the need to modify plans or 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

- c. documenting the activities that occurred and behaviorally-specific observations that pertain to family relationships and parenting.

Interpretation: *As part of preparation for contact workers should ensure that both parents and children are prepared for any identified activities that support relationship building, as related to the goals in their service or visitation/family time plans. Resource parents should be helped to understand issues surrounding visitation/family time, and expectations regarding their role in supporting both the visitation/family time process and the children in their care. It is also important for all parties to understand that when a child has a negative reaction to a visit/family time, this may be a very normal response to a difficult experience rather than a point of concern indicating a need to change the visitation/family time plan or services.*

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.*

Note: *The information documented will typically be considered, along with other information about the case, when assessing case progress.*

(FP) FKC 7.06

Organization policy prohibits cancellation or restriction of in-person contact as a disciplinary action for either parents or children.

Related: BSM 1.02

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

FKC 8: Promoting Family Engagement

Personnel partner with families to build strong working relationships that facilitate productive service delivery and support the achievement of positive outcomes.

Interpretation: *Given the tendency to overlook fathers, it is important to note that the standards in this core concept are intended to apply to both custodial and non-custodial fathers as well as other family members.*

Research Note: *Given the involuntary nature of service and the inherent power imbalance between families and organizations, forming a productive working relationship may prove challenging. Nevertheless, literature consistently emphasizes the importance of developing an effective partnership, noting that a strong relationship may encourage families to share more information with workers, which may in turn enable workers to make better decisions and connect family members with needed services and supports. Similarly, when parents have trusting relationships with their caseworkers they may be more likely to accept workers' views and input about the challenges and needs to be addressed, and be more invested in participating in services and achieving service plan goals. Engagement should begin the moment that any family member first comes into contact with the organization.*

NA *The organization, by virtue of law or contract, does not serve parents or kinship caregivers.*

Note: *In addition to individual family engagement, establishing advisory committees comprised of youth and families who have received or are receiving services, as addressed in FKC 2, can support active consumer engagement in planning and service design.*

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

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 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
- 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 strategies for engaging families in all aspects of assessment, planning, service delivery, and case review
- Training curriculum preparing personnel to work with families
- Family satisfaction survey data

On-Site Evidence

No On-Site Evidence

On-Site Activities

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

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. Children and families served
- Review case records

FKC 8.01

All family members are treated with courtesy and respect, and personnel demonstrate responsiveness to trauma and differences across cultural domains.

Interpretation: *As noted in the COA Glossary, elements of culture may include, but are not limited to: age, ethnicity, gender identity, geographic location, language, political status, immigration/refugee history and status, race, sexual orientation, tribal affiliation, religion, and socioeconomic status. The organization should have specific culturally-responsive strategies for promoting engagement with children, families, and their support systems through all stages of the intervention. 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.*

FKC 8.02

Personnel demonstrate a commitment to engaging families and make concerted efforts to build strong, productive relationships with families to facilitate service delivery and support the achievement of positive outcomes.

Interpretation: *Training and supervision should support, and family satisfaction survey data and families' self-reporting should demonstrate, that personnel:*

- a. *are honest, predictable, and dependable in their interactions with families;*
- b. *expect that families want the best for their children and emphasize that the organization and family share a common goal of keeping children safe;*
- c. *listen to feelings and concerns without judging, criticizing, shaming, blaming, or arguing, and demonstrate empathy and concern for all family members;*
- d. *understand and acknowledge that families may be fearful of the power that the organization and worker have to intervene, and that 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

organization's impact on a family can be life-changing;

- e. *recognize that family members may exhibit anger, avoidance, apathy, or resistance as a result of child welfare system involvement and their own personal histories of adverse experiences or trauma, and address family members' reactions in an appropriate manner; and*
- f. *ensure that interactions with family members are sensitive and responsive to any history of adverse experiences or trauma.*

FKC 8.03

Personnel engage families as active partners in all aspects of assessment, planning, service delivery, and case review, and promote commitment to services by:

- a. providing clear and comprehensible information that enables family members, according to their abilities, to understand the organization's role, processes, concerns, and expectations, and how their cases are progressing, at all points in the process;
- b. seeking and valuing family members' input and perspectives regarding their experiences, strengths, risks, and needs, including their ideas for promoting safety;
- c. building upon strengths and successes in empowering families to prevent child maltreatment; and
- d. offering choices that respect the role of parents in the lives of their children and help family members retain a sense of control.

Interpretation: *It is essential that personnel be clear and transparent with parents regarding the service goals they are expected to achieve, including when changes in circumstances prompt revisions to service goals or plans.*

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 Parents

Parents receive individualized services and supports that address their 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 a American Indian or Alaska Native 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.*

Interpretation: *Given that a referral may not be sufficient to ensure services are received, the organization should also help families navigate different systems and access needed services, and communicate with the other providers to coordinate service planning and share information.*

Research Note: *Rather than focusing solely on eliminating risk factors, literature on strengthening families emphasizes the importance of also building on and promoting the development of the protective factors that can mitigate risk and encourage positive functioning, even under stressful or adverse circumstances.*

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.*

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.

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

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 culturally-relevant services to parents
- A description of strategies for promoting collaboration between parents and resource families
- Community resource and referral list
- Procedures for coordinating and accessing core services, including mental health, substance use, and domestic violence

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

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

- d. Resource parents
- Review case records

(FP) FKC 9.01

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.

FKC 9.02

Resource families maintain connections with parents to mutually share information about their children and support parents' 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 will 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.

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 a 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 learn about the resource family that will be caring for their children.*

FKC 9.03

Parents are connected to culturally-relevant services directly or through referral, that help them meet their needs and reunify and stabilize their

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, including:

- a. child care;
- b. housing referral and assistance;
- c. public benefits and income support, including any assistance needed to obtain food, clothing, and utility services;
- d. home care and support services, including household management and home health aide services;
- e. medical and dental care;
- f. respite care;
- g. transportation services; and
- h. 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: *Some literature emphasizes that it can be difficult for parents to focus on interventions such as parenting classes if they are still addressing crises in their families, and points to the importance of helping families to meet basic needs before expecting them to make progress toward other goals. Given the importance of targeting services to meet the individual needs of each family, literature also points to the importance of collaborating with other organizations and agencies to ensure ease of entry into a wide range of services.*

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.*

Research Note: *Reasonable efforts must be made to support reunification with incarcerated parents, unless a court has suspended the need to make such efforts. Accordingly, in addition to helping incarcerated parents maintain relationships with their children remain involved 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 9.04

Families receive intensive services, as needed, from domestic violence, mental health, and substance use treatment specialists.

Research Note: *Domestic violence and mental health and substance use conditions present an increased risk of child maltreatment and removal, and can complicate and delay reunification.*

FKC 9.05

The organization's practice and any service interventions are designed to target family-specific challenges and help parents:

- a. evaluate the impact of their past experiences on current functioning and parenting practices; and
- b. develop and strengthen the skills they need to manage challenging situations.

Interpretation: *Parents involved with the child welfare system due to family conflict or rejection related to their child's sexual orientation or gender identity should be connected to counseling and educational resources that will help them to develop the knowledge and skills needed to manage the conflict, accept and support the child, understand and meet the needs of their child, and rebuild the parent-child relationship.*

Research Note: *The Solution Based Casework model emphasizes the importance of helping families build the skills they need to handle the everyday tasks that result in threats to safety and well-being, from supervising young children, to keeping the home clean and safe, to controlling anger or substance use. Caseworkers partner with parents to identify the situations that pose challenges for the family, develop specific plans of action for dealing with those challenges in ways that reduce risk and promote safety, and celebrate the behavioral changes that occur.*

FKC 9.06

The organization's practice and any service interventions are designed to support parents' increased use of the skills and strategies needed to:

- a. express and regulate emotions;
- b. control impulses;
- c. cope with stress and adversity;

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

- d. communicate effectively;
- e. make decisions;
- f. resolve conflicts and solve problems;
- g. identify, seek, and access needed services and supports;
- h. increase awareness and mindfulness;
- i. engage in effective self-care; and
- j. manage a home and budget.

FKC 9.07

Parent education and support services promote development of the knowledge and skills needed to:

- a. understand the physical, cognitive, social, and emotional development of children, as well as factors and conditions that can promote or impede healthy development;
- b. provide nurturing care that promotes secure attachment and healthy development;
- c. provide appropriate supervision and monitoring;
- d. develop appropriate expectations regarding, and techniques for managing, children's behavior;
- e. maintain a safe home environment; and
- f. meet any special needs that children may present.

Interpretation: *Constructive visitation/family time provides an important opportunity for practicing newly learned skills and improving parenting abilities.*

FKC 9.08

Joint parent-child interventions support the development of healthy connections and help to repair any harm in the parent-child relationship, as needed.

FKC 9.09

In an effort to build strong and healthy family support networks, parents are helped to:

- a. identify current sources of support;
- b. develop plans for managing any negative influences in their networks;

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

and

- c. explore how they might expand their social support networks, if necessary.

Interpretation: *Extended family, friends, neighbors, co-workers, and other community members may help to provide the ongoing support a family will need over time. Efforts to help parents strengthen their support networks may overlap with efforts undertaken during assessment or service planning to develop a family "team".*

Research Note: *Literature emphasizes the important role that a healthy support network can play even after a case has been closed, noting that the people in a parent's network can offer emotional support, help solve problems, serve as resources when parents need concrete assistance, and even enrich the lives of their children. A social support network can also have a stress buffering effect, which can in turn have a positive impact on parenting.*

FKC 9.10

When parents have experienced trauma they are:

- a. helped to explore and understand the connection between their past experiences and current functioning;
- b. helped to identify, anticipate, and manage their responses to trauma reminders; and
- c. connected to trauma-informed services.

Interpretation: *The organization should assume the presence of trauma, and adopt a trauma-sensitive approach to engagement. Workers should: be aware that involvement with the child welfare system can be a trauma reminder; recognize that challenging behaviors such as anger, apathy, or non-compliance may actually be a defensive or protective reaction to the involvement of the child welfare system; and ensure that interactions with parents are sensitive and responsive to any history of trauma.*

Research Note: *Research suggests that many parents involved with the child welfare system have unmet trauma needs that can impact their ability to regulate emotions, control impulses, make decisions, develop positive self-esteem and coping mechanisms, engage in relationships, and parent their children. Furthermore, just as parents' history of trauma can compromise their ability to care for their children, it can also negatively impact their ability to work with caseworkers, meet the demands of the child*

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

welfare system, and remain involved with children in family foster or kinship care. Accordingly, literature highlights the importance of: (1) training personnel to recognize and understand the impact of trauma; (2) conducting trauma screenings and follow-up assessments, as needed; and (3) collaborating with other organizations and agencies to ensure the availability of trauma-informed 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 10: Services for Children and Youth

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

Interpretation: *When the organization is working with American Indian or Alaska Native 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 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

- 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 coordinating and accessing core services

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

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 10.01

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

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. their rights and responsibilities when they are not living with their parents or primary caregivers;
- b. what they need to feel safe and what they should do when they do not feel safe, including attention to both the risks of, and alternatives to, running away;
- c. the rules in the program and in the resource family's home and their response to the rules;
- d. their ongoing contact with their parents, siblings, extended family, friends, and community.

(FP) FKC 10.02

Children in care reside in safe and supportive homes that provide:

- a. a safe, pleasant, and welcoming atmosphere;
- b. nurturing and nonjudgmental family relationships that promote positive attachment and support emotional development and well-being;
- c. age- and developmentally-appropriate boundaries, supervision, and discipline;
- d. an orderly but flexible daily schedule that is balanced with attention to development and well-being; and
- e. space in their room to personalize.

Interpretation: *Children should reside in nurturing settings that provide a safe place for them to process their feelings, express their identities, and transition to responsible adulthood.*

Interpretation: *It is also important to note that a welcoming, safe, and nonjudgmental environment should be maintained after any episode of running away.*

(FP) FKC 10.03

In order to ensure that their personal care needs are met, children are provided with:

- a. a physical environment and materials that support healthy development;
- b. sufficient and nutritious meals and snacks;
- c. clothing that is clean, seasonal, age appropriate, and comfortable;
- d. an allowance for personal needs, as appropriate;
- e. assistance in meeting personal care needs, as appropriate; 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. regular access to a telephone to contact workers, advocates, service providers, and approved family and friends.

(FP) FKC 10.04

Children have opportunities to participate in a range of age and developmentally appropriate social, recreational, cultural, educational, religious, and community activities.

Interpretation: *As per the Preventing Sex Trafficking and Strengthening Families Act of 2014, children in out-of-home care should have opportunities to participate in the same range of activities as children living with their own families. For example, depending on age and developmental level, it may be appropriate for a child or youth to join a club or sports team, attend a dance class, spend time with friends, have a sleepover, attend a field trip with a school or church group, volunteer, date, learn to drive, or work a part-time job. It is also important to note that children should have the right to choose whether or not they wish to participate in a resource family's religious activities.*

Research Note: *Normal life experiences help children and youth form healthy relationships, develop interests, and build skills. This is especially pronounced during adolescence, when youth need opportunities to take reasonable risks, make decisions on their own, and learn from their mistakes. Adults typically take it upon themselves to provide the supervision and boundaries needed to minimize risk while still allowing children the opportunities they need to learn and grow. However, due to liability concerns and the resulting policies that often require multiple levels of approval for activities that would be routine for most children, children and youth in foster care have often been denied the chance to participate in the "normal" activities that can help to prepare them for responsible adulthood. Accordingly, the Preventing Sex Trafficking and Strengthening Families Act of 2014 directs agencies to facilitate participation in the activities that can help children learn and grow, by permitting caregivers to make more day-to-day decisions regarding children's participation in activities. The Act also emphasizes the importance of preparing caregivers to make reasoned and appropriate decisions regarding children's participation.*

Note: *See FKC 10.05 regarding decision-making related to children's participation in activities.*

FKC 10.05

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

In an effort to facilitate normalcy and help resource parents make appropriate decisions regarding the children in their care, the organization clarifies:

- a. resource parents' authority to make day-to-day decisions regarding children's participation in activities, including the specific types of activities they are permitted to authorize;
- b. factors to consider in determining whether an activity is safe and appropriate for a particular child; and
- c. the extent to which resource parents are protected from liability if a child is harmed during the course of an activity they approved.

Interpretation: *In determining whether a child should be allowed to participate in a particular activity the resource parent should consider: (1) the child's age, developmental level, maturity, and behavioral history; (2) potential risk factors associated with the activity; (3) the best interest of the child, including potential for emotional and developmental growth; and (4) whether the resource parent would permit his or her own children to participate in the activity in question.*

When regulation or contract requires the organization to obtain approval from the public authority prior to a resource parent approving an activity, the organization should work with the resource parents and the public authority to ensure that requests are approved efficiently and promote normalcy to the greatest extent possible.

Research Note: *Under the Preventing Sex Trafficking and Strengthening Families Act of 2014, the reasonable and prudent parent standard permits caregivers to make everyday decisions regarding children's participation in extracurricular and social activities, calling for "careful and sensible parental decisions that maintain the health, safety, and best interest of a child while at the same time encouraging the emotional and developmental growth of the child."*

FKC 10.06

Children receive any additional services and supports needed to help them:

- a. regulate emotions and behavior;
- b. communicate effectively; and
- c. form positive relationships with adults and peers.

Interpretation: *Services can include but are not limited to: counseling or group therapy; formal opportunities for social skills development; 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

mentoring services. Culturally relevant services should be accessed whenever possible.

FKC 10.07

The organization is proactive in ensuring that children receive support from family members, peers, community members and organizations, resource families, and workers regarding the development of their personal, social, and cultural 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 identity and 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 10.08

Children receive support to achieve their full educational potential through:

- a. enrollment and participation in education services and supports that promote positive development;
- b. regular and ongoing communication and collaboration between workers, educators, resource families, and parent regarding children's educational achievements and challenges, as well as any social or behavioral issues in the school setting;
- c. stability in their home schools, unless it is determined not to be in their best interest;
- d. educational assessments and an individual education plan when needed;
- e. tutoring; and
- f. advocacy.

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: *Depending on their age and developmental level, it may be appropriate to ensure children and youth are connected with early childhood education programs; early intervention services; accredited primary and secondary schools; and after-school or youth development programs.*

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 10.09

Children are treated in a trauma-informed manner and when needed are connected to trauma-informed services that are designed to:

- a. maximize their sense of safety;
- b. help them understand and process their traumatic experiences;
- c. facilitate the development of skills and strategies to use when confronted with reminders of trauma;
- d. help create and sustain positive attachments with caring adults and peers; and
- e. help parents, caregivers, and personnel understand how children's past experiences may impact their present behavior, and appropriately support children's recovery.

Interpretation: *In addition to connecting children to formal trauma-informed services, workers should also ensure that their interactions with children are sensitive and responsive to any history of trauma. Similarly, and as addressed in element (e) of the standard, it is also essential to involve children's caregivers in supporting their recovery from trauma.*

Research Note: *Many children involved with the child welfare system have experienced trauma, whether as a result of the maltreatment that brought them to the attention of the system, or through the process of being separated from their families. Given that untreated traumatic stress can lead to behavioral, social, and emotional problems that compromise a child's ability to build and maintain relationships and succeed in school and in life, literature emphasizes the importance of ensuring that children in need receive evidence-based trauma-specific interventions. This also points 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

the importance of collaborating with other organizations and agencies to ensure the availability of appropriate services, as referenced in FKC 2.04.

FKC 10.10

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

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

Interpretation: *The standard is applicable for all children regardless of age. FKC 15 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 11: Physical and Mental Healthcare

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

Research Note: *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.*

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

Note: *See FKC 12 for additional expectations around healthcare provisions for expectant and parenting youth.*

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

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 number of client records are missing important information Â 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 Â
- 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, assessments, and services
- Procedures for the transfer of health care information, services, and insurance 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 11.01

Prior to or within 72 hours of initial entry into the child welfare system children receive an initial health screening from a qualified medical practitioner 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. 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.*

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.*

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

NA *The organization provides kinship care only.*

Note: *While this standard is not required when children are in in the temporary legal custody of kin, COA does still recommend that children with these living arrangements receive an initial health screening as per the standard.*

(FP) FKC 11.02

Services are centrally coordinated for children to ensure:

- a. continuity of care;
- b. receipt of comprehensive healthcare services;
- c. appropriate communication and coordination among healthcare providers, mental health 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: *The receipt of comprehensive services includes both healthcare and mental healthcare, as well as educational and support services that promote social and emotional well-being and development. Children should have a medical home, or health home as appropriate, where care is provided by professionals with expertise on the issues of children and adolescents in foster care.*

Interpretation: *When possible, American Indian and Alaska Native 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 11.03

Relevant information about children's health and mental health, including family medical history when available, is recorded in an efficient and secure

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

system and shared with providers and resource parents, as appropriate.

Related: RPM 5

NA *The organization provides kinship care services only.*

(FP) FKC 11.04

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

- a. comprehensive medical examinations within 30 days of entry into foster care and according to well child guidelines;
- b. dental examinations within 30 days of entry into foster care and every 6 months;
- c. developmental screenings within 30 days of entry into foster care and according to well child guidelines to identify the need for further assessment;
- d. alcohol and drug abuse screenings within 30 days of entry into care, and when indicated to identify the need for further diagnostic assessment; and
- e. any services needed to address issues or conditions identified during health screenings, assessments, or examinations.

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

Interpretation: *Dental exams should be provided for children over age three and 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: *Due to the prevalence of complex health and quality of care issues present within the foster care population and the potential for distress and transition related to family separation to trigger or exacerbate chronic conditions, an advanced health care schedule is recommended for children and youth in foster care. Guidelines issued by the American Academy of Pediatrics and Child Welfare League of America recommend that children receive a follow-up assessment 30-60 days following the comprehensive medical exam, and periodic preventive monthly from age*

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

0-6 months, every three months from age 6-24 months, and semiannually from age two years on.

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 11.05

Children receive:

- a. mental health screenings within 30 days of entry into the child welfare system, and when indicated thereafter, to identify the need for further diagnostic assessment; and
- b. diagnostic mental health assessments, as needed.

Interpretation: *Initial screenings can be conducted by trained caseworkers, but follow-up mental health assessments must be provided by qualified mental health professionals in accordance with applicable state or local regulations. Screenings should include attention to trauma exposure and symptoms, and trauma-focused assessments should be provided when needed. When a child is in treatment foster care the diagnostic mental health assessment must occur within 30 days prior or subsequent to placement.*

(FP) FKC 11.06

Qualified mental health professionals provide:

- a. any needed mental health services, including evidence-based psychosocial services and pharmacological treatments, as appropriate; and
- b. appropriate oversight of psychotropic medication use, including close supervision and monitoring of children receiving medications for off-label uses.

Research Note: *Research suggests that children in foster care are*

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

prescribed psychotropic medications at a higher rate than the general Medicaid child population. Some literature cautions against the overuse of psychotropic medication for children, noting that pharmaceutical treatment is generally recommended when psychosocial treatment alone is not effective, or when pharmaceutical or concurrent treatment is more effective than psychosocial treatment. Concerning practices include prescribing too much medication, prescribing too many medications, and prescribing medication at too young an age.

Note: See FKC 10.09 regarding additional expectations for connecting children who have experienced trauma to trauma-informed services.

See the Note at FKC 12.01 regarding oversight of psychotropic medication use for pregnant youth.

(FP) FKC 11.07

Children receive age and developmentally appropriate support and education regarding:

- a. proper nutritional and exercise;
- b. substance use and smoking;
- c. personal hygiene;
- d. safe and healthy relationships;
- e. sexual development;
- f. family planning and pregnancy options;
- g. pregnancy, prenatal care, and effective parenting;
- h. prevention and treatment of sexually transmitted infections/diseases;
and
- i. HIV/AIDS prevention.

Research Note: *Research indicates that youth in the child welfare system have both higher rates of sexual activity and lower understanding of contraceptive methods. School-based sexual and reproductive health education may not be a dependable source of information for children in out-of-home-care, who are more likely to miss out on thorough sexual health education due to placement instability, which causes attendance and curriculum continuity issues, and/or cultural views of caregivers or caseworkers against receiving such education. Organizations should therefore assess and supplement, if appropriate, the sexual health awareness that an adolescent has received.*

Rates of sexual violence victimization are also especially high among youth

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

involved with the child welfare system. Studies on the prevalence of sexual abuse and assault among youth in foster care have identified percentages ranging from 25 to 50 percent. As such, education on sexual and reproductive health should also address sexual violence including commercial sexual exploitation, sexual consent, incest, the consequences of perpetrating sexual violence, and reporting sexual violence.

FKC 11.08

Prior to transitioning from care, children receive assistance to maintain or obtain:

- a. health insurance;
- b. health and mental health records, including the names and addresses of children's doctors, as well as information regarding any special needs and appropriate treatment;
- c. needed 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. The organization should also work directly with state Medicaid agencies to connect eligible individuals to benefits, and it is recommended that direct service personnel be trained on their states' Medicaid eligibility requirements and healthcare options for youth transitioning out of the foster care system.*

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

The organization promotes the safety, permanency, and well-being of youth who are expectant or parenting, by providing resources and supports that empower youth to make informed decisions about pregnancy, experience healthy births, and develop the skills needed for personal functioning and parenthood.

Interpretation: *The needs of expectant and parenting youth can be met through a continuum of care that includes "whole family" placements, specialized foster care, residential treatment, or supporting living arrangements. The organization should aim to meet the needs of expectant and parenting youth and their children in the most family-like setting that best meets their needs and provide effective coordination with schools, courts, healthcare providers, mental health and substance use programs, and other child and family serving systems.*

Research Note: *Research shows that youth in foster care are significantly more likely to become pregnant and give birth before age 21 than youth in the general population. Parenting youth who have been in foster care are also more likely to experience rapid repeat pregnancies, and to be investigated and charged with abuse or neglect, than other young parents.*

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

Note: *The terms "expectant youth" and "parenting youth" refer to both expectant mothers and fathers, and are intended to promote engagement and supports for youth in the child welfare system that are fathers. The term "pregnant youth" refers exclusively to birth mothers.*

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

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

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
- 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 services and supports for expectant and parenting youth
- Procedures for:
 - a. Coordinating and accessing services
 - b. Developing parenting plans
 - c. Working with youth who are fathers
- Local community resource and referral list(s)
- Documentation of the rights of expectant and parenting youth
- Parenting skills assessment
- Educational curricula

On-Site Evidence

- Informational materials provided to youth
- Contracts or service agreements with community providers 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

provision of services to expectant and parenting youth

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
 - c. Youth served, and their children if appropriate
 - d. Resource parents
- Review case records

FKC 12.01

Pregnant youth receive timely, ongoing, relevant, and accessible services appropriate to their needs that address:

- a. nonjudgmental and nondirective pregnancy and birth options counseling;
- b. prenatal health care;
- c. diagnosis and treatment of health concerns, including sexually transmitted diseases;
- d. genetic risk identification;
- e. food and nutrition;
- f. mental health care;
- g. substance use conditions;
- h. medication use;
- i. smoking cessation; and
- j. labor and delivery.

Interpretation: *Regarding element (f), expectant mothers should be screened for depression, informed about postpartum depression, and connected to available support and treatment services. Regarding element (h), a qualified mental health professional should re-evaluate pharmacological treatments for safety, risks, and benefits during pregnancy and make appropriate adjustments to the treatment plan, such as tapering or adjusting dosages or increasing monitoring of symptoms.*

Interpretation: *If an organization does not provide counseling or information related to termination, the organization should: (1) disclose this fact to youth, parents, and resource families and provide them with a comprehensive list of other community providers that offer pregnancy counseling, support, and education services; (2) demonstrate that it carefully considered its mission, capacity, resources, community's needs, and youth's needs in its decision to refrain from providing counseling on all pregnancy outcomes; and (3) respect the choices of youth, parents, 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

resource families even if they do not align with the values of the organization.

Research Note: Youth who do not wish to continue their pregnancies often face challenges obtaining accurate information about the steps legally required for termination. For example, if state law requires minors to obtain parental notification or consent in order to terminate a pregnancy, youth may need assistance to identify and contact the appropriate individual(s), or to obtain a judicial bypass when appropriate.

Research Note: Studies indicate that youth in foster care who become pregnant are less likely to receive prenatal care within the first pregnancy trimester. Organizations may experience challenges in achieving timely delivery of prenatal care due to concealment, running away, or other circumstances that may delay notification.

Research Note: Parenting youth tend to experience higher rates of mental health issues, such as prenatal and postpartum depression, substance use, and post-traumatic stress disorder, as a result of the difficulties of balancing the stressors and developmental tasks of adolescence with the challenges of parenthood. Among youth in out-of-home care this risk is often further compounded by a history of traumatic experiences.

Research Note: Home visiting programs, such as nurse-family partnerships, have been identified as an effective model for delivering pregnancy and parenting education and counseling for at-risk maternal and infant populations.

FKC 12.02

Following childbirth, youth receive postnatal care and support related to:

- a. postpartum health care;
- b. postpartum depression;
- c. breastfeeding education and assistance;
- d. pediatric care, including well-baby visits and immunizations; and
- e. family planning.

Interpretation: Postnatal care should include: timely, relevant information to help new mothers promote their own, and their infants', health and well-being; information on how to recognize and respond to signs and symptoms of problems in both themselves and in their infants; and screening for and addressing changes in the new mother's mood, emotional

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

state, behavior, and coping strategies.

FKC 12.03

Expectant and parenting youth are informed of their legal rights to custody of their children and are maintained together with their children unless a safety risk is identified.

Interpretation: *Organization policy should clearly assert that youth should only be separated from their children in response to health and safety concerns, and never solely due to the youth's involvement with the child welfare system, age, or as a means of obtaining services or financial support for the child.*

Interpretation: *Youth who are fathers should receive or be connected to resources explaining legal rights and obligations specific to fatherhood, including establishing legal paternity.*

FKC 12.04

Expectant and parenting youth are helped to develop skills and knowledge related to:

- a. basic caregiving routines;
- b. child growth and development;
- c. meeting children's social, emotional, and physical health needs;
- d. environmental safety and injury prevention;
- e. parent-child interactions and bonding;
- f. age appropriate behavioral expectations and appropriate discipline;
- g. family planning; and
- h. establishing a functioning support network of family members or caring adults.

FKC 12.05

Workers collaborate with expectant and parenting youth and their caregivers, co-parents, and other family members when appropriate, to develop individualized parenting plans that define:

- a. the rights and responsibilities of the youth parents; and
- b. each individual's role and expectations for supporting the youth 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

to care for their children.

FKC 12.06

To ensure that expectant and parenting youth receive appropriate services, workers monitor:

- a. prenatal and postpartum care;
- b. the development of parenting and independent living skills;
- c. signs of postpartum depression; and
- d. progress with education, career development, or vocational training.

Interpretation: *To promote the achievement of educational goals, the organization may coordinate with an education or school advocate to ensure that youth who are pregnant or parenting are treated equitably in school environments that accommodate and support their circumstances.*

Research Note: *Research has linked postpartum depression, delays in returning to school exceeding six months, and inconsistent use of contraception to an increased likelihood of repeat pregnancies among parenting youth in foster care.*

FKC 12.07

Workers assist expectant and parenting youth to obtain or enroll in assistance that will support youth to care for their children and work towards financial independence, including:

- a. public benefits such as Medicaid, WIC, SNAP, and TANF;
- b. transportation;
- c. maternal and child health programs;
- d. legal advocacy;
- e. affordable and quality child care; and
- f. community resources, such as free clinics.

FKC 12.08

The organization promotes responsible fatherhood and paternal engagement by:

- a. indicating in the case record when youth in care become fathers;
- b. ascertaining the relationship between expectant youth 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

- c. linking young fathers to services that help them to adjust to the parenting role; and
- d. assisting pregnant youth to notify birth fathers and engage them in service planning, when appropriate.

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: 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.*

Note: *Organizations providing Foster Care Home Services only will complete FKC 13.07, FKC 13.08 and FKC 13.10 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; 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

- 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 the treatment model
- A description of:
 - a. the needs of children served in the program;
 - b. team roles and functioning;
 - c. treatment services
- Treatment planning and review procedures
- Worker contact and meeting procedures
- Discharge procedures
- Table of Contents of treatment model training for staff and treatment foster parents
- Criteria for selection of treatment foster parents

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 training, including treatment model training

On-Site Activities

- Interview:
 - a. Program director
 - b. Parents
 - c. Treatment team members
 - d. Treatment foster parents
 - e. Children and youth
- Review case records
- Review treatment foster parent records

FKC 13.01

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

The treatment foster care program follows an articulated treatment model, and program personnel receive training and support that enable them to understand and implement the program's approach to treatment.

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.*

NA *The organization provides treatment foster care for medically fragile children only.*

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

FKC 13.02

Treatment foster services are delivered by individualized treatment teams that include:

- a. family members;
- b. treatment foster parents;
- c. local child welfare agency workers;
- d. treatment foster care program personnel, including the program supervisor, case managers, and clinicians or clinical consultants;
- e. education representatives or personnel; and
- f. a range of specialized providers, as appropriate to children's needs.

Interpretation: *Depending on the needs of children, specialized providers may include, but are not limited to: behavior support specialists; nurses and physicians; psychiatric nurses and psychiatrists; and rehabilitation therapists. The treatment team should include at least one worker 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 specialized treatment needs.*

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

FKC 13.03

Preliminary treatment plans developed prior to placement identify:

- a. diagnoses;
- b. strategies to ensure children's adjustment to treatment families; and
- c. short-term goals for the first 30 days of out-of-home 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

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

(FP) FKC 13.04

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

- a. identify, incorporate, and build on children's strengths and assets;
- b. specify diagnoses and presenting problems that prompted the referral to treatment foster care or were identified during assessment;
- c. assess needs in major developmental areas;
- d. specify short- and long-term therapeutic interventions; and
- e. address stressors in the children's environment that are trauma reminders or contribute to their emotional or behavioral issues.

Related: FKC 4.03, FKC 4.04

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

FKC 13.05

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.

Related: BSM 2.06

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

Regarding element (a), treatment teams should coordinate effective response to current issues as needed for cases concerning medically fragile children.

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

FKC 13.06

The organization coordinates and ensures the provision of 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

including specialized treatment services.

Interpretation: *Services should be provided by specialized providers as appropriate to children's emotional, behavioral, medical, or developmental needs. Needed 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 maximize service benefits and best meet the specialized needs of the children in their program.

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

(FP) FKC 13.07

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.

FKC 13.08

Treatment foster parents 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.

Interpretation: *Treatment foster parents should receive ongoing training and support designed to help them assume these responsibilities.*

(FP) FKC 13.09

Formal relationships are established with:

- a. mental health facilities, medical institutions including neonatal and pediatric facilities, and other rehabilitation service providers to ensure

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 availability of requisite medical and mental health services; and
- b. a board-certified physician with appropriate experience who assumes responsibility for medical elements of a program that serves children with significant medical needs.

Related: RPM 9

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.*

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

(FP) FKC 13.10

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.

Related: FKC 14.01, FKC 14.05

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 13.11

Discharge reports are tailored to support the transition to the next home or program, and 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.

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

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 14: 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 and protocols 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
- Review resource parent records
- Observe system that maintains information about children's current placements

(FP) FKC 14.01

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 with children, parents, and resource 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. at mutually agreed upon times.

Related: FKC 13.10

Interpretation: *While workers will meet separately with parents, they should hold joint meetings that include both children and resource parents. However, meetings should also include time for private discussion with all parties to ensure that both children and their caregivers can feel comfortable sharing information. When treatment foster care is provided, workers should meet with children and resource families at least twice per month.*

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.

Interpretation: *While regular visits should occur on a consistent, scheduled basis, many organizations will also make one unannounced visit per quarter.*

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

Interpretation: *The first meeting with the resource parents should occur within the first two weeks of placement, consistent with the assessment timeframes outlined in FKC 3.05.*

FKC 14.02

When children are placed in foster care, their worker meets with them in the new foster home within three days.

Interpretation: *Children should be seen as soon as possible after joining a foster family, and within three days unless extenuating circumstances make that impossible and these initial meetings should include resource parents. When treatment foster care is provided children should be seen on the first day of placement. Please note that this standard also applies 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

transitions to new living environments occur.

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

FKC 14.03

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

- a. establish and maintain supportive relationships;
- b. monitor and promote safety, permanency, and well-being;
- c. monitor service delivery;
- d. consult with children and parents about family and worker actions to achieve goals in the service plan; and
- e. 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.*

Interpretation: *Service monitoring should include confirming that services were initiated and are appropriate, and responding to complaints or problems that develop regarding service delivery.*

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

(FP) FKC 14.04

Contact with parents includes efforts 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.

Interpretation: *Parents should be encouraged to participate in their children's health appointments, school activities, and other events, and involved in everyday decision making whenever possible, unless contraindicated.*

NA *The organization, by virtue of law or contract, does not serve parents.*

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

Workers regularly consult with resource parents to:

- a. maintain positive relationships;
- b. monitor and promote safety and well-being;
- c. share all relevant and legally permissible information concerning the children;
- d. clarify their role in supporting and contributing to the service and permanency plan;
- e. inform them about, and encourage their participation in, upcoming team meetings and court hearings, as appropriate;
- f. assess whether additional assistance or support is needed; and
- g. respond to questions, concerns, and issues, as needed.

Related: FKC 13.10

Interpretation: *While support and consultation will be provided during the regularly scheduled visits described in FKC 14.01, workers must also respond to questions and requests for assistance between visits.*

Documentation of ongoing collaboration should be included in case records, and when issues or disagreements arise records should clarify both parties' views, as well as the resolution of the issue.

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 14.06

Workers monitor service participation and ensure effective service coordination by:

- a. communicating with other workers and/or service providers in a regular and timely manner to share information;
- b. facilitating timely and consistent referrals for assessments and services; and
- c. helping family members navigate systems and access needed services.

Interpretation: *With regard to element (a), personnel should follow formal procedures for working with service providers and sharing relevant information about a case internally when different workers are responsible for different components of service, or when responsibility for the case is transferred to a different worker. Communication among providers is especially critical when providers work with family members regarding specific issues that may impact safety, such as substance use, mental health, and domestic violence.*

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: *Effective collaboration can support efforts to arrange and coordinate needed services across systems, ensure that service expectations are not competing or overwhelming, monitor progress, and make better decisions.*

FKC 14.07

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

Interpretation: *When a child is moved, information about the 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.*

(FP) FKC 14.08

Practices and protocols to prevent and respond to missing children ensure that:

- a. missing children are immediately reported to the organization and law enforcement;
- b. the organization works in partnership with law enforcement to find missing children;
- c. event-based re-assessments, including re-entry examinations and clinical consultations, are conducted when children return; and
- d. the organization addresses issues that led to the episode or that arose while children were missing by providing needed supports and ensuring appropriate placements, including new placements when necessary.

Interpretation: *Missing children include children who run away, are abducted, or are otherwise unaccounted for. Protocols for preventing and responding to missing children should be developed in collaboration with law enforcement, public agencies, tribal governments, and other community organizations, and the responsibilities of each entity should be clearly defined. Protocols should also address the sharing and release of information needed to assist in a search for a missing child.*

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.*

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

Note: *Just as important as responding to missing children are the steps an organization can take to prevent children from going missing in the first place. The organization should ensure that it provides adequate preparation for both children and caregivers; assesses risk of abduction or running away; educates caregivers about factors that can contribute to the decision to run away and how they can support children upon their return; facilitates provision of needed services; and provides appropriate monitoring and support to all parties throughout placement, addressing problems as they arise.*

(FP) FKC 14.09

Protocols for responding to allegations of resource family maltreatment are respectful and address the rights and needs of children, their families, and resource families.

Interpretation: *Protocols for responding to allegations of maltreatment should be developed in collaboration with law enforcement, tribal governments, and other community agencies, and should incorporate input from resource families. While it is essential that all reports be taken seriously and thoroughly investigated in order to protect the safety and well-being of children, protocols should also respect the rights and needs of the resource parents under investigation. Resource parents should be: informed of both their rights and the process for investigation and resolution; entitled to an appeal; and connected to resources or services that can provide support throughout the investigation process.*

Note: *As noted in FKC 19.01, training for resource parents should address both the procedures that will be followed when allegations of maltreatment are made, and ways to prevent false allegations.*

(FP) FKC 14.10

When children are reunified with their families, they are visited in the home on the day following return to confirm safety.

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

NA *The organization provides foster care home services only.*

Note: *See FKC 16 for more information regarding expectations surrounding family reunification.*

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: Transition to Adulthood

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

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, poverty, and homelessness.*

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.*

Note: *The transition to adulthood refers to both the developmental life stage and the transition out of the foster care system. FKC 15.01-15.03 and FKC 15.06-15.08 apply to all youth in care who are approaching adulthood, regardless of their plans for permanency. In cases where youth will transition from the system without having achieved legal permanency, FKC 15.04 and FKC 15.05 will also 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

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

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

- Procedure for transition planning including collaborating with other service providers
- A description of services to support youth in the transition to adulthood
- Procedures for assessing independent living skills
- Independent living skills assessment tool/criteria
- Procedures for developing shared living agreements

On-Site Evidence

No On-Site Evidence

On-Site Activities

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

Preparing for adulthood is a youth-driven, strengths-based process that:

- a. ensures maximum youth participation through involvement in all aspects of exploring and planning for the future;
- b. includes important informal and formal members of youths' lives;
- c. explores involved adults' commitment to the youth;
- d. explores the role of peers and peer support;
- e. incorporates attention to safety, well-being and permanency; and
- f. 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 preparing for the transition to adulthood. 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 who will be 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 15.02

Youth have the opportunity to explore the following with the worker or another supportive professional:

- a. their family relationships and relationships with supportive peers and adults;
- b. their families' readiness for healthy participation in their lives;
- c. strategies for coping with and healing from stress and trauma associated with grief and life transitions;
- d. the range of housing options available to them, including tribal options for American Indian and Alaska Native youth, as well as the risks and benefits of different 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.

Interpretation: *Housing options may include a full range from supported*

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

living to a fully independent living environment. When the case involves an American Indian or Alaska Native child, the organization should work with the tribe and youth in transition to explore the risks and benefits of housing options within Indian country and prepare youth for this potential transition.

FKC 15.03

The organization works with children, parents, and resource families, to assess the independent living skills of children 14 years and older, at regular intervals using a standardized assessment instrument that includes the following areas:

- a. educational and vocational development;
- b. interpersonal skills;
- c. financial management;
- d. household management; and
- e. self-care.

Interpretation: *The first assessment should be completed as soon as possible after children's 14th birthdays to establish a benchmark for measuring progress in identified areas. Systematic assessment normally reoccurs at six or twelve month intervals.*

(FP) FKC 15.04

At least six months before they will transition from care, the organization assists youth in developing individualized transition plans that identify specific plans for:

- a. housing and transportation;
- b. education and academic support;
- c. employment and workforce support;
- d. finances/income;
- e. healthcare;
- f. mentoring; and
- g. social, peer, cultural, and community supports.

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.*

Note: See FKC 11.08 for more information regarding the health-related

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

services and supports that youth should be connected to prior to release from care.

Note: *This standard is required only when youth are transitioning from the system without having achieved legal permanency.*

FKC 15.05

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, including information regarding voluntary return to care, as appropriate; and
- k. who they can contact in an emergency, crisis, or for support.

Interpretation: *In regards to element (d), given the potential for vulnerable young adults to wind up abandoned, when youth have developmental disabilities or mental health needs it is essential for the organization to collaborate with adult systems of care in these areas. Planning meetings should include representatives from the adult-serving systems that will be working with youth, and the organization should partner with the providers to facilitate access to services.*

Note: *This standard is required only when youth are transitioning from the system without having achieved legal permanency.*

FKC 15.06

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

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

- a. strong, consistent relationships with committed, caring adults;
- b. access to cultural and community supports; and
- c. connections to positive peer support.

Interpretation: *Regarding element (a), the organization should ensure that youth who emancipate from the system without having achieved legal permanency leave care with a connection to at least one adult who will provide a relationship that is safe, nurturing, and intended to be enduring.*

Interpretation: *When the organization is working with American Indian or Alaska Native 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.*

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 15.07

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

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

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

diploma, and a list of schools attended.

Note: *Youth should also be assisted to obtain medical records, as addressed in FKC 11.08.*

(FP) FKC 15.08

When youth continue to live with foster families past the age of 18, shared living agreements are developed in advance of youths' 18th 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 16: Family Reunification

Children and families receive the support and services they need to ease the transition to reunification, stabilize the home, and prevent re-entry into out-of-home care.

Research Note: *Although achieving reunification is a primary goal of the child welfare system, literature notes that it should be conceptualized as a process rather than a one-time outcome or event. Reunification can be a high-risk time that presents a number of challenges, and many of the children who are reunited will subsequently re-enter out-of-home care. The issues that led to the involvement of the child welfare system may not have been entirely resolved while the child was in care, or families may not yet have developed the full capacities they need to manage the challenges of reunification or other stressors that may surface once the child has been returned to the home. Accordingly, literature emphasizes the importance of providing continued assistance and services to promote permanency for children reunited with their families.*

NA *The organization does not work with families who will be reunifying.*

Note: *COA recognizes that in instances where the court suddenly orders a child home without advance notice, the organization will not be able to fully implement all the practice standards in this section. However, the organization should still try to implement the standards to the extent possible. For example, while the organization may not be able to develop an individualized transition plan prior to reunification as per FKC 16.02, it should collaborate with the family to develop the plan as soon as possible after reunion.*

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

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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- 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
- 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:
 - a. services that prepare children, parents, and resource families for reunification
 - b. assistance and monitoring provided upon and following reunification
- Procedures for:
 - a. Reunification planning
 - b. Contact, support, and monitoring upon and following reunification
 - c. Case management and service coordination, including referral for and accessing services
- Local community resource and referral list(s)

On-Site Evidence

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

No On-Site Evidence

On-Site Activities

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

FKC 16.01

In an effort to facilitate a smooth transition to family reunification:

- a. children and parents are involved in making decisions regarding reunification;
- b. children, parents, and resource families are provided with sufficient advance notice that children will return home;
- c. a graduated process for visitation/family time enables both children and parents to prepare for reunification; and
- d. collaborating service providers are involved in preparation for reunification and notified when reunification has occurred.

Interpretation: *As noted in FKC 7.03, plans for visitation/family time will typically be modified in accordance with planning for reunification. While policies regarding the transition to reunification may vary, many organizations will utilize a graduated step-down process that includes home visits, extended home visits, and trial discharge.*

Note: *The decision to reunify a family should be based on ongoing assessment and case review, as addressed in FKC 3 and FKC 4. See FKC 3 and FKC 4 for more information regarding ongoing assessment and case review, and FKC 14.06 for more information regarding collaboration and coordination with other involved service providers.*

FKC 16.02

The organization collaborates with families prior to reunification to develop individualized plans for promoting family stability after reunion, by addressing:

- a. the issues, behaviors, and conditions that led to the involvement of the child welfare system; 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. any issues stemming from children's separation from their families, including any assistance needed to address separation and rebuild the parent-child relationship.

Interpretation: *The plan for maintaining family stability after reunification will likely be an extension of the family's service plan, and should be based on assessed strengths and needs. The preparatory work done with children, families, and resource families prior to the return home, as addressed FKC 16.03, 16.04, and 16.05, should also inform the development of the plan. Please note that while plans should be developed prior to reunification, they should also allow for flexibility based on changing needs and circumstances.*

Note: *See FKC 16.06 for more information regarding potentially relevant services and supports to be included in families' plans.*

FKC 16.03

Parents are prepared for the return of their children and the challenges of reunification through support and guidance that help them to:

- a. understand expectations and responsibilities related to their children's return;
- b. develop strategies for providing appropriate care, managing children's behavior, meeting any special needs children may present, and preventing reoccurrence of the safety concerns that led to the separation of the children;
- c. consider how everyday living and family relationships will be impacted by their children's return;
- d. understand how children may react and behave as they adjust to the return home; and
- e. explore any anxiety, uncertainty, or ambivalence they may feel about responsibilities related to their children's return.

Interpretation: *Issues related to reunification should ideally be discussed and planned for from the time children are first separated from their families.*

NA *The organization, by virtue of law or contract, does not serve parents.*

FKC 16.04

Children receive age-appropriate support and guidance that helps them explore their feelings about reunification, and prepare for the return home.

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: *While issues related to reunification should ideally be discussed and planned for from the time children are first separated from their families, the amount and type of preparation provided will vary according to children's ages, developmental levels, and circumstances, including length of time in out-of-home care. While support and guidance may be provided by child welfare workers and resource families will typically also play an important role in preparing a child for reunification. Topics to discuss may include, but are not limited to: the child's experiences while in out-of-home care, including a review of the child's life book; the reunification process; expectations for the return home; any protections in place to ensure the child's safety; any fear or anxiety the child may be experiencing; and coping with any grief or loss the child may experience upon leaving a resource family.*

FKC 16.05

The organization collaborates with resource families to:

- a. explain their role in supporting and facilitating reunification;
- b. help them explore and cope with any anxiety, grief, or other emotions they may feel as a result of the decision to reunify the family; and
- c. clarify whether there will be opportunities for contact with children following reunification.

(FP) FKC 16.06

Upon reunification children and families are:

- a. helped to manage and negotiate any issues or challenges they may face;
- b. connected to any formal and informal services and supports they may need; and
- c. contacted and visited to monitor for safety.

Interpretation: *As noted in the Research Note to FKC 16, reunification can be a high-risk time that presents a number of challenges. Families often have both concrete and clinical needs, and may need help addressing many of the same issues and challenges that led to the involvement of the child welfare system in order to prevent reentry into out-of-home care. In addition to the support and monitoring provided by caseworkers, needed services may include, but are not limited to: substance use treatment; mental health treatment; counseling; medical and dental care; educational advocacy 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

supports; specialized medical, mental health, or educational supports for children with special needs; child care; respite care; income support; housing assistance; transportation; homemaker assistance; vocational assistance; case management; mentoring; and support groups. Sources of informal and social support (e.g., extended family, neighbors, and other community members and institutions) may help to support the family over time, even after the case has been closed.

NA *The organization, by virtue of law or contract, does not provide post-reunification services.*

Note: *As noted in FKC 11.08, families should also be helped to maintain or obtain health insurance for children. See FKC 11.08 for more details regarding the health-related services and supports that children should be helped to access.*

FKC 16.07

Parents are provided with needed documents and information related to their children's time in care, including:

- a. legal documents;
- b. educational records, including copies of report cards and the most current Individualized Education Plan (IEP); and
- c. a written summary of children's living environments (placements), experiences, and growth while separated from their families.

Note: *As noted in FKC 11.08, parents should also be helped to obtain their children's health records.*

FKC 16.08

Post-reunification services, support, and monitoring are continued for a period of time specified by the organization or court, and until case closing criteria are met.

Research Note: *Some literature suggests that services should be maintained for at least 12 months after reunification.*

NA *The organization, by virtue of law or contract, does not provide post-reunification services.*

Note: *See FKC 14.11 regarding expectations for contact and monitoring following reunification.*

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 Recruitment

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

Interpretation: *Resource family recruitment and orientation should be designed to help prospective resource families determine if providing resource family care will be a positive experience for their family and for children that could enter their care. See FKC 18: Resource Family Assessment and Approval for more information regarding the mutual assessment process designed to help prospective resource families make informed decisions about fostering.*

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 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.

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

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

- Resource family recruitment plan
- Resource family orientation curricula and/or materials
- Documentation of evaluation of recruitment/retention data

On-Site Evidence

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

On-Site Activities

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

FKC 17.01

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.



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Recruitment involves key stakeholders including:

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

Interpretation: *The organization should attempt to partner with community leaders and organizations that can help it to target its recruitment efforts in creative ways based on the characteristics of children in care. For example, if it has proven difficult to find homes for teenagers, the organization might look for prospective resource parents among high school parents and coaches, and after school programs for teens. Similarly, if the organization wishes to recruit resource parents from particular ethnic or racial groups it might seek to engage specific cultural organizations, churches, or minority-owned businesses. Organizations that have responsibility for placing American Indian or 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.*

NA *The organization provides Kinship Care Services only.*

FKC 17.02

In an effort to ensure that suitable resource families are available for the children entering care, the organization establishes and implements an annual plan for recruitment that includes:

- a. tracking and aggregating characteristics of both children in care and available resource families;
- b. developing organized strategies and strategic partnerships to identify and reach out to a diverse range of individuals and families who can care for children, including specific populations of children with special placement needs; and
- c. considering all qualified individuals and families that can provide loving homes for children in care.

Interpretation: *While general recruitment will disperse the recruitment message as widely as possible, the organization should also conduct targeted recruitment designed to find people most likely to become resource*

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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parents for the children in care. Effective recruitment efforts will utilize language, images, and delivery strategies, including creative partnerships, designed to reach out and appeal to targeted audiences who may be willing and able to foster or adopt children in need of homes. Children with special placement needs can include, but are not limited to: sibling groups; older children; children with physical, emotional, behavioral, and developmental issues; children of minority racial or ethnic groups; LGBTQI children; and youth who are pregnant or parenting. The plan should also include attention to recruiting resource families who live in the same geographic areas as the children in need of homes.

Interpretation: Planning should include an 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: 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.

Research Note: Although The Multi-Ethnic Placement Act of 1994 (MEPA) prohibits the delay or denial of any foster care placement based on race, color, or national origin, it also requires state child welfare systems to provide for the diligent recruitment of prospective foster and adoptive families who reflect the ethnic and racial diversity of children in need of homes.

As one component of a diligent recruitment plan, culturally-sensitive recruitment has become more prevalent with the recognition that children

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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and families can benefit when children live with resource 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.*

However, it is also important to note that MEPA prohibits the denial of potential resource families not identified in the diligent recruitment plan.

NA *The organization provides Kinship Care Services only.*

FKC 17.03

Prospective resource families are provided with general information about:

- a. the certification process and requirements, including the resource family assessment experience, the recruitment-to-placement timeline, and available supports and services;
- b. eligibility requirements, including clarification regarding the diversity of individuals welcomed to serve as resource parents;
- c. any applicable fees and reimbursements;
- d. the roles, responsibilities, and needed competencies of resource parents;
- e. what resource families should expect when they take in a child;
- f. the characteristics of children in care (e.g., ages, races, genders, special needs, and sibling group sizes); and
- g. next steps in the process.

FKC 17.04

Prospective resource families are engaged in the recruitment process through:

- a. a welcoming and supportive approach that encourages prospective families to move forward with the process;
- b. equitable, timely, sensitive, and culturally-responsive follow-up at each step of the process;
- c. personalized contact with existing resource families; and
- d. open houses, orientations, and training sessions that are accessible and inviting to all prospective resource families.

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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FKC 18: Resource Family Assessment and Approval

The resource family assessment process ensures that prospective resource families are willing and able to meet the needs of children and their families.

Interpretation: *Resource family assessments should be conducted in accordance with all applicable federal and state requirements.*

Research Note: *The Safe and Timely Interstate Placement of Foster Children Act of 2006 (H.R. 5403) requires that full faith and credit be given to any homestudy completed by another state or Indian tribe with respect to the placement of a child unless it is determined that placing the child on the basis of the contents of the report would be contrary to the child's well-being.*

Research Note: *Tribes and local Indian organizations may be able to provide valuable support in assessing and approving resource families for American Indian and Alaska Native children.*

NA *The organization has no role in resource family assessment or approval.*

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.



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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

- Procedures for:
 - a. Resource family assessment
 - b. Reference and background, child abuse/neglect, and sex offender registry checks
- Resource family assessment tool and/or included criteria
- Procedures for resource family home and vehicle safety assessment

On-Site Evidence

No On-Site Evidence

On-Site Activities

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

(FP) FKC 18.01

The resource family assessment is a standardized, collaborative process that is conducted in a culturally-responsive manner and:

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- a. engages families as active partners in deciding whether they wish to become resource parents;
- b. includes one or more visits to prospective resource families' homes; and
- c. involves individual consultation with all adults and children living in the home.

Interpretation: *The worker should meet with each household member separately to ensure each person feels comfortable to share freely.*

Research Note: *Research on family foster care has demonstrated the efficacy of using a standardized questionnaire or inventory as a tool to assist agencies and prospective resource parents in assessing strengths and areas for development in the primary domains linked to fostering successfully.*

(FP) FKC 18.02

The resource family assessment process includes:

- a. reference checks; and
- b. criminal background, child abuse and neglect, and sex offender registry checks for all adults living in the home according to applicable federal and state requirements.

Interpretation: *The organization should develop criteria for the review of criminal background checks that specifies if, and when, checks are conducted on a multi-state or national basis, and how the organization evaluates and responds to reports indicating criminal offenses. Prospective resource families should be informed at the beginning of the process about the organization's policy regarding criminal convictions. 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.*

(FP) FKC 18.03

Workers collaborate with prospective resource families to explore factors that may impact their willingness and ability to provide effective care and offer experiences that enhance healthy development, including:

- a. motivation and expectations for providing resource family care and interest in adoption, if applicable;
- b. family relationships and family functioning, including reflections on how

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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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resource parents' upbringing may inform their work with children in care, as well as how they may need to modify their approach to parenting in order to meet the needs of children in care;

- c. strategies for managing challenges, coping with conflict or adversity, and keeping commitments, including reflection on the extent to which the family has worked through adversity and how it has impacted them;
- d. willingness and ability to provide responsive, nurturing care for children whose characteristics and needs match those of the children in care;
- e. willingness to collaborate with birth parents and support children's ties to culture, family, peers, and community, as appropriate;
- f. willingness and ability to work as a member of a team to support and facilitate permanency for children in care; and
- g. the potential of having a new child join the family, including the potential impact on any other children in the family.

Interpretation: *With regard to element (d), workers should also explore with prospective resource families the possibility of caring for youth who are pregnant or parenting, as organizations often struggle to place pregnant or parenting youth together with their children in family settings due to the lack of available appropriate resource homes for this population.*

FKC 18.04

The resource family assessment considers concrete factors and resources that may impact the ability of resource parents to meet children's needs, including:

- a. mental and physical health;
- b. social support networks; and
- c. education, employment, and financial status.

Interpretation: *Regarding element (a), the resource family assessment should also address past or current substance use conditions. Prospective resource parents who are undergoing appropriate treatment or in recovery should not automatically be excluded from consideration or approval.*

(FP) FKC 18.05

Resource families' homes are assessed for potential concerns related to safety, health, and space, including:

- a. inadequate or unsafe heat, light, water, refrigeration, cooking, and toilet

Purpose

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- 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;
 - h. rodent or insect infestation;
 - i. walls and ceilings with holes or lead; and
 - j. insufficient space.

NA *The organization provides kinship care services only.*

Note: *Resource family home reassessment is addressed in FKC 21.06.*

(FP) FKC 18.06

The organization ensures that resource parents who will 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. The organization is responsible for determining what level of insurance coverage is considered appropriate.*

NA *The organization provides kinship care services only.*

FKC 18.07

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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When the prospective resource family is known to the child, an assessment is conducted to evaluate:

- a. the relationship between the prospective resource family and the child;
- b. the child's relationship to individuals already living in the home; and
- c. the prospective resource family's commitment to the child.

FKC 18.08

During the 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.*

FKC 18.09

Based on the information obtained during the assessment of a prospective resource family, the organization prepares a report:

- a. with a recommendation that indicates whether the prospective resource family has the ability, willingness, and resources to meet the needs of children in care; and
- b. within timeframes established by the organization, and prior to a child joining the resource family.

Interpretation: *The worker can consider additional information offered by a prospective resource family after reviewing the assessment.*

Interpretation: *Children may be placed with kin on an emergent basis, including the same day as separation from their homes, 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 do 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.*

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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(FP) FKC 18.10

To ensure resource families can provide safe and consistent care, 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.

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

Note: *This standard is not applicable for unlicensed kinship caregivers.*

(FP) FKC 18.11

All resource family homes are licensed, approved, or certified according to state, tribal, or local regulation.

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

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.*

Purpose

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FKC 18.12

Resource family assessments are updated:

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

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 resource family such as eviction or divorce. The annual assessment update can occur in conjunction with the annual resource parent evaluation.*

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: 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.*

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.,

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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- 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) including specifications regarding pre- and in-service training requirements
- Training curricula
- Protocols for responding to emergencies

On-Site Evidence

- Training attendance records
- Sample of emergency protocols from resource homes, if resource parents develop individualised plans
- Materials 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

(FP) FKC 19.01

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

- a. the organization's mission, service philosophy or practice model, and service array;
- b. the rights of children in care;
- c. what resource families should expect when they take in a child;
- d. the competencies needed for effective resource parenting, and how those competencies are integral to the organization's service philosophy

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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- or practice model;
- e. specific duties of resource parents;
- f. identification and reporting of abuse and neglect;
- g. any fees or reimbursement for services, including compensation for damages caused by children placed in the home, as applicable;
- h. notice of and participation in any review or hearing regarding the child;
- i. procedures when allegations are made, and ways to prevent false allegations;
- j. complaint procedures; and
- k. circumstances that will result in revoking a resource family license or certification.

Interpretation: *Element (k) is not applicable training for unlicensed kinship caregivers.*

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.*

FKC 19.02

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

- a. supporting and facilitating children's emotional, physical, and legal permanency;
- b. meeting children's developmental needs across life domains, including addressing any developmental delays;
- c. caring for a child of a different race, ethnicity, culture, religion, sexual orientation, or gender identity;
- d. supporting children's social identity development;
- e. supporting and facilitating family relationships, friendships, cultural ties, and community connections;
- f. collaborating with family team members and service providers; and
- g. managing the caregiver role, self-care, and the impact on the family.

Interpretation: *With regards to elements (e) and (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.*

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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Interpretation: *Resource families caring for parenting youth placed together with the youths' children should also receive training and support to demonstrate competency in modeling positive parenting practices, supporting youth parents to meet their children's needs, and meeting the dual developmental needs of the youth parents and their children.*

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 may offer support groups or skill-building sessions that help kinship caregivers develop the competencies rather than offering a comprehensive training program.

(FP) FKC 19.03

Resource parents receive pre-service training that addresses:

- a. providing appropriate and responsive support and management for social, emotional, and behavioral issues and challenges, including those that may be age or development-related;
- b. promoting positive behavior and healing through coaching, nurturing, and positive discipline;
- c. recognizing and responding to behaviors that jeopardize health and well-being;
- d. handling challenging behaviors, including de-escalation techniques;
- e. signs and symptoms of trauma, including triggers/antecedents for challenging behaviors; and
- f. providing protection and promoting psychological safety to mediate the effects of trauma, maltreatment, separation, loss, and exploitation; and
- g. preventing and responding to missing children, including understanding

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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factors that may contribute to the decision to run away, reporting protocols, and how to support children upon their return.

Interpretation: *Kinship caregivers may be helped to develop these competencies through ongoing training and support rather than pre-service training.*

Interpretation: *Given the prevalence of trauma among children in the child welfare system, it is crucial that resource parents are prepared to recognize and provide appropriate support when children have been impacted by trauma. Caregivers may be better able to support children who have experienced trauma if they have been trained to understand the concept of trauma; recognize that children's social, emotional, and behavioral difficulties may be the result of trauma; and manage difficult behaviors and trauma reminders.*

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

(FP) FKC 19.04

Resource parents are trained in;

- a. protocols for responding to emergencies including accidents, serious illnesses, fires, and natural and human-caused disasters; and
- b. medical or rehabilitation interventions and operation of medical equipment required for a child's care, as needed.

Related: ASE 7

(FP) FKC 19.05

Resource parents are:

- a. trained in basic first aid;
- b. trained in medication administration; 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.



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c. certified in CPR.

Related: TS 2.09, ASE 7.04

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

NA *The organization provides Kinship Care Services only.*

(FP) FKC 19.06

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.

Related: BSM 1.02, BSM 2.01, BSM 3

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.*

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 20: Resource Family Use of Physical Interventions

Resource parents who use physical interventions are trained and supported by the organization to deploy them in a manner that ensures safety and well-being when positive behavior support and de-escalation measures have proven ineffective in crisis situations.

Interpretation: *COA's standards prohibit the use of locked seclusion and mechanical restraints by resource families. As such, resource parents should never lock a child in a room. If there are concerns about the child's safety, the resource family should consult with the case worker and behavior support plan for alternative options.*

Research Note: *Children within the foster care system often experience inconsistent expectations, potentially leading to challenging behaviors within the resource home. By training resource families on responding to challenging behaviors and specific strategies identified in the youth's individual behavior plan, the organization can pre-empt the need for a physical intervention or placement change.*

NA *The organization does not permit resource families to use physical interventions.*

Note: *Physical interventions do not include actions in response to age- or development-related behaviors demonstrated by young children such as physically holding a three-year-old who tries to dart into the street.*

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.

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

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

- Behavior support management policy and procedures including:
 - a. Incident reporting
 - b. Analyzing the effectiveness of each segment of training
 - c. Debriefing
- Table of contents for resource parent physical intervention training curriculum
- Training schedules
- Training curriculum

On-Site Evidence

- Training attendance records
- Documentation of individualized behavior support plan training
- Documentation of compliance with applicable laws or regulations
- Documentation of incident reporting and review
- Documentation of debriefing

On-Site Activities

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

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

FKC 20.01

The organization's policies and procedures:

- a. comply with federal, state, and local legal and regulatory requirements;
- b. define which physical interventions resource families are and are not allowed to use, and under what circumstances; and
- c. outline what to do following an incident.

Interpretation: *The policy and procedures align with the information the organization provides families in BSM 2.01.*

(FP) FKC 20.02

The organization prohibits the use of physical interventions:

- a. by anyone other than the resource parents or other adult caregivers who have been approved by the local department;
- b. as a form of punishment or discipline;
- c. for the convenience of resource parents;
- d. in response to property damage that does not involve imminent danger to self or others; and
- e. when contraindicated in the child's behavior plan.

(FP) FKC 20.03

Physical interventions are discontinued as soon as possible and should continue for no longer than:

- a. 15 minutes for children aged nine and younger; and
- b. 30 minutes for children aged ten and older.

FKC 20.04

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

The case worker and resource family establish procedures for:

- a. how to notify the organization following each use of a physical intervention;
- b. documentation of the incident; and
- c. debriefing with the child and resource family members involved in or witness to the incident.

Interpretation: *Debriefing should include, but is not limited to:*

- a. *the physical and emotional state of everyone involved;*
- b. *precipitating events; and*
- c. *how the incident was handled and any additional supports or resources needed in order to avoid future incidents.*

Interpretation: *Organizations that provide family foster care home services only may not be involved in debriefing but should demonstrate implementation of the standard by ensuring the resource family complies with established procedures and documenting incidents.*

(FP) FKC 20.05

Resource parents who use physical interventions receive annual training and evaluation on permitted physical interventions, including:

- a. when it is appropriate to use a physical intervention;
- b. proper and safe use of interventions, including time limits for use;
- c. understanding the experience of being placed in manual restraints;
- d. physical and mental status, including signs of physical distress;
- e. response techniques to prevent and reduce injury;
- f. assessing when to discontinue the physical intervention; and
- g. negative effects that can result from misuse of restrictive interventions.

Interpretation: *To ensure competency, resource parents should receive a post-test and be observed in practice.*

NA *By virtue of law or contract, the organization does not train resource families.*

FKC 20.06

Resource families are trained on the child's individualized behavior support management plan during placement.

Research Note: *The literature on behavior support and youth in foster care emphasizes the importance of consistent treatment from placement 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

placement. By training the resource families on the behavior support plan, the organization helps to ensure youth have a level of consistency in their changing environment.

NA *By virtue of law or contract, the organization does not train resource families.*

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 21: Resource Family Development, Support, and Retention

The organization promotes resource family development and retention by collaborating with resource families to identify and provide 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, research 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
- Active client participation occurs to a considerable extent.

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

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 and tools/criteria for:
 - Conducting annual mutual reviews
 - Conducting safety assessment of resource family homes
- Procedures and tools/criteria for conducting assessments of kinship caregivers' strengths and needs

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 21.01

All resource parents are provided with regular, inviting, and accessible opportunities for peer support among resource parents.

Interpretation: *Organizations should consider the different needs of the different groups of resource parents they work with and offer opportunities tailored to the different groups. For example, LGBT resource parents may wish to meet with others from similar circumstances, kinship caregivers may benefit from sharing experiences with other kinship caregivers, and prospective resource parents who have not yet been matched with a child may wish to meet others who are also awaiting placement. 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 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 21.02

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.*

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 21.03

The organization collaborates with resource families, and when appropriate with parents, to identify informal resources that can offer support, including as appropriate:

- a. friends and extended family;
- 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 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 21.04

Resource families receive assistance to access any services needed to improve family functioning and prevent and reduce stress and family crisis including:

- a. child care;
- b. counseling, including any services and supports needed to address family relationships;
- c. respite care;
- d. transportation;
- e. peer support opportunities outside of the organization; and
- f. cultural, recreational, and social activities outside of the organization.

Interpretation: *When working with American Indian and Alaska Native 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 21.05

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

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 annual re-assessment conducted as part of the home recertification process may be used to demonstrate implementation of this standard. It is also important to note that the mutual review should not be conducted by a licensing worker as an isolated occurrence - in contrast, it should ideally be conducted in collaboration with the child welfare caseworker, and include a review of information and issues that arose throughout the year in the resource family's ongoing interactions with the worker. 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 services only.*

Note: *Unlicensed kinship caregivers are not required to participate in the mutual review, and this standard will not be applicable when a resource family has not yet been matched with a child.*

(FP) FKC 21.06

Resource families' homes are regularly re-assessed to identify and address any safety concerns.

NA *The organization provides kinship care services only.*

Note: *See FKC 18.05 for specific safety concerns that should be addressed in the re-assessment.*

FKC 21.07

Kinship caregivers participate in an assessment of strengths and needs, and are helped to obtain any needed services and supports, related to the following areas:

- 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. supportive services, including in-home supports.

Interpretation: *The assessment of strengths and needs should include attention to kinship caregivers' satisfaction and recommendations, as well as any discrimination they may face in their role. Kinship caregivers should*

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 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. Organizations should also be aware of applicable state regulations governing financial supports available to kinship caregivers.

Interpretation: *When the organization is working with American Indian and Alaska Native children and families, tribal representatives should be used as resources to help locate the most appropriate services for kinship caregivers.*

Research Note: *Literature indicates that it is essential to collaborate with kinship caregivers regarding the following major issues that tend to be of special concern for them: legal status; financial support; health and mental health care; school; child behavior; family relationships; needed support services; having fair and equal treatment; and satisfaction and recommendations.*

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

FKC 21.08

Resource families who have not yet been matched with a child receive ongoing information and support from the organization while they wait.

NA *The organization provides kinship care services only.*

FKC 21.09

The organization conducts exit interviews with resource parents who leave the organization in order to determine why they do not wish to stay.

Interpretation: *While some resource parents may leave the organization because they have adopted a child from the system or are relocating, others may leave because they are dissatisfied with the treatment, or the level of support and services, they have received.*

NA *The organization provides kinship care only.*

Note: *The organization should annually evaluate retention-related data to determine what strategies and practices work well, and what strategies and practices may need to be modified or eliminated.*

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 22: Respite Care

Respite care reduces caregiver stress, ensures child safety and well-being, and promotes the stability of placements.

Interpretation: *This core concept addresses respite care provided in resource family homes licensed by the organization, as well as when the organization is working with licensed, contracted respite care providers for the children in care. Please note that resource families should have access to respite care even when it is not provided in the organization's resource family homes, as referenced in FKC 21.04: Resource Family Development, Support, and Retention.*

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

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 respite services, including number of children permitted in respite care homes
- Procedures for:
 - a. reviewing respite care options with resource families
 - b. matching children with respite caregivers, including criteria for matching
 - c. providing respite services in response to a crisis, if applicable
 - d. ensuring health and safety
 - e. working with contracted respite care providers, if applicable

On-Site Evidence

- Informational materials regarding the respite care program
- Contracts and service agreements with respite care providers, if applicable

On-Site Activities

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

FKC 22.01

Respite care options are reviewed with resource parents prior to a child

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

joining the family, and on a regular basis.

(FP) FKC 22.02

Children are matched with respite caregivers who can meet their needs, and:

- 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. Respite caregivers for children in treatment foster care should receive training specific to the child's needs.*

Interpretation: *Organizations that do not provide respite care in its own resource family homes may not be responsible for matching, but should ensure that relevant information about the child is communicated to the respite care program to determine appropriate criteria for matching.*

FKC 22.03

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 22.04

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 crisis situations.*

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 22.05

Respite caregiver homes have no more than five children total and no more than:

- a. two children under age two;
- b. four children over age 13; and
- c. two foster children in treatment foster care.

Interpretation: *The total number of children includes all children under the age of 18 in the home, including both children residing in the home and children in respite care. 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 is specially licensed by the state or tribe to care for more children.*

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 22.06

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 22.07

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 23: Case Closing and Aftercare

The organization works with reunified families, youth who are transitioning to independence, 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

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

- Case closing 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 23.01

Planning for case closing:

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

Interpretation: *When planning for case closing the organization should ideally employ a family teaming model and encourage families to involve supportive people of their choice, such as extended family, friends,*

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

community members, and service providers, including both previously involved providers and providers who will work with families in the future.

FKC 23.02

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

FKC 23.03

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 should develop 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. The plan should also include contact information for a resource that can be accessed in case of crisis.*

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.

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

FKC 23.04

When children have been reunified with their families, the case closing process includes discussion with the family about the successful changes in behaviors and conditions that reduced risk to the child, and strategies for maintaining those changes.

NA *The organization, by virtue of law or contract, does not serve parents.*

FKC 23.05

The organization that has a contract with a public authority that does not

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

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 23.06

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 24: Personnel

Personnel are qualified and receive adequate support to provide culturally-responsive services that ensure the safety of children and promote the well-being of children and families.

Interpretation: *FKC 24 applies 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.



Family Foster Care and Kinship Care

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.



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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 for:
 - a. assigning and evaluating workload, including criteria used
 - b. overtime compensation
 - c. case transfer
 - d. peer mentoring, as applicable, including for recruiting, screening, training, and supervising mentors
- Training curricula

On-Site Evidence

- Information and/or data describing staff turnover from the previous year
- Training attendance records

On-Site Activities

- Interview:
 - a. Supervisors
 - b. Personnel
- Review personnel files
- Review case records as needed

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FKC 24.01



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Workers are qualified by:

- a. an advanced degree in social work or a comparable human service field; or
- 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 24.02

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: *Treatment Foster Care supervisors who do not meet these qualifications must be provided with additional regular clinical consultation at least monthly.*

FKC 24.03

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. recognize and understand the impact of trauma, and work with both children and parents in a trauma-informed manner; and
- d. work with all children and families in an equitable, culturally-responsive, and empowering manner.

Related: TS 1, TS 2

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.*

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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.*

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.

Research Note: *In surveys of child welfare workers, many caseworkers reported challenges with discussing issues of sexual and reproductive health and pregnancy prevention with youth in their care due to the absence of defined roles, clear policies, or training in this area. Given the prevalence of youth pregnancy in foster care, a formal organization-wide policy, protocol, or training curriculum on adolescent sexuality and reproductive health and preventing pregnancy could empower caseworkers to more actively engage with youth on such issues.*

NA *The organizations provides Foster Care Home Services only.*

FKC 24.04

Workers have the competencies and support needed to:

- a. assess risk and safety;
- b. conduct comprehensive assessments of strengths, needs, and protective factors;
- c. identify children and families with special needs;
- d. collaborate with families to develop effective service plans;
- e. conduct well-planned, quality home visits that focus on issues pertinent to service planning;
- f. collaborate with other service providers, units, and systems, including the mental health, health, educational, and judicial systems;
- g. evaluate progress on identified goals and the continued need for placement;
- h. facilitate permanency, family connections, and community supports; and
- i. follow the organization's protocols for responding to allegations of

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maltreatment in resource homes

Related: TS 1, TS 2

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.*

Workers should also have access to comprehensive, up-to-date information about culturally-relevant community services.

FKC 24.05

Workers who collaborate with resource families have the competencies and support needed to:

- a. recruit, assess, and engage with resource parents;
- b. work with resource parents in a culturally competent manner;
- c. help resource families provide a safe, nurturing environment and meet the needs of the children in their care;
- d. provide timely and responsive support to resource families; and
- e. facilitate relationships between birth parents and resource families, when appropriate.

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.*

FKC 24.06

Workers who support expectant and parenting youth have the competencies and support needed to:

- a. present information in a manner that will resonate with expectant or parenting youth;
- b. understand adolescent development, including adolescent brain development;
- c. understand child development, including early brain development;
- d. address the dual developmental needs of adolescents and young children;

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- e. promote youths' transition to adulthood while parenting; and
- f. facilitate father involvement when appropriate and feasible.

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

FKC 24.07

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.

(FP) FKC 24.08

Workers and supervisors, depending on job responsibilities, are knowledgeable about relevant provisions of the Indian Child Welfare Act (ICWA), including:

- 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 services only.*

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

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(FP) FKC 24.09

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. Generally, caseloads should not exceed:*

- 12-15 children in foster care or kinship care, and their families
 - 8 children in treatment foster care, and their families
- When workers manage a blend of case types, caseloads should be weighted and adjusted accordingly. Caseloads may be higher when organizations are faced with temporary staff vacancies. New personnel should not carry independent caseloads prior to the completion of training.*

Research Note: *Child welfare research shows that manageable workloads enable workers 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 personnel, 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 24.10

The organization prevents and counters the development of secondary traumatic stress by:

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- a. educating both workers and supervisors about secondary trauma, its symptoms, and its potential effects on children, families, and the organization as a whole;
- b. helping personnel develop the skills and behaviors needed to manage and cope with work-related stressors;
- c. encouraging respectful collaboration and support among co-workers;
- d. using assessment strategies to determine when personnel have been impacted by secondary trauma;
- e. connecting personnel to the supports and services needed to address concerns; and
- f. considering how the organization's culture and policies may contribute to or prevent the development of secondary traumatic stress.

Interpretation: *Regarding element (b), personnel should be helped to develop the skills and behaviors that will enable them to engage in positive thinking; increase their self-awareness; know their limits and needs; establish healthy boundaries; monitor and regulate their emotions and behaviors; identify and manage emotional triggers; and take time for self-care. Regarding element (f), it may make sense to consider the organization's culture and policies in areas including, but not limited to, supervision, caseload assignment, scheduling, and crisis response.*

Research Note: *Given that child welfare workers routinely work with traumatized individuals, organizations should acknowledge and accept responsibility for addressing the risks and ramifications of secondary trauma. In addition to diminishing a worker's quality of life, secondary trauma can also negatively impact both the organization and its clients by compromising workers' ability to serve clients effectively and by increasing turnover, which in turn can lead to both negative repercussions for clients and economic costs for the organization.*

FKC 24.11

The organization takes steps to minimize the number of times a case is transferred from one worker to another.

Interpretation: *In addition to addressing factors that may contribute to turnover by enforcing reasonable caseloads and providing appropriate training, supervision, and support, the organization should also examine any policies or procedures that require families to be passed from one specialty worker to another as they move through the system, and consider whether families would be better served by fewer transfers.*

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FKC 24.12

When peer mentors provide support to birth parents or resource parents, the organization:

- a. clearly defines the role and responsibilities of the mentors;
- b. establishes guidelines for recruitment of prospective mentors, including how much time must elapse before a former client is eligible to participate;
- c. carefully screens prospective mentors to ensure they are a good fit for the program;
- d. trains mentors to work in a professional setting and fulfill the roles they are expected to perform; and
- e. provides ongoing support and supervision to ensure that mentors have the skills they need and address any issues that arise.

Interpretation: *Peer parent mentors typically provide social and emotional support, facilitate family engagement in services, help families better understand and navigate the child welfare system, certification process, or adoption process, connect families to needed resources, and help families advocate appropriately for themselves.*

Research Note: *While caseworkers are also expected to provide the type of support offered by parent mentors, parents who have similar backgrounds and firsthand experience with the child welfare system may be better positioned to empathize and build trusting relationships with family members. In addition to potentially benefiting families currently involved with the system, research suggests that programs such as these may also help the parent mentors by enabling them to build their job skills and resumes and increase their self-confidence and sense of self-efficacy. However, literature also emphasizes the importance of ensuring that mentors are appropriately screened, trained, and supervised, noting that some may lack appropriate skills or be motivated by their own agendas. For example, while social support may be most effective when offered by someone with a similar background, some mentors may be motivated to downplay their similarities with families in order to boost their own identities and meet their own needs. Similarly, while a mentor's own experience may help the mentor empathize and connect with parents currently involved in the system, it will not necessarily provide the mentor with the skills or understanding needed to guide families through the process and help them access services.*

NA *The organization does not use peer mentors to provide services.*

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