



# KINSHIP NAVIGATION PROGRAM 2023

## Kinship Navigation Program Guide

Third Edition



*A program of  
New Hampshire Children's Trust*



### Third Edition



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# WELCOME & INTRODUCTION

**Welcome to your new role as a Kinship Navigator!**

**Your Family Resource Center and the New Hampshire Children's Trust (NHCT) have partnered to support the Kinship Navigation Program.**



1. **Your job** is to help kinship caregivers get the support, connections, education, and guidance needed to be successful, and to document your efforts in the online database called the Family Support Data System (FSDS).
2. **Your supervisor's job** at the FRC is to support you in that work.
3. **Our job at NHCT** is to support the network of FRCs offering the Kinship Navigation Program through funding, program oversight, a data system, training for data collection, resources such as common forms and protocols, and facilitating a community of practice among Kinship Navigators statewide.

**You will learn more about these roles in the Kinship Navigation Program as you read the materials provided and spend time with your supervisor. What you have here is an introduction to the team, a description of the program, your role as a Navigator, orientation details, and program-specific forms.**

**We're excited to collaborate with you to help kinship families grow stronger and more successful!**

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# WE'RE HERE FOR YOU

## At New Hampshire Children's Trust you have a team of people ready to help you succeed.

### **Becky Berk & Lindsay Allsop** | *Data Manager & Support*

Becky and Lindsay will help you with all things data. During your orientation you will have time with Becky to learn the Family Support Data System (FSDS), and understand the needs of data collection on the platform and how that data is used. Since an important part of your role is gathering and entering data into the FSDS, Lindsay will be on hand to help you learn how to do that. Becky also creates resources to support FSDS use, which are available on the FSDS homepage.

### **Becky Ayling** | *Kinship Navigation Program Manager*

Becky Ayling's role is to support a consistent program model for the Kinship Navigation Program throughout New Hampshire. Becky will assist you and your supervisor in achieving and maintaining fidelity to the agreed upon program model, while ensuring that the kinship services offered in each Family Resource Center meet the unique needs of their community. Becky also manages training needs for Kinship Navigators, and facilitates the Kinship Navigator Community of Practice (monthly virtual meeting) which you are invited to attend.

### In the next few days, you're going to receive some further information from NHCT and/or your supervisor:

- **University of Maine Certificate in Grandfamilies Leadership Course:** You will receive an email to enroll. This is a required course for all Kinship Navigators. You can learn more about it here: [mainecenteronaging.umaine.edu/education/kinshipcert/](http://mainecenteronaging.umaine.edu/education/kinshipcert/)
- **iSpring:** This is a learning management system which contains most of the training (required and recommended) outlined in this document (starting on page 11). You will be given a log in and access to all necessary training courses.
- **Microsoft Teams:** Teams is an online platform that we use to share information and resources. You will be able to connect with the other Kinship Navigators via a message board, and have access to all the approved forms, updates, and resources. You will receive emails from Microsoft Teams as you are added into groups. If you are new to Microsoft Teams, here are some short, helpful tutorials to help you find your way around: <https://support.microsoft.com/en-us/office>

# ABOUT THE PROGRAM

## What is the Kinship Navigation Program?

More than 2.6 million children are currently being raised by their grandparents and other relatives, both formally through the child welfare system and informally through private family arrangements.\*

When these caregivers take on this responsibility, they often receive little to no financial support or advice regarding how to navigate the many systems that they might need to access to help them meet the needs of the children in their care.

New Hampshire's Division for Children, Youth and Families (DCYF) have been shifting toward a "kin first" culture and practice that prioritizes supporting kinship caregivers. This is still new and at times kinship options are not explored.

The Kinship Navigation Program helps fill that gap by providing caregivers with information about and connections to community resources; education and support to work through the state and federal systems (DCYF, benefits, insurance, etc.); and advocacy/support for them as a caregiver (often for the second time, later in life).



The Navigator's goal is to maximize the caregivers' ability to provide safety, stability, and, if needed, permanency for the child(ren) placed in their home.

### Permanency is defined as

- a. Formal arrangement made by a court/judge regarding where and with whom a child will live until they are 18 years old
- b. Informal arrangement by a family to ensure a child has a stable, long-term residence and caregiver until they are at least 18 years old

### PROGRAM OBJECTIVE

Rooted within NH's Family Resource Centers, the Kinship Navigation Program links kinship caregivers, both inside and outside of the formal child welfare system, to the services and supports specific to their family's needs.

Kinship Navigators provide emotional support, education, and guidance to kinship caregivers, and offer information, referral and follow up services to promote independence and enhance the well-being of the families they serve.

### PROGRAM FEE: N/A

The Kinship Navigation Program is funded with state and federal monies, administered through the State of New Hampshire's Department of Health & Human Services, in collaboration with the New Hampshire Children's Trust. Kinship caregivers are never assessed a program fee to participate.



# ABOUT THE PROGRAM

## PROGRAM ELIGIBILITY

Program participation is free, voluntary, and open to kinship caregivers who are raising children in the absence of the child's biological parents.

The following are considered kinship caregiver arrangements:

- Division for Children, Youth and Families (DCYF) placement
- Legal Guardianship
- Adoption
- Informal/family arrangement
- Foster care

## SERVICES

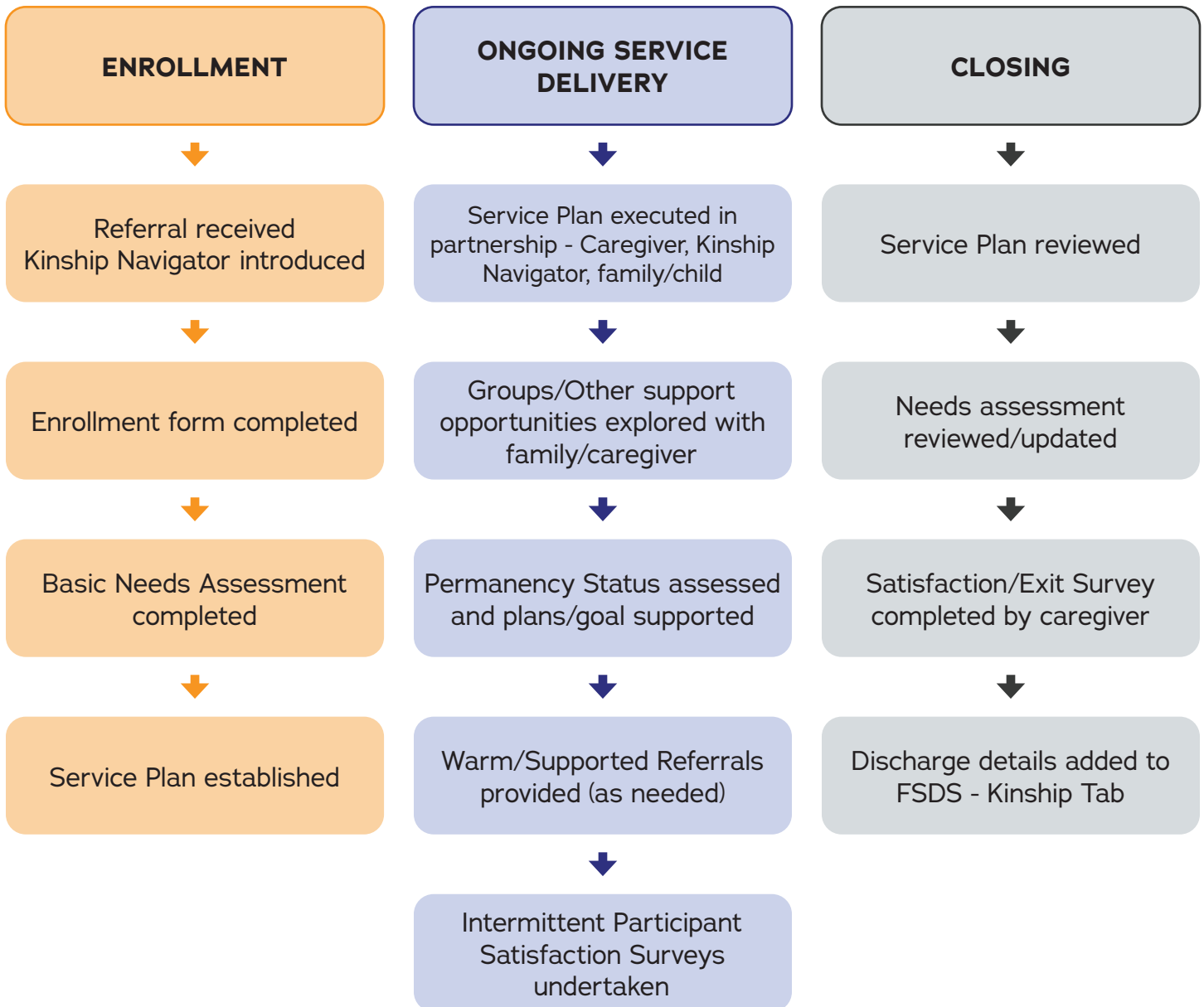
- **Caregiver Education & Support:** Support groups, PASTA (Parenting a Second Time Around) curriculum
- **Family Mentoring & Support:** In-home or virtual parenting education, (e.g., Growing Great Kids, Growing Great Families, PASTA, Positive Solutions for Families, etc.), supportive services, and mentoring designed to improve parenting, self-sufficiency, and family functioning
- **Medical & Health Education:** Linking with family healthcare providers and linkage to resources to obtain health insurance and healthcare for the child(ren) in their care
- **Education:** Collaborating with programs like Head Start and the school systems; support accessing affordable childcare; advocacy to ensure the child's needs are being met and the caregiver has the necessary resources to support learning
- **Literacy Education and Support:** Support with understanding various community supports and services specific to family needs; guiding families through benefits and eligibility applications; distribution of Healthy Readers Program books to eligible enrolled children
- **Emotional Support & Advocacy:** Provide emotional support to kinship caregivers in times of need; advocate for both kinship caregivers and children as they navigate a complex network of programs and benefits.
- **Concrete Supports:** Each Kinship Navigation Program has access to financial resources which enable Navigators to provide concrete supports which cannot be accessed elsewhere. This may include gas cards to support participation in a group, seasonal clothing, limited car repairs, and so on.



# KINSHIP NAVIGATOR ROLE

Kinship Navigators are responsible for providing information, resources, referrals, and supports to kinship families.

## SERVICE DELIVERY PROCESS



### NOTE:

Some agencies' enrollment processes may vary from this based on intake method and other assessment tools in use.



# KINSHIP NAVIGATOR ROLE

## SERVICE DELIVERY EXPECTATIONS

| EXPECTATION                                                        | WHO                      | REQUIRED/RECOMMENDED                                                                      |
|--------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------------|
| Intake and Enrollment                                              | Various (depends on FRC) | Required                                                                                  |
| Consistent contact, appropriate to family need and tier of service | Kinship Navigator        | Required                                                                                  |
| Referrals (internal and external)                                  | Kinship Navigator        | Recommended/As needed                                                                     |
| Basic Needs Assessment                                             | Kinship Navigator        | Required (exception: agencies with pre-established needs assessments or related policies) |
| Expanded Outcomes Assessments (i.e., PFS2, PAPP, CSS, etc.)        | Various                  | Dependent upon program pathway/tier of services                                           |
| Discharge                                                          | Kinship Navigator        | Required                                                                                  |

## SUPPORT FOR KINSHIP NAVIGATION PROGRAM

| QUESTION/NEED                                 | PERSON ASKING                                     | PERSON TO SUPPORT/RESPOND                                                                                     |
|-----------------------------------------------|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Emergency/Urgent client related concerns      | Kinship Navigator                                 | Supervisor at the FRC                                                                                         |
| Program-specific policy and funding questions | Kinship Navigator<br>FRC Leadership/KN Supervisor | KN Program Manager<br>KN Program Manager/NHCT                                                                 |
| Non-Urgent client related concerns/challenges | Kinship Navigator                                 | Community of Practice/Peers                                                                                   |
| IT (FSDS, Teams, etc.)                        | Kinship Navigator                                 | Supervisor at FRC<br>When Supervisor is unable to provide the needed assistance, contact Data Manager at NHCT |



# KINSHIP NAVIGATOR ROLE

## DOCUMENTATION EXPECTATIONS

Additional information/user resources can be found on your homepage within FSDS/QuickBase.

| TASK                                                                                                                                                                  | TIMEFRAME                                                               | RESPONSIBLE PARTY                             | EXPECTATION |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------|-------------|
| Obtain release from caregiver to enter family into FSDS/QB<br><i>Note: Written preferred, verbal permitted</i>                                                        | First contact with family                                               | Kinship Navigator/Data or Intake Staff at FRC | Required    |
| Complete Program Enrollment Form with new Kinship Caregiver ( <a href="#">Appendix</a> )                                                                              | During first and second meetings                                        | Kinship Navigator                             | Required    |
| Enter information from the Program Enrollment form into FSDS                                                                                                          | Within 48 hours (2 business days)                                       | Kinship Navigator/Data Staff at FRC           | Required    |
| Basic Needs Assessment must be completed for all participants in the KNP as a part of the Service Plan development                                                    | During Service Planning Stage                                           | Kinship Navigator                             | Required    |
| Complete a service plan for new Caregivers enrolled in the KNP                                                                                                        | Within 1 week of completing their Enrollment Form                       | Kinship Navigator                             | Required    |
| Add Kinship Placement details as a part of Enrollment documentation                                                                                                   | Within 1 week of completing their Enrollment Form                       | Kinship Navigator                             | Required    |
| Update Kinship Placement details                                                                                                                                      | Within 48 hours (2 business days) of any change to the Placement status | Kinship Navigator/Data Staff at FRC           | Required    |
| Document all "in person" or meaningful phone/video/text conversations with Caregiver/Child as Encounters                                                              | Within 24 hours (1 business day) of the interaction                     | Kinship Navigator/Data Staff at FRC           | Required    |
| Add brief notes in Encounters to support warm hand-off and knowledge transfer, if current KN is unavailable, vacates position or family moves to a new catchment area | Undefined                                                               | Kinship Navigator/Data Staff at FRC           | Recommended |
| Add discharge information under Kinship Tab                                                                                                                           | Following final Kinship Program contact with family/caregiver           | Kinship Navigator/Data Staff at FRC           | Required    |

# NEW KINSHIP NAVIGATOR ORIENTATION

All new Kinship Navigators should receive support and training from their Family Resource Center supervisor. To ensure that each FRC hosting a Kinship Navigator has the same skills and resources available, the NHCT has set out required training for new Kinship Navigators. Some of the below may also be a part of typical FRC orientation.

Kinship Navigators' Supervisors are responsible for ensuring these courses are completed according to the below timeframes and can thus identify if some of these courses have been completed previously.

Funding for all the below courses will be provided through the NHCT until further notice. Additional training stipends may be available through the NHCT. Training courses noted as "online" will be assigned by NHCT through the learning management system iSpring.

Some training opportunities may be coordinated among the Kinship Navigator Community of Practice or offered through the NHCT, to benefit the statewide network of Kinship Navigators.

## SUPERVISOR ORIENTATION

| COURSE                          | EXPECTATION                                | TIME FOR COMPLETION                                                                                                      | LEARNING GOALS/ INFORMATION                                                                                                                                                                                                                                                                                                            |
|---------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Supervising a Kinship Navigator | Required for Kinship Navigator Supervisors | Prior to beginning supervision of a Kinship Navigator<br><br><b>OR</b> within 90 days of new contract or position change | Provision: NHCT iSpring LMS <ul style="list-style-type: none"> <li>Understand the expectations/ requirements of Kinship Navigators</li> <li>Learn to navigate Kinship Navigator Program screens in FSDS</li> <li>Gain an understanding of the supports, structure, and training provided by NHCT to Kinship Navigators/FRCs</li> </ul> |



# NEW KINSHIP NAVIGATOR ORIENTATION

## KINSHIP NAVIGATOR ORIENTATION

| COURSE                                            | EXPECTATION | TIME FOR COMPLETION                                      | LEARNING GOALS/INFORMATION                                                                                                                                                                                                                                                                                                                                          |
|---------------------------------------------------|-------------|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Certificate in Grandfamilies Leadership           | Required    | Earliest available session (typically offered quarterly) | University of Maine Certificate must be provided to NHCT and FRC Supervisor upon completion                                                                                                                                                                                                                                                                         |
| Understanding Communities of Practice             | Required    | Within first month                                       | Provision: NHCT <b>iSpring LMS</b> <ul style="list-style-type: none"> <li>Peer Learning/Support</li> <li>Coaching vs. Managerial models of work</li> <li>Collaboration</li> </ul>                                                                                                                                                                                   |
| Online Module: Introduction to Kinship Navigation | Required    | Within first two weeks                                   | Provision: NHCT <b>iSpring LMS</b><br>Describe the history and need for kinship navigation<br>Discuss roles and competencies of kinship navigators<br>Identify aspects of professionalism<br>Explain the importance of HIPAA/Confidentiality<br>Facilitate action planning<br>Develop the capacity to set appropriate boundaries                                    |
| Motivational Interviewing                         | Required    | Earliest available session                               |                                                                                                                                                                                                                                                                                                                                                                     |
| Strengthening Families                            | Required    | Earliest available session or online (self-paced)        | Provision: NHCT - in person/live virtual<br>Provision: ProSolutions - online module<br><a href="http://www.strengtheningfamiliesprogram.org">www.strengtheningfamiliesprogram.org</a>                                                                                                                                                                               |
| Online Module: Substance Use Disorders            | Required    | Within first month                                       | Provision: NHCT <b>iSpring LMS</b> <ul style="list-style-type: none"> <li>Explain strategies used to prevent substance abuse</li> <li>Recognize the potential risk factors that contribute to NH's high rate of substance use</li> <li>Identify community resources</li> <li>Gain understanding of psychological issues and prenatal exposure to opioids</li> </ul> |
| Online Module: Trauma-Informed Care               | Required    | Within first two weeks                                   | Provision: NHCT <b>iSpring LMS</b> <ul style="list-style-type: none"> <li>Describe basics of brain function and development</li> <li>Discuss components of Trauma Informed Care</li> <li>Apply strategies to address challenging behaviors</li> </ul>                                                                                                               |

Continued on next page.

# NEW KINSHIP NAVIGATOR ORIENTATION

## KINSHIP NAVIGATOR ORIENTATION CONT.

| COURSE                                                 | EXPECTATION | TIME FOR COMPLETION | LEARNING GOALS/INFORMATION                                                                                                                                                                                                                                                                                                                  |
|--------------------------------------------------------|-------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Online Module: Cultural Humility/ Client-Centered Care | Required    | Within first month  | Provision: NHCT <b>iSpring LMS</b> <ul style="list-style-type: none"> <li>Define culture, cultural sensitivity, and diversity</li> <li>Describe cultural challenges of healthcare and social service systems</li> <li>Identify strategies to achieve Standards of Quality for Family Strengthening and Support</li> </ul>                   |
| Online Module: Social Determinants of Health           | Recommended | Within first month  | Provision: NHCT <b>iSpring LMS</b>                                                                                                                                                                                                                                                                                                          |
| Online Module: Compassionate Boundaries                | Recommended | Within first month  | Provision: NHCT <b>iSpring LMS</b> <ul style="list-style-type: none"> <li>Discuss definitions and concepts of compassion and its place in healthcare settings</li> <li>Describe definitions of professional boundaries</li> <li>Identify common challenges to creating and maintaining compassionate and professional boundaries</li> </ul> |
| Online Module: Learning About the Family Support Unit  | Recommended | When available      | Provision: NHCT <b>iSpring LMS</b> /NH DHHS                                                                                                                                                                                                                                                                                                 |

## ONGOING KINSHIP NAVIGATOR PROFESSIONAL DEVELOPMENT AND TECHNICAL ASSISTANCE

| TRAINING/TOPIC       | EXPECTATION | TIME FOR COMPLETION | PAYEE | LEARNING GOALS/INFORMATION                                                                                                                |
|----------------------|-------------|---------------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------|
| Trauma-Informed Care | Required    | Annually            | NHCT  | Refresher or advanced session on this topic each year to advance skills, provide self-care, and identify any new Evidence-Based Practices |
| Cultural Humility    | Required    | Annually            | NHCT  | Refresher or advanced session on this topic each year to advance skills and reinforce past learning                                       |

*Continued next page.*



# NEW KINSHIP NAVIGATOR ORIENTATION

## ONGOING KINSHIP NAVIGATOR PROFESSIONAL DEVELOPMENT AND TECHNICAL ASSISTANCE CONT.

| TRAINING/TOPIC                                                | EXPECTATION | TIME FOR COMPLETION | PAYEE | LEARNING GOALS/OTHER INFO                                                                                                                                                                                                               |
|---------------------------------------------------------------|-------------|---------------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Social Determinants of Health                                 | Required    | Annually            |       | Advanced training on this topic annually to further skills through a focus on individual determinants, identification of new Evidence-Based Practices and/or to reinforce past learning                                                 |
| Stages of Change/<br>Motivational Interviewing                | Recommended | Annually            | NHCT  | Refresher of this topic each year to advance skills and provide a forum to problem-solve<br>Ongoing practice sessions recommended                                                                                                       |
| Online Module:<br>Building Relationships with Children        | Recommended | N/A                 | NHCT  | Provision: NHCT <b>iSpring LMS</b>                                                                                                                                                                                                      |
| Online Module:<br>Financial Literacy (Your Money, Your Goals) | Recommended | N/A                 | N/A   | Provision: NHCT <b>iSpring LMS</b><br>Additional Resource: <a href="http://www.consumerfinance.gov/consumer-tools/educator-tools/your-money-your-goals">www.consumerfinance.gov/consumer-tools/educator-tools/your-money-your-goals</a> |
| Online Module:<br>Navigating State Resources                  | Recommended | N/A                 | N/A   | Provision: NHCT <b>iSpring LMS</b><br>Updates and education also provided during Community of Practice meetings as needed                                                                                                               |
| Online Module:<br>Creating a Stigma-Free Environment          | Recommended | N/A                 | N/A   | Provision: NHCT <b>iSpring LMS</b> <ul style="list-style-type: none"> <li>Define Stigma</li> <li>Describe the effects of stigma</li> <li>Identify strategies to reduce stigma</li> </ul>                                                |



# APPENDIX





## PROGRAM ENROLLMENT FORM

|                     |                             |              |
|---------------------|-----------------------------|--------------|
| Date of enrollment: | Kinship Navigator Assigned: | Family Name: |
|---------------------|-----------------------------|--------------|

| REFERRAL INFORMATION                                                                                                                             |                |      |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------|
| Referral Source:                                                                                                                                 | Referral Date: | FRC: |
| Engaged in other FRC programs or groups? (If <b>yes</b> , provide details and update in FSDS; do not create new service record for this family.) |                |      |

| CAREGIVER INFORMATION |           |                   |
|-----------------------|-----------|-------------------|
| Name:                 | DOB:      | Gender:           |
| Race:                 | Ethnicity | Primary Language: |
| Interpreter Needed?   |           | Marital Status:   |
| Phone:                | Email:    |                   |
| Home Address:         |           |                   |

| CURRENT FINANCIAL ASSISTANCE (Check all that apply) |          |     |      |          |               |       |            |
|-----------------------------------------------------|----------|-----|------|----------|---------------|-------|------------|
| Snap                                                | SSI/SSDI | WIC | TANF | Medicaid | Child Support | Other | Decline/NA |





## PROGRAM ENROLLMENT FORM

|                     |                             |              |
|---------------------|-----------------------------|--------------|
| Date of enrollment: | Kinship Navigator Assigned: | Family Name: |
|---------------------|-----------------------------|--------------|

| <b>CHILD/CHILDREN PLACED WITH CAREGIVER</b> |                              |         |                                  |
|---------------------------------------------|------------------------------|---------|----------------------------------|
| Name:                                       | DOB:                         | Gender: | Relationship to Caregiver:       |
| Race:                                       | Ethnicity:                   |         | Primary Language:                |
| Interpreter Needed?                         | Type of Kinship Arrangement: |         | Start Date of Kinship Placement: |

|                     |                              |         |                                  |
|---------------------|------------------------------|---------|----------------------------------|
| Name:               | DOB:                         | Gender: | Relationship to Caregiver:       |
| Race:               | Ethnicity:                   |         | Primary Language:                |
| Interpreter Needed? | Type of Kinship Arrangement: |         | Start Date of Kinship Placement: |

|                     |                              |         |                                  |
|---------------------|------------------------------|---------|----------------------------------|
| Name:               | DOB:                         | Gender: | Relationship to Caregiver:       |
| Race:               | Ethnicity:                   |         | Primary Language:                |
| Interpreter Needed? | Type of Kinship Arrangement: |         | Start Date of Kinship Placement: |

| <b>ADDITIONAL FAMILY INFORMATION FOR PLACEMENT RECORDS</b> |                                                |
|------------------------------------------------------------|------------------------------------------------|
| Has the family been affected by substance use disorder?    | If <b>yes</b> , which family members?          |
| If <b>yes</b> , has the individual(s) sought treatment?    |                                                |
| Have any of the parents been incarcerated?                 | Are any of the parents currently incarcerated? |





## PROGRAM ENROLLMENT FORM

|                     |                             |              |
|---------------------|-----------------------------|--------------|
| Date of enrollment: | Kinship Navigator Assigned: | Family Name: |
|---------------------|-----------------------------|--------------|

| ADDITIONAL FAMILY INFORMATION CONT.                                                                            |                                                                                                           |
|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Are any of the parents deceased?                                                                               | If <b>yes</b> , please provide brief details and dates, if known.                                         |
| Is this a court ordered placement?                                                                             | Is there any current DCYF involvement OR historic involvement relevant to the child/children's placement? |
| Has the child/children had multiple placements away from their parents?                                        | If <b>yes</b> , please provide a brief history with estimated dates, if known.                            |
| <b>Permanency</b> - what is the long-term plan for the children or goal of their stay with this kin caregiver? | If permanency has been granted by court - what was the order and when was it granted?                     |

**NOTE: Permanency is defined as**

- a. Formal arrangement made by a court/judge regarding where and with whom a child will live until they are 18 years old
- b. Informal arrangement by a family to ensure a child has a stable, long-term residence and caregiver until they are at least 18 years old





## BASIC NEEDS ASSESSMENT

Date completed: \_\_\_\_\_

### Needs

- Food - access
- Food - meal planning
- Clothing - child
- Clothing - caregiver
- Housing (see below for more details)
- Identification/Documentation - child
- Identification/Documentation - caregiver
- Court process support
- DCYF process support
- Insurance - child
- Insurance - caregiver
- Assistance applying for benefits

### Medical/Dental

Needs? Last appointment for caregiver and each child? Any concerns?

### Savings and Debt Management

- Does not have bank account
- Needs debt management support
- I have trouble affording what I need each month
- I can afford the food I want to feed my family and pay bills

### Income/Employment

Has          Needs support

### Housing

Is it safe? Who pays for it? How long can you stay there? Affordable? Enough space?

### In the past month, were you *unable* to pay for...

- Rent or Mortgage
- Utilities/Bills
- Groceries (including diapers and formula)
- Childcare/Daycare
- Medicine/Medical Expenses
- Transportation (including gas, inspection, etc.)
- Basic Household Items
- Personal Hygiene
- I was able to pay for all of these

### Mental Health

Needs? Any concerns? (caregiver and each child)

### Technology

- Has access to phone
- Has access to necessary tech (caregiver)
- Has access to necessary tech (child)
- Has access to necessary tech (additional child)
- Needs specific tech
- Needs support in using tech

### Other

Do you have concerns, needs or other accommodations that we have not covered?



# PAPF AND CSS PILOT GUIDANCE

NHCT is piloting 2 new parent/caregiver assessments, the **Parent Assessment of Protective Factors (PAPF)** and the **Caregiver Stress Scale (CSS)**, as substitutes for the PFS-2 Retrospective survey.

Some FRC's are testing the PAPF, others are testing the CSS:

| Parent Assessment of Protective Factors (PAPF)                                                                                                                                                                                                                                    | Caregiver Stress Scale (CSS)                                                                                                                                                                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Grapevine – Antrim</li> <li>• Healthy Starts/HCS – Keene</li> <li>• The River Center – Peterborough</li> <li>• Waypoint – Concord</li> <li>• Waypoint – Lebanon</li> <li>• Waypoint – Manchester</li> <li>• Waypoint – Nashua</li> </ul> | <ul style="list-style-type: none"> <li>• Archways – Franklin, Tilton</li> <li>• CAP of Strafford County – Dover</li> <li>• Children Unlimited - Conway</li> <li>• Families First – Portsmouth</li> <li>• FRC Gorham – Gorham, Littleton, Berlin</li> <li>• Lakes Region – Laconia</li> <li>• The Upper Room – Derry</li> <li>• Whole Village – Plymouth</li> </ul> |

Criteria for administering each assessment is different:

| Parent Assessment of Protective Factors (PAPF)                                                                                                                                                                                                                                                                                                          | Caregiver Stress Scale (CSS)                                                                                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>This is a <b>retrospective</b> survey</p> <ul style="list-style-type: none"> <li>• Enrolled at least 100 days</li> <li>• Minimum of 12 hours of services received</li> <li>• Missing PFS-2 Retrospective</li> </ul> <p>Agencies are encouraged to administer survey to any family caregivers that receive case mgmt that meet the above criteria</p> | <p>This is a <b>pre-post</b> survey</p> <ul style="list-style-type: none"> <li>• Administer at intake</li> <li>• Administer at 3 month</li> <li>• Administer at every 6 months thereafter while enrolled</li> </ul> <p>Agencies are encouraged to administer survey to any family caregivers that receive case mgmt that meet the above criteria</p> |

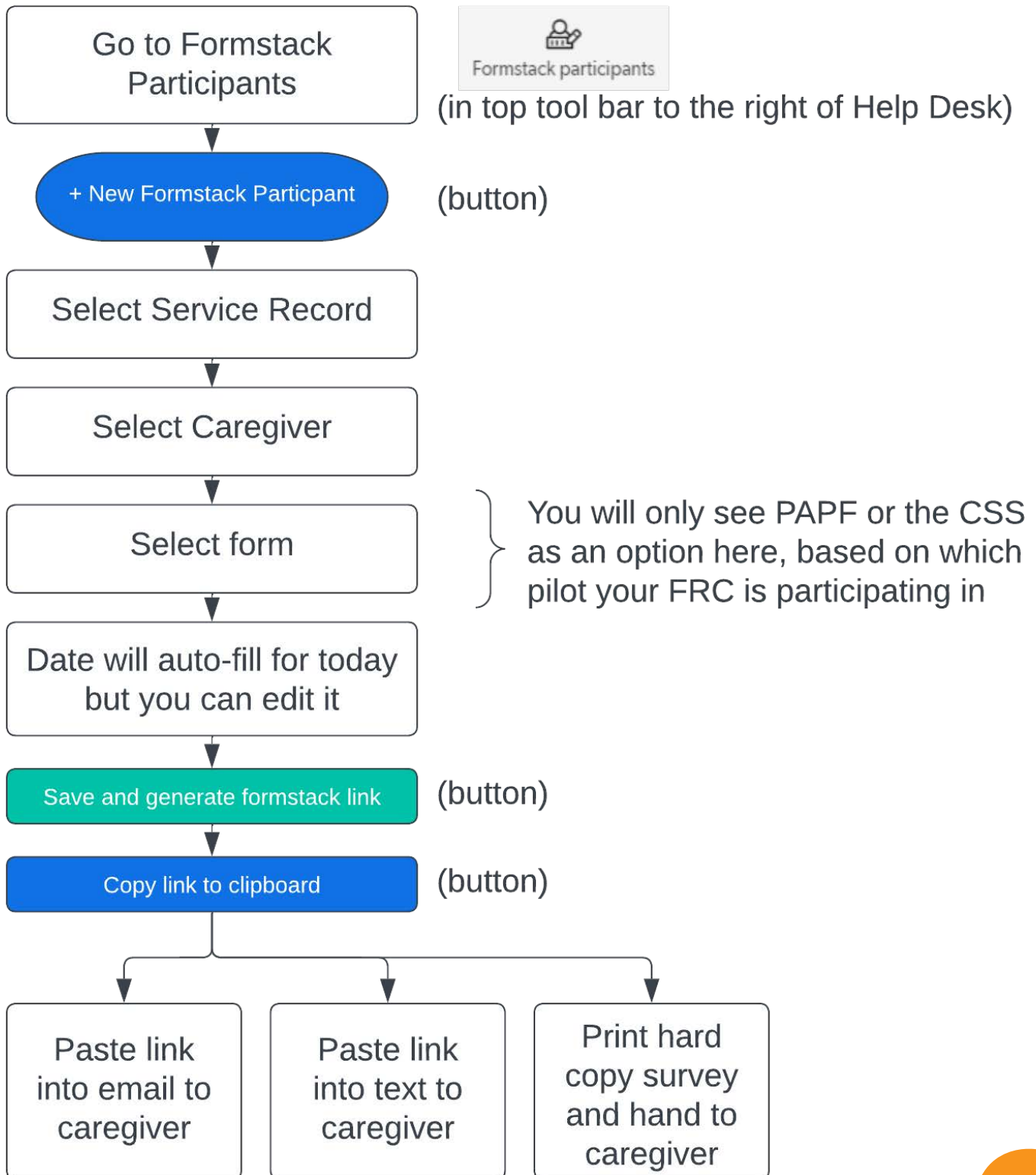
Assessments themselves are different:

| Parent Assessment of Protective Factors (PAPF)                                                                                                                                                        | Caregiver Stress Scale (CSS)                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 36 questions                                                                                                                                                                                          | 5-7 questions (2 Q's specific to Kinship)                                                                                                                                                                     |
| Caregivers should consider their experience/perceptions of 1 child in their care                                                                                                                      | Caregivers should consider their experience/perceptions of all children in their care                                                                                                                         |
| For each statement, caregivers are asked to consider how true the statement is <b>NOW</b> and how true the same statement was <b>BEFORE</b> participating with FRC                                    | For each statement, caregivers are asked to answer questions about the level of stress experienced during the <b>past three months</b>                                                                        |
| <p>Response scale:</p> <ul style="list-style-type: none"> <li>• Not at all like me</li> <li>• Not much like me</li> <li>• A little like me</li> <li>• Like me</li> <li>• Very much like me</li> </ul> | <p>Response scale:</p> <ul style="list-style-type: none"> <li>• A great deal of stress</li> <li>• Quite a bit of stress</li> <li>• Moderate stress</li> <li>• A little stress</li> <li>• No stress</li> </ul> |
| Available in English and Spanish                                                                                                                                                                      | Available in English                                                                                                                                                                                          |



## How to administer both assessments:

Utilizing the assessment administration criteria established on the previous page, FRC staff will first identify a caregiver to take the assessment. Once identified, the process for administering the survey is as follows:



## PARENTS' ASSESSMENT OF PROTECTIVE FACTORS

### DIRECTIONS FOR THE PARENT/CAREGIVER:

1. As you respond to the statements, focus on one child in your care who is the most challenging or about whom you have the most concerns.
2. For each statement, we ask you to consider how true the statement is for you NOW (think about the last week or two) and how true the same statement was BEFORE you started participating with the Family Resource Center.
3. You should respond truthfully to each statement. There are no right or wrong answers – only your opinions.
4. Some statements may seem like others, but no two statements are exactly the same.
5. You are encouraged to respond to the Now and Before of every statement.

|                          |                                                                                         |                                                                                                                                         |
|--------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| <b>Initial Question:</b> | <b>How old is the child that you have in mind while responding to these statements?</b> | <b>Response Options (circle one):</b><br>Less than 1 year old, 1, 2, 3, 4, 5, 6, 7, 8, 9-12 years old, 13-15 years old, 16-18 years old |
|--------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|

### Response options for the questions below. Please write in the appropriate number:

0- Not at all like me, 1- Not much like me, 2- A little like me, 3- Like me, 4- Very much like me

| Item subscale              | Item # | Prompt                                                                      | How I feel <u>now</u> | How I felt just <u>before I began participating in services</u> offered by the FRC |
|----------------------------|--------|-----------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------|
| <b>Parental Resilience</b> | 1      | I feel positive about being a parent/caregiver.                             |                       |                                                                                    |
|                            | 2      | I take good care of my child even when I am sad.                            |                       |                                                                                    |
|                            | 3      | I find ways to handle problems related to my child.                         |                       |                                                                                    |
|                            | 4      | I take good care of my child even when I have personal problems.            |                       |                                                                                    |
|                            | 5      | I manage the daily responsibilities of being a parent/caregiver.            |                       |                                                                                    |
|                            | 6      | I have the strength within myself to solve problems that happen in my life. |                       |                                                                                    |
|                            | 7      | I am confident I can achieve my goals.                                      |                       |                                                                                    |
|                            | 8      | I take care of my daily responsibilities even if problems make me sad.      |                       |                                                                                    |
|                            | 9      | I believe that my life will get better even when bad things happen.         |                       |                                                                                    |

**Response options for the questions below. Please write in the appropriate number:**

0- Not at all like me, 1- Not much like me, 2- A little like me, 3- Like me, 4- Very much like me

| Item subscale                            | Item # | Prompt                                                                                      | How I feel <i>now</i> | How I felt just <i>before I began participating in services</i> offered by the FRC |
|------------------------------------------|--------|---------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------|
| <b>Social Connections</b>                | 10     | I have someone who will help me get through tough times.                                    |                       |                                                                                    |
|                                          | 11     | I have someone who helps me calm down when I get upset.                                     |                       |                                                                                    |
|                                          | 12     | I have someone who can help me calm down if I get frustrated with my child.                 |                       |                                                                                    |
|                                          | 13     | I have someone who will encourage me when I need it.                                        |                       |                                                                                    |
|                                          | 14     | I have someone I can ask for help when I need it.                                           |                       |                                                                                    |
|                                          | 15     | I have someone who will tell me in a caring way if I need to be a better parent/caregiver.  |                       |                                                                                    |
|                                          | 16     | I have someone who helps me feel good about myself.                                         |                       |                                                                                    |
|                                          | 17     | I am willing to ask for help from my family.                                                |                       |                                                                                    |
|                                          | 18     | I have someone to talk to about important things.                                           |                       |                                                                                    |
| <b>Concrete Support in Times of Need</b> | 19     | I don't give up when I run into problems trying to get the services I need.                 |                       |                                                                                    |
|                                          | 20     | I make an effort to learn about the resources in my community that might be helpful for me. |                       |                                                                                    |
|                                          | 21     | When I cannot get help right away, I don't give up until I get the help I need.             |                       |                                                                                    |
|                                          | 22     | I know where to go if my child needs help.                                                  |                       |                                                                                    |



**Response options for the questions below. Please write in the appropriate number:**

0- Not at all like me, 1- Not much like me, 2- A little like me, 3- Like me, 4- Very much like me

| Item subscale                                      | Item # | Prompt                                                                                  | How I feel <i>now</i> | How I felt just <i>before I began participating in services</i> offered by the FRC |
|----------------------------------------------------|--------|-----------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------|
| <b>Concrete Support in Times of Need (cont.)</b>   | 23     | I am willing to ask for help from community programs or agencies.                       |                       |                                                                                    |
|                                                    | 24     | I know where I can get helpful information about parenting and taking care of children. |                       |                                                                                    |
|                                                    | 25     | Asking for help for my child is easy for me to do.                                      |                       |                                                                                    |
|                                                    | 26     | I know where to get help if I have trouble taking care of emergencies.                  |                       |                                                                                    |
|                                                    | 27     | I try to get help for myself when I need it.                                            |                       |                                                                                    |
| <b>Social and Emotional Competence of Children</b> | 28     | I maintain self-control when my child misbehaves.                                       |                       |                                                                                    |
|                                                    | 29     | I help my child learn to manage frustration.                                            |                       |                                                                                    |
|                                                    | 30     | I stay patient when my child cries.                                                     |                       |                                                                                    |
|                                                    | 31     | I play with my child when we are together.                                              |                       |                                                                                    |
|                                                    | 32     | I can control myself when I get angry with my child.                                    |                       |                                                                                    |
|                                                    | 33     | I make sure my child gets the attention he or she needs even when my life is stressful. |                       |                                                                                    |
|                                                    | 34     | I stay calm when my child misbehaves.                                                   |                       |                                                                                    |
|                                                    | 35     | I help my child calm down when he or she is upset.                                      |                       |                                                                                    |
|                                                    | 36     | I am happy when I am with my child.                                                     |                       |                                                                                    |

# CAREGIVER STRESS SCALE

(LAST REVISED 12/20/22)

Q1: Over the past three months, how many children have you cared for at least 50% of the time?

Answer: \_\_\_\_

We understand that caregivers experience many different types of stress. We would like to hear a little bit more about your experience.

[Invite the caregiver to think about total caregiving role, rather than focus on individual children]

| In the past three months, how much stress have you felt about . . .                                                               | A great deal of stress | Quite a bit of stress | Moderate stress | A little stress | No stress | Prefer not to respond |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------|-----------------|-----------------|-----------|-----------------------|
| Q2: your ability to help your child(ren) learn how to understand and regulate their emotions?                                     |                        |                       |                 |                 |           |                       |
| Q3: your ability to help your child(ren) learn how to regulate their behavior and express themselves in socially acceptable ways? |                        |                       |                 |                 |           |                       |
| Q4: your ability to access to the resources you need to care for the child(ren)?                                                  |                        |                       |                 |                 |           |                       |
| Q5: the quality of your support network?                                                                                          |                        |                       |                 |                 |           |                       |
| Q6: your relationship with the child(ren)?                                                                                        |                        |                       |                 |                 |           |                       |

Q7: How many of the children in your care are the children of relatives or close friends?

Answer: \_\_\_\_\_

*[Ask the following questions only if the answer to the previous question was >0]*

| In the past three months, how much stress have you felt about . . .                                                                                                  | A great deal of stress | Quite a bit of stress | Moderate stress | A little stress | No stress | Prefer not to respond |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------|-----------------|-----------------|-----------|-----------------------|
| Q8: your relationship with the child(ren)'s parents?                                                                                                                 |                        |                       |                 |                 |           |                       |
| Q9: The way that caring for the child(ren) has affected other aspects of your life (for example: relationships, employment, finances, social life, family routines)? |                        |                       |                 |                 |           |                       |

Thank you for sharing your experience with us.







# NEW HAMPSHIRE FAMILY RESOURCE CENTERS



GREATER SEACOAST COMMUNITY HEALTH

**Goodwin** **Families** **Lilac City**  
Community Health **First** Pediatrics





# KINSHIP NAVIGATION PROGRAM

*A program of*



NEW HAMPSHIRE

**Children's Trust**

New Hampshire chapter of  **Prevent Child Abuse  
America**