

Understanding and Implementing CHSofNJ's *Kinship Cares* Enhanced Navigator Model



**A programmatic implementation guide to
supporting and empowering grandparents and
other relatives caring for kin children**

v.1 (2019)



**KINSHIP CARES ENHANCED NAVIGATOR MODEL
IMPLEMENTATION MANUAL**

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I. Introduction

Through more than a decade of successful delivery of *Kinship Navigator* services throughout seven counties across the State of New Jersey, The Children’s Home Society of New Jersey (CHSofNJ) has amassed a wealth of knowledge related to kinship care and service implementation. CHSofNJ’s experience has led to the creation of this manual, which is designed to provide a clear, replicable *Kinship Cares* implementation plan. *Kinship Cares* is an enhancement of traditional *Kinship Navigator* Services that aligns with criteria required by the Federal Title IV-E Prevention Services Clearinghouse to be eligible for funding under the Families First Act, as outlined in the CHSofNJ *Kinship Cares* Enhanced Navigator Model Research and Materials Summary, which is available for download at www.chsofnj.org/kinship-and-kinship-navigator-services, along with other helpful information and tools to help you develop a program designed to support and empower grandparents and other kin caregivers in your community.

This guide shall serve as a comprehensive planning source and reference guide for community organizations and state agencies seeking to replicate CHSofNJ’s *Kinship Cares* program within their communities. The information presented is broken down into easy-to-follow steps in section III.5, with each step carefully explaining all related implementation activities including frequency and duration, required resources needed to complete each activity, and outcome goals for each. CHSofNJ hopes that this guide will serve as a helpful and invaluable tool in providing successful *Kinship Cares* services for kinship caregivers and children of your community.

II. The Importance of Kinship Care

Often, the safest and most comforting environment for children who cannot remain with their parents is with their caring grandparent or other extended family members whom they know, love, and trust. Many caregivers cannot access, or are unaware of, the support and resources available to them as they navigate the often confusing and overwhelming world of kinship care. For many communities, these resources include assistance locating quality medical care, housing, child care, child and adult education opportunities, legal support, and the support that comes from participating in a network of individuals and families who have experienced many of the same issues or obstacles.

By supporting kin caregivers and their kin children, we can help relative caregivers raise their kin children in a permanent, safe, and nurturing way through education and connection to important resources and support to prevent child maltreatment and placement disruptions leading to re-placement in the State foster care system. Additionally, kinship support services can help older kin caregivers and those with health, financial, or other personal issues to receive the community and emotional support services needed to reduce their risk of voluntary placement with the State, thereby disrupting young lives and family constellations, and imposing increased financial burdens on the State.

III. CHSofNJ’s Kinship Cares Program Overview

III.1. Core Kinship Navigator Services and Enhanced Kinship Cares Services

The traditional *Kinship Navigator* program was developed to help relatives and family friends raising their kin children navigate various government systems to identify local supports and services. Traditional *Navigator* services include a home visit/eligibility verification and brief needs assessment by a trained field worker. Eligible caregivers receive \$500 per year to purchase items on the approved Department of Children and Families (DCF) *Kinship Navigator* list to assist them in meeting the needs of their kinship child(ren). Staff provide information and service referrals as needed, including assistance to caregivers interested in petitioning the court for Kinship Legal Guardianship (KLG) status and applying for an additional KLG subsidy. Service is then completed for that year, excepting telephone information and referral services, which can continue throughout the year.

Within the *Navigator* program, there are more targeted programs to further help kinship caregivers and their kin children, including: *Kinship Wraparound* and *Kinship Legal Guardianship*. In 2009, CHSofNJ also introduced its *Kinship Cares* program to further enhance the *Navigator* program. These interconnected programs work together to deliver important services for kin caregivers and children:



The CHSofNJ *Kinship Cares* program, an enhanced service of the *Kinship Navigator* Program, is designed to further improve caregiver and child well-being and prevent child maltreatment and placement disruption leading to re-placement in the State foster care system. *Kinship Cares* includes all traditional *Kinship Navigator* services, accessible via a toll-free hotline (2-1-1):

- Community outreach
- Hotline – marketed in community and posted on website
- Brief assistance and referral to services
- Eligibility verification and assistance securing annual financial subsidy (currently \$500 in NJ)
- Home visit and safety check
- Support, coordination and advocacy to petition for Kinship Legal Guardianship status
- Assistance applying for Kinship Legal Guardianship subsidy

Through *Kinship Cares*, enrolled relative caregivers receive additional assistance in raising their kin children in a permanent, safe, and nurturing way from a dedicated Ombudsman, who is personally familiar with their specific family needs. The Ombudsman acts as an advocate, providing sustained support for the family by plan and whenever needed. *Kinship Cares* staff work more intensively with caregivers through service planning, information sharing and assessment, referrals for services, crisis prevention, and advocacy. Older kin caregivers, and those facing health, financial or other personal problems while now raising a second family, often cannot receive adequate community and emotional support services. As a result, these caregivers may be at increased risk of asking the State to take their kin children into placement, thereby disrupting young lives and family constellations, and imposing an increased financial burden on the State.

Upon enrollment in the enhanced *Kinship Cares* program, the program supervisor immediately assigns an Ombudsman to the case. The selected Ombudsman makes an initial home visit to verify eligibility and conduct a home safety check in partnership with the caregiver. If the caregiver meets eligibility criteria, the Ombudsman conducts an in-depth assessment of needs; administers pre-intervention questionnaires; jointly develops a Family Service Plan based on what the caregiver own priorities, and works with the caregivers to implement each plan; offers ongoing follow-up visits, hands-on linkage to resources, and encouragement to participate in educational workshops and support group activities. The Ombudsman attends meetings with schools, health care providers, social service offices, etc. alongside the caregiver, helping them understand systems and develop self-advocacy skills, as needed. *Kinship Cares* Caregivers are eligible for renewed *Kinship Navigator* financial support of \$500 annually.

Kinship Cares is guided by a Kin Caregiver Advisory Council that helps identify issues around which caregivers need support or community. These issues become topics for educational workshops facilitated by staff or external expertise and support groups. Social-emotional support groups are offered for kin caregivers and for children and youth in kin families. Recreational activities and field trips help kin families connect with each other and also provide a mechanism for caregivers and their children to interact in a structured way. Workshops and support groups are offered at least monthly, and recreational activities should be offered at least three times per year.

Kinship Cares families are offered as much help as needed by their Ombudsman while the Family Plan is in place. Family Plans can be as long as needed, but generally last between four to six months. After

activities outlined on a Family Plan are completed and/or goals achieved, families are always welcome to contact their Ombudsman for support, troubleshooting and/or additional services known as “booster shots.” A CHSofNJ *Kinship Cares* program study (2009-2012) showed Ombudsmen averaged eleven activities directly with or on behalf of each family during the case life. Further, cases were open an average of 6.2 months vs. 1.2 months for traditional Navigator-only control group families.

The following table compares traditional Navigator services to enhanced *Kinship Cares* services.

Table 1. Comparing Core *Kinship Navigator* Services to Enhanced *Kinship Cares* Services.

Services	Kinship Navigator	Kinship Cares
Dedicated Ombudsmen		√
Home Visit/Eligibility Verification	√	√
Brief Needs Assessment	√	
In-Depth Needs Assessment		√
Information & Referrals	√	√
\$500 Annual Stipend for DCF-Approved Purchases	√	√
Assistance Applying for Kinship Legal Guardianship services	√	√
Limited Post Case Closure Support	√	
Family Service Plan		√
Caregiver Education and Support Groups; Children’s Groups		√
Robust Post Case Closure Support		√

III.2. Community to Be Served

Working with the kinship population is a rewarding and positive experience. The grandparents, aunts and uncles, siblings and others who act as caregivers to kin children are a valuable placement resource when biological parents are unable to provide appropriate care. Kinship caregivers are dedicated to the kin children in their care, and provide long-term, stable homes. However, kin caregivers are in need of significant family and external supports to aid them in their child caring role. Any program serving this population should be prepared to respond to concrete, emotional/behavioral, and health needs of both the caregiver and the child(ren). Additionally, unpredictable crises are likely to occur, exacerbated by limited resources, caregiver age, and a possibly unresponsive external system. Transportation aid should be built into the program budget. Linkages and co-location with a state’s *Kinship Navigator*

program are critical. The development of a resource manual for use by staff should be a priority. It is essential that staff build trust and rapport; provide kin caregivers space and time to tell their story; understand the complexity of family relationships and histories, dual loyalties, and that whenever children are not being raised by their biological parents there is a loss or separation, and often trauma.

III.2.a. Eligibility Criteria

Eligibility criteria for *Kinship Cares* is identical to that of a traditional *Kinship Navigator* program, and is described thoroughly in section Table 2 of section III.5.

III.2.b. Caregivers Needs and Priorities

During CHSofNJ's in-depth evaluation of the *Kinship Cares* program, Ombudsmen identified the highest priority caregiver needs, which were uncovered using of the tools described in section III.5.a, such as the Family Needs Scale, Family Service Plan, Child Health Survey, Social Support Survey, and the Family and Services Profile.

The highest priority caregiver needs identified included:

- Financial help
- Basic, concrete needs such as adequate food, clothing and furniture
- Help with utility shut offs
- Dealing with biological parents
- Securing counseling and mentoring for their kin
- Safe housing and housing assistance
- Educational advocacy and tutoring
- Child care, after school care and summer camp
- Health insurance
- Clothing, personal items, furniture
- Medical and dental care
- Employment assistance

The need for counseling was identified for both caregivers and kin children.

III.3. Program Goals and Objectives

III.3.a. Project Goals

The traditional *Kinship Navigator* program is operated with the following goals:

Goal 1. Provide financial support to purchase basic needs and services for the children they are raising, information, and referrals to help kinship families maintain a safe and stable home environment for the relative child(ren) entrusted to their care.

Goal 2. Assist caregivers in petitioning the court to appoint him or her as kinship legal guardian for a child living in his/her home when the child's parents are unable to care for the child. The kinship legal guardian will have the same rights and responsibilities as a birth parent, including making decisions about the child's care, consenting to medical treatment, making plans for the child's education, applying for services for the child, and general responsibility for ensuring the child's safety and well-being. It should be noted that parental rights of the biological parents are NOT terminated in this process.

The *Kinship Cares* program has four primary goals, in addition to those established through *Kinship Navigator*:

Goal 1. Create a group of professional Ombudsmen who will advocate for kin caregivers, especially grandparents, and the kinship children they care for to get the help and services that are needed. This intensive system will: a) assist these families in identifying the barriers they face; and b) find solutions for jointly identified needs in order to achieve better child outcomes related to safety, permanency, and well-being (i.e., prevent the dissolution of kin families and/or return of child(ren) to foster care).

Goal 2. Develop and implement kin caregiver support groups with a focus on parenting skills that are designed to: a) increase successful parenting ability; b) increase child development knowledge; and c) increase awareness of resources and strategies needed to raise successfully kin children.

Goal 3. Develop methodology and implement a procedure to profile and document the characteristics and needs of Kinship families in order to enhance existing and future Kinship programming that will promote enhanced positive outcomes for these families.

Goal 4. Evaluate the impact of the additional intensive support provided by Ombudsmen along with kin participation in kin support groups to support future *Kinship Navigator* program design.

III.3.b. Project Objectives

The traditional *Kinship Navigator* program is operated with the following goals:

Objective 1. Help caregivers navigate other forms of government assistance, including medical coverage, family support groups, child support collection, housing assistance, legal services, financial services, etc.

Objective 2. Determine eligibility for Kinship Wraparound program benefits such as child care subsidy or a short-term expense incurred due to relative care, such as furniture, clothing, summer camp, tutoring, etc.

Objective 3. Provide technical support, guidance and coordination through the process of petitioning for Kinship Legal Guardianship.

***Kinship Cares* has the following additional outcome objectives:**

Objective 1. Sustain children in their kinship homes without risk of maltreatment.

Objective 2. Improve the likelihood of positive child well-being and adjustment in the home and at school with resultant lowered stress levels on the part of the caregiver.

Objective 3. Aid both the caregiver and child in receiving needed healthcare services.

Objective 4. Support caregiver in identifying priorities and securing needed financial, social, mental health and educational services.

Objective 5. Expand caregiver social support network.

Objective 6. Increase the self-advocacy skills among caregivers to secure resources.

III.4. Logic Model

The CHSofNJ *Kinship Cares* Logic Model is available for download at www.chsofnj.org/kinship-and-kinship-navigator-services.

III.5. Detailed Project Design, Implementation Tools, and Implementation Activities

Through expertise developed over more than a decade of successful field experience, CHSofNJ identified opportunities for enhancements to traditional New Jersey *Kinship Navigator* services to further address the needs of kinship caregivers and children. The traditional *Kinship Navigator* program is not funded or structured in a way that allows for intensive follow-up with kinship families when the need arises. As a result, minimal in person follow-up is possible, and comprehensive assessments of need cannot be completed.

The *Kinship Cares* Program augments and expands upon state-funded *Kinship Navigator* programs with the introduction of Ombudsmen who work closely with families from intake through case closure, including follow-up support as needed. Ombudsmen work more intensively with families to further improve child safety, permanency and well-being, and prevent child placement and/or re-placement within the State foster care system.

As an enhancement of the New Jersey *Kinship Navigator* program, *Kinship Cares* families are still eligible to receive services of the traditional program, including an annual stipend of \$500 to assist in the purchase of certain Department of Children and Families (DCF) approved items or services such as furniture, moving expenses, or children's clothing. Additionally, interested caregivers still receive assistance in applying for Kinship Legal Guardianship services. However, *Kinship Cares* families receive additional support and encouragement through twice-monthly educational workshops and caregiver and children's support group activities. *Kinship Cares* families are also more thoroughly assisted in learning about, finding, and using programs and services to better meet the needs of the children they are raising, as well as their own needs. Through individualized, intensive support, the Ombudsman helps each family assigned to their caseload identify and attain solutions to everyday

problems, as well as resolve crisis situations with a hands-on connection to needed community resources. Families are offered as much help by their assigned Ombudsman as needed within a four to six-month service window. In some cases, a family could request additional help through a “booster shot” after the case is closed. The recommended caseload per Ombudsman is 33 families.

Ombudsmen will:

- Make an initial home visit to verify eligibility
- Complete an in-depth assessment of needs
- Administer pre-intervention questionnaire
- Jointly develop a Services Profile and Family Service Plan based on the caregiver’s identified wants and needs
- Deliver ongoing follow-up visits and active, hands-on support including linkage to resources
- Administer post case-closure questionnaire
- Operate parent support and education groups, and a children’s group; encourage families to participate

The *Kinship Cares* program model is designed to promote effective partnerships among public and private agencies to ensure kinship caregiver families are served more appropriately and on a more sustained basis.

III.5.a. Implementation Tools

Following are the tools used during implementation, which are described in more detail in Table 3 of section III.5, and available for download at www.chsofnj.org/kinship-and-kinship-navigator-services.

1. Form Completion Log/Checklist
2. Informed Consent
3. Family and Services Profile
4. Caregiver Health Survey (e.g., *SF-12 Health Survey*, www.optum.com, proprietary)
5. Child Health Survey
6. Family Needs Scale
7. Social Support Survey, RAND Medical Outcomes Study (www.rand.org, available on-line)
8. Measure of Caregiver Stress (e.g., *Parenting Stress Index (PSI)*, www.apa.org, proprietary)
9. Family Service Plan
10. Group Attendance Roster
11. Group Evaluation Form
12. Follow-up Questionnaire
13. Caregiver Satisfaction Questionnaire (e.g., *CSQ-8*, www.csqscales.com, proprietary)

III.5.b. Implementation Activities

- **Implementation Activity:** Caregiver engagement, eligibility assessment, information and referrals, home visits
- **Frequency:** Caregiver engagement is immediate and ongoing; eligibility assessment completed at intake (immediately or within 48 hours); information and referrals are immediate and ongoing; initial home visit within 2 weeks of intake, and monthly thereafter until *Navigator* case is no longer active
- **Resources Required:** Intake Specialist; Field Staff; State Kinship Office; *Kinship Cares* program eligibility checklist; *Kinship Cares* program Initial Home Visit checklist; Informed Consent form; Profile form; Parenting Stress Index (PSI); Family Needs Scale; Caregiver Health Survey; Child Health Survey; Social Support Survey (RAND Medical Outcomes Study)

Caregivers may include grandparents, siblings, aunts, uncles, cousins, family friends, etc. Eligibility is based on federally-established requirements. Although eligibility requirements are identical across various kinship programs, please be aware of exceptions noted in Table 2, below.

Step 1: Initial Caregiver Engagement

The Intake Specialist will engage caregivers who walk-in (immediately) or call (within 48 hours) to explain the Kinship Navigator program, all services available, eligibility requirements, etc. The Intake Specialist will also make referrals to other needed resources, if identified. These resources may include TANF, food stamps, housing, etc. If the specialist is unable to reach the caregiver after at least two attempted return calls, he or she should mail a letter to the address provided by the caregiver, if applicable. In addition to conveying the information that would have been shared via telephone, the letter should indicate that staff has been unsuccessful in reaching the caregiver and invite him or her to provide updated contact information.

Step 2: Confirm Eligibility

The Intake Specialist will obtain identifying information from caregiver and verify eligibility. Table 2 below can be a helpful tool in collecting information and/or assurances from caregivers to establish their eligibility for *Kinship Cares* services.

As part of the eligibility confirmation process, the Intake Specialist will submit names, caregiver and child dates of birth via email to your state's Kinship Office within two business days. The State Kinship Office will complete a NJS search to confirm there is no DCP&P involvement. Results are sent back, typically within one day, to the provider agency. If there is no current DCP&P involvement, the Intake Specialist will move the caregiver forward in the application process. Finally, the Intake Specialist will assign the kinship case to a Field Staff or Kinship Legal Guardianship Specialist as appropriate.

Table 2. Kinship Cares program eligibility checklist.

Eligibility Requirement	Met
Caregiver is willing to be responsible for the child until adulthood (age 18).	
<p>Child is under the age of 18.</p> <p>Exceptions:</p> <ul style="list-style-type: none"> • A child in high school who is expected to graduate before they turn 19 is eligible for <i>Wraparound</i> services until their 19th birthday. • A child with documented special needs (medical records, school records/Individualized Education Plan) is eligible for services until their 21st birthday. 	
<p>Caregiver under age 60 has provided proof of household income below 350% Federal Poverty Guidelines. Caregiver age 60+ has provided proof of household income below 500% Federal Poverty Guidelines. <i>Note: Kinship Legal Guardianship services are available to those who exceed income requirements for a \$400 fee.</i></p> <p>Included Income:</p> <ul style="list-style-type: none"> • Employment (including self-employment) or unemployment income • Rental income • Disability (State, Social Security, worker’s compensation) or survivor’s benefits • Pensions/annuity/401K • Alimony, child support, or foster care payments received • General assistance payments • Temporary Assistance to Needy Families (TANF) payments • Interest and dividend income • Veteran’s benefits <p>Excluded Income:</p> <ul style="list-style-type: none"> • Income from family members or friends who reside in the home and split bills 	
<p>Caregiver has provided documentation to proof relationship, income, and residence.</p> <p>Accepted forms of Proof:</p> <ul style="list-style-type: none"> • Birth, death, or marriage certificate • Social Security Card • Proof of address (driver’s license, utility bill, etc.) • Census records • Medical records • Religious, school, or public or private welfare agency records 	

<ul style="list-style-type: none"> • Court records (child custody information, orders of alimony or child support) • Immigration and naturalization records • Employment or unemployment records/paycheck stubs/IRS form 1040 Self-Employment Income Schedule C and/or E • Benefit checks or stubs (Social Security, Pensions, Annuities, Strike Benefits, Veteran’s Assistance, etc.) • Statement of individual providing gifts of income • Interest or dividend income from stocks or other investments 	
<p>Caregiver has provided proof that the biological parent does not reside within the home.</p> <p>Exemptions:</p> <ul style="list-style-type: none"> • Biological parent residing in the home is unable/unwilling/unfit to adequately provide or care for the child (documented terminal illness, substance abuse, alcohol abuse, etc.) • Teen parent residing in home with their biological mother and/or father cannot receive services, however the child is eligible • Teen parent and child residing in home with a kinship caregiver are both eligible 	
Each adult (age 18+) residing in the home has submitted to state and federal child abuse and criminal background checks.	
Caregiver and/or child does not have an open case with the DCP&P.	
Caregiver complies with TANF/child support requirements.	
Caregiver requesting Kinship Legal Guardianship services has been caring for the child in their home for at least 12 consecutive months	

Step 3: Home Visit Assessment and Implementation Activities

Once eligibility has been confirmed by the Intake Specialist, the Field Staff/Ombudsman worker assigned to a *Kinship Cares* case will contact the caregiver within two weeks of case assignment to schedule an initial home visit. During the next few weeks, the Field Staff will complete a number of questionnaires during home visits with the caregiver. On average, staff and caregivers complete roughly half of the checklist described below during the initial home visit, and complete the remaining tasks during a second home visit. These questionnaires will determine a caregiver’s eligibility for financial assistance and help staff understand the family’s specific needs for other services. Some of the questions are of a personal nature, so staff should reassure the caregiver that his or her responses will remain confidential. Explain to caregivers that there are no “right” or “wrong” responses, and that at any time, he or she may decline to answer a specific question or end the interview altogether if they feel uncomfortable. However, these questionnaires will help tailor each family’s service plan to better

meet their needs by completing the forms listed in Table 3. Each tool is available for download at www.chsofnj.org/kinship-and-kinship-navigator-services.

Table 3. Kinship Cares program Initial Home Visit checklist.

Task	Complete
<p>Obtain informed consent from caregiver. Informed consent describes more fully how your agency and the caregiver will work together.</p> <ul style="list-style-type: none"> • Present a hard copy of informed consent form and allow caregiver to read it thoroughly. If unsure of a caregiver’s reading ability, staff should read the form aloud to them. After reading, staff should summarize the key points and invite questions to ensure comprehension. • Caregiver and staff must sign two copies (one for caregiver, one for agency). 	
<p>Assess safety of the home using the guidelines set forth by your state. When necessary, confer with supervisor regarding identified safety concerns, and contact DCP&P as required by law.</p>	
<p>Complete Profile form.</p>	
<p>Determine caregiver’s income eligibility for the <i>Kinship Wraparound</i> subsidy and if eligible, collect a list of items for voucher submission to the state. To receive <i>Kinship Wraparound</i> monies of \$500 annually, the caregiver must meet the following income eligibility guidelines:</p> <ul style="list-style-type: none"> • Gross family income for caregivers under age 60 cannot exceed 350% of the Federal Poverty Index • Gross family income for caregivers age 60 and older cannot exceed 600% of the Federal Poverty Index <p>Caregivers who misuse funds or fail to produce receipts must pay back funds or they will be ineligible the following year.</p>	
<p>Complete Parenting Stress Index (PSI), (www.apa.org). Caregivers with more than one kin child in the home should respond according to the child they are most concerned about. Although there may not be a response that directly states the caregiver’s feelings, he or she should circle the response that most closely represents their opinion. Caregivers may circle only one response per statement.</p>	
<p>Complete Family Needs Scale to establish a baseline of family needs, and later, to track progress toward meeting those needs. The Family Needs Scale asks caregivers to respond to questions on a scale of 1-5, with 1 meaning “almost never needs help” and 5 meaning “almost always needs help” in that area.</p> <p>After the form is completed, Field Staff should probe and record details for any “5” or “almost always” needs.</p>	

Complete Caregiver Health Survey, which explores caregivers' view of their health. (e.g., proprietary <i>SF-12 Health Survey</i> , www.optum.com)	
Complete Child Health Survey, which examines the health of the kin child being cared for, as well as the effect the child's health and behavior has on the caregiver. A separate form should be completed for each kin child.	
Complete Social Support Survey (RAND Medical Outcomes Study). This survey reveals the perceived social support level a caregiver is experiencing prior to involvement in <i>Kinship Cares</i> , and later, to track improvement.	
Develop a Family Service Plan in partnership with the caregiver. After thorough discussion and the completion/review of the above forms, Field Staff and the caregiver will establish the family's priority needs to be addressed and begin to create a measurable plan.	
Asses the needs of the caregiver/family and provide links to needed resources and services.	
Following completion of the home visit, Field Staff should send all home visit documents to the Intake Specialist, who will then enter the information into the agency's data management system.	

Step 4: Case Management and Family Plan Follow-Up

Ombudsmen and caregivers will work together to determine the frequency of follow-up specified in the Family Plan and a timeframes for the completion of activities.

Table 4. *Kinship Cares* program Case Management and Family Plan Follow-Up checklist.

Task	Complete
<p>The Ombudsman will follow-up with caregivers according to the schedule determined with the caregiver in person and/or by telephone, as appropriate. These follow-up contacts will provide an opportunity for the Ombudsman to touch base around family needs and dynamics.</p> <p>The Ombudsman and caregiver will review steps taken toward goals, review accomplishments and barriers, and proactively plan next steps.</p> <p>Progress toward all goals will be discussed in every meeting and documented on the Family Service Plan.</p>	
<p>Family Plans will be considered complete when all goals are completed to the satisfaction of the caregiver. New plans and goals may be developed. The Ombudsman will process completion appropriately with caregivers.</p>	

<ul style="list-style-type: none"> • When Family Plans are complete, the Ombudsmen will ask caregivers to complete a satisfaction questionnaire (CSQ-8), a new Family Needs Scale, and Measure of Social Support. • The Ombudsman will continue to be available to them for additional support, or booster shots, and will ensure that caregivers are aware of these additional support opportunities. • The Ombudsman will call families four to six months after “case closure” to complete a Follow-up Questionnaire. Information from questionnaires should be reviewed by management and staff, and discussed during <i>Kinship Cares</i> staff meetings. • Program managers should decide the frequency with which Follow-up Questionnaires – Wraparound Only Group forms should be completed and establish appropriate procedures. 	
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Step 5: Advocacy

The Ombudsman will help caregivers develop the self-advocacy skills they need to secure needed resources, by:

- Helping caregivers set up and prepare for meetings with schools, healthcare providers, Social Security Administration, County Boards of Social Services, social service organizations, and other organizations
- Discussing meeting objectives with caregivers and ensure they know what to expect and advising as to what documents are needed
- Attending meetings, as appropriate, and modeling interaction and advocacy skills
- Debriefing meetings with caregivers and supporting their planning of next steps
- Following-up and supporting caregiver achievement of next steps
- Decreasing their level of support for ongoing meetings, as appropriate, to encourage increased caregiver leadership

Step 6: Crisis Prevention and Assistance

Even after goals on Family Plans are achieved and “cases” are closed, Ombudsmen will:

- Invite and encourage kin families to attend programmatic events
- Ensure families know they can troubleshoot concerns and ask for additional assistance

- Provide additional, one-time assistance when requested by caregivers and note activity and outcome on the Booster Shot Report
- Call the caregiver within one week to determine outcome of “booster shot” service
- If the request for assistance requires more in-depth services, the Ombudsman will develop a new Family Plan with the caregiver and family

Step 7: Kinship Advisory Council

Kinship Cares services should be guided by a Kinship Advisory Council made up of kinship caregivers. The Kinship Advisory Council is open to all kinship caregivers and youth. Members are not elected and there are no attendance requirements. Meetings will be held bi-monthly for each county, and agenda topics will include: soliciting ideas for workshop topics; planning recreational activities; ideas for resources and connections to be developed; and feedback to the program. Additional agency topics will be identified by caregivers and youth.

Ombudsmen play a supportive role in the Advisory Council operations, as follows:

- Contact kin caregivers and children by telephone or during in-person meetings to invite them to attend meetings and become active advisory council members. Ombudsmen explain the role of the body and the kinds of advice provided.
- Consult with interested caregivers/youth to identify a time and place that is most convenient and practical for meetings, and if possible, identify a caregiver/youth interested in facilitating meetings.
- Send invitations to meetings and make reminder calls. Staff will maintain a list of contacts and outcomes. As appropriate, staff may help caregivers to access transportation services for seniors and people with disabilities.
- Set up rooms for meetings and provide healthy refreshments.
- Support the facilitator, or facilitate the meeting if a caregiver/youth has not been identified.
- Take notes of meetings and send minutes to caregivers and *Kinship Cares* staff so that recommendations can be considered and implemented.

Step 8: Group Activities

Group activities are important for building social connections, reducing stress, combating isolation and facilitating peer support among families. Educational workshops help caregivers learn about community resources and learn about topics related to health, education systems, parenting and child development, trauma and loss, and family dynamics. Support groups are important to build bonds among families and normalize the challenges families may be experiencing. Recreational activities

provide a structure for caregivers and their children to interact in a fun and low-stress, supportive environment.

- Educational Workshops and Support Groups should be offered at least monthly, preferably twice per month.
- Educational Workshops may be facilitated by external community resources, volunteers (including caregivers) and/or program staff.
- Support Groups may be facilitated by program staff or Master's level interns with training in facilitation and a background in social work.
- Support groups may be offered for caregivers and for kin children and youth. Support groups are open to any caregiver or child who wishes to attend.
- Recreational activities should be planned three times per year with the support of community volunteers. CHSofNJ provides an annual Caregiver Appreciation Luncheon, Holiday Party and Picnic.
- Staff will ask all caregivers and children who attend workshops, support groups and recreational activities to sign-in using the Group Attendance Roster.
- At the end of each event, staff will ask attendees to complete a Group Evaluation Form.
- During staff meetings, *Kinship Cares* staff will review Group Evaluation Form feedback and make programming modifications as appropriate.

IV. Program Structure and Professional Development

IV.1. Management and Staffing Plan

The following positions satisfy staffing requirements of traditional *Kinship Navigator* services:

- Program Director (1) to oversee operations of all Kinship services and programming. The Program Director directly supervises the Program Supervisor.
- Program Supervisor (1) to coordinate and supervise the ombudsmen; collect, coordinate, and interpret data to ensure quality control and fidelity; chair Kinship Advisory Council meetings.
- Intake Specialists (1 per 500 inquiries) for the *Kinship Navigator* program help caregivers complete applications to enroll in the program, and complete the caregivers' initial needs assessment.
- Field Staff (1 per caseload of 120) for the *Kinship Navigator* program to conduct home visits, assess needs, and certify that the caregiver is able to care for the child.

- Kinship Legal Guardianship Specialists (1) for the *Kinship Navigator* program to assist caregivers applying for legal guardianship of their kin children. Kinship Legal Guardian Specialists will advocate for caregivers; problem solve for and with caregivers and staff; and coordinate with the state's Department of Children and Families, community agencies, family courts, and community funders.
- Fiscal Support (1) provides part-time support to manage kinship contracts and issue stipends to caregivers.
- Program Assistant (1) responsible for record keeping and reporting needs; making follow-up phone calls to caregivers regarding consumer satisfaction; and program participation.
- Collegiate-level Student Interns serve as assistants to Ombudsmen in conducting home visits and interactions with caregivers. Interns can also assist with support groups and support program operations by processing applications and ensuring proper documentation. Master's level Interns may facilitate groups, as appropriate. Qualified Interns will be pursuing or have completed a degree in Social Work, Psychology, Sociology, Education, or a similar field.
- Volunteers can assist staff in the coordination of events and/or activities, such as caregiver or child group sessions, holiday parties, or caregiver appreciation events.

In addition to the previously mentioned *Kinship Navigator* staffing requirements, CHSofNJ recommends the following staffing for a successful *Kinship Cares* program (please note, the Ombudsman position may replace the Field Staff position):

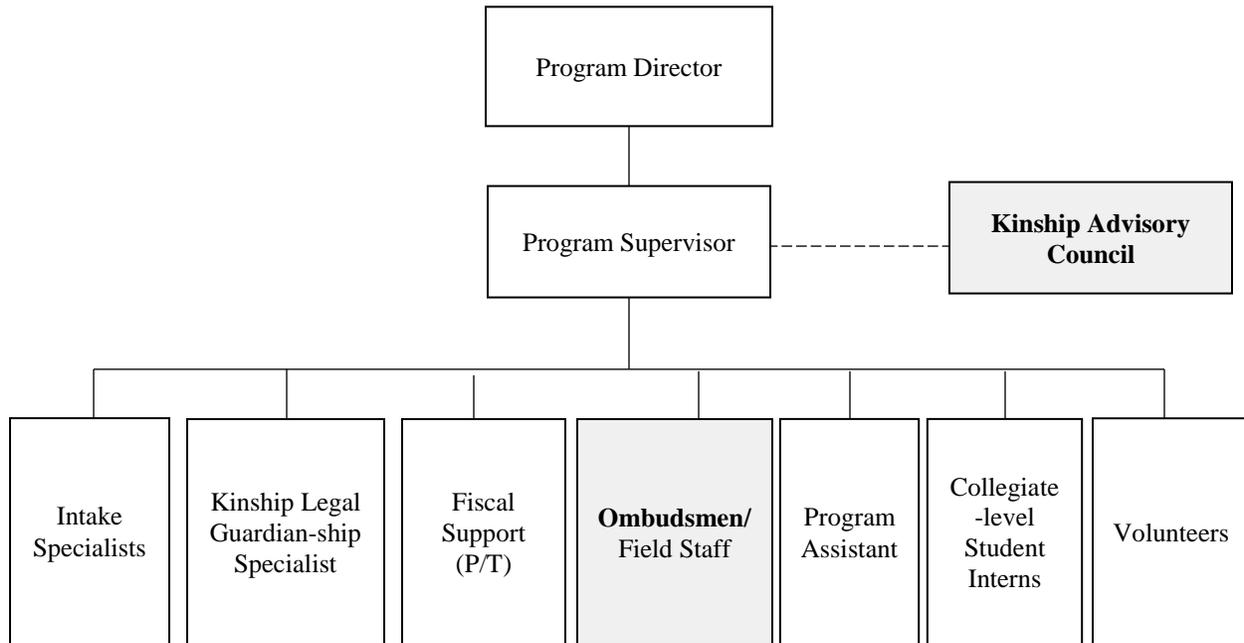
- Ombudsmen (1 per caseload of 33) to directly serve kinship caregivers and children; at least one should be bilingual in English and the language most appropriate for the population you will serve.
- A Kinship Advisory Council that consists of volunteer kin caregivers should be established in each county served to provide stakeholder feedback regarding project operation. Participants can include kin caregivers, youth, community members and collaborating partners such as churches, family success centers, or United Way offices. Meetings should be held to assess how the project is being implemented, review kin needs, suggest outreach strategies, vet public relations materials, hear ongoing evaluation reports, and give input to the program supervisor for any mid-course corrections. Meetings should be held every other month.

Workers hired for this type of support program should have experience working with children, and older adults families impacted by trauma, separation and loss, and substance abuse. Training in conflict resolution, group facilitation, or child development could also be helpful. Additionally, experience working with birth parents and caregivers is a desired qualification enhancement.

Each family should be viewed within an extended family structure that could provide needed supports. Ombudsmen should be prepared to engage and work with not only the caregiver and child(ren), but also the biological parents, as many have a continuing role in their child(ren)'s lives. This is especially important when the relationship between the caregiver and parent is considered dysfunctional.

IV.2. Organizational Chart

The following suggested organizational chart reflects the approach that has been successful for CHSofNJ in administering the *Kinship Cares* program. Please note that shaded boxes indicate new positions created to support the *Kinship Cares* program enhancement.



IV.3. Staff Qualifications

The following table details the recommended staff credentials and experience to successfully administer *Kinship Cares* services.

Table 5. Staff Qualifications.

Position	Education Requirements	Experience Requirements
Program Supervisor	BA or BSW required, MSW or Master's Degree in related field preferred. Knowledge of child development, foster care population, community resources and support agencies a plus.	5+ years working successfully with relative caregivers, adolescents, and families in an accredited social service agency setting. Must have supervisory skills and the capacity to lead and teach.
Intake Specialist	Bachelor's degree required in social work, psychology, or related field. Must have a minimum of three years' experience working in an accredited social service agency. Bilingual a plus.	3+ years working successfully engaging families. Experience in case management, intake, outreach, information & referral resources.

		High volume call center or customer service experience a plus.
Field Staff	Associate's degree in social work or human services, or comparable education and experience in a social service setting. Excellent computer skills and knowledge of administrative and clerical procedures and systems.	3+ years working in an accredited social service agency.
Kinship Legal Guardianship Specialist	BA or BSW required, MSW or Master's Degree in related field preferred. Knowledge of child development, foster care population, community resources and support agencies a plus.	5+ years working successfully with relative caregivers, adolescents and families in an accredited social service agency setting. Must have supervisory skills and the capacity to lead and teach.
Fiscal Support (Part-Time)	Bachelor's degree in Accounting or Finance and/or Business Administration degree with a minimum of 21 credits in accounting.	5+ years working in business and financial management, preferably in Non-Profit services.
Ombudsman	BA required. BSW or degree in related human services degree preferred. Team as a whole must be able to speak language prevalent in the community served.	Strong interpersonal skills, including understanding of child development, child behavioral issues, child trauma, conflict resolution, separation and loss counseling, impact of substance abuse on families, and group facilitation.
Program Assistant	Associate's Degree preferred. Excellent computer skills and knowledge of administrative and clerical procedures and systems. Bilingual preferred.	2+ years working in a professional office environment. Knowledge of administrative and clerical procedures and systems, and advanced knowledge of Microsoft Office required. Strong writing skills and attention to detail.
Collegiate-level Student Intern	Interns must be pursuing or have recently completed an Undergraduate, Graduate, or Master's degree in Social Work, Psychology, Sociology, Education, or a similar field.	

Volunteer	Volunteers must be able to pass all state and/or federally-required background screenings in order to work directly with children.
Kinship Advisory Council	Participants includes kin caregivers and youth residing in kin care. It may include community members and collaborating partners such as churches, family success centers, or United Way offices.

IV.4. Professional Development

Ombudsmen should receive regular in-service training that includes emphasis on rapport and trust building, as well as a strengths-based approach. Staff need to understand the needs and issues facing older adults and kinship caregiver populations including stress, substance abuse, complex family relationships and impact of dual loyalty children feel for both caregivers and biological parents. Staff must develop skills in facilitating discussions with and among caregivers and children and youth in kin care.

Table 6. Kinship Cares Training Plan.

RESOURCES FOR KIN CAREGIVERS	
<p>Objective:</p> <p>To ensure staff know how to access and navigate the systems and community resources kin caregivers are most likely to need</p>	<p>Topics:</p> <ul style="list-style-type: none"> • Kinship Wraparound – Eligibility Documentation and Process for Subsidy • Establishing Kinship Legal Guardianship • Kinship Legal Guardianship Subsidy • Social Security, Temporary Assistance for Needy Families and Other Public Benefits • Medicare and Medicaid • Health Resources and Screening • Food, Housing and Utility Help • School Enrollment and Individual Education Plans • Community Resources
UNIQUE NEEDS OF KIN CAREGIVERS	
<p>Objective:</p> <p>To increase staff knowledge and understanding of the unique needs of kin families</p>	<p>Topics:</p> <ul style="list-style-type: none"> • Kinship Families’ Strengths and Resilience • Importance of Peer Support among Kin Families • Understanding Different Family Structures

	<ul style="list-style-type: none"> • Emotional and Financial Strains of Kinship Care • Understanding the Impact of Poverty on Kin Families • Strategies for Reducing Parental Stress • Knowing About Prevalent Health Conditions Among Older Adults in the Community • Assisting Caregivers to Follow-up on their Own Healthcare Needs
UNIQUE NEEDS OF CHILDREN AND YOUTH IN KINSHIP CARE	
<p>Objective:</p> <p>To increase staff understanding of the unique needs of children and youth in kinship care</p>	<p>Topics:</p> <ul style="list-style-type: none"> • Trauma from grief, separation and loss • Developmental Transitions (early childhood, school age and teens) • Challenges in Relationships between Biological Parents and Kin Caregivers • Understanding Impact of Contact with Biological Parents (e.g., residual emotions following visits with parents, dual loyalties) • Generational Issues with Kinship Care
STRATEGIES FOR ESTABLISHING TRUST WITH KIN CAREGIVERS	
<p>Objective:</p> <p>To increase staff knowledge and understanding of the interests, strengths and challenges faced by kinship families</p>	<p>Topics:</p> <ul style="list-style-type: none"> • Outreach and Engagement Strategies for Kin Families • Connecting Kin Families with Each Other, Developing Leadership and Self-Advocacy Skills and the Value of Volunteer Opportunities • Understanding the Impact of Substance Abuse, Domestic Violence, Incarceration, Illness and Contact with Child Welfare System on Families • Listening, Exploring, Delivering Results
PLANNING ACTIVITIES FOR KIN FAMILIES	
<p>Objectives:</p> <p>To guide staff in planning activities for kin families to model positive family time and that build connections among kinship families</p>	<p>Topics:</p> <ul style="list-style-type: none"> • Convening and supporting a Kinship Advisory Council • Setting the Environment and Peer Support

	<ul style="list-style-type: none"> • Organizing activities that focus on skill building and strengthening families and protective factors among kin families • Engage and planning activity groups for kin children • Planning activities for multi-generational families
IMPLEMENTING KINSHIP CARES MODEL WITH FIDELITY	
<p>Objective:</p> <p>To ensure understanding of the Kinship Cares program model, use implementation tools and self-assessment</p>	<p>Topics:</p> <ul style="list-style-type: none"> • Kinship Cares Engagement and Service Methods • Lessons Learned from the Evaluation • Role of the Ombudsman • Understanding and Using Implementation Tools • Collecting and Using Feedback • Using Team Meetings and Performance Measures for Continual Improvement

The Program Supervisor should monitor the Ombudsmen’s work and meet individually with each to review case progress and goals, and provide training and feedback as needed. Training topics could include documentation best practices, how to interpret and use survey data, etc.

V. Suggested Partnerships and Collaborations

In order to deliver comprehensive support and resource referral services to kin caregivers and the children entrusted to their care, CHSofNJ recommends building and maintaining relationships with a variety of community partners. Examples of important collaborators include, but are not limited to:

- Health care providers such as federally qualified health centers
- Supplemental nutrition programs such as WIC or SNAP
- AARP
- United States Social Security
- Early childhood education programs such as Head Start/Early Head Start
- State Child Welfare agencies
- County government and boards of Social Services
- Local boards of education
- County Division on Aging
- Child Care Resource and Referral (CCR&R) agencies

- Family Courts
- Housing assistance
- Community support organizations such as Family Success Centers and local YMCA branches
- Mental Health counseling
- Substance abuse treatment and prevention organizations

VI. Program Evaluation

VI.1. Evidence of Effectiveness

For CHSofNJ’s in-depth evaluation of the *Kinship Cares* model, changes in the following outcomes were measured: wellbeing in terms of caregiver stress level, caregiver perceived level of social support, caregiver capacity to provide for their children’s needs, caregiver’s and child’s health status, and caregiver reports of child adjustment in the home. Child safety was measured in terms of referrals to the State’s child welfare agency; permanency, measured by caregiver’s intent to maintain a long-term home for child and/or seek legal guardianship.

The following table details CHSofNJ *Kinship Cares* outcomes and federal Title IV-E Prevention Services Clearinghouse Target Outcomes:

Table 7. Title IV-E Prevention Services Clearinghouse Target Outcomes.

Kinship Cares Study Outcomes	Child Safety	Child Permanency	Child Well-Being	Adult Well-Being	Access, referral to, satisfaction with programs
Statistically significant number of family service plan goals resolved			√	√	√
Statistically significant outcome for subset of enhanced model caregivers with clinical concern			√	√	
Statistically significant score improvement for enhanced model caregivers in social support				√	
Fewer enhanced model children had DCP&P cases post services	√	√			

Enhanced model caregivers had fewer limitations on their time due to children’s physical or emotional health				√	
Enhanced model caregivers with subscale and total stress scores on the PSI and SIPA above clinically significant levels showed positive impact of enhanced model				√	
Enhanced services caregivers experiencing significant strain with teens, had improved concerns about their teens.				√	
More enhanced group rated the quality of the services received, their overall satisfaction with those services, and the amount of help received as “excellent,” and “very satisfied” at 4 months					√

Source: Feldman, Leonard and Amanda Fertig. (2013).

VI.2. Program Performance Evaluation

CHSofNJ has rigorously evaluated the *Kinship Cares* program using a randomized control group design. Evaluation results have led to the development of the following program performance evaluation guidelines to help organizations deliver high-quality *Kinship Cares* programming. These evaluation tools, described in section III.5.a, are available for download at www.chsofnj.org/kinship-and-kinship-navigator-services. Please note that links are provided to websites for proprietary assessment tools: CSQ-8, Parenting Stress Index (PSI), SF-12 Health Survey. The Social Support Survey, in public domain, is from RAND.

The following table provides an overview of each implementation/evaluation tool, and the frequency at which each should be administered.

Table 8. Relationship of Instrumentation to Outcomes.

Outcome	Tools	Administration
WELL-BEING		
Connected to More Services and Support	Goal achievement on Service Plan; Follow-up Questionnaires	<ul style="list-style-type: none"> • Case closure • 4-6 months post case closure
Increase in Financial Resources	Goal achievement on Service Plan; Follow-up Questionnaires	<ul style="list-style-type: none"> • Case closure • 4-6 months post case closure
Decrease in Service Need	Family Needs Scale	<ul style="list-style-type: none"> • Intake • Case closure
Increase in perceived Social Support	Social Support Survey	<ul style="list-style-type: none"> • Intake • Case closure
Improved Health	Caregiver and Child Health Surveys	<ul style="list-style-type: none"> • Intake • Case closure
Improved Child Behavior	Measure of Caregiver Stress	<ul style="list-style-type: none"> • Intake • Case closure
PERMANENCY & CONTINUITY		
Attainment of Legal Guardianship	Goal achievement on Service Plan	<ul style="list-style-type: none"> • Intake • Case closure
Reduction in Parental Stress	Measure of Caregiver Stress	<ul style="list-style-type: none"> • Intake • Case closure
SAFETY/PERMANENCY & STABILITY		
History with Child Welfare	Data from Child Welfare System	<ul style="list-style-type: none"> • 4-6 months post case closure
Referrals to Child Welfare	Data from Child Welfare System	<ul style="list-style-type: none"> • 4-6 months post case closure
Out-of-home placements by Child Welfare	Data from Child Welfare System	<ul style="list-style-type: none"> • 4-6 months post case closure
KIN FAMILY SATISFACTION		

Satisfaction with services	Satisfaction Questionnaire	<ul style="list-style-type: none"> • Case closure
Satisfaction and value of group	Group Attendance Roster and Evaluation Form	<ul style="list-style-type: none"> • At every group session

VI.3. Lessons Learned

CHSofNJ’s in-depth evaluation of the *Kinship Cares* pilot project (2009-2012) found that all staff reported that working with the kinship population is a rewarding and positive experience. The grandparents, aunts and uncles, siblings and others who act as caregivers to kin children are dedicated to these children and provide long-term stable homes. They are a valuable placement resource when the biological parents are unable to provide appropriate care for their children and are often a better permanency resource than a non-relative placement in foster care. These caregivers are in need of significant family and external supports to aid them in their long-term child caring role, and they have been very grateful for all supports and services provided. Counseling for both caregivers and kin children were identified as needs, with staff identifying grief, loss, separation, trauma and dual loyalties as critical issues for many families.

CHSofNJ has also found that many caregivers were careful to follow-up on the healthcare needs of their children, but not their own health care needs. Staff need training and resources to support kin caregivers in this area, as well as some knowledge about prevalent health conditions in the community. For example, CHSofNJ found diabetes is so common in New Jersey, that many caregivers did not understand how serious a condition it is.

Any program serving this population should be prepared to give more than a financial stipend and needs to respond to concrete, emotional/behavioral, and health needs of both the caregiver and the child(ren). Kin program service design needs to provide help with the unpredictable crises that are likely to occur, exacerbated by limited resources, caregiver age and a possibly unresponsive external system. Some type of transportation aid should be built into the program budget.

A cost-effective strategy to address on-going caregiver issues might operate from a grandfamily drop-in center (in New Jersey we call them Family Success Centers) that has staff skilled in crisis intervention. The development and maintenance of an updated local resource manual for use by all staff should be a priority.

VII. Resources

CHSofNJ has developed a comprehensive technical assistance package and identified a number of existing resources to guide community organizations and state agencies in administering the *Kinship Cares* program with fidelity. Many of these resources are available free of charge. Advanced support is available for a fee. For pricing inquiries, please contact CHSofNJ using the contact information provided in section VII.5.

VII.1. Kinship Cares Programmatic Materials

In addition to this comprehensive implementation guide, CHSofNJ has developed a variety of free informational and support materials to assist in the replication of its *Kinship Cares* model. Each is available for download (English) at www.chsofnj.org/kinship-and-kinship-navigator-services.

- The ***Kinship Cares Program Overview*** summarizes the service enhancements beyond the traditional *Kinship Navigator* program.
- The ***Kinship Cares Logic Model*** outlines the various activities and anticipated outcomes of the program.
- Suggested ***Kinship Cares Implementation Tools*** are designed to help ensure the program is delivered effectively and with fidelity.
- The ***Kinship Cares Enhanced Navigator Model Research and Materials Summary*** details the *Kinship Cares* model as an enhanced model of *Kinship Navigator* services that meets and/or exceeds the criteria required by the Federal Title IV-E Prevention Services Clearinghouse to be eligible for funding under the Families First Act. The summary is available for download.
- The ***Kinship Cares Evaluation Report (2009-2012)*** examines the results of an initial pilot study for the *Kinship Cares* program. The report is an in-depth assessment of the program, including successes and lessons learned.

VII.2. Implementation Training and Support for Other Organizations

CHSofNJ will provide one complementary, introductory webinar/conference discussion for interested organizations.

Expert Consultation. CHSofNJ is experienced in delivery of *Kinship Navigator* and enhanced *Kinship Cares* services. Our staff have successfully administered the agency's kinship programming. Our team is well-qualified to answer any questions you might have and help design your *Kinship Cares* program to meet the specific needs of your community. CHSofNJ will provide three complementary orientation conference calls in 2019 (dates TBD) for interested organizations. Additional expert consultation and mentoring may be available for a fee. For pricing inquiries or to participate in a complimentary orientation conference call, please contact CHSofNJ.

On-Site Training. CHSofNJ will offer orientation training and/or implementation training, delivered by experienced *Kinship Cares* staff. Our expert staff will travel to your location to personally train your team on the *Kinship Cares* program design, with emphasis on the program's enhancements beyond traditional *Kinship Navigator* services. This face-to-face training opportunity, available for a fee, enables staff who will implement *Kinship Cares* within your organization to dive deep into the material with a professional who has helped develop and successfully implement this enhanced kinship support program.

VII.3. Complementary Kinship Models by CHSofNJ

In addition to the state-funded *Kinship Navigator* program and the services that fall under its umbrella, CHSofNJ has also delivered *Kinship Connections* (Family Group Decision Making), and has operated the *Mercer County GrandFamily Success Center*.

VII.3.a. Kinship Connections (Family Group Decision Making)

CHSofNJ's Kinship Connections Program served families who reside in Mercer County, New Jersey, and used a voluntary Family Group Decision Making Model (FGDM) to build protective factors for a unique population: kinship families without a current open case in the State's child welfare system, but caring for children at-risk of entering or re-entering the child welfare system. Most kinship caregivers who are not in the child welfare system are grandparents raising their grandchildren, and many of these kin families begin to experience increased crises and problems when kin children reach adolescence just as caregivers enter advancing years. Research has found that many kin are reluctant to engage with any community services until an extreme crisis occurs.

The intent of the project design was to establish a positive working relationship with kin caregivers so when problems arose, instead of wanting to give up the children, the caregiver would reach out to the GrandFamily Success Center. The center could help in times of a small crisis or large challenge, to support them in solving their self-identified problems, using case management, linkages to services they were unaware of or hesitant to access, individual and group counseling, advocacy, and family group decision making meetings.

The project was built on the strength of existing CHSofNJ programs and services. The project was co-located and operated within the existing CHSofNJ GrandFamily Success Center which like the agency's two other community-based family resource centers operating in Trenton are established programs designed to promote child and family protective factors, build resiliency, and connect kin to needed support services.

The project intervention identified, demonstrated and evaluated the use of FGDM conferences with kin families. Project goals were to enhance protective factors, reduce risk factors, and build child resiliency so that no further abuse/neglect occurred and to help families develop the capacity to overcome obstacles to avoid children's entry/re-entry into the child welfare system.

FGDM as Phased Project. In order to address initial and early reluctance of kin caregivers to seek help, the CHSofNJ Kinship Family Group Decision Making Project employed a measured, purposeful, and phased approach.

During Phase Two, staff worked with those families that expressed an interest in receiving help with a wide variety of family issues, including help with financial or legal matters, referrals for services of various types, including counseling, health care or providing advocacy on behalf of the family with the education or welfare systems.

In Phase Three, an opportunity to hold a Family Group Decision Making (FGDM) Conference was offered to all Phase Two caregivers when not contra-indicated by the program's clinical staff. The focus of some FGDM meetings was to: increase the level of social support to the caregiving family;

help with adolescent behavior or school related issues; assist with conflict and tensions between the caregiver and the birth parents; or other problems such as the need for respite or future care planning. Ultimately, the FGDM process was focused on the family creating and/or strengthening a safety net for each of the participating kinship families.

Outcomes. Outcomes for families were compared between those receiving only case management services (Phase 2) and those receiving case management and participating in family group decision making conferences (Phase 3).

Families who participated in Phase 2 & 3 services were more likely to maintain or improve safety, security, and well-being of children and their families. The Phase 3 families demonstrated improvement across most measures including the Family Needs Scale, Parenting Stress Index (PSI), and Child Well-being measure. The only exception was no change in the number of social supports reported.

By comparison, the Phase 2 families also improved in most measures as they also received significant intervals of service. When just the Phase 3 families were assessed on the social support measure and the PSI post-tests, there was an improved score for families participating in multiple FGDM conferences compared to those that only attended one conference. The differences were not statistically significant however.

VII.3.b. Mercer County GrandFamily Success Center

CHSofNJ's *Mercer County GrandFamily Success Center* was made possible through a five-year grant from The Nicholson Foundation. In 2015, following the end of the funding period, CHSofNJ integrated some of the GrandFamily Success Center services into its Heritage North and Heritage South Family Success Centers (FSCs) in Trenton. CHSofNJ Kinship and FSC staff continue to work with caregivers and kin children to identify long-term family goals while assisting families in meeting concrete needs such as safe and affordable housing; connection to health care; and maintaining their utilities. Additionally, caregivers and kin children are invited to participate in Family Success Center programming.

Programming. Based on initial intake and assessment forms with kin caregivers the GrandFamily Success Center learned that caregivers most often requested assistance meeting concrete basic needs such as help paying rent or utility bills, purchasing necessary furniture or clothing, and securing enough food for their family. By helping caregivers to identify and meet their concrete needs, Center staff learned that caregivers could not meet their behavioral health or physical health needs or their kin children's without first meeting their concrete needs, although behavioral and physical health concerns plague their daily lives.

Further, based on experience in the first year of Nicholson funding, CHSofNJ learned that the most effective way to engage kin families is through individual case management. Case management meetings enable staff to identify family needs and provide follow-up, while enabling kin families to be heard, supported and acknowledged. This dynamic helps to avert problems that might disrupt child placement in kin families. CHSofNJ also learned that families are most likely to participate in case management or seek support for a problem if they are engaged in group activities.

Therefore, health and wellness became an important component under the Nicholson Foundation programming. The GrandFamily Success Center's Education and Support Groups concentrated on

giving information about healthy living to grandparents. Guest speakers from Planned Parenthood conducted a two part workshop series on Breast Health/Cervical Cancer Awareness; and Associated Podiatric Physicians, gave a presentation on foot care for caregivers. Staff worked with families' health insurance providers to help them understand available benefits and access medical homes and in-network specialists. Information was provided about Horizon NJHealth, the NJ FamilyCare application process and linkages to federally funded local health care centers and clinics, such as The Henry J. Austin Health Center. Horizon NJ Health collaborated with CHSofNJ to deliver summer activities, including a free 10-week Healthy Living for Kids & Teens Camp for 17 kin children. Camp included discussion topics & creative projects, making healthy snacks/recipes and "dance for your health" workshops.

At the Grandfamily Success Center, CHSofNJ's approach to stabilizing families evolved to include:

- Follow-up and advocacy to help facilitate caregivers' access to services;
- Individual case management sessions and coaching/counseling through difficult situations and systems navigation;
- Supportive education sessions;
- Information sessions with speakers from various community agencies;
- Information and referral to specific services as requested by caregivers;
- Linkages for caregivers to CHSofNJ's *Kinship Navigator*, *Kinship Legal Guardianship* and *Kinship Connections* programs.

Community Advisory Board. CHSofNJ believes that a family-led GrandFamily Success Center is most likely to sustain family engagement, be responsive to the families' needs, and elicit honest discussion about challenges. As part of the Grandfamily Success Center, CHSofNJ convened a Community Advisory Board comprised of grandfamily and community members to meet bimonthly and to assist with open house sessions and regularly scheduled child and teen activities. Community Advisory Board members and CHSofNJ staff attended community events and met with parent organizations to promote the program and services. When staff visited incarcerated women to share program information, more than half of the women indicated that family members, including grandmothers, were caring for their children.

VII.4. Additional Recommended Readings

- 1) Feldman, Leonard and Amanda Fertig. (2013). Measuring the impact of enhanced *Kinship Navigator* services for informal kinship caregivers using an experimental design. *Child Welfare* 2013 Vol 92, Issue 6 p41-62
- 2) Enhanced model profiled in the California Evidence-Based Clearinghouse for Child Welfare: <http://www.cebc4cw.org/program/kinship-navigator-program-family-connections-grantee-model>

- 3) Child Welfare League of America. (2015). *Kinship Navigators: Profiles of Family Connections Projects from 2012 to 2015*. Washington, DC: Child Welfare League of America Press. ISBN: 978-1-58760-156-9.
- 4) Littlewood, K. (2015). Kinship Services Network Program: Five-year evaluation of family support and case management for informal kinship families. *Children and Youth Services Review*, 52, 184-191. doi:10.1016/j.childyouth.2014.10.008

VII.5. Contact CHSofNJ

- **For questions related to the CHSofNJ Kinship Cares model, contact:**

Marie Braun

Intake Manager

(609) 695-6274

mbraun@chsofnj.org

- **For issues accessing *Kinship Cares* materials online, contact:**

Angela Giacolona-McManimon

CHSofNJ Program Administrator of Marketing & Communications

(609) 695-6274 x138

agiacolona@chsofnj.org