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RELATIVE PLACEMENT AND KINSHIP CARE INCLUDING FICTIVE KIN

DEFINITIONS: Kinship care is any relationship that involves the full time care of a child or children by the following people: an individual who is related to the child by blood, marriage or adoption through close family relationships that are acknowledged by the parents, tribe, or child.

Formal kinship care is when the living arrangements are made through the child welfare system and the court process.


Kinship care allows a child to grow to adulthood in a family environment and maintain their family connections throughout his/her lifetime.

Fictive Kin refers to individuals that are unrelated by birth, adoption, or marriage, who have an emotionally significant relationship with another individual that would take on the characteristics of a family relationship. Fictive Kin may also be referred to as “alternate caregiver” in this section.

LEGAL BASE:

Title 22 M.R.S.A. §4001 et seq., articulates a preference for placement of children with family members over placement in non-relative foster care. §4003(3-A) refers specifically to kinship placement. It states that children who are taken from the custody of their parents should be placed with an adult relative when possible. §4062(4) specifically states that “the Department shall consider giving preference to an adult relative over a non-related caregiver when determining placement for a child...” The legislative intent of identifying and using relative resources is also found in other sections of the child protection statute.

Title 22, §4005-D and E, specifically grants grandparents a right to a legal status in child protection matters. Grandparents are given a right to request participation in a child protection proceeding, as well as a right to request visitation, access, and placement of a child. Further, §4005-E (2) specifically grants grandparents “priority for consideration for placement”. This elevated status exists regardless of whether the grandparent requested or was granted a legal status in the case (intervener, participant or interested person- *see §4005-D*).

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§4005-D permits blood or marital relatives of the child to request a legal status in the case, if in the best interest of the child (participant status) or unless the Court finds good cause not to do so (interested person status).

Additional evidence of a preference for placement with relatives is found in §4032 of the statute. In its petition for child protection, the Department is required to note the names of relatives who may be able to provide care for the child. This enables the Court to be aware of possible alternatives to non-relative foster care and also allows it to make inquiry of the Department with respect to these alternatives.


§4008 – “Records; Confidentiality; Disclosure,” allows the department to disclose relevant information to certain parties, to include relatives who are being assessed as a placement resource for their relatives who may be entering care, i.e., when a Preliminary Protection Order is being sought or for children who are in care and in need of a placement.

Finally, in §4038(7-A) the legislature has identified placement with a “fit and willing relative” as a satisfactory, permanent plan for a child and as an alternative to termination of parental rights and adoption. Placement with a fit and willing relative is also identified as a clear preference over a planned, permanent living arrangement in a foster home.

PHILOSOPHY:

The Department of Health and Human Services has a legal, professional, moral, and ethical responsibility to provide permanent relationships and/or community connections for every child with whom we work, and in particular, for those in custody. The Department firmly believes that whenever possible children need to be placed with relatives or with someone with whom they have a significant bond or connection. Determining who constitutes family is a critical component of our work. It is a fluid process. It needs to begin from the moment that we first interact with a family, and then be examined and reexamined throughout the life of the case.

Even when we have not made the decision to remove children from the home, we have a responsibility to establish family and community connections. Strong and nurturing relationships can often provide the necessary supports that enable families to remain together and prevent the need for separation and removal. We partner with children and families early on, to develop the best possible child-driven, family-focused, and culturally-sensitive plan for the child(ren).

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Family and community connections provide a child with familiarity, comfort, continuity, and a sense of belonging that cannot be provided elsewhere. Such connections can often help to mitigate the traumatic impact of the abuse and/or neglect and prevent the further trauma that can result from placement in an unfamiliar, out-of-home setting.

Families & youth may define extended or fictive kin relationship


Connection to family and community promotes safety, well-being, and healthy growth and development in children. The strengths and resources of familiar people provide many benefits to the child, while maintaining the continuity of family relationships. Kinship & fictive kin connections increase the probability that these vulnerable children will maintain critical, lifelong connections.

SPECIAL CONSIDERATIONS:

Some families have significant problems related to child abuse, substance abuse, and domestic violence. In some instances, there may be impaired relationships between the potential caregivers and their own children. While children should not be placed where these circumstances presently exist, the past existence of such dynamics will not automatically rule out a potential placement. The Department will depend on an up-to-date assessment to determine the relatives' or other fictive kin's ability to provide for the safety and well being of the child.

PURPOSE:

The purpose of this policy is to clarify the importance of relative placements, as well as to emphasize the importance of the preservation of family relationship and familial bonds. This policy makes clear that our preferred practice is to minimize the impact of separation of family and the familiar environment. This includes community, church and schools, as well as family. Relative placements provide children with familiarity, continuity, an understanding of their heritage, and a sense of belonging to their family, when their parents and/or caretakers are unable to provide for their safety and well being. Family relationships that are outside of a blood relationship may also provide a child with security, safety, and familiarity.

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PROCEDURES:

Procedure for Identification of Potential Relative Resources:

Exploration of relatives begins at intake of the initial report. Whenever possible, phone numbers and addresses of potential relative resources are to be obtained at this time. Intake needs to enter this information into a separate Narrative Log entry, entitled “Relative Resources.”

Assessment workers, during initial interviews, will ask parents, “If you were unable to care for your children for a reason, such as illness, then whom would you trust to care for your children?” Caseworkers will ask for the names, addresses, and phone numbers of these potential resources. In addition, assessment workers will ask children with whom they feel safe, and who cares for them other than their parents. These questions will be asked during every Child Protection Assessment, whether or not a Preliminary Protection Order is imminent.


Caseworkers enter this information as a separate Narrative Log entry, documenting relatives’ names, numbers, and addresses. The entry should be titled “Relative Resources”, so that it is easy to find, in case of an emergency or for future reference.

Procedure to follow when a Parent Places Child(ren) in Relative or Fictive Kin Placement:

In certain situations, the parent will place the child(ren) with a relative or other alternative caregiver in order to avert the need for DHHS seeking custody.

If the child(ren) has been placed with a relative or other alternative caregiver, the caseworker will make the determination that the family is in need of Child Protective Services. The caseworker will continue to work with the family on assessment and case planning activities. In addition, the caseworker will engage with the current caregivers to offer services to support the placement. The worker will remain involved with the family and the current caregivers, at a minimum, until the second Family Team Meeting is held. During this time, the caseworker will assess the child(ren)’s current level of safety in the placement, in accordance with existing standards for supervising new out-of-home placements, as well as continue to assess the safety of the child(ren) if returned home. In addition to meeting with the parents and child(ren) at least monthly, the caseworker will also meet with the caregiver.

Procedure to Follow When Seeking Placement of Child who is in Immediate Risk of Serious Harm:

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(It is recognized that each office has its own distinct staffing responsibilities, unit configurations, and organizational make-up. Below is an example of one way to complete an expedited Relative Placement/ Kinship Care Assessment.)

If it is determined that a child is in Immediate Risk of Serious Harm, the assessment supervisor notifies the placement supervisor of the intent to file a request for a Preliminary Protection Order and gives the placement supervisor the current relative information, to allow the caseworker to begin exploring this possible placement. Potential relative resources must be explored and ruled out as a possibility before looking at other placement resources, including family foster home placements. If placement with relatives is ruled out as a possibility, then there must be sound rationale for this decision.

The newly assigned caseworker makes initial contacts with the relative resources and identified fictive kin and does an initial assessment and background check of the potential resources. The caseworker begins by having a one-on-one conversation with the potential resource, to gather names, address, dates of birth, and social security numbers. This information is used to check Child Protective history, Bureau of Motor Vehicles history, request a State Bureau of Investigation report, and to call local police and sheriff's departments to assess the background of the potential resource. Potential resources need to be informed that, as part of the assessment of their home and family, protective, law enforcement, and Bureau of Motor Vehicle checks will be completed on all adult family members.

During this initial contact, the caseworker also assesses the existing relationship between the potential resource and the child and family. At this point, a brief staffing occurs between the two caseworkers. The purpose of this staffing is to gather any pertinent information regarding the potential resources and the child (i.e. special needs of the child, medical/psychological issues, and to get a further understanding of the abuse/neglect that the child has endured).

The caseworker then goes to the home and completes the Relative Placement/Kinship Care Assessment while the assessment worker writes the PPO, Petition and Affidavit. Once the order is signed, a second caseworker will accompany the assessment worker to remove the child from his/her home. At this point, if the Relative Placement/Kinship Care Assessment preliminary conclusion is satisfactory, the caseworker places the child in the relative home. Within three days, the caseworker will provide the Relative Placement/Kinship Care Assessment to the licensing worker, in order to initiate the process for a Home Study. It is acceptable to provide a handwritten assessment to the licensing worker. The home study which follows will incorporate questions specific to provision of kinship care. The caseworker will also document in narrative form the information gathered during the process of completing the Relative Placement/Kinship

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Care Assessment. This documentation will provide the details from which the caregiver capabilities, the child vulnerabilities and the household conditions were assessed, and upon which the preliminary conclusion was drawn. The narrative information may be derived from asking the sample questions included in the Addendum to this policy. The documentation will be entered into the MACWIS narrative. If the placement is with fictive kin the family should be able to explain their role in the family, their relationship to the child and their long term commitment to the child.


Continuing Assessment of Relative Resources after a Child Enters Custody:

As an on-going, case management practice, the assigned case-carrying worker will be responsible for continued assessment of relatives, who have either been previously identified or have been identified through casework practice. The Family Team Meeting process can be used to identify relatives who can be considered as a placement resource, a visitation resource, holiday and emergency respite provider, and a long term resource. Case records of children and youth who have been in care for a long period of time need to be reviewed periodically to determine if previously identified, relative or fictive kin resources may now be a resource.

Within 30 days of a child coming into custody, a complete review of paternal and maternal relative resources will be recorded in the MACWIS narrative. This is done in order to identify all potential roles and resources for placement: supervising visits, providing transportation, keeping connections, and providing other supports.

The caseworker will:

- a) Review information collected about relatives from the Child Protection Assessment.
- b) Interview parents to identify all relatives and to determine what the parent thinks about each relative. What level of involvement does the parent want for each relative? How suitable is each relative? How can the relative be contacted? To the extent possible, get names, addresses, and telephone numbers.
- c) Contact each relative. Briefly inform them that the child is in State custody. Determine the level of involvement the relative wants with the child. Involvement can range from placement to maintaining a relationship on some level. Determine the relatives' circumstances. If concerns are identified, explore what would need to occur to resolve these concerns. Collect additional information about other relatives, and ensure information about both paternal and maternal link is gathered.
- d) Interview professionals who may have knowledge of family resources through their work with the family.

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- e) Interview other family members who may not be interested in placement but may have information or knowledge of other family members.
- f) If relatives are not approved for placement, we need to inform them of our decision in writing and what other roles/contact they can have in supporting their relative(s) in care.
- g) Help families consider those people who are not related by blood or marriage but have a significant relationship in a family context.

COURT PROCEDURES:

At the summary preliminary hearing the Court will want to know whether we have actively considered placement with relatives. If we have documentation of significant risk factors involving relatives who have been identified by parents or who have come forward, this information needs to be shared with the Court, as appropriate. Caseworkers need to be able to inform the Court of the efforts made to locate and access relative and fictive kin placements.

At the permanency hearing caseworkers need to be prepared to offer the Court an explanation and documentation as to why or why not Kinship Care is the permanent plan for the child.

RELATIVE PLACEMENT/KINSHIP CARE ASSESSMENT

Caseworker:

Assessment Date:

Case Name:

MCWIS #:

IDENTIFYING INFORMATION:

Child(ren) for whom assessment is being completed:

Name:


DOB:

Name:

DOB:

Name:

DOB:

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Name: _____ DOB: _____

Caregiver Name: _____ D.O.B. _____
D.O.B. _____

Maiden and/or married names

Address:

Telephone:

Other Members of Household:

Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____

S.B.I.	Date Requested:	Date Received:
Criminal History:	Date Requested:	Date Received:
Bureau of Motor Vehicle:	Date Requested:	Date Received:


PLACEMENT PREREQUISITES:

Yes__ No__ Are there any pending or indicated/substantiated child abuse/neglect allegations on a person (child or adult) who is residing in or frequenting the home?

Yes__ No__ Are there any criminal convictions, pending charges, or active parole or probation condition status for any household member?

Yes__ No__ Will the placement of the new child(ren) in the home be detrimental to the safety of other children currently residing in the home?

Explain All "Yes" Responses:

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CAREGIVER DEFINITION:

Yes__ No__ Is the caregiver a relative?

Yes__ No__ Is this a person the child knows and trusts?

Describe/explain the caregiver's existing relationship and past relationship with child. Include extent, quality, and frequency of direct contact with the child.

CHILD VULNERABILITIES:

Describe what is currently known about the child(ren)'s immediate physical, behavioral, emotional, educational and adjustment related needs:

CAREGIVER'S PROTECTIVE CAPABILITIES:

Yes__No__ Caregiver recognizes child's currently known vulnerabilities and needs?

Yes__No__ Caregiver has the protective capability to care for the child?


Yes__No__ Caregiver is willing to act on these protective capabilities to care for the child?

Yes__No__ Caregiver recognizes the age appropriate supervision requirements?

Explain All "No" Responses:

HOUSEHOLD CONDITIONS:

Yes__No__ Home is free of observable health /sanitation risks to the child?

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Yes__No__ Home is free of observable safety hazards (exposed wiring, blocked exits, combustible materials near fire source, etc)?

Yes__No__ Home has working smoke detector?

Yes__No__ Medicines, Poisons, Hazardous Materials, Household Cleaners are inaccessible to young children?

Yes__No__ Guns, firearms, bows and arrows are kept unloaded and locked up?
Ammunition and arrows are locked up separately from guns and bows

Yes__No__ Household has sufficient resources to provide the basic necessities (food, clothing, shelter)

Yes__No__ Home has appropriate sleeping arrangements?

Explain All "No" Responses:

PRELIMINARY CONCLUSION:

The worker must verify that based upon relevant available information, the placed child(ren) is/are expected to be safe in this placement . A more thorough home study and a full inspection by the Fire Marshall's Office will occur.


Based upon information identified and described above:

_____ **This placement is suitable for placement of one or more of the children who are the subject of this assessment.**

_____ **This placement is not suitable, at this time, for one or more of the children who are the subject of this assessment.**

Worker Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

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ADDENDUM:


The caseworker will have available the following information to assist in exploration and assessment of Relative/Kinship Care Placements:

Using Genograms in Family Exploration

Exploration of relatives is an on-going process. Because a person’s ability to fully engage and participate in this process changes over the life of the case, this exploration needs to be periodically reviewed. A critical juncture for family exploration is during the child protection assessment phase. Although the initial exploration process begins at Intake, the more comprehensive exploration of family background will occur in a face-to-face interview with the client, preferably during the child protection assessment phase, though clearly not limited to this phase of the case.

The Department finds the use of genograms to be a valuable tool on many levels. When used properly, it is an excellent engagement tool that can go well beyond the goal of exploring for family resources. Successful completion of a genogram provides the caseworker with a complex mosaic that broadens our perspective of the client as an individual and of the client within the family system. Use of this tool allows the client to put some comfortable distance between the allegations of abuse and neglect and the dynamics within the family system that may in fact have contributed to the maltreatment. It is a strengths-based tool that often facilitates client engagement in a non-threatening manner. If we fail to engage with families on this level, we will often find that we have substantial gaps in our ability to determine where the child(ren) fit into the family system, as well as an incomplete picture of who compromises the family genetically, emotionally, and legally.

Sample Questions to Ask in Order to Assess the Caregiver’s Protective Capacity, to Assess Caregiver’s Ability to Recognize and Deal with Areas of Child Vulnerability, and to Assess the Safety and Adequacy of the Household Conditions:

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1. What is the ability of the caregivers to meet their family's current needs, and what is their plan to meet the child's basic needs for food, clothing, shelter, a bed, privacy, a place for the child's belongings, supervision, and protection?

2. What is the history in this family related to child abuse or neglect, substance abuse or domestic violence? How have these issues been resolved?

3. What is the caregiver's history of exercising protective judgment?

4. What is the caregiver's understanding of the needs the child might have due to the child's age and due to the trauma which s/he has experienced? How will the relative meet those needs?

5. What is the caregiver's plan to maintain the relationship with the birth parent and to help the child maintain his/her relationship with the birth parent? How will the relative manage conflicting loyalties?


6. What does the caregiver know about the abuse and neglect experienced by the child and about the implications for meeting the child's needs as a result of experiencing that abuse?

7. What is the caregiver's plan should the parent try to disrupt the placement in some way? How realistic is that plan?

8. What is the plan for the caregiver to participate in and/or support rehabilitation/reunification efforts?

9. How does the caregiver relate to and view the child? How does the relative demonstrate his/her ability to see the child as an individual?

10. What has the relationship of the caregiver been to the child? (Frequency of contact and quality of contact.)

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11. What are the caregiver's normal disciplinary techniques, and how will these impact the child, given the abuse and neglect the child has experienced? (Caseworker will provide a copy of the Department's licensing rules regarding the subject of discipline. The caseworker will discuss with the potential relative provider the Department's expectations regarding discipline and inform them of how the Department can offer support to provider families in meeting those expectations relating to discipline.)

12. What are the caregiver's expectations of what it will be like to have this child in his/her home?

13. How will the caregiver place a priority on the child's need for safety, permanency, stability and well-being?

14. Does the child:

Express and/or demonstrate a positive reaction to the caregiver?

Express or demonstrated any concern or anxiety about the caregiver

Express an opinion about living with the caregiver?


15. What does the caregiver need to support them in their care of this child?

SUGGESTED INTERVIEW QUESTIONS TO ELICIT INFORMATION TO ANSWER THE ABOVE -LISTED SAMPLE QUESTIONS:

Question # 1

Observations

- Bed Room
- Entire home
- Smoke detectors
- Locks on doors
- Guns / Locks

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How are you related to or connected to the child?
 Are you employed? Where employed?
 What is your plan for childcare while you are at work?
 What is your plan for transportation of child to appointments/visits? What is your financial situation (worker may inquire about employment history, child support obligations, bankruptcy history, stable income, living within means and ability to meet basic shelter needs?)
 Are you able to supervise visits?
 For how long a period of time are you able /willing to care for the child?
 Who lives in your home?
 What is your plan to meet this child's basic needs?
 What do you already know about what this child needs for care and supervision?
 What can you tell me about this child and their family?
 What do you think will it be like having a (another) child join your family?
 What do you think will change once that child is here?
 What will be difficult once child is placed with you?
 Who are your supports? Who will help you with difficult times?
 What are your household rules?

Question #2 –


Do you use drugs/alcohol? How often?
 Prescription Meds? (Look for holes in the walls, broken things, alcohol bottles, empties, drugs, and paraphernalia)
 How do you & your partner resolve differences?
 *Observe interactions w/ in family – emotions – reaction to child Describe your relationships for me?
 What are some things that have been difficult for you and your family? OR What are some things you & your family have struggled with? What have you done to resolve _____ difficulty (1 at time) - What would you do differently?

Question#3

What did you do? What do you wish you did differently? Was caregiver aware of what was happening to child?
 What is your understanding of why this child is in custody of DHHS?
 What have you done in the past to make it safe for you & or your children? How did that work?

Question #4

Expectation of child's age – What is a ____ yr old like? Level of supervision?

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Tell me about _____ Describe child “How has the abuse affected them?”

What was it like raising your own children? Is there anything you would have done differently?

What will _____ need?

What do you think like has been like for _____?

What will you do to help _____? What do you feel this child will need from you?

What do you think about what this child has said? Do you believe them?

Based on what we know – develop situations & ask relative how they would react/ deal with situation.

What could go wrong?

Ability to follow through with recommendations –

What do you want for life to be like for this child?

What do you think it will take for that to happen?

Do you have any experience dealing with children who have experienced trauma?

Question #5 and 6

What have you heard? What is your understanding of why children in custody?

Tell me about your relationship with (name/parent)?

How much is your contact with abuser & child?

Observe relative’s emotional reaction, demeanor?

Are there pictures in the home of the child?

Observe interaction w/ child.

Specific understanding of abuse.

Acknowledge emotions and difficulty.

What will you need in order to keep child safe?

Knowing what you do now regarding abuse, how do you feel about abuser?

What do you think DHHS should do?

How can we help you with conflict of feelings?

Are you open to participating in services?

How do you think the abuser will react to you being placement? What will you do?


Question #7

What would you do if daughter (abuser/relative) comes to the home? What is your safety plan?

Are there any concerns of why you couldn’t d this for your grand kids?

What will be the hardest part for you? How can we help you deal with that?

Whom could you call for support?

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Give suggestions how can be easier.

(i.e. Call Atty. or DHHS to clarify rules and to take the burden off the family. Go over plan and provide emergency numbers to caregiver. Give information in writing to review later.)

Question #8.

Tell me about your relationship with mom, dad and child.

Tell me why you think _____ is in care.

What would be your concerns if _____ went home today?

What is it that you need from the Department to make this a successful placement i.e.: transportation, financial, support.....

How do you feel about visitation & where it will be?

How do you feel about bringing _____ to school?

Transport to doctor apt, daycare?

What is going to be the hardest part of this for you? How can we help you solve these challenges?

What will be the easiest for you?

Be sure to take time to discuss reunification process ... definitions (you'll hear a lot of talk about Jeopardy, C-2....) Roles of court, caseworker, and family placement.

Question #9 and #10, #12, #13

What can you tell me.....

About the child?

How would you describe the child?

What is his/her favorite: food, activity, and color?

How often do you see _____?

What do you & _____ like to do.

When was the last time you saw _____?

What would _____ tell me is his favorite thing about the time you share?

What do you like about _____?

What do you dislike about _____?


What would _____ say about your?

What are the things _____ will need from you once he comes to live here?

Question #11

How were you disciplined as a child?

What kind of rules do you have for _____?

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What do you do if _____ breaks the rules? How well does that work? If it doesn't work, then what?
How do you let _____ know she's doing well?
How do you discipline your children?
How effective is your disciplining techniques?
What, if anything would you do differently?
What is your plan for disciplining these children?
Given the ca/n the child has experienced, how do you think the child will be impacted by this method of discipline?

Question #14

(To the Child) How often do you come here?
What do you do here?
What's fun/not so fun?
Do you like it here?
What do you like about it?
Who does the child consider to keep them safe/happy?
Explore child's relationship with all other household members.
Do you want to live here?
Why/Why Not?
Observe interactions/how comfortable child is in home.
What do you like best about each caregiver? Not like.....

Question #15.

How will having this child/ren in your home impact your family (explore responsibilities, appointments, PTA's, homework, hygiene, rules, transport.)

Do/Did your children have any chores? How would you incorporate this child/ren into the routine?

What do you expect for changes to your family structure and everyday interactions?

Have you talked about these issues with children already in the home ("how do you feel about having _____ live in your home?")

What types of support do you see yourself needing from DHHS and from other community supports?