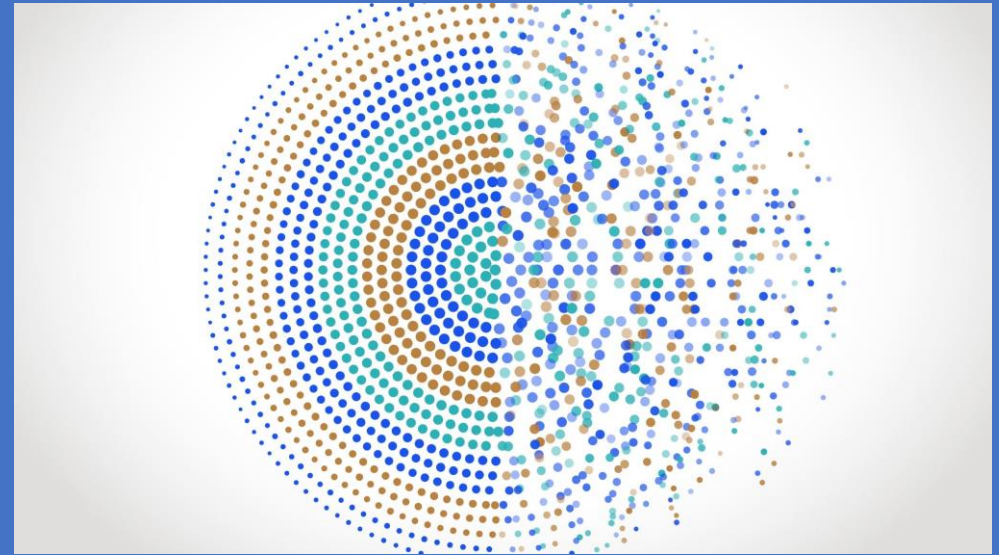


CPAs + Kinship Care: Myths & Facts

TACFS Kinship Symposium

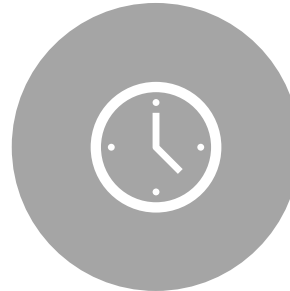
Feb. 15, 2023



Agenda



Overview of Best Practice Manual (10 mins)



Myths & Facts (30 mins)



Specific scenarios (20 mins)



Q&A (30 mins)

The background of the slide is a grayscale image of an open book. The pages are curved, creating a series of overlapping, fan-like shapes that radiate from the center. The lighting is soft, highlighting the texture of the paper and the depth of the book's spine.

Overview of Manual

MYTHS &
FACTS--
PRIOR TO
VERIFICATION




Low socio-
economic
status of
caregivers
Home not
equipped to
meet standards

- **Facts/mitigating strategies**
 - It IS a fact that many kinship caregivers are at or below the poverty level—but there are tools!
 - Variance may be possible—see Chapter 5 and Appendix 5
 - Leverage the community

Caregiver has
criminal
background or
does not go to
get fingerprinted

- Work with them to understand their background in a non-judgmental way if you can; and emphasize the check is a required step to move forward
- The sooner you do this in the process the better so you know of any issues and don't later catch the ire of the judge or legal parties if resolution is taking too long
- Explore what is behind the reticence—often, the family is worried the child will be taken from them and you want to work with them to explore and validate the worry – and see if there are any options if something is a bar
- Absolute bars are not as common as other history
- See Chapter 5 of Manual



Overall regulatory environment/ extensiveness of burdens to family

- This is a reality but not insurmountable
- It is true that many facets of regulation are a bad fit with families but this is a federal restriction that is not going away any time soon
- Consider waivers/variances where appropriate and remind regulatory (if true) that the child has been living in the home and in all likelihood will stay there with the approval of the parties in the case. If flexibility is not a safety concern, the only outcome of regulatory inflexibility is harm to the family and child.
- Talk to licensing reps early about information identified in the assessment and your plans to address

Caregivers “unable” to meet standards

1

Out of the gate they may not be able— but they can get there with support

2

Look to early family assessment and offer services v. asking them to tell you what they need

3

Offer orientation where people can talk through some of their concerns as a group

4

See Chapters 3 & 4

Caregiver reluctance to get licensed

- Look at it from family's perspective—their own trauma, scores of people in and of their home to assess (judge) them. With something as daunting as verification it may be understandable why a family is reluctant
- Help them dispel myths they may have heard (e.g. bio parents can't come visit)
- Offer a clear explanation of the different benefit options (see Appendix 4)
- Offer supportive services without waiting for them to identify the supports they need

Caregiver need for individualized support

Develop

- Develop staff who have some specialization—see chapter 1

Seek

- Seek private funding if at all possible to support specialized staff

Talk

- Talk to other CPAs with more experience in this arena—may help in terms of education for staff who are more accustomed to unrelated/traditional foster families

Talk

- Talk to state agencies about modernized rate structure and implementation of provisional licensure



Myths & Facts— After the Home is Verified

Keeping up with standards—med logs, frequent visitors, required forms and paperwork



Do a mini-reorientation at the point the home is opened about key requirements



Emphasize that CCR will be looking for what they have approved in terms of visitors and people living in the home



Be realistic



See Chapter 8

Families lack peer support

You can be the change! Consider teaming staff and a vocal, outspoken caregiver to help lead a peer support group

The caregivers don't really want to hear from you so much as to connect with one another—it doesn't have to be formal; but you have to set it in motion and provide some staff support to keep focus if needed (e.g. if you are also providing training/info as part of the session)

Community stakeholders could support with child care and/or food

Not wanting to follow requirements because they are a family

- This can be a very valid concern from the family! They may have raised generations of children and to now need to lock up medication, track medication administration, refrain from corporal punishment, track regular/frequent visitors, report communicable diseases, fill out paperwork for doctor's visits---and more! Understandably feels unnatural.
- Validate their frustration while emphasizing that this is what is required for verification
- Supportive monitoring is more likely to build trust than a compliance/gotcha approach
- See Chapter 8
- Also do whatever you can to support exit to permanency if child will not be reunified—see Chapter 9

Specific examples

The absent spouse

Grandmother has been caring for her two grandchildren on and off for 2 years. They have been living with her as unverified kinship placement for 4 months. It looks like the children will not be reunified. She is interested in becoming verified but she is legally married. She has not seen her husband in 10 years. From what she knows, he is in Mexico and no one can locate him. Can I move forward?

Cousin with checkered past

My sister is a verified foster home for my nephew. At Christmas, one of our cousins wanted to come over but he has a bad drug history. Can we let him come to Christmas?

Criminal history

Child is living with his aunt and uncle. They are approved as an unverified kinship family but want to move forward with verification. However, the aunt has some outdated criminal history and we are concerned licensing will not approve. What can we do?

Q & A