

Supporting Kinship Caregivers Part 2

Presenters: Female Narrator; Tom Oates, Child Welfare Information Gateway; Larry Cooper, Children’s Home, Inc.; Dr. Kerry Littlewood, Program Evaluator, AAJ Research

[00:00:00]: [Music Introduction]

FEMALE NARRATOR [00:00:03]: This is the Child Welfare Information Gateway Podcast, a place for those who care about strengthening families and protecting children. You’ll hear about the innovations, emerging trends and success stories across child welfare direct from those striving to make a difference. This is your place for new ideas and information to support your work to improve the lives of children, youth, and families.

TOM OATES [00:00:33]: On this episode, we continue focusing on supporting Kinship Caregivers, and we’ll talk with a few folks who saw dramatic increase in the percentage of caregivers taking advantage of services and resources they’re eligible for.

[00:00:46]: Hello, everyone, Tom Oates from Information Gateway here, and welcome to the Child Welfare Information Gateway podcast series. We really hope you’re enjoying hearing from those across the country sharing their projects, their ideas and perspectives; plus, we hope you’re able to take some of their lessons learned and apply them to your own practice.

[00:01:04]: So, as we mentioned, this is part two of our two-part series on supporting Kinship Caregivers. Back in part one, we connected with Children’s Bureau grantees in California, who developed a self-serve online portal that gave Kinship families a single point of access to resources to help with education and daily living expenses, and if you haven’t listened to that conversation, I encourage you to do so. It’s listed under ‘Podcasts’ within the Children’s Bureau’s website; that’s acf.hhs.gov/cb.

[00:01:35]: So in part two, we’re highlighting a project out of the Tampa Bay area of Florida initially designed to increase access to temporary assistance for needy families, or TANF funds for Kinship Caregivers. These grantees applied a three-pronged approach to address the needs, including using trained peers to serve as one-on-one navigators to help families apply for assistance and provide emotional support and guidance along the way. You’re going to hear both about the project itself, the approach to address the problem and how it was implemented, plus we’ll talk about the findings in the evaluation, which involved a pretty deep random control trial.

[00:02:11]: So, we’re going to hear from Larry Cooper, he is from Children’s Home INC., and he served as the project director. Now, Children’s Home has been dealing with Kinship Caregivers for more than fifteen years. We’re also going to be joined by Dr. Kerry Littlewood from AAJ Research and Evaluation, and she conducted the evaluation. Both of them join me to talk about the Kinship Interdisciplinary Navigation Technology Advance Model, otherwise known as Kin-Tech.

[00:02:39]: So, Larry, let’s begin with you, here, we understand that there is this gap between Kinship Caregivers and those services that are available, and there are many reasons for that, for that gap. So, talk to me about what you were experiencing and the problem that you were trying to address in the Tampa area in Florida.

LARRY COOPER [00:02:59]: Okay, we looked at two counties in West Central Florida, Pinellas County, which is primarily Clearwater and Saint Petersburg and then Hillsborough County, which is primarily Tampa. And so, they're two very large suburban, urban areas with a lot of Caregivers with a variety of different needs. And so, Florida's actually third in the country in the number of children being raised by grandparents, obviously we have a lot of seniors, just by definition, being in Florida, we also have a lot of families moving into Florida every year, and we also have a lot of we have fairly low median income here in the Tampa Bay area, so we have poverty, considerable poverty issues here in the Tampa Bay area, that was one of the big factors that we recognized.

[00:03:53]: So, the federal grant asked us to really consider why kids were not receiving public benefits that they were eligible for, because the national average for TANF, which is Temporary Assistance to Needy Families, which was a form of cash assistance, only about 11% of eligible children were receiving this benefit; when 100% of them are eligible for some sort of cash assistance, if you're a relative caregiver. So, we looked at that as one of the main components of this project.

[00:04:29]: We also had the opportunity, because of our experience with Kinship Caregivers, that we wanted to hire kin caregivers as peer-to-peer navigators to support other relatives in this journey of caregiving; to help them through some of their experiences, to navigate services and systems. And then, we added a third component, which was there's so many domains that they touch, so many areas of service that they need one of the other features that we wanted to design in this model was the interdisciplinary team meetings, which was set up conveniently for the caregiver because they are affected by multiple domains, multiple system issues, such as education, child welfare, legal issues, could be housing, could be mental health; so we were able to, conveniently, bring these folks together in a phone conference with the navigator and the caregiver, to help them kind of navigate through system issues that were really a barrier to them getting services, so that really was an added component that we put into the project.

TOM OATES [00:05:45]: So, you've got these kind of three components, that you're able to provide at various levels and at various, kind of, inputs for the caregiver. Now, Kerry Littlewood, let me ask you up front, from the initial research that was done for this project, what were those key barriers that you were trying to solve, what was stopping that, I guess that other 89% from accessing those resources?

KERRY LITTLEWOOD [00:06:10]: Okay, there are a lot of barriers to accessing services, a lot of what Larry talked about in terms of system issues, kind of, folks were working in silos and not necessarily collaborating, is also a barrier when you're working with Kinship families, because they have to contact so many different types of service delivery systems in order to get what they need.

[00:06:42]: Other barriers are really knowing about the services. There's also some reluctance about enrolling for services in backlash for the biological parents; so, by enrolling, will they then have to deal with a biological parent who may get their child support disrupted or may already be collecting child-only TANF and some of those things that are really unique to Kinship families.

[00:07:16]: So, the education, the system barriers. Also, I think being busy with life and having a new situation and all of a sudden having to raise children and not doing that in a long time, I think there's the fear, there's kind of this overwhelming feeling that it also brings about, kind of you know, mistrust in systems. So all of those things, I think, combined are what Kinship families, and especially Kinship Caregivers who need to access services, really, are dealing with just these multiple issues.

TOM OATES [00:08:03]: So, with all this I guess you know, system of barriers, almost, Larry you have this kind of three-pronged approach. How did the implementation of those approaches then address kind of the, I guess the myriad barriers that you had to tackle?

LARRY COOPER [00:08:21]: Yeah, I think in, even in addition to what Kerry mentioned, we had the technology barrier, for caregivers. We had, we interviewed caregivers, we interviewed professionals that typically assist with benefit applications from Child Welfare and from the Department of Children and Families, and found that there was, there were issues of completing the application online, because Florida had moved to a technology-based application system, you could still get an application, but what they did, a paper application, but what they did is they eliminated most of the field offices where you could get assistance.

[00:09:00]: They brought it into, maybe, a centralized location which made it difficult for many families to access. They might have a computer but not know how to access the application. Many people said it might take an hour to two hours to complete, as long as they had all of the information that they needed. And then even the Child Welfare people found it challenging to get all the way through the application with, maybe the internet locking up or the application locking up, or their system freezing or getting kicked off of the site and those kind of, you know, electronic barriers once they got to the application that they needed.

[00:09:42]: So, back to your question of how did we design this, really we, we put our navigators, that peer-to-peer, with a portable computer in the field and said, you know, here's somebody who's been through this, who has faced some of these challenges and could help them alleviate some of the issues of trust with systems by saying, 'hey I'm a caregiver, I did this, this was a real benefit to me and the kids that I raised and I'm going to help you sit down and collect the information that you need to complete this application, and then if we get stuck, we have a community partner that we can pick up the phone and call directly that will help us navigate through this application process'. So, we put those pieces in place.

TOM OATES [00:10:27]: So, if I'm reading this right, as much as there is a technology component, but this was really a big outreach plan to create that greater connection, person-to-person, the peer network and then through this, you know, this team approach as well; so you're supporting both the caregiver and the child welfare professional, really with knowledge and staff and connection, versus just, kind of, giving something technology-wise that should make things easier. I mean as much as the nickname here is Kin-Tech, this is really much more of a targeted outreach program it sounds to me, am I pulling on that right?

LARRY COOPER [00:11:08]: Yeah, I think the way I look at is more customer service, customer friendly service, with that really warm hand-off approach where, you know, the caregivers like here that are so overwhelmed; professionals are good at providing referrals and resources, but not always how do you actually get that resources in your hand and connect with the service that you actually need. And so, we just assume, that if we put it in their hand, magically, they'll have gotten the service and what we've found is that the reality is that that doesn't happen.

[00:11:43]: Especially with this population, where you have caregivers who are disabled, struggling to manage work, in the middle of this, they're maybe in the middle or at the end of their career and trying

to navigate those things, and now trying to pick up these additional responsibilities with children. So, yeah I think it's more of a hands on, customer service approach to working with caregivers which enhances the trust level, it enhances the ability to actually receive the critical services that they need to sustain the family and the children that they're taking care of so we can kind of help them move past the basic needs and then address some of those advanced concerns that social workers like myself have, which are recent trauma, loss issues; a variety of the more traumatic issues that the kids are experiencing as they've moved away from their parents due to some type of abuse or neglect and now grandparents and relatives are stepping in to figure out this complex set of needs.

[00:12:52]: I think sometimes people minimize the complexity that these caregivers are having to work their way through, and for us once we can get through the basic needs more safely and simply with the coordination of these partners, we can then get to some of these bigger higher level needs and issues.

TOM OATES [00:13:14]: Yeah, I want to touch base on that kind of coordination of all those groups and those partners because that's no easy feat. But the peer navigators, the peer-to-peer, because, you know, we've done some other podcasts about, you know, a parent-partner network and it seems very, very effective to have somebody who doesn't quote-unquote represent a system; that's someone who says 'listen, I've been where you are, or I understand your position'.

[00:13:39]: How did you go about recruiting, and then training, those peers that really seemed to be kind of a boots on the ground, you know, hand in hand working with your caregivers?

LARRY COOPER [00:13:50]: Yeah, so I think for us, you know, we knew because we've been working with Kinship Caregivers now for over fifteen years, that we knew that there were a real cadre of expert caregivers out there who have stayed connected to our programs over the years in support groups, in roles working within the program as support group assistants, themselves. So we knew we had some out there, and invited them to apply to these positions; families that we had worked with successfully over the years and we really put together an extensive amount of up-front training and we had to really add in a lot of ongoing training and supervision for these folks, because they were para-professionals and so they were going to see some things that were pretty complex, even though some of the requests were for basic needs; food, shelter, clothing, bedding; they found themselves faced with some really complex family dynamics, so we had to provide them the kind of the support that we knew that they needed.

[00:14:55]: But, as you said, they really provided a safe peer support network to these other caregivers to be more willing, more interested to engage in an in home service and to engage in and help develop their support network, increase their knowledge of what was happening in the community because the support groups offered a lot of the knowledge, resource testing, so to speak, in the sense that a caregiver can say, 'hey I went to this therapist and he was great, you should check this out', or 'we went to this clothes closet at this facility here and they were so nice to us and they treated us well', so they really were sharing those really vetted out resources that they could then share with one another it really made their job navigating much easier and hopefully less challenging with all of the other things that they had to tackle.

TOM OATES [00:15:52]: In providing support to those peers, how much extra work, or maybe unexpected work, did your staff have to go through just to make sure that, you know, when those folks

called you with a problem that you're able to turn around and kind of help that need as quickly as you can?

KERRY LITTLEWOOD [00:16:10]: I'm really glad you asked that question, because that's a question that we're able actually to look at the evaluation results and really give you some more precision about what we found. As you know, one of the main goals for the project is really to connect these caregivers to TANF, child-only, those that are eligible, and one of the important findings that we found is that the peers were actually more successful in connecting caregivers to TANF than the professionals who were providing similar services.

[00:16:54]: And so the peer-to-peer support workers were actually more successful at higher application rates, and also higher enrollment rates for TANF. And the other piece that you had mentioned was kind of the differences that we're seeing, especially about supervision for some these peers, is we're able to track some of the services that were being provided by the peers and also the professionals. And by professionals, I just mean that they have a BSW, at least a BSW or higher degree, and have been employed by the Children's Home or the Child Welfare Agency and not hired specifically as a peer-to-peer because of their previous relationship as a caregiver.

[00:17:56]: We found that the peers needed ten times the amount of supervision than the professionals and, so, I think for every one hour that a professional needed to have that supervision, the peers needed ten, and a lot of that I think had to do with some of these complex cases, some of these cases that involved things like child sexual abuse, or had some legal issues connected with mental health issues, connected with just some really extensive family dynamics and family issues that they weren't necessarily equipped and needed that support and supervision.

[00:18:44]: So, while the cost, we're finding, of the peers is definitely less, they really need to be supported by that supervision and to have that; and another thing that we found is that perhaps risk assessment at the very beginning could better streamline those caregivers who just need connection to services and not necessarily help with complex issues so we could maybe streamline them, those families that need connection, to really work with the peers better, I think that that would save time and, perhaps, cost.

LARRY COOPER [00:19:27]: Yeah, one of the things that we grappled with was the acuity of a case coming in the front door; how do we assess it at the front, say 'this is really complex how do we divert this to an experienced case manager, how does this person who has basic navigation needs get connected to the navigator so we could best use their time and their skillset, for the type of cases coming in the front door?'. So, the study really gave us the opportunity to look at that; we didn't necessarily change our model in the middle, because we really wanted to kind of capture that in the full scope of the three years of the project and then be able to make recommendations going forward.

[00:20:13]: One thing I wanted to add to what Kerry said was that we asked the local Department of Children and Families and the technology folks to sit down with the navigators to teach them, literally, screen by screen how to work through the application and then, again, have that direct link to a liaison that they could pick up the phone while they're sitting on the application and call in and get somebody to help them 'hey I'm on screen seven, can you help me figure out what I need to put in box number two because it's telling me this'. And so, it really helped them and the caregiver feel like 'wow, they're really able to support me, I didn't have to stop what I was doing and make fifteen phone calls to figure

that out, or sit on hold for an hour on a call-in center to figure out how do I do this', they were able to get a direct line to somebody who could help them.

[00:21:07]: And so we, as you had asked about, made sure that training was there up front and then a link to a key person to help them when they did come against a barrier or a question that they didn't have the answer for. So, that really, to me, was spectacular and I was really surprised how well the Department of Children and Families partnered with us on data collection, navigating barriers with these applications. And when we looked at the results, the results were there that we had increased the rate of applications to 75% completion on apps and over 50% enrollment into these benefits, where the nationwide number and our local numbers, were like 11-15% enrollment just on their own, or with the traditional set of services that the community had to offer.

TOM OATES [00:22:01]: You know, those are great points to pull apart and kind of those key lessons that you learned along the way that, you know, if there's another agency, or another community that's thinking about, 'how can we improve or, you know, reduce that gap?', those are great things to take away and so I'm glad you guys brought that up.

[00:22:15]: You also mentioned, Larry, just there about, you know, partnering not only with the State, but, you know, so many different communities or organizations within the community and you've got a partner list that goes into double digits. Organizing that, communicating across the board, making sure everybody feels like they are part and they are engaged and can contribute, that's a project in and amongst itself. Where did, how did that come about and where were those success points that you found were vital to getting those partnerships to flourish?

KERRY LITTLEWOOD [00:22:50]: I'm so glad you brought that up because that is so important and as Larry mentioned, they've been doing Kinship in the community for about fifteen years now, and since the very beginning, they had started these Kinship community collaboratives in each of the counties where they brought in education, and health, and legal and all of these systems together and when you start something fifteen years ago and you then meet monthly and then you have actively engaged participation with just a cadre of different types of community folks, and caregivers themselves, I think that kind of engagement, that long lasting, you're building trust and you're also just building this engagement, and also the education piece.

[00:23:53]: How eligibility changes, agencies change, funding changes; but yet, this particular collaboration has stayed you know is part of the sustainability piece, it's always been there, so that, I think, has just been incredibly effective and it's also actually, I think, one of the reasons why we were able to implement a randomized control trial for the evaluation, because I've been working with Children's Home until now for over twelve to thirteen years and as an evaluator on Kinship services, so I think this relationship of bringing the results, talking with Larry, talking with the community collaborative and saying, 'this is what we're finding, how can we improve our practice, how can we take these and become better?', that's been kind of the story all along. So, when it came time to do something more rigorous the buy-in was already there.

[00:25:02]: So, I could see that, maybe, a new community would not be able to implement something as rigorous because it's the relationship building piece is so essential to that so, I think all of those work together so nicely, in that it's all so relationship-based and also having that history and the trust that you build.

TOM OATES [00:25:27]: It sounds like, you know, we all have these informal relationships that you have and maybe it's not at the top level of your agency, maybe it's at, it could be at the grassroots, but kind of taking advantage of those little, the trusts and the relationships that you already have and it may be informal, but it at least brings folks to the table to then make something that's a little bit more structured and you kind of like you said, you've already got people with their foot in the door so, I mean, there's a key take-away for someone looking to do this across the country, is look what you already have in your back pockets, they may not be a structured on-paper agreement, but if you know a few folks across the hall or in different agencies, it's easy to knock on the door and say, 'hey neighbor, you know, let's think about something big'.

[00:26:11]: So, Kerry let's start to pull around, you know, Larry talked about the change in applications; if you're to look at this after the evaluation, so what worked and what would you do differently, based on what you were able to find?

KERRY LITTLEWOOD [00:26:28]: So, I think a big takeaway is to have developed some kind of assessment at intake that could better assess the acuity of need and then being able to assign that family to work with either a peer, or work with a professional, I think that that would be a better use of resources, and also, I think it would be more effective.

[00:26:59]: We're finding that the peers are incredibly effective at connecting caregivers to TANF and other tangible resources. And we're also finding that the professionals are great at managing complex family issues that occur, that are specific to really, Kinship and the dynamics among different family members. So, I think that was a big, that was big piece, a big take home.

[00:27:36]: The other take home, I think, is that is that supervision piece, to have, to have ongoing support for the peers was very important. The peers need to feel supported and they need to feel they have a place to go if they get stuck. They also need to feel part of the service delivery system, an equal part, and I think, I think that when they feel empowered, that empowerment transfers to the caregivers and families that they're working with. And it's also a really great modeling tool for caregivers that they're working with. Like, 'hey, here's a peer that's actually doing this work and they were successful, they went through the same things I did, how did you do that? You know, can you talk to me about that? How can you do things?'

[00:28:37]: So, we also found a lot of unexpected needs. One of things we found after looking at family needs for the last, you know, fifteen years has been that the housing need has just, the last two to three years, has just, has just increased and has been, become very pervasive, especially in this area. This area has had high foreclosure rates from a 2008 crisis, but now we're just starting to see how that's impacted families, so that was a finding.

[00:29:18]: Another finding is that we had partnered with looking at some health issues for caregivers and also partnered with a physician scientist that specializes in sleep, and one of the things that we found out was that caregivers were having a lot of troubled sleep; they were also caregiving for children that had troubled sleep. And we look at health holistically and it's not only diet and exercise, but its self-care for these caregivers, so we're concerned that if you have a caregiver that, who's having trouble sleeping; you have a child that's getting up in the middle of the night having trouble sleeping, you know,

what kinds of things can we do from an intervention perspective, to help that - especially the child who has experienced trauma; what is the best way to promote sleep and healthy development?

[00:30:22]: We also found that sleep was associated with some psychosocial problems for the children. So, the children were, the children who were experiencing troubled sleep were also those children who were having, or externalizing and internalizing problem behaviors and also some attention problems. So, we're looking more closely at those kinds of things that we can work on from an intervention perspective, and then hopefully help some of the health and well-being for the caregiver and also the child. So, what kinds of things can we do with peers, what kinds of things can we do from professionals?

TOM OATES [00:31:13]: It really gives you a lot of data that then you can say that as we sustain this and as we move this forward, what else or what other partners may we want to bring in to when you need specialized help, as you're mentioning, either, you know, that whole holistic approach, be it the mental health or be it, you know, there's a physical aspect and an emotional one you mentioned the entire, you know, trauma-based, based care.

[00:31:33]: So, Larry, you've got these peers who, you mentioned, you're dealing with the senior community, that age is going to get up there, you're also going to have to maybe potentially deal with burnout in dealing with this. How do you sustain this program over time, knowing that the partners and the organizations and groups, you know, that's what they're there for but you've got this peer cadre that you're going to have to constantly worry about turnover, how do you sustain this over time?

LARRY COOPER [00:32:01]: I think, the support network that we've developed for families, really allows them to kind of get reenergized, get involved in a variety of things. So we have any given month between ten and fifteen support groups, just in two counties, that families can step into, either, daytime or evening to fit their schedule to participate in and get kind of that lift, that support from a peer, learn information or just sit and have a meal with. We offer, you know let's say for example, a lunch meeting for the caregivers to sit together over a meal and kind of share and support each other.

[00:32:45]: We do family activities on the weekends, where families can kind of join together and kids are seeing other kids that they didn't even realize were also being raised by a relative. And then caregivers have gone with us to Tallahassee, they've gone with us to Washington, D.C., to tell their story; and I think the more that they get to tell their story, they get really energized by the response, because most people aren't even aware of the issue, to the complexities of it, to the impact, and that many times there's these myths about caregivers.

[00:33:22]: That they are maybe part of the problem, you know there are only impoverished families who, you know, had problems themselves, they were the cause of the biological parent to have these difficulties; but as we've seen, you know, caregivers can come from all socioeconomic areas. They, caregivers, you know parents have raised, let's say four children, and three of them successfully and one connected up with a bad crowd, got involved with drugs, or had a mental health problem that was a genetically predisposed to; just a variety of things that they could not control, regardless of how successful the family was and it led to a caregiving situation or as Kerry said, the financial downturn in the economy led many families to cohabitate and have multi-generational households to create this scenario.

[00:34:20]: So, I think just the constant recognition that we have to support the caregivers, there's always so many resources for children out there. It's more, I think, attractive to funders and to private donors to help children at risk, but we don't always think about the caregiver who's caring for an eighty-year-old family member, or maybe doing both, raising children and taking care of a senior family member and how do we really care for those caregivers, because we know the impact on them is significant when we look at the statistics.

[00:34:58]: And I think for us, being able to put the numbers and the evidence together when we go out and share the story, really makes the case because many times we can say anecdotally, we know that this stuff happens but now we have such a huge study and we've had other research that we've had published that has had such significant numbers that allows us to really say confidently, you know, 'here's what we found, here's what we're seeing in your community and we should really take notice of this'. And I think that's gotten a real great response from the local funders that we partner with to really sustain the practice, I know you mentioned about sustainability, well we've really engaged the funders to come to every partnership meeting, to hear the results, to hear the impact of their matching dollars with these other funding opportunities from grants, and it allows them to really feel invested in the results; especially when you can produce the kind of results that we have and the significant numbers that we can show that really strengthens the value of what we're offering to families.

KERRY LITTLEWOOD [00:36:11]: So, just alongside that, we have for Kin-Tech, we have over fifteen hundred caregivers that have enrolled and are part of this study. But we've also found that Kin-Tech and our standard care is really at such a lower cost than even just bringing a child into usual care, which is out of home care, with a non-relative, or into congregate care; so, if we compare the costs of Kin-Tech or a family support case management program for kin, we're looking at 100% less cost to run a program, that's actually, we like to think of it, I think is more prevention. So we're preventing that, but also providing service and intervention to the caregivers.

LARRY COOPER [00:37:18]: Oh yeah, when you look at the cost of care for foster care, for group care, it's outrageous, and then the length of time that they're going to be in that level of care is far longer costly to the state, to the community, when we can place with a relative many times based on the census data, we're seeing that caregivers are raising these children five or more years, and many times into adulthood. And, so, for kids that exit foster care at eighteen, many times they end up homeless, they end up disconnected from their family systems; where relatives really allow children to maintain those family connections, even with that biological parent who may be out there struggling with mental illness or substance abuse, they still get to maintain some semblance of a relationship to whatever degree that parent can stay connected; where in foster care, there's this, really, difficult challenge for the system and for the families to stay connected.

[00:38:25]: From siblings being placed together, from relatives being able to know where these children are in these systems of care; many times children are moved to other counties, far away from their home communities because of the problems of capacity in the foster care systems, there's a lack of foster homes, they can never maintain and sustain enough homes to keep kids even in their own communities, they sometimes have to be placed, you know miles away, a number of miles away sometimes, we just hear of things with kids going to actually other states for higher levels of care in other communities, because they can't find it in their home community. And again, far away from family, far away from siblings and so the long term impact of that is devastating for families.

[00:39:15]: And we haven't even touched on proportionate number of minorities and disadvantaged families of color that are overpopulated into our foster care systems that don't have the same kinds of support when they enter into the system. They might likely end up in a home that doesn't look like theirs in a different community with people that don't look like them, that don't practice the same religion, don't have the same culture, and those are huge losses for children that we don't even think about, because, for child welfare we're worried about a safe home at that moment for that child and we don't always think about the long lasting impact of systems on children of color and race and overrepresentation.

KERRY LITTLEWOOD [00:40:01]: So, Florida places around 46% of their out of home care to relatives, however, Florida is also unique in that we don't license Kinship families, or Kinship caregivers, so we don't license them into being an approved home; so, 46%, but also those are not licensed. So, these kinds of programs are really community-based and support that placement that doesn't necessarily have that license or that education that other states might have to really prevent disruption of a placement. So, I think that's an important piece, in terms of Florida being unique in that way.

TOM OATES [00:40:54]: So, you've got yourself a connection to the community, maintaining the family connection, and it's such a lower investment for stability, which has such a high rate of return when it comes to what is best for the children and families.

[00:41:10]: Dr. Kerry Littlewood, Larry Cooper, I appreciate you so much for sharing your story and sharing what you've learned and being able to, maybe, we can replicate things like this, or take some of those key nuggets away and, kind, of seeing this spread as we can try to make a difference as we're continuing to do across the nation. Guys, I thank you guys so much.

LARRY COOPER, KERRY LITTLEWOOD [00:41:32]: Thank you.

TOM OATES [00:41:36]: So, in our current state where so much business and communication is done through rapid and mobile systems and technology, here's an approach that succeeds while, yes, utilizing technology, but through personal relationships and long standing connections.

[00:41:50]: Both Larry Cooper and Dr. Littlewood have already connected with a few other states around the country to provide some insight into both the Kin-Tech program's application and its evaluation. For more regarding Kinship Care, you can check out this podcast page on the Children's Bureau website, just go to acf.hhs.gov/cb and search 'Podcasts'. We put up a site visit report about Kin-Tech, along with links to an Information Gateway publication "Kinship Care and the Child Welfare System", along with a link to Gateway's web section specifically dedicated to Kinship Care.

[00:42:24]: And I'll remind you to go to childwelfare.gov and visit Information Gateway, it's the most comprehensive collection of timely and relevant resources, tools, best practices, contact information and data surrounding the entire continuum of child welfare. You can also visit the out of home care section and find the complete microsite dedicated to National Foster Care Month which is available all year long.

[00:42:46]: We're having a lot of fun bringing you these episodes and providing you another way to hear from and learn about some of the great impacts being made across the country. If you've got an idea for a future podcast, let us know, drop us a line at info@childwelfare.gov. So, thanks again for listening

and stay tuned for more episodes of the Child Welfare Information Gateway Podcast. I'm Tom Oates, and we'll talk to you next time.

FEMALE NARRATOR [00:43:16]: Thanks for joining us for this edition of the Child Welfare Information Gateway podcast. Child Welfare Information Gateway is available at childwelfare.gov and is a service of the Children's Bureau, U.S. Department of Health and Human Services Administration for Children and Families. The views and opinions expressed on this podcast do not necessarily reflect on those of Information Gateway, or the Children's Bureau.

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