



*Saving Children's Lives and Building Healthy Families Since 1894*

## **KINSHIP CARES ENHANCED NAVIGATOR PROGRAM**

### **PROGRAM OVERVIEW**

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The Children's Home Society of New Jersey (CHSofNJ) *Kinship Cares* program, an enhanced service of the *Kinship Navigator* Program, is designed to improve caregiver and child well-being and prevent child maltreatment and placement disruption leading to re-placement in the state foster care system. Beyond traditional *Kinship Navigator* Services, offered in New Jersey, 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. *Kinship Cares* staff work more intensively with caregivers through service planning, information sharing and assessment, referrals for services, crisis prevention and intervention, and advocacy. Older kin caregivers, and those facing health, financial or other personal problems while now raising a second family, often do not 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.

### **GOALS**

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The CHSofNJ *Kinship Cares* program has four primary goals:

**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 kin children successfully.

**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.

## **POPULATION NEEDS**

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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.

## **CORE KINSHIP NAVIGATOR AND ENHANCED KINSHIP CARE SERVICES**

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Traditional *Kinship 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 NJ Department of Children and Families (DCF) Kinship Navigator list to assist them in meeting the needs of their kinship child(ren). The worker gives information and referral advice as needed, including assistance to caregivers interested in applying for Kinship Legal Guardianship services. Service is then completed for that year, excepting telephone information and referral services, which can continue throughout the year.

Upon enrollment in the enhanced *Kinship Cares* program, the project supervisor immediately assigns an Ombudsman to the case. The selected Ombudsman makes an initial home visit to verify eligibility. 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 caregiver wants and needs, and works with the caregivers to implement each plan; offers ongoing follow-up visits, hands-on linkage to resources, and encouragement to participate in support group activities. Caregivers are eligible for renewed *Kinship Navigator* financial support of \$500 each calendar year.

Families are offered as much help as needed by their Ombudsman within a four to six-month service window. In some cases, families can request additional help through a "booster shot" after the initial family plan is concluded.

A CHSofNJ *Kinship Cares* program study (2009-2012) showed Ombudsmen averaged eleven activities directly with or on behalf of the client 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.

Eligibility criteria for *Kinship Cares* is identical to that of a traditional *Kinship Navigator* program: the biological parents may not reside in the caregiver's home; the kinship caregiver cannot have an open NJ Division of Child Protection and Permanency case; the kinship caregiver is required to prove relationship to or have legal custody of the child(ren); the kinship caregiver

must meet the income eligibility guidelines in order to receive *Kinship Wraparound* monies of \$500 annually.

## **STAFF AND TRAINING**

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CHSofNJ recommends the following staffing for a successful *Kinship Cares* program:

- Ombudsmen (number should be proportionate to number of cases) 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. The recommended caseload per Ombudsman is 33 families.
- One project supervisor to coordinate and supervise the Ombudsmen; collect, coordinate, and interpret data to ensure quality control and fidelity; support Kinship Advisory Council meetings.
- One half-time administrative assistant responsible for record keeping and reporting needs; making follow-up phone calls to caregivers regarding consumer satisfaction; and program participation.
- A Kinship Advisory Council should be established in each county served to provide stakeholder feedback regarding project operation. Participants can include kin caregivers, community members and collaborating partners such as churches, family success centers, or United Way offices. Periodic 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 project supervisor for any mid-course corrections.

Workers hired for this type of support program should have training in child development, child behavioral issues, child trauma, conflict resolution, separation and loss counseling, impact of substance abuse on families, and group facilitation. Ombudsmen should receive regular in-service training that includes emphasis on rapport and trust building, as well as a strengths-based approach. The project supervisor should monitor the Ombudsmans' work and meet individually with each to review case progress and goals, and provide training and feedback.

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.