

Appendix B

Instructions for Kinship Care Assessment

When placement with a relative or other kin is being explored, the agency is required to assess the suitability of that home. The Kinship Care Assessment packets are recommended for use in situations such as:

Point in Case Decision Making	Assessment Forms To Be Completed
CPS Investigation; child cannot be safely maintained in own home. Parent recommends kin caregiver.	Face Sheet, Initial Kinship Care Assessment, Comprehensive Kinship Care Assessment if placement continues more than 29 days.
CPS Case Management; resources in kinship network are explored for respite care; possible longer-term resource	Face Sheet, Initial Assessment
Foster Care Services; relative/kinship homes are explored as resources prior to court review. Findings included in court report.	Face Sheet, Initial Assessment
**Foster Care Services; child has been living with relative for six months or more, in agency custody for at least one year; neither reunification nor adoption is a suitable option; the placement is stable, and continuation of the placement is in the juvenile's best interest.	Face Sheet, Comprehensive Assessment for Guardianship. <i>Note: If the family has never been assessed, this form combines the Initial and Comprehensive Kinship Care Assessments and replaces those two forms. If the Initial and Comprehensive Kinship Care Assessments have been previously completed, only the mandated requirements listed in the adjacent column would be needed to complete the assessment.</i>

**For counties who have elected to provide kinship care subsidy through county funds or IV-E waiver, discussion of the Kinship Care Subsidy would be an additional factor.

Kinship Care Face Sheet

It is important that all information requested on the face sheet be completed and updated as additional information is received. This face sheet will follow the case from initial placement through case closure.

The reverse of the Face Sheet provides space for a diagram of the kinship network, such as an ecomap or a genogram. Development of such a diagram is a helpful tool in working with the family to help them identify their support system, the nature of their interrelationships and recurring patterns in issues such as abuse, substance use, suicide, etc.

The format for each assessment tool has four sections: a block for “yes” or “no” regarding the caregiver’s meeting the requirement; the requirements that assure a reasonably safe, stable, and nurturing environment; indicators to guide the interview/assessment process; and a space for comments and service needs. The comment section should address any reservations the social worker may have, as well as plans to address any needs that preclude or interfere with compliance with the requirement.

Kinship Care Initial Assessment

The Kinship Care Initial Assessment is designed to address critical factors of safety and stability. Whenever possible, the Initial Assessment should be completed prior to the child(ren)'s placement in the home, but always within 24 hours of placement. Questions number 3, 10, 11, and 12 may require more than 24 hours to fully assess, but should be addressed with the prospective caregiver within the 24 hour time frame. Upon completion the assessment form should be reviewed with the caregiver(s), signed and dated by the caregiver(s) and the social worker. The social work supervisor should review and sign the form as soon as possible, or on the next working day.

Guidance on assessment questions

1. Ask the caregiver if they are willing and able to provide a home for the child on a temporary basis, and how long they can provide it. If they cannot provide care for a minimum of 30 days, determine whether or not their involvement as a caregiver will meet the needs of the situation.

If a potential caregiver is unable to provide care immediately, but could do so within a short time frame, assess if this is the best placement resource for the child and, if so, arrange for another placement (preferably with a relative) and assess this resource as a backup placement.

2. Supervision needs vary with the age and maturity of the child. The family should be referred to appropriate resources, both within and outside the agency, that can help them meet the needs. For a preschool child, this would include day care; for a young school-aged child, the need might be an afterschool arrangement; for teenagers, referrals might be to community recreation, work, or volunteer opportunities.
3. Observe the condition of the home and signs of financial security. Discuss the immediate financial needs of the child, health problems, or other issues that will impact the family's finances. Ask them if their financial resources will be sufficient to provide for the child as well as for the other members of the household.
4. Discuss the allegations or findings of fact with the caregiver in an objective manner, and the plans that are being developed with the parent(s). Listen for the caregiver's attitude about the allegations or findings, about the birth family, and about family contact. Discuss any concerns you may have about the caregiver's expressed or observed attitudes, and the way that they would be expected to interrelate with the child. Discuss parental visitation rights and the next planned contact; ask for and incorporate to the extent possible caregiver's wishes regarding their involvement with visitation arrangements.
5. Be prepared to educate the caregiver regarding reporting requirements and behavioral indicators. Prepare any written material that may be helpful for the caregiver to use for review.

6. Be prepared to offer a variety of alternative disciplinary methods that are appropriate to the age and maturity of the child. The material from MAPP/GPS on “Helping Children to Manage Their Behaviors” is a useful guide.
7. Observe the area designated for the child; address any concerns. If resources are needed such as a bed, ask the caregiver if someone in the family might have the needed items. If not, see if your agency has resources to help purchase such items, or ask the agency volunteer coordinator about donations. Some second hand stores may be willing to provide furniture free or at reduced prices. Your agency may want to recruit donations from the community to have available in emergencies.
8. Tour the house looking for the listed items. If a small repair would allow the family to meet the requirement, ask about their resources within the kinship network. If needed, check about voluntary resources within the community or agency funds to accomplish the repair(s) quickly. Your agency might want to consider recruitment of a volunteer force that could do home repairs.
9. Personally observe and evaluate the functioning of the bathroom fixtures and kitchen appliances; determine if the outhouse is far enough away from water source to present no health hazard; evaluate condition of outhouse regarding cleanliness, presence of dangerous insects, rodents, snakes, ask about the frequency of cleaning the outhouse.
10. If a person has a criminal record of convictions, discuss with the supervisor whether or not the criminal behavior would preclude placement. Factors to be considered on convictions include: the length of time since the conviction; the number of convictions that might indicate a pattern of criminal behavior; the types of crimes; criminal behavior that suggests alcohol or substance abuse. Exceptions to this requirement **MUST** have immediate supervisory approval, with the rationale for exceptions documented and initialed by the supervisor in the case record.
11. CPS substantiations usually preclude use of the home as a placement. If the caregiver’s explanation of the incident suggests the possibility of granting an exception, review the CPS findings in the case to determine if an exception could be appropriate. For example, if a person was substantiated for neglect several years ago, completed parenting classes, and has demonstrated adequate and appropriate parenting skills since, they might be considered for a placement. As above, exceptions to this requirement **MUST** have immediate supervisory approval, with the rationale for exceptions documented and initialed by the supervisor in the case record.
12. You need an accurate assessment of the potential caregivers' use of alcohol and/or other substances that could interfere with their ability to provide care. Introduction of this discussion should, therefore, be non-judgmental. If there is a history of substance-related criminal convictions, this should be addressed after the self-report of use. For example, if a person had several convictions for driving under the influence, it will be important to determine whether or not they are still drinking or using other intoxicants.

13. Social worker judgment is a key tool to assessing this requirement. The social worker should note comments that the caregiver makes about their physical and mental state during the interview process. Observations of affect, responses to other household members, and outlook on life are good clues to a person's status. During the assessment of this factor, explore any issues of concern that you may have. If needed, ask for release of information to get a physician's report of health and the likely physical and mental impact of caring for the child.

Kinship Care Comprehensive Assessment

The comprehensive assessment is designed to evaluate relational issues such as bonding, attachment, nurturance, commitment, and intrafamilial relationships. This assessment is to be used with the Initial Assessment as a base, and completed within 30 days of the placement. The Comprehensive Assessment may also be used to update information about the placement in preparation for court reviews and permanency planning meetings. The social worker will need professional expertise to evaluate these factors. If the social worker does not have the training and experience to accurately assess the family, another social worker or supervisor should accompany the social worker on this assessment visit. Relevant factors which are unique to the family's culture should be incorporated into each assessments of relational factors. If the family culture is not familiar to the social worker, he or she should become familiar with typical differences.

Guidance on Comprehensive Assessment Tool

1. As the social worker visits the home, he or she should create opportunities to observe how the caregiver, the child, and other household members interrelate. This may mean scheduling appointment times when the entire family and the placed child are at home.
2. Ask the caregiver if they are interested in continuing to provide a home for the child, if this is appropriate. If they are, determine through the interview and observation process their understanding and response to the child's needs.
3. Determine the attitude of the parent and the caregiver about the child's living arrangement and the current visitation plan. Determine if these attitudes are having a negative influence on the visitation plan (frequency of visits, supervision, times, etc.).
4. Regardless of the case status (open investigation or case substantiation), the child needs support to deal with the trauma of maltreatment and/or separation from the parent. It is damaging for the caretaker to "take sides" about the incident, and supportive neutrality should be encouraged. For children placed out of the home, it is critically important that disciplinary methods used are sensitive to the emotional and physical injuries that may have been experienced by the child.
5. Evaluate the caregiver's working relationship with the agency, both from the caregiver's perspective and from the agency perspective.
6. Discuss with the caregiver which kinship resources and agency services they have accessed since the child was placed with them. Determine if other referrals have been made that were not used, and whether the family needs help to follow through. Talk with the caregiver about developmental issues that may have emerged during the placement, and possible interventive strategies.

7. Talk with the caregiver about the status of the other members of the household, including the caregiver, and the impact of placement on the family. Choose appropriate indicators of functioning based on the day-to-day activities.
8. If health issues have arisen since the initial assessment, discuss them with the caregiver.

The Comprehensive Assessment for Guardianship

This assessment tool was designed in part to use with kin caregivers who were being considered for eligibility for subsidized guardianship payments. Guardianship subsidies are only available in counties who elect to provide the subsidy, either through IV-E waiver or county funds. The State at this point has not approved funding to provide the guardianship subsidy state wide.

This tool can also be used if a kin caregiver does not need agency support, is willing to provide a permanent home for the child, wants to have the legal authority to make most parental decisions on the child's behalf, but will not pursue adoption. The accompanying questionnaire and legal information about the caregiver would be useful to any person considering assuming guardianship of a child in DSS custody.

Guidance on Comprehensive Assessment for Subsidized Guardianship

1. Factors **A-E** are **required** for eligibility for a guardianship subsidy, and are recommended even when a subsidy is not available. If guardianship subsidy is not under consideration, the caregiver's willingness and ability to provide care through the child's minority should be assessed. For unsubsidized guardianship, the caregiver should be made fully aware that if they assume guardianship, they may be eligible for adoption assistance if they later decide to adopt, but not for guardianship subsidy if such a program is instituted in the future. If they are guardian, they can apply for TANF benefits with a child-only grant. If the child has income through Social Security, the income can be applied to the cost of his or her care.
- 2-13 Since the initial and comprehensive assessment may not have been done on this family, use the corresponding guidance described in these instructions.
- 14-20 Each of the remaining questions corresponds with a question on the comprehensive assessment. Use the corresponding guidance for questions 1-5 and 7-8.

Comprehensive Assessment for Guardianship

Case Name:	County Case #	Date:
Caregiver #1:	Caregiver #2	

Y/N	Requirement	Indicators	Comments/Service Needs
	<p>A. The permanent plan for the child is neither reunification nor adoption.</p> <p>B. The child has been in agency custody/ planning responsibility for at least a year.</p> <p>C. The child has lived with this provider for at least six months.</p> <p>D. It has been determined that continued placement with this caregiver would be in the best interests of the child, and meets the need for permanency and safety.</p> <p>E. The caregiver is willing to assume guardianship of the person of the child(ren)</p>	<p>A. Determined by Permanency Planning Team.</p> <p>B. Determine by date of placement into agency custody/ placement responsibility.</p> <p>C. Caregiver has provided full-time care for at least six months of the last twelve months.</p> <p>D. Determined by permanency planning team and during court review.</p> <p>E. Caregiver has expressed willingness to become guardian of person of child(ren).</p>	<p>A.</p> <p>B.</p> <p>C.</p> <p>D.</p> <p>E.</p>
	1. The caregiver is willing to provide a permanent home through the child's minority and to assume legal guardianship for the child(ren).	Discuss caregiver's commitment to provide care for the child(ren) and address any reservations.	
	2. The caregiver is willing to provide age-appropriate supervision for the child(ren).	Discuss family's plan for supervising the child(ren), including any need for additional services to provide supervision.	

Y/N	Requirement	Indicators	Comments/Service Needs
	3. The caregiver has sufficient financial resources to continue to meet the child(ren)'s basic needs.	Discuss family's financial resources, support network, and availability of additional financial, medical, or support resources, including guardianship subsidy. Discuss ongoing health needs of the child and family's ability to meet needs. Telephone available for emergencies.	
	4. The caregiver is willing and able to protect the child(ren) from continued maltreatment and establish visitation and appropriate contact (including phone calls) with birth family. Caregiver able to support contact with birth parents as appropriate.	Caregiver does not blame child for maltreatment by parents, and is able to provide appropriate boundaries to protect the child. Discuss caretaker's experience with family visits and their preferred plan for continued visitation between child(ren) and parents.	
	5. The family will report any indicators/circumstances indicating that the child has been re-abused or neglected.	Discuss reporting requirements with the family; obtain verbal agreement to report concerns. Review behavioral indicators of abuse, sexual abuse, neglect.	
	6. The family will use fair, reasonable discipline which emphasizes positive reinforcement.	Discuss family discipline practices. The family does not use physical punishment, isolation, deprivation of food, or humiliation. Discuss current disciplinary measures for placed child(ren).	
	7. The child will have a sleeping space with reasonable privacy and comfort.	The child(ren) has a sleeping space that is appropriate for his/her age, gender, needs, and personal history.	

Y/N	Requirement	Indicators	Comments/Service Needs
	8. Home is free of objects and conditions which constitute obvious fire and/or safety hazards.	Working smoke detector on each level, fire extinguisher in kitchen, car seats for infants and children up to 4 years of age. No unlocked firearms; accessible poisons; overloaded extension cords; exposed electrical wiring; peeling or flaking paint; broken windows, doors, or steps; holes in walls, floors, or ceilings; or rodent/insect infestation.	
	9. The family has functional indoor plumbing or an acceptable outhouse.	Toilet/outhouse and kitchen facilities are in reasonably sanitary and working condition. Outhouse must be at least 50 feet from any water source (pond, well, etc.), have a door, and be rodent free.	
	10. No resident in this household has a history of criminal behavior that precludes the family from caring for the child(ren).	Family agrees to criminal record check, if not done previously, which must be obtained within 3 days. No findings, criminal convictions, or pending charges for violence, sexual offenses, crimes against minors, or other criminal acts that would place the child(ren) at risk. Any exceptions require supervisory approval with case documentation of the discussion.	

Y/N	Requirement	Indicators	Comments/Service Needs
	11. There have been no substantiated reports of abuse, neglect, or dependency since the child was placed in this home.	<u>The Responsible Individuals list and county CPS records checks have been completed.</u>	
	12. Family member's alcohol or substance use does not present risk of harm to child(ren).	Self statement regarding use of alcohol and other drugs; observation, other indicators. Interview with placed child(ren) regarding quality of care includes questions about substance abuse in the home. Caregiver understands and acknowledges risks associated with use while providing care to child(ren). Discussed criminal history related to alcohol/substance abuse.	
	13. Caregivers are physically and mentally capable of providing care and supervision.	Self-statement, observation, interview with child(ren) and obvious indicators.	
	14. Caregiver has a strong, quality relationship with the child(ren)	Bonding/attachment is observed in 1:1 relationship between the caregiver and each child during visits. Caregiver demonstrates commitment to the child in responding to child's needs.	
	15. Family is providing a nurturing environment for the child.	Recognizes needs of child(ren) and places priority appropriately. Demonstrates caring/nurturing verbally and behaviorally.	
	16. The caregiver has a relationship with the parent that will allow the placement to succeed and the permanent plan to be achieved.	Parent prefers or is satisfied with this placement. Caregiver is able to recognize the needs of the parent and can set appropriate boundaries with the parent. Caregiver is cooperating with the visitation plan.	

CHILD'S CASE NUMBER: _____

	17. The family dynamics in the kinship home will support the child(ren)'s continued recovery from abuse or neglect.	Child(ren)'s growth and development while in this placement support a conclusion that it is meeting the child's need for support in recovery.	
	18. The caregiver is willing and able to cooperate with the agency.	Follows policies, procedures, recommendations of agency or constructively engages with agency staff about needs for difference.	

Y/N	Requirement	Indicators	Comments/Service Needs
	19. Caregiver has the willingness and ability to meet the needs of the other members of the household	Discuss the financial and emotional impact of caring for placed child(ren). Offer assistance as appropriate. Discuss other children's functioning at school. Discuss emotional and physical health of members of household, including caregiver.	
	20. Caregiver's health status will permit kinship care parent to care for child(ren) for the foreseeable future.	Self-report. Discussion of relevant health issues. Clearance by MD if medical conditions may impact the placement.	

Recommendation of social worker: _____

Caregiver's Signature: _____

Date: _____

Social Worker's Signature _____

Date: _____

Caregiver's Signature: _____

Social Work Supervisor's Signature _____

Date: _____

**Kinship Care
FACE SHEET**

CASE NAME:	County Case #	DATE:
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CHILD(REN) TO BE PLACED IN KINSHIP CARE:

	CHILD'S NAME	SS#	DOB	Gender	Race/Ethnicity
1.					
2.					
3.					
4.					

CAREGIVER INFORMATION **County Case # of Caregiver:**

	Caregiver's Name	SS#	DOB	Gender	Race/ethnicity	Relationship to child(ren)
1.						
2.						
Address:					Home Telephone:	
Directions to home:						
	Place of Employment	Work Hours			Work Telephone	
1.						
2.						

OTHER CHILDREN AND ADULTS IN THE CAREGIVERS HOME

	NAME	SS#	DOB	Gender	Race/Ethnicity	Relationship to caregiver
1.						
2.						
3.						
4.						
5.						
6.						
7.						

Kinship Care Initial Assessment
(Complete as quickly as possible, but no later than 24 hours after placement of child)

Case Name:	County Case #	Date:
Caregiver #1:	Caregiver #2	

Y/N	Requirement	Indicators	Comments/Service Needs
	1. The caregiver is willing to provide care for the child(ren). [Indicate how long in the comment section]	Discuss caregiver's willingness to care for the child(ren) and the length of time they are willing to provide care.	
	2. The caregiver is willing to provide age-appropriate supervision for the child(ren).	Discuss family's plan for supervising the child(ren), including any need for additional services to provide supervision.	
	3. The caregiver has sufficient financial resources to meet the child(ren)'s basic needs, any special, immediate needs, and access to resources.	Discuss family's financial resources, support network, and need for additional financial, medical, or support resources. Discuss immediate health needs of the child and family's ability to meet needs. Telephone available for emergencies.	
	4. The caregiver is willing and able to protect the child(ren) from continued maltreatment. Establish visitation, appropriate contact (including phone calls) with birth family. Caregiver able to support contact with birth parents as appropriate.	Caregiver does not take sides regarding allegations; does not blame child, and is able to provide appropriate boundaries to protect the child. Discuss plans for contact with family.	

Y/N	Requirement	Indicators	Comments/Service Needs
	5. The family will report any indicators/circumstances indicating that the child has been abused or neglected.	Discuss reporting requirements with the family; obtain verbal agreement to report concerns. Discuss behavioral indicators of abuse, sexual abuse, neglect.	
	6. The family will use fair, reasonable discipline which emphasizes positive reinforcement.	Discuss family discipline practices. Family agrees not to use physical punishment, isolation, deprivation of food, or humiliation. Discuss appropriate disciplinary measures for particular child(ren).	
	7. The child will have a sleeping space with reasonable privacy and comfort.	The caregiver has a reasonable plan that considers the child(ren)'s age, gender, needs, and personal history.	
	8. Home is free of objects and conditions which constitute obvious fire and/or safety hazards. Critical deficiencies must be corrected within 24 hours.	Working smoke detector on each level, fire extinguisher in kitchen, car seats for infants and children up to 4 years of age. No unlocked firearms; accessible poisons; overloaded extension cords; exposed electrical wiring; peeling or flaking paint; broken windows, doors, or steps; holes in walls, floors, or ceilings; or rodent/insect infestation.	
	9. The family has functional indoor plumbing or an acceptable outhouse.	Toilet/outhouse and kitchen facilities viewed by evaluator, determined to be in reasonably sanitary and working condition. Outhouse must be at least 50 feet from any water source (pond, well, etc.), have a door, and be rodent free.	

Y/N	Requirement	Indicators	Comments/Service Needs
	10. No resident in this household has a history of criminal behavior that precludes the family from caring for the child(ren).	Family agrees to criminal record check which must be obtained within 3 days. No findings, criminal convictions, or pending charges for violence, sexual offenses, crimes against minors, or other criminal acts that would place the child(ren) at risk. Any exceptions require supervisory approval with documentation and signature in the space to the right.	
	11. No resident in this household has a history of involvement with child protective services that precludes the family from caring for the child(ren).	<u>Responsible Individuals List and county CPS records</u> check completed within 3 days. Self report by family members.	
	12. Family member's alcohol or substance use does not present risk of harm to child(ren).	Self statement regarding use of alcohol and other drugs; observation, other indicators. Caregiver understands and acknowledges risks associated with use while providing care to child(ren). Discussed criminal history related to alcohol/substance abuse.	
	13. Caregivers are physically and mentally capable of providing care and supervision.	Self-statement, observation, and obvious indicators.	

Recommendations: _____

We, the undersigned, have reviewed the above assessment and agree to work together to provide a safe and nurturing environment for the above-named children.

Caregiver's Signature	Date	Social Worker's Signature	Date
_____	_____	_____	_____
Caregiver's Signature	Date	Social Work Supervisor's Signature	Date
_____	_____	_____	_____

Kinship Care Comprehensive Assessment
(to be completed within 30 days of placement)

Case Name: _____	County Case #: _____	Date: _____
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CAREGIVER'S NAME (1) _____ **(2)** _____

Y/N	Requirement	Indicators	Comments/Service Delivery
	1. Caregiver has a strong, quality relationship with the child(ren)	Bonding/attachment is observed in 1:1 relationship between the caregiver and each child during visits. Caregiver demonstrates commitment to the child in responding to child's needs.	
	2. Family is able to provide a nurturing environment for the child.	Recognizes needs of child(ren) and places priority appropriately. Demonstrates caring/nurturing verbally and behaviorally.	
	3. The caregiver has a relationship with the parent that will allow the placement to succeed and the permanent plan to be achieved.	Parent prefers or is satisfied with this placement. Caregiver is able to recognize the needs of the parent and can set appropriate boundaries with the parent. Caregiver is cooperating with the visitation plan.	

Y/N	Requirement	Indicators	Comments/Service Needs
	4. The family dynamics in the kinship home will support the child(ren)'s recovery from abuse or neglect.	Caregiver is supportive of the child's recovery process. Tried to protect child if maltreatment was known. Disciplinary methods used with the placed child(ren) have been appropriate.	
	5. The caregiver is willing and able to cooperate with the agency.	Follows policies, procedures, recommendations of agency or constructively engages with agency staff about needs for difference.	
	6. The family accesses existing supports to strengthen the family unit.	Caregiver can identify and access formal and informal support network, follows through with agency referrals, and cooperates with service providers. Works in partnership with agency and provider to identify developmental needs of child and appropriate interventions.	

Y/N	Requirement	Indicators	Comments/Service Needs
	7. Caregiver has the willingness and ability to meet the needs of the other members of the household	Discuss financial and emotional impact of caring for placed child(ren). Offer assistance as appropriate. Discuss other children's functioning at school. Discuss emotional and physical health of members of household, including caregiver.	
	8. Caregiver's health status will permit kinship care parent to care for child(ren)	Self-report. Discussion of relevant health issues. Verification by MD if appropriate.	

Caregiver's Signature: _____

Date: _____

Social Worker's Signature _____

Date: _____

Caregiver's Signature: _____

Social Work Supervisor's Signature _____

Date: _____

Recommendation: _____

Social Worker Signature: _____ Date: _____