

T3C Training Series

Supporting Kinship Caregivers

Self-Study Manual

Empowering Angels Group LLC

3634 Glenn Lakes Ln, Suite 195, Missouri City, TX 77459

empoweringangelstx@gmail.com

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Curriculum

Module 1: Orientation & Verification in Kinship — **25 minutes**

Module 2: Family Dynamics & Trauma-Informed Care — **20 minutes**

Module 3: Challenges & Risk Management — **25 minutes**

Module 4: Systems Navigation, Benefits & Documentation — **20 minutes**



How to Use This Manual

This manual is designed as a self-paced training that you can complete on your own, and it is structured to take approximately 90 minutes when done as intended. Each module is organized to mirror a typical instructor-led session: it begins with the key teaching content an instructor would normally explain out loud, presented in the “Read & Learn” sections, and then moves into activities that help you practice the skill, think through how it applies to your situation, and reflect on what you learned. At the end of each module, you will complete a self-check to confirm your understanding before moving forward.

If you are completing this training independently, you should read every section in order, complete each activity as it appears, and then finish the knowledge check at the end to ensure you have understood and can apply the information. If you are facilitating the training for a small group, you should use the “Instructor Notes (Optional)” callouts as guidance for what to emphasize, how to frame discussion, and how to support participants as they work through the modules together.

Structure of Each Module

What You’ll Learn – A concise overview that introduces the module’s purpose and highlights the most important points you will focus on. This section sets expectations upfront by outlining the major themes, skills, or knowledge areas the module will address, so you can follow the content with a clear sense of direction. By reading this first, you can anticipate what you will be asked to understand, practice, and apply by the end of the module, and you can better recognize which details are most essential as you move through the training.

Read & Learn – The main teaching portion of the module, written in straightforward, plain language to make the information easy to understand and easy to follow. It reflects what an instructor would normally say during an in-person session, meaning it includes the explanation, key definitions, important reminders, and the reasoning behind recommended practices. This section is intended to be read carefully and completely, because it provides the foundational knowledge you need before moving into practice activities and real-world application.

Try It – A set of short exercises designed to help you practice the skill immediately after learning it, while the information is still fresh. These activities often include simple scripts, sample wording, or brief scenario-based practice so you can rehearse what to say or do in a realistic situation. The goal is to move from understanding the concept to using it, building confidence through repetition and helping you notice what feels clear, what feels challenging, and what may need additional attention.

Apply It – A practical action-focused section that translates learning into concrete steps you can carry out at home. Instead of staying at the level of ideas, this part of the module gives you clear, usable actions you can implement in your daily routines, including specific behaviors, habits, or small process changes that support consistent follow-through. The purpose is to



ensure the training results in real change—helping you take what you learned and integrate it into how you respond, communicate, plan, and make decisions in everyday caregiving situations.

Self-Check – A short review at the end of the module, usually consisting of 3–5 questions, that helps confirm whether you understood the most important content. These questions are meant to reinforce the key points, highlight what you should remember, and prompt you to think through how you would apply the information in practice. If you are unsure about any answers, the self-check also serves as a signal to return to that part of the module, re-read it, and repeat the practice activity before moving on.

Instructor Notes (Optional) – Brief guidance included for situations where a leader, trainer, or facilitator is supporting a small group. These callouts typically provide suggestions on how to introduce the topic, which points to emphasize, and how to guide group discussion in a productive and respectful way. They may also include tips for managing common questions, encouraging participation, and keeping the group focused on the module’s learning goals, so the training remains consistent and supportive even when delivered to multiple participants.

DFPS Standards Callouts

Supervision & Safety Plans: §749.1133(c,g).

This callout highlights the DFPS expectations related to how a caregiver provides appropriate supervision and how the home follows an established safety plan. It emphasizes that supervision must be intentional and age-appropriate, and that safety planning is not optional—it is a defined set of steps and precautions used to reduce risk, prevent harm, and respond consistently to identified safety concerns. The purpose of referencing this standard is to ensure caregivers understand that daily supervision practices and any required safety plan must be followed as written and applied consistently in the home.

Confidentiality & youth rights: §749.1003.

This callout focuses on protecting a child or youth’s privacy and ensuring their rights are respected in day-to-day caregiving. It reinforces that sensitive information about a child, their history, their case, and their services must be handled carefully and shared only with appropriate, authorized individuals. It also points to the expectation that youth are treated with dignity and respect, and that caregivers support an environment where youth rights—such as privacy, appropriate communication, and respectful treatment—are recognized and upheld.

SIR thresholds and timelines: §749.503, §749.5031.

This callout addresses when an incident must be reported and how quickly reporting must occur, using DFPS Serious Incident Report (SIR) requirements. It clarifies that not every situation requires an SIR, but incidents that meet the required threshold must be reported according to specific timelines. The intent of this reference is to ensure caregivers know there are clear rules for what must be documented, what must be escalated, and when reporting must happen, so



that critical events are communicated promptly and handled in compliance with DFPS expectations.

Module 1: Orientation & Verification in Kinship — 15 minutes

Module focus and timing – This module is intended to be a short, introductory orientation that can be completed in about 15 minutes. It sets the foundation for what kinship caregivers should expect early in placement and helps relatives understand verification steps, basic expectations, and where to get help so the start of the placement feels organized rather than overwhelming.

What You'll Learn

List the key steps in verification and what supports are available to relatives.

By the end of this module, the learner should be able to describe the major “start-up” steps that typically occur when a child is placed with relatives, including what paperwork or information may be requested, who may contact the caregiver, and what follow-up may occur. It also prepares caregivers to identify the types of supports relatives can access—such as benefits guidance, service referrals, respite options, and coaching—so they know they are not expected to navigate everything alone.

Anticipate common stressors unique to kinship homes.

This module also prepares caregivers to recognize the kinds of pressures that frequently show up specifically in kinship placements. The goal is to help caregivers expect that stressors may happen—such as changes in family roles, financial impact, complex family dynamics, and emotional strains so they can plan for them early and respond in a steady, proactive way.

Read & Learn (approx. 8 minutes)

Kinship care preserves relationships and culture but can bring financial strain and role changes. Kinship care often supports stability because the child remains connected to familiar people, traditions, and cultural identity. At the same time, placements with relatives can create sudden and real challenges, especially when the caregiver’s role shifts quickly (for example, moving from grandparent/aunt/older sibling to primary caregiver) and when new expenses arise with little preparation.

A clear onboarding roadmap reduces stress: who to call, what to submit, and when to expect follow-up. Use checklists and plain language.

When caregivers know the basic roadmap—who their main contacts are, what documents or information are needed, and what follow-up steps may happen, it reduces confusion and helps prevent missed requirements. Using a simple checklist and plain language keeps the process manageable and reduces frustration, especially when caregivers are juggling the emotional impact of the placement at the same time.



Set early expectations: supervision standards, documentation basics, and where to find respite or coaching.

Early in the placement, it is important to clearly explain what supervision and safety expectations look like, what kinds of basic documentation caregivers should keep (and why), and what resources exist to support the caregiver's stability. Establishing these expectations early helps prevent misunderstandings later and supports safer, more predictable routines in the home.

Try It (approx. 3 minutes)

1) Draft a kinship onboarding checklist tailored to your home.

Key contacts (caseworker, agency, after-hours):

Documents to gather (IDs, placement paperwork, school/medical):

Appointments to schedule (medical, dental, school enrollment):

Home routines to set up (sleep, meals, transportation, supervision):

2) Write a script to explain supervision rules to extended family.

(Example structure: appreciation → rule → reason tied to safety → what to do instead)

Apply It (approx. 3 minutes)

3) Start a simple binder: IDs, school and medical info (secure storage).

Where will you keep it (secure location)? _____

Sections you will include (check): IDs School Medical Contacts Court/Placement

What is missing that you need to request? _____



4) Schedule a benefits call and jot down three questions to ask.

Benefits/support call date/time: _____

Three questions:

1. _____
2. _____
3. _____

Notes / Plan

Self-Check (approx. 1 minutes)

Self-Check (approx. 1 minute)

1. Name **two strengths** and **two stressors** common in kinship placements.

Answer: _____

2. What belongs in a **kinship binder**?

Answer: _____

Instructor Notes (Optional)

- Offer a one-page “what happens next” sheet for relatives.

Provide a simple, single-page document that outlines what the caregiver should expect after placement—key steps, typical timelines, and who to contact—so relatives feel oriented and are less likely to feel overwhelmed.

- Invite questions about boundaries and visiting relatives from day one.

Encourage caregivers to discuss family boundaries early, including expectations about visits and involvement of extended family. Addressing these topics at the beginning helps prevent misunderstandings and supports clearer, safer routines for everyone involved.



Module 2: Family Dynamics & Trauma-Informed Care — 20 minutes

Estimated 20 minutes

Module focus and timing – This module is designed to take about 20 minutes and focuses on managing kinship-family dynamics through a trauma-informed lens. It prepares caregivers to handle complicated relationships, emotional triggers, and visit routines in ways that support safety, predictability, and emotional regulation for the child.

What You'll Learn

Use trauma-informed strategies for loyalty binds and complex boundaries.

By the end of this module, the learner should be able to recognize situations where a child feels caught between adults (for example, feeling they must “choose sides” between a parent and the kinship caregiver). The learner will also practice using trauma-informed approaches—such as calm communication, predictable limits, and respectful scripts—to maintain boundaries without escalating conflict or placing emotional pressure on the child.

Plan rituals that help before/after family visits.

The learner will also be able to plan simple routines or rituals that prepare the child for visits and help the child recover afterward. These rituals are meant to reduce anxiety, support emotional regulation, and make transitions smoother by using predictable steps the child can rely on before and after contact with family.

Read & Learn (approx. 11 minutes)

Shared history can soothe or trigger.

In kinship care, family familiarity can be comforting because the child already knows the people, environment, and culture. However, the same shared history can also activate trauma responses, especially if certain people, places, topics, or routines are associated with past stress. Caregivers should assume that both outcomes are possible and planned accordingly.

Combine warmth with consistent limits.

Trauma-informed caregiving is not only about being kind, but also about pairing warmth with clear and steady boundaries. The child benefits when adults are nurturing and supportive, while also being consistent about rules, expectations, and safety limits. Consistent limits create predictability, and predictability reduces stress.

Prepare for big feelings: keep transitions simple, predictable, and supported by routines.

Family visits and changes in routine can bring strong emotions such as anxiety, sadness, anger, or confusion. To reduce overwhelm, caregivers should keep transitions uncomplicated and repeat the same basic steps each time (for example, the same preparation routine before visits



and the same decompression routine afterward). Routines act as structure when emotions are high.

Use respectful boundary scripts tied to safety.

Boundaries are more effective when caregivers have prepared wording in advance. Using respectful scripts helps prevent arguments, reduces the chance of emotional reactions in the moment, and communicates limits clearly. Tying boundaries to safety keeps the focus on the child's well-being rather than personal disagreements.

Protect the child from adult conflicts; keep adult conversations private.

The child should not be placed in the middle of adult disagreements or exposed to emotionally charged discussions. Adult conflict can increase stress, create loyalty binds, and destabilize the child's sense of safety. Caregivers should keep adult conversations private and avoid discussing sensitive topics in front of the child.

Try It (approx. 4 minutes)

1) Write two boundary scripts (drop-in visits; gift-giving rules).

A) Drop-in visits script:

B) Gift-giving rules script:

2) Design a “visit day” schedule with decompression built in.

Before visit (predictable routine): _____

During/after visit (transition plan): _____

Decompression (snack/quiet/movement/calm corner): _____



Apply It (approx. 4 minutes)

3) Share the plan with safe relatives and ask for their support.

Who will you talk to (names)? _____

What are the 2–3 expectations you will communicate?

1. _____
2. _____
3. _____

4) Create a “calm corner” with sensory tools.

Where will it be set up? _____

Tools you will include (list 4–6):

How will you introduce it to the child (one sentence)?

Notes / Plan

Self-Check (approx. 1 minutes)

1. Why are boundary scripts helpful?

Answer: _____

2. List two elements of a visit-day decompression plan.

Answer: _____



Instructor Notes (Optional)

- Practice scripts that start with appreciation, then state a clear limit.
Encourage facilitators to coach caregivers to begin scripts with respectful acknowledgement (to reduce defensiveness) and then clearly state the boundary in simple, direct language so expectations are not ambiguous.
- Plan decompression time after visits: snack, quiet, movement.
Reinforce that decompression is not a reward or punishment, it is a regulation strategy. Facilitation should emphasize building in a predictable post-visit routine that may include a snack, quiet downtime, and/or physical movement to help the child return to baseline.

Module 3: Challenges & Risk Management — 15 minutes

This module is designed to take about 15 minutes and focuses on identifying common household risks in kinship settings and putting practical safeguards in place. The emphasis is on simple, realistic protections that work in ordinary homes, especially homes with frequent visitors, shared spaces, and active family routines.

What You'll Learn

Identify home risks (visitors, sleeping arrangements, transportation).

You will learn how to spot the most common risk areas in kinship homes, particularly situations that can create safety gaps: frequent or unplanned visitors, unclear sleeping arrangements, and transportation habits that are inconsistent or rushed. The goal is to notice risk before an incident happens and to know what to tighten up immediately.

Use simple safeguards that fit your space and family culture.

You will learn how to set rules and routines that are both protective and realistic for your household. Safeguards should be strong enough to keep children safe, but also practical enough that your family can follow them consistently without constant conflict or confusion.

Read & Learn (approx. 8 minutes)

Frequent visitors require clear rules and logs.

Homes with many visitors can become unpredictable quickly, which increases risk and reduces accountability. Clear visitor rules establish who can come over, when visits are allowed, where visitors may be in the home, and who must be present during visits. A visitor log adds structure and documentation by tracking who was present and when, which supports safety and helps prevent misunderstandings about who had access to the child.

Sleeping arrangements should reflect safety and privacy.

Sleep is a high-vulnerability time. Safe sleeping arrangements should account for supervision needs, age-appropriate privacy, and household layout. The focus is ensuring the child has a safe



place to sleep, personal privacy where appropriate, and clear boundaries about who may be in sleeping areas. Consistent sleeping arrangements reduce confusion, reduce nighttime conflict, and support stability.

Build water/fire/home safety routines and transportation rules (seat belts, car seats).

Risk management is not only about people; it is also about environments and routines. Water safety, fire safety, and general home safety routines should be consistent and practiced, not just discussed. Transportation rules must be non-negotiable: seat belts are always used, and car seats/booster seats are used correctly every time. These rules protect children in the highest-risk scenarios where injury can happen quickly.

Praesidium-aligned boundaries prevent grooming and abuse: supervised interactions, open-door policies, and clear bathroom rules.

Strong boundaries are a prevention tool. They reduce opportunities for unsafe situations by ensuring children are not placed in isolated, unsupervised, or ambiguous settings with adults or older youth. Supervised interactions, open-door expectations in shared spaces, and clear bathroom/privacy rules help maintain safety and reduce confusion about what is appropriate. The goal is to make expectations consistent, visible, and easy for everyone in the household to follow.

Try It (approx. 3 minutes)

1) Walk through your home with a safety checklist (quick scan).

Entry/doors/windows risks noticed: _____

Supervision “blind spots” (areas hard to monitor): _____

Sleeping/privacy areas needing clarity: _____

Medications/cleaners/sharps secured? Yes No (fix needed): _____

Water/fire hazards (list): _____

2) Create a one-page visitor policy for your fridge.

Visitor rules (drop-ins allowed? Yes No): _____

Where visitors may be (common areas only / other): _____

Areas off-limits (bedrooms, bathrooms, etc.): _____

Supervision rule (who must be present?): _____

Visitor log rule (required every time?): _____



Apply It (approx. 3 minutes)

3) Post key rules where adults can see them.

Where will you post them? _____

Top 3 rules you will post:

1. _____
2. _____
3. _____

4) Model how to sign the visitor log and explain why.

Where will the visitor log be kept? _____

What will you say (1–2 sentences)?

Notes / Plan

Self-Check (approx. 1 minutes)

1. Name two practical safeguards for homes with many visitors.

Answer: _____

2. When should you increase supervision?

Answer: _____



Instructor Notes (Optional)

- Increase supervision during gatherings; clarify overnight rules in writing.
In group facilitation, emphasize that gatherings create “busy moments” where safety gaps often occur. Written overnight expectations prevent confusion and reduce boundary disputes, especially in kinship systems where relatives may assume informal arrangements are acceptable.
- Document early; file SIR when thresholds are met.
Reinforce that early documentation supports clarity and accountability. If an incident meets the reporting threshold, reporting must occur according to required timelines. The key teaching point is, do not delay documentation, and do not wait for a situation to “get worse” before following required reporting processes.

Module 4: Systems Navigation, Benefits & Documentation — 20 minutes

Estimated 20 minutes

This module is designed to take about 20 minutes and focuses on helping kinship caregivers move through benefits systems and paperwork in a way that is organized, manageable, and privacy protective. It emphasizes using simple scripts and routines to reduce overwhelm and keeping documentation secure and confidential.

What You'll Learn

Use step-by-step scripts to access benefits without overwhelm.

You will learn how to approach benefits and support systems in a structured way by using prepared scripts, clear steps, and planned follow-ups. The focus is on reducing stress by knowing what to say, what to ask, and how to capture next steps so you do not have to rely on memory or repeat calls unnecessarily.

Document and store records securely while protecting privacy.

You will learn how to collect and organize essential records while keeping them protected. This includes understanding how to store documents, so they are accessible when needed but not exposed to unauthorized individuals, and how to share information only when appropriate to protect the child’s confidentiality.

Read & Learn (approx. 11 minutes)

Make calls with a script, keep notes, and ask for follow-ups in writing.

Benefits calls and systems navigation can feel confusing because different agencies use different terms and processes. Using a script helps you stay focused and ensures you ask the key questions. Keeping notes prevents lost information and allows you to track what was promised



and what comes next. Asking for follow-up in writing (for example, an email or written summary) creates clarity and reduces misunderstandings, especially when timelines, eligibility, or documentation requirements are involved.

Pace paperwork and get warm referrals.

Instead of trying to complete everything at once, break paperwork into smaller, planned steps so it stays manageable. “Warm referrals” means asking the person you speak with to connect you directly to the next resource—by transferring the call, providing a specific name, giving a direct contact number, or sending a referral—rather than leaving you to start over each time with a new agency or department.

Keep copies of IDs, school records, and medical info per privacy rules. Balance need-to-know with confidentiality.

You should keep copies of important documents that support care and decision-making, such as identification information and key school and medical records. At the same time, these documents must be handled according to privacy expectations: they should be stored securely and shared only with appropriate people who truly need the information for a legitimate purpose. The key is to share what is necessary to obtain services and support the child, without sharing more personal case information than required.

Try It (approx. 4 minutes)

1) Write a 30-day benefits action plan (3 steps, 3 contacts).

Step 1: _____

Step 2: _____

Step 3: _____

Contacts (name/role/phone/email if known):

1. _____

2. _____

3.



Apply It (approx. 4 minutes)

2) Create a “documents” folder and label sections clearly.

Format: Physical Digital Both

Sections you will create (examples: IDs, Medical, School, Placement/Court, Contacts):

Where will it be stored securely? _____

3) Schedule a weekly 15-minute paperwork time.

Day/time: _____

What you will do during that time (2–3 tasks):

Notes / Plan

Self-Check (approx. 1 minutes)

1. What is “minimum necessary” sharing?

Answer: _____

2. Name two ways to reduce benefits-navigation overwhelm.

Answer: _____



Instructor Notes (Optional)

- Role-play calls before you make them reduce anxiety. Facilitators should have participants practice benefits calls using scripts so the caregiver can get comfortable with the wording, anticipate questions, and feel more confident before calling agencies or providers.
- Ask for a simple summary email after each call. Encourage caregivers to request a short-written summary of next steps, requirements, and timelines after each call. This provides documentation, reduces confusion, and makes follow-through easier when multiple tasks are happening at once.

Case Study

Auntie First, Caregiver Second?

T., age 9, is living with Aunt N. Following visits with T.'s mother, T. begins resisting bedtime and asks Aunt N. to keep secrets from the case worker. This scenario highlights a common kinship tension where the child's family loyalty and emotional reactions after visits show up through behavior changes and requests that place the caregiver in a conflicted role—wanting to stay “the aunt” while also needing to maintain caregiver responsibilities, boundaries, and appropriate communication.

Guided Prompts

Draft a contact plan with calming rituals before/after visits.

Create a simple plan that outlines how visit days will be handled so T. knows what to expect and feels supported. The plan should include predictable calming steps before the visit (to reduce anxiety and prepare for the transition) and calming steps after the visit (to help T. regulate emotions and return to routine). The intention is to reduce bedtime resistance by making the day more structured and emotionally manageable, rather than leaving T. to absorb “big feelings” without support.

Write two boundary scripts for relatives who drop by.

Prepare two short, respectful scripts that Aunt N. can use with relatives who show up unexpectedly. The scripts should clearly communicate expectations in a calm tone,



reduce the chance of arguments, and reinforce that the household is operating under safety-focused rules. Having scripts ready prevents the caregiver from needing to invent wording in the moment and helps ensure boundaries are enforced consistently.

Plan supervision adjustments and sleeping arrangements for holidays.

Develop a plan for high-traffic times, such as holidays, when more adults and children may be present and routines often change. This plan should address how supervision will be increased during gatherings and how sleeping arrangements will be managed in a way that protects safety and privacy. The goal is to prevent confusion and reduce risk during times when the home is busier, and the child may feel more emotionally activated.

Tools & Templates

Kinship onboarding checklist – A structured checklist to organize early placement tasks and reduce uncertainty about what needs to happen next, who to contact, and what documents or steps should be completed.

Benefits step list – A simple, step-by-step guide that helps caregivers navigate benefits and supports in manageable pieces rather than trying to solve everything at once.

Visitor policy template – A ready-to-use format for setting clear household visitor expectations, including rules about drop-ins, supervision, and access to private spaces.

Home safety walk-through checklist – A tool for identifying environmental and routine-based risks in the home and making practical improvements to increase safety.

SIR reminder card – A quick-reference aid that helps caregivers remember what types of incidents require reporting and reinforces the importance of timely documentation and escalation when thresholds are met.



Module Knowledge Check (10 minutes)

List one boundary you will communicate with relatives this week.

This question checks whether you can identify a clear, practical boundary that you will state directly and enforce consistently with extended family.

Which two documents will you add to your kinship binder?

This question checks whether you understand the importance of organizing essential records and maintaining them in a secure, easily accessible system.

Answer Key (for Self-Study Review)

Examples (Boundaries to communicate to relatives):

Call or text before visiting rather than arriving unannounced, so the caregiver can confirm the timing works and the child is prepared. Do not plan or allow overnight stays unless the appropriate approval has been obtained and the caregiver has confirmed it is permitted and safe. Keep adult conversations private, especially anything related to the child's case, the parents, conflict between adults, or sensitive family issues—so the child is not exposed to adult stressors or placed in the middle of disagreements.

Examples (Documents to add to your kinship binder):

Identification documents and essential medical information, such as insurance details, medication lists, allergies, immunization records, and appointment information. Key school records, including enrollment paperwork, emergency contacts, schedules, special education or support plans if applicable, and communication from the school. Court or placement-related documents, such as placement letters, court orders, caseworker contact information, and any written permissions that clarify who can authorize medical care, school decisions, or other services.

Resources & Referrals

DFPS Minimum Standards §749 (Child-Placing Agencies) and §748 (General Residential Operations).

Use these standards as your primary reference for required caregiver practices, safety expectations, documentation, reporting, and day-to-day operation requirements. When you are unsure about what is “required” versus “recommended,” these sections provide the baseline rules that guide how placements must be supervised, how privacy is protected, and how incidents are handled and reported.

STAR Health Behavioral Health Coordination & 24/7 Nurse Line.

STAR Health is a key entry point for medical and behavioral health support for children in care. Behavioral Health Coordination can help connect you to counseling, crisis support, and care planning, while the 24/7 Nurse Line supports after-hours questions when you are unsure



whether a symptom requires urgent care, an appointment, or home care steps. Keep these numbers accessible so you are not searching during a high-stress moment.

Local MHMR or mobile crisis number; 988 Lifeline.

Your local MHMR authority and mobile crisis services can help with urgent mental health situations, de-escalation support, and linkage to ongoing services. The 988 Lifeline is a 24/7 crisis line for immediate emotional distress, suicidal ideation, or mental health emergencies when you need rapid support and guidance. These resources are especially important after triggering events, major transitions, or escalations following visits.

Education advocacy: local school district special education contacts; IEP/504 resources.

If a child is struggling academically, behaviorally, or emotionally at school, the district's special education team and campus contacts can help evaluate support and accommodations. IEP and 504 resources help you understand what services may be available and how to request meetings, evaluations, or plan updates. This referral area is critical in kinship placements because children may experience school disruption, learning gaps, or trauma-related school challenges.

Caregiver peer support and respite/IAC networks.

Peer support connects caregivers to people who have navigated similar challenges, which can reduce isolation and improve practical problem-solving. Respite options and IAC (Information, Assistance, and Community) networks help caregivers access breaks, coaching, and local support so caregiving remains sustainable. These supports are preventive, using them early can reduce burnout and stabilize the placement.

If you are in immediate danger or a youth is at risk, call emergency services and follow agency critical incident procedures.

When there is an immediate safety threat—such as a serious medical emergency, active violence, credible self-harm risk, or a situation where a youth cannot be kept safe—treat it as urgent. Call emergency services right away, then follow your agency's critical incident and reporting procedures as required, including timely notification and documentation according to policy and applicable DFPS reporting thresholds and timelines.

