

ASSESSING KINSHIP CAREGIVER ENGAGEMENT AND SUPPORT

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Preface

In 2018, the Mid-Iowa Health Foundation, a Des Moines-based Foundation committed to improving the social determinants of health for children, awarded Andrea Dencklau, LMSW, a HealthConnect Fellowship. Dencklau's fellowship goal was to ensure the state implemented best practices to keep youth connected with whom they considered family when they entered foster care.

As her work developed, major child welfare legislation, Family First Prevention Services Act (Family First) passed, offering states the opportunity to shift federal foster care funds to prevention services for "candidates of foster care"—services that allowed young people to remain at home with parents or relatives—encouraging the use of kinship caregivers if removal was necessary. Dencklau saw this as an opportunity to align her work with this new legislation and began to explore ways to support Iowa's implementation of this new legislation and ensure youth remained with family. Dencklau consulted with Iowa's child welfare leaders to explore ways to best support Iowa Department of Human Services' (DHS) efforts to formally prioritize placement with relative or fictive kin and meet the needs of these caregivers to ensure youth safety and stability.

The Youth Policy Institute of Iowa (YPII) and Iowa State University's (ISU) Child Welfare Research and Training Project collaborated on a prior project focused on foster youth transitioning out of care in 2017. YPII and ISU again decided to collaborate on this effort and together with Iowa DHS, designed and conducted this study.

Acknowledgments

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Abstract

Iowa implemented major child welfare legislation called Family First Prevention Services Act (Family First). There was an opportunity to ensure that the state used best practices to keep youth connected to family when they entered foster care. We illuminated the strengths and opportunities of kinship caregiving and the child welfare system in Iowa. We studied the lived experiences of 20 families and drew on the viewpoints of case managers, kinship caregivers, foster parents, parents, and youth ages 12 and older. Using open-ended qualitative interviews, we learned about child removal and placement, motivations, needs, and resources. We offer a brief summary and recommendations.

Background

Youth need a permanent connection to a family for healthy social, emotional, and behavioral development. When youth enter foster care because residing with parents is not a safe option, relative or fictive kin placements offer an immediate safety plan and a vital possibility for a permanent connection to a family. Kinship care “reduces stress, promotes stability and eases the transition from living with parents to a different yet familiar environment” (Austin, 2020).

Kinship care is “the full-time care, nurturing, and protection of a child by relatives, members of their Tribe or clan, godparents, stepparents, or other adults who have a family relationship to a child” (Hegar & Scannapieco, 1995). Relatives or close family friends have been caring for children for generations. Kinship care can be an informal, voluntary arrangement without state involvement or formal state-supervised foster care (Child Welfare Information Gateway, n.d.).

Separating children from parents is a traumatic experience. Placing children with relative and fictive kin can mitigate trauma. Numerous studies and reports outline the benefits of placing youth with people known to them. Kinship care can increase permanency, wellbeing, behavioral and mental health outcomes, and reunification. Maintaining connections to relatives and fictive kin promotes normalcy, cultural and spiritual identity; facilitates frequency and quality of parent-child interactions; and shortens the length of out-of-home placement (Annie E. Casey Foundation, 2012; Epstein, 2017).

Study Purpose

This study seeks to inform Iowa’s implementation of Family First by learning directly from families, social work case managers, caregivers, and youth about the strengths and challenges kinship caregiving presents as well as opportunities to best support kinship caregiving placements. As Iowa prepares to increase the utilization of kinship caregiving, we

wondered—what can we learn about Iowa’s current process and practices to identify, engage, and support kinship caregivers and build a system that ensures all youth have the opportunity to live with people known to them and maintain quality care? More specifically, four research questions guided our efforts:

1. How are kin identified, selected, and engaged as caregivers?
2. How well do families, caregivers and Iowa DHS workers understand the role of kinship caregiver?
3. What supports and resources do caregivers need to prepare for and maintain caregiving responsibilities of children and youth?
4. What is working well in kinship caregiver placements and what are the barriers and challenges to successful kinship placements?

With support from Iowa DHS leadership, we developed this study to provide recommendations to improve future practices and policies around family identification, engagement, and caregiver supports.

After receiving Institutional Review Board (IRB) approval in May 2019, Doug Wolfe (Program Planner, Iowa DHS) generated a sampling frame of potential families to contact using Iowa DHS data. Using the following inclusion criteria, Wolfe selected a sample of 30 open cases from across all participating service areas. Licensure or payment had no bearing on the selection. Wolfe considered three types of family arrangements:

1. Youth entered foster care and was at some point placed with a relative (licensed or unlicensed), and there was no subsequent foster care placement.
2. Youth was in relative care, but it was unsuccessful--youth moved to a non-relative foster care placement, including but not limited to detention, foster group care, or institution.
3. Youth was in foster care but never placed with a relative.

Additional factors considered for drawing a sample were:

- Case Type: Open cases for youth who are in foster care for at least three months or 90 days. If the case closed during the study, the interviews continued throughout the study, at the discretion of participants.
- Service Area: Mix of urban vs. rural, preferred at least 1-2 from each Service Area.
- Age of Child: Half of the sample were age 12 and under; half of the sample were age 13 and over.
- Race: At least 1/3 of the sample were youth of color
- Case Status: All Iowa DHS child welfare or dual-status cases (youth involved in both child welfare and juvenile justice)

Description of Sample

- Of the 30 families identified, ten families were excluded. Six participants could not be reached and four families declined participation. Of the remaining 20 families, 53 interviews were conducted that consisted of 20 caseworkers, 11 youth over the age of 12 years old, 10 kinship caregivers, 8 foster parents, and 4 parents of youth.
- Of the 20 caseworkers interviewed, 17 were Social Worker Case Managers (SWCM) and three were Adoption Workers.
- Of the 11 youth interviewed, their ages ranged between 12 and 17 years of age, with an average age of 15 years. Five youth were White, while another 3 youth identified as Latino/White. Two youth were Latino/Black and 1 youth was Black.
- Among the 10 kinship caregivers interviewed, 6 were grandparents of the youth and 3 were aunts. One kinship caregiver was a cousin. Six placements were single caregiver households, and four were two caregiver households. Seven were first time kinship caregivers.

Dencklau and Jordan (principal investigator) conducted interviews in person and via phone (as needed) with Iowa DHS case managers and families (including youth, parents, foster parents,

and kinship caregivers). Dencklau interviewed more than 3/4 of the sample; Jordan interviewed the remaining three families with youth who identified as African American. Attending to these social identities demonstrated sensitivity to eligible participants and awareness of the importance of building trust by connecting with others of similar backgrounds (Cooney, Small, & O'Connor, 2007). Dencklau identifies as White, and Jordan identifies as African American.

Having multiple viewpoints on relative care helped to illuminate opportunities to strengthen the foster care system and plan policy and program initiatives. Further, as noted by Gleeson and Seryak (2010), "Future studies are needed that include a much larger representative sample of parents of children in informal kinship care. In addition, studies are needed that compare the views of parents and caregivers, and perhaps the children, rather than relying solely on any one of these perspectives." (p. 95).

It was important to obtain information from many perspectives to develop a holistic view of how the current system worked for everyone. People are experts in their own lives. With thoughtful and relevant questions, people can identify strengths, needs, and challenges and generate ideas to improve how it functions. We sought to identify existing gaps in services and supports that may put stress on the kinship caregiver, parents, foster parent, youth, or case manager, making child stability and safety more difficult to maintain. In other words, what is working well and what needs to change to ensure youth are safe and stable.

Wolfe and Dencklau theorized that economic barriers, including childcare and daily care expenses, would be a challenge identified by at least some study participants and would impact the ability for kinship caregivers to provide care initially and long-term. The economic barriers are important to capture and address. Dencklau and Wolfe believed it was also important to explore factors beyond

economics and better understand more nuanced and interpersonal factors that may contribute to kinship placement stability and success. Some families--even with economic hardships--commit to caregiving. What made the difference for them? What was helpful regarding identification, engagement, and support of caregivers? Were DHS efforts working? Were some services more helpful? What was missing?

We believed case-level descriptive research would shed light on family identification and engagement practices that promote or hinder the opportunity for kinship caregiving. We explored the supports that helped sustain kinship caregiving and identified services currently missing. The participants' input was a potential driver for system change, with which Iowa DHS could glean valuable insights to affect innovative kinship programming and practices. This "deeper dive" into kinship placements, or absence of, is necessary to increase kinship placements and improve strategies and approaches to increase the likelihood of success.

Broader Impact and Significance: Current Kinship Caregiving Landscape in Iowa

Iowa DHS contracts with private agencies to provide for the recruitment, retention, and support of foster families. Currently there is no statewide service focused on supporting kinship caregivers. However, in 2018 DHS awarded a competitive contract to Families First Counseling Services to implement a Kinship Navigator pilot in the Cedar Rapids Service Area. The purpose of the pilot is to develop and implement a program to assist kinship caregivers in learning about, finding, and using programs and services designed to meet the unique needs of kinship caregivers, child(ren) placed with a kinship caregiver, and promote effective partnership among public and private organizations to ensure kinship caregiver families are served. (None of the families who took part in the current study participated in this pilot program.) Early data from the program suggests that kinship caregivers felt valued by their kinship specialist and

the program, kinship caregivers reported increased understanding of resources available to them and reduction in kinship caregiver stress through program involvement. The contract was renewed for a third year. (M. Norwood. Program Manager, Division of Adult, Children, and Family Services, Iowa Department of Human Services, Personal Communication, 7/22/20.)

The use of kinship care is consistent with Iowa's child welfare model of practice outcomes and Out-of-Home-Placement Service Provision:

- Youth have an increased sense of belonging and connectedness.
- Increased number of youth with permanent placements with family

Iowa DHS has an increased commitment to placing children with parents, relatives, and fictive kin (Table 1). More than half of youth in foster care are placed in kinship care, a much higher percentage than the US rate (United States Department of Human Services, 2017). By comparison, 28% of youth were placed in licensed foster homes and 15% were placed in non-family settings such as group care and shelters. These patterns align with DHS priorities. When youth are removed from the care of their parents, placement is prioritized accordingly:

1. Relative or fictive kin
2. Licensed foster family
3. Congregate care (for treatment only) (Iowa Department of Human Services, n.d.-a)

As Iowa seeks to prioritize kinship caregiving over foster care, it is important to understand the facilitators and barriers to placement. This information can help decision makers prioritize the services and supports kinship caregivers need as well as the delivery method and timeframe in which these resources are used. The information can also be useful to case managers to determine how best to engage potential kinship caregivers.

Table 1. Number of Children in Foster Care, By Placement Type, December 2019

Total number of youth in foster care	Placement with parents (trial home visits), relatives, fictive kin	Placement with Licensed foster home	Placement with Group care, shelter and non-family settings
6,104	3,503 (57%)	1,715 (28%)	1,715 (28%)

Source: J. Harvey, Division Administrator, Adult, Child and Family Services, Iowa Department of Human Services, personal communication, May 15, 2020.

Youth placements with relatives increased from 38% to 43% between 2014 and 2018 (Table 2). Over this same period, youth residing in foster family care and supervised apartment living remained stable at approximately 40% and 1%, respectively. Youth placed in foster group care declined from 20% to 13%.

Table 2. Number of Children in Relative Placement, Foster Family Care, Foster Group Care, and Supervised Apartment Living (SAL)

Period Ending September 30th	Relative Placement	Foster Family Care*	Foster Group Care**	Supervised Apartment Living
2018 n=5151	2228 (43%)	2199 (43%)	658 (13%)	66 (1%)
2017 n= 4782	2086 (44%)	2116 (44%)	499 (10%)	81 (2%)
2016 n= 4510	1948 (43%)	1806 (40%)	721 (16%)	35 (1%)
2015 n=4440	1707 (38%)	1846 (42%)	816 (18%)	71 (2%)
2014 n= 4488	1716 (38%)	1829 (41%)	881 (20%)	62 (1%)

Sources: AFCARS Extract *Largely unlicensed relative homes with some licensed relative homes included **Includes shelter placements but excludes institutions. FFY 2015-2019 Child and Family Services Plan Final Report, Iowa Department of Human Services (2019, p. 117)

Given these patterns, DHS aims to support kinship caregivers and youth placed in their care. This study furthers this goal. Additional information about recruitment, data collection, and analysis appear in the Appendix.

With the passage of Family First, kinship care was an essential resource and a necessary component of the child welfare services array. The DHS and court partners rely on a robust family foster care system to serve children who cannot reside with parents due to abuse, neglect, or in the case of children, adjudicated delinquent, child behavior. Family First establishes a higher standard for child welfare agencies and courts to encourage utilization of relative caregivers and licensed family foster care rather than institutional or congregate care placements. It creates an opportunity for Iowa to re-affirm and refine its commitment to maintain or reconnect youth with people they already know - who can safely meet their social, cultural, and developmental needs. These ties can also promote healthy connections, which guide and ground them through childhood, adolescence, and beyond. Best-practice research and a review of Iowa's current kinship policies will inform recommendations to improve future practices and policies around family identification, engagement, and caregiver supports.

Results

In this section we draw upon the multi-informant nature of the data and highlight the multiple viewpoints on each topic. We synthesize the perspectives to offer differing views on the complex living arrangements among the families and youth.

Starting Points and Motivations

Parents. Parents coped with domestic violence, substance abuse, mental health concerns, incarceration, and other difficult life circumstances. Parents' perceptions of the fairness and need for the placement varied by their own health and well-

being (e.g., substance abuse, recovery, mental health, homelessness); awareness of the severity of adverse experiences their children experienced; and length of involvement and relationship with DHS.

None of the parents viewed child removal as aiding the process. As expected, parents were devastated. One parent said, "Don't take the kids away just because their parents are doing drugs and stuff. Just help the parent. Make sure the kids are safe." Another youth agreed with this point saying, "When they took us away, it ruined her. Then I turned into an [expletive]. [DHS] should consider that the parent is probably the best place [the child] could be at. Just help [the parent] stop doing what they are doing." Another parent said, "For DHS, when you are dealing with addicts, you traumatize us when you take our children away. The one thing that brings us joy. It's hard to get clean, when the reason to be clean, has been taken from you. I sold drugs to take care of my children. I was still a good mom. My children were always put first." One parent wished someone had offered her inpatient drug treatment with her children. She heard about it from someone else, but not DHS. Another parent explained, "For single moms that have got abused like I have, and their kids got removed for them, all I can say to them is never stop fighting for your kids. If you don't, what else is there to fight for?"

Substance abuse treatment was required for reunification among parents. Another case manager expressed concern with the short-term nature of substance abuse programs. They shared this,

The process [treatment] is done quickly. They've had years and years and years [of substance abuse], and then they're done in 30 days. [The counselors] have a history themselves, and [most times] they used to be friends. We've had a lot of issues with that around here.

Longer-term, quality treatment was more desirable. In addition to substance abuse treatment, parents (33%) noted regular supervised visits with children and support with transportation, finances, and housing were key to reunification.

Equally important, valuing parents despite their personal challenges was important. One foster parent said, “If you look down on their parents, the [children] feel like you look down on them.” The aforementioned reflections were important to consider given the significance of the parent’s outlook and subjective meaning of the stressor (McCubbin & Patterson, 1983).

For some parents, a stressful event like a placement was an opportunity to make adjustments. Among other parents, placement was a barrier to progress. Clear, open communication was a key route to illuminate the pathway for parents to make the necessary changes and have their parenting rights restored. One parent said, “You are still the parent. So do what we need to do to get the kids back in our care.” Parents needed contact with their children and appreciated the opportunity to remain involved in their children’s activities.

Kinship Caregiving Placement. When children and youth were removed from their parents case managers received relative information from parents through a Relative Worksheet or through conversations with parents. Additionally, case managers or contracted providers completed social histories and genograms. Case managers looked for kinship caregivers who were stable and able care for the youth as they would their own child. Case managers sent out relative notices. DHS completed a background check on caregivers who showed interested in caring for the children as well as any anyone living in the caregiver’s household. For some kinship caregivers, the parents and youth were living with the kinship caregiver. In other cases, DHS knew the kinship caregiver was providing some care to the youth. In at least one case, the older youth identified the kinship caregiver they wanted to live with; in another case, a previous kinship caregiver identified a different relative.

Case managers (61%) advocated for change in identifying and selecting kinship caregivers. Case



managers reported that parents did not always willingly provide names to case managers on the relative worksheets. One case manager reflected, “They’re [parents] so angry that they don’t send them back. Kid’s already placed with grandma. They feel no need to search more.” It would be helpful for case managers to have rights and strategies (e.g., home checks by interns) to conduct a search for kinship caregivers to increase placement options. One case manager said, “I think we need to. I know we’re trying and it’s gotten better but, identifying those family members right from the get go.” Another case manager shared, “They trust us with a child’s life, but they don’t trust us to stay off of Facebook [to use for search] at our desks.” Equipping case managers with more detailed background checks to discern the nature of previous criminal offenses and engagement with the child welfare system would also be helpful. For one grandmother, though her own parental rights were terminated, she did report having trouble for the past ten years. She advocated for being a kinship caregiver. To aid the screening process, case managers needed better access to eligibility guidelines for services and supports for kinship caregivers.

Perceptions of Kinship Caregiving. Case managers had mixed perceptions of kinship care. Many case managers said though kinship care was preferred, they did not feel the system was set up to support

kinship care. One case manager said, “Our system supports foster parents.” Another case manager offered this:

I think...for kinship care that there needs to be some more support groups similar to what there is for foster parents because there’s a lot of kinship providers out there that if they had somebody that they could go to and then maybe that would bridge off from those other relatives could provide respite to other relatives.

Case managers observed “foster parents are more prepared” but “kinship caregivers are more committed.” Another case manager shared, “A foster parent does not have the connection that a relative will have.” A third care manager noted that the Family First law encouraged kinship care as a primary placement. Though this law was excellent in theory, support for kinship caregivers and children with special needs needed to be increased. The current system was not equipped to provide kinship caregivers with the financial, emotional, and parenting support they needed.

Some case managers believed kinship caregivers were a risky placement option. In one case manager’s view, “Relatives break rules and can be manipulative.” Boundary concerns undermined the effectiveness of kinship care. One case manager held the view that parents had less motivation to position themselves for reunification if children were being cared for by family. For this reason, another case manager said, “To be honest, I am not a big fan of kinship care.” If case managers do not feel they have the time to help kinship caregivers overcome these challenges, they may be more likely to place children in foster families as foster parents receive training to care for youth.

Motivations. Despite these challenges, kinship caregivers acted to provide a better life for the youth and use the opportunity to protect the child. One caregiver said, “I couldn’t live with myself if

something would have happened to my grandson.” Another respondent asserted, “It is stressful, but rewarding.” One participant reflected on the depth of her devotion and commitment to her family saying, “I would do it all over again. That’s my family and I love them.” Another grandparent said this, “I did not want to see my grandchildren go elsewhere. I enabled my daughter for too long. ‘You have to step up and be a mom.’” Kinship caregivers recognized a need to renegotiate their roles and relationships with youth though. In recognition of her new responsibility, one aunt said, “I can no longer spoil [them], or be a cool aunt.”

Kinship caregivers viewed relative care as a better alternative to foster care. One respondent believed this: “I think kids do better and react better with family than they do strangers.” Another participant added: “I knew I could do it better [than foster care].” These caregivers demonstrated confidence in their caregiving abilities. Some spoke of a desire to provide permanent care. For one family, the adoption process unfolded for more than four years, with a scheduled court date every six months.

Among those who could not commit to kinship caregiving, they cited difficulties with securing appropriate resources (e.g., larger housing, U.S. citizenship), maintaining their employment, managing family dynamics (e.g., parenting other children, inability to cope with child’s behaviors, conflict with household members, strained family communication).

After placement, children benefitted from a broader network of support and care. For example, most children experienced a more consistent daily routine and nurturance. Yet, parents worried about the toll on their children and kinship caregivers, physically and emotionally. One parent said, “I know my parents need a break.” We discuss kinship caregiver social support next.

Kinship Caregiver Social Support. All kinship caregivers would have benefitted from DHS and other contracted providers providing accurate information, such as more information about the DHS process, resources available, and contact information for people involved in the child's life, i.e. DHS and providers. One kinship caregiver said, "Once we found the handbook online, we no longer had to worry. We knew what to expect. We received most information from the [adoption] lawyer." The absence of clear information frustrated many parents (mothers and fathers), kinship caregivers and foster care parents, youth, and case managers. Few kinship caregivers had a complete understanding about the complexity of child placements. Transparent communication about placement, available resources, meeting schedules, roles and responsibilities, and children's needs would have cultivated increased understanding. One caregiver said, "I didn't know if I was like a guardian, if I was just a care provider, what rights do I have to them?" Another kinship caregiver stated, "I kind of understood that I couldn't make any religious, medical or school decisions for them, that their parents still had those rights or whatever." As noted among kinship caregivers, equipping them with clear information about what decisions they had authority to make could have facilitated youth field trips, health care, and out-of-state travel. One kinship caregiver shared this view:

So I think [the placement] works well [now] that we're able to actually be parents. I don't feel like

I'm just a babysitter. I don't feel like I'm just for transportation....[now] I can make decisions. Further, promoting open communication would allow kinship caregivers to address hardships proactively, rather than reactively.

Needs and Resources

When youth entered out-of-home placement, it placed stress on the parent and child as well as kinship caregivers or foster parents who were caring for the child. For each person involved, the perception of the event affected decision-making and outcomes. Each person perceived the stressor differently. Their perspective depended on their available resources. The intersections of needs, financial support, and opportunities are described next.

Needs. Though DHS resources helped support the children's welfare, there was variability in services and supports among the caregivers. Licensed foster care and adoptive families could request the most support; kinship caregivers were eligible for the least amount of support. Many kinship caregivers were not interested in being licensed as foster parents, which would qualify them for additional resources. Their commitment was to their relative, not to other children. Kinship caregivers were motivated to ensure their relative's safety, and thus overcame perceived barriers to demonstrate love and support for family members. In addition, investing time in foster parent training presented additional strain on their time.

Financial Support. Available resources included limited financial support for housing, clothing, food, and health. Timely provision of these resources was critical for enhancing the lives of caregivers and youth and meeting the family demands to prevent another crisis or disruption (McCubbin & Patterson, 1983).

Finances, however, taxed kinship caregivers. Kinship caregivers (40%) needed more financial assistance. When kinship caregivers assumed this role, expenses such as food, clothing, household



goods, and activities increased. Kinship caregivers acknowledged receiving The Family Investment Program (FIP). FIP is Iowa's Temporary Assistance to Needy Families (TANF) program. FIP provides cash assistance to need families as they become self-supporting so that children may be cared for in their own homes or in the homes of relatives. Caregiver FIP was \$182 at the time of this report. One kinship caregiver expressed,

It was kind of hard at first. Like for EBT [Electronic Benefit Transfer for food] assistance. I think the most we ever got was like \$180 and I just got my last review and it was like \$88. That'll be like their juice and milk for three kids. The FIP assistance helps offset that. But then we also have to pay out of pocket for a babysitter as well.

Another kinship caregiver stated, "Subsidy bought kid's clothes. That's about it."

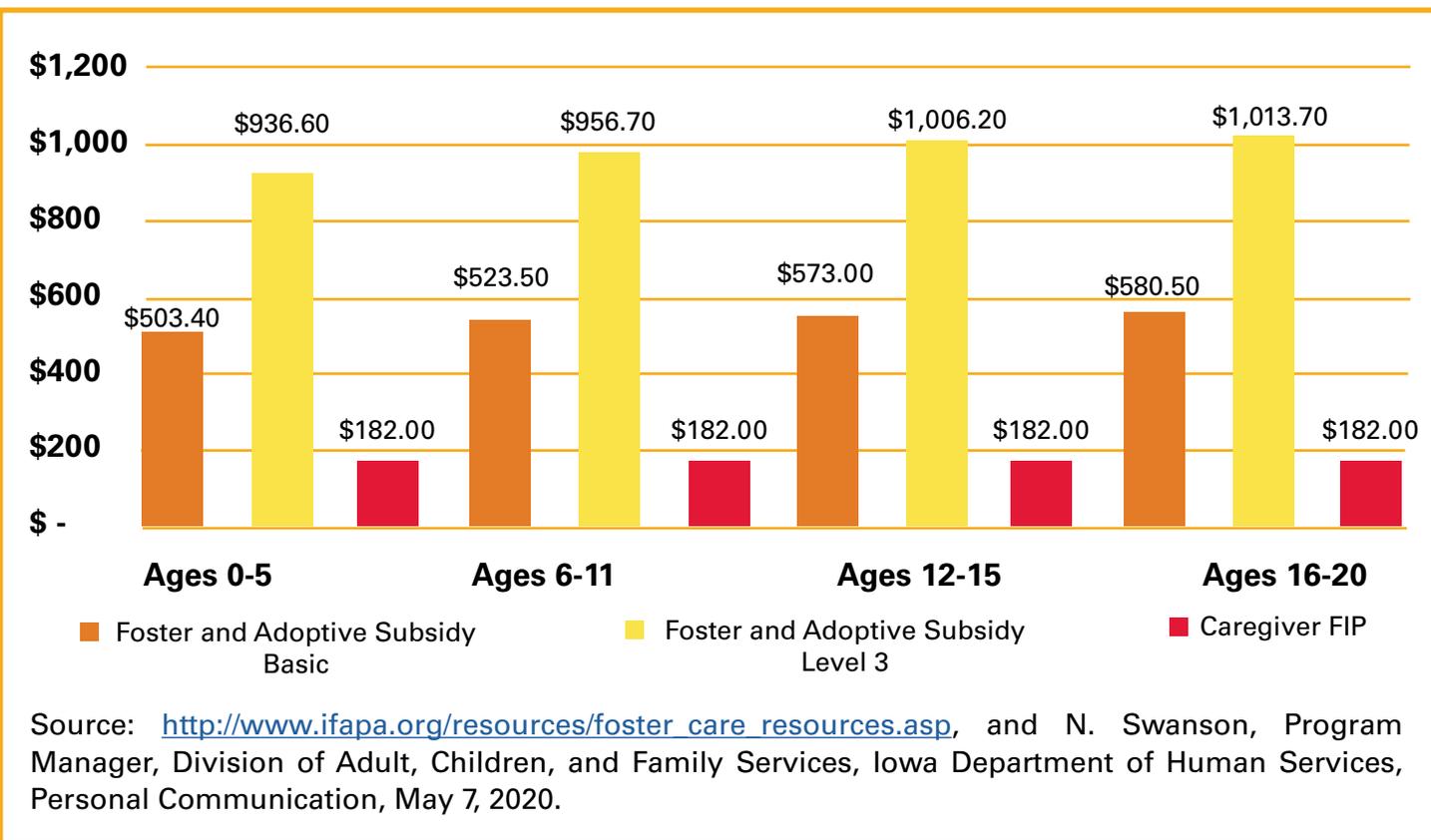
In sum, FIP receipt is inadequate. Additional financial assistance is needed to secure medical supplies for children with special needs, furniture, bedding, school supplies, diapers, and housing. For example, one kinship caregiver was required to vacate a senior living facility designated for residents 55 years of age and older. After assuming the kinship caregiving role, the kinship caregiver had unexpected moving expenses, thereby, experiencing an unexpected source of financial strain. For another family, the financial burden created significant relationship strain. The couple went from having no children to caring for three young nieces and nephews. They were now on track to become the adoptive parents, but for the past year had struggled to maintain their mortgage payments because of caregiving costs. The uncle worked three jobs to keep up. The aunt worked, cared for the children, and took the youth to six to eight appointments per week. Managing numerous appointments required significant adjustments to caregivers' daily routines. They also wished they had more peer support and had been given more information up front. This couple was determined to keep the children saying, "We are set to keeping them. It's really stressful but really rewarding."

Case managers were concerned about the equity in financial benefits between foster parents and kinship caregivers. One case manager inquired, "If we have the 'Cadillac' of services and supports available to support foster parents, what more can we do to better support kinship providers and parents, as they are the preferred placement option?"

Licensed foster and adoptive parents are eligible to receive the Foster Care Maintenance and Adoption Subsidy to provide basic care to foster and adoptive children. The subsidy reimburses foster and adoptive families for food, clothing, shelter, school expenses, grooming, recreation, and transportation appropriate for the child's age. The monthly subsidy is based on the age of the child and level of care needed. The "basic maintenance" rate is the minimum amount available to foster and adoptive parents. The "basic plus" rate includes the "basic maintenance" plus an additional amount (three levels) depending on the level of care required.

Table 3 below outlines the amount for the "basic maintenance" rate (minimum amount available), "basic plus" level 3 (maximum amount available) for each age group and compares that to Caregiver FIP — which is one flat rate, regardless of age of child or level of care needed. Levels 1 and 2 are not represented in the table for brevity.

Table 3. Monthly Financial Assistance by Caregiver and Child



An additional barrier was childcare—particularly for young children. DHS offered kinship caregivers and foster parents a reimbursement for childcare. Yet, the stipulations to receive this reimbursement (e.g., part-time employment, schooling) limited eligibility. For example, 60% of the kinship caregivers were grandparents, some of whom were retired, living on a fixed income, and responding to health challenges. One parent said this:

[My children] lived with my grandparents but then my grandpa got cancer and my grandma couldn't handle [them], because they were only probably about two and one when they were removed. So she couldn't handle them, and all of my grandpa's doctor visits and travel and all that time. They [wouldn't] help her with childcare so she had to give them [back to DHS]. It was one of the hardest things she had to do.

In another case, the kinship caregiver applied for childcare support and was denied. Her income as an on-call/part-time substitute employee was considered a frequent source of pay.

Caregivers who resided in rural areas also noted challenges with accessing quality childcare. Case managers shared how childcare was frequently a barrier for placement. In cases of emergency removal, caregivers did not have the flexibility to be absent from work to quickly secure childcare. One case manager said, "I often hear 'I have work in the morning, give me a few days to work this out.' Then there's potential for a second placement." Foster parents, many of whom worked full-time or lived in two-parent households, did not express these same concerns.

In addition to formal childcare, one case manager recalled a foster parent who requested approval for the children to stay with a trusted adult like a grandparent. Fifteen percent of kinship caregivers described a need for respite care. One case manager reflected,

They've asked for permission to have a grandparent provide care to the kiddos because they are going to go on vacation. So rather than send the kids to respite with people that they do not know, they are just going to have a grandparent come and watch them, which the department can approve.

Despite these supports and challenges, kinship caregivers, however, were committed to "make it work" by whatever means necessary, often making critical sacrifices to ensure the children's care.

Promoting Skills and Well-being

Kinship caregivers promoted the well-being of children in their care. Areas included basic parenting skill development (especially with adolescent risk-taking and independent-seeking behaviors such as sneaking out, smoking, and dishonesty), managing boundaries with parents and youth, and understanding their role (e.g., court process, parental rights, expectations during family visits). Boundary management was a notable concern among foster parents (31%). One case manager said,

There's a difference of the boundaries that are in place for foster parents than there is for relatives and some of that falls back to the relatives being able to put up those boundaries and also the parents respecting that. But there's just—there needs to be a shift in that. I don't know how to get that to shift without people changing and I can't make people change.

Case managers and kinship caregivers (18%) agreed that caregivers were given either too little information at placement on rules and regulations for kinship care and youth services or too much information that could not be retained.

The high stress, time-sensitive, critical nature of child removal and placement compounded these matters. Caregivers spoke of needing someone else they could call with questions; cultivating a support network with others who have a shared experience would be welcome. Some caregivers did not feel supported by case managers; case managers' schedules and inability to communicate exacerbated these concerns. One caregiver said, "[Case managers] don't understand what you're trying to tell them or what you're going through."

Some caregivers described not understanding the court process and being unsure if they were expected to attend hearings. They also did not have a clear interpretation of the process; foster parents had a better understanding. One kinship caregiver said, "You don't know from day to day if he'll be taken away from you." Both kinship caregivers and case managers acknowledged this as a challenge.

Among the education and training they received, foster parents spoke favorably about their experiences with Recruitment, Retention, Training Services (RRTS). Caregivers and youth spoke favorably about behavioral therapy. Family, Safety, Risk and Permanency Services (FSRP) provided parents and youth skills, education, therapy, as well as other resources and transportation. Although Behavioral Health Intervention Services (BHIS), Eye Movement Desensitization and Reprocessing (EMDR), bonding therapy, and FSRP were provided, participants (34%) underscored the need for specialized therapeutic services for youth, families (e.g., foster parents, kinship caregivers, youth, parents), and mental health. The need for more specialized care may explain the caregivers' mixed reviews of FSRP and BHIS. One caregiver shared,

I just needed to get the kid some good counseling because, after the final visit, he had a horrible, horrible week where he ended up in ISS [in-school suspension] again as a six-year-old, and ran to his assistant principal and hugged him and started crying because of everything he's been going through. Or there has been times where

he does the opposite. He will run from them, even leave the school building, the playground, and hide from them and stuff. So I wish I could have a little bit more direction on where to go with that.

Child and Youth Wellbeing. Specialized professional help also could support youth wrestling with the disappointment of not being with their parents and the comfort and consistency of their kinship placement. Case manager and caregiver perceptions of youth behaviors affect linking youth with the appropriate services and supports. These youth have adverse childhood experiences (ACEs), traumatic events occurring before 18 years of age. ACEs include abuse and neglect and impacts from parent challenges including mental illness, substance use, incarceration, domestic violence, and divorce. In addition, youth in this study experienced death of parents. ACEs result in harmful impacts of trauma and loss.



Youth's thoughts, feelings, and behaviors are complex and their fears, anxieties, and anger contribute to academic engagement and externalizing behaviors. Even after placement in a stable home with opportunities to cultivate trusting relationships, the consequences of trauma and loss continue to challenge these youth. For example, for one youth said, "I really don't want to go home and not be successful." He was concerned about the impact of his mental health on his placement. For these reasons, kinship caregivers desired more education about how to care for youth who

experienced trauma. A case manager said:

They don't understand why kids are going through what they're going through or trauma. Foster parents have gone through training for that, and continue training, but kinship doesn't. Even with education prior to placement, foster parents (31%) advocated for continuing classes on the subject.

Caregivers advised having trained therapists to communicate the removal and placement process. This critical event often left children traumatized. Trained therapists could minimize the impact, using appropriate techniques and skills, to relay this information. The foster parent and kinship caregiver were commonly in this role, and they often did not have the skill-base or all of the information to share with the children. One foster parent said, "It's hard to help someone when you don't have a clear picture of their path." Another foster parent shared,

The youth...knew nothing. We had to break the news to him. You know, "This is what happens, this means this thing now, these things won't happen, ever." I think having some age-appropriate handouts ... so they have something they could look at, and explain what was going on.

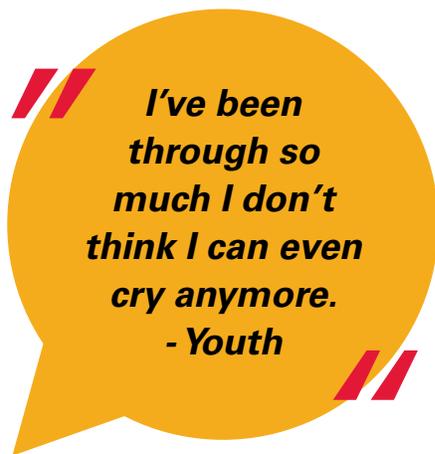
In another situation, the parent criticized child removal. She said,

All three older children were there and saw their younger siblings removed in front of them. DHS should have come when older children were at school. Why not come earlier? Now it's going to haunt them for the rest of their lives seeing their siblings removed.

Having trained therapists to communicate information about placement and removal would address another concern that caregivers raised about case manager compassion and empathy. Several caregivers lamented caseworker comments like, "If this action isn't done, we will take your kids away" or "If this placement doesn't work out, they'll just go to an institution." One kinship

caregiver said: “Workers should be there to help, not to punish. Every other sentence was, ‘We will have to take the girls away.’ It was like a club over the head.” Another parent said, “Sympathize a little bit more with the kids, because some of them don’t even know any different than being with their parent.” Indeed, some case managers were concerned that their colleagues were not “in it for the right reasons.” As one case manager observed, “We have foster parents that want to know who their case worker is before they’ll tell you if they accept the kids or not. And if they refuse, either they’ve had experience with the case workers, or they won’t take them from there.”

A more empathetic approach would help to cultivate



trust and collaboration with the case manager, especially when caregivers and youth do not have another contact person to communicate with for the case. Among caregivers who shared a good relationship with case managers, case managers were consistent in their communication and helpful. One case manager advised, “I ask them, what do you need to keep the kids in placement?” A second case manager said, “I’ll do my very best to support them, and I have the resources that they need to keep the children safe.” A third case manager noted, “I operate from an active effort perspective. We are supposed to enable parents for the first 30 days so that they get on their feet.” A fourth case manager had this philosophy, “I am the worker. I should be

the communicator.”

Youth (50%) also spoke of needing more education about the reasons for removal and placement (e.g., split sibling arrangements, visitations with parents/family) as well as DHS expectations, processes, and practices. In the absence of clear information on these areas, youth were angry, frustrated, confused, and felt abandoned. One youth shared, “Even after the [violent incident], [mom and partner] were still together, and I was wondering like...why?” Youth would appreciate having a better understanding of roles and responsibilities for themselves (e.g., school attendance, respecting caregivers, interaction with other children in home) and their caregivers (e.g., mutual respect, friend vs. parent). Case managers could facilitate communication about caregiver rules (e.g., curfews, dinner schedules, chores).

Youth wanted to have more guidance and therapeutic support on life skills, coping with trauma, and communicating with their parents (e.g., reasons for placement, guilt about not being with the parent). In addition, participants (6%) described the usefulness of a support network that included other youth in kin or foster care, especially for those who resided in rural communities. Such a resource would provide needed mentorship (e.g., same gender, after school group, Big Brothers Big Sisters). For instance, in the interviews, youth offered advice to other children: “Do not hesitate and ask for help during hard circumstances,” “Don’t be afraid to leave there and go get help,” and “Kids should be able to have that mindset of not being scared to be able to ask help.” Of those in foster care placement, one youth advised, “If it’s what you have to do, at least go in accept to give them a chance, actually see if they can care for you and [even] love you.”

Among case managers (82%), notable concerns about staffing (e.g., shortages, high turnover, burn out, trauma, inaccessibility, high caseloads, tardiness) were expressed. Faced with large caseloads, lack of placement options, extensive

documentation requirements (e.g., repetitive reporting, lost paperwork, constant change in processes), and travel time, case managers were unable to serve their families well. One case manager complained, “I’m too overloaded to answer requests on the same day.” Another case manager asserted, “We waste way too much time on repeating the same exact thing [paperwork] every month.” These work challenges stressed not only case managers, but also caregivers, parents, and youth. Improved administrative processes would facilitate a better balance between engaging with families and maintaining documentation. Better appreciation of case manager’s efforts to cultivate strong relationships with caregivers and youth was warranted from the case managers’ perspectives. One case manager explained:

How well I documented stuff is what’s going to be looked at when they do their file reviews and that’s what’s going to be looked at as far as the quality of my work as a case manager. I could have a million great conversations with families, and if I failed to document it properly, it doesn’t count.

Caregivers would appreciate more consistent time and engagement too. In another example, one caregiver said: “DHS could’ve offered more emotional support by listening to the situation and being more involved.” Case manager’s attitudes can make a difference in their relationships with families and how well supported caregivers, youth, and parents feel. Also notable, many families worked with more than one case manager over time; this required everyone to form new relationships.

Case manager roles were complicated and often misunderstood. Policies and procedures set forth by federal and state guidelines limited case manager decision-making. Case managers had little say in the services and supports available to parents, youth, and caregivers. Case managers expressed the need for others to better understand their roles. In one case, there was a strained relationship between the case manager and the youth. The

youth said,

If they really think my [caregiver] is an unfit environment, say that. Don’t make it look like I just want to go to independent living, or I want to go to this place. Don’t make it look like I’m making the decision. The youth expressed not feeling heard by the case manager. The youth felt that the decision was made regardless of what they said.

Further, because placement services were often contracted to other providers (e.g., Lutheran Services in Iowa), case managers had little agency or awareness about foster parents. One case manager said, “The [contractor] takes whoever answers the phone first.” Case managers would like to see a larger pool of “high-performing” foster families to care for children and not place children at further risk of trauma. One case manager said, “I have 10 youth with no placement. No family.” Foster parents also viewed a need for more adults who were willing to love a child and give them a place to live. One said, “It’s not as hard as you think.” Yet, a case manager conceded, “We ask them to ‘Take these kids in your home, love them like your own, and then let them go.’”

Strengths and Creative Solutions

Throughout the conversations with case managers, parents, youth, caregivers and foster parents, we noticed many strengths and creative problem solving. We highlight some of these here.

Caregivers coordinated transportation and visits with parents when case managers were not available. For instance, one foster family took the initiative to coordinate weekly visits for three hours each to ensure that the children in their care could meet with their relatives on a regular basis.

For one kinship family caring for three children, DHS was able to help pay a mortgage payment, realizing the family was under tremendous stress and needed the resources. In another case, before reunification, a mother lived with the foster

family alongside her children. In a third case, the mother lived with the kinship caregiver with her children. While the latter situation did not work out long-term, with additional support, it might offer opportunities for more families. One youth described how their case manager visited his classrooms, inconspicuously, after they disclosed they were being bullied. The youth felt supported and heard by their case manager. All youth displayed resilience and self-reflection. For one 17 year old, they advocated for themselves by requesting to move in with their aunt. While the aunt was ineligible for financial assistance, they worked hard to support the youth, providing much-needed medical care and emotional support. Many youth shared how they protected and cared for their siblings in times of crisis and wished they could be together now. In one particularly positive relationship between case manager and parent, the case manager drove the parent to see a child living three hours away. The parent and case manager reflected on this as an opportunity to talk and build trust and understanding.

Limitations

There were several notable study limitations. First, the interviewers conducted one interview with each participant. Given the nature and complexity of the issues under study, additional interviews may have yielded a richer understanding of the challenges and opportunities among case managers, kinship caregivers, foster parents, parents, and youth over time. Second, we recruited a small sample of families. A larger sample may have illuminated other patterns and considerations. Third, social desirability bias could have played a role in the participants' responses. However, given the multi-informant design, we were able to mitigate this concern by having multiple perspectives for most cases. Fourth, high turnover in staffing limited the case managers' perspectives. That is, case managers often could not communicate the nature of placement history since they were not the case manager involved with child removals.

Summary and Recommendations

As Iowa moves to implement Family First and prioritize kinship care, it is important to have effective ways to support kin caregivers, decrease stress, and promote youth stability. We offer the following recommendations to improve the identification, engagement, and support of kinship caregivers in Iowa based on best practice research and the information that we gleaned from our interviews with parents, youth, kinship caregivers, caseworkers, and foster parents.

1. Reduce disparity between the financial support provided to kinship caregivers and non-relative foster parents.

Financial support was the most common need expressed by the kinship caregivers. Because the situations surrounding the need for kinship care are often emergencies, caregivers did not have time to meet foster care licensing requirements, and thus receive the foster care subsidy.

2. Strengthen support provided to kinship caregivers and youth

Caregivers and case managers expressed the need for timely and appropriate information, increased engagement and emotional support, and childcare assistance.

3. Respond to the unique challenges facing youth in kinship care placements.

The needs of youth were varied and complex. While safety was a priority, youth wellbeing and belonging must also be a key consideration for positive youth development. Youth experienced a myriad of new feelings that required attention throughout the placement.

4. Implement a comprehensive Family Identification and Engagement model to enhance effectiveness of locating relatives.

Case managers consistently expressed the need for improved family identification and engagement practices.

5. Make system-wide changes to improve service delivery.

While not the focus of this study, important issues surfaced that, if addressed, may improve policy and practice and ultimately outcomes for families.

Postscript

As the authors listened to the pain and anger surrounding child welfare involvement, it is important to recognize that child removal is traumatic. Research continues to support this. As a society, we have given the child welfare and judicial systems the decision-making authority to remove children from their homes when we believe children are unsafe. We must continue to ensure child safety, but we must also consider the impact that separation has on child wellbeing and their sense of belonging. As a society and as social workers and researchers, we must listen to youth and families and ensure that our top priority is to build a system of services and supports that promote family stability so children can remain at home. Kinship caregiving, the next best option, should be robustly supported.

Contributors

Tera Jordan served as Principal Investigator for this project. She is the Assistant Provost for Faculty Development and an Associate Professor of Human Development and Family Studies at Iowa State University. In her research, she uses community-based participatory research to develop partnerships with organizations and agencies and studies contemporary issues in health and well-being.

Andrea Dencklau, LMSW is the Senior Policy Associate with the Youth Policy Institute of Iowa. She leads the organization's work in the areas of permanency and housing stability.

Emily McKnight is a Research Assistant for the Child Welfare Research and Training Project and doctoral

candidate in the Human Development and Family Studies Department at Iowa State University.

Soyoung Park is a recent graduate of the Child, Adult, and Family Services program and a doctoral student in the Department of Human Development and Family Studies at Iowa State University.

Janet Melby served as Co-Principal Investigator for this project. She is Director of the Child Welfare Research and Training Project and Adjunct Professor of Human Development and Family Studies at Iowa State University.

Carl Weems is a Professor and the Chair of the Department of Human Development and Family Studies at Iowa State University. His research has spanned basic and translational research in human development broadly with a focus on developmental psychopathology and emotional development as well as risk and resilience following traumatic stress including school and community based prevention and intervention programming.

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See IRB documents below in the appendix.

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Appendix

Disproportionality and Disparity

In Iowa and beyond, racial disparity and disproportionality exists in the child welfare system. “At every point along the child welfare continuum, children and families of color are represented in number that far exceeds their relative proportion of the population. Rates of substantiated maltreatment, out-of-home placement, and length of stay are all higher for children of color than their white counterparts” (Iowa Department of Human Services, n.d.-b). To ensure the voices of families of color were represented, researchers designed the study to ensure that at least one-third of the sample included youth of color. This number closely represented the number of older youth of color in out-of-home placements in Iowa.

Recruitment and Enrollment

In total, Wolfe assessed 159 families for eligibility. Wolfe conducted a third round to recruit more

families who resided in the eastern and northern part of the state. Therefore, all five Iowa Department of Human Services Service Areas were included in the sample. Table 4 describes the placement of families by round of recruitment and placement. The DHS case manager scanned and emailed the documents to Doug Wolfe (DHS). Dencklau and Jordan used a screening form. That is, there was no screening form for participants to turn into a research office. Researchers used DHS-provided names and contact information (from the screening form) to call participants and schedule interviews, using the enrollment form/telephone script. If names and contact information were not available for others in the family’s case, researchers sought that information from other adults eligible for this project and linked to the family’s case.

Wolfe then shared the names and contact information with Dencklau. In his interactions with the DHS social worker, Wolfe followed the guidelines outlined in the Informed Consent document under Participant Rights. That is, the DHS social worker’s involvement was voluntary, and they could choose not to be involved or stop participating at any time, without any negative consequences to their DHS employment. The researchers relied on DHS

Table 4. Family Placement by Round of Recruitment and Placement (n=159)

Round of Recruitment	Unsuccessful placement with relative (Placed with relative at some point, but not currently)	Successful placement with relative (Currently placed with relative)	No relative placement
1	15	15	14
2	4	42	36
3	15	15	3
Total	34	72	53

Sample Description

Wolfe provided Dencklau with 30 screening forms. Of the 30 families identified, ten families were excluded due to the inability to reach participants (n=6) or families declined participation (n=4). Of the remaining 20 families, Dencklau and Jordan conducted interviews with the kinship caregivers, foster parents, parents, case managers, and or youth. In two families, only the case manager was interviewed. One case manager did not offer much information about the family. Therefore, the data for this case was thin and thus we deleted this case from the analyses. Among three families, only the parent and youth, but not the kinship caregiver were interviewed.



Table 5. Sample Characteristics (n=53 participants)

Case Managers	20		Foster Parents	8	
<i>Classification</i>			<i>Household Type</i>		
SWCM	17		Two Parent	5	
Adoption	3		Single Parent	3	

<i>Gender</i>			<i>Gender</i>		
Female	17		Female	6	
Male	3		Male	2	

Kinship Caregivers	10		Parents	4	
<i>Relationship to Youth</i>			<i>Relationship to Youth</i>		
Grandparent	6		Mother	4	
Aunt	3				
Cousin	1				

<i>Household Type</i>			<i>Household Type</i>		
Two Caregiver	4		Single Parent	4	
Single Caregiver	6				

<i>Gender</i>			<i>Gender</i>		
Female	9		Female	4	
Male	1				

Youth	11				
<i>Race</i>					
White	5				
Hispanic, White	3				
Hispanic, Black	2				
Black	1				

<i>Gender</i>					
Female	2				
Male	9				

The fact that only four parents participated is attributable to incarceration, termination of parental rights, and an inability to contact them (e.g., no contact information provided, wrong number given).

Interview Guide

To develop the interview guide, Dencklau and Wolfe initiated a list of questions that sought to understand, from the perspective of those who lived it, how current policies, protocols, and practices affected kinship caregiving and which services and supports appeared to benefit the child and family best.

The interview questions explored case manager engagement and support, relationships between caregiver and child, caregiver and household, and other family dynamics. The interview guide contained questions for parents, social work case managers, youth, and kinship providers. Each participant described the placement, noted helpful aspects, and outlined what support was needed but not available or offered. It was important to hear directly from youth about their experiences in out-of-home placement. The questions were open-ended to allow the participant to answer in their own way. Once Dencklau developed the initial list of questions, she met with Jordan for additional guidance, refinement and revisions. Dencklau and Jordan added questions related to kinship caregiver household relationships.

Data Collection

From July 2019 through February 2020, Dencklau and Jordan scheduled and conducted their own interviews. Dencklau and Jordan reviewed an Informed Consent document with the primary DHS case manager, foster parents, parents, and or kinship caregivers. Participants agreed to observation in the consent form. After Dencklau and Jordan discussed the consent document and answered any participants' questions, adult participants signed the consent form. The DHS case manager, foster parent, and kinship caregiver

provided missing contact information if not obtained at time of enrollment.

If youth age 12 or older were available and willing to participate, Dencklau and Jordan reviewed a consent form with youth's legal guardians. Legal guardians (e.g., parent, DHS) provided consent in advance of the youth's participation. Dencklau and Jordan obtained signatures from the legal guardian. After securing guardian's consent, the youth then assented to participation. Youth's participation was strictly voluntary. Per the consent and assent forms, Dencklau and Jordan worked with the legal guardian to select the interview location. Youth could request that their legal guardian to be present during the interview. Interviews were conducted in settings that were easily accessible for participants (e.g., homes, DHS office, library); Dencklau and Jordan conducted interviews in-person and via phone. Dencklau and Jordan used an interview guide to promote consistency across interviews. A genogram documented the key individuals in the family system. Interviewers asked about the nature of the placement as well as sources of social support and challenges. The interviewers modified the questions as necessary to build rapport with the participants and ensure that the participants understood the question, when participants had difficulty interpreting the line of inquiry. All interviews were audio-recorded with digital devices.

Dencklau and Jordan paid attention to non-verbal behaviors and facial expressions in order to be sensitive to the participants' moods and states of mind. Dencklau stopped the interview and recording to console the participant, as needed. At the conclusion of the interview, each participant signed a participant receipt and received a \$50 Walmart gift card. No participants refused participation after the interview began. Otherwise, we would have compensated participants with a \$10 Walmart gift card.

In fall 2019, it was clear that the eligibility criteria should be revised to include youth who transitioned out of kinship care into foster care. Therefore, Jordan and Dencklau created a modification, which Jordan submitted to the IRB to expand the scope and sampling frame of participants to foster parents.

Benefits to Participants

Interviewees had an opportunity to reflect on their life experiences and relationships, and learned something new about themselves, their needs for social support, and own development and perspectives. Learning these things may have enriched their commitment to the well-being of foster care youth.

Risks to Participants

The discomforts included the possibility of psychological distress as participants answered questions about themselves, their families, or their experiences in serving foster care youth in kinship and fictive kin care. To address the possibility that participants may have worried about potential consequences from employers, family members, and/or DHS if they reported negative experiences with the foster care system and/or with family members, we took the following steps:

1. No reporting of individual-level data.
2. Participation did not impact services received or employment.
3. No participants had access to other case information and interview responses.

Participants were able to skip any questions they chose and took breaks as needed.

Confidentiality

We labeled data with a generic participant identification number, transported documents in brown envelopes, and filed paperwork in locked filing cabinets in locked offices. We scanned documents and saved the files on a university-monitored, password-protected, cloud-based



server called CyBox. These files were accessible to research team members.

Data Analysis

A professional transcription service, Transcribe Me, transcribed all digital recordings. A graduate and undergraduate research assistant listened to the digital recordings and reviewed the transcripts. The research assistants corrected any inconsistencies between the digital recording and transcript. Next, the graduate and undergraduate research assistant collaboratively developed case profiles and summarized the transcript content across interviews. Then, content-analytic summary tables organized the interview data (Miles, Huberman, & Saldaña, 2020). Using this analytic approach, we were able to illuminate key themes related to perceptions, needs, and resources. We compared and contrasted differences in participants' reflections and cycled through iterative sequences of reviewing, categorizing, verifying, and drawing conclusions about the interviews (Miles, Huberman, & Saldaña, 2020; Tong, Sainsburg, & Craig, 2007).



Your family was selected to participate in a study about your experiences in relative or foster care.

- This is an opportunity to share your experiences and ideas to improve relative and foster care..
- Your information will be kept confidential and a pseudonym (or fake name) may be used to protect your identity. No identifiable information will be shared in the report or with anyone other than the researcher.
- If you decide to participate, you will be asked to complete an in-person interview.
- You will receive a gift card up to \$50 for your participation.

For more information, please contact your DHS case worker or Andrea Dencklau, Youth Policy Institute of Iowa, 515-727-4220.

This study is a partnership between the Youth Policy Institute of Iowa, Iowa State University, and the Iowa Department of Human Services.

Assessing Kinship Caregiver Engagement and Support

Case Studies to Improve Policy and Practice

Invitation to Participate

Your family was selected to participate in a study about your experiences in foster care and relative care. This is an opportunity to share your ideas to improve foster and relative care. Your information will be kept confidential and a pseudonym (or fake name) may be used to protect your identity. No identifiable information will be shared in the report or with anyone other than the researchers. With your permission, the researcher may ask to talk with your child (age 12 and older). If your child was placed with a relative or foster parent, the researcher will ask for your permission to interview the other caregiver(s) as well.

Andrea Dencklau, a researcher with the Youth Policy Institute of Iowa, or Dr. Tera Jordan, a faculty member at Iowa State University, will contact you by phone or email to schedule an interview. The interview will take 60 to 90 minutes. You will receive a gift card up to \$50 for your participation.

For more information, contact Andrea Dencklau: 515-727-4220 (phone only, no text) or adencklau@ypii.org

Family Information	
Legal Guardian's Name:	City:
Email Address:	
Phone:	Best time to call:
Interview Information	
Are you willing to participate in an in-person interview? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please name 1-2 public places you are willing to meet (e.g., private room at a library, office of service provider):	
Relative or Foster Parent Contact Information	
Name:	Relation: <input type="checkbox"/> Foster <input type="checkbox"/> Relative
Phone:	Email:
Name:	Relation: <input type="checkbox"/> Foster <input type="checkbox"/> Relative
Phone:	Email:
Social Work Case Manager Contact Information	
Name:	Phone:
Email:	
Youth Contact Information	
Youth's Initials:	Age:
Parent Signature	
<i>Your signature gives the researcher permission to contact you.</i>	
Date _____	

Assessing Kinship Caregiver Engagement and Support Enrollment Form & Telephone Script

ISU IRB: 19-133-00 Approved Date: 10/25/2019 Expiration Date: N/A

You have been invited to take part in this project to help us:

- explore how kin and foster parents are identified, selected, and engaged as caregivers
- examine how families, caregivers, and Department of Human Service workers understand the role of kinship caregivers and foster parents
- describe what supports and resources caregivers need to prepare for and carry out caregiving responsibilities of children and youth
- look at what is working well in placements and identify barriers and challenges to successful placements.

If you decide to participate, you will be asked to complete an in-person interview with me. Your participation will last for 60 to 90 minutes. Iowa Department of Human Services staff cannot receive payment for participation. If you are a biological parent or a kin caregiver/foster parent, you will be offered a gift card up to \$50 for your time and experiences you share with me. There will be minimal risks to you, if you decide to take part in this project.

Who will be participating in the interview?

Role/Relation	Name	Phone	Email	Interview Date/Time	Interview Location
Primary DHS Caseworker					
Biological Parent					
Kin Caregiver					
Foster Parent					
Youth 12 years of age or older					

Do you have any other questions for me today? Thank you!

Form completed by: _____ Date: _____

Notes: _____

INFORMED CONSENT DOCUMENT ADULT PARTICIPANTS

Title of Study: Assessing Kinship Caregiver Engagement and Support

Investigators:

- Tera Jordan, Ph.D.; Associate Professor of Human Development and Family Studies, Iowa State University
- Janet Melby, Ph.D., Director of Child Welfare Research and Training and Adjunct Professor of Human Development and Family Studies, Iowa State University

Collaborator:

- Andrea Dencklau, M.S.W., Youth Policy Institute of Iowa

Graduate Research Assistant:

- Emily McKnight, M.S., Doctoral Student in Human Development and Family Studies, Iowa State University

This form has information to help you decide whether or not you wish to take part in a research study. Your participation is completely voluntary. Please discuss any questions you have about the study or about this form with the interviewers or the principal investigator, Dr. Tera Jordan (contact information below), before deciding to participate.

This study is funded by the Youth Policy Institute of Iowa.

Introduction

The purpose of this study is to:

- explore how kin and foster parents are identified, selected, and engaged as caregivers
- examine how families, caregivers, and Iowa Department of Human Service workers understand the role of kinship caregivers and foster parents
- describe what supports and resources kin and foster caregivers need to prepare for and carry out caregiving responsibilities of children and youth
- look at what is working well in placements and identify the barriers and challenges to successful placements.

You are being invited to take part in this study because you currently have an open case with Iowa Department of Human Services, are providing kin/foster care (licensed or unlicensed), or you manage a case that involves a youth in foster care. You should not take part in the project if you do not meet these criteria.

Description of Procedures

If you decide to participate, you will be asked to complete an in-person interview with a trained interviewer. You will be encouraged to share personal or professional experiences and supports in the foster care system and kin/foster care.

Your participation will last for 60 to 90 minutes. Biological parents and kin/foster caregivers will be offered a \$50 gift card for the time and experiences they share with the interviewers; Iowa Department of Human Services staff cannot receive payment for

participation. The interviewer will use a digital audio-recorder to record the discussion. This recording will be professionally transcribed for record-keeping and to help the researchers look at the data for themes.

For each case, we will invite primary DHS caseworkers, biological parents, kin caregivers, and youth ages 12 or older.

Risks or Discomforts

While participating in this study, you may experience psychological distress as you answer questions about yourself or your family and reflect on your experience in serving foster care youth in kin/foster care. Given the project's purpose and focus on the foster care system and kin care, you will have the opportunity to offer your opinions and experiences. You may offer and reflect upon difficulties you may have experienced. Participants will be able to skip any questions they choose, take breaks as needed, or leave the study at any point.

It is possible that you may discuss illegal behavior (your own or someone else's) during the interview. Interviewers will take steps to minimize legal risks (for you and someone else) including making sure that information you provide is stored securely, removing identifiable details from your information as soon as possible, and ensuring that information you share cannot be connected back to you or any other person when study results are reported.

If you report either abuse/neglect of a minor or dependent adult, or the imminent threat of harm to yourself or others, the interviewers may have to break confidentiality by notifying the appropriate authorities to assure that you and others are safe.

Benefits

If you decide to participate in this study, there may be a direct benefit to you, such as learning more about your experiences. It is hoped that the information gained in this study will benefit society by improving what is known about kin/foster care and strengthening the foster care system in Iowa. Your answers will be used to help recommend how policies and services can be improved to better support families like yours or the kind of families you serve.

Costs and Compensation

You will not have any costs from participating in this study. Iowa Department of Human Services staff cannot receive payment for participation. If you are a biological parent or a kin/foster caregiver, you will be paid with a \$50.00 gift card. You will need to complete a form to receive payment. Please know that payments may be subject to tax withholding requirements, which vary depending upon whether you are a legal resident of the U.S. or another country. If required, taxes will be withheld from the payment you receive. If you leave the study before the interview ends, you will be paid \$10 for your participation.

Participant Rights

Your participation in this study is completely voluntary. You can choose not to take part in the study or stop participating at any time, for any reason, without penalty or negative

consequences. You can skip any questions that you do not wish to answer. The research team will use cases with partial or incomplete information to address the project objectives, where relevant and applicable.

Whether or not you take part in the study will have no impact on your experiences or services received in foster care or at school, medical care, in any educational or extracurricular program, etc. or your employment with the Iowa Department of Human Services (if applicable).

If you have any questions *about the rights of research subjects or research-related injury*, please contact the Institutional Review Board (IRB) Administrator, Office of Responsible Research, Iowa State University, Ames, Iowa 50011, (515) 294-4566, IRB@iastate.edu, or Director, (515) 294-3115.

Confidentiality

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To ensure confidentiality to the extent permitted by law, the following measures will be taken. All participants will be assigned a generic identification number to store and record data. A key that links a participant identification number with names, addresses, and birth dates will only be used for payment purposes and to communicate the project results at the group-level (e.g., publications, presentations, reports) to adults and youth who took part in this project. This key will be kept in a separate location in a locked filing cabinet in a locked office on Iowa State's campus or in a password-protected electronic document and stored on a password-protected, university-controlled computer server. Only approved research team members and professional transcribers will have access to the project files.

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Processing and Storage of Data

We acknowledge that we will be receiving, storing, processing, or otherwise dealing with confidential information from programs, and the research team acknowledges that it is fully bound and committed to protecting this information. The research team will resist in judicial proceedings any efforts to obtain access to participant records.

Data will be protected in accordance with the Health Insurance Portability and Accountability Act of 1996.

- Data will be stored at one site.
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- Data will not be transferrable.
- Data breach, even suspected, will be reported to DHS immediately.
- Data will be secured against intentional or unintentional loss of confidentiality, integrity, or availability regardless of location.
- Data will be destroyed in June 2021.

Questions

You are encouraged to ask questions at any time during this study. For further information **about the study**, contact Dr. Tera Jordan by phone at (515) 294-9804 or by email at trh@iastate.edu.

Consent and Authorization Provisions

Your signature indicates that you voluntarily agree to participate in this study, that the study has been explained to you, that you have been given the time to read the document, and that your questions have been satisfactorily answered. You will receive a copy of the written informed consent prior to your participation in the study.

Participant's Name (printed) _____

Participant's Signature

Date

Your signature below indicates that you voluntarily agree to allow the interviewer to contact each of the following individuals:

Name: Relationship: DHS Caseworker Phone Number: Email:	Participant's Signature:
Name: Relationship: Biological Parent Phone Number: Email:	Participant's Signature:
Name: Relationship: Kin caregiver Phone Number: Email:	Participant's Signature:
Name: Relationship: Foster parent Phone Number: Email:	Participant's Signature:

Name: Relationship: Youth age 12 or older Phone Number:	Participant's Signature:
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Email:

PARENT CONSENT DOCUMENT YOUTH PARTICIPANTS AGES 12 TO 17

Title of Study: Assessing Kinship Caregiver Engagement and Support

Investigators:

- Tera Jordan, Ph.D.; Associate Professor of Human Development and Family Studies, Iowa State University
- Janet Melby, Ph.D., Director of Child Welfare Research and Training and Adjunct Professor of Human Development and Family Studies, Iowa State University

Collaborator:

- Andrea Dencklau, M.S.W., Youth Policy Institute of Iowa

Graduate Research Assistant:

- Emily McKnight, M.S., Doctoral Student in Human Development and Family Studies, Iowa State University

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This study is funded by the Youth Policy Institute of Iowa.

Introduction

The purpose of this study is to:

- explore how kin/foster parents are identified, selected, and engaged as caregivers
- examine how families, caregivers, and Iowa Department of Human Service workers understand the role of kinship caregivers/foster care parents
- describe what supports and resources caregivers need to prepare for and carry out caregiving responsibilities of children and youth
- look at what is working well in placements and identify the barriers and challenges to successful placements.

Your child is being invited to take part in this study because they are a youth 12 to 17 years of age who currently has an open case with Iowa Department of Human Services having entered foster care and may have been at some point placed with a kin/foster care (licensed or unlicensed). Your child should not take part in the project if they do not meet these criteria.

Description of Procedures

If you decide to allow your child to participate, your child will be asked to complete an in-person interview with a trained interviewer. Your child will be encouraged to share personal experiences and supports in the foster care system and kin/foster care.

Your child's participation will last for 60 to 90 minutes and your child will be offered a \$50 gift card for the time and experiences they share with the interviewers. The interviewer will use a digital audio-recorder to record the discussion. This recording will be professionally transcribed for record-keeping and to help the researchers look at the data for themes.

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Risks or Discomforts

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Child's Name (printed) _____

Printed Name of Parent/Legal Guardian or Legally Authorized Representative

Signature of Parent/Legal Guardian or Legally Authorized Representative

Date

PARENT CONSENT DOCUMENT YOUTH PARTICIPANTS AGES 12 TO 17

Title of Study: Assessing Kinship Caregiver Engagement and Support

Investigators:

- Tera Jordan, Ph.D.; Associate Professor of Human Development and Family Studies, Iowa State University
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Your child is being invited to take part in this study because they are a youth 12 to 17 years of age who currently has an open case with Iowa Department of Human Services having entered foster care and may have been at some point placed with a relative (licensed or unlicensed). Your child should not take part in the project if they do not meet these criteria.

Description of Procedures

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Printed Name of Parent/Legal Guardian or Legally Authorized Representative

Signature of Parent/Legal Guardian or Legally Authorized Representative

Date

**Assessing Kinship Caregiver Engagement and Support:
Case Studies to Improve Policy and Practice
Interview Questions
Revised October 23, 2019**

Interview Question for caregiver

1	Who are the kinship caregivers in and/or other parent identified as potential caregiver or support?
2	What did you do to engage in kinship caregiver as a step one and establish a relationship and/or other parent that addressed in the conversation that were the most motivation or providing support that were the most concerning?
3	Who did you gain approval or in kinship caregiver and/or other parent that are caregiver were not approved?
4	What support did you offer to kinship caregiver in financial or non-financial or emotional support and what type of treatment and prevention in- or out of parent - addressed services and/or other parent?
5	What steps did you take to engage in kinship caregiver and/or other parent under the foster care system? What did you do in kinship caregiver and/or other parent under the foster care system? What were the most concerning areas that you did not address?
6	How often do you see kinship caregiver and/or other parent different roles that are identified as caregiver? Do you have any other roles?
7	What are the most common issues in kinship caregiver and/or other parent that children in kinship/other parent care have? What are the most common issues?
8	What happens when kinship caregivers are transitioning to maintain a relationship with the biological family? What are the most common issues in kinship caregiver and/or other parent? What are the most common issues in kinship caregiver and/or other parent?
9	What are the most common issues that you experience with kinship caregiver and/or other parent? What are the most common issues that you experience with kinship caregiver and/or other parent?
10	What do you do to engage in kinship caregiver identification and engagement process or experience? What do you do to engage in kinship caregiver and identification process?
11	What additional support / services do you think are needed or in kinship caregiver and children? Biological parent / other parent / caregiver / emotional support and financial support and prevention in- or out of parent - addressed services?

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1	l t i o r i r t o t e r p a e e n t o a n i n i p p a e e n t a v e o a d p r i o r t o t i a t e r e o r o t i v a t i o n o r e i n a i n i p a r e i v e r
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13	i part o t i p a e ent are or in e or o i part o t i p a e ent are not or in e or o
1	at i itta e to eept i p a e ent oin
1	ati pati an i o r o it ent to arin or te id/ idren avin on o r o e o d e arria e or reation ip i in reation ip ot er idren in t e o e o d parent- id reation ip
15	ate e i i portant to no a o t t e experien e o o ter parent Bio o i a parent o t in ip are iver a e or er

Intervie e tion or Bio o i a arent

1	e ea o t ere and o o r id a ived it in e o r a e a opened
2	o a ed o a o t in ip are ivin at e tion did t e a o en did t e a o o ere in ip are iver onta ted ere o part o t at pro e ere o r e tion o o ed- pon I re evant rep ra e or o ter parent
3	at did o t in / ee a o t t e e p a e ent De ri e reation ip and experien e o do o t in o r idren eta o t ein pa ed t ere Do o t in in ip are iver na e i prepared to are or o r idren Do o are a tr tin and o itted reation ip it in ip are iver na e or not I re evant rep ra e or o ter parent
	e ea o t t e onver ation o ad it o r a e or er and provider a o t t e p a e ent and vi it o ni ation pport et I re evant rep ra e or o ter parent
5	oo in a at do o i o ad ave no na o t or in it D S
	I t ere an t in t at o d ave een done di erent to ee p o and o r a i ivin to et er at pport / ervi e i t ave e ped e enta eat and tan e e treat ent and prevention in- o e parent i - a ed ervi e
	I o ad pro e or a en e it t e p a e ent at did o do o or at o t ep I re evant rep ra e or o ter parent

at additional support / services do not in are needed or in ip are iver idren a e or er Bio o i a parent I relevant add o ter parent
9 at i p a t i a n i t e in ip are iver o it ent to arin or o r id/ idren avin ont eir o e o d e arria e or reation ip i in reation ip I relevant rep ra e or o ter parent
10 at i o r reation ip i e it t e in ip are iver I relevant o ter parent
11 at e e i i portant to no a o t t e experien e o i o o i a parent o t in ip are iver a e or er I relevant o ter parent

Interview e tion or o t

1 e e a o t ere and it o o ive en o are not it o r i o o i a parent
2 o a e d o a o t ivin it in ip are iver/ o ter parent na e at e tion did t e a o en did t e a o
3 at did o t in / ee a o t ein pa ed it in ip are iver/ o ter parent na e De ri e reation ip and experien e Do o t in in ip are iver/ o ter parent na e i prepared to are or o Do o are a tr tin and o itted reation ip it in ip are iver/ o ter parent na e or not
e e a o t t e onver ation o ad it o r a e or er and provider a o t ivin it in ip are iver/ o ter parent na e
5 oo in a i t ere an t in t at o d ave een done di erent to e p o e ore o orta e or pport o at pport / ervi e i t ave e ped
at additional support / ervi e do o t in are needed or in ip are iver / o ter parent idren
I o ad pro e or a en e it t e it ation at did o do o or at o t e p
at o d o an e a o t t e pro e
9 at i p a t i a n i t e in ip are iver/ o ter parent o it ent to arin or o avin ont eir o e o d e arria e or reation ip i in reation ip ot er idren in t e o e o d

10 ate e i i portant to no a o t t e experien e o o t in ip
are iver Bio o i a parent a e or er o ter parent

**Assessing Kinship Caregiver Engagement and Support:
Case Studies to Improve Policy and Practice
Family Relationships / Genogram**

ap o t t e e are iver o are invo ved in pportin t e o t t at i ein are d or t e
in ip are iver/ o ter parent and/or re ide in t e a e o e od it t e o t U e are or
ae and ir e or e ae

arti ipant ID :