

From Evidence to Practice

Information for practitioners to help improve the lives of children and families

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Collaborating with Kinship Caregivers: The Practice Choice and Challenge of Kinship Care

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As part of our mission at Partners for Our Children, we strive to bring information from expert sources to help inform decision-making on behalf of Washington State's most vulnerable children and families. The following comes from a new training program being rolled out by the Washington, DC headquartered CWLA (Child Welfare League of America). For more information about the training program, please contact Donna D. Petras, PhD, MSW at dpetras@cwla.org. To discuss this article, please contact: Prof. Eileen Mayers Pasztor, DSW at epasztor@csulb.edu.

Overview

While children being cared for informally by kin has centuries of tradition, especially among families of color, it was only in the early 1990's that kinship care – families taking responsibility for their youngest family members – was identified as a specific child welfare program area. Until the early 1990's, there was no nationally recognized, consistent name for the policies, programs, and practices of placing children with relatives. Then in 1991, the term "kinship care" was coined by the National Commission on Family Foster Care, convened by the Child Welfare League of America (CWLA) and the National Foster Parent Association (NFPA).

Many dynamics have contributed to kinship care's emergence as a child welfare program, while numerous factors created commensurate practice challenges. These include everything from a Supreme Court lawsuit (*Youakin vs. Miller*) giving relatives the same rights as foster parents providing they meet the same standards, to a decrease in foster parent numbers, to the emergence of grandparent advocacy groups. A proliferation of research projects have identified numerous benefits of children growing up with kin, but also identified a number of risk factors. One of the greatest challenges, from a practice perspective, is that kinship caregivers

have inherited, multi-generational roles while foster parents, for example, have voluntary, acquired roles.

Challenges

Agency-based kinship care requires a working relationship between caregivers and caseworkers who are often diverse in age, ethnicity, education, income, marital status, even number of birth children they may have. This is known as the challenge of the "dynamics of demographic diversity." There are also challenges when caregivers have attachments to the children in their care but no authority to make legal decisions, and caseworkers have child protective authority but no attachment to the children. This is known as the challenge of the "dynamic of attachment versus authority." Despite their differences, they must find common ground to work together around the emotionally charged issues inherent in child welfare, such as physical and sexual abuse, loss and attachment, custody and finances.

There are also the complex issues of caregiving, such as family relationships, work and family responsibilities, emotional and psychological responses, and health and mental health. Conflicts arise when both caseworkers and kinship caregivers view themselves as responsible for oversight of children in their care and in their caseloads

based on different sanctions, obligations, and feelings. Research has documented that (a) there are inherent challenges in how kinship caregivers and child welfare staff work together to enhance child safety, well-being, and permanency for the children in their care and caseloads; and (b) collaboration is an effective set of practice skills to address those challenges.

In addition to the two naturally occurring challenges of “demographic diversity” and “authority versus attachment,” both populations typically lack training and/or support in the practice of collaborative relationships. All of these factors may lead to frustration and friction between caseworkers and caregivers, and could compromise essential outcomes of child safety, well-being, and permanency or, as framed in the PRIDE (Parent Resource for Information, Development, and Education) Model of Practice, safe, nurturing relationships intended to last a lifetime.

The Model

Collaboration is an approach that enhances positive outcomes for children in the caseloads of workers and care of relatives. Collaboration promotes the primary values of social work: respect for the uniqueness and dignity of the individual, along with the importance of self-determination. Lack of collaboration often undermines these values, and interventions tend to reflect problems rather than provide viable alternatives. However, there is limited literature in the field about exactly how collaboration might be applied in a child welfare setting when diverse populations of caseworkers and kinship caregivers must work together to achieve goals each group may define differently as being in the best interests of the children. Placement stability and positive outcomes for children could be jeopardized, unless these challenges are identified and addressed.

As the model on the next page illustrates, collaboration requires identifying nine major issues of concern to kinship caregivers. These issues focus on legal status of the children, health and mental health of children and their parents and kinship caregivers, child behavior, family relationships, support services, fair and equal treatment, and being able to make recommendations about services. There are five specific collaboration competencies that caseworkers need to have:

1. Respecting the knowledge, skills, and experiences of others
2. Building trust by meeting needs
3. Facilitating open communication
4. Addressing the “dynamics of diversity” and “attachment versus authority”
5. Using negotiation skills

A collaboration practice model would suggest that the nine issues of concern can be addressed by focusing on the collaboration competencies through all phases of service delivery: assessing families, placing children, supporting families, and transitioning them to community-based support. One practice skill that can be implemented easily is the “three little words” approach. The three little words are “for the child” or “for the children.” Whenever working with kinship caregivers, please consider using the collaboration model of practice. Consider the issues of concern to kinship caregivers, use the competencies, and always remember why we need to work together: for the children.

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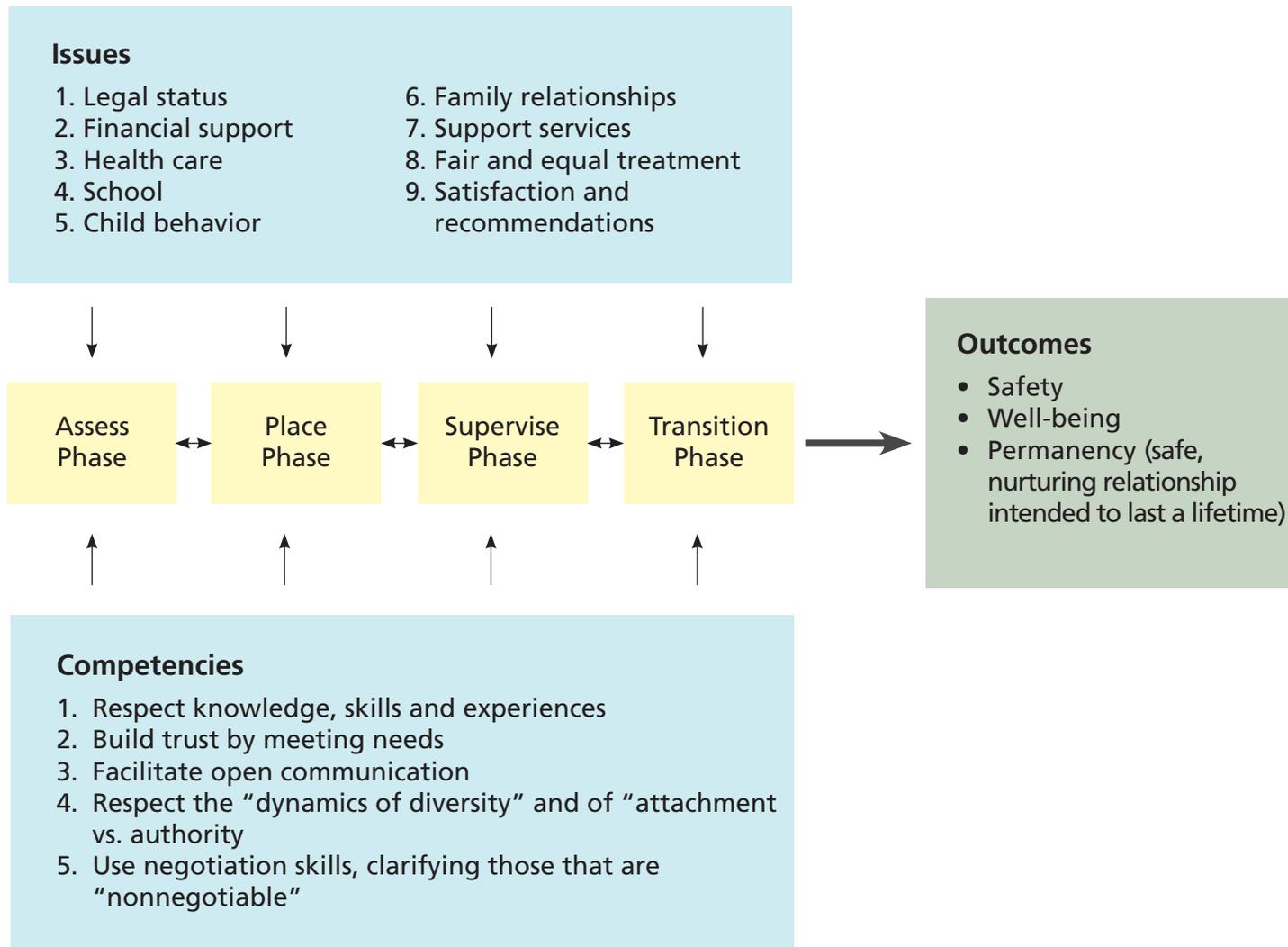
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The Kinship Collaboration Model of Practice

The “Kinship Collaboration Model of Practice” is based on:

- 9 major issues that need collaboration
- 5 collaboration competencies
- 4 phases in kinship care services: Assessing the kinship family for willingness, ability, and resources; placing the child with kin; supervising; and transitioning the family to community-based supports
- 3 federally mandated Adoption and Safe Families Act (ASFA) outcomes for children: child safety, well-being, and permanency (safe, nurturing relationship intended to last a lifetime)



The three most important collaboration words: **for the children**

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