ALLIANCE for CHILDREN'S RIGHTS

Supporting Kinship Caregiver Participation in Child and Family Team Meetings

A Guide for Self-Advocacy and Ensuring Kinship Caregiver Engagement

Kinship Caregivers

Kinship care in the foster care system refers to the care of children or youth by relatives (related to the child/youth by blood, adoption, or affinity within the fifth degree of kinship, including stepparents, stepsiblings, and all relatives whose status is preceded by the words "great," "great-great," or "grand," or the spouse of any of these persons, even if the marriage was terminated by death or dissolution and is also referred to as formal kinship care. In California's foster care system, kinship care also includes nonrelative extended family members (NREFMs). NREFMs are adult caregivers with an established familial relationship with a relative of the child or a familial or mentoring relationship with the child or youth including teachers, coaches, clergy, neighbors, and family friends. Relatives are the preferred resource for children or youth who are unable to reside with their birth parents because it maintains the child's or youth's connections with their families.

Child and Family Team and Child and Family Team Meetings

The Child and Family Team (CFT) process is intended to engage the entire extended family system, which includes the child or youth, the parent, the caregiver, the relatives or formal family, and other people important to the family or to the child or youth, with the goal of providing safety and stability for the child or youth and the family. Child and Family Team meetings bring families together with natural supports, service providers, trusted community members, professionals, and others to support the child or youth. The purpose of a Child and Family Team meeting is to assemble the people involved in the child's or youth's life to determine how best to address their needs and achieve positive outcomes of safety, permanency, and well-being.

Importance of Kinship Caregiver Participation in Child and Family Team Meetings

- **Family Perspective**: Kinship caregivers provide a unique perspective on the child's or youth's needs, history, and family dynamics. Their input helps the Child and Family Team members make decisions that are more informed.
- **Continuity of Care**: Kinship caregivers often play a crucial role in maintaining stability and continuity of care for the child or youth in foster care. Their involvement ensures that the child's or youth's best interests are considered.
- **Legal Considerations**: In many cases, kinship caregivers may be seeking legal custody, guardianship or adoption of the child or youth. Participation in the meetings can help them understand the legal process and requirements.
- Support and Resources: Child and Family Team meetings can provide kinship caregivers with

access to support services, resources, and information to better care for the child's or youth's physical, emotional and educational needs.

- **Collaborations**: Child and Family Team meetings promote collaboration among various stakeholders to work together in the child's or youth's best interests.
- **Transparency**: Involving kinship caregivers in meetings promotes transparency and helps build essential trust between the child welfare system and the caregivers.

Preparing for the Child and Family Team Meeting

The child's county social worker (CSW) or probation officer (PO) is responsible for convening a Child and Family Team meeting within 45 days but no later than 60 days of the child or youth being placed in out-of-home foster care. If the child or youth is still living with their parents, a Child and Family Team can be used to develop a safety plan that does not include removing the child or youth from the parents' care. Members of a child's extended family system serve as support for the child or youth and the parents in Child and Family Team meetings and can actively participate in a voluntary safety plan.

Building the Child and Family Team at Placement

When a kinship caregiver accepts a child or youth into their home (also known as "placement" or "emergency placement"), they begin working with the CSW or PO on completing the Resource Family Approval (RFA) process. RFA is the caregiver approval process for children/youth in foster care. The CSW or PO will provide the caregiver with a summary of the child's or youth's current case plan (for example current appointments, medications, etc.), including visitation schedule, and the CSW's or PO's contact information. The caregiver is encouraged to document their interactions with all the child's or youth's service providers, including the CSW and/or PO, through an electronic calendar or with dated handwritten notes to keep track of appointments and services which will help to identify those who should participate in Child and Family Team meetings.

Child and Family Team Key Participants

Natural family supports like family friends, coaches, faith-based connections, and tribe members identified by the child or youth and family should be considered and included in the Child and Family Team and participate in a Child and Family Team meetings as appropriate. The CSW or PO or CFT meeting facilitator should contact key participants to explain the purpose of the Child and Family Team and Child and Family Team meetings. The family may invite prospective team members by phone, text, e-mail, in-person, etc. The child's or youth's and family's consent is required prior to contacting Child and Family Team participants.

Examples of service provider members include:

- Foster Family Agency (FFA) or Short-Term Residential Therapeutic Program (STRTP or group home) representative, if the child or youth was in an FFA home or congregate care
- Child's or youth's/parents'/caregivers' Mental Health service provider
- Regional Center representative if the child or youth is eligible for Regional Center Services
- Child or youth's Court-Appointed Special Advocate (CASA), if one has been appointed, unless the child or youth objects
- Representative of the child or youth's tribe or Indian custodian, as applicable
- Educational rights holder (parent or court-appointed) (if applicable)
- Substance use disorder treatment professionals (if applicable)
- Educational professionals (if discussion includes education issues)

If there is disagreement about the proposed Child and Family Team members list, parents, child or youth, caregiver and the CSW or PO should meet to discuss the list and reach consensus before a Child and Family Team meeting. If they cannot agree, the CSW or PO may elect to hold more than one Child and Family Team meeting until consensus is reached.

Child and Family Team Meeting Location

The family should select an appropriate setting for the Child and Family Team meeting that is most comfortable for them. Options include the family's home or other locations near the family's home that will maximize attendance and participation by the family and community support systems. It should provide adequate seating and facilities to support the meeting. The location should ensure confidentiality, safety and privacy for the family and all those in attendance. If a family member or other team member perceives that the setting is not safe, an alternate location closest to the site should be identified and discussed with the family.

Options for Child and Family Team meeting locations include, but are not limited to, the following:

- Family residence
- Community center or meeting room
- Faith-based organization conference or meeting room
- County welfare agency office
- Child's or youth's school
- Other location identified by the family

If a team member is unable to attend a Child and Family Team meeting in person (due to proximity issues or other conflicts), it is encouraged that they participate by video conferencing or phone. This option may be helpful when schedules do not allow in-person participation or when a child or youth is placed in another county.

Resources and Documents to Bring to Child and Family Team Meetings

- Any documents requested by the county child welfare agency or probation department, or any documents the caregiver may want to reference in the meeting including school reports, health records, visitation records, or therapist information
- A notepad and pen or pencil, or electronic device to help keep track of upcoming meeting dates, important information, or any follow-up needed

Follow Up After Child and Family Team Meetings

Child and Family Team meeting participants will receive a copy of the agreement developed at the Child and Family Team meeting. Under most circumstances, subsequent Child and Family Team meetings will be scheduled to discuss the plan developed to adapt services to the family's needs, engage new services, and/or end unneeded services (for example, when family members successfully complete services). Developing and maintaining strong lines of communication between the Child and Family Team members will be a central theme of the Child and Family Team meetings.

After the initial Child and Family Team meeting, subsequent Child and Family Team meetings can be requested by the child or youth, family or another Child and Family Team member. Child and Family Team meetings may be offered to families as often as necessary to meet their needs. **Child and Family Team meetings should, at minimum, be held every six months to inform the case plan throughout the duration of the case.** Additionally, they are to be held:

- If possible, prior to the removal of a child or youth in nonemergency situations
- During the formation of safety plans, crisis stabilization, placement changes, etc.
- During any case planning process, including the initial case plan and a revised case plan
- When there is a change in case status or the family requests assistance in resolving other case issues

Child and Family Team Meeting Discussion Topics

The Child and Family Team members, including kinship caregivers, provide input into the development of a child or youth and family plan that is strengths-based, needs-driven, and culturally relevant. The Child and Family Team recommendations must be considered in any placement decision made by the child welfare agency or probation department and the services to be provided to support the child or youth.

Kinship caregivers may have questions on how best to support the child or youth in their care. The following questions may be useful for kinship caregivers in engaging in Child and Family Team meetings.

Placement/Permanency/Exiting Care

Assessment and action plan for child's or youth's placement in the least restrictive setting.

• Safety/Safe Environment

What interventions/supports/resources are needed to provide the safest environment for the child or youth in my care? How do I access them? How can you assist me in accessing them in a timely manner? What is the timeline for putting the interventions in place? Who do I contact if the interventions aren't successful or there are barriers to accessing the interventions? How do I successfully escalate the concerns? What is the role of the child's or youth's legal counsel (minor's counsel)?

• Specialty mental health

What specialty mental health resources are available to child or youth and caregiver? How do I access the resources? Who do I call? What do I do if I don't get a response and how can you help me?

• Wraparound services

What wraparound resources are available to child or youth and caregiver? How do I access the resources? Who do I call? What do I do if I don't get a response and how can you help me access the resources in a timely manner?

• Intensive Services Foster Care (ISFC)/Therapeutic Foster Care (TFC) If appropriate, what ISFC/TFC resources are available to the child or youth and caregiver? How do I access the resources? Who do I call? What do I do if I don't get a response and how can you help me access the resources in a timely manner?

Education

- What educational services is the child or youth accessing? How do I get support if they are struggling in school (for example, school calling me to pick up the child or youth early, poor grades, etc.)?
- If the child is currently in their school of origin and transportation funding will cease when the case closes, how will the child or youth continue to be transported to their school of origin? (children in elementary and middle school have a right to remain at school of origin until the end of the

academic year when their court case closes; youth in high school have a right to remain in their school of origin until graduation, even if their court case closes before graduation).

Family strengths and child's strengths discussion

• How do I best express my opinion about family and/or child's or youth's strengths? How do we productively discuss family strengths? How do we have a positive strengths-based discussion?

Addressing a new safety concern that may cause a change in placement or case plan

- What types of concerns would result in a change in placement or case plan? How do I best raise new safety concerns?
- If the placement is going to change, is the education rights holder included in the Child and Family Team meeting and what is their decision about whether remaining in the school of origin is in the child's or youth's best interests? If so, what is the transportation plan? If not, who is responsible for immediately enrolling the child or youth in the child's or youth's new school of residence?

Develop and implement a placement preservation strategy as a result of a request for a child or youth to be moved either by the caregiver or the agency

• What types of concerns would change in placement or case plan? How do I best raise new safety concerns?

Assessment and action plan for establishing permanency in a timely manner

• What are the long-term permanency options for this child or youth? What are the differences between the permanency options in terms of funding, and other resources including mental and physical health care? What are distinct differences between permanency options in the short-term and long-term? What occurs with the change in funding (from foster care rate to Adoption Assistance Payment (AAP) or Kinship Guardianship Assistance Program (Kin-GAP)? What are the plans for continued/renewed engagement with family members following permanency?

Creating an exit plan (including transition to adulthood for youth in Extended Foster Care, finalization for adoption, terminating court jurisdiction)

- What is the permanency plan and timing for permanency? When do you anticipate we would achieve permanency? What is the back-up plan if a relative placement isn't going to move to permanency? What if I prefer not to seek adoption and would like to explore other options, including Kin-GAP or another option? How do we reach resolution on the permanency plan? What are the plans for continued or renewed engagement with family members?
- If the placement is going to change, is the education rights holder included in the Child and Family Team meeting, and what is their decision about whether remaining in the school of origin is in the child or youth's best interests? If so, what is the transportation plan? If not, who is responsible for immediately enrolling the child or youth in the child's or youth's new school of residence?

Discussing a change in level of care including higher level of care or return home.

- What types of concerns would result in a change in the level of care? How do I best raise those concerns? What is the "step down plan" for a return to my home from an STRTP? What supports and services are available? How do I access those supports and services? If I have trouble accessing the supports and services, who can help me?
- If the placement is going to change, is the education rights holder included in the Child and Family Team meeting, and what is their decision about whether remaining in the school of origin is in the child's or youth's best interests? If so, what is the transportation plan? If not, who is responsible for immediately enrolling the child or youth in the child's or youth's new school of residence?

Assessment of placement at a Short-Term Residential Therapeutic Program (STRTP or congregate care), if applicable.

- Why are we considering placement in an STRTP? What types of concerns would result in a placement in an STRTP? How do I best raise those concerns? What is the "step down plan" for a return to my home from an STRTP? How long would the child or youth be in the STRTP? What is the visitation policy, for example, who can visit and when? Does the visitation policy/plan include day-long visits or overnight visits? What happens if the child or youth voluntarily leaves an STRTP? What happens if the child or youth returns from an STRTP, what aftercare supports and resources are available? Who do I contact if aftercare supports and resources are available?
- If the placement is changed, is the education rights holder included in the Child and Family Team meeting and what is their decision on whether remaining in the school of origin is in the child's or youth's best interests? If so, what is the transportation plan? If not, who is responsible for immediately enrolling the child or youth in the new school of residence?

Case Plan Development

Completion of the Child and Adolescent Needs and Strengths Assessment (CANS) to guide the assessment and service planning creating the case plan for parents or guardians and child or youth

• When will the CANS assessment be completed? What is my role in completing the CANS assessment? How do I access the information in the CANS assessment? When will I be provided a copy of the completed CANS assessment? How do I ask for a reassessment and what is the timeline for a reassessment? What is the process I should follow if I disagree with the rate or reassessment? What is your preferred plan for reunification or permanency?

Completion of Level of Care Protocol (LOCP) to guide the assessment and service planning creating of the case plan for parents or guardians and child or youth

• What is my role in the LOC assessment? What is my access to the information included in the LOC assessment? When will I be provided a copy of the completed LOCP tool? How do I ask for a reassessment and what is the timeline for a reassessment? What information do you need to complete a reassessment? What is the process I should follow if I disagree with the rate or reassessment? Does the county offer a Supplemental Care Increment (SCI)? In counties that offer

an SCI, is the child or youth eligible for the SCI? What is your preferred plan for reunification or permanency?

Reevaluation of goals or action steps due to a change in circumstances or a change in progress

 How best do I raise the need for a reevaluation of goals or action steps in the case plan? How should I tell you about a change in the child's or youth's progress toward those goals or action steps?

Education

Who holds education rights (can make education decisions for the child/youth)

- Who holds the child's education rights? Are they present at the Child and Family Team meeting? If they are not present, do they need to be? Are they still connected to the child or youth and willing and able to remain in the role of education rights holder? If not, who might be able to take on that role? What is the process for making a change to the education rights holder?
- What is my role related to education decision making? What education records do I have access to?

Whether changing schools from the school of origin is in the child's or youth's best interest

- What input can I give and what information do I need to help determine whether it is in the child or youth's best interest to change from their school of origin? What is the educational rights holder's decision about school of origin?
- Has school stability been taken into account when considering the timing of the move, the location of a proposed placement, the child's or youth's connection to their school?
- Is the child or youth participating in special education services, extracurricular activities, sports, clubs, other connections to their school that make a change even more difficult?
- If remaining in their school of origin, is there an appropriate transportation plan for the child or youth to attend their school of origin and any available extracurricular activities?
- What transportation options are available from the school district and/or the child welfare agency? Who is responsible for the transportation? Can I access school of origin transportation funding?
- If the child or youth is placed in an STRTP, how will they be transported to their school of origin? If the educational rights holder decides it is in their best interest to change schools, what will be the least restrictive educational option for the child or youth to attend while living in the STRTP?

For youth 10 and over, including nonminor dependents (NMDs), in middle school, junior high, or high school, the Child and Family Team will identify whether the youth received sexual and reproductive health education*, as required, in their school. If not, the Child and Family Team will identify how the youth will access the required curriculum.

• What is my responsibility in providing sexual and reproductive health education?

For youth 16 and over: Discussion and plan for accessing Independent Living Skills (ILS)

• How do we access ILS? Who do we contact to access ILS? What resources are available for the youth? How does the youth enroll or access ILS?

For high school aged youth: Discussion and plan for high school graduation

- Has the youth attended more than one high school? If so, did they receive full or partial credits for all classes they passed while attending each school?
- If they changed schools in 11th or 12th grade, are they on track for high school graduation? If not, has the youth been evaluated for AB 216/minimum state graduation option? If so, what is the educational rights holder's decision about whether utilizing AB 216/minimum state graduation option is in the youth's best interests?

Special Education

- Does the child or youth have any type of disability including mental health, behavioral, or learning? If so, do they have an Individualized Education Program (IEP) laying out the special education instruction, supports, and services a student needs to thrive in school?
- What services does the IEP provide? Are the IEP services meeting the child's or youth's needs? If not, does the child or youth need an education attorney?

Early Intervention

- For children birth to age 3: Are they meeting all their developmental milestones (e.g. related to speech, motor/walking, etc.)? If not, have they been referred to a Regional Center for early intervention services? Does the child have an Individualized Family Service Plan (IFSP) laying out the plan to obtain special education services? Does the IFSP provide services to meet all the child's needs? If not, does the child need an education attorney?
- For children ages 3-5: Are they enrolled in a preschool program? If the child has any type of disability, including learning, behavioral, language, motor, does the child have an IEP? What services does the IEP provide? Are the IEP services meeting the child's needs? If not, does the child need an education attorney?

Mental Health and Wellbeing*

Service and support planning to address youth's mental health and wellbeing needs

• What services and supports are available? How do I access the services and supports in a timely fashion? How do I get a referral for the child or youth in my care? How do I raise concerns about the quality of services? What occurs when there is a break in continuity of mental health services? Who pays for the services? How can we get support for longer-term mental health supports? How do I access residential mental health services? How do I access mental health support for myself?

Discussion of psychotropic medication recommendations*

• What are the medications? How do we know if they are working? What are the medication side effects? When should we talk to someone about medication side effects? What are the medication interactions with marijuana or alcohol? What do I do if the child or youth refuses to take the medication? What services and supports are available? How do I access the services and supports?

Commercial Sexual Exploitation of Children (CSEC) concerns/safety planning

• What is my role in the safety plan? What are the components of the safety plan? What services and supports are available? How do I access the services and supports in a timely manner?

Visitation

Planning for sibling and family visitation

• What is my role in sibling and family visitation? What is the visitation plan? When do I get the visitation plan? Can I get the visitation plan in writing, including the agreed upon rules prior to the visitation? Who provides visitation transportation and supervision? What is allowed during each visit? Who can be present at the visitation? When does the visitation need to/should occur? What is required of me if I have to supervise visits? What do I do if the child or youth doesn't want to go to the visitation? What is "good cause" to cancel or end a scheduled visitation? Can anyone else attend or participate in the visitation? What should I do if the parent is visibly intoxicated or otherwise impaired? What does safety mean at a visitation? What should I do if the parent doesn't have a car seat? What happens if I don't feel comfortable/safe or are not available to be a visitation monitor? What happens if I can't get sibling or family visitation scheduled?

Considering a change in visitation (unsupervised, overnights) to gather the Child and Family Team members' input about safety and support

• How do I best express my concerns about a change in the visitation schedule? What can we do to make the visitation schedule easier for the child or youth?

Caregiver Supports

Assessment of caregiver's needs to meet the needs of the child or youth.

- How do I access caregiver resources/supports/navigation to help me support the child or youth in my care? If I need specific items (crib, car seat, carbon monoxide monitor, pool gate, etc.) are there available resources, or do you have contacts to help me locate and secure the items? What resources and support groups are available in my area? What supports can I access for my mental health? What does respite care mean? What are the options for respite care? Who can provide respite care? Do you have respite care recommendations?
- If I am not the educational rights holder, how do I support the child or youth in school? How do I coordinate with the educational rights holder about the school-based needs of the child or youth?

If I am transporting to a school of origin, what reimbursement is available to me? If I am unable to provide transportation, what supports are available?

Team Members

Adding or removing Child and Family Team members

• How do I suggest new members of the Child and Family Team prior to or after a meeting? What is the best way to navigate when new members are added by the child welfare agency or probation department that the family or child or youth do not want to participate? Who is responsible for those communications?

*Safeguarding Treatment and Therapeutic Relationships in Child and Family Teams and Child And Family Team Meetings

The Foster Care Bill of Rights provides that youth, including youth in foster care, have the right to confidentiality of medical and mental health records, including, but not limited to, human immunodeficiency virus (HIV) status, substance use disorder (SUD) history and treatment, and sexual and reproductive health care, consistent with existing law. In circumstances when a caseworker obtains protected health information from a medical provider, that information cannot be shared with others except as allowed by applicable laws.

Sharing Information and Informed Consent

The permission necessary for providers to disclose protected information about a patient requires informed consent from the person authorized to provide consent. Generally, a minor who has the legal authority to consent to medical or mental health treatment is the one who provides consent to providers to disclose information about that treatment. Otherwise, it's the minor's attorney or in some instances the parent or legal guardian.

Informed consent means having sufficient information about with whom the information will be shared, as well as the purpose, benefits, risks, and consequences of sharing information before executing an authorization to share information. The signing of the authorization must also be voluntary, where the individual has the ability to decline to authorize disclosure without being denied access to services, and having the right to revoke the consent at any time. It is best practice for a person with whom the youth has a strong trusting relationship to discuss any related issues with the youth – in a private, confidential space – prior to the CFT meeting so that they can agree upon an approach for addressing the topic (or not) within the meeting.

While there are a number of disclosure exceptions, two deserve note here. A therapist may decline to disclose information to a parent or legal guardian if that would be detrimental to the minor or the therapeutic relationship. A therapist cannot disclose information to a parent or legal guardian from whom a minor has been removed unless the Juvenile Court has made an order that this would not be detrimental to the minor.

Information exchanged among the Child and Family Team members, including the caregiver, shall be

received in confidence for the limited purpose of providing necessary services and supports to the child or youth and family and shall not be further disclosed. Civil and criminal penalties may apply to the inappropriate disclosure of information held by the team.

Resources

CFT Parent Brochure in:

English | Arabic | Armenian | Cambodian | Chinese | Farsi | Hmong | Korean | Russian | Spanish | Vietnamese

Parent Privacy Brochure Available in: English

CFT Youth Brochure in:

English | Arabic | Armenian | Cambodian | Chinese | Farsi | Hmong | Korean | Russian | Spanish | Vietnamese

Youth Privacy Brochure Available in: English