

Washington State DCYF Kin-First Culture Research and Recommendations

Foreword

Thanks to the funding of New America Practice Labs, DCYF partnered with Bloom Works, a research organization, to use co-design methods to understand, define, and make recommendations for kin-first culture in Washington State. We want to thank all those who have supported and actively participated in this work.

This project included the following:

- Evaluating existing research
- Interviews and group discussions with DCYF staff across all levels and divisions
- Interviews with service providers and Child Placing Agencies (CPA) within Washington State
- Interviews with kin caregivers and youth

As required by co-design, we circled back with participants along the way to share findings and hear additional feedback. We are excited to release the final report of these efforts.

A high-level summary presentation is public on the [Thriving Families website](#). The final findings are available in the full report on the following pages. The report provides insights into what works well and challenges within the current system and recommends actionable “plays” to help improve kinship care within Washington State.

At the end of this report, you will find a “Playbook” of recommendations. The Playbook includes individual-level recommendations that workers can use today, organizational-level recommendations that DCYF has started to prioritize and focus on, and state-level recommendations larger than DCYF can resolve alone.

We hope other state agencies, tribal and community partners, and philanthropists will utilize and leverage the research and recommendations in their work.

For further questions or comments, please email DCYF Kinship Co-design at dcyf.kinshipcodesign@dcyf.wa.gov



Washington State Department of
CHILDREN, YOUTH & FAMILIES

We thank you for your continued support of children and youth in Washington State.



Washington State DCYF Kin-first Culture Research and Recommendations

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Executive Summary

If children and youth are removed from parents, they have better outcomes with kinship caregivers than non-kinship resource families. The benefits of kinship placements are many, including allowing children and youth to remain connected to their communities of origin.

In Washington state, 54% of children or youth removed from their parents are placed with kinship caregivers. How might we raise this rate to closer to 80%, and better support kinship caregivers?

We spoke with DCYF staff, community service providers, child placing agencies (CPAs), kinship caregivers, and former foster youth raised by kin to identify a path to a kin-first culture at DCYF. Here's what we learned:

Kinship caregivers need more support to achieve equity

- DCYF wants to eliminate racial disproportionality and advance racial equity but some policies and procedures still disadvantage BIPOC kin families. **Culturally-responsive practices** can help rebuild trust.
- The mentality that “the apple doesn’t fall far from the tree” persists among some social workers. CPA staff sometimes compared kinship caregivers to “good” foster families and had doubts that they could measure up. Tribal staff pointed to a way forward – with **more compassion, preventive measures, and deeper ties to families**.

Kinship caregivers feel friction working with DCYF systems

- Staff shared that they want to better understand who a child’s or youth’s trusted adults are, which can be tricky. Many suggested various means to **engage children, youth, and supportive families**.
- Non-kin placements are seen as quicker and easier and DCYF staff may **overlook kin families in favor of non-kin resource families ready for placement**. Licensing can bring needed support, but extensive training requirements and distrust in government remain barriers for kinship caregivers. CPAs are eager to support licensing, but lack a referral process or funding.
- Caregivers said they felt pressured to oblige caseworkers’ plans, even when plans were at odds with a child’s or youth’s needs. They wanted **more support navigating these processes and knowing where to turn**.

Kinship caregivers feel abandoned in a complex process

- Emergent timelines mean more to do, more acute financial needs, and less support. All together, this means that **caregivers feel like they are playing catch up**.
- Kinship caregivers felt overwhelmed and confused facing the multiple, complex processes. They lacked a consistent point of contact and some **feared asking for help**, worried that doing so would trigger DCYF removing the child or youth from their care.
- Funding acts as placement stabilization, but **kinship caregivers wait longer to get funds**.
- Caregivers shared how critical support groups and navigators were. But **gaps in services remain, especially in rural areas, for non-English speakers, or for teens**.
- Caregivers said they were often **in the dark trying to figure out how to navigate permanency processes**. Those that had legal support expressed how much of a positive difference this made.

Plays for Shifting to a Kin-first Culture

Based on the data collected, we crafted actionable recommendations to help shift DCYF to a kin-first culture. The plays are based on the findings and input from stakeholder groups. Below is an overview of each play category.

1. **Shift Mindsets Toward Kin Strengths:** Champion practices that center empathy, communication, and trust, and incorporate more anti-racism measures
2. **Revamp DCYF Internal Communications:** Refine policy design and implementation through lived expert input, open communication, trainings, and feedback
3. **Update Kin Identification Practices:** Communicate earlier and more often with kin families, modernize and integrate kin identification practices across DCYF, and cultivate non-placement supports within kin families
4. **Improve Placement Transitions:** Better equip social workers to meet kin emotional and communication needs during placement, and update standards for equity and inclusion
5. **Improve Case Management for Kin:** Centralize kin support at DCYF and dedicate case aide support via CPAs
6. **Update Kin-specific Support and Services:** Level the field by offering kin the same financial supports as non-kin, and expand emotional-social supports for kin, children, and youth
7. **Improve Access to Information and Communication for Caregivers:** Share up-to-date, digestible information with caregivers on processes and support services
8. **Increase Legal and Permanency Support:** Provide free or affordable legal support and clear options for families

Table of Contents

Key Terms	5
Introduction	6
Methods	12
Secondary Research	12
Primary Research	13
Co-design	22
Limitations	23
Findings	25
Kinship Caregivers Need More Support To Achieve Equity	25
Gaps in Racial Equity	25
Mindsets About Kinship Caregivers	28
Kinship Caregivers Feel Friction Working with DYCFC Systems	31
Kin Identification and Contact	31
Kin Selection and Placement	32
Licensing	34
Case Planning and Conflict Resolution	35
Kinship Caregivers Feel Abandoned Within a Complex Process	37
Timing of Support	37
Information and Communication Needs	39
Financial Needs	41
Socio-emotional Needs	43
Legal and Permanency Needs	45
Conclusion	47
Works Cited	49
Shifting to a Kin-First Culture: A Playbook	53
1. Shift Mindsets Toward Kin Strengths	56
2. Revamp DCYF Internal Communications	59
3. Update Kin Identification Practices	61
4. Improve Placement Transitions	65
5. Improve Case Management for Kin	68
6. Update Kin-specific Support and Services	70
7. Improve Access to Information and Communication for Caregivers	74
8. Increase Legal and Permanency Support	76

Key Terms

We use **the Department** interchangeably with Washington state's **DCYF**.

Community Services Providers are agencies outside of the Department that may or may not have contracts with the Department but provide services to children, youth, and families.

Child Placing Agencies (CPAs) are agencies outside of the Department that contract for the Department and are responsible for recruiting, training, and preparing resource families, coordinating placement of state-dependent children, and offering case management and in-home support services.

Resource families are foster families who provide care for state-dependent children. Some may be kinship caregivers; others are not. We use this term interchangeably with foster families.

Kinship caregivers are resource families that have a prior relationship with a child or youth, either as **relatives** ([RCW 13.34.030](#)) or **suitable persons** ([RCW 13.34.130](#)). Relatives have a relationship through blood, marriage, or custom. Suitable persons, sometimes called "fictive kin" have a preexisting relationship with the child. They can be neighbors, godparents, school teachers, coaches, family friends, or non-relative "aunties."

Formal kinship caregivers are taking care of state-dependent children or youth as a result of DCYF initiated and/or state-ordered placement.

Informal/Independent kinship caregivers are taking care of kin children or youth without a formal state-dependency process. These families often make caregiving arrangements after some contact with Child Protective Services (CPS). Some people use the term "informal" as the opposite of "formal" families, but other caregivers told us they felt the term "informal" diminished the effort required to become a caregiver and so asked that we refer to them as "independent" rather than "informal." We use both terms for clarity.

Kin-first culture is one where DCYF leadership and staff invest resources and align practices to prioritize kinship placements due to their invaluable impact on children.

Indigenous people are **American Indian or Alaska Native (AI/AN)** people with or without Tribal enrollment, whether they live on or off reservations.

Black, Indigenous, and People of Color (BIPOC) are people who identify with racial and ethnic groups that have historically been marginalized and subject to higher rates of removal in the child welfare system – what's referred to as **disproportionality**.

Introduction

In most cultures, family and community members assist and support each other with child rearing. Kinship caregiving (ie, caregiving by non-parental adults) is therefore a common practice.¹

According to the 2010 US Census, 7.8 million children lived with a non-parent relative as their head of household.² In 2019 at least 2.7 million grandparents (not counting other family members) were providing primary caregiving to children whose parents were unable to do so.³

Child welfare systems across the country are increasingly relying on grandparents and other relatives to care for state-dependent children.⁴ The proportion of children in foster care with kinship caregivers is rising. It was 25% in 2008 and increased to 29% in 2014.⁵ Estimates from 2023 suggest the national average is 43%, and in some states the kin placement rate is as high as 75%.⁶

Why Kin-first Culture?

Research shows that if children and youth are removed from parents, they have better outcomes when placed with kinship caregivers, as compared to peers who are placed with non-kinship resource families. Benefits⁷ to being placed with kinship caregivers include:

- Reduced trauma through more familiarity, continuity and retention of family relationships.⁸
- Improved mental health outcomes.⁹
- Fewer behavioral problems and better social outcomes.¹⁰
- Better educational outcomes and educational stability.¹¹
- Greater placement stability and higher levels of permanency.¹²

¹ See also Stack 1983; Ince 2009.

² Lofquist et al. 2012

³ RAISE 2022.

⁴ Lent and Otto 2018

⁵ Epstein 2017

⁶ Bloom Works gathered estimates of state placement data in March and April 2023.

⁷ American Bar Association 2022

⁸ Epstein 2017; Ehrle & Green 2002

⁹ Epstein 2017; Messing 2006; Winokur, et al. 2018; Lent and Otto 2018

¹⁰ Holtan, et al. 2005; Rubin, et al. 2008; Sakai, et al. 2011; Winokur, et al. 2018

¹¹ Conway & Hutson 2007; Holtan, et. al. 2005; Mass. Ct. Impr. Prog. 2019

¹² Hegar & Rosenthal 2009; Koh 2010; Koh & Testa 2008; Koh & Testa 2011; Sugrue 2019; Winokur, et al. 2018; Winokur, et al. 2018

- Better cultural, ethnic, racial, and traditional connections to their communities of origin.¹³
- Stronger ties to the child’s biological family.¹⁴
- Greater placement satisfaction for children and youth, including feelings of love and belonging.¹⁵

Kin can also support other aspects of a child or youth’s journey through the child welfare system. For example, when kin are incorporated into important transition planning, children and youth are more likely to form high-quality, durable relationships with supportive adults.¹⁶

Kinship care has clear benefits for easing transitions, since adults who know children or youth before placement have less to learn in those early days and weeks, which are often fraught with other challenges around the change. DCYF’s own research documents the benefits to children and youth of kinship care. According to a study of DCYF caregivers from 2020, kinship caregivers were more likely to say they had adequate information *on the needs of children* placed in their care.¹⁷ This sets the caregivers up for greater success.

Taking a Kin-first Culture Approach

Shifts are underway, but work remains

In Washington state, 54% of children or youth removed from their parents are placed with kinship caregivers. How might we raise this rate to closer to 80%, and better support kinship caregivers? Bloom Works undertook a research and co-design process to understand: **what is a kin-first culture for Washington DCYF, and how do we get there?**

We began by learning about the **important work already underway** at Washington DCYF to prioritize kin placements. From the establishment of the Kinship Caregiver Engagement Unit (KCEU), to the removal of barriers in licensing kinship caregivers, to the kinship placement rate that is higher than the national average, Washington has begun to take the initial steps toward a kin-first culture.

We found DCYF staff at every level to be enthusiastic about this project. Our direct points of contact were helpful, supportive, and engaged throughout and helped unblock obstacles. Other DCYF staff were ready and eager to engage throughout, and several staff attended multiple workshops and demonstrated obvious commitment to this work. **But there is still a lot to do, as barriers for kin remain.**

¹³ Child Welfare Information Gateway 2021; Conway & Hutson 2007; Hopkins 2020; Nat’l Ass’n of Black Soc. Workers 2003; Sugrue 2019

¹⁴ Holtan, et al. 2005; Metzger 2008

¹⁵ Chapman, et al. 2004; Conway & Hutson 2007; Hegar & Rosenthal 2009; Metzger 2008; Montserrat & Casas 2006

¹⁶ Ahrens et al. 2011

¹⁷ DCYF 2021. Report 7.123

National research shows kin need more support

Kinship caregivers do not report feeling supported by Washington DCYF. An internal survey of caregivers from 2020¹⁸ found that kinship caregivers were less likely than foster parents to say that they had adequate support, could get help when they asked for it, and found Licensing Division staff knowledgeable.

Research shows that kinship care is most effective when caregivers are provided the support they need to provide care. Kinship caregivers need better, and more equitable, access to the financial resources and services available to non-kinship foster families. For kinship caregivers, the caregiving role often comes unexpectedly, leaving many kinship caregivers unprepared for the financial demands of caring for a child. Kinship caregivers thus face physical, social, and mental health challenges when they assume full-time care of children, even as they report an increased sense of purpose.¹⁹

Consequently, child welfare agencies and state governments should work to meet the needs of kinship caregivers by providing:

- An agency culture that prioritizes kinship in placement decisions and supports kinship caregivers throughout the course of their engagement with the agency.²⁰
- A greater number of resources to meet the demands of caregiving.²¹
- More flexible licensing standards in order to remove barriers to kinship care.²²
- Better access to and information about supportive services, support groups, and parenting skills training/education.²³
- More resources directed to kinship caregivers' individualized needs.²⁴

Kin-first follows Native examples

A kin-first culture is an approach that takes lessons from a Native American approach to child welfare. The policies enshrined in the Indian Child Welfare Act (ICWA), the 1978 federal law that governs the removal and placement of American Indian children and youth, offer a guide to keeping children connected to their families and communities. Where ICWA legally commits child welfare agencies to protect the rights and cultures of American Indian/Alaska Native (AI/AN) families, a kin-first culture approach would extend this commitment to protection of rights and cultures to

¹⁸ DCYF 2021. Report 7.123

¹⁹ Lent and Otto 2018

²⁰ Bissell, 2017; Doblin-MacNab 2015; Lin 2014; Miller 2017; Raphel 2008

²¹ Bailey, et al. 2013; Lin 2014

²² Bissell 2017; Miller 2017

²³ Castillo, et al. 2013; Collins 2011; Gerard, et al. 2006; Hayslip, et al. 2019; Hayslip & Kaminski 2005; Kirby 2015; Lee & Blitz 2014

²⁴ Carr, et al. 2012; Hayslip, et al. 2020

families of other groups. In fact, during our project, we heard Tribal staff championing the power of the ICWA philosophy. One staff member said, “If they [DCYF] would use the philosophy of ICWA across the board, they would have better outcomes for everybody, not just Native people.”

Kin-first is race equity work

While race has no biological basis, in the US it is a social reality that has become embedded in our identities, institutions, and cultures. Racial disparities²⁵ and disproportionalities²⁶ exist in nearly every aspect of US society: from education to employment, health, housing, and policing. The child welfare system has a history of disproportionate removal of Black, Indigenous, and People of Color (BIPOC) and poor children and youth.²⁷ This means more BIPOC children are brought into state dependency than are represented in the population at large. For 2021-2026, DCYF listed “Eliminate racial disproportionalities and advance racial equity” as a major priority.²⁸

Supporting kinship caregivers is a form of race equity work, making this work both volatile and critically important. Expressing a preference for families of origin, working against biases we may hold that put BIPOC families at a disadvantage, and building support for BIPOC kinship caregivers is a form of racial repair work.

Existing literature has suggestions for how child welfare agencies and advocates can better support kinship caregivers. An important piece is to consider the cultural, racial, and ethnic differences and the impact of systematic oppression on different groups.²⁹ A Washington judge wrote in 2022:

“We know that like all human beings, judges and social workers hold biases, and we know that families of Color are disproportionately impacted by child welfare proceedings. Therefore, actors in child welfare proceedings must be vigilant in preventing bias from interfering in their decision-making. Factors that serve as proxies for race cannot be used to deny placement with relatives with whom the child has a relationship and is comfortable.”³⁰

Combatting biases and deconstructing structural racism is therefore a part of the work of shifting to a kin-first culture, especially to increase the rate at which children and youth are placed with kinship caregivers.

²⁵ Inequalities in the outcomes of a racial group as compared to other racial groups. See p. 3 of DCYF’s Strategic Priorities 2021-2026.

²⁶ Differences between the representation of a racial group in society at large and within a certain system or outcome. See p. 3 of DCYF’s Strategic Priorities 2021-2026.

²⁷ Roberts 2002; 2022

²⁸ DCYF Strategic Priorities 2021-2016

²⁹ Carr, et al. 2012; Collins 2011; Fuller-Thompson 2005; Kopera-Frye 2009

³⁰ Matter of Dependency of K.W., 199 Wash.2d 131, 156 (2022).

The Kin-first Co-design Process

We broke up our project into 4 consecutive sprints (or research phases), each focused on a different key stakeholder group and guided by research questions specific to the group. Throughout all 4 sprints, we focused on elevating the experiences and challenges affecting BIPOC populations. We also intentionally recruited Tribal staff from every recognized Tribe, even if they did not fit neatly into one of the stated stakeholder groups, listed below.

Research questions

Our work was guided by our overarching research question: What is a kin-first culture for Washington DCYF, and how do we get there? Within each sprint, we asked specific research questions aligned to our stakeholder group.

Sprint 1. DCYF Staff

- What is DCYF's current foster care culture?
- What is DCYF's vision for a kin-first culture?
- What obstacles exist?

Sprint 2. Community Service Providers

- How do community service providers work with kin, families, DCYF, and others? Where are there pitfalls?
- What barriers exist to supporting kin caregivers?
- What are their visions for better supporting kin? What might a kin-first culture look like?

Sprint 3. Child Placing Agencies (CPAs)

- What is the child placing agency's (CPA's) "foster parent pipeline" and what can it teach us about supporting kinship caregivers?
- What is the CPA business model, and what would need to change if DCYF were to dramatically increase kinship placements?

Sprint 4. Kinship Caregivers and Former Foster Youth

- What are kin's experiences with placement, licensing, services and support?
- What are youth's experiences with being placed with kinship caregivers?
- How do kin and former foster youth envision a kin-first culture?

We spoke with over 400 people

Overall we spoke with **169 people in 1:1 or group engagements** (45 DCYF staff, 30 service providers, 32 CPAs, and 60 kinship caregivers and 2 former foster youth) and held **5 co-design sessions throughout the process with roughly 300 participants**. Some participants overlapped between these activities. We're confident that the findings represent a true diversity of perspectives and capture important challenges for many involved with DCYF.

Our findings highlight the pitfalls along the journey

Our findings are organized to convey the challenges kinship caregivers face along their journey in interacting with DCYF.

- 1.** Some kinship caregivers are standing on **uneven ground** due to structural inequalities. Because they set out on their journey to become kinship caregivers on this unequal footing, some kinship caregivers need more support to achieve equity.
- 2.** Kinship caregivers experience interacting with DCYF to be like an **uphill climb**. Kinship caregivers feel as if DCYF systems are working against them, missing their needs.
- 3.** Kinship caregivers find the complexity dizzying – as if they were in **a maze** without a map. They feel abandoned within complex processes.

Identifying and understanding these challenges is critical to the thriving of children and youth placed with kinship families. Our work has focused on elevating the voices of kinship caregivers, especially those most marginalized. We see exciting changes already happening at Washington DCYF, and addressing the opportunities this report presents are important next steps.

Methods

To answer our research questions, we set about 3 kinds of activities:

1. Secondary research
2. Primary research
3. Co-design sessions

Secondary Research

We began by conducting a literature review on kinship caregiving and reviewing journal articles, books, reports, legislation, policy reports, standards, training videos, podcasts, interviews, opinions, press releases, and press coverage about the promotion and support of kinship caregiving in child welfare systems around the country. We reviewed materials prepared by and for many organizations, including:

- Washington DCYF
- Washington Department of Social and Health Services (DSHS)
- The Administration for Children & Families
- The National Indian Child Welfare Association
- Child Welfare Information Gateway
- American Bar Association
- Think of Us
- Generations United
- National Family Support Network
- Annie E. Casey Foundation
- Casey Family Programs
- Amara
- The Alliance for Professional Development, Training, and Caregiver Excellence

Primary Research

Together with our understanding of the challenges and opportunities for supporting kinship caregiving, we generated 5 different interview guides (or sets of questions) for each stakeholder group, or participant group. Guides included questions that reflected the relevant experiences of each group:

1. DCYF staff
2. Community service providers
3. Child placing agency staff
4. Kinship caregivers
5. Former foster youth cared for by kinship caregivers

Validity in qualitative methods

Guides for these conversations were **semi-structured**, which means that we did not ask every participant every question and used probing questions to follow up on promising information or experiences that might shed more light on our research questions. Semi-structured interviews allow interviewers to vary the sequence, phrasing, and probes selected based on the answers the participant offers. This means we can follow up on different things in different interviews. While these kinds of interviews yield very rich in-depth data, they are time-consuming to conduct. This means we were limited in how many participants we could speak with. Fortunately, qualitative methods don't require high **Ns** (or numbers of people or observations) to gather useful insights. The convention in user experience (UX) research is to gather data from approximately 5 participants in each distinct user group, since that is the number of participants necessary to identify most issues in traditional usability studies.³¹ We gather data until we feel we have reached **saturation** – which is when we start to hear the same things over and over again in engagements with different participants. We typically reach saturation after engaging with 8-20 participants.

We used several methods to maximize reaching meaningful saturation:

- Carefully defining our participant groups for breadth.
- **Purposive sampling**, or selecting participants based on their fit with groups we have defined.
- Semi-structured interviews which allowed us to explore the boundaries of topics and perspectives.

³¹ Nielsen and Landauer 1993.

Trauma-informed research

We took a **trauma-informed approach**, meaning that we worked hard to set participants at ease and give them control over the conversation. Rather than soliciting feedback in a rigid, uniform order we **shared power with participants** and asked questions in varying sequences according to the participants' experiences and priorities. We emphasized in the consent protocol that questions were optional and participants could decline to answer or freely end the engagement. Especially when speaking to people who have had disempowering experiences with child welfare, this offered an important corrective. We also offered **compensation** for participants' time, giving them \$100 preloaded Visa cards *at the beginning* of our engagement, so that the compensation was not contingent on their answers to our questions. This approach, consistent with the principles of **co-design**, allows participants to have agency over sharing their lived experience, retell it in empowering ways, and participate actively in shaping the concerns of the research.

Recruitment and sample

We used different methods to recruit different kinds of participants.

Within DCYF

For DCYF staff, we quickly learned it was important for us to speak to participants across the Department's hierarchy from leadership, to middle-managers and, critically, to those lineworkers who have direct contact with kinship caregivers.

To recruit we began with a list provided by our contacts at DCYF. The team included Luba Bezborodnikova, Ruben Reeves, Sonya Stevens, Amber Salzer, Renatta Watson, and Kathy Feather. We reached out directly to staff with relevant expertise, or whose permission we needed to get access to staff who had direct contact with kinship caregivers. We also attended several Indian Child Welfare (ICW) subcommittee meetings and the Kinship Caregiver Oversight Committee (KCOC) meetings.

We met with Regional Administrators and offered 2 approaches to reaching lineworkers: either sending out recruitment emails to all lineworkers within their regional offices to seek volunteer staff, or to send us the names and email addresses of lineworkers we should contact. We used both approaches. **This approach yielded interviews with participants across 6 divisions of DCYF and across all 6 regions of the state.** All meetings were virtual except for in-person engagements with some kinship caregivers during Sprint 4. A breakdown of the sample within DCYF is shown below.

Table 1: DCYF Participants by Division

DCYF – Division	N
Child Welfare Field Operations	20
Licensing	13
Prevention & Client Services	5
Office of Tribal Relations	3
Administrative Services	2
Office of Innovation, Alignment, and Accountability (OIAA)	2
Total	45

Table 2: DCYF Participants by Job Level

DCYF – Job Level	N
Leadership	14
Mid-level leadership	12
Lineworkers	19
Total	45

Community Service Providers

For service providers, we identified 2 kinds of service providers: 1) community **advocates** who convene kinship caregivers for community development and legislative lobbying, and 2) **service providers** who do work directly meeting the needs of kinship caregivers, whether formal or informal.

To recruit advocates, we started with several key contacts and asked them who we should be speaking with, in a technique known as **snowball sampling**.

To recruit service providers, we identified the Kinship Caregiver Support Program staff as uniquely able to speak to the needs of kinship caregivers. Kinship Caregiver Support Programs are staffed by service providers who either work directly for or indirectly receive funding from the Department of Health and Social Services (DSHS) through the Aging and Long-Term Services Administration

(AL TSA).³² These programs include kinship navigators, Tribal navigators, support groups and other kinship support programs. To reach these service providers we contacted them using publicly-available information on the DSHS/AL TSA website, and asked the DSHS Program coordinator to forward an invitation to participate in research to all kinship navigators.

We intentionally recruited service providers in order to get experiences of those serving diverse populations. Our efforts yielded remote engagements with 7 who served mostly **urban populations**, 5 who served mostly **rural populations**, and 8 who served mostly **BIPOC populations** (3 of which were employed by Tribal Nations).

Table 3: Service Provider Participants by Job Role

Service Providers – Job Role	N
Community advocates	10
Direct service providers, including kinship navigators and Tribal navigators	20
Total	30

Child Placing Agencies (CPAs)

For CPAs, we received a list from our contacts at DCYF that included 44 organizations. We reached out to every contact on the list, following up with new email addresses when we received bounce-backs or information that organizations were no longer operational. We also interviewed the director of Washington Association for Children & Families (WACF), and recruited from referred contacts from WACF. We succeeded in reaching **23 of 44 organizations** (20 through research engagements and 3 additional organizations in a co-design workshop).

We recruited for diversity across organizations’ physical locations and the diversity of the populations they served. We yielded remote engagements with organizations located throughout all **6 regions** of the state, and 11 participants were employed by **Tribal Nations**, with 1 other participant who worked at a **non-Tribal organization that served AI/AN communities**.

³² <https://www.dshs.wa.gov/altsa/home-and-community-services-kinship-care/kinship-care>

Table 4: Child Placing Agency Participants by Job Level

Child Placing Agency – Job Level	N
Leadership	17
Direct service providers	15
Total	32

Kinship Caregivers and Youth

For kinship caregivers and former foster youth who had been placed with kinship caregivers, we used several recruitment methods. We sent recruitment materials to both service providers and child placing agencies, asking them to forward our materials to kinship caregivers and former foster youth. We asked permission to and attended **2 support groups** being held by DSHS/ALTSA kinship support programs. We also created a visually appealing flier and asked contacts from service providers, CPAs, and in DCYF KCOOC to forward or post the fliers.

Knowing that kinship caregivers are more likely to be living in poverty, and that some areas of Washington may be rural and have unreliable internet connections, we offered kinship caregivers and youth the opportunity to meet with us **either remotely** over a 2 week period **or in-person** during a 4-day period during which our research team traveled to Washington state.

Our approach yielded **45 total engagements, 19 in-person** and **26 remote**. We heard from a total of **60 kinship caregivers and 2 former foster youth**. The 2 support group engagements meant we met with many participants at a time. Tables 5 and 6 show the breakdown of participants by formality, or whether their placements were made by DCYF through a state dependency process.

Table 5: Kinship Caregivers by Formality Status

Kinship Caregivers – Formality	N
Formal kinship caregivers	21
Informal/independent kinship caregivers	35
Both formal and informal/independent	4
Total	60

Table 6: Former Foster Youth by Formality Status

Former Foster Youth – Placement Formality	N
Formally placed with kinship caregivers	1
Informally placed with kinship caregivers	1
Total	2

Regional Diversity

We aimed to capture the experiences of residents living across the entire state. While we were able to schedule participants in all 6 regions of the state, a snowstorm on the eastern side of the state meant that our participants from that region could not attend. Counts of participants by region are shown in Table 7 below.

Table 7: Kinship Caregivers and Former Foster Youth by Region

Kinship Caregivers – Region	N
Region 1	0
Region 2	10
Region 3	9
Region 4	27
Region 5	3
Region 6	13
Total	62

Race and Ethnicity

We gathered **demographic information about participants**. We asked participants to select as many racial and ethnic categories as applied to them from a selection:

- American Indian or Alaska Native
- Asian
- Black or African American
- Latinx or Hispanic

- Native Hawaiian or Pacific Islander
- White
- Other, please specify

Of the kinship caregivers, 50% disclosed that they identified as BIPOC (Black, Indigenous, or Person of Color) categories. Thirty-six participants (or 60% of the sample) selected only 1 racial category (all of these selected categories of “American Indian or Alaska Native,” “Black or African American” and “White”), while the rest selected more than 1 racial category. This means that 40% of the sample selected more than 1 racial category. Six participants selected only ethnic category information (“Latinx or Hispanic”), and 3 others provided both racial and ethnic category identifications. **Eleven kinship caregivers had Tribal affiliation.** Counts of the selected racial and ethnic categories are shown in Table 8 below.

Table 8: Race and Ethnicity of Kinship Caregivers

Kinship Caregivers	Race	N	%
	American Indian or Alaska Native (AI/AN) only	9	15%
	Black or African American (Black) only	7	11.3%
	Latinx/Hispanic only	6	10%
	White only	14	23.3%
Selected multiple racial and ethnic categories	AI/AN and White	4	6.7%
	AI/AN, Asian, and Black	1	1.7%
	AI/AN, Latinx or Hispanic, White, and Other	1	1.7%
	Latinx or Hispanic and White	2	3.3%
	Not asked or declined to answer	16	26.7%
	Total	60	100%

We spoke with 2 former foster youth and asked them about their demographic information. We also asked the 60 kinship caregivers we spoke with about the demographics of the children or youth in their care. Since 16 kinship caregivers were caring for more than 1 child or youth we gathered data about the additional children in their care. This gave us information about a total of **78 children or youth in care with kinship caregivers**, shown in Table 9. Kinship caregivers identified **15 children or youth in care with Tribal affiliation.**

Table 9: Race and Ethnicity of Children or Youth in Care of Kinship Caregivers

	Race	N	%
	American Indian or Alaska Native (AI/AN) only	11	14.5%
	Asian	1	1.3%
	Black or African American (Black) only	6	7.9%
	White only	15	19.7%
	Latinx/Hispanic only	4	5.3%
Selected multiple racial and ethnic categories	AI/AN, Asian, Black, and Latinx or Hispanic	1	1.3%
	AI/AN, Asian, and White	2	2.6%
	AI/AN and Black	1	1.3%
	AI/AN, Black, and Latinx or Hispanic	1	1.3%
	AI/AN, Latinx or Hispanic, and White	2	2.6%
	AI/AN and White	1	1.3%
	Asian, Latinx or Hispanic, and White	1	1.3%
	Black and Latinx or Hispanic	1	1.3%
	Latinx or Hispanic and White	9	11.8%
	White and Other	1	1.3%
	Not asked or declined to answer	19	25%
	Total	78	100%

Needs of Children and Youth in Care

We also gathered information about the needs of the children and youth in care with the kinship caregivers that we spoke to, shown in Table 10 below.

Table 10: Needs of Children and Youth in Care of Kinship Caregivers

Developmental needs	N	%
Yes	26	33.3%
No	33	42.3%
Not sure	6	7.4%
Not asked or declined	13	16.7%
Total	78	100%
Behavioral needs		
Yes	32	41%
No	30	38.5%
Not sure	3	3.8%
Not asked or declined	13	16.7%
Total	78	100%
Medically fragile		
Yes	3	3.8%
No	55	70.5%
Not sure	7	9%
Not asked or declined	13	16.7%
Total	78	100%

Tribal Nations and Participants Serving AI/AN People

As we were reaching out to service providers and CPAs we identified that Tribal Nations’ child welfare departments may not map neatly onto the process from the Department’s perspective. To get the perspective of Tribal Nations, we reached out to the social directors and child welfare contacts. We sent invitations to contacts at all 29 recognized tribes and Tlingit & Haida Indian Tribes of Alaska, which has a substantial population of enrolled citizens in Washington state. We spoke with **participants from across 10 Tribes**. Table 11 shows the breakdown of participants we spoke to who either worked for Tribal Nations or served AI/AN people.

Table 11: Tribal Nation and AI/AN-serving Staff by Role

Role	N
Tribal Child Welfare Staff	5
Tribal Community Service Providers	3
Tribal CPA Staff	7
Total	15

Co-design

Co-design is a co-creation practice that allows users to become part of the design team as lived experts.³³ Co-design typically includes both research and deliberative ideation that are directed towards design or re-design of social policy or service delivery processes. We engaged in co-design activities with participants across 3 stakeholder groups in our project: DCYF staff, service providers and child placing agency staff.

Participatory activities

We held **5 co-design workshops** throughout the project.

Workshops after Sprint 1 – December 2022

The first workshops included **only DCYF staff** and included a report-back on the findings from our conversations with staff, as well as participatory activities directed at developing solutions to barriers. We intentionally allotted the majority of the time for participatory activities, which were facilitated in small groups by Bloom Works facilitators. Participants could choose whether to participate in breakout sessions and discuss barriers in:

- Kin identification
- Kin placement
- Kin selection
- Kin support, or
- DCYF organizational change

³³ Blomkamp 2018; Burkett 2012; Zamenopolous 2018.

We held 2 workshops on consecutive days and capped each at 75 registrants, which yielded a total of **120 participants across 2 sessions**. We also converted the co-design workshop activities into a self-guided survey format so that those with conflicts or who preferred to provide feedback asynchronously could engage with the material. We also distributed the survey to participants in the workshop since the activities required a choice and some participants may have wanted to weigh in on the solutions discussed by other groups. We received **29 responses to the self-guided survey**.

Workshops after Sprints 2 & 3 – February 2023

These workshops included participants from **DCYF, service providers, and child placing agencies**, and entailed a summary of findings from our conversations across all three groups. We also included participatory activities directed at developing solutions to barriers identified in the findings. We intentionally allotted the majority of the time for participatory activities. Participants could choose to participate in 1 of 3 activities:

- Open-ended discussion
- Deepening existing solutions
- Prioritizing existing solutions

We held 2 workshops on consecutive days and capped participants from within and outside of DCYF to maintain an equal ratio. We did not want service providers and child placing agencies to be outnumbered and have their perspective diluted. This approach yielded approximately **85 synchronous participants across 2 sessions**. We also converted the activities into a self-guided survey format and received **17 responses to the survey**.

Workshop after Sprint 4 – March 2023

For this workshop we invited participants from **DCYF only**, yielding a total of **64 participants** in 1 session. The activities included a summary of our findings from across the entire set of conversations – this time including those with kinship caregivers – and invited participants to reflect on **how these findings could affect their own work within their divisions and functions and their overall sentiments about the progress of the work**. Participants joined 1 of 5 breakout rooms and discussed in small groups, with a Bloom Works facilitator.

After each workshop we reviewed the suggestions of solutions and incorporated them into our ongoing analysis, using staff-suggested ideas in our list of plays in the playbook and incorporating staff input on priorities to guide our recommendations.

Limitations

This research is limited by its methods. We collected data entirely on a **voluntary** basis, i.e., with those willing to participate. This means we are likely to have heard stories from those especially

motivated to share. We can expect that means we captured especially bad experiences. For our purposes, we consider that to be a strength, since we are looking for suggestions on how to improve the design of services for kinship caregivers and so identifying breakdowns, even those that only happen rarely, is an asset for service design improvement. However, our findings should not be taken as an *average* or *typical* experience for all or even most kinship caregivers.

We also conducted our research on a relatively **short timeline**. Each of our 4 data collection periods were roughly 3 weeks long for a total of 12 weeks of intensive data collection over 6 months. This meant that we may have missed participants who were unavailable but would otherwise have liked to speak with us. We did our best to build in multiple modes of engagement to capture feedback from participants who may not have had availability during our intensive data-collection periods, but there is always more to capture.

Findings

Kinship Caregivers Need More Support To Achieve Equity

Some kinship caregivers are standing on **uneven ground** due to structural inequalities. Because they set out on their journey to become kinship caregivers on this unequal footing, some kinship caregivers need more support to achieve equity.

Gaps in Racial Equity

Exclusion can happen, even with the best intentions

DCYF has set a strategic priority to eliminate racial disproportionality and advance racial equity. Even still, we heard that some policies and procedures for finding, evaluating, and supporting caregivers are still set up for the success of White middle class foster families over kinship caregivers, who are more likely to be BIPOC and working class or poor. In our conversations with DCYF staff, we heard that good intentions can sometimes lead to biases against the kinship caregivers.

“We have a lot of social worker bias that comes with kids, especially kids of color that says, ‘Oh, you know, [with a non-kin resource family] they could go to Disneyland every year, they wouldn’t be able to do that with their own family. You know, they can’t afford to do that.’ And so it’s like, who cares? They love their family, they need to be back with their family.”

While social workers might be trying to imagine where children and youth will have the best life — in this case by imagining them as having the chance to “go to Disneyland every year” — they could inadvertently favor families based on income or class, and set kinship caregivers at a disadvantage from non-kin resource families. We heard from DCYF staff and kinship caregivers how changing what’s defined as a “good placement” is an important part of correcting this disadvantage.



African American families that I have worked with have the lowest level of trust for the state. They would rather scrimp or go without than sign up for TANF and have a nosy social worker coming out to their house. I tell them they don't come out... But there's a lot of fear."

BIPOC kin families navigate trauma and trust deficits

This history of disproportionality affects how DCYF and Department contractors engage with children, youth, and families. One kinship caregiver and advocate stated it plainly: "Black and brown families have a lot of trauma. They are incredibly distrustful and fragmented from histories of incarceration and child welfare." A kinship caregiver explained how the lack of trust of the government showed up in her work with kinship caregivers, saying, "African American families that I have worked with have the lowest level of trust for the state. They would rather scrimp or go without than sign up for TANF and have a nosy social worker coming out to their house. I tell them they don't come out... But there's a lot of fear." The history of racial targeting, and the resulting deficit in trust between BIPOC families and state agencies means extra support will be needed to engage successfully with the most vulnerable populations. These dynamics also mean that those historically marginalized populations, who are likely to need more assistance, are less likely to trust DCYF enough to ask for help.

Under the best of circumstances, becoming a caregiver is hard. But for many caregivers who have endured the pressures of living in poverty, structural racism, over-policing, histories of interpersonal violence or substance use disorders, it is even more difficult. As one Child Welfare Field Operations staff member reminded us, "kinship caregivers have gone through their own trauma and need support with that." Caregivers may have prior experiences of their own of trauma, some for the same reasons that are more likely to lead to the removal of a child or youth. These personal experiences may leave caregivers with their own emotional needs, even as they work hard to meet the emotional needs of the children or youth in their care.

Recognizing child welfare's history is a necessary step

Families vary dramatically depending on culture. For social workers who are more likely to be White, evaluating the quality of potential placements with BIPOC caregivers requires at least a lot of cultural sensitivity, and at most an anti-racist outlook. Staff at a child placing agency told us that correcting historical disproportionality required a painful process of internal and external work. Talking about working on change based on the agency's history, they said, "A kin-first culture approach is race equity work. Which means we're going to mess up and we're going to need to own

it.” Taking a courageous look at their organization required explicit conversations about child welfare’s history, and the ways in which good intentions could still do the work of racial or class discrimination.

Kin caregivers can feel the presence or absence of cultural sensitivity, too. One child placing agency staff told us that when she, as a Black woman, went to the homes of clients, she felt the relief that clients felt was palpable. She said: “When I show up to their house, there’s a visible sigh of relief.”

Conversely, without that common ground or cultural familiarity, kin caregivers felt judged by social workers who didn’t understand their homes or customs. One DCYF Child Welfare Field Operations staff told us that in their region, “We don’t have any Native home study writers. That causes a huge barrier to license Native families.” Without sufficient Indigenous home study workers, whose job it is to evaluate homes and represent them in home study reports in the licensure process, American Indian and Alaska Native (AI/AN) families may be at a disadvantage in the home study process.

Culturally-responsive practices build trust with kinship caregivers

One child placing agency staff member illustrated how culturally-responsive practices can prevent misunderstanding kin caregiver behavior. In this example, “you” are a social worker, working with,

...an East African family and you're working with this grandfather who's got kids and placement and it's very important because you've got work you've got to do with them. So you tell Grandpa, “I need you here at eight o'clock in the morning because we want to place kids with you. We need you to be here at eight o'clock.” So grandpa heard you say something, but it wasn't that he had to be there at eight o'clock. What he heard is you need to be here *first thing in the morning*. In his culture [that means] after he's handled all his responsibilities for the day. So maybe the family only has one car so he's got to drive people to work. He's got to drive kids to daycare. He's got to prepare lunch and bring lunch to somebody who's at work so Grandpa doesn't pull in till 9:45-10 o'clock. [You as the social worker see that] and say, “this grandpa is not invested. He doesn't want these kids. He's trying to not participate.” Then you move on to the next one [placement option].

Whereas social workers may think of a kin caregiver being punctual as a clear indication of their willingness to provide a good placement, a culturally-responsive lens shows that this is not the whole story. This participant added that this example is why “it’s really important that when we engage with families, that we do it in a way that is consumable to them.” Procedures that center cultural sensitivity and an awareness of difference would enable social workers to engage with families in a way that is also consumable to them – to social workers.

Coordinating with Tribal Nations has improved, but some issues remain

While the Indian Child Welfare Act (ICWA) has codified practices for cases involving AI/AN children or youth since 1978, the Department’s relationships to coordinating with recognized Tribes has changed over time. Some Tribal staff we spoke with told us relations with DCYF have improved. One

said: “I’ve been doing this for 30 years and it’s gone from a war-like atmosphere to a good working relationship.” Many others affirmed that DCYF clearly understood its role when working with Tribes and AI/AN youth in care. But, the same staff member who identified the dramatically positive shift away from a “war-like atmosphere” also remembered a time when social workers specialized in cases with AI/AN children or youth, saying, “I miss the ICW unit.” This staff member felt the emphasis on meeting ICWA requirements was better met when workers within child welfare specialized in working with AI/AN families.

Others shared that there are still some struggles in relations between DCYF and Tribes. For example, another participant told us, “they [DCYF] don’t believe what we say about families is true. If we tell you a family is working on something, trust us.” In this case the Tribal staff member explained that the Department at times asked Tribal staff to report back on caregivers’ progress on requirements, and despite receiving reports from the Tribal staff that families were making good progress to submit requirements, Department workers would also contact families and remind them of outstanding tasks. This resulted in the caregivers feeling harassed, and it sent a message that the Department did not trust that Tribal staff’s reports were true. It fed a sense of distrust between DCYF and the Tribe.

Mindsets About Kinship Caregivers

“The apple doesn’t fall far from the tree” mentality persists

Across interviews, staff at DCYF and also at service providers agreed that youth should be placed with kin and generally supported the idea of a kin-first culture. This speaks to the important work DCYF has already done to advance kinship placements. Even still, from the very first conversation we had, we heard about “social worker bias.” Social worker bias came up in varying ways in our conversations: most often our participants made references to a past DCYF culture, or a vestige of old ways of thinking that the Department was leaving behind. Sometimes participants told us that they had encountered social workers who still believed versions of a cliché: “the apple doesn’t fall far from the tree.” The apple cliché is a form of anti-kin bias, since it implies that if children or youth are being removed from their parents as a result of the parents’ transgressions, these behaviors are likely to reflect similar behaviors in their own parents, or the grandparents of children or youth. One child placing agency staff member said, “Kids are being removed for a reason so it’s hard to believe that it’s only the biological parents that have issues.” This was especially poignant when one kin caregiver experienced feeling the weight of this bias, when staff presumed her to be the biological grandparent — but she actually wasn’t.

One formal kinship caregiver and kinship navigator felt the need to defend her record as a parent, saying that she felt like she did her best as a parent: “We [my husband and I] didn’t do drugs, we didn’t cheat, we didn’t beat on each other. We didn’t gamble, we took our kids on vacation. We volunteered for the PTA. We raised them well.” Caregivers feel the judgment implicit in interactions

with social workers who have anti-kin bias, and it is an added painful dimension on top of already difficult circumstances.

Caregivers told us they felt the Department assumed the worst of them, and generally judged and suspected them. These experiences are not new for marginalized communities, in fact, they only confirmed experiences that BIPOC people have when interacting with government services and law enforcement.

CPAs are ready to help, but may have some bias against kin

Child placing agency staff members also had different concerns about a shift to kin-first culture. For them, being used to working with non-kinship foster families meant that they felt protective of how this cultural shift might affect their resource families. One said, “I worry that kin-first sends a message to foster parents that they are less than.” And another shared that they worried kin-first meant denouncing non-kin foster families, which felt hurtful: “I’ve heard people say ‘foster care is like chemotherapy, it’s necessary but unnatural’ – and that hurts.”

Another CPA staff member said, “good foster parents will pretty much license themselves, you don’t have to remind them to do anything.” While some kin caregivers can demonstrate their enthusiasm for taking a child or youth through diligence and conscientiousness, kin caregivers reminded us that those who do not or cannot do so should not be seen as failing to meet the criteria for “good” foster parents. Providing good care for a child or youth is not the same as having the time, systems knowledge, or means to check licensing requirements off with ease.



Kinship is the bastard half sibling of foster kids who have all these resources. There’s a whole lot more resources for kid and [foster] family. We don’t have that.”

Informal/independent caregivers are overlooked

Informal/independent caregivers are not within the legal jurisdiction of DCYF, but quite often caregivers have made informal/independent caregiving arrangements after encounters with Child Protective Services (CPS). So while their placements were not made with legal authority by DCYF, and funding cannot be extended to offer support to non-state-dependent children and youth, DCYF often has some involvement in the origin of these arrangements.

What’s more, some portion of informal/independent caregivers are both formal and informal/independent caregivers and so have Department involvement, even if it’s for only some of the children in their care. As a result, we heard a lot from caregivers about how the support available

to caregivers inside the formal system –which many thought were inadequate – still wildly surpasses support for those outside the formal system. One informal/independent caregiver expressed the sense of inequality between those in and outside the formal system: “So, kinship is the bastard half sibling of foster kids who have all these resources. There’s a whole lot more resources for kid and [foster] family. We don’t have that.” Caregivers felt strongly that they and the children or youth in their care should get more support – regardless of the legal jurisdiction originating their caregiving arrangements. One provider affiliated with DSHS was clear that those outside the system dramatically dwarfed the number of those within it. They said, “nationally, there are 17 kinship caregivers outside the system for every 1 in the system.” They added, “the Department needs to know they are only supporting formal caregivers.” In other words, a mere fraction of the full, total amount of kinship caregivers.

Whereas the difference between formal and informal/independent caregivers may be very obvious to DCYF staff, it is not always clear to caregivers themselves. One service provider told us, “Sometimes it takes me an hour into the conversation to even figure out if they’re formal or independent,” meaning that informal/independent caregivers don’t always use that language to define their own circumstances – making it extremely difficult for staff to know how to target assistance to informal/independent caregivers.

The Tribal approach emphasizes compassion with caregivers

Tribal staff told us that their approach was more focused on community organizing in order to correct for anti-kin bias. Admitting that it’s easier to do community organizing in a smaller community, one Tribal staff said, “our tribe is small and we know our families. It’s hard for DCYF social workers to do community organizing when they don’t know everyone in the neighborhood like we do.” But their comment also points to the importance of a preventative approach that builds deeper ties with families – opportunities to really “know the families” so that their first contact with DCYF can be less negative or extractive.

Kinship Caregivers Feel Friction Working with DYCF Systems

Kinship caregivers experience interacting with DCYF to be like an **uphill climb**. Kinship caregivers feel as if DCYF systems are working against them, missing their needs.

Kin Identification and Contact

Kinship search is slow and starts too late

As it's currently organized, kin search can feel delayed before it's even begun. One DCYF staff member told us, "we can't get relative information until removal. Before that we have to get legal permission from the parents." However, waiting until a dependency case has been established sets the kin or relative search and contact at a delay.

We heard several social workers tell us the ideal would be to be able to start search early, as soon as removal is even being considered, rather than having to wait for the legal authorization. Also, where parental permission is required, picking the right staff to request permission, and training them to present the request as a collaborative step in planning rather than a form of self-incrimination, would be important.

Once instigated, we learned the relative search process relied on printed and mailed letters as the primary means of communication. Staff and kinship caregivers alike told us the letters were sparse on details about the circumstances of the case, leaving some recipients suspicious about their authenticity.



They [parents] see 2 hats and they don't respond well to that. We [CPAs] can be there as advocates without birth parents feeling threatened."

Kinship search is limited and misses opportunities to see existing support networks

We heard that social workers, whenever possible, tried to have conversations with parents and family members to find out who they would want to have children and youth placed with in the event that a kinship caregiver needed to be found. However, we also heard that having CPS staff ask parents about kinship caregivers was not likely to yield success, since they are more likely to have

an adversarial relationship with parents. One child placing agency staff member explained the conflict in these terms, explaining that parents don't trust DCYF because DCYF is serving conflicting purposes – both child removal, and also family reunification. He saw this as DCYF wearing “2 hats:” he said, “they [parents] see 2 hats and they don't respond well to that. We [CPAs] can be there as advocates without birth parents feeling threatened.”

DCYF staff also told us that they want to do a better job of understanding who the child's trusted adults were. One CWFO worker said, “I ask them, ‘Who comes to your birthday? Who do you want to stay with?’” Staff also suggested developing visualizations of family networks and trusted adults to identify promising kinship caregivers and empower children, youth, and family to be part of the placement process.

Paternal family may be excluded from standard search practices

We heard that establishing paternity delays searching on a father's side of the family. One staff member told us, “we can't search on the paternal side till paternity is established. That means paternal family are underutilized.” This seems especially counter to the Department's definition of kinship, given that non-blood kin are included, and so to limit searches only to a genetically-proven father's family excludes family members that might have kinship relationships with children and youth.

Kin Selection and Placement

Non-kin placements are seen as quicker and easier

Once kinship caregivers have been located, contacted and are interested in taking placement, there are still several major obstacles to becoming the selected placement. The system is set up to make it easier for social workers to select non-kinship resource families. One staff member told us:

There's a lot of different dynamics that we're having to shift as an agency, but I think currently the system is... it's still really easy to place outside of relatives and family because you still just have to make that one phone call. And so it's a concerted effort to say let's go to relatives first.

Another explained the social worker's perspective this way: “It's Friday at 5pm and you have a kid in your cubicle. You can just make a call to the placement desk.” With the impending end of the work week, and the additional pressure of a child that's already been removed, sitting “in your cubicle,” a social worker understandably feels pressure to find a placement – fast. To a social worker in that situation, reaching kinship caregivers is a slower, more difficult prospect.

Unfortunately this means that non-kin resource families are boosted to the front of the line, while kinship caregivers may be willing and ready to take placement, but they are not contacted or considered. This was something we heard about from Tribal child welfare staff. One participant told

us, in some cases “there are tribal families willing to do the background check, or licensed by the tribe, and they [DCYF] don't place with them.” While the circumstances may differ in any given case, the Department’s placement decisions were opaque to this Tribal staff member, meaning that there was room for them to interpret these decisions as intentionally excluding Tribal caregivers.

Non-violent criminal records may write off stable kinship caregivers

Part of the delay in placing with kinship caregivers is that in addition to being found and contacted, background checks are a standard part of the placement process. Background checks present substantial barriers to kinship caregivers who might have criminal records. With the US being the global leader in incarceration, 1 in 3 Americans have some kind of criminal history.³⁴ Issues with criminal background checks are therefore likely to be a common part of the process. Some kinship caregivers told us they felt discouraged even just knowing that their non-violent criminal histories might invite scrutiny, even for minor infractions. One kinship caregiver, who is AI/AN and a Tribal member, told us, “Passing my background check became an issue and DCYF continued to threaten to take my kin away from me... But DCYF wouldn't tell me the issue with my background check.”



We got a phone call and then we had to explain it and it felt super yucky. Even though none of them were violent crimes, and it was all like 20 years ago, there was... still uncertainty.”

Caregivers feel judged during background checks and home studies

Other kinship caregivers also told us they experienced uncomfortable questioning — for some, about experiences from multiple decades prior, for others, about painful past experiences that they would rather not revisit in great detail. One caregiver told us about the discomfort and worry opened up by a criminal background check that raised non-violent records from over 2 decades before: “We got a phone call and then we had to explain it and it felt super yucky. Even though none of them were violent crimes, and it was all like 20 years ago, there was... still uncertainty.” Taking a non-punitive, trauma-informed approach is critical to making these interactions not feel “super yucky,” and to maintain kinship caregiver trust even when asking about criminal background results.

One Tribal child welfare staff member shared that their Tribe focused on meeting kinship caregivers where they were at, currently, and not rushing to judgment based on long-past pasts. They said: “If someone had a DUI 10 years ago and they can show that they had treatment, they have a driver's

³⁴ Vallas and Dietrich 2014

license, we will move forward. It's working with a family with where they are at." Another child placing agency staff member talked about similar dynamics, saying, "Sometimes grandma had a DUI or assault charge from 1979. She's been sober for 30 years. Seems unreasonable that would prevent her from being a foster parent. But it does."

Offering assistance can make a big difference

Caregivers shared that they'd like DCYF to help identify assistance to secure a placement. For example, they said that where an unstable housing situation might be initially taken as a disqualifying feature of a potential placement, social workers should evaluate kinship homes from a position of offering assistance in mind. One caregiver emphasized that a little assistance can make a big difference, saying, "If you got a perfectly good kin that could take a child, but maybe they don't have the right place to stay – let's help them find a good place to stay."

Licensing

Licensing can bring needed supports – but there are obstacles

For kinship caregivers who might need additional support after placement and feel abandoned if they don't get it, the Department's best options are offered to licensed resource families. Therefore, getting kinship caregivers licensed is a logical step to get them access to better financial compensation and in-home support. We heard about and saw evidence of enormous strides that the Department has made to increase licensure among kinship caregivers and remove barriers to expedite the process. This includes the establishment of the Kinship Caregiver Engagement Unit (KCEU) and the new child-only licensing standards that waive requirements typically asked of resource families. However, barriers to more licensure among kinship caregivers remain.

Kinship caregivers, especially those who have historically low trust for government and bad experiences with the Department, are not likely to trust the same agency or want to engage in a lengthy and invasive process to receive financial support for taking care of their own family.

Another barrier to licensing is the training requirements. For kin who are caring for close family members, the training requirements can feel unnecessary, or even a test made for kinship caregivers to fail. One caregiver, who had already cared for the child for a long time, said, "If a kid can be in my care for 5 years, what can you teach me in your 6-hour class? It's not considerate of my time."

Child placing agencies don't currently have the functions or funding to work with kin

Where relying on contracted child placing agencies to facilitate the licensing process would be logical here, there is no easy referral process in place. One child placing agency staff member told us, "We have a desire to license kinship caregivers, but we don't have access."

Like the agencies that would work more with kinship caregivers if they could, other child placing agency staff members told us their current business models were not set up to successfully meet kinship caregivers' needs. One staff member said, "We are severely underfunded to provide services we are already providing. And this conversation is about how kinship caregivers are going to need more support than that. The math doesn't add up."

Child placing agencies are eager to be a part of the shift

Staff from child placing agencies told us that they were excited to be a part of the shift. One staff member said, "we see the world is changing," and another took a team attitude saying, "child welfare is a team sport and we're all on the same team." Child placing agency staff see themselves as very well positioned to assist, especially for those who might have fraught relationships with the Department or may not trust the Department to act in their best interest. What's more, child placing agencies are well-informed about local organizations that might meet caregivers' needs, and they are habitually conducting needs assessments, offering case aide, or coordinating in-home support services to resource families. It would therefore be logical to extend their purview to kinship families as well as non-kinship foster parents.

Case Planning and Conflict Resolution

Coordinating visits is a complex ask

While some kin have good standing relationships with parents, others do not. Coordinating visits between children or youth and their parents may be a trying task for kinship caregivers, who are navigating complex family dynamics. Formal kin caregivers are often tasked with coordinating, providing transport for, and even supervising visits, and told us how difficult it was to get visit support. DCYF staff said they feel disconnected from visits too. One DCYF staff member told us that, "it can be more difficult to get information on how visits are going."

Additionally, many kinship caregivers shared with us that it was difficult to determine how to balance the potential benefits and harm for children. In some cases, kinship caregivers had the benefit of working with a therapist or mediator to help them navigate parent visitation. One shared, "I worked with a counselor to figure out contact [with bio mom.] The therapist helped me to keep me safe and keep [the child] safe."

The Department pushes for outcomes, regardless of fallout

Within these complex processes, kinship caregivers sometimes felt that the Department was pushing them into decisions that were more convenient for the Department or for social workers, at the expense of respecting caregivers' own lives and circumstances. One caregiver talked about how scheduling visits with one child in her care impinged on the commitments for another child in the home. They said, "[DCYF] didn't respect my family dynamics when scheduling visits. It created tension with the other sibling, who had to miss their dance practice."

Similar issues arose with regard to the permanency process. One caregiver told us she felt pressured to adopt her grandchild, even though that was not her preference. She said, “I did this to stand in the gap between foster care and my grandchild. It was never my intention that this be permanent. My plan was that one day my son would reclaim his child.” But, according to her experience, the Department had other plans, and pressed her to adopt the child, implying that a failure to demonstrate willingness to adopt might end in removal of the child from her care.



I describe myself as having PTSD from my experience as being a kinship caregiver for the state child welfare system.”

Kinship caregivers don’t know where to turn to appeal case decisions

We heard about many kinship caregivers whose relations with the Department were very bad. One caregiver told us that it was due to her involvement with the Department that she no longer had any contact with one of her grandchildren. Another said she barely had a relationship with her son, “no thanks to the department.” Another caregiver told us about ways in which the Department had put restrictions on her life. For example, she had lost a close friendship after being denied a request to travel to attend the friend’s wedding. She said to us, “I describe myself as having ‘PTSD’ from my experience as being a kinship caregiver for the state child welfare system.”

While some kinship caregivers were aware that they could appeal decisions made by social workers or case workers, others did not know that was a possibility, or feared doing harm to their relationship with the people making decisions about the children or youth in question. And while we didn’t ask systematically about whether caregivers knew about the Constituent Relations office, or the Office of the Family and Children’s Ombuds, we heard one DCYF staff member tell us that he made a point of informing kinship caregivers about these offices, knowing that very few were aware.

For others, unfortunately, the existing conflict resolution processes had failed, and they were not satisfied. One family said, “the ombudsperson did nothing for us, they just protected the Department.” We also heard some kin express a lack of belief that the Department is truly committed to making changes, saying, “we’ve heard this all before, and nothing was done last time we gave our feedback.” Their desire was to have the Department be responsive to their concerns and circumstances.

Kinship Caregivers Feel Abandoned Within a Complex Process

Kinship caregivers find the complexity dizzying — as if they were in a **maze** without a map. They feel abandoned within complex processes.

Timing of Support

For all caregivers, there's always a lot to do

Under the best of circumstances, becoming a caregiver is hard. Immediately after placement of a state-dependent child, caregivers — kinship or non-kin — have a lot to do.

Their task list might include:

- Attending meetings with social workers and planning meetings
- Setting up their home for the arrival of a new child or youth
- Securing concrete goods and consumable goods for the child or youth
- Attending court dates and meeting with a court-appointed special advocate (CASA) or guardian ad litem (GAL)
- Applying for financial supports, clothing vouchers, or gas mileage reimbursements
- Establishing new routines with the youth and getting to know them and their needs
- Selecting schools, or establishing relationships with a child or youth's existing school
- Advocating for a child or youth's education, including potentially for specialized supports, like individual education plans (IEPs), or behavioral services like counseling or therapy.
- Attending medical appointments and transporting the child or youth to behavioral health appointments
- Introducing new youth to youth and managing dynamics with other children or youth in the home
- Coordinating visitation and securing or providing transportation to visits
- Navigating the youth's trauma from removal, their disappointment in their parents' behaviors, potential regressions, outburst, and upset

Emergent timelines mean more acute financial needs *and* less support

Most kinship caregivers are likely to make the decision to care for a child on a short, emergent timeline. This means that they are doing everything a non-kin foster family is doing, but they are also more likely to have:

- Less time to make the decision to become a caregiver
- Less time to complete a background check
- Less time to complete life-changing paperwork without legal counsel
- Less time to prepare their home prior to placement
- Greater financial needs or less time to prepare a financial cushion
- A history of poor experiences with government in general or DCYF in particular
- Not gone through the licensure process or attended caregiver training
- Feelings of grief or loss about removal and shifts in the family
- Close relations that might make coordinating visitation more complex
- More to learn about how the child welfare system works

All together, this means that caregivers feel like they are playing catchup while learning what steps they must take.

On rare occasions, caregivers shared ways that delays allowed them more time to prepare. One formal kinship caregiver told us that, “because of the ICPC process, I had a few months to process and prepare the house. Not everybody has that.” Because of the delays in transferring her child’s case from another state to Washington, this kinship caregiver benefited from additional time to prepare their home and themselves emotionally.

Kinship caregivers feel a mismatch in pacing between them and DCYF

While caregivers told us they feel pressure to move quickly to meet requirements for placement, prepare their homes, understand and meet licensure requirements, and so on, they also said that the timeliness required of them did not feel like it was matched by the Department’s pace. Caregivers told us they needed to email their social workers multiple times in order to get a response, and some eventually learned that to get a response they needed to copy supervisors on communications.

Caregivers told us they felt that the Department at times strategically slow walked steps of the process, leaving them feeling disappointed and untrusting. One caregiver told us the Department had delayed the permanency planning process, leading to a trial return home rather than an adoption, as they had been led to expect, “the department lied to us.”



It's extremely helpful when the people you are counting on to help you in your time of need know how to guide you."

Kinship navigators provide critical support to informal kinship caregivers

Informal/independent kinship caregivers shared how well supported they felt working with kinship navigators. The supports that kinship navigators offer are many: a small yearly stipend and vouchers for clothing, peer support groups and counseling, classes on financial literacy and self advocacy, and connections to legal clinics and housing assistance. Kinship caregivers described their experiences with navigators as "easy and smooth," a "crucial support system," and "amazing." One caregiver shared just how critical this support was: "It's extremely helpful when the people you are counting on to help you in your time of need know how to guide you."

Information and Communication Needs

Information needs to be relevant, without withholding

Across the board, kinship caregivers told us they felt overwhelmed and confused by the multiple, complex processes within DCYF, the court process, processes with schools, healthcare, behavioral health, and other social safety net services. However, kinship caregivers told us they sometimes felt the Department withheld information from them. Instead, kinship caregivers said they would benefit from materials with more digestible amounts of information and pointers on where to go when they're ready for more detail, such as longer-term processes, like permanency planning and legal permanency options.

Frequent hand-offs and multiple information sources are confusing

Kinship caregivers often told us that they had contact with several CPS workers and multiple social workers or caseworkers – whether because cases had to be transferred across offices or as a result of turnover. Especially for first-time caregivers or people who were unfamiliar with child welfare systems, caregivers struggled to track the difference between different workers, the specific focuses, and how they related to larger steps in the process.

Technology access continues to hinder kin

While for many, having a digital source of information will be helpful, many kinship caregivers are older and may have less technological literacy. One child placing agency staff member told us how

Tribal caregivers living on reservations struggle with digital forms: “When I go to powwows and community events I see grandmas on their flip phones trying to fill out background check applications.” Making sure that information is easily accessible will be critical to transparency and inclusiveness.

Some may assume kinship means less information is needed

Some kinship caregivers already have relationships with children and youth, perhaps even close ones, but not every relative will have independent sources of information about the child or youth’s case. One caregiver, who took in two young relatives with whom she did not have a close relationship prior to placement, said, “They were my relatives, but I didn’t know anything about the case.” She felt that the Department had not relayed enough information about the situation, or the children’s tastes and preferences, before placement occurred. She said it felt like they dropped the children off abruptly, joking, “you try getting 2 kids dropped off in the middle of the night.”

Kin may fear asking for help

Kinship caregivers often feel lucky to have secured placement of the children and youth in their care, and they fear children being removed from family and being placed with non-kinship resource families instead. This fear shapes how they interact with DCYF. One staff member at a child placing agency told us, “there’s not the same transparency with kinship caregivers. There’s a fear of being honest.” Kinship caregivers often fear that asking for additional help, whether by admitting that they are experiencing stress during the difficult transition, or by asserting their boundaries or preferences to DCYF, could be used against them as evidence that they are not the best placement. One caregiver, who was AI/AN and a Tribal member, told us she felt a direct connection between needing help with housing, and threats of removal. “They [DCYF] just said you can’t stay here. I have to be some place stable, or we’re going to take the kids. So I kept getting threatened with them taking the kids.”

Kin may not know what to ask for

Relatedly, kinship caregivers often felt they didn’t know what they didn’t know. They may have discovered after some time about resources that they were eligible for, but had not been told about. This can vary from financial resources through licensure or Temporary Aid for Needy Families (TANF), to other forms of placement support. In some situations, resource families can get coverage for respite care, or coverage of childcare. But the state’s childcare reimbursement rate is relatively low, and caregivers told us it was a challenge to find a childcare center that was willing to accept the state’s reimbursement rate.

Financial Needs

Kinship caregivers lack a financial cushion for caregiving as seniors

Kinship caregivers are more likely to be living in poverty and are more likely to be older, since they are often stepping in for their own children or younger relatives whose children are removed. One participant told us,

I had just retired and I got a knock at my door and it was somebody – I can't remember who – said they were bringing my grandchild to my house. I had all these fantasies of going on a cruise and doing this and doing that. And that all stopped, because I love my grandchild and I'm going to do everything that I can to take care of them.

As older adults, many kinship caregivers are retired and live on fixed incomes. Repeatedly, we heard participants tell us, “I never expected to be starting over as a parent at my age” or “I should be retired and vacationing on an island right now, not starting over with another kid.” Several joked with us as they calculated how old they would be by the time the children or youth in their care were legal adults. Some told us they had delayed their plan to retire because of their renewed need to support another child or youth. Others confided they didn't know if they would ever be able to retire. Whatever their circumstances, caregivers felt financial stressors when taking on kin.

Funding is a form of placement stabilization

Regardless of their earnings, all caregivers incurred new and unexpected costs once becoming caregivers. Kinship caregiver support programs, and some Tribal programs, provide some support through vouchers for one-off expenses, such as beds or cribs, food, clothing, diapers, and formula. And some families are able to get stipends, like child-only TANF. But these aren't sufficient to meet families' financial needs, especially for larger, recurring expenses like housing or for expenses that support youth development.

A Licensing Division staff member told us they recognized that “funding is a form of placement stabilization.” Kinship caregivers agreed, and added that for children and youth to thrive they need support beyond the basics. One caregiver and Tribal member told us: “Kin should feel no financial barrier to get them into extracurricular activities – whether that's band, drums, sports. The research says kids involved are less likely to be involved in drugs, more likely to go to college, to be successful.”

Kinship caregivers wait longer to get stipends

Since most kinship caregivers do not plan on becoming resource families before they take on the care of a child or youth, most are not licensed prior to placement. This means that at best, caregivers must wait a substantial period of time while they fulfill licensure requirements, in order to begin receiving foster care maintenance payments (FCMP). Before becoming licensed, or for

those who do not wish to or cannot become licensed, financial support is mostly available in the form of non-needy or child-only TANF. But there are substantial barriers to accessing TANF.

Some caregivers were confused about the difference between FCMP and TANF and did not realize they are eligible for TANF regardless of licensure status. There was confusion among both kinship caregivers *and social workers* about the eligibility criteria for non-needy or child-only TANF and how to get it. DSHS/ALTSA Kinship Programs staff told us that “8 of 10 calls we get are about TANF” because “often caregivers are misinformed by DCYF caseworkers.”

Good Cause TANF is hard to get

Even for those who *do* receive correct information about their eligibility for TANF, they have to take time to navigate the confusing TANF application process, which may include an in-person visit to a welfare office, another stigmatized government space. Once there, caregivers told us they were often turned down by welfare workers, or were given incorrect information about their eligibility. Several kinship navigators also told us they make a point of going with kinship caregivers on their caseloads to the DSHS office in order to advocate for caregivers. Often finding misinformed welfare workers, they had to insist that caregivers’ own individual earnings should not be considered for non-needy or child-only TANF. One kinship navigator told us this happened most of the time,

And they [DSHS staff] would say, “Well, you have to give us all your income information.” And then they would say “Oh, you make too much money. I can't give you any.” They [the caregivers] would come to me and tell me this and I would say okay, “well, let's go back. Let's go in again. Let's you know, get a number, sit, and wait.” And then I would say [to the DSHS staff] “Well, that's not true because you're not supposed to consider their income under...” And that probably happens – I would say in my personal experience, I've been doing this for 12 years – about 65% or 70% of the time.

For Tribal kinship caregivers with youth under both Tribal and state jurisdictions, eligibility is even more complex. Accessing Tribal support can disqualify a family from state benefits. But that leaves the family only able to get financial assistance for some of their children in care.

Good Cause TANF is tangled in a web of restrictions

Barriers to accessing TANF also exist on the kinship caregiver side: many caregivers told us they did not want to apply for TANF because they knew that their application would trigger a request to the biological parents for child support. Such a process could – at best – simply create tension with parents unable to pay child support. But at worst, some caregivers feared, it might prompt parents to try to prematurely take back custody of children or youth or otherwise sabotage the caregivers’ placements. While Good Cause Waivers can be secured to prevent the initiation of child support collection, some caregivers did not know about them, or did not feel confident that they could or would want to secure them. Good Cause Waivers require submitting documented allegations against the parent.

We also heard caregivers talk about applying to TANF as a choice between punishing their own child (the parent) or getting funds for their grandchild. Especially for some immigrants, the fear about child support impacting the parent's documentation status – perhaps even leading to deportation – was high.

For those able to navigate misinformation from DCYF, the demoralization of potentially being turned down by DSHS and then the risk of triggering child support collections, receiving TANF was some help, though substantially less than FCMP. For some caregivers, the amount of effort required to receive TANF was too much – and made the prospect of undertaking an administratively complex and potentially interpersonally difficult process undesirable. Non-needy TANF is also only available to relatives of a certain degree, meaning that any “suitable person” or “fictive kin” placements are entirely excluded from this financial benefit.

Socio-emotional Needs

Many kin must process the grief of family and role changes

Kinship caregivers have emotional needs of their own. For any caregiver, dealing with the influx of to-do's and the challenges of caring for the child or youth would be substantial. In some cases, it is a harrowing experience. One informal/independent caregiver told us, “When my 5 year old great nephew first arrived into my care, he had no clue how to self regulate. He was adjusting and detoxing from the meth smoke exposure. Every night he would cry and tell me stories of how his mom didn't love him.” The combination of medical, physical, and emotional challenges is substantial.

As older adults, many of whom have had to make adjustments to their retirement plans, kinship caregivers are likely to be processing some grief while taking placement of children and youth. This grief could be related to canceled plans to make room for the shift to unexpected caretaking, disappointment at their adult children or other family members' situations, or devastation for the sudden changes to their immediate and extended family. One service provider highlighted how challenging becoming a caregiver is if you're doing it again, in a world that has changed: for these caregivers, “it's been a while since they parented.” The technological and social changes since they last cared for children and youth may mean that caregivers might feel out of their depth and not sure where to turn for education and support.

Support groups are important, but not accessible to all

Many kinship caregivers said that support groups were instrumental to their emotional wellbeing. However, some kinship caregivers, especially those who were older or less technologically savvy, said finding and attending support groups can be difficult. Some others shared that support groups occurred during their working hours or were adults-only without child care support, and so they faced a choice between their mental health support and their budgets.

Also, kinship caregiver support groups, like kinship care navigators, are not available in every region. Those in more rural locations are likely to have fewer support groups to choose from, and will likely need to travel farther to attend in-person groups. Additionally, DSHS/ALTSA support groups are only available in English so monolingual non-English speakers are completely excluded. There are also gaps in support groups aimed at teens and older youth.

Caregivers who are able to get connected to support groups tell us they are very helpful, especially when they provide simultaneous support groups to children or youth while the caregivers meet. Caregivers told us they preferred support groups to meet in parallel for greater efficiency, though barring that they wanted support groups that offered childcare during sessions.



Now [years later] the child is 12 years old and grandma can't handle their behaviors. We get a lot of calls like that but it's not in our contract and we don't have the bandwidth."

Mental and behavioral supports are crucial to youth's stability

Many participants emphasized how critical mental and behavioral supports are to a child or youth's long-term stability. One service provider explained this need, noting that placing with a kinship caregiver is all well and good, but issues may arise later. They said, "now [years later] the child is 12 years old and grandma can't handle their behaviors. We get a lot of calls like that but it's not in our contract and we don't have the bandwidth."

Many kinship caregivers share how beneficial counseling or therapy was for their youth. One caregiver shared her difficult but rewarding journey: "The kids needed counseling. The little one would stab a fork into his hand or touch himself, or hit his forehead on the wall. The older one was a ticking time bomb. I convinced them to just try it out – you don't have to go if you don't like it. With the little one, it was very trying, but we worked together to get him to trust me and work on himself."

Kinship caregivers and youth also shared that they want family counseling to process the changes in their families. One DCYF staff shared a common sentiment that they'd like to see transitional counseling support during placement for children and caregivers.

Legal and Permanency Needs

Kinship caregivers feel pushed toward guardianship over adoption

Kinship caregivers we spoke to, especially informal/independent caregivers, told us they had serious misgivings about the state's new preference for guardianship. One service provider cautioned that, "the state is now pushing minor guardianship over third party custody. Kin are afraid they'll go bankrupt or give up custody of children." Because guardianship is a more involved legal process than third-party custody, and includes provisions for parents to sue to reclaim custody with appointed counsel, kinship caregivers feel subject to the Department's new preference for a legal arrangement that leaves them with more to do, and less support to do it.

For guardianship, legal support can make all the difference

Obtaining guardianship can require an enormous lift, advocacy, and savviness. The process can stretch for months or years and it's expensive, costing around \$8,000. But families' experiences vary widely. Some caregivers were able to attain legal assistance – those that did said it was invaluable. But finding programs can be difficult, and many kinship caregivers we spoke with were only able to get limited help. One caregiver shared, "Guardianship took 8 to 10 months and cost \$8,000. But I was able to get some financial support for the lawyer fees." Another shared a similar experience, "We set up emergency, then full guardianship. I wished we had help with the legal fees. We hired a lawyer for the last 2 court hearings, but otherwise did our best to navigate the court system on our own."

For some caregivers, guardianship went better than they expected. One caregiver said that guardianship went surprisingly smoothly. When asked about difficulties, they answered, "Miraculously, no. For others it's a difficult process, but it fell into place. We found someone to do it pro bono. The paperwork was taken care of."



When I worked as a navigator, I had a couple parents that stopped adoption because they didn't want to lose benefits – TANF, medical, and college scholarships."

Adoption leaves caregivers without necessary supports

One caregiver told us, "The state wants you to adopt right away to wash its hands of the whole thing." This left this caregiver feeling pressured to adopt and therefore terminate the possibility of receiving any additional referrals for services or in-home supports for the children or youth. Another

participant told us, “When I worked as a navigator, I had a couple parents that stopped adoption because they didn’t want to lose benefits – TANF, medical, and college scholarships.” For some, the prospect of dropping off the cliff of support makes advancing to legal permanency a daunting prospect. One caregiver described what they wished for: “Once the caregiver gets the child, I think the state should give the caregiver some resources.”

Conclusion

A Kin-first Culture Approach

As we detailed in our findings, kinship caregivers face overlapping challenges that render their interactions with DCYF unequal, difficult, and complex. At times, DCYF's current practices exacerbate kin caregiver difficulties. A large part of the work that needs to be done involves shifting individual social workers' preconceived ideas about kinship caregivers. But setting kinship caregivers up for success will require changes at the collective level across the Department, and the state.

Kin-first is child-centered

As we spoke with DCYF staff we heard several promote child-centered practice, rather than kin-first culture. **A kin-first culture is a child-centered approach.** When we place children at the center of decision making, we prioritize their wellbeing by choosing placements that improve outcomes and reduce trauma. Children are already embedded within families, communities, neighborhoods, and cultures. Keeping them connected to those is tantamount to centering them, and it requires looking to kinship caregivers first.

The work doesn't end with placement

A kin-first culture at Washington state's DCYF will both increase placements with kinship caregivers and improve kinship caregivers' experiences with DCYF. The work of shifting to a kin-first culture approach does not end when children and youth are placed with kinship caregivers. In other words, reaching 80% placement rate with kinship caregivers is not enough. In the Playbook that follows, we detail the plays, or action steps, that can help raise rates of placement with kinship caregivers *and* better support those caregivers to achieve permanency and ultimately help children and youth thrive.

The kin-first plan needs workforce, not just policies

Of course, policies need to be executed by staff. But policies need to be supported by a plan. One co-design workshop participant shared their concern about a shift to kin-first requiring DCYF to make promises without a plan in place to deliver on those promises:

Lack of workforce is a theme in a lot of discussions I'm part of... it's often worse to have a service on paper, but which is not available in practice, than to not have the thing to start with. I'm really concerned that the state is promising so many new things with no apparent truly realistic plan to deliver on these.

Staff told us they wanted a plan to move to a kin-first culture to include not just legislative priorities and new kin-centered policies, but serious shifts in retaining an experienced workforce to execute new legislation and policies. They spoke about wanting more guidance and training when policies shifted, with more open communication, added management support, and workload impact considered. But even more than this, staff said they were looking to be fully part of policy design and implementation with opportunities to share feedback without job repercussions.

DCYF's work relies on external service providers who need more support too

We heard similar concerns from DCYF staff about expanding CPA scope. One co-design workshop participant said,

They [CPAs] are struggling with the same workforce factors the rest of us are. In many cases they are struggling to serve the children they have now. Staff turnover is high, many staff are too inexperienced to do good work, and many families are going without full services. How are they going to expand to serve hundreds of new families? Money is part of this, but in many cases the money is there now, but not the bodies.

This resonated with things we heard from CPA staff. A kin-first approach will require continuing to invest in strong relationships with external service providers. These contracted service providers act as safe houses for clients who fear interacting directly with the government, or have historical reasons to be distrustful. Service providers are also stop-gaps, using private funding to get people much needed resources that the Department cannot provide. The plays we present emphasize places where DCYF must partner with external agencies to make a kin-first approach a reality. As several CPA staff told us, child welfare "is a team sport" and "we're all on the same team." DCYF has already made it a strategic priority to measure and improve the quality of partnerships with their collaborators in the child welfare ecosystem – it's time to take the next steps forward.

We propose a Playbook to make these changes

Our findings have focused on challenges, but they point to solutions. We present the path to a kin-first culture approach for DCYF in the form of plays in the Playbook that follows.

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Shifting to a Kin-First Culture: A Playbook










BLOOM WORKS

This playbook is a collection of possible strategies or moves to shift DCYF to a kin-first culture. All plays were formed from a careful synthesis of ideas, suggestions, and recommendations from our research conversations with various key stakeholders, Tribal partners, and persons with lived experiences. Each play can stand alone, though the more that are implemented, the more powerful the culture shift. Some ideas are already underway at DCYF, but the details here can deepen existing practices. There is no set chronological order for completion – plays can be mixed and matched and accomplished at varying points in time depending on team readiness.

The playbook is organized into the following sections:

- [1. Shift Mindsets Toward Kin Strengths](#)
- [2. Revamp DCYF Internal Communications](#)
- [3. Update Kin Identification Practices](#)
- [4. Improve Placement Transitions](#)
- [5. Improve Case Management for Kin](#)
- [6. Update Kin-specific Support and Services](#)
- [7. Improve Access to Information and Communication for Caregivers](#)
- [8. Increase Legal and Permanency Support](#)

Within each section, we've used icons to help prioritize the plays and highlight which stakeholders are involved.

Priority	Stakeholders required to implement
<p> High importance: Work that aligns with research we heard as a recurring theme and was strongly felt. It's critical to mission success and is endorsed by all stakeholders as a collective voice.</p> <p> Easy win: Work that we heard is feasible and important in sessions with DCYF staff.</p>	<p> Within division: Work that requires collaboration within an internal division.</p> <p> Cross-division: Work that requires collaboration across divisions.</p> <p> Tech work: Work that requires updates to software, websites, or other technical systems.</p> <p> Legislative change: Work that requires legislative advocacy or changes.</p> <p> External partnership: Work that offers an opportunity to collaborate with external partners including CPAs and service providers.</p>


1. Shift Mindsets Toward Kin Strengths


With these plays we explore:

- How might we take a restorative or transformative approach to repair trust with BIPOC communities?
- How might we shift mindsets to prioritize kin strengths?

1.1

Champion practices that center empathy, communication, and trust with kinship caregivers

 High importance

 Within Division

About this recommendation:




To build trust and share decision making with kinship families, continue to advance practices that center empathy and open communication.

How to do this:

- Co-design a plan with lived experts and periodically review existing practices to shift the biases and blind spots that some staff and community partners have around kin caregivers. For example:
 - Ask kin how they could be better supported emotionally during initial contact and placement
 - Build practice models that center empathy with caregivers' lived experience
- Involve kin in decision making about placement and permanency
- Communicate clearly and explain the "why" of actions to build trust
- When hiring new staff, hire from communities they will be serving
- Create a document with guidance on how to champion practices

1.2

Host conversations to share best practices

-  Easy win
-  Within Division
-  Cross-division

About this recommendation:


To advance effective methods for achieving kin-first goals, create opportunities and time for dialogue about best practices.

How to do this:

- Highlight offices with higher kinship caregiver placement rates, inviting them to share best practices that have led to these higher rates.
- Host discussions across offices to identify common pitfalls and potential solutions.
- Host round tables with child placing agencies and other service providers who have a history of working well with kinship caregivers, inviting them to share best practices and past obstacles overcome

1.3

Create a multimedia campaign showing how children and youth have better outcomes when placed with kinship caregivers

-  High importance

About this recommendation:

To shift values toward valuing kin placement, highlight research and promote positive and impactful case studies.

How to do this:

- Circulate research that shows how outcomes for children and youth improve when placed with kin. Engage staff with research in interactive ways.
- Develop videos and social media content from lived experts about the greater connection to personal history, culture and heritage, and improved health outcomes afforded by placement with kinship caregivers

1.4

Incorporate more anti-racism and anti-discriminatory measures

!! High importance

About this recommendation:

To continue to minimize biases and discrimination, incorporate different measures to shift how staff think about kin caregivers.

How to do this:

- Conduct a comprehensive audit of DCYF practices from the perspectives of BIPOC families to identify structurally racist practices
- Host more anti-racism and anti-discrimination trainings
- Host listening sessions with grass-roots BIPOC-majority family advocates to understand the harm of racial and ethnic exclusion in child welfare
- Establish a BIPOC-led restorative or transformative justice circle for conflict resolution and repair, following [alternatives to adversarial dispute resolution](#)


2. Revamp DCYF Internal Communications


With these plays we explore:


- How might we incorporate lived experiences to ensure we design *with* users and not for them?
- How might we communicate mission-critical information to staff?
- How might we create a continuous learning culture around policy?


2.1

Work with lived experts throughout policy design and implementation

 High importance

 Easy win

 Within Division

 Cross-division

About this recommendation:


To build stronger policies and successful implementation, continue to welcome lived experts to the table.

How to do this:

- Invite feedback on draft policies and allow sufficient response time from those with lived experience and staff with direct professional experience, like case workers
- Support child and youth- and kin-friendly feedback loops across multiple communication channels, such as social media, text surveys, and town halls

2.2

Communicate policy and program updates broadly via various channels and support with robust trainings

 Easy win

About this recommendation:


Promote an open communication culture with transparent and consistent policy, program updates and digestible trainings.


How to do this:


- Centralize policy and program updates on the intranet, and include why the change is happening, when, and how to implement it
- Send updates on changes, best practices, etc. via multiple communication channels – email, social media, division road shows, etc. Use clear, succinct, plain language that is easily and quickly skimmable
- Disseminate updates via monthly policy update meetings with Q&A sessions and reminders
- Support policy changes with short, interactive trainings so that staff more easily retain what they'll need to shift in their practices
- Identify policy and program “champions” who can coach staff on changes

2.3

Create feedback loops to assess policy in practice

 Easy win

 Within division

 Cross-division

About this recommendation:

To promote a continuous learning culture, create safe, open feedback spaces for staff to share honest reflections on programs and policies.

How to do this:

- Share regular updates on what practice groups are doing, and how it's working via an intranet, email communications, or road shows
- Host topic-based Ask Me Anything sessions or distribute short surveys with units to understand what's working and identify areas to work on, on a monthly or quarterly basis so staff know the cadence and can prepare accordingly
- Identify features that are most important and check for consistency and inefficiencies across offices


3. Update Kin Identification Practices


With these plays we explore:


- How might we identify kin early, offer informative communications, and create opportunities for impactful engagement?
- How might we streamline cooperation across DCYF and CPAs?


3.1

Communicate early and often with children, youth, families, and potential kinship caregivers

 High importance

 Easy win

 Within Division

 Cross-division

About this recommendation:

To maintain the open door policy with children, youth, and families, continue to iterate on different communication pathways.

How to do this:

- Update practice handbooks to include communication best practices such as:
 - Ask children and youth, in child-centered ways, who their trusted adults are, such as “Who picks you up at school when you’re sick?” “Who comes to your birthday parties?” and “Who do you see at holidays or celebrations?”
 - Give as much detail as possible to help supportive kin make informed decisions about what support they can offer
 - When kin contact information is unknown, ask parents permission to search
- Ensure that all cases open before removal have identified kin options for placement
 - Ask supportive family to generate potential placement options
 - Invite all supportive family and friends to planning meetings, and offer options for those who can’t be physically present, such as Zoom or phone
 - Record results from all conversations and searches, even if results are “none at this time”

3.2

Modernize kin identification practices

!! High importance

⚡ Easy win

🗨 Within division

About this recommendation:

Align with known best practices from other states that rely on both technology and positive relationships with families.

How to do this:

- Enable the kin identification unit to contact kin via email, social media, phone calls, and text as well as letter
- Expand the capacity of kin engagement staff to include providing information about the status of the child or youth's case, and whether they are placed with kin
- Expand communication and kin identification efforts to all involved fathers and father-figures, regardless of blood relation
- Gather feedback and re-evaluate kin identification policy on an annual basis
- Create a workflow to transfer information collected from children and youth to be part of the decision making process

3.3

Integrate kin identification across DCYF's regions and divisions

-  High importance
-  Cross-division
-  Tech change
-  External partnership
-  Legislative change

About this recommendation:

To locate all possible leads for kin across DCYF's divisions, exhaust all possible information and service pathways.

How to do this:

- Centralize all relative search and kin identification in one unit with dedicated staff for kin finding; consider converting the KCEU from a focus on licensing to cross-division engagement and advocacy
- Appoint a kin identification coordinator in offices across all regions to leverage local, contextual information
- Integrate child welfare and kin identification unit into a single digital system, or revise the accessibility and prioritization of kin identification data in FamLink
- Develop software transparency features across divisions that allow social workers to see when search results have come in, for the kin identification unit to see when social workers have reviewed search results, and track follow-ups
- Institute an automated "ping" or "nudge," whether in FamLink or another system, to initiate kin engagement any time a new removal or placement is under way, and another "ping" if the case is open for an extended period
- Enable the kin identification unit to work with schools, community members, service providers, and CPAs to locate relatives and kinship caregivers
- Expand state-to-state border agreements and fast-track ICPC options.

3.4

Map family trees and record in case files

- !! High importance
- ⚡ Easy win
- 🗨 Within division
- 👉 Cross-division
- 💻 Tech change

About this recommendation:

To support deeper understanding of family connections and supportive kin, ask family members to map their family trees.

How to do this:

- Create visual family trees (or “genograms”) with children, youth, and families by providing pre-made templates for them to fill in easily – where appropriate, ask family members to draw the family trees themselves and indicate who is a trusted adult
- Integrate all family information together (family trees in case files, notes from conversations with kin, etc.) across kin search/identification and child welfare for continuity between staff and divisions

3.5

Identify and cultivate non-placement supports within kin families

- !! High importance
- 🗨 Within division
- 👉 Cross-division

About this recommendation:

To identify non-placement supports within kin families, continue to explore novel ways to gather that vital information.

How to do this:

- Identify supportive kin as backups to the primary caregiver
- Ask non-placement kin how they can support the primary caregiver and child/youth
- Build out ways non-placement kin can support the primary caregiver – for example, by assisting with visitation, transit, providing respite care, or maintaining a supportive relationship with the child or youth. Ask non-placement kin directly how they can support the primary caregiver and child/youth
- Refine the process to approve non-placement kin for these supports, eliminating delays


4. Improve Placement Transitions


With these plays we explore:

- How might we make placing with kin the fastest, easiest option?
- How might we make placement a smoother, supported transition for all involved?

4.1

Equip social workers to better meet kin emotional needs during placement transitions

 High importance

 Within Division

About this recommendation:


To improve the transitions into kin placements, create emotional space for family to process the transition.


How to do this:


- Ensure social workers inform children, youth, and families as early as possible about impending transitions, and schedule longer sessions specifically focused on allowing children, youth, and families to process transitions. Focus on clear communication and emphasize the different functions of different divisions
- Provide dedicated clinical services to families who may be processing grief about CPS involvement, removal trauma, and changing family roles

4.2

Communicate openly about placement decisions, and a child or youth's needs and preferences

 High importance

 Easy win

 Within division

About this recommendation:

To increase placement stability, adopt an approach of greater transparency into child or youth's needs.

How to do this:

- Clearly communicate to parents and kin the reasons for removal and how placement decisions are made, especially for ICWA cases
- Evaluate the use and utility of the [CHET](#), and refine the process for gathering information critical to the child's well being. Refine the pre-made template in an easily accessible digital form for case workers (to be printed or emailed), including:
 - Allergies and medications
 - School and other educational information
 - Behavioral and mental health
 - Child's likes and dislikes
 - Support or comfort items, such as stuffed animals
 - Names and contact information for potential kin placements

Example: p. 294 in [Arkansas DCFS policy](#)

4.3

Review and update placement standards for equity and inclusion on an ongoing basis

!! High importance

About this recommendation:

To ensure children and youth have access to placements in their communities, remove barriers and continuously review and update standards for equity and inclusion.

How to do this:

- Review standards against which social workers make placement decisions, and consult lived experience experts to ensure placement standards are adaptable to meet cultural norms and minimize trauma for children and youth
- Build in trauma-informed approaches to home studies that retain trust, such as ensuring marginalized populations have a community advocate present, and train/equip on the ground teams to easily implement the options


5. Improve Case Management for Kin


With these plays we explore:

- How might we provide tailored case management for kin caregivers?

5.1

Centralize kin-specific support at DCYF

 High importance

 Cross-division

About this recommendation:

To better track and advocate for kinship caregivers, centralize the workforce focused on supporting kin.

How to do this:

- Create broader aspects of kin engagement, including:
 - A kinship identification unit and placement desk that uses multiple communication methods to more quickly contact kinship caregivers
 - Kinship needs assessments before removal, or as early as possible, and prompt service referrals
 - Kinship case managers or navigators that serve as the main point of contact for kinship caregivers, and inform, advocate for, and refer kin to service providers or CPAs as needed
- Evaluate efforts to centralize kinship caregiver contact with DCYF, and prioritize smoothing hand-offs if/when staff leave their case

5.2

Offer kin a dedicated CPA case aide

- !! High importance
- 🌸 External partnership
- 🏛️ Legislative change

About this recommendation:

To meet kinship caregiver needs, offer a dedicated case aide for them to ensure they have someone in their corner that can advocate and be their guide for the process.

How to do this:

- Appropriate funding streams and create referrals processes for case aides to refer kinship caregivers immediately after CPS contact and offer a kin-centric advocacy process for search, placement, and permanency decisions
- Empower external case aides to:
 - Be the caregiver's primary point of contact, handle questions and concerns about their case
 - Explain processes – what to expect, what their options are – and who's involved in their case
 - Advocate for the caregiver's needs and help to navigate family dynamics, for example, to solidify visitation agreements that meet both youth and caregiver's needs
 - Better inform kinship caregivers of their rights, how to appeal, and offices to contact in cases of conflict


6. Update Kin-specific Support and Services


With these plays we explore:

- How might we better meet the needs of kin caregivers?
- How might we create a reimbursement structure responsive to kinship caregiver placements?
- How might we help kinship caregivers create more stable environments for their youth?

6.1

Offer kin the same financial and material supports as foster families, starting at placement

 High importance

 Legislative change

About this recommendation:

To promote equity, offer the same support systems and benefits that are already being offered to foster families.

How to do this:

- Offer all kin families the same services as foster families, from day 1 of a child or youth being in their care, including:
 - Financial stipends (aka FCMP)
 - Parenting refreshers and coaching (on an optional basis)
 - Trauma-informed family counseling and mental health supports
 - Respite care
 - In-home services
- Train caseworkers on eligibility distinctions for FCMP versus TANF and DCYF funds versus KCSP
- Create an easily accessible handbook that details all of the kin funding options so caseworkers know specifics and can direct kin to more information on next steps

6.2

Expand kinship support groups, mentorship, and kin-to-foster networks

!! High importance

⚡ Easy win

About this recommendation:

To better support the well being of kin caregivers and homes, expand supportive services for them to thrive.

How to do this:

- Assess the method and frequency of regular check-ins to evaluate whether kin feel supported
- Establish or expand support groups for kin caregivers across the state, especially for rural areas, youth, Spanish speakers, and mono-lingual non-English speakers
- Expand mentorship programs that connect new kin caregivers to veteran ones, and assign kin a mentor after initial licensing. Models include the [WISe](#) mentorship program and [Parent to Parent](#) for families with kids in foster care
- Connect foster and kin families to create mutual support networks, like the [Mockingbird Family model](#)

6.3

Create clear feedback loops to capture and relay child and youth preferences

🗨 Within division

🌸 External partnership

About this recommendation:

To better center the children and youth, create safer spaces and pathways for them to communicate preferences, and to engage with opportunities for dialogue.

How to do this:

- Host or establish contracts for CPAs to host trauma-informed opportunities for children and youth to express their preferences in non-traditional communication media, in facilitated safer spaces, and through empowering extracurricular and cultural activities
- Support a clearer feedback loop, leveraging novel communication channels between children or youth and social workers through social media, text, and virtual “office hours”

6.4

Explore ways to expand access to mental and behavioral health services for kin caregivers and children/youth

!! High importance

🌸 External partnership

About this recommendation:

To support emotionally healthy homes and tackle the lack of mental and behavioral health services, explore a variety of ways to expand access.

How to do this:

- Stand up a team to explore ways to expand mental and behavioral health services for kin families
- Gather data on mental and behavioral health services, such as supply and demand, waitlists, staff turnover, telehealth options, in order to identify slowdowns in therapy delivery
- Produce a plan, with input from lived experts, on how to expand access and services for this population

6.5

Level the field for informal/independent caregivers

🏛️ Legislative change

🌸 External partnership

About this recommendation:

To take responsibility for families who make arrangements after involvement with CPS (though without state dependency processes), advocate for additional access to supports for informal/independent kin families.


How to do this:

- Support legislation that expands funding for DSHS/ALTSA Kinship Support programs, including Navigators
- Coordinate service provision with DSHS/ALTSA to learn from the best practices of Kinship Programs and Navigators and share learnings from kinship supports within DCYF
- Advocate for the expansion of non-needy TANF eligibility to include all non-relative suitable persons placements
- Advocate for legislation that DSHS not pursue child support for any child or youth cared for by a kinship caregiver
- Support legislation to expand KCSP budget

6.6

Build strong partnerships with housing authorities and organizations to increase housing access and affordability

 Legislative change

 External partnership

About this recommendation:

To address issues of housing access and affordability, establish strong relationships to advocate for children and youth affected by housing instability.

How to do this:

- Work with housing authorities and housing organizations to identify or create clear paths for kin caregivers to secure affordable housing quickly
- Advocate for legislation that supports housing access and affordability such as tenant protections, rent control, affordable housing development, and expanded Section 8
- Create documented guidance for case workers to easily pass along to kin caregivers who need housing support


7. Improve Access to Information and Communication for Caregivers


With these plays we explore:


- How might we help caregivers better understand the processes they'll encounter, services available, and the options they have?
- How might we share information with kin caregivers in an accessible manner?

7.1

Create an interactive website for kinship caregivers and children and youth to access information and support services

 High importance

 Easy win

 Tech change

About this recommendation:


To help kin caregivers locate important, up-to-date information in an expeditious manner and to increase understanding, convert the current website information into an interactive directory.


How to do this:

- Update and modernize current digital tools for kin by creating an interactive, accessible, public-facing website that includes:
 - A clear explainer on the differences between formal and informal caregivers and an overview of processes, like removal, placement, licensing, and permanency
 - Directories of support services for formal and informal caregivers
 - Features to enable filtering by key criteria such as different regions, support types, and steps in the process
- Test information and design with caregivers, youth, and (where appropriate), children.
- Market the directory to kin caregivers and service professionals via initial paperwork, social media, PSAs, and newsletters

7.2

Ensure services and materials are written in plain language, accessible in multiple ways, and culturally responsive

 High importance

 Easy win

About this recommendation:

To meet (and exceed) national accessibility standards and to be sensitive to cultural nuances in different communities, create checkpoints to ensure those needs are being met.

How to do this:

- Review the current service and information array and adjust to meet standards for usefulness and usability, plain language, cultural responsiveness, and accessibility, such as:
 - Ensure that important information is mobile-friendly (e.g., responsive design, fast page load, in HTML rather than PDF)
 - Ensure websites meet WCAG (Web Content Accessibility Guidelines)
 - Ensure that materials for the public are plain language and at a 5th grade reading level
 - Ensure that materials include offerings of interpretation and translation services
 - Conduct usability testing with groups of kin to ensure the information meets needs and standards
- Consult with lived and cultural experts to provide feedback on how information will be received with different communities (e.g., conduct usability and material testing)

8. Increase Legal and Permanency Support

With these plays we explore:

- How might we increase positive outcomes by providing legal assistance to kin families in need?

8.1

Develop partnerships to provide independent, free or affordable legal support to kin families

!! High importance

🌸 External partnership

About this recommendation:

Ensure caregivers have access to independent, free or affordable legal services throughout dependency and permanency planning processes.

How to do this:

- Partner with law schools or other legal clinics to connect kin caregivers with independent legal counsel and low-to-no-cost legal experts; for example, coordinating with LAARK, which primarily serves informal/independent caregivers

8.2

Provide clear options for potential legal arrangements tailored to families' needs

!! High importance

⚡ Easy win

About this recommendation:

To increase child and youth stability, and respond to cultural preferences among different permanency outcomes, offer kin caregivers explanations of all their options.

How to do this:

- Give families a clear understanding of all of their legal permanency options, and costs and benefits of each
- Recognize and honor cultural norms, for example: Tribal families tend to favor guardianship over adoption
- Standardize financial supports across different permanency outcomes, such as adoptions and guardianship, to remove financial incentives