

Kinship Initiatives for Supportive Services (KISS) 2016



ESSENTIAL KISS ELEMENTS

This document contains essential information on requirements for kinship programming, in addition to providing current research to guide service delivery. Promising practices and effective strategies are described as well as specific program requirements which are more fully explained. Proposers should consider this "required reading" prior to creating a proposal for this RFP.



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Children's Services Council

of Broward County

Our Focus is Our Children.

Kinship Initiatives For Supportive Services (KISS)

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WHAT WORKS/BEST PRACTICES

◆ BEST PRACTICE STANDARDS FOR KINSHIP PROGRAMMING

The following are Kinship-specific *Standards of Excellence* (Child Welfare Information Gateway, 2012):

- Clarifying and managing the multiple roles faced by kinship caregivers;
- Recognizing issues specific to the stresses and dynamics of full-time parenting for the second time;
- Being an active participant in permanency planning;
- Attending to the relationships among kinship siblings & other children in the household;
- Resolving family conflict, including mediation approaches;
- Understanding and managing the effects of chemical dependency, parental incarceration, and HIV/AIDS;
- Addressing children's specific medical, educational, emotional (grief/loss/trauma), and sexuality needs;
- Accessing and addressing financial and resource issues that may result from the expanded family;
- Addressing cultural, ethnic, and religious orientations, as appropriate; and,
- Working as a member of a team, including participating in case reviews, court involvement, counseling sessions, medical services, school meetings, and agency team.

◆ BEST PRACTICE STRATEGIES AND MODELS FOR PARENTING EDUCATION

STRATEGIES Positive parenting/caregiving is the strongest predictor of healthy adjustment for children bereaved by parental absence (Haine et al., 2008). It includes a supportive environment that allows open communication and a balance of warmth and effective discipline. Kinship caregivers, regardless of age, race/ethnicity, gender, living situation, and socio-economic status, benefit from parenting support even though some may initially view it as intrusive or intimidating (Child Welfare Information Gateway 2012; Child Focus, 2008). Caregiving education should be framed to inspire participation, e.g., using “caregiver tips and information sessions” instead of the term “parent training”. Presenting it as a way to deal with how dramatically times and technologies have changed may help increase motivation to develop new skills and acquire new knowledge. General parenting tips should include communication skills, discipline styles, setting limits, providing consequences, and responding to children’s psycho-emotional and specific age-related issues (e.g., toilet training for younger children; drug use, sexuality, and technology issues such as online safety and sexting for older children).

Parenting education must be offered in a group setting and individually in the home. Providing dinner and childcare are best practices for encouraging group session attendance. Since many caregivers are in the workforce, it is important to schedule sessions that do not interfere with traditional business hours and allow for commute time to the session. Unconventional work hours need to be accommodated by providing scheduling options. Group services should be offered at locations convenient to families.

Research indicates that kinship children have a greater likelihood of behavior problems stemming from loss, grief, and/or shame. If caregivers have difficulties in coping with such behavior because of lack of training and information, such placements are more likely to breakdown (Paxman, 2006). Group sessions with fellow kinship caregivers and/or informal in-home sessions may be sufficient for many caregivers, but those who would benefit from more in-depth programming may be linked to programs in the community. Feedback from kinship youth indicated some would like their kinship caregivers to have more training around family management, as well as someone, not necessarily a therapist, who could intervene when there is conflict between them and their caregiver and fulfill the role of mediator.

MODEL PROGRAMS While research indicates the curriculum should be specific to Kinship issues, there is a lack of strong evidence-based kinship caregiver training. The Provider should utilize a parenting curriculum recognized as a best or promising practice model and adapt it to address kinship issues. The selected curriculum must have training available, and all kinship case workers must receive that training to ensure impactful delivery. The best or promising rated curriculum is required, however, intensity and dosage may be adjusted. Kinship providers will be allowed flexibility to extract the relevant sections of the curriculum that best fit the current individual needs of the kinship family.

Some recognized best practice models include:

- **Nurturing Parent Program (NPP)** - has different versions that target specific age groups, cultures, and needs and Level of Need – Primary, Secondary, Tertiary, and Comprehensive. The program focuses on building positive regard for one's self and others. Programs are home based or group based. There are local Broward trainers that can be contacted to schedule training. Please see <http://nurturingparenting.com/training.i>
- **Strengthening Families (SFP)** is an evidence-based parenting skills, children's social skills, and family life skills training program specifically designed for high-risk families. Parents and children participate in SFP, both separately and together. For program information see <http://www.strengtheningfamiliesprogram.org/about.html> For training information, see <http://www.strengtheningfamiliesprogram.org/training.html>
- **Parenting Effectiveness Training (P.E.T)** offers caregivers a set of skills for developing and maintaining effective relationships with their children and others. Caregivers learn listening skills to help their children when they have problems, self-disclosure skills to help themselves when their children cause problems for them, and skills to resolve conflicts and problems so that both the caregiver and the child gets their needs met. It addresses behavior issues that kinship children are likely to have such as being withdrawn or non-communicative, demonstrating anger (e.g., temper tantrums, outbursts), difficulty making or maintaining commitments/rules, difficulty making decisions, difficulty solving conflicts, difficulty expressing needs and emotions, and rivalries between children in the family. Training can be provided locally in Broward. For more information on training and costs, please see <http://www.gordontraining.com/parent-programs/parent-effectiveness-training-p-e-t/> or telephone 800.628.1197 ext. 300 or email lance.johnson@gordontraining.com

Note: Strengthening Families and Parenting Effectiveness Training trainings may be cost prohibitive to agencies who are not already invested in the model.

Proposals are not limited to the above-mentioned curricula; however, if funded, proposed curricula must be approved by CSC.

ESSENTIAL ELEMENTS OF SUPPORTIVE QUALIFIED STAFF

◆ EMPLOYING THE RIGHT STAFF

Research shows that personal attributes of the staff can result in better or worse program outcomes, even when model programs are used (St. Pierre et al., 2007). Staff should be able to connect with families, motivate, and encourage them. Program outcomes are positively impacted when staff have good interpersonal skills, ability to help families apply newly-developed skills to everyday settings, and sensitivity to individual developmental abilities and cultural backgrounds (Durlak et al., 2010).

◆ PROFESSIONAL DEVELOPMENT, COACHING, & TRAINING

Research has found the following factors important to attract and retain staff (Hartje et al., 2008; Sheldon et al., 2010)

- A supportive, inclusive work environment that includes appropriate supervision and a climate of collaboration;
- Clear role descriptions and perceived competence to perform those roles;
- Opportunities for professional development and training;
- A sense that staff members' work and input in decision-making are valued;
- Continuous Quality Improvement (CQI) strategies;
- Opportunities for professional networking;
- Adequate compensation and benefits (e.g., health and paid vacations for full-time staff);
- Intentional career paths and career "ladders" that differentiate levels of direct service workers by linking increased education and/or training to increased compensation; and
- Clearer paths from direct service to management.

Staff Mentoring and Coaching are newer approaches where one-on-one modeling and support replaces or supplements group sessions. Mentoring pairs a less experienced worker with a more experienced staff person to help him or her master multi-dimensional competencies over time (Mattingly et al., 2010). Coaching is a promising strengths-based technique. By providing positive feedback on observed strengths and skills, coaches help staff to see how their own actions and behaviors can improve families' outcomes. When people feel they are making a positive difference, their job performance improves (Curtis et al., 2011). Strong evidence indicates when coaching is part of an overall quality improvement model that includes performance assessment with aligned training/coaching, positive results are seen in improved staff behavior, better management practices, reduced staff turnover, and improved youth outcomes (Yohalem et al., 2010; Sheldon et al., 2010).

Trauma-informed training for staff is strongly encouraged. Adverse childhood experiences, e.g., child maltreatment, increase the likelihood of social risk factors, substance abuse, violence, mental health and even physical health issues into adulthood (American Academy of Pediatrics, 2014). Many youth exhibiting high risk or negative behaviors may have experienced trauma that has never been addressed. It is important that direct service staff have an awareness of this dynamic.

◆ STAFF CASELOADS AND SUPERVISION

Programs must employ adequate staff with appropriate supervision to promote positive program experiences and desired outcomes for program participants. Caseloads typically range between 12 and 20 cases per professional staff member and should take into account the families' needs; age and population characteristics; as well as staff qualifications, competencies and experience, service volume, etc. Hiring practices must identify competent workers with core characteristics that support positive family engagement. Initial in-service and on-going training should ensure a strong understanding of job requirements as well as effective engagement and retention strategies, crisis management techniques, and strength based case management. Staff supervision and supervisory case reviews should occur at least monthly supported by bi-weekly staff meetings to review new resources or service delivery information and to discuss problem solving methods for complex cases.

◆ BICULTURAL COMPETENCE

As with all CSC-funded programs, cultural competency is essential in such a diverse community as Broward County. Kinship families are ethnically diverse, with minority families disproportionately represented relative to overall population. Providers must provide services and supports in a culturally competent manner that does not stigmatize kinship families and the child(ren) or youth in their care.

KISS programs can provide a sense of belonging through strategies for positive bonding. When Kinship youth and caregivers feel valued, they are more likely to be successful in establishing a positive relationships and creating a stable home. Issues of ethnic identity are important to families as they determine how they fit into the diverse, and sometime conflicting, cultural messages and identities. Perceived prejudice can cause high levels of emotional stress.

Programs need strategies to help participants develop “bicultural competence”- the ability to function and be comfortable in multiple cultural settings. Simply bringing different cultural groups into contact with each other does not necessarily result in mutual understanding and respect. Inviting caregivers and children to share their talents, foods, and unique cultures with other parents, staff, and youth has been found to have positive results.

◆ BACKGROUND SCREENING REQUIREMENTS

All staff working in the KISS program must comply with Level 2 background screening and fingerprinting requirements in accordance with Sections 943.0542, 984.01, Chapter 435, 402, 39.001, and 1012.465 Florida Statutes and Broward County background screening requirements, as applicable. The program must maintain staff personnel files which reflect that a screening result was received and reviewed to determine employment eligibility prior to employment. An Attestation or Affidavit of Good Moral Character must be completed annually for each employee, volunteer, and subcontracted personnel who work in direct contact with children. KISS program providers will be required to re-screen each employee, volunteer and/or subcontractor every five (5) years.

THE MANDATORY KISS SERVICE COMPONENTS

KISS programs funded under this procurement will provide strength-based programming defined by a set of principles identified in the literature as effective services for extended family systems. Programs must incorporate cultural diversity, family participation and decision-making, systematic family assessment, and a comprehensive menu of services with a highly coordinated service delivery plan. KISS programs are required to provide all mandatory service components detailed below, either in-house or through specific partnerships, to ensure integrated, seamless services for kinship families.

◆ FAMILY ASSESSMENT & SERVICE PLAN

Evidence indicates that instability of kinship placements may be prevented by interventions that include more in-depth assessment, screening for known risk factors, and appropriate placement support (Child Welfare Information Gateway, 2012). Every kinship family has its own unique needs and dynamics and no one-size-fits-all approach can effectively serve this population. Kinship families, including children, should have an active role including defining needs, services, and supports; and in evaluating their effectiveness. The written assessment should identify the relationships of all family members, not only to the target child, but to each other (e.g., other kinship children not related to the target child). Any previous placements and services should be identified and described. The children’s input should be clearly evident in the assessment and include non-kinship children in the family and how the family expansion impacts them. Research emphasizes that listening to children about their experiences and needs is essential to better supporting kinship care (Schwartz, 2010).

- **General Assessment** Shortly after entering the program, all family members should be assessed to determine their individual and family strengths and risks. Information such as family history, family strengths, needs, barriers, supports, mental health, trauma issues, substance use, and protective and risk factors should be identified to determine the level and type of support needed.

- **Mental Health/Trauma Screening** It is important to screen for significant risk factors for mental health issues or trauma history (loss of a family member or close friend, unaddressed childhood trauma, suicide ideation, etc.) Participants may be referred to appropriate mental health providers to administer further assessments, if needed, or providers with experienced, licensed staff may perform these assessments in-house.
- **Goal Development** Staff should review assessment information and work with each family to create appropriate program goals towards which they will work during program participation. Both long and short-term goals should be identified during this phase of the program, with the short-term goals acting as stepping stones towards longer term objectives. Goals may address issues identified in community, family, school, or individual/peer domains.
- **Individualized Service Strategy** Staff should work with families to create a “road map” identifying specific strategies and action steps that will help them overcome obstacles identified during assessment to achieve their goals. It is critical to involve family members in this process in order to gain their buy-in for future activities, as well as to empower them to take control of their own destinies. Families should also be connected with natural supports in the community to ensure positive behaviors will continue after program participation has been completed. Service strategies should include developmentally and culturally appropriate interventions that will be re-evaluated on an ongoing basis, with services adjusted to meet the current needs of each kinship family member.

◆ CASE MANAGEMENT

As no single provider can meet all the needs of each family, it becomes critical for case managers to have a working understanding of available community resources to meet caregiver needs and to collaborate with community partners to address these needs. Quality case management can be the thread that ties all other kinship components together into a cohesive set of services designed to meet the needs of each kinship family. Depending upon the proposed program model, activities may be internal or involve participation in external service options or requirements. Some participants may be involved with other systems of care, such as the dependency or juvenile justice systems, that require an additional level of service coordination. Kinship children with special needs may have an IEP that requires coordination with the school system. It is important for case managers to communicate appropriately with these other systems and service providers to ensure appropriate service delivery.

Staff not experienced with case management are strongly encouraged to take case management/case documentation courses offered by CSC through the Broward Training Collaborative.

◆ SUPPORTIVE INFORMAL COUNSELING

Kinship caregivers should view case managers as allies who can assist them in working through the many difficulties of raising a child in today's complex society and provide help if a crisis arises. Kinship caregivers indicate supportive listening is an important need (Woodruff et al., 2014). Although case managers do not directly provide therapeutic mental health counseling, they should provide informal supportive counseling which includes active listening. Research indicates social support is critical to kinship caregiver well-being and family stability (Denby et al., 2015). Families should be provided with the skills to create or enhance natural support systems.

◆ INFORMATION ON PUBLIC BENEFITS

One of the most pressing needs of kinship families is financial assistance. Caseworkers should inform kinship caregivers about their custody options. For example, children living with a kinship caregiver can receive "child-only" TANF without regard to the caregiver's income. However, once a kinship caregiver obtains legal guardianship of the child, the state will take into account the guardian's income. Case workers should assist with proper completion of application forms for TANF and the Supplemental Nutrition Assistance Program.

(SNAP) as kinship caregivers may be denied financial assistance if they do not understand how to answer the questions regarding separation of the child's income from their own. If a child has a disability, they may qualify for Supplemental Security Income (SSI), but there are stringent eligibility requirements. Relative Caregiver Program (RCP) recipients cannot receive SSI or TANF payments. SNAP allotments may be reduced or terminated depending on how the RCP affects their total household income. Employed caregivers may qualify for Earned Income Tax Credit (EITC). It is essential to keep abreast of how legislative changes impact all of these benefits to kinship families. Understanding the availability, requirements, and exclusions of public financial assistance is critical for kinship caregivers to optimally support the child(ren) in their care.

Staff providing case management should also be trained in ACCESS to public benefits offered by the Department of Children and Families (DCF).

◆ EMERGENCY FINANCIAL ASSISTANCE

Limited financial and other resources can exacerbate an already stressful situation. Many kinship families had trouble making ends meet even before they became relative caregivers. The sudden change of having children come to live with them may thrust these families into even greater economic turmoil. CSC allows for Flex Funds to be incorporated in the program budget to assist with emergency financial needs for the household and/or children that cannot be covered by other sources. Proposals should also demonstrate familiarity with policies and programs that utility companies such as Florida Power & Light (FPL) may have in place to address these situations. See CSC Flex Funds/ Value Added Guidelines (Attachment VIII) for further information.

◆ HEALTH AND MENTAL HEALTH SERVICES

PHYSICAL HEALTH Relative caregivers need to be informed as to what health insurance/assistance is available to both themselves and the children in their care (e.g., Medicaid, Medicare, Kid Care, The Affordable Care Act) . They should be advised on how to apply for the various health insurance options and eligibility requirements. Linkages should be provided to low cost dental care and sources of low cost or free eye care and glasses. Broward Department of Health (DOH) provides sliding fee scale dental services to children not covered by Medicaid or other insurance, and who are not part of the Head Start Program. For more information, see: <http://broward.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/dental-services/index.html>.

MENTAL HEALTH: Children and caregivers in Kinship families tend to have emotional issues that require therapeutic counseling. Regardless of the circumstances of the birth parent's absence, children will be bereaved and may experience emotional trauma (Hong et al., 2011). It can be even more traumatic for children to deal with abandonment by a parent, than parental death, as there is no resolution of grief. The ambiguity of having been separated from someone who still exists often produces high stress and anxiety. Preoccupation about the absent person may lead to impaired physical and emotional health and diminished self-esteem (Schwartz, 2010). Grief may be expressed in somatic and depressive symptoms, irritability, aggression, and academic problems.

Caring for bereaved children increases stress on caregivers, especially grandparents who are also grieving for the loss that thrust them in the role of caregiver such as the death, illness, or incarceration of their child. They may suffer from anxiety and even shame. Grief and trauma issues often require more than the typical amount of counseling covered under Medicaid. Case managers should research therapeutic programs, in-depth bereavement services, and/or trauma treatment programs available in the community for the kinship children and caregivers.

It is also important for Provider staff to have trauma-informed training. The CSC periodically offers this type of trauma training, but there are other resources as well. Provider staff should employ the following evidence-based practices (Haine et al., 2008):

- Increase child self-esteem (encouraging caregivers to engage in activities with the child that provide mastery experiences such as art activities where there is little possibility of failure);
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- Address child adaptive control beliefs (teaching children it is not their responsibility to help their caregivers feel less distressed);
- Support child coping skills (allowing children to select their own goals and use their coping skills to work on these goals; providing children with specific positive feedback and expressing an ongoing belief in their efficacy to deal with their problems);
- Support child expression of emotion (encouraging joint book-reading between caregiver and child which helps promote discussion and understanding about death or loss.)

◆ SCHOOL SYSTEM NAVIGATION

Schools have changed since grandparents raised their own children and caregivers may feel intimidated. They may have difficulty enrolling their kinship children in schools if they do not have the proper documentation. If they are caring for children who have learning disabilities or other special needs, they need additional assistance understanding the Exceptional Student Education (ESE) system including Individual Education Plans (IEPs). Caregivers also need to be informed if the children in their care are eligible for the free/reduced lunch program.

◆ AFFORDABLE CHILDCARE

The majority of Broward grandparents responsible for their grandchildren are in the labor force, either working or actively seeking employment (American Community Survey 2014). Affordable childcare is an important need. A limited number of CSC funded child care slots for KISS children ages 0-5 (not yet in kindergarten) are available, administered by Broward Regional Health Planning Council (BRHPC) under 'Vulnerable/Specialized Population Child Care'. The Provider shall assist kinship families in applying for these slots or the State-subsidized School Readiness child care slots also administered through BRHPC. School age children may be linked to afterschool programs that are free or use a sliding scale fee based on income, such as the CSC-funded MOST and Youth Force programs.

◆ CAREER COUNSELING/JOB TRAINING LINKAGES

Kinship caregivers have voiced their need for career counseling, job assistance, and advocacy to promote understanding and support in the business community. Caregivers in need of a new or better job may be connected to CareerSource Broward, which provides career counseling and assists with resumes, interviewing skills, and access to job seeking tools (e.g., computers, printers, and internet access) at their several site locations and kiosks. For more information, please see: <http://www.careersourcebroward.com/> and <http://www.floridajobs.org/onestop/onestopdir/OneStopDirList.asp?Region=22>

The Center for Working Families (CWF) is a relatively new approach to help low-income families attain financial stability. The CWFs provide coaching, job training, financial services, housing assistance, and other supports to help residents secure employment, advance in their jobs, and build assets through savings and homeownership. Currently, the two primary CWF Broward providers are Hispanic Unity and the Urban League.

◆ RESPITE CARE, FAMILY BUILDING EVENTS, AND ENRICHMENT ACTIVITIES

Respite care is a frequently identified need of relative caregivers in Broward forums and national research (Casey Family Programs, 2007). Respite care affords caregivers the opportunity to balance caring for the children while caring for themselves. There are several ways to provide respite for kinship families. Subsidized child care and low- cost/no cost after school and summer programs are important resources. There are also respite services in the community for children with special needs.

Kinship programs must offer respite care during adult kinship group meetings and on weekends. Enrichment activities during respite care should be incorporated in KISS proposals to provide opportunities for relative caregivers to rejuvenate themselves while their children enjoy fun stimulating group activities. Kinship youth participants have expressed the desire for more frequent teen group activities. Providers may find local entertainment businesses that are willing to donate tickets or services to support kinship families.

In focus groups, caregivers have also indicated their desire to accompany their Kinship children on field trips in order to build lasting memories of special events. Kinship youth have also expressed a desire to participate in recreational activities with their families. Research finds that participation in cultural arts (music, visual arts, drama, dance, and creative writing) positively influences brain performance and improves academic and emotional development. These activities help reduce stress, improve learning outcomes, increase motivation, regulate brain chemistry, and literally rewire neural pathways. Participating in fine arts stimulates the functioning of the brain that develops capabilities in reading, math, and science, and is linked to stronger commitment to academic success, higher grade point averages and school attendance (Respress & Lutfi, 2006). Low-income families often lack the resources to experience cultural arts and enrichment activities, which limits their world view and values to what they experience in their immediate, impoverished surroundings. Providers should offer Family Building Events to kinship families throughout the year.

Value Added funds may be used to provide kinship families and youth with enrichment activities that enhance their life experiences and increase family bonding. Proposals should describe any additional activities that will be offered and how they will be incorporated into the overall program design. See CSC Flex Funds/ Value Added Guidelines (Attachment VIII) for further information.

◆ SUPPORT GROUPS FOR CAREGIVERS AND YOUTH

CAREGIVERS Studies show a critical need for social support among custodial relatives, especially grandparents. They feel direct and indirect social isolation; their contemporaries are not involved in rearing children and often cannot relate to their circumstances. It is beneficial to their well-being to meet with others to share common experiences and learn from each other. However, it is important that the group is properly facilitated so that participants do not merely vent frustrations without focus nor promote inappropriate ideas on parenting. Sessions should accommodate caregiver work schedules and be offered at convenient geographic locations.

YOUTH Feedback from local kinship teens highlights that youth have a strong desire for activities with their peers who share the experience of living with relative caregivers. Youth support groups provide a productive venue for this when appropriately facilitated by an adult. The youth should be actively involved in the planning of these meetings. Presenters could be invited who have experience in topics in which the youth express interest. Focus group participants also indicated a desire to learn how to better handle conflict with caregivers and improve communication. Meetings should be offered at various times and locations, that are accessible for youth and do not interfere with school or work schedules.

Kinship case managers should also consider linkages to existing programs in the community such as the CSC-funded Youth FORCE afterschool programs for middle school youth and Future Prep /Healthy Youth Transitions programming that provides life coaches to help older youth to transition into successful adulthood.

◆ LEGAL ADVOCACY AND ASSISTANCE

Legal help has surfaced as one of the major needs of caregivers in the current CSC-funded kinship programs. Kinship caregivers require specialized legal assistance to understand the complexities of how available custody options, such as physical custody, dependency placement, temporary custody, guardianship, and adoption affect their family. These rights can range from having no legal authority to make important decisions for the kinship child in their home to full legal authority to make every decision. The caregiver's custody status also affects public benefits, housing, medical, education, and end of life planning. In addition to legal advice, direct legal services are often needed.

It is anticipated that kinship families served by programs under this RFP will be referred to an agency designated by CSC to provide kinship legal assistance through a companion procurement process. Legal services will be designed to establish and/or maintain the stability of the kinship caregiver's household and to solve other legal issues that may be impacting the lives of the family members. Issues addressed may vary depending on family needs, but may include custody, guardianship and adoption, children's advocacy, housing issues, immigration, senior citizen law, family law, access to public and private benefits, education and navigating the school system, legal enrollments of the children in school, and legal access to special education services when needed.

◆ PARENTING EDUCATION

The Provider should utilize a parenting curriculum recognized as a best or promising practice model and adapt it to address kinship issues. The selected curriculum must have training available, and all kinship case workers must receive that training to ensure impactful delivery. Parenting education for caregivers must be offered both individually in the home and in a group setting. Providing dinner and childcare are best practices for encouraging group session attendance. Group services should be offered at locations and times convenient to families. Please refer to the Best Practice Strategies and Models for Parenting Education section (page 3) for more detailed information on strategies and models for Parenting Education.

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