



# Ohio's Fostering Connection Grant: Enhanced Kinship Navigator Project

Final Progress Report



HUMAN SERVICES RESEARCH INSTITUTE

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APPENDIX

# I. Executive Summary

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Recognizing the importance of kinship caregivers and the challenges they face, each of the seven counties worked with PCSAO to seek the Fostering Connections grant to develop a Kinship Navigator program. These programs help caregivers access existing supports and services to meet their own needs and the needs of the children in their care. A wide range of services are offered, such as support groups, child and respite care, assistance with court processes, and financial support. The Navigator programs also communicate and collaborate with local providers and other stakeholders to develop effective partnerships and raise awareness of kinship care in the general population.

PCSAO, the project manager regularly promotes best practices and advocates for positive public policy. Over the course of 15 years, Ohio has addressed resources (Child Only TANF) and policy (Grandparent Power of Attorney forms) for informal kin families not in the child welfare system, we have adopted a common sense health and safety kin approval process for families when child welfare is involved, modest financial incentives exist to encourage families to provide permanency to their kin children (Kinship Permanency Incentive program) and child welfare practice for open child welfare kin cases (Title IV-E Waiver ProtectOhio Kin Strategy). Enhancing our prevention, diversion and child welfare open case exit resources for kin caregivers seemed like a natural progression.

The participating counties hired staff, we partnered with our state child welfare training system and others to train the staff to both directly interact with kin caregivers (I&R and case management), convene support groups, do outreach in the community to both connect with kin caregivers and educate formal and informal entities about the needs of caregivers. The caregivers completed Family Needs and Resource Scales with each caregiver to both identify strengths to build on and areas of need, as well as to provide a baseline which was revisited at a later time, and included in the evaluation. The staff also participated in quarterly in-person meetings with all seven grant sites, PCSAO and HSRI, the evaluator. These sessions offered networking, sharing of successes and challenges, training and regular updates on the evaluation. Four of the grant sites were housed in the public child welfare agency, three were housed in community non-profits. Both models worked well with pros and cons of both.

Kin Navigators conducted Community Mapping to identify available resources and build relationships with those entities. They also partnered to expand resources and to improve access to existing resources. The Navigators found that once faith based and community organizations learned about kin families, they were generous and creative to provide support. Efforts were made to create an effective 211 Resource and Referral linkage, but they were largely ineffective despite discussions, training, script writing and even investment of funds. Each county either convened a Local Advisory Group or integrated their LAG with an existing multi-system health and human services group – this helped educate service providers on the needs of kin families, and sometimes helped to make available services more accessible to these families. The State Kinship Advisory Board welcomed the Kinship Navigator grant as a regular part of the agenda and inclusion in policy discussions re kinship families.

The child welfare system actively depended upon the Kin Navigator programs for prevention and diversion of opening a child welfare case, as well as a resource for closed child welfare kin cases. As the Title IV-E Waiver Kinship Strategy for enhanced services for open child welfare kinship cases developed and launched during the course of the Kin Navigator grant, it was interesting to see how the Kin Navigator program either merged with the waiver kinship strategy or served as a resource.

Legal concerns were an ongoing challenge for the kin caregivers served as well as for the Kinship Navigators working to assist them. While the KNs actively worked the system to find avenues of success, it was clear they were working in differing court systems (probate, juvenile and domestic relations); they were managing differing processes; varying

fees and costs, and differing court philosophies. Concurrently, as part of the Court Improvement Program, the Ohio Supreme Court's Advisory Committee on Children, Families and the Court undertook a significant study process to examine legal processes for kinship caregivers to attain custody of the children in their care. A draft report is in review at present, it is hoped that recommendations will result in more streamlined, consistent legal and judicial processes and procedures.

Sustainability is a high priority for each of the counties. As each of the counties are part of the Title IV-E Waiver Kinship Strategy enhancing services for open kinship child welfare cases, they hope to prevent and divert kinship families from becoming open cases when safe to do so, they also enjoy having the Kinship Navigator program as a resource for closed child welfare cases. The three grantees that had the Kin Navigator program internal to their child welfare agency have strongly stated they will maintain the Kin Navigator position, albeit without as available extra funds to meet child and caregiver tangible needs. One merged their KN program into their kin unit during the grant. Of the three external Kin Navigator programs, one is bringing it into the child welfare agency, in one community the child welfare agency is investing funds to help maintain the non-profit Kin Navigator program and it is unclear what will happen in the last county. The non-profit agency has already had to end the Kin Navigator staff position, but they hope to continue the support groups and as a multi-service community agency, they expect to serve kin in a variety of ways, along with other members of the community.

The evaluation of the Ohio Kinship Navigator Grant, done by HSRI was thorough, illuminating and showed promising results. Reasons caregivers assume the care of their extended family's children are similar to why children get involved in the child welfare system – substance abuse, abandonment, neglect, incarceration, and others issues. Sixty-one percent of kinship children have already had some type of temporary or legal custody at initial service. In terms of plans for future caregiving, thirty percent were expecting reunification, a third were seeking legal custody or guardianship, and a quarter of the children expected to remain with their caregiver who already had custody. Children Services was the primary referral source. Most case managed families had an office visit, two home visits and four phone calls, as well as a variety of collateral contacts. Primary needs addressed finances, healthcare, food stamps or pantry visits, clothing for the children and legal assistance with pursuing custody. The evaluation showed a high level of service linkage, discussion among Kin Navigators persistently showed legal needs were the most challenging need to successfully address. Grant funds did provide a resource to assist kin caregivers in flexibly meeting their immediate needs, and use of gift card for Walmart was a frequent investment, empowering the kin caregiver to directly shop for the child, get clothes or school supplies or even a bed. Family surveys showed a high level of satisfaction by the kin caregiver in getting their needs met; the Family Resource Scale findings showed the same.

*The Ohio Kinship Navigator Grant clearly exceeded goals for kin caregivers served either by I&R or case management, support groups held, and for education and outreach activities. The evaluation showed a high enthusiasm for the program by kin caregivers, the Kin Navigator staff, child welfare and community agencies. Revisited Family Resource Scales showed basic needs of the kin family were met by the program. Child outcomes as part of the evaluation were limited, due to SACWIS limitations for open child welfare cases where the child is living with kin, but not in the custody of the agency. The outcome evaluation showed children served by Kin Navigator programs experience far fewer days in child welfare custody than children in comparison county child welfare custody. The outcomes evaluation also showed that children in kin homes served by the Kinship Navigator programs were as safe as children in custody of the child welfare system in comparison counties and that the foster care re-entry rate was significantly lower than children in the custody of comparison counties.*

Recommendations as a result of this demonstration grant are numerous – Kinship Navigator programs are valuable and feasible for a healthy child welfare system. Resources should be focused on hiring and preparing Kinship

## I. Executive Summary

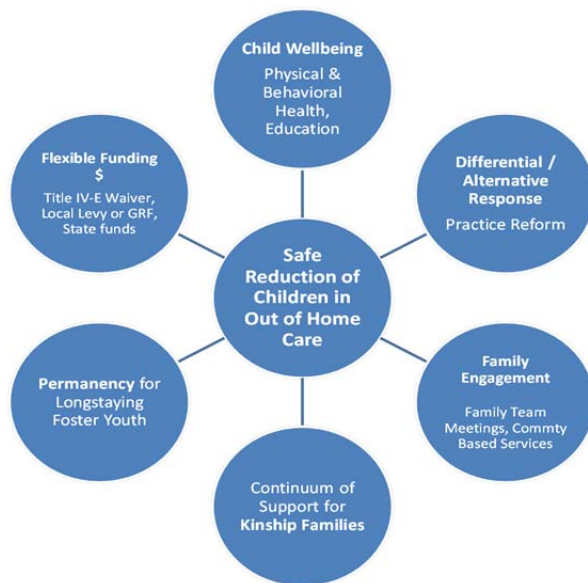
Navigators to assess and assist kinship caregivers to access available resources, as well as to build community relationships with formal and informal entities, which may result in expanded supports as well as more accessible services. Community mapping, to readily locate and refer kin caregivers to needed supports and services is also recommended. It is also recommended the Children's Bureau consider investing in second iterations of demonstration grants that can then be refined and applied in a broader geographical and systemic manner, to transform a system. It is also recommended focus be given to development of competency based training for child welfare and kinship professionals and kin caregivers, focused on the stressful family dynamics that do not exist for unrelated foster caregivers. Recommendations are made for the court system to streamline affordable kinship custody procedures and to expand legal documentation for informal caregivers beyond grandparents. Finally, the full child welfare system should examine a host of philosophical issues around effective fiscal supports for informal and formal kin caregivers and issues related to reunification efforts with birth families vs. stability and permanency with kin families.

**Introduction:** This Final Progress Report is a compellation of information gathered throughout the course of this grant. The report was compiled in a collaborative effort between project lead (PCSAO) and evaluator (HSRI). This report was built upon the January 2012 Implementation Report (Appendix J), providing both information on early implementation, enhanced with more recent information gathered from a variety of sources. The first five sections will describe the configuration and context of the Kinship Navigator (KN) program in Ohio, while Section VI provides further quantitative findings from the evaluation. The last two sections summarize the overall conclusions and recommendations that have been identified as a result of Ohio’s Fostering Connections Kinship Navigator Grant.

## II. Overview of Community, Population & Need

### II.A. Grantee Organization

In September 2009, seven Ohio counties and the Public Children Services Association of Ohio (PCSAO) began a collaborative effort to enhance supports for kinship caregivers in their local communities. Referred to as Ohio’s Enhanced Kinship Navigator project, this effort is supported by funding from the federal Fostering Connection to Success Act of 2008.



### The Fostering Connections to Success Act of 2008

The Fostering Connections to Success Act of 2008 is groundbreaking legislation for the field of child welfare and more importantly for all the kinship families who struggle to support and provide appropriate care for children. The Act calls for policy and programmatic improvements focused on preventing removal of children from kin and reconnecting children to kin when they exit foster care. The Act includes a provision for funding which resulted in 24 grants of up to \$1 million each for family group decision making, residential treatment, family finding, and Kinship Navigator programs. It is under this provision that seven Ohio

PCSAO, the Project Manager for Ohio’s Kinship Navigator Grant, is a not for profit, is the statewide membership organization for Ohio’s 88 County Public Children Services Agencies. As a state supervised, county administered child welfare system, PCSAO regularly partners with the county membership, the Ohio Department of Job and Family Services and federal, state and local representatives of the three prongs of government – administrative, judicial and legislative - to further our goals for safe children, stable families and supportive communities. We do this through support of program excellence, sound public policy and research. PCSAO also works closely with many

constituent groups including current and former foster youth, families including birth, adoptive *and kinship caregivers*. In fact, PCSAO has been a strong advocate for a full continuum of kinship policies, support and practice for many years.

Human Services Research Institute (HSRI) conducted an evaluation of these Kinship Navigator programs. One objective of the evaluation is to examine caregiving services and the experiences of kinship caregivers and the children in kinship care. The other objective is to analyze child, kinship caregiver, and organizational outcomes in these counties compared to seven other demographically similar Ohio counties without Navigator programs<sup>1</sup>.

*Ohio's Fostering Connections  
Kinship Navigator Counties:  
Ashtabula, Crawford, Clark,  
Hardin, Lorain, Portage,  
Richland*

## II.B. History of Kinship Supports in Ohio

The Fostering Connections Kinship Navigator project occurs in a historical context of public support for kinship caregivers in the state of Ohio. This state has long been at the forefront of national efforts to support kinship caregiving. This commitment and experience made Ohio public agencies ideal partners in the federal initiative to improve connections between children and their extended families. Over the years, the state has gradually built a comprehensive set of kinship caregiving policies, as a result of studying the types of kinship caregiving arrangements, the needs of kinship families, and the feasibility of various strategies of support. Table 1 provides a timeline of Ohio's kinship policies and programs.

Table 1: Timeline of Kinship Support Policy in Ohio		
Year	Event	Result
1997	Welfare reform legislation	Guarantee of TANF child-only cash assistance without work requirement or time limitation
1999	Dept. of Aging Grandparents Raising Grandchildren report	Research with thousands of grandparent families provided the field with information on characteristics and needs of grandparent caregivers.
	Kinship Navigator Program established	Kinship caregiver access to services is improved via designation of Kinship Navigator staff in all Ohio counties, supported by TANF funding.
	Kinship Caregiver Advisory Board established	Strategic plan to continue to assess needs, educate the public, further policy development, and otherwise advise the Ohio Department of Job and Family Services (ODJFS) on kinship programming.
2003	House Bill 130 passed by General Assembly and signed by Governor	Created tools for Grandparent caregivers without legal custody of children in their care: Caregiver Authorization Affidavit (CAA) and Power of Attorney (POA); provides Grandparent caregivers legal documentation for educational purposes and emergency/regular medical needs, while still allowing birth parents to reassume all rights at anytime.
2004	ODJFS approved the Relative and Non-relative Approval Process	Created regulations for kinship home approval focused on basic health and safety standards, including criminal background checks, without rigid foster care licensure requirements.
2004	2 <sup>nd</sup> period for Title IV-E ProtectOhio Waiver 2004-2010	18 county PCSAs participate in IV-E waiver demonstration, adopted kinship supports as one of four key strategies.

<sup>1</sup> The seven comparison counties for this study are Allen, Brown, Butler, Columbiana, Fairfield, Greene, and Jackson.



2005	Kinship Permanency Incentive program (KPI)	Statewide program consisting of a series of payments over 36 months to kinship caregivers who have assumed legal custody or guardianship. Funded at \$5 Million/year over time with TANF and/or State General Revenue sources; reduced to \$3.2 M/year SFY 2012, thus reducing benefits. Currently supports nearly 8,000 children living in safe permanent kin homes.
2009	Fostering Connections Grant awarded to a group of seven counties & PCSAO	Grant provided funding for seven counties to develop or enhance existing Kinship Navigator Programs
2011	3 <sup>rd</sup> period for Title IV-E ProtectOhio Waiver 2011-2016	ProtectOhio Consortium counties committed resources to improved agency Kinship Strategy addressing structure, practice, manual creation, and training - to all open child welfare cases in which the child is living with a kin caregiver irregardless of custody status. Improved SACWIS data fields, documentation and consistency for kin cases also implemented.
2012	HB 279 passed by General Assembly and signed by Governor	Improved Grandparent POA and CAAs, gives those grandparents standing in court to seek custody if parent removes child; incorporates the 30-day relative notice provision and sibling placement provision from the Fostering Connections to Success Act of 2008, allows use of Ohio's putative father locator tool for paternal family search beyond infant adoptions; calls for a feasibility study of the Title IV-E Relative Guardianship Subsidy option.

★ *Other Flexible Funding Sources*

Two other sources of flexible funding are often accessed to support kinship caregivers: Ohio's Prevention, Retention, and Contingency (PRC) Program and the Title IV-B Emergency Services Assistance Allocation (ESAA) program. The PRC program is funded by a TANF block grant and provides for nonrecurring, short-term, crisis-oriented benefits and ongoing services for needy families, including kinship families. Examples of allowable PRC benefits and services include funding home repairs, employment services, and family counseling. The ESAA program is designed to provide direct support to at-risk children and their families with the goal of prevention or reunification. Both funding sources are often accessed by child welfare agency staff to pay for hard goods and services for kinship families that enable these families to care for children who might otherwise need to be placed out of home.

## II.C. Understanding the Needs of Kinship Caregivers

Kinship caregivers serve as parents for children whose birth parents are unable to care for them. They may be grandparents, aunts or uncles, other relatives, or close family friends. Kinship caregivers are viewed as an extremely valuable resource in communities, both as supporters of the emotional well-being of children, as well as an alternative to placements within the child welfare system. However, they face unique issues and challenges that are important to understand prior to describing the nature of services available to them in the seven Ohio counties with Kinship Navigator programs. During HSRI site visits and interviews, child welfare staff members described some of the most salient issues and challenges facing caregivers:

*Financial constraints:* The most common challenge for kinship caregivers is the need for financial resources to help assist in caring for these children, primarily because kinship caregivers are typically grandparents on fixed incomes.

*Limited community resources:* Coinciding with a lack of financial resources, kinship caregivers often describe a need for other types of community resources, such as transportation, mental health services, respite, and employment opportunities. Day care is also a common issue, with caregivers encountering challenges (e.g., income guidelines and not having legal custody of the child) around qualifying for day care assistance.

*Economic hard times:* With the current economic environment across the country, local counties are facing much tighter budgets. At the same time, the need for public services to address such issues as hunger and unemployment is increasing. As a result, agencies have had to curtail services and focus on serving only mandated populations. Kinship caregivers get caught in these shifts. Specifically, while child welfare agencies understand the importance of supporting informal kinship placements as an alternative to formal foster care, the flexible agency funds to support these placements are much more difficult to access. With decreasing supply and increasing demand, caregivers are among a much larger population trying to access limited community resources.

*Nature of kinship caregivers:* Working with and supporting kinship caregivers is unlike working with other caregivers in the child welfare system. Kinship caregivers have different strengths and concerns than foster parents. In some ways, kinship caregivers can be easier to work with as they may be better advocates for the children and more flexible and willing to assist with issues like transportation. On the other hand, these caregivers are often less familiar with the child welfare system and have received less information and training on issues that arise in the child population. For example, kinship caregivers may be less familiar with dealing with emotional and behavioral issues than foster parents. Further, kinship caregivers are less familiar with the child welfare system and may be reluctant to attend trainings and support groups and share information with child welfare staff (for fear that the child might be removed from their family). Finally, kinship caregivers may struggle with changing their role from a grandparent or relative to a caregiver who is fully responsible for the well-being of the child.

## II.D. Communities and Population Served

The seven Ohio counties with Fostering Connections funding vary in their demographic and program characteristics, impacting the development of each of the seven Kinship Navigator programs. Table 2 provides a snapshot of select characteristics in the seven grantee counties in 2007. Most notable is the variation in overall county population, including three counties, Ashtabula, Hardin, and Crawford, with relatively small populations and high proportions of rural land area relative to the other four counties. Rural counties often have fewer community referral resources for caregivers, indicating a need for the Kinship Navigators to be more creative in meeting their needs. It is also interesting to note the variation among counties in the proportion of children who have a relative assume legal and permanent custody, perhaps indicating a difference in local court stances toward giving caregivers custody. Ultimately, the court’s stance within a given county may affect the types of support a Navigator is able to provide. This information provides a context for understanding the implementation of the Kinship Navigator programs and the impact these programs may have.

In addition to county demographics, the last two rows in Table 2 also show Kinship Navigator program characteristics in each of the counties. Four counties had existing Kinship Navigator programs at the start of the grant. In terms of the location of their Kinship Navigator programs, four counties have Kinship Navigator programs within their county child welfare agencies (internal location), while three counties have their programs in community-based agencies (external location).

Table 2. Characteristics of the Kinship Navigator counties in 2007. <sup>1</sup>								
Characteristic	Fostering Connections Kinship Navigator Counties							Ohio
	Ashtabula	Clark	Crawford	Hardin	Lorain	Portage	Richland	
# of people	101,141	140,477	44,227	31,650	302,260	155,869	125,679	11,536,504

% rural	93.1%	79.1%	95.2%	95.7%	73.3%	87.2%	88.5%	23%
# of grandparents raising grandchildren per 1,000	9.0	10.0	6.4	8.7	8.9	5.6	8.4	10.0
% total population under 18 years of age	23.8%	23.5%	23.1%	22.4%	24.3%	21.3%	23.0%	24%
% population under 18 living in poverty	22.7%	23.3%	16.9%	16.4%	16.7%	12.9%	17.8%	23%
% children in custody who had a relative assume legal and permanent custody	5.7%	1.3%	8.2%	2.3%	14.4%	16.7%	8.8%	NA
Existing Kinship Navigator program at grant start date	Yes	No	No	No	Yes	Yes	Yes	N/A
Kinship Navigator location	Internal	Internal	Internal	Internal	External	External	External	N/A

<sup>1</sup>With the exception of the proportion of children living in poverty, which was calculated for the year 2005

It is also interesting to note that the seven comparison counties show similar variations in these characteristics (see Appendix B for a table of the demographic characteristics of the seven comparison counties). This is not surprising, given that HSRI selected the seven comparison counties because they are demographically similar to the Kinship Navigator counties.

### Kinship Navigator Consortium

While this grant involves a group of seven diverse counties, staff in several counties commented on the benefit of working together to develop and enhance their community services for kinship caregivers. At the beginning of the grant, representatives from the seven counties, PCSAO, and HSRI met monthly via conference calls and quarterly in-person meetings, providing a forum for counties to learn from each other, share common struggles and challenges, and discuss new approaches that might not have otherwise been considered (i.e. how to increase participation in support groups, marketing the program, engaging key partners). This was especially helpful in the counties that did not have a Kinship Navigator position prior to the grant. After the first year, the consortium moved to quarterly in-person meetings; participants considered them to be an invaluable opportunity to share information and network with others.

*“Sitting around the table with the other project counties is really interesting — makes it really clear that our communities are different (in service availability, kinship caregiver needs, etc) and that our programs can’t all be identical.”*

# III. OVERVIEW OF PROGRAM MODEL

The Kinship Navigator programs are intended to provide formal and informal supports to kinship caregivers and their families, regardless of child welfare involvement or child custody status. The Kinship Navigator staff provides a wide range of supports and services, including emotional support, assistance with court processes, financial supports, etc. The Kinship Navigator programs also seek to enhance the supports available to kinship families throughout their communities by educating, communicating, and collaborating with local providers and the local population.

## III.A. Project Goals

In applying for Fostering Connections funding, the consortium of seven Ohio counties proposed to enhance efforts to strengthen the bonds between children and their kin, appealing to a professional sense of ‘best interests’ to help maintain children at ‘home’ with familiar caregivers, and preventing children from bouncing from one foster home to another. The common goals across the seven counties are to create integrated, comprehensive systems of services and supports for kinship families; provide better support to kinship families; and demonstrate that increased support to kinship families reduces use of foster care and keeps children safe.

*A **Kinship Navigator** is a person who provides information & referral, case management, or other supports for kinship caregivers and their families.*

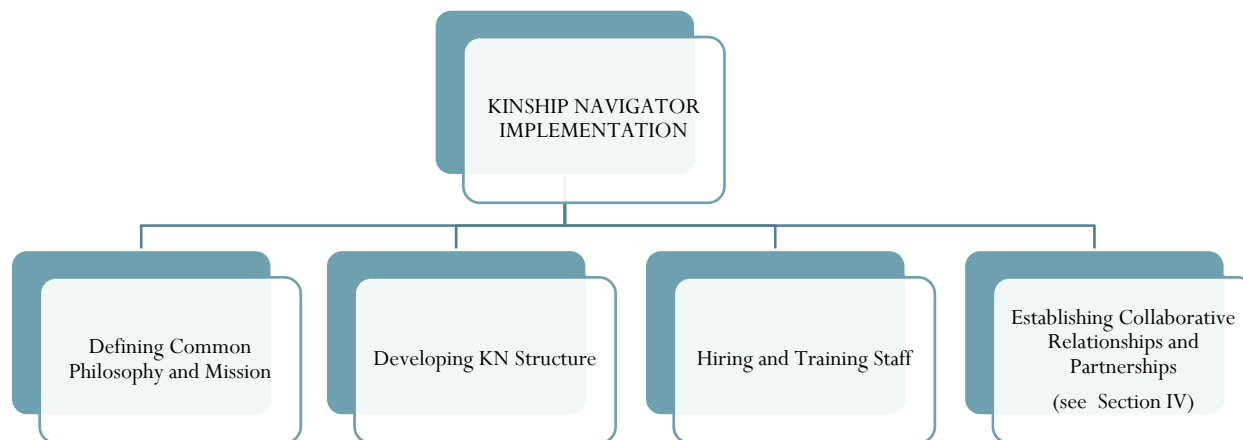
***Kinship Caregivers** are relatives and non-relatives who have a connection (biological, familial, community, cultural, etc) to a child in their care.*

To achieve these goals, the seven county agencies proposed to provide enhanced Kinship Navigator services to a broad population of kinship caregivers. Both caregivers known to the local child welfare agency and those not known were expected to benefit from the proposed project. Kinship Navigator programming includes:

- ★ increased staffing to assure adequate capacity to perform both case-level and system-level functions, including outreach
- ★ improved information about and access to needed services & supports for kinship families, especially legal assistance, support groups, respite care, financial assistance, and short-term child care
- ★ strong system-level collaborative planning via advisory groups, to both guide the project and create more effective interagency partnerships, which will strengthen and sustain the service delivery system supporting kinship families.

*Our goal is for kids to be safe and do what is in the best interest of the children. What is almost always best for children is being with someone they know, love and trust and someone who can provide stability for them.*

During early visits, HSRI explored several key aspects of implementation, as displayed in the diagram below. Each of these implementation components involved critical decisions being made and activities completed which ultimately impact the basic structure of the Kinship Navigator program in each county.



### Common Kinship Philosophy/Mission

Across Ohio and the entire country, child welfare agencies view kinship caregivers as an important resource for supporting children at risk of abuse/neglect. The belief is that placing children in the least restrictive setting is best for both the children and the child welfare agency. Several common themes are noted:

- ★ In all seven Kinship Navigator counties, public child welfare agency (PCSA) staff articulate a philosophy of locating kinship caregivers and keeping children with these families. There is a common priority of keeping children in their own home first, then relatives, then foster care.
- ★ For some Kinship Navigator counties, this priority was established within the last year or two; for other counties, this has been a longstanding philosophy of the PCSA.
- ★ In both Kinship Navigator and comparison counties, PCSA staff describe similar agency philosophies: a focus on keeping children with their family, quickly identifying relatives when children are removed to avoid foster care placement, recognizing that it is usually more financially advantageous to place children with relatives, and supporting caregivers in order to improve placement viability.

The Kinship Navigator staff in the seven Ohio Fostering Connections counties acknowledge that many counties throughout Ohio have a similar mission and philosophy regarding kinship care giving. However, the Fostering Connections grant provided these counties with the impetus and dedicated financial resources to support this mission and philosophy. In particular, the grant:

- ★ Provided financial resources to develop or expand Kinship Navigator positions and supports. Examples include hiring a Kinship Navigator, developing a support group, and expanding hours of availability.
- ★ Provided vital funds in hard economic times. With communities facing tighter budgets and limited flexible funds (i.e. PRC, ESAA, and KPI) to support kinship caregivers, the grant provides resources and supports to families who might otherwise be unable to care for children.
- ★ Encouraged networking and development of peer support within and across child welfare agencies. One agency staff member pointed out that, “it’s nice to be in a group of likeminded people and dramatically increase the power. It’s an opportunity to network with other folks and set an example for what is available. It really is best practice.”
- ★ Allows Kinship Navigator programs to expand the populations served. The grant enables Kinship Navigators to serve families who are not in formal kinship placements in a child welfare system. Reflecting a desire to reach out and support more caregivers in the community, several counties described how the grant has

enabled them to support kinship caregivers outside the child welfare system, which would not be possible without this grant. By working with these cases, Kinship Navigators can prevent cases from opening and provide ongoing supports after a child welfare case has closed.

*“We have been pro-kinship for a long time; we always wanted to place children with kin as opposed to foster care. It is part of our culture and we are very passionate about it.”*

### III.B. Ohio Kin Navigator Logic Model

Target Population		
<ul style="list-style-type: none"> <li>• Kinship Caregivers (KCGs) of children with child welfare involvement</li> <li>• KCGs of children not formally involved in child welfare</li> <li>• Network of community agencies providing human services and informal supports</li> </ul>		
Problem/Need		
State and local public agencies	KCGs	Children in kinship care/in CW case
<ul style="list-style-type: none"> <li>• Insufficient services for kinship families</li> <li>• Economic status/state funding cuts (KPI, TANF, MH)</li> <li>• Poorly linked services &amp; collaboration</li> <li>• Multiple unrelated system access points</li> <li>• Incomplete information on available supports</li> </ul>	<ul style="list-style-type: none"> <li>• Financial, physical, and emotional challenges of KCGs</li> <li>• KCGs lack of awareness and access to needed supports</li> <li>• Inadequate preparation of KCGs for meeting the needs of children</li> </ul>	<ul style="list-style-type: none"> <li>• Unnecessary use of FC</li> <li>• Fewer resources available to kinship homes than to foster care</li> <li>• Poorer outcomes for children in FC compared to kinship care</li> </ul>
Inputs/Resource		
<u>Population Demographics/Characteristics:</u>	<u>Kinship Navigator Program Characteristics and Capacity</u>	<u>Community/System Characteristics</u>
<ul style="list-style-type: none"> <li>• Children population: race, age, child welfare status/history, child needs, sibling groups</li> <li>• KCG population: race, age</li> </ul>	<ul style="list-style-type: none"> <li>• Existing Kinship Navigator program staffing levels, configuration, activities</li> <li>• Staff experience and skills (i.e. education, trainings, knowledge of community, FTM)</li> </ul>	<ul style="list-style-type: none"> <li>• Existing network of services &amp; supports</li> <li>• Existing collaborative efforts, advocacy resources</li> <li>• Existing I&amp;R function</li> </ul>
Case Level		System Level
Activities/Process	Needs Assessment (for case management cases) Case Management: referrals, advocacy, assistance in navigating and accessing community systems (i.e. respite, day care, clothing closets, food, and legal assistance), and interagency services planning/FTM. I&R for KCGs with few needs (non-case management cases) 'Being there for KCGs'/Relationship building: creating support network, creating trust, empowering KCGs, advocating	Acting as resource for human services professional (i.e. child welfare, mental health, TANF case managers) Develop relationship with individual community partners (i.e. employment specialist) Support to kinship caregiving community: trainings and skill-building events, support groups, speakers, family events, mailers, newsletter Outreach to inform broader community of Kinship Navigator program: mailers, rallies, newsletter, informal communications, presentations, training, other PR activities. Community mapping Kinship Navigator grantee meetings, LAG and SAG meetings Development of Centralized I&R
	# children & families receiving Kinship Navigator support Time spent by Kinship Navigator with kinship family Amount and types of services & supports received by kinship families in Kinship Navigator program %/# kin using power of attorney/caregiver affidavit	# agencies on collaborative group, quality of involvement # services and supports available to KCGs (hard services and soft services, requested and received) Availability of a Resource Directory # people contacting Kinship Navigator to learn about becoming a KCG New system linkages (measure of relationships among agencies, community mapping used as baseline) # active support groups and other activities for KCGs # media efforts (i.e. press releases, billboards, other media efforts) Time spent doing non-case level activities
Outputs		

	Case Level	System Level
Outcomes	<p>Well-Being Outcomes:            KCGs increased satisfaction with caregiver role: perceptions of empowerment, self-esteem, support system            Diversion from PCSA (difficult to measure, track PCSA referrals, self-report, changes in PCSA stats?)</p> <p>Safety Outcomes:            Decrease in number of re-reports: Safety Outcome 1.2            Decrease re-entry to out of home care: Safety Outcome 2.3</p> <p>Permanency Outcome 1            Shorter time away from biological home            Decrease # days and children placed in foster care            Shorter time between removal and permanency            Increase proportion of KCGs taking permanent custody of child (LC, LG, PC-adoption)</p> <p>Permanency Outcome 2            Decrease # changes in kinship placements (disruptions)            Increase # children placed with &amp; exiting to kin            Increase time KCGs remain committed to caregiving</p> <p>Disproportionality: Demographic variables such as race will be use in the exploration of impact of Kinship Navigator on child welfare outcomes. If possible, we will also look at families receiving Kinship Navigator services and how their experience may vary based on race.</p>	<p><u>High-level outcomes:</u> More difficult to impact and measure            Teen pregnancy, teen parenting, employment, behavioral issues            Improved well-being (medical care, mental health, education (enrolled, attending, on track)Medicaid card            Community Awareness</p>



### III.C. Role of Kinship Navigator

While more about the particular activities of the Kinship Navigator are included in Section VI.B., it is useful to describe the role of the KN as it has evolved over the course of the grant. As the name implies, the role of the KN is responsible for helping kinship caregivers navigate the system, access services and supports, provide assistance after child welfare case closed, and provide a valuable source of knowledge about the local community and available supports. In addition to supporting the caregiver and providing and linking with needed resources, the Kinship Navigator can also act as mediator between the family and birth parents for the welfare of the kid, sometimes intervening in tenuous family relationship. The Navigator also involves advocating on behalf of the caregiver to decrease tension to develop a mutually acceptable solution (e.g. resolutions with landlords), as well as weaving together state and local resources to address the crisis or more mundane needs of caregivers. The Kinship Navigator is the “feet on the ground to listen”.

The logic model on the previous pages provides an overview of the types of activities performed by the KN (and resulting outcomes) and Section VI.B provides a more comprehensive description the KN activities. A brief summary of program activities is provided below.

- the Kinship Navigator received calls from kinship caregivers (from children services, direct referrals, other community organizations)
- KN provided immediate Information and Referral
- KN often engaged in more intense case management, dialoguing with the caregiver, going through the Services and Supports Needs Assessment and the Family Resource Scale to identify areas of strengths and needs for the family.
- Identification of needed referrals and linkages would then ensue, possibly the KN providing some direct supports according to the caregivers needs
- At a six month followup, the family would again complete the Family Resource Scale
- On a parallel track, the KN would also be community mapping to understand available resources, as well as building partnership, relationship and capacity to meet kin family needs.
- Outreach would be a strong activity – both to reach kin caregivers that might benefit from the KN program, but also to educate the community and faith/community entities about the needs of kin caregivers. Strategies would include presentations to groups, media, billboards, newsletters, as well as direct relationships.
- Each KN also either convened a Local Advisory Group or inserted themselves into an existing group such as an intersystem Family and Children First Council, with a goal to educate community formal and informal organizations about the complex needs of kinship caregivers and perhaps expand supports for kin families.
- The KNs also formed Support Groups with the kin caregivers. The groups were diverse and KNs were constantly working to keep them vibrant. Just convening caregivers to network was not particularly successful, but encouraging them to take ownership of the meetings was, some elected officers. Many of the groups identified desired topics and a community speaker was brought in – whether it be about legal issues, time management, child development or other topic. Presence of food seemed to be important, as was child care. One group worked with a Federally Qualified Health Center, a busy physical and behavioral health clinic, and partnered for an 8 week curriculum focused on health, child development, family dynamics and more. It created a cohort of caregivers, as well as ensured a rich educational program. Of course the weekly dinners and on-site child care helped.

## KIN NAVIGATOR PROGRAM SUMMARY

- ★ **SUPPORTING INDIVIDUAL FAMILIES:** Throughout the course of interviews with Kinship Navigators, it became apparent that the primary role of the Kinship Navigator is to support individual kinship caregivers and their families. Kinship Navigators have had contact with a significant number of families in the first year of the grant, providing I&R, case management, and support groups to a large number of caregivers in the seven Ohio counties. There is a strong belief that the Fostering Connections grant enabled these counties to provide such services to individual caregivers that would not have been possible otherwise: hard goods and services, financial support, staff positions have designated person to work with kinship caregivers.
- ★ **ADVOCATING FOR KINSHIP CAREGIVERS IN THE COMMUNITY:** The seven Kinship Navigator counties focused a considerable amount of attention in the early months of the project playing a policy/advocacy role by informing community members about the Kinship Navigator program and building relationships with local resources, and staff have continued to educate the community through presentations and media coverage. However, Kinship Navigator programs have been less successful in creating linkages to 211 systems and utilizing their LAGs to support the creation and ongoing operation of Kinship Navigator programs.

**KIN NAVIGATOR PROGRAM EXAMPLE** – The bullets below describe a case study, illustrating the creative case management provided to assist kin caregivers.

- Kendra first called for assistance with gaining **custody** of her two grandchildren. She was guided through the pro se custody packet, which can be submitted without the assistance of an attorney for a fee of \$45.00.
- Kendra qualified for the child-only **TANF cash assistance**, a huge help for her.
- Once she received custody she was referred to the **KPI** program, for which she applied and qualified, resulting in extra financial payments every six months to assist with her children.
- Kendra utilized the **County Clothing Center** and also received a **Goodwill voucher** through United Way 211.
- She was overdue on her rent, and the relationship between Kendra and her landlord was becoming contentious. The KN program was able to intercede and find a **diplomatic solution**—writing up a document both parties could sign agreeing to monthly payments to gradually eliminate the outstanding debt.
- Holding a full time job as a home health aide and having no other caregiver in her home, Kendra requested assistance with the high cost of childcare. She was referred to and qualified for the **state subsidized child care program**.
- Kendra was living in a one-bedroom apartment and, having lived in subsidized housing while raising her own children, she was very eager to provide a more stable living space for her grandchildren. Although the KN grant was unable to help with the down payment on a mobile home, funding was provided for **two twin beds for the children**. The brother and sister now had their own bedrooms and no one had to sleep on the couch!
- Although Kendra was receiving financial guidance and developing a budget that would work in an on-going, sustainable way, her **monthly childcare co-pay** was still difficult for her to manage. She thought that if she could receive assistance with that for even a short time, she would then be able to wrap her arms around her financial situation for the longer term. The county public assistance agency approved funding for Kendra's co-pay for the spring and summer of 2012.

Kendra's situation as a kinship caregiver has now stabilized dramatically. She has expressed no further needs and is extremely happy with the current state of affairs for her grandchildren and for herself. **Where she once felt like she was in the midst of a crisis that was swirling out of control, Kendra persevered and maintained a**

level head, determined above all else to keep her grandchildren with her. A strong local network of resources, some tangible financial assistance and a little bit interpersonal warmth went a long, long way for this family.

### III.C. Developing Kinship Navigator Structure

As counties configured their Kinship Navigator programs under the Fostering Connection grant, two distinct models emerged. Both models include a unified commitment to work with child welfare agencies to serve kinship caregivers. Each is described in more detail below.

#### INTERNAL KINSHIP NAVIGATOR PROGRAMS – FOUR COUNTIES (ASHTABULA, CLARK, CRAWFORD, AND HARDIN)

This type of Kinship Navigator program is defined by several key characteristics:

- ★ The Kinship Navigator position is housed within the child welfare agency.
- ★ The Kinship Navigator primarily works with kinship caregivers who are caring for children with open child welfare cases.
- ★ Internal Kinship Navigator staff may be better able to assist kinship caregivers in accessing public human services than external Navigator staff. For example, three of the four child welfare agencies with internal Kinship Navigators are combined with Job and Family Service agencies, which house both child welfare and public assistance.
- ★ Internal Kinship Navigators were all previously child welfare case workers and most have been with the agency for many years and have a substantial amount of experience.

There are variations in the configuration of services across the four counties with an internal Kinship Navigator, and these arrangements evolved over time. Since all of these agencies were also Title IV-E ProtectOhio Waiver counties, they were also evolving their agency Kinship Strategy for all open child welfare kinship cases:

- ★ The single Kinship Navigator in each of the two smallest counties also carries additional child welfare responsibilities, such as conducting Family in Need of Services (FINS) assessments, addressing delinquency, supervising visitations, and providing other family support responsibilities. In the other two largest counties with internal Kinship Navigators, the Kinship Navigators have the sole responsibility of supporting kinship caregivers.
- ★ In three of the four internal Kinship Navigator programs, birth parents are supported by traditional caseworkers, while kinship families are supported by Kinship Navigators.
  - In one of these counties, cases are usually referred to a Kinship Navigator when the kinship caregiver is approaching legal custody so that the Kinship Navigator can support them beyond case closure.
  - In the other two counties, the Kinship Navigator supports kinship caregivers throughout the duration of the case, with the child welfare caseworker supporting the birth family and the Kinship Navigator serving as a resource for the kinship caregivers.

The fourth internal program has a slightly different structure: the Kinship Navigators serve as the primary caseworkers, supporting both birth parents and kinship caregivers. In this county, the Kinship Navigator does not serve cases that have a plan of reunification, a birth parent in disagreement about the kinship placement, or a custody dispute.

The internal Kinship Navigator program configuration has several implications:

- ★ Being located within the child welfare agency, the Kinship Navigators work closely with PCSA caseworkers who have a thorough understanding of child welfare system processes, paperwork, and case expectations: with this knowledge, the Kinship Navigator knows what they can and cannot do for kinship caregivers. Kinship Navigators can also access the child welfare data system, providing instant access to information about the family's history and need. However, for cases with a goal of reunification with the birth parent(s), these Kinship Navigators may find it difficult to both support the kinship caregiver, as well as the goal of reunification.
- ★ Because kinship caregivers may view internal Kinship Navigators as being a part of the child welfare system, kinship caregivers may be less willing to work with them out of fear of being reported. Consequently internal Kinship Navigators may need to focus harder on gaining their trust and assuring them that they can share their needs and ask for support without fear of further child welfare intervention.
- ★ Frequent communication between caseworkers and internal Kinship Navigators is likely. All four sites with an internal Kinship Navigator reported positive communication between the Kinship Navigators and caseworkers. Further, in three of these counties, caseworkers and Kinship Navigators also share case responsibilities. In these three counties, caseworkers expressed that they are very knowledgeable about the Kinship Navigator program, having worked jointly with the Kinship Navigator on cases where children are placed with kinship caregivers. In the one county where cases are not shared between caseworkers and Kinship Navigators, workers report less communication and knowledge of the program.

#### **EXTERNAL KINSHIP NAVIGATOR PROGRAMS – THREE COUNTIES (LORAIN, PORTAGE AND RICHLAND)**

This type of Kinship Navigator program is defined by several key characteristics:

- ★ Kinship Navigator services are provided by local human service agencies under contract with the child welfare agency - a County Office on Aging and two family and community service agencies, all with an existing relationship with the child welfare agency.
- ★ The Kinship Navigators are physically located within the contracted community agency.
- ★ The Kinship Navigators work with any family referred to the program, regardless of whether or not the family is actively involved in the child welfare system.

As is the case with the internal Kinship Navigator programs, variation exists in the configuration of the external programs.

- ★ The number of Kinship Navigators in the external program range from one to three individuals, most likely due to the anticipated volumes of kinship families to be served by the Navigator program.
- ★ One county has established a structure in which communication between Kinship Navigators and caseworkers goes through a single PCSA manager, while in the other external Navigator programs, the child welfare workers and Navigators interact directly with each other.
- ★ In one county, child welfare workers refer any case to the Kinship Navigator program in which a child is living with someone other than their birth parent, whereas in the other two counties, child welfare workers make fewer referrals to the program.

This external configuration has several implications:

- ★ Kinship caregivers may be more comfortable approaching the Kinship Navigator because the program is not part of the child welfare agency and therefore are viewed as less intimidating and threatening. They are able to ‘meet the caregiver where they are’ without the knowledge of their child welfare background and history.
- ★ Kinship Navigators tend to have experience working in the community and a background in the human services arena (e.g., mental retardation/developmental disabilities, probation, head start, Guardian Ad Litem). In addition, some external Kinship Navigators have been kinship caregivers themselves. Their experience and background provide kinship caregivers with a wealth of knowledge about local agencies and resources and enhances their ability to empathize with the caregivers.
- ★ The provider agency of an external Kinship Navigator program may be able to offer comprehensive array of services and support and offer a more holistic and comprehensive approach and focus on the overall health of the caregiver. For example, one external provider is able to link kinship caregivers to Medicaid funded behavioral health services offered by their own agency, and two of the external providers housed food pantries on site, the Office on Aging had extensive services for senior caregivers, etc. Clearly this is a different array of adjunct services as opposed to meeting the child welfare mandates and assuring the safety of the child.
- ★ An external community organization may be able to contribute more to support the Kinship Navigator position, having the capacity to house a program that might not be possible in smaller child welfare agency. External programs may also be better able to sustain the position with other grant opportunities and supplement additional positions, once the grant funding ends.
- ★ Communication with child welfare workers is less frequent in external Kinship Navigator programs compared to internal programs. This is partly because Kinship Navigators in external programs are working with fewer kinship caregivers who are child welfare involved (75% of children in counties with an external Kinship Navigator program have been involved in child welfare compared to 89% of children in counties with an internal program). In spite of less frequent communication,
  - Child welfare staff and Kinship Navigators in these counties express support for each other and report that their relationship is strong and that both parties are responsive to the communications and requests of others.
  - The external Kinship Navigators have made formal presentations to child welfare staff to introduce the Kinship Navigator program; these presentations are usually integrated into a broader presentation by the contracted agency to educate PCSA staff of other services available at the community agency.
  - It is important to note that the partnerships between child welfare and these Kinship Navigator programs have been strengthened due to participation in this grant (e.g., participating in the proposal writing process and quarterly in-person meetings). According to both child welfare staff and the Kinship Navigator’s for these programs, their participation has encouraged closer relationships than probably would have happened outside of this grant opportunity.

Table 3 summarizes the kinship staff characteristics of the Fostering Connection Kinship Navigator grantees and the seven comparison counties. While four comparison counties have a structure similar to the Kinship Navigator counties, three counties do not have a position dedicated to addressing the needs of kinship caregivers on an ongoing basis in their community.

Table 3: Staff Characteristics of Fostering Connection Kinship Navigator Counties and Comparison Counties		
	<i>Fostering Connection Kinship Navigator Counties</i>	<i>Comparison Counties</i>
Designated Staff (other than PCSA case workers)	7 Counties	7 Counties
External Kinship Navigators	3 External Kinship Navigator	3 External Kinship Navigator
Internal Kinship Navigators	4 Internal Kinship Navigators	2 Internal Kinship Navigator
Counties with no formal Kinship Navigator position		2 comparison counties have PCSA staff who provide KPI and/or Kinship Home Studies, as well as I&R

Kin Navigator (KN) Positions at the end of the project:

- # KN Positions: range from 1 to 4 Kinship Navigators in the 7 KN counties.
- Turnover and expansion of Kinship Navigators staff: in all but 2 counties, KN position experienced turnover and expansion over the course of the grant.
- Changes in staffing levels since beginning of grant: 2 increase KN positions, 3 no change, 1 decrease in KN positions
- If multiple KN positions, most counties distribute cases by alternating rotation, based on current caseload; however in one county, cases are distributed alphabet by kcg last name
- In 3 counties, KN have other responsibilities, ranging from carrying traditional ongoing cases (non kinship involved) to management/administrative tasks. In the other 4 counties, KNs have no additional responsibilities in addition to supporting kcps. In most of these counties, there is also a financial staff that process KPI payments.
- One county used interns and volunteers to support KN staff.
- In counties with one KN, all relied significantly on supervisor/manager as backup and support
- Staffing - in one county, a single child welfare staff is designated to do all kinship home studies, rather than the assigned caseworker - advantages of consistency in home studies and familiarity of struggles with kcg.
- Job Description: All but 2 counties have a KN job description: in these two counties, position considered under traditional ongoing job policy and description.

### III.D. Hiring and Training Kinship Navigator Staff

The Fostering Connections Grant provided funding for the seven counties to either establish new Kinship Navigator positions or to continue existing Kinship Navigator positions. Four of the seven counties had existing Navigator programs at the time of the grant award and hired additional Navigators and/or continued to fund existing Navigators positions. The other three counties did not have existing Kinship Navigator programs and, thus, utilized the grant funding to create and staff Kinship Navigator positions.

- ★ Six of the counties hired new staff or increased full time employment with grant funding; all positions were filled by staff already within the Kinship Navigator organization (i.e. the PCSA or the contracted agency).
- ★ Five counties had staff in place by December 2009, while the other two had staff in place by April 2010. Three counties experienced some staff turnover, creating challenges in staff transitioning.
- ★ One county restructured its staff to create a Kinship unit within the PCSA.
- ★ Three counties hired aides or are utilizing interns to support Kinship Navigator positions.

- ★ Key elements and criteria for hiring Kin Navigator focused more on experience, skills for community building, and value/philosophy for supporting kin families to be their own problem solvers, than strict educational or licensure requirements.

Kinship Navigator managers described a variety of characteristics and skills that are viewed as important in the selection of staff for a Kinship Navigator position, included in the table below.

- Internal Kinship Navigators: all are experienced child welfare social workers with BA or MSW degrees. They had on average over nine years of child welfare experience, compared to three years among external Kinship Navigators.
- External Kinship Navigators: have a wider range of qualifications and experience in social work, from BA degrees in unrelated subjects to LCSWs.
- All Kinship Navigators have been in the community for numerous years: nine Kinship Navigators had lived in the county for their whole lives, with a minimum of time in the county of 10 years.
- Three of the 17 Kinship Navigators had experiences as kinship caregivers themselves.

### Training

In the first year of the grant, a variety of training opportunities were made available at the Kinship Navigator in-person meetings including:

- ★ Assessing and Supporting Kinship Caregivers (by the Ohio Child Welfare Training Program)
- ★ Community Building, Outreach, and Evaluation (by evaluator, HSRI)
- ★ Using KIDS (by HSRI)
- ★ Ohio Benefit Bank Training (by Ohio Benefit Bank)
- ★ Grant writing (by community Foundation staff)
- ★ Advocacy Strategies (by PCSAO)

*“The training [Assessing and Supporting Kinship Caregivers] was very informative for both experienced navigators and those who may be implementing programs.”*

In at least three counties, supervisors and/or directors attended these trainings in addition to the KNs. Unfortunately, in two counties, Kinship Navigator staff missed the first few trainings, as they had not yet been hired. In addition to training offered to the consortium of seven counties, a wide range of training opportunities were provided to Kinship Navigators in some of the seven individual counties, including trainings regarding GAL programs, food bank, ‘what a client goes through’, and other general trainings offered to children services staff.

After the initial implementation phase, newly hired Kinship Navigators most often are trained “by immersion, on the fly” from supervisors or other Kinship Navigators and were encouraged to attend other training opportunities offered in their communities. Kinship Navigators in internal programs are usually invited to participate in the Ohio Child Welfare Training Program Training on Related Competencies for Foster and Kinship Care, and Adoption, as well as ProtectOhio kinship strategy training opportunities. In external programs, new Kinship Navigators were often invited to participate in kinship related child welfare training at the PCSA and participate in their own agency orientations and trainings.

# IV. COLLABORATION

## IV.A. Key Partners

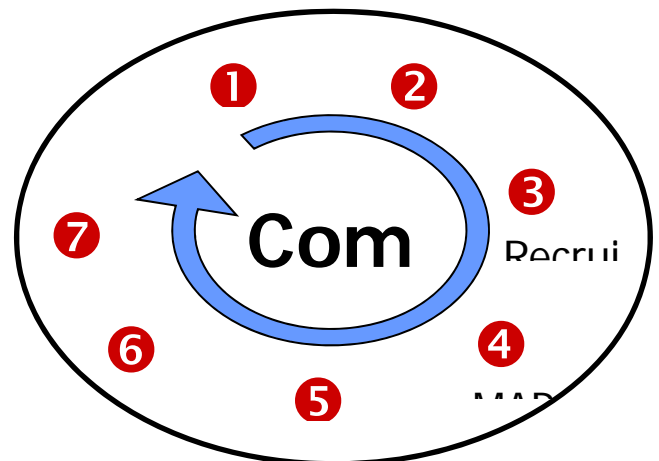
Serving kin caregivers that have assumed the care and raising of children, often abruptly, requires accessing a wide variety of resources in the community. As the Kin Navigators are responsible to link the caregivers to the appropriate resources, they were required to build relationships for collaboration with a variety of entities.

Key community partners included the court system, public assistance system, formal child welfare system, schools, early intervention programs (Help Me Grow), developmental disabilities, offices on aging, Family and Children First Council (multi-system council in every county), health and mental health providers, and community and faith based organizations, among others. Much work was done to develop these partnerships.

### Community Mapping

In an effort to create an integrated, comprehensive system of services and supports for kinship families, early in the project, grantees assessed community capacity to support kinship caregivers. A few key characteristics of the community mapping process include the following:

- ★ The approach is rooted in community building and community organizational efforts to understand assets and resources that can be used for system building.
- ★ The process is intended to help the counties identify assets and resources that can be used for system building, as an alternative to processes that assess the needs or deficits of local communities.
- ★ More than yielding a resource guide, the process itself connects individuals in communities and encourages stakeholders to look at community assets (local institutions, community-serving organizations, individuals and groups of people).
- ★ The process leads to deeper understanding of community and opportunities/challenges within the community, strengthened relationships, discovery of unknown resources and assets.
- ★ In this process, there is an understanding that relationships are central; there is a need to work across typical boundaries to develop shared visions, goals, strategies and outcomes.



During the February 2010 Kinship Navigator in-person meeting, the evaluation team led the group through a community mapping exercise to identify existing resources for kinship caregivers and develop a plan for enhancing relationships with local partners. Through small group discussions, KN staff and county representatives had conversations about their existing community environment, potential efforts to utilize this process, as well as how to involve kinship caregivers in the process and a brainstorming session of potential community assets. These conversations were intended to set groundwork for each county to continue on their own. In reflecting on the community mapping process, Kinship Navigators felt it was useful in some circumstances: some counties had previously been through a similar process and already had a good sense of existing environment, for others it was a



useful process to identify relationship which needed to be enhanced, and for others, the mapping process help them realize or reconfirm their beliefs that there are few services.

- “I thought it was helpful to get to learn to services and make new contacts with all the service providers.”
- “I found it to be redundant, but I came from an intensive case management background focused on crisis intervention and stabilization, and work at a full service social service agency. I can appreciate that some participants had not been exposed to community resources in that way, and may have found it beneficial.”

## Child Welfare Relationship

As the most frequent referral source for Kin Navigator programs, an in-depth discussion of the relationship and interaction with child welfare is discussed below.

**OVERLAPPING POPULATION:** 78% KIDS (the Kinship Navigator grant database) cases have or had child welfare involvement (SACWIS ID, could be higher): 60% children in KIDS were involved with Child Welfare at Initial Assessment, 65% of children in KIDS were involved with PCSA prior to Initial Assessment; Little variation by county, but external programs had lower proportion of children involved in child welfare, compared to internal Kinship Navigator Programs.

### COMMUNICATION WITH CHILD WELFARE

External KN Programs indicate that communication is good between KN and child welfare, although they describe it as less extensive and frequent than in the internal agencies. Two counties require release of information to be signed by caregiver prior to conversations, but after this is complete, describe good communication and relationship primarily through email and phone conversations. One county mentioned that there was some friction earlier in the grant because of the education differences – child welfare caseworkers have masters and KN are lay people, causing some friction when there is a difference of opinion; however, this has eased up over time as they have gotten to know each other.

Internal: Communication between child welfare and KN is both formal and informal and seems to flow well. With ease of physically proximate, informal, open door policies have evolved. One county mentioned a formalized “face to face warm handoff” transfer to KN to explain the needs of the family.

### TITLE IV-E WAIVER PROTECTOHIO KINSHIP STRATEGY:

All seven of the Fostering Connections Kinship Navigator counties also participate in ProtectOHIO and thus implementation (launched October 2011, so a year of overlap) of the Kinship Strategy in these counties may be enhanced as a result. In particular, Kinship Navigators regularly gather current information on services and contacts in the county; may provide case management or information and referral services to families participating in ProtectOHIO; conduct monthly support group meetings in which ProtectOHIO families can participate; and develop and disseminate newsletters that may be received by these families. In addition, if the kinship family resides outside the county where they are receiving PCSA services, the Kinship Navigator program may be another resource for them.

- In terms of practice, the two efforts are very similar: KN and kinship coordinators provide the same type of support to kinship families (e.g. assessments, home visits, frequent contact, someone to talk to, an advocate-focusing on the kcg), while the caseworker focuses on the birth family.
- Differences revolve around population - ProtectOhio only serves open child welfare cases, whereas KN can serve any family - often described as PO serves more serious case, and KN the less serious – a prevention or diversion from child welfare; also an exit resource when the formal case is closed.

- ProtectOhio is also more formalized - more paperwork, assessments, documentation.
- In internal agency, the PO and KN efforts appear to have merged- that is there is no distinction: there is a kinship program designed to assist all kinship caregivers. For example, in one county, the KNs are the Kinship Coordinators- voluntary cases are screened out and go to the designated KN worker who handles voluntary cases.
- In external programs: there isn't an overlap, they are distinct programs, but KN is another resource available to support kinship placements served by the kinship strategy.

From KN perspective, the ProtectOhio Kinship Strategy has resulted in an increased attention to finding and supporting kinship placements, so case workers are more cognizant of the need to find and support these families. One county indicated they have gone from 15% to 50% of agency custody are placed with kinship caregivers. With the increase in the number of children placed with kin, there is a greater need to identify supports in the community that can help kcgs - the KN program can do this. More workers are now working with kinship placements and learning about resources for kinship caregivers, such as the KN program. KN supplements supports available in the PCSA for open cases and can also serve non-involved cases.

#### **TRAINING CHILD WELFARE STAFF:**

One component of Ohio's statewide caseworker core training curriculum is to provide instruction on how to identify and support kinship caregivers caring for children in the child welfare system. In addition to the core training, the seven Kinship Navigator grant counties worked to better inform PCSA staff of services and supports available through the Navigator program:

- ★ Five Kinship Navigator counties conducted some form of training with PCSA staff early in the implementation stages of the project, at minimum introducing them to the program and the process of referring kinship caregivers to the Kinship Navigator. Two counties have integrated information regarding the Navigator program into regular staff meetings.
- ★ Most often, Kinship Navigator staff shared information about their programs informally through conversations with caseworkers or brief overviews provided during agency-wide staff meetings.
- ★ Several counties added a brief overview of the Kinship Navigator program to their county-specific 'new employee' training process. In another county, all caseworkers receive the monthly KN newsletter so they are informed and reminded of the program.

Counties noted the continuing challenge of ensuring that ALL staff, new and existing, fully understand the Kinship Navigator program and how to refer families to it, especially with the turnover of child welfare staff.

## **The Court System**

*Over the course of the grant, KNs have developed good relationships with the court personnel (e.g. judges, magistrates, court administrators) in their counties. All counties indicated that the legal system is a key players, that the court system seems to be familiar with the KN program, make referrals to the program, and are comfortable with the supports provides by the program. They did do some education in the beginning, but now relationships have been established. "We had to educate the probate judge, but now he sees grandparents as saviors and is pro-adoption".*

*Despite the positive relationships that have been built between Kinship Navigators and court personnel, one of the biggest challenges for kinship caregivers who have taken a permanent role in caring for their kin is*

*gaining the legal status that enables them to make decisions for the children in their care.* Kinship Navigators recognize one of the greatest needs for the kinship population is resources to help caregivers gain legal custody, which in turn enables them to not only make critical decisions, but also apply for financial supports which are otherwise unavailable to them. In discussing the Navigators interactions with their local court system, several issues emerge:

- ★ *Court stance on use of kinship families varies:* At the beginning of the grant, interviewees in some counties expressed frustration that some courts are uncomfortable with children in the child welfare system being placed with kinship caregivers; these court systems would rather give custody to the child welfare agency and place the child in foster care than place a child with a kinship caregiver. In other counties, judges are referring caregivers to the Kinship Navigator program. Such wide variation in court practice has significant impact on the experience of caregivers in different counties pursuing custody of a child in their care. In general, there was a common feeling that there was a need for training of legal professionals regarding the Kinship Navigator program and the need to address inconsistencies in court decisions.
- ★ Early in the grant, the Ohio Supreme Court’s Advisory Committee on Children, Families and the Courts accepted the task of examining legal procedures for kinship families (as part of Ohio’s Court Improvement Program). The committee examined Ohio law, other state laws, Ohio’s court procedures, case law, and they conducted surveys and interviews. Members of the State Kinship Advisory Council were added to the committee, materials such as a paper *on Improving Legal Paths for Kinship Caregivers* to the American Bar Association Conference in July 2011 (see Appendix K) were reviewed. The Kinship Navigator grantees were included in the surveys of caregivers, youth, child welfare, Kinship Navigators and other service providers. Judges/magistrates, court clerks, GALS and CASAs were also surveyed. A draft report including recommendations for improvement is being considered now.
- ★ *Desire to develop a broader array of legal supports for kinship families:* Legal support available to caregivers varies across the project sites. Some counties can reimburse for some legal support for kinship caregivers to get legal custody, or have attorneys on hand (either PCSA attorneys or pro bono services) to help caregivers obtain custody. Other counties express a frustration at the lack of legal supports available for kinship caregivers. Some have found creative ways around this (e.g., helping the family with utility bills through other funding streams to free up funds for the family to pay for legal services). The Fostering Connections grant has provided resources which can be used for helping caregivers obtain legal services. As Table 4 below indicates, legal supports for kinship caregivers are more available in the seven KN counties, compared to comparison counties.
- ★ *Need for education of caregivers on legal process and terminology.* The legal process is often confusing and intimidating for kinship care givers. Kinship Navigators help caregivers understand the system and may even attend court proceedings to make the process less daunting for these families.

*Table 4. Are the following legal supports and services available for kinship caregivers in your community?\**

	KN		Comparison	
	Yes	No	Yes	No
<b>Provision of Court Fees</b>	5	0	3	3
<b>Use of child welfare agency attorney</b>	2	3	1	6
<b>Linkages to other local attorney</b>	4	0	5	2

\*KN/Comparison Survey results; n varies because not all respondents answered every question

## Faith and Other Community Based Organizations

Most of the grantees developed wonderful partnerships with faith and community based organizations. Whether meeting in a church for the support groups, partnering with them for events and goods - such as Christmas gifts, prom dresses and graduation rings, transitional totes full of needed items for graduating teens heading to college or work and into an apartment - faith and community groups have responded to kin family needs, once the Kin Navigator promoted an awareness of the difficult and complex situations these families face. One local organization of churches even developed a certified respite program complete with registered nurse and nutritional programming, and offered on a regular basis for kin caregiver families. The Kin Navigator program paid for the criminal background checks of the volunteers and offered respite care training. The key seemed to be to identify a need or task that volunteers could meet and enable their efforts.

## Other Key Community Partners

*When asked if the larger community is more aware of supports and services need by and available to kin caregivers, Kin Navigator responded, “Absolutely, no doubt about it.”* Before the grant, people did not know there was anywhere for kinship caregivers to turn to for help. Now, KNs believe, the larger community is more aware through word of mouth, distribution of newsletter to all community partners, newspaper articles, fundraisers which spread the word. However still some miss-information out there: a lot of people don’t understand what Kinship Care is - people think caregivers are certified foster care providers.

*Relationships with the Local Advisory Groups and/or the Family and Children First Councils assisted with greater awareness within the formal service systems (developmental disabilities, early intervention/Help Me Grow, public assistance, etc.)* Outreach in the form of speakers at faith and community events, and newsletters helped to build awareness and understanding and create more effective collaborations.

*Kin Navigators did indicate they still hoped for better collaboration with the education system.* Many of the children were struggling due to instabilities and trauma in being placed with the caregivers, and many of the children had Individual Education Plans or other special services. The kin caregivers had great difficulty managing effective involvement and assistance with their child’s educational needs.

*While the expectation might be that there are strong partnerships between KN program and the Office on Aging, this did not happen.* Four programs indicate they have little interaction with Office on Aging: these programs make referrals occasionally when appropriate, but often kinship caregivers do not meet age guidelines (60 or older). Three programs indicate they have good relationships with OoA and regularly refer kin caregivers to their services, if appropriate. One KN program is located within the Office on Aging and the organization is very supportive of the program; they also indicate that they do not believe the location of the program dissuades younger caregivers from accessing supports provided by the KN program.

## IV.B. Advocating for Kinship Caregiving in the Community

In order to enhance the services and supports available to the kinship caregivers, Kinship Navigators were responsible for program and policy development in their local community, including educating the community about the existence and needs of kinship caregivers and developing a broader array of supports and services for this population. This section of the report examines efforts made in this area, including outreach and education, developing community partnerships through building the 211 system, and creating the local advisory groups.

### Outreach and Education

All seven Kinship Navigator sites made serious efforts to educate the community, both families and providers, about the existence of supports for kinship caregivers. Among the approaches used throughout the project were the following:

- ★ hosting community events or participating in events organized by other groups
- ★ establishing and maintaining support groups for kin caregivers
- ★ offering presentations and trainings at community organizations, or meetings of providers, reaching such important groups as school staff, mandatory reporters, church leadership, and legal aid
- ★ developing fliers, brochures, and information packets to reach providers and kin alike
- ★ utilizing media coverage: radio time or newspaper for advertising, publicity (an Ohio family from one Fostering Connections county was named Grandparent of the Year)
- ★ developing or expanding newsletters specifically for kin caregivers, mailing brochures to all child-only TANF recipients
- ★ expanding website information (PCSAO)
- ★ developing billboards
- ★ One county even established Kinship Family Community Center, located within a neighborhood of particularly high need.

By the end of the project, Kinship Navigators indicated that most often, kinship caregivers are now hearing about the program through ‘word of mouth’ in the community.

The KIDS data system compiles information on the specific number and types of outreach efforts that have been conducted in the seven Kinship Navigator counties. From this data, it is evident that outreach is most often provided during meetings and presentations while other methods include press releases, presentations, and phone calls. By the end of the grant, Kinship Navigators had conducted 479 program level outreach activities in their communities. This included:

- 139 meetings, 123 written materials, 74 press releases, 52 presentations, 34 phone calls and 57 ‘other’ outreach activities
- 278 outreach efforts to promote KN program, 135 to collaborate with other community partners and dev/enhance services for kcg, 32 to provide information and TA, 13 to advocate for kinship caregiving in the community, and 21 for ‘other’

It is also noteworthy that the volume of these outreach efforts decreased over time from the beginning of the grant, indicating the need for outreach was reduced as the program became better known in the community.

<b>Number of outreach efforts by grant period:</b>	
	<b># of activities</b>
February 2010 to July 2010:	134
August 2010 to January 2011:	146
February 2011 to July 2011:	122
August 2011 to January 2012:	52
February 2012 to July 2012:	25

This trend is reflected in the fact that in the second and third year of the grant, Kinship Navigators indicated that they did not see a need for as much outreach as they had done early in the grant, given that their programs were now well established and known in the community. However, counties acknowledge that there is always a need for some outreach efforts, given the frequent changes in agency staff and community organizations: “each time we do outreach, we learn about more services that may be of use to caregivers”.

### **IV.C. Community Partnerships Through 211**

Another goal of the Kinship Navigator program was to improve county-level support systems for kinship caregivers through increased communication and coordination among relevant organizations and groups in the community. The federal Fostering Connections grant announcement specifically mentioned the importance of a centralized Information & Referral (I&R) service for the county, which would reduce duplication and fragmentation of services available to kinship caregivers and increase referrals between community agencies. Early in the project, Kinship Navigators began to develop or work with existing centralized I&R systems in their communities, often known as 211 systems. In Ohio, this service is often provided by the local United Way or a similar community organization; by dialing “211”, community members can obtain I&R for a wide range of services in their communities. Kinship Navigators were expected to create a linkage to the local 211 and assure that the 211 system was familiar enough with the Kinship Navigator program to make appropriate referrals, especially of families not currently involved in the child welfare system. Progress has varied:

- ★ Five counties had centralized I&R providers (211), with active coordination by May of 2010.
  - The 211 function was housed in a variety of types of organizations: three at United Way, one at Community Action, and one at the local public library. Later in the project, another 211 function was established at a Council on Aging.
  - Four counties had provided information and informal or formal training to 211 providers.
  - By contrast, only one comparison county had a local 211 system.
- ★ Of the five counties with a 211 system, two counties intended to provide pre-screening at 211 to identify kin caregivers for referral to Kin Navigator program.
- ★ Four counties have a 211 representative on their LAG
- ★ One county was providing a small incentive payment to their local 211 provider to ensure coordination and provision of evaluation data regarding referrals.
- ★ The two smallest rural counties, with no current or pending 211 system were unable to identify resources to launch such a service thus far.

Beginning in May 2010, five of the Kinship Navigator program sites were able to collect tallies of referrals from their 211 provider. From this data, the number of referrals from 211 were fewer than anticipated. Of over 160,000 calls to 211 in five counties, only 356 referrals were made to Kinship Navigator, not nearly as many as the project sites had anticipated, indicating that this collaboration did not develop as it was anticipated.

Throughout the course of this project, *the lesson regarding 211 has remained consistent: linkages with a centralized information and referral system did not reduce duplication and fragmentation or increase referrals to the Kinship Navigator program*, as had originally been anticipated.

#### IV. D. Local and State Advisory Groups

Each county developed a Local Advisory Group (LAG) to provide guidance to the development of Kinship Navigator services in each of these seven communities. The original intent of the LAG is described in the proposal:

- ★ The LAG would help provide collaborative planning and oversight, to support the creation and ongoing operation of the Kinship Navigator project.
- ★ With the help of the Kinship Navigator, the LAG members would engage all stakeholders in a community mapping process to systematically identify formal and informal resources to address the needs of kinship caregivers.
- ★ LAG members would be able to develop greater awareness of kinship families' needs and best practices in serving kinship families, and would thus be primed to guide the project and advocate for expanded kinship supports.

The LAGs were established in almost all counties during the implementation period, and development of LAG membership was ongoing.

- ★ Free-standing LAGs were created in five counties. In the other two counties, rather than create a new advisory group, Kinship Navigator staff participate in standing community partner meetings (i.e. Family and Children First Councils) to share information regarding the Kinship Navigator program.
- ★ LAG members came together quarterly, monthly or bimonthly in one county.
- ★ Most counties have been able to entice a variety of representatives to attend: of the six counties with LAGs at the end of the grant, two have a caregiver representative, five have a 211 representative, all have a child welfare representative, and three have a representative from the Office of Aging. One county had a kinship child attend a LAG meeting.
- ★ Interviewees described how it took time to establish these groups; by spring 2010, several only had one meeting or were still coordinating for the first meeting. In general, counties struggled at the beginning of the project to have regular attendance at LAG meetings.

*The results of a survey completed in early 2011 by the Kinship Navigators and LAG members in each county are unimpressive. It appears that there are varying perceptions about the role of the LAG, both among counties, and between the Navigator and their LAG members within individual counties. This lack of clarity on the role and function of the LAG is perhaps indicated further by an overall perception of the value of the LAGs and the varying roles the LAG plays in different counties. It is also interesting to note that both Kinship Navigators and LAG members most commonly view reporting, advertising, and building resource networks as the role of the LAG, with advocacy less often cited. This may reflect the view of the LAGs role as it was first being formed: to share information about the program and build a network of supports for kinship caregivers. A final notable trend is the number of LAG members (13 or 29%) who indicated that the role of the LAG is 'unknown', again perhaps a reflection of the early stages of the project. In talking with the Kinship Navigator consortium about midway through the grant, there appeared to be a general sense that the LAGs had not had a significant impact on the Kinship Navigator programs: as one Kinship Navigator said to potential members, "this is something we are required to do, are you willing to be a part of it?" and most people agreed. It is also noted that Ohio counties already have regular required multi-system collaboration meetings by Family and Children First Councils.*

## State Advisory Group

*SAG/Kinship Advisory Council Members:*

<i>PCSAO</i>	<i>Family &amp; Children First Councils</i>	<i>PCSAs</i>
<i>Children's Defense Fund</i>	<i>Area Agency on Aging</i>	<i>Kin Navigators</i>
<i>University Representatives</i>	<i>Kin Caregivers</i>	<i>ODJFS</i>

To complement the LAG role in each county, the project joined the existing state-level Kinship Advisory Council, to encourage the development of supports and services for kinship caregivers at the state level, through education of legislators and key stakeholders and promotion of policy enhancements. This group meets three times per year in Columbus, in coordination with the Ohio Grandparent Kinship Coalition, with approximately ten people in attendance and others participating on the phone. Staff members from three of the Fostering Connection Kinship Navigator grant counties have participated in these meetings, along with the PCSAO director. The agenda traditionally involves updates on state-level activity, advocacy work with regard to kinship supports (legislation, budgeting, etc) and presentations by special guests.

Through the participation of the Kinship Navigator counties, the Kinship Advisory Council received regular updates regarding the Fostering Connections Kinship Navigator grant activities, including research and evaluation updates. The participation of the Kinship Navigator counties in broader state level discussions has resulted in expanded awareness for State officials. Two specific outcomes included revising state regulations regarding the Kinship Permanency Incentive payment and its relation to Food Stamp benefits, to no longer cause a reduction of Food Stamp benefits; also the pledge of the Ohio Department of Job and Family Services to provide the non-federal match for a transformational Statewide Kinship Navigator program under the Fostering Connections grant (Ohio did not receive the grant.)

## Summary

With a common belief that collaboration is key for the success of Kinship Navigator programs, at one year into the grant, all Kinship Navigator grantee counties had begun to educate and collaborate with community partners around their Kinship Navigator programs, recognizing that these efforts are needed to continue throughout the life of the project. In reflecting back on the process, Kinship Navigators reflected on the lessons learned regarding early engagement of community partners include:

- ★ The importance of initiating discussions about developing services not currently available for kinship caregivers: key services include legal services, respite programming, social activities and events for families, and support groups. Further exploration will indicate whether these efforts have resulted in development or enhancement of these services.
- ★ The importance of building relationships: in particular, identifying key individuals from local agencies to establish direct linkages to services for kinship caregivers.
- ★ Kinship Navigator is a community program: everyone needs to invest and be involved in it, building relationships with other resources and community providers and leaders, need to 'partner, partner, partner'.
- ★ The importance of having Kinship Navigator staff that are knowledgeable about community resources.



Clearly, partnerships with both formal and informal community entities are critical to the success of the Kin Navigator programs. Initial and occasional inclusion on agendas with existing multi-system workgroups is effective, as is outreach to faith and community based organizations to educate them about the complex needs of kinship families, and help them identify ways they can assist. Public assistance collaboration is key, often building a relationship to facilitate ease in applying for services and benefits for which the caregiver is eligible. Of course, the Kin Navigators also found their diverse community partners to be good sources for speakers at kinship support groups.

Particular attention is warranted to build effective working collaborations with the formal child welfare system, given the high referral levels from child welfare. The judicial / legal system also deserves particular investment in partnership, given the experience of kinship caregivers with significant legal challenges.

# Chapter V. SUSTAINABILITY

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## V.A. County Program Sustainability

Each of the seven Kin Navigator grantees fiercely state they will continue to invest their practice and efforts in supporting informal and formal kin caregiver families. Throughout Ohio, child welfare has come to believe that identifying, engaging and supporting kinship caregivers when children cannot remain in their own home, is in the best interest of our children.

The Kinship Navigator Program demonstrated that “if you build it, they will come” as thousands of kin families presented for information and referral in these seven counties, and nearly 1,000 actually had an assessment and case management.

All seven counties will continue to value supporting both informal and formal child welfare kinship cases. Of course as all are part of the Title IV-E ProtectOhio Consortium, all have dedicated resources and enhanced services to kinship families, irregardless of custody status. As a result, the enhanced practice and related requirements will incent them to support kin cases without opening formal child welfare cases, it is also an incentive to have an exit resource for those families upon case closure. In fact, three counties – Clark, Crawford and Hardin – have all expressed that Kin Navigator programming will morph as a part of their Kinship Strategy with ProtectOhio. The extra funds for meeting real and tangible needs of informal kin caregivers, including school supplies, funding summer programs and camp, legal supports, and more, will be severely restricted however.

Three of the Internal KN counties – Ashtabula, Crawford and Hardin – successfully attained (or have pending) 501(c)3 status for their support groups, which will facilitate their efforts to seek and gain outside support. They all had active caregivers invested in the support groups. Ashtabula has an aggressive public education leader that also seeks foundation funds for various efforts in support of both kinship and foster children.

Richland is also pursuing 501(c)3 status for their support group; they have invested such an agency wide focus on kin for children unable to stay at home, that they are dedicated to continuing the Kin Navigator program, but at this time, it appears they will bring the program inside their child welfare agency, they will continue investment in legal services for the caregivers seeking custody, but their provision of real and tangible supports will be significantly reduced.

The Kin Navigator program with the Lorain Office on Aging already had a number of additional grants for support groups, a literacy program for the kin children, and others (including a community food pantry). The child welfare agency is continuing to invest \$30,000/year for their Kin Navigator programming for informal kin families, nevertheless, they will certainly have reduced available funds for real and tangible supports. The organization is well established as a community resource for kin families.

The Portage non-profit is a regional organization that is multi-faceted, as a Medicaid certified behavioral health organization, a food pantry, and provider of transitional youth services. They will continue to host a support group, but they will not be able to maintain their Kin Navigator staff position. The child welfare agency is actively engaged in the ProtectOhio Kinship Strategy for open child welfare cases, it is uncertain how they will respond to informal cases.

The Kin Navigator grantee leads continue to remain positive – they have seen the need, built community relationships, and strongly feel they have diverted many children from the trauma of being moved around to different relatives of placed in unrelated foster care. Their partnerships with the Ohio Benefit Bank – either within their agency, or as close partners to a community OBB organization – have streamlined the public assistance processes.

The Kinship Navigator grantees hosted workshops on Kinship Navigator programs at the annual PCSAO Conference for the past two years. They were well attended, and materials shared, encouraging replication in other counties.

## V.B. Kin Navigator Products

The Kin Navigator Grant also created some key products for expansion and sustainability:

- *The Implementation Report*, summarized by HSRI January 2011, which can be found in Appendix J.
- *Improving Legal Paths for Kinship Caregivers* - as selected presenters for the American Bar Association's Center for Children and the Law Conference in July 2011, Lorain County Attorney Tim Smith and PCSAO's Crystal Allen presented a workshop on Improving Legal Paths for Kinship Caregivers. While the workshop included other materials and several case studies presenting legal dilemmas for kin caregivers, you can review the official paper here [Kinship Legal Paths ABA Conf](#), it is also in Appendix K.
- *The Kinship Navigator Replication Manual* created by the seven counties and PCSAO, which can be found in Appendix L.
- While not officially released yet, the Ohio Supreme Court will soon release their findings and recommendations on Legal Processes and Procedures for Kinship Caregivers.

## V.C. State Investment and Policy Development

Finally, based on the success of the Kinship Navigator program and the advocacy of the Ohio Grandparent Kinship Coalition, the Ohio Department of Job and Family Services pledged to cover the non-federal portion of the second Fostering Connections Kinship Navigator grant, to go statewide. While this would have been transformational for Ohio, we did not get it. As part of a community dedicated to supporting kin families – PCSAO, the Ohio Grandparent Kinship Coalition, the Statewide Kinship Advisory Board, and the seven Kin Navigator counties and other advocates in other counties/regions - we are determined to build some feasible initiative for Kin Navigator services statewide. ODJFS leadership has voices support for this effort. It is hoped that there will be some type of Kinship Navigator initiative within the Ohio Biennial Budget, which will pass June 30, 2013.

## VI. EVALUATION

To understand the linkages between Kinship Navigator project activities and anticipated outcomes, the Ohio Kinship Navigator grant includes a three-year evaluation conducted by Human Services Research Institute (HSRI). In this chapter of the final report, HSRI describes the methods used to conduct the evaluation and then presents kinship caregiver, child, and family-level findings from the Process and Outcomes Studies.

### VI.A. Evaluation Methodology

The purpose of the evaluation is to measure the impact of the Kinship Navigator program on organizational relationships, kinship caregivers, and children. Guided by the logic model (see Appendix A), the evaluation consists of three components: an examination of implementation and process activities, an outputs analysis, and an outcomes analysis. The first two components constitute the process evaluation, while the third culminates in the Outcomes Study.

#### RESEARCH QUESTIONS

Using the framework of the logic model, HSRI conducted the evaluation with the goal of addressing several key research questions. These questions were first developed in the grant writing process, based on the interest of the Children’s Bureau, and have been slightly modified over the course of the grant as HSRI learned the limitations of the data that would be available. Some of the county-level questions from the Process Study were addressed in earlier chapters of this final report. The child and family-level findings from the Process and Outcomes Studies are included in this chapter. Table 6.1 provides a summary of the research questions, accompanied by the location in this report where these findings can be found.

<i>Process Study Research Question</i>	<i>Location of Discussion</i>
Do community organizations that serve kinship caregivers in intervention counties <u>build stronger relationships</u> over the course of the grant period?	IV.A. Efforts to Assess Collaboration IV.B. Advocating for Kinship Caregivers in the Community
As a result of the Kinship Navigator program, is the larger community (inclusive of, but not limited to, kinship caregivers), <u>more aware of supports and services</u> needed by and available to kinship caregivers?	IV.B. Advocating for Kinship Caregivers in the Community VI.B. Process Study
Does the Kinship Navigator program help to <u>increase both the amount and accessibility of resources</u> available to kinship caregivers in intervention counties?	VI.B. Process Study
Does involvement with the Kinship Navigator program <u>make caregivers feel that caregiving is easier and more rewarding?</u>	VI.B. Process Study
<i>Outcomes Study Research Question</i>	
Does the Kinship Navigator program increase rate/use of kin placements in project counties?	VI.C. Outcomes Study
Does participation in Kinship Navigator <u>decrease time from placement to permanency?</u>	VI.C. Outcomes Study
Does the Kinship Navigator program make it more likely that current kinship caregivers will <u>remain committed to caring for children?</u>	VI.C. Outcomes Study
Does involvement in the Kinship Navigator program <u>increase the likelihood of favorable permanency</u> (i.e. reunification, legal custody to kin, and adoption)?	VI.C. Outcomes Study
Does participation in Kinship Navigator <u>maintain or increase child safety?</u>	VI.C. Outcomes Study

## EVALUATION RESEARCH DESIGN

HSRI utilized a comparison group design for this evaluation, considering this method most appropriate for several reasons: (1) the project is primarily about system-level change; (2) counties initiated the grant application and thus self-selected based on a high level of need for services and supports to kinship caregivers; (3) several of the project sites are small, without a large enough pool of kinship caregivers to create an intervention and a control group of families; (4) kinship caregivers living in the community are usually identified only when they attempt to access a needed service, making it impractical and unethical to identify kinship caregivers through outreach and then deny services to them by assigning them to a non-intervention group.

To develop the comparison group, HSRI selected seven Ohio counties with similar overall proportions of total children placed in out-of-home care, children placed with kin, and children exiting to kin. Other demographic characteristics of the Children Services population, such as the average age of children in care, were also considered in selecting the comparison counties. Appendix B includes a table of data with key statistics from the comparison counties. Participating comparison counties received a small incentive payment to cover costs associated with data collection for the evaluation.

For each of the comparison counties, the evaluation team collected county, child, and family-level data using some but not all of the data methods described below. Throughout this and previous chapters of the report, information from comparison counties is included as relevant, providing a contrast between the seven participating Ohio counties (intervention counties) and the similar group of counties without Kinship Navigator programs in place (comparison counties).

## EVALUATION PARTICIPANT AND TRAINING

HSRI utilized a wide variety of data sources to inform the findings in this report. The evaluation team collected qualitative data from a variety of stakeholders, including Kinship Navigator staff and participants at quarterly in-person meetings, Children Services professionals and community partners, as well as kinship caregivers. Case-level quantitative data was collected at both the child- and family-level.

In terms of training on evaluation processes and activities, HSRI worked closely with the Kinship Navigator sites in the first months of the project, developing relationships and trust with county staff and gathering input and buy-in on data collection tools and processes. Once implementation had occurred, HSRI provided small group or one-on-one trainings to Kinship Navigator staff on the family survey processes and data entry into the project's web-based data system, the Kinship Informational Data System (described below).

## DATA COLLECTION ACTIVITIES

The evaluation team employed a multi-method design to assure that both qualitative and quantitative data was obtained, and that primary data was used to supplement secondary administrative data. HSRI's emphasis on participatory evaluation using multiple respondents and multiple methods helps assure a broad perspective on program evolution and potential for program sustainability. Each of the data collection methods utilized for the evaluation are described below.

- **County-level Implementation Reports:** Early in the first year of the grant, the evaluation team requested a new data collection item from Kinship Navigator programs: implementation reports. These reports were completed by Kinship Navigator program staff and collected monthly, covering approximately the first six months of the grant. The reports gathered data on the major activities conducted during the initial implementation of the Kinship Navigator programs. The implementation reports were summarized and aggregated by the evaluation team, shared with the programs in early 2011, and utilized in the formal January 2012 Implementation Report (A copy of the county-level implementation report template is found in Appendix C.)

- Site Visits and Family Focus Groups: Qualitative information regarding implementation and services for kinship caregivers was collected through site visits in each of the Kinship Navigator programs and comparison counties in 2010 and 2012. In 2010, site visits were conducted in both Kinship Navigator and comparison counties and in 2012 site visits were conducted in all seven intervention counties, with a corresponding electronic survey of the seven comparison counties. In addition to interviews with Kinship Navigators and agency caseworkers, the 2012 site visits to intervention counties included focus groups with caregivers receiving Kinship Navigator services. Interview protocols are included in Appendix D.
- Kinship Informational Data System (KIDS): Early in the grant, the evaluation team, in close consultation with the Kinship Navigator program staff and other stakeholders, developed a web-based data system for primary data collection for the Kinship Navigator evaluation. Data collected via KIDS includes case-level information about kinship caregivers and children in their care, as well as program-level information about information & referral calls received, services, outreach work, and system-building activities. The output analysis primarily utilizes data collected via KIDS. By the end of the project, KIDS contained data on over 900 case managed Kinship Navigator families collected from February 2010 through July 2012. The KIDS data entry forms and User Manual are included in Appendix E and F.
- Family Surveys: To collect information on the kinship caregiver perspective of the Kinship Navigator program, HSRI distributed a survey to families receiving case management from the Kinship Navigator program (after ‘case closure’ or six months of receiving Kinship Navigator services). Families completed the survey and then mailed it back to HSRI. Once HSRI received the completed survey, the caregiver’s name was entered into a random drawing for a \$100 gift card. In the course of the grant, over 250 surveys were collected. A copy of the family survey is included in Appendix G.
- System Network Analysis Surveys: To inform the system linkages analysis, HSRI conducted a survey with Kinship Navigator staff, Local Advisory Group members, and community providers identified as important to kinship families (per 2010 site visits interviews). These surveys included questions about service availability in each Kinship Navigator community, awareness of the needs of kinship caregivers, and the perceived impact of the Kinship Navigator program, as well as a collaborative scale that provided data on the level of relationships between the local providers and Kinship Navigator programs. These surveys were conducted in early 2011. While the intent was to conduct a second round of system network surveys in 2012, this survey did not occur: the evaluation team determined that the potential survey benefit did not justify the level of effort required to administer this survey and assure responses from individuals who had responded to the first round of the survey. A copy of the System Network Analysis Survey is included in Appendix H and a brief write-up is included on page 26 of Appendix J.
- 211 Data: HSRI also collected data from local information & referral providers (211 systems) regarding the total number of calls received by those systems and the number of 211 callers referred to the Kinship Navigator programs. Five counties gathered this data monthly from May 2010 until Aug 2010. Analysis of this data has been included in federal semi-annual.
- Time Study: HSRI conducted a time study to explore the activities conducted by the Kinship Navigator staff. For one week in 2010, all Kinship Navigator staff completed a form documenting the amount of time spent daily on a list of activities included in the Kinship Navigator model and deemed to be important duties for operating the Kinship Navigator program. Details of time study findings are included in Appendix I.
- Statewide Automated Child Welfare Information System (SACWIS): To examine outcomes of families and children served by Kinship Navigator and involved in the Children Services system, HSRI utilized data from Ohio’s SACWIS. HSRI identified the key variables of interest to answer the evaluation research questions and then made a formal request to the Ohio Department of Job and Family Services for this data. This procurement process of the SACWIS data also included developing a contractual data sharing agreement with the state to allow the sharing of data and assurances of confidentiality of the data. The data file received by

HSRI contained data from both intervention and comparison counties from February 2010 to May 2012, enabling the evaluation team to not only describe the Children Services experience of families receiving Kinship Navigator services, but also explore differences between the Kinship Navigator and comparison population.

#### ANALYSIS, DISSEMINATION AND REPORTING OF EVALUATION FINDINGS

In an effort to provide ongoing feedback to the Kinship Navigator programs under this grant, HSRI analyzed and shared findings with stakeholders throughout the course of the grant, providing frequent feedback to spark conversations and discussion among the grantee group. In particular:

- Analysis: HSRI analyzed qualitative and quantitative data throughout the course of the grant, blending the findings together to provide a more comprehensive understanding of the material compiled. Qualitative data was analyzed using QSR NVivo or Dedoose software for the open-ended data collected through site visits, interviews, and surveys responses. Microsoft Excel and SPSS were utilized to analyze closed-ended responses to surveys and the quantitative analysis of KIDS and SACWIS data.
- Semi Annual Reports: HSRI contributed to all six semi-annual reports submitted to the Children’s Bureau, providing regular submissions of data from the KIDS system, enabling intervention counties to be informed of volume, characteristics, needs, and services to caregiving families, as well as contributing to the cross-site evaluation. These semi-annual reports are available at <http://www.kinshipohio.org/resources.htm>.
- Ohio’s Kinship Navigator Implementation Report: (January, 2012): After the Kinship Navigator programs were implemented in the seven intervention counties and the evaluation team had visited each of the Kinship Navigator and comparison counties, HSRI compiled the Ohio Kinship Navigator Implementation Report. This report highlights what was learned in the first half of the grant, including history/background of Kinship Navigator in Ohio, implementation activities (i.e. hiring staff, training, mission), and a profile of the Kinship Navigator programs at the mid-point in the project. This report and a summary PowerPoint presentation are available at <http://www.kinshipohio.org/resources.htm>. This report is also included in Appendix J.
- Presentations at in-person meeting: HSRI staff attended almost all quarterly in-person Kinship Navigator meetings, sharing with the group a summary of evaluation process and activities, and presenting findings on evaluation activities. A wide range of topics were presented, but a few examples include evaluation training, findings from site visits, System Network Analysis, time study and the family surveys, and preliminary Process and Outcomes findings.
- Conference presentations: HSRI has also presented at a number of national conferences, sharing findings from this study to the wider national audience interested in the use of kinship caregivers. Conferences included the American Evaluation Association National Conferences, the National Child Welfare Evaluation Summit, and the annual Fostering Connections Grantee Meetings.

In summary, the evaluation team implemented a wide range of data collection efforts designed to capture the impact of the Kinship Navigator program in Ohio. The rest of this chapter is devoted to presenting the Process and Outcomes Studies findings derived from qualitative sources, KIDS, and SACWIS data, providing an understanding of the Kinship program’s impact on their local communities.

## VI.B. Process Study

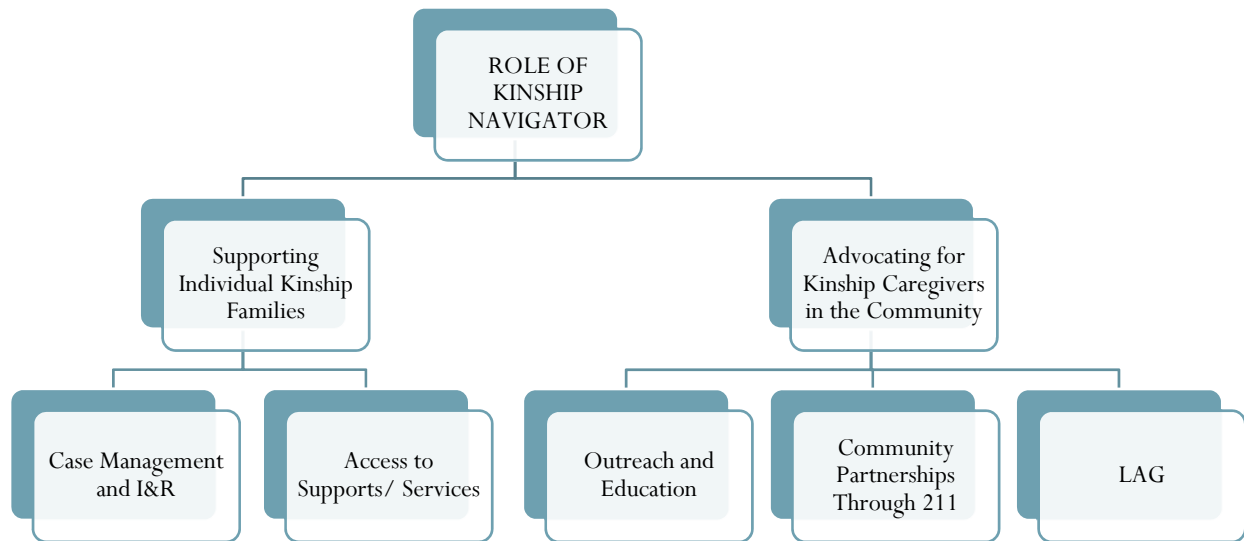
The intent of the Process Study is to describe how the seven Kinship Navigator programs in Ohio served and supported kinship caregivers in their counties over the last three years, documenting how and which kinship caregivers are served

in intervention counties. The Process Study both contributes to a better understanding of Ohio’s model, providing valuable information for replication, and also provides a context in which to understand the Outcome Study findings.

Utilizing data from KIDS, site visits, and surveys, the Process Study describes the path by which kinship caregivers receive support from Kinship Navigator programs, highlighting caregiver characteristics, case flow, service needs and provision, and the experience of the kinship caregivers. The Process Study answers the following research questions:

- As a result of the Kinship Navigator program, is the larger community (inclusive of, but not limited to kinship caregivers) more aware of supports and services needed by and available to kinship caregivers?
- Does the Kinship Navigator program help to increase both the amount and accessibility of resources available to kinship caregivers in intervention counties?
- Does involvement with the Kinship Navigator program make caregivers feel that caregiving is easier and more rewarding?

To provide an overview of the Kinship Navigator process, we begin with a description of the overall activities and services provided by the Kinship Navigator programs in these seven Ohio counties. The diagram below presents the roles and responsibilities of Kinship Navigator, as laid out in Ohio’s Fostering Connection proposal. This diagram frames the subsequent description of how Kinship Navigators support kinship caregivers.



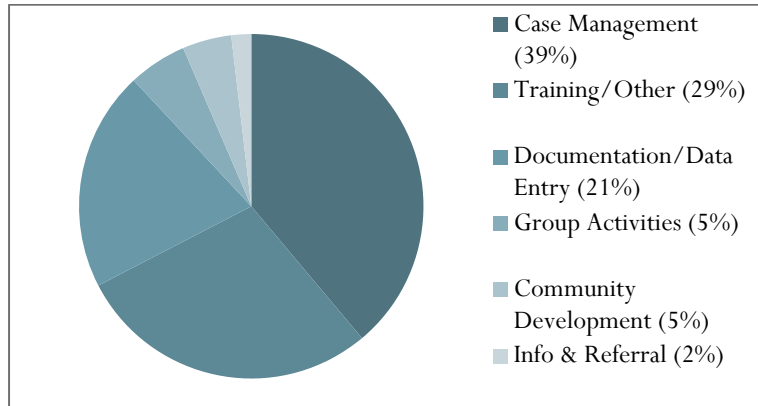
**BALANCING KINSHIP NAVIGATOR ROLES/RESPONSIBILITIES: A TIME STUDY**

In the fall of 2010, HSRI conducted a time study to document how Kinship Navigators spend their time on the key activities. While the study gathered data on only a single week during the first year of the grant, it nonetheless provides a valid sense of the amount of time Kinship Navigators spend on various responsibilities. In particular, the time study highlights the amount of time that Kinship Navigators spend serving individual kinship caregivers, relative to their time spent advocating for caregivers in the community<sup>2</sup>. As shown in Chart 6.1, the largest allotment of Kinship Navigator time, almost 40%, is spent on case management related tasks, with an additional 20% spent on documentation and data entry related to case management. These data indicate that Kinship Navigators were spending more time providing services to individual caregivers, with less time spent conducting outreach and building community connections.

<sup>2</sup> More complete description of the Time Study is included in Appendix I.



Chart 6.1: Kinship Navigator Time Study



The sections below offer a more detailed description of the various roles and responsibilities of the Kinship Navigators in the seven grantee counties, focusing specifically on how Kinship Navigators provide information and referrals, case management, and group-level services and supports for caregivers. The final section highlights the family perspective on the Kinship Navigator program, based on surveys, interviews with Kinship Navigators and focus groups with caregivers.

### a. Information and Referral Calls

Some kinship families come to the Kinship Navigator program with relatively few needs, requiring only a brief interaction with the Kinship Navigator to obtain needed information and referrals (I&R) to community resources. In the period of February 2010 to July 2012, Kinship Navigators in six out of the seven counties<sup>3</sup> provided I&R to caregivers in their communities through 1,067 calls. I&R calls are considered brief conversations with caregivers, where there is not an expectation of continued interactions with these families over time.

Some Kinship Navigators recorded the source of the kinship caregiver referral and what information was provided to the kinship caregiver during the call. As seen in Table 6.2, most callers identified the PCSA (Children Services or Department of Job and Family Services) as the referral source, although referrals also came from a variety of other sources. Because a referral source was not identified for each call received, the total number of referral sources is less than the total number of calls received. Additionally, as multiple referral sources could be recorded for a given call, percentages of totals are not reported.

*Kinship Navigators provided I&R to over 1,000 callers from February 2010 to July 2012*

When I&R calls come in, the Navigator talks with the caller to identify any needs and then provides relevant information. Table 6.3 shows the types of information provided during the calls and the number of calls received that covered each topic. Because each call could cover multiple topics, the total number of needs identified and information provided is greater than the total number of calls received.

<sup>3</sup> Data was not available for the seventh county due to data-entry issues.

	Cumulative: Feb 2010 – Jul 2012
PCSA	215
Office on Aging	1
211/I&R	21
Court System	62
DJFS	159
Other KCG	53
Family Council/FCFC or equivalent	8
Church/Faith Based Org.	11
School/Education Provider	39
Other Community Provider	66
Other Word of Mouth	63
PR/Advertising/Publicity	26
Other	35

	Feb 2010 – Jul 2012
Legal Services	232
Food/Clothing/Other Basic Need	205
Financial Supports (including OWF)	172
Becoming a kinship caregiver	160
Support Groups/Counseling	134
Other Community Provider Services/ Contact Info	86
Grandparents Rights	77
Utilities Assistance	56
Medical	29
School/Education	27
Shelter/Housing Services	23
Childcare	23
Visitation	5
Respite	4
Other Resources	57

### b. Case Managed Cases

While some kinship families simply need I&R, other families require more in-depth support from the Kinship Navigator. Once a family is determined to be in need of case management (determined informally after initial conversations with the caregiver), the Kinship Navigator completes an initial assessment on the family. The assessment process includes exploring and assessing families' resources and needs. Subsequently, the Kinship Navigator provides

ongoing case management, helping these families to ‘navigate’ the system. Families with ongoing contact with the Navigator are referred to as ‘case managed’ cases. Between February 2010 and the end of July 2012, the KIDS system collected case-level data on 945<sup>4</sup> cases (families).

This section describes the characteristics of caregivers and children, the Kinship Navigator case flow process, and supports received by caregivers receiving case managed services; these analyses utilize data entered into KIDS, supplemented with information gathered during site visits.

*Kinship Navigators provided case management to over 900 kinship caregivers from Feb 2010 to July 2012*

### **KINSHIP CAREGIVER (AND CHILD) CHARACTERISTICS**

*Kinship Caregiver Demographics:* Demographic data was collected for only one caregiver per case, and information from cases with two caregivers usually came from female caregivers. Accordingly, kinship caregivers were primarily female (90%). The average age of caregivers was 48 years, with a range of 19 to 82 years old. Caregivers were 78% White, 19% Black, 2% Hispanic, and 1% ‘Other’, slightly more diverse than the general population in these counties (91% White, 7% Black, and 2% ‘Other’). The majority of caregivers held a high school degree (50%), while a smaller percentage (34%) completed some sort of education beyond high school, and an even smaller percentage (16%) did not have a high school degree.

*Kinship Child Demographics:* Information was collected for each kinship child served by the program. Among the 945 families with complete data collected, 1,516 kinship children were reported to be in the kinship home at the time of initial assessment, with families having up to six kinship children (some had no children initially, because they were preparing for the arrival of a kinship child). The children were 51% female and 49% male, and the racial mix included a lower proportion of white children and a higher proportion of non-white children (67% White, 18% Black, 15% Other) than seen in the primary caregiver demographics, suggesting that non-white homes tended to have more kinship children. Kinship children were on average seven years old with a range of less than one year to twenty-years-old.

*Involvement with Children Services:* The percentage of children in the program who were also involved with Children Services either at the time of initial assessment or prior to it grew over the course of the grant period. In October 2010, 69% of children were involved with Children Services, while by the end of the program 78% of all the kinship children served by Kinship Navigator were reported to be involved with Children Services at some point in time. This may indicate an evolving relationship between Kinship Navigator and Children Services caseworkers as knowledge of Kinship Navigator services became better known to Children Services staff.

*Caregiver-Child Relationships and Reasons for Assuming Care:* Most children (62%) were related to their kinship caregivers on their mother’s side, although 28% had paternal relationships: the other 10% of child-caregiver relationships included non-blood related kin, such as close family friends. Most kinship caregivers were grandparents (61%), aunts and uncles comprised 16% of caregiver-child relationships.

Children moved into kinship placements for a wide variety of reasons. Though many factors may contribute to a kinship placement, caregivers were asked to provide a single most relevant reason. Table 6.4 indicates that parent substance abuse/treatment, abandonment, neglect, and parent incarceration were the four most common primary reasons provided. Answers under ‘Other’ included a wide range: capacity of adult, chronic illness, unemployment, domestic violence, death of caregiver, etc.

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<sup>4</sup> Of the 1,015 cases for which data was collected in KIDS, 945 families provided informed consent allowing for further use of data on these cases.

	Cumulative Feb 2010 – Jul 2012	
	Number	Percent
Parent(s) Substance Abuse and/or Tx	398	26%
Abandonment	252	17%
Neglect	209	14%
Parent(s) Incarcerated	185	12%
Housing/ Shelter	69	5%
Relinquishment/ Dependency	58	4%
Parent(s) Mental Health and/or Tx	58	4%
Parent(s) Death	46	3%
Physical Abuse	43	3%
Other (< 1%)	198	12%
Total	1,516	100%

Caregivers reported the legal status of their kinship children at the time of initial assessment and also indicated their long-term caregiving plans for those children. Tables 6.5 and 6.6 provide information on these topics. As shown, almost half of children were either in temporary custody of kin (26%) or without a formal custody arrangement (21%). Another quarter of the children were in the legal custody of their caregiver.

	Cumulative Feb 2010 – Jul 2012	
	Number	Percent
Temporary Custody	386	26%
Legal Custody/Guardianship	384	25%
Birth Parent Maintains Custody	316	21%
Verbal custody from child's parent(s)	168	11%
PCSA/Court Custody, placed with kin	140	9%
Unknown	83	6%
Other	39	3%
Total	1,516	100%

A majority of the kinship children (61%) were either already in the legal custody/guardianship of their kinship caregiver, or plans are underway to pursue legal custody/guardianship or adoption. Most other families, almost a third, had plans for reunification with the birth parents. Those categorized as 'Other' included power of attorney, caretaker affidavit, maintaining guardianship, and pursuing temporary custody.

	Cumulative Feb 2010 – Jul 2012	
	Number	Percent
Pursuing Legal Custody/ Guardianship	539	36%
Working toward reunification	435	29%
Child remaining w/kinship caregiver who has Legal Custody/ Guardianship	360	24%
Unanswered or Unknown	113	7%
Pursuing Adoption	21	1%
Transforming Youth	16	1%
Another Relative to Assume Custody	6	< 1%
Other	26	2%
Total	1,516	100%

### REFERRALS TO KINSHIP NAVIGATOR

*Referral Sources:* As can be seen in Table 6.7, 57% of the case managed cases were referred from Children Services, significantly more than from any other referral source (i.e. other kinship caregivers, other community provider, DJFS, Court, local 211). This is likely due to the close relationships between the Kinship Navigator program and Children Services offices: four of the seven programs are located within the county Children Services office, two are contracted by Children Services to a community provider and the seventh is at an Area Office on Aging. Although the relationship between Children Services and the Kinship Navigator programs was close in all seven counties, policies regarding which families are referred to the programs varied amongst counties; in some counties there were set policies designating which families should be referred (i.e. any family with a child in a kinship placement) while other counties left it up to the discretion of the ongoing caseworker. In addition, in some counties the Kinship Navigators were ongoing caseworkers while in other counties there was a separation between the Kinship Navigator program and regular ongoing Children Services case management.

	Cumulative Feb 2010 – Jul 2012	
	Number	Percent
Children Services	539	57%
Self/ Kinship Navigator Advertising	101	11%
Other Community Provider	82	9%
Other Kinship Caregiver	77	8%
Department of Job and Family Services	46	5%
Court System	33	4%
Local 211	10	1%
Other (e.g. billboards, friends, church, Facebook)	57	6%
Total	945	100%

Anecdotally, some Kinship Navigators observed that the proportion of families referred to the program by word of mouth grew over the course of the grant, describing ‘an underground caregiver network’ that had developed. While this trend was not evident from the KIDS data, Kinship Navigators noted that caregivers heard about the Kinship Navigator program through community providers, other kinship caregivers, and other unique sources: one caregiver described how her daughter learned about the program from a fellow inmate in jail. Navigators also mentioned that

Children Services screener/intake workers often provide kinship caregivers with Kinship Navigator contact information for cases that are voluntary or screened out.

Kinship Navigators described several challenges in ensuring that referrals are made to the program. Despite the large number of referrals from Children Services, as indicated in the table above, Kinship Navigators describe how difficult it is to ensure that all Children Services staff are knowledgeable about the Kinship Navigator program and make referrals, given the frequent turnover of staff at the Children Services agency. Navigators mentioned that since the ProtectOhio Kinship strategy was implemented, referrals to the program have increased, perhaps due to the existence of designated kinship staff within each Children Services agency.

They also expressed frustration at the lack of referrals from the 211 systems in their communities. While the intent in the original Fostering Connections grant application was that local centralized I&R hotlines (typically a 211 provider) would be a valuable referral source for the Kinship Navigator programs, this is one aspect of the original grant application that did not develop as anticipated. Beginning in May 2010, five of the Kinship Navigator program counties were able to collect tallies from their local 211 provider<sup>5</sup>. This data was not entered into KIDS but rather provided monthly by the project counties to the evaluator. Table 6.8 indicates the total number of calls to 211 and the total number of people who were referred to the Kinship Navigator program for each county.

	Total # of calls	Total # referred to Kinship Navigator
Ashtabula	48,133	94
Clark	N/A*	57
Lorain	20,124	14
Portage	38,910	84
Richland	23,502	66
Total	130,669	315

\*Clark County did not track the total number of calls received.

The 211 providers have made substantially fewer referrals than anticipated and the five counties have found it challenging to work with them. As one Kinship Navigator stated in a quarterly in-person meeting, “211 has failed in our county.” The Kinship Navigator staff did develop a protocol/script for screening kinship caregivers and referring them to the Navigator program. They shared this protocol with their local 211s in individual meetings and, in some cases, informal training sessions. This has not, however, seemed to have as large an effect as expected. Kinship Navigators simply believe that 211 staff ‘just don’t identify if they are talking to a caregiver.’ More discussion about the relationship between 211 and Kinship Navigators is included in Section IV.B.

#### ASSESSMENTS

Prior to the Fostering Connections grant, the seven intervention counties conducted kinship family assessments rather informally and inconsistently; some counties used a formal assessment tool (i.e. Family Support Plan in SACWIS, a provider’s intake form, etc.), while others informally gathered information from the kinship family regarding their current situation. However, inadvertently, with the development of KIDS, a more formal assessment process for case managed families was created. The initial assessment in KIDS not only fulfilled the need for evaluation data, but also provided the Kinship Navigator with tools to assess the needs of the family. Part of the initial assessment process included caregivers completing several KIDS forms (see Appendix E), collecting data on an assessment of services and supports that may benefit them, and whether or not they are currently receiving services to meet those needs. Kinship

<sup>5</sup> Two counties did not have 211 systems from which to collect this data.

Navigators also completed follow-up assessments with eligible families; families were eligible for follow-up when they had been working with the Kinship Navigator for at least six months, had closed cases, or otherwise no longer needed assistance, as indicated by an end to contact. The follow-up process was two-fold: the Kinship Navigator staff completed an update on the initial assessment information in KIDS, and families completed a brief survey that included questions about their satisfaction and subjective well-being, as well as update the Family Resource Scale utilized at initial assessment.

## CONTACT

As Kinship Navigators work closely with case managed kinship families, they interact with the families in a variety of ways. They might initially meet at the Kinship Navigator office, but subsequently talk over the phone or meet at the kinship home. The Navigator could also make collateral calls to others at the request of the caregiver. Utilizing KIDS data, a total of 6,546 contacts were recorded for 738 families who had complete follow-up records as of July 2012<sup>6</sup>. Table 6.9 summarizes the type and number of each contact<sup>7</sup>, suggesting that while telephone contact is the most frequent form of contact, Kinship Navigators also conduct a significant number of visits to caregivers' homes, as well as meeting with the family when they come to the Navigator's office.

Table 6.9: Contacts between Kinship Navigators and Kinship Caregiver		
	Total Contacts	Average contacts per family
	(n = 738 families with complete follow up records)	
Telephone Contact	3,029 (46%)	3.8
Home Visit	1,704 (26%)	1.9
Office Visit	1,602 (16%)	1.5
Advocacy on Behalf of Kinship Caregiver	320 (5%)	0.5
Other	431 (7%)	1.8
Total	6,546	8.5

This data is supported by the Time Study data which indicates that, of Kinship Navigator's case managed time, a quarter of the time is spent in phone conversations with families, with the next most frequent activity being case managed time spent on home visits (16%), and time spent in office visits (13%). See Appendix I for more information on the Time Study.

In regard to the type and frequency of contact with caregivers, Kinship Navigators observed that the amount of contact they had with families greatly depended on each case. As one Kinship Navigator noted: "it's random...it's almost like I'm a first aid station – when they have a boo-boo they check in with me and I help. People call me any time, any day. Sometimes they just need someone to talk to." Another Navigator stated that after initial needs of the families have been met, she really lets the caregiver drive the level of interaction: she often tells them, "You call me; if I don't hear from you, I'll assume all is OK."

## SERVICES NEEDS AND LINKAGES

One of the primary case management responsibilities of the Kinship Navigators is to help caregivers access services and supports in their community. In doing this, Kinship Navigators work closely with caregivers as they learn about, apply for, and link to services and supports that enable them to safely provide for the children in their care and for

<sup>6</sup> 768 families had complete follow-up records in KIDS, 30 of these families had no recorded contact history.

<sup>7</sup> As it was not required that every contact for each family be entered into KIDS, we cannot be sure of the total number of contacts made, and as the time of involvement for each family varies, we cannot present proportions for these type of contacts out of any total. Thus, the numbers reported demonstrate the minimum number of contacts actually made.

themselves. This section provides more detail about the service needs of caregivers and the ability of Kinship Navigators to help caregivers link with services.

*Family Needs:* As described in the Assessment section above, the KIDS system compiles information on the family’s needs. When caregiving families first contact the Kinship Navigator, if it is determined that the family would benefit from case management, the Kinship Navigator conducts an initial assessment, which includes identifying services and supports that caregivers are currently receiving, as well as services and supports that caregivers identified as being in need of. Table 6.10 summarizes the types of services caregivers identified as either receiving, or being in need, of at the time of initial assessment. As families can have more than one need, they may be represented in more than one need category; the percentage reflects the total number of families that identified need for a given service.

Table 6.10: Type of Services Currently Receiving or In Need of by Kinship Families at Initial Assessment		
Cumulative: Feb 2010 –Jul 2012 (n = 945 kinship families)		
Job and Family Services (90%)	Child Behavioral Health (MH/SA) (30%)	Transportation (14%)
Medicaid/ Healthy Start (87%)	Medicare (27%)	Recreation (13%)
Financial/ Cash Assistance (80%)	Kinship Permanency Incentive (KPI) (26%)	Family & Children First Council (10%)
Medical Care – child (72%)	Benefit Bank (25%)	Employment Assistance (9%)
Children Services (64%)	Juvenile Court (23%)	Respite (8%)
Food Stamps (61%)	Child Support (22%)	Early Intervention (7%)
Medical Care – caregiver (57%)	Child Support (22%)	Area Agency on Aging (7%)
Legal Assistance/ Custody (51%)	Shelter/ Housing (19%)	Caregiver Behavioral Health (MH/SA) (7%)
Support Groups (57%)	Short-term Assistance (17%)	Special Need Services (MR/DD) (5%)
Food (Pantry or site) (57%)	Utilities (16%)	Domestic Violence (1%)
Clothing (55%)	Education (MFE, IEP, Tutoring) (20%)	Ombudsman (1%)
	Child Care (17%)	
	Help Me Grow (15%)	

While this table provides an overall sense of sought after service of kinship caregivers as a general population, it is important to get a sense of which services caregivers were in need of at the time of initial assessment, and whether these needs were addressed after the family had been working with the Kinship Navigator for some time. To explore the degree to which caregiver needs were met, the evaluation team used a combination of data from the initial assessments and the family follow-up assessments in KIDS. Table 6.11 demonstrates kinship family needs that were *not* currently being met at the time of initial assessment, and whether or not caregivers were linked to services to meet those needs by the time the follow-up assessment was completed. This table shows the wide variety of needs that were met, and also demonstrates the high success rate Kinship Navigators had with linking caregivers up with services: 24 out of the 34 services listed had a successful ‘link’ rate of 80% or higher.



	Un-Met Need for Service at Initial Assessment		Of Families in Need of Service at Initial Assessment, Those <u>Linked</u> to Service by Follow Up	
	n = 768 Caregivers			
	Number	%	Number	%
Children Services	35 of 768	5%	31 of 35	89%
KPI	128 of 768	17%	96 of 128	75%
ODJFS financial/cash assistance	282 of 768	37%	226 of 282	80%
ODJFS employment assistance	28 of 768	4%	23 of 28	82%
ODJFS food stamps	127 of 768	17%	104 of 127	82%
ODJFS short-term assistance/PRC	76 of 768	10%	67 of 76	88%
ODJFS Medicaid/Healthy Start	149 of 768	20%	125 of 149	84%
Medicare	21 of 768	3%	20 of 21	95%
Child Support	75 of 768	10%	50 of 75	67%
Area Agency on Aging	13 of 768	2%	12 of 13	92%
Family and Children First Council	31 of 768	4%	27 of 31	87%
Juvenile Court	27 of 768	4%	24 of 27	89%
Caregiver Behavioral Health (MH/SA)	18 of 768	2%	16 of 18	89%
Child Behavioral Health (MH/SA)	87 of 768	11%	71 of 87	82%
Special Need Services (DD)	12 of 768	2%	9 of 12	75%
Benefit Bank	84 of 768	11%	61 of 84	73%
Clothing	242 of 768	32%	180 of 242	74%
Child Care	90 of 768	12%	71 of 90	79%
Domestic Violence	1 of 768	<1%	1 of 1	100%
Early Intervention	18 of 768	2%	16 of 18	89%
Education Services	42 of 768	6%	36 of 42	86%
Food (pantry or site)	223 of 768	29%	149 of 223	67%
Help Me Grow	44 of 768	6%	36 of 44	82%
Medical Care (Caregiver)	50 of 768	7%	41 of 50	82%
Medical Care (Child)	90 of 768	12%	79 of 90	88%
Legal Assistance/Custody	119 of 768	16%	98 of 119	82%
Ombudsman	2 of 768	<1%	2 of 2	100%
Recreation	66 of 768	9%	58 of 66	88%
Respite	39 of 768	5%	37 of 39	95%
Shelter/Housing	33 of 768	4%	27 of 33	82%
Support Groups	230 of 768	30%	157 of 230	68%
Transportation	33 of 768	4%	25 of 33	76%
Utilities	45 of 768	6%	37 of 45	82%

Support groups, food, and child support are the only services where the linkage rate was less than 70%. Being unable to link caregivers up with identified services could have to do with eligibility issues, community resource issues, and caregiver engagement, supported by Table 6.12, below.

*Kinship Worker Perspective Regarding Family Needs:* Kinship Navigators indicated that, as of the follow-up assessment, they were able to meet overall service needs for kinship families in 83% of cases (637 of 768 families with complete follow-up assessments in KIDS). For the remaining 131 cases, they partially met (15%) or were unable to meet (3%) service

needs. Table 6.12 provides reasons given for not being able to completely meet family needs by follow-up. ‘Other’ includes loss of contact with the family, funding limitations, severe needs of kinship child, and death of caregiver.

	Cumulative Feb 2010 – Jul 2012	
	n = 131 families	
	Number	Percent
Eligibility Issues	46	35%
Unable to Engage Families	41	31%
Kinship Navigator Resource Limitations	23	18%
Community Lacked Resources	4	3%
Other	17	13%
Total	131	100%

While this data describes the degree to which Kinship Navigators are able to help caregivers obtain services they need, the Outcomes Study further describes findings from the Family Resource Scale, exploring the extent of improvement in the adequacy of family resources necessary for family life quality. See VI.C. Outcomes Study *Family Resources* for findings from the Family Resource Scale analysis.

#### CASE CLOSURE

In providing ongoing supports to kinship caregivers, there is no formal closure of Kinship Navigator case managed cases, due to the nature of the interactions with these families. In all four internal counties, the Kinship Navigators continue to work with kinship caregiver families beyond Children Services case closure as long as the families need the Kinship Navigator, providing supportive services (someone to talk to), soft services (food, clothing bedding, utilities, and other supports (legal, adoption services, Christmas gifts), and support groups. In at least one county, the Kinship Navigator will contact the kinship caregiver periodically to make sure they are doing well, even after the expressed needs of the caregiver have been addressed. External programs function in a similar manner: there is no need to suspend Kinship Navigator services at case closure. As one Kinship Navigator indicated, “It is challenging to close a case because these families do not want to let go of the program just in case they need something in the future. They like knowing that they have us in their corner.”

#### c. Group-level Services and Supports

In addition to case management provided to individual kinship caregivers, Kinship Navigators also provided a variety of opportunities to support the broader kinship caregiving community in coming together, either socially or to provide educational opportunities and information about community resources. This section provides a description of the group-level activities and events that Kinship Navigators provide in their counties, as well as discussion regarding legal supports, respite services, and overall community resources for kinship caregivers.

#### ACTIVITIES AND EVENTS FOR CAREGIVERS

During the course of the grant, Kinship Navigators entered information into KIDS to document the types and frequency of group events for kinship caregivers in the community that were coordinated and staffed by the Kinship Navigator program. Table 6.13 summarizes the types of activities conducted, as well as the volume of participants in attendance.

Activity Type	Number	Percent	Average # Attendees
Support Groups	209	54%	9
Training/Skill Building Workshop for Caregivers	29	8%	11
Social Event	23	6%	25
Legal Services	13	3%	5
Meeting	15	4%	10
Other	95	25%	36
Total	384		

While support groups for kinship caregivers are obviously the prime activity, Kinship Navigators describe a number of other interesting and unique opportunities that were available to caregivers:

- Group social activities held in four of the seven intervention counties: these included a Sock Hop (games, face painting, snacks), holiday parties (e.g. Christmas parties, Easter egg hunt), summer picnic and barbeque, trips to the local zoo, baseball games, bowling, and ‘shop with a cop’ at Wal-Mart.
- Trainings or skill building workshops for kinship caregivers in four counties.
- Billboards in the local community, informing public of availability of Kinship Navigator program.
- Kinship newsletters distributed to caregivers in three counties: includes information on support groups, area trainings, local events and resources.
- One county offers a Food Bank specifically for kinship caregivers: kinship caregiver can come once a month and pick up food. The monthly event includes a staff person from nutrition extension program to provide recipes that utilize the foods available at that pick up. The caregivers can also come to the Food Closet on a weekly basis if needed (i.e. waiting for receipt of food stamps). The closet is well stocked with donations, as well as some grant purchased goods.

While kinship caregivers mentioned how much they enjoyed some of these opportunities to get together, it is understood that this is not the priority of the program. One Kinship Navigator mentioned that while these supportive services are nice, the priority of the program is to meet the basic needs of kinship caregivers: with limited staff time, supportive services for individuals take priority over writing a newsletter.

### SUPPORT GROUPS

As mentioned previously, support groups are one of the main ways that Kinship Navigators support a broader group of kinship families, creating opportunities for caregivers to get together on a regular basis. During the first year of the project, development of new support groups (four intervention counties) or enhancement of existing support groups (three intervention counties) was a major system-level focus for all Kinship Navigator sites and has remained a steady focus. As Table 6.13 indicates, two hundred and nine support groups were held between the beginning of February 2010 and the end of July 2012; average attendance was nine people, with a maximum of 64 people in one group.

*Over 200 support group meetings held between February 2010 and July 2012*

*Methods to Encourage Participation:* Counties described several factors that encourage participation in support groups: daycare, activities for kids, food (especially homemade baked goods), speakers (i.e. Job and Family Services, fire dept., tutoring, benefit bank, tax information), a cohesive group of attendees, consistent time and location, reminders in flyers, newsletters, and local papers, involving kinship caregivers in setting the agenda, and offering attendees opportunities to share resources with each other during the support groups.

*Location, Time & Attendance:* Support groups were held at a variety of locations: at Children Services, community providers, a library, a community center, and even a local Bratwurst Festival Office. Some support groups were offered weekly while others occurred twice a month or monthly, during a range of times, from morning to mid-day to evenings. In four counties, ten or more caregivers consistently participated, while in the other three counties Kinship Navigators described attendance as a handful of caregivers, usually ranging from three to six participants.

*Facilitation:* Sites varied significantly in who led the Kinship support groups. In one county, support groups are lead by the kinship caregivers themselves, while in another county, the support group is co-lead by the Kinship Navigator and the kinship caregivers. In another county, the Kinship Navigator encouraged the caregivers to take the lead, but found it difficult to get the caregivers to step forward and lead the group without also dominating the meeting. As a result, the Kinship Navigator remained involved by setting the agenda and facilitating the meeting (having an agenda helps decrease the individual story telling). In yet another county, the Children Services agency, within which the Navigator program is located, contracts with a mental health office who conducts the kinship caregiver support groups using an 8-week class cohort curriculum about kinship caregiving.

*Sustainability:* Several Kinship Navigators indicated a desire to have the caregivers take responsibility for leading the group so that it can continue after the grant ends. Kinship Navigators in several counties expressed a desire to have the support group become a 501c3 entity; by gaining the tax-exempt status, these groups would be eligible to apply for sustainability grants.

*Support Group Successes (as reported by kinship caregivers):* Through focus groups and family surveys, kinship caregivers expressed their gratitude for the support groups. As one caregiver noted, “The support group is really helpful. We all exchanged phone numbers after the first session and we can call each other for support. I just don’t feel as alone anymore...” Another caregiver echoed this sentiment, “The support group and our Navigator absolutely made it possible to take our grandchildren. Without the support of the group, I don’t think we would have made it this far... there have been some times when we have just felt like giving up, but the support of the group keeps us going.”

*Support Group Successes (as reported by Kinship Navigators):*

- ★ Rich discussions about service needs and availability of community resources leading to other activities being planned, such as trips and events.
- ★ Development of kinship caregiver leadership within groups.
- ★ Development of a cohesive group of people who regularly attend, creating a support system for these families.

*Support Group Challenges (as reported by Kinship Navigators):*

- ★ Attendance: several counties struggled to get caregivers to attend the support groups at first, stating that caregivers indicated that they did not have time or the need to attend the group meetings. One county offered a \$100 gift card at the beginning to encourage participation. Another county sent a survey to all child-only TANF families to find out why they were not coming (e.g., was the time inconvenient?).
- ★ Facilitation: Support groups in several counties struggled with group dynamics, especially the tendency for some caregivers to dominate the conversation when telling their personal stories, rather than creating a sharing experience for all.

Overall, Kinship Navigators expressed that they want to continue to focus on strengthening their support groups by increasing attendance, making plans for sustainability (e.g. getting 501c3 non-profit status), and continuing to work to develop caregiver leadership roles in facilitating these groups.

## LEGAL SUPPORTS

One of the services that caregivers and Kinship Navigators alike describe as vitally important for this population is the availability of legal supports, both in terms of representation/consultation as well as resources to pay legal fees.

Through site visits and conversations at in-person meetings, the evaluation team explored the extent to which these services are offered by Kinship Navigator programs. Not surprisingly, there was great variation among counties.

- All seven Kinship Navigator programs could provide some support in terms of assistance with legal fees and associated cost (i.e. background checks, filing fees) as well as referrals to agency or local attorneys.
- The range of assistance available per family varies significantly. One county is able to cover the \$45 filing fee to apply for a status that give the kinship caregiver custody, but parents can come back within a year (i.e. not a termination of parental rights). Another county has an arrangement with a local attorney to provide a free initial consultation, and then the Kinship Navigator program can cover up to \$2,000 in legal support for some caregivers.
- It is interesting to note that the three external Kinship Navigator programs can provide a bit more in terms of legal supports than the internal Kinship Navigator programs, although it is unclear the reasoning for this.
- Courts in these counties have very different stances on awarding legal custody to caregivers: some are more likely to award permanent custody to the caregiver, while others prefer other arrangements such as legal guardianship, which allows the caregiver to qualify for financial supports such as the Kinship Permanency Incentive program (KPI).

There is a strong concern among the seven intervention counties that with the end of the grant, these legal resources for caregivers will no longer be available. The concern is that this will cause a trickle-down effect: if caregivers cannot obtain legal custody, they do not have the same rights to care for their children (e.g. make educational and medical decisions) and are often unable to qualify for some financial supports; if they are unable to make decisions and qualify for the financial supports, they may be unable to care for these children, which in turn could affect the number of foster care placements in these counties. Kinship Navigators strongly believe that the availability of legal supports is a key factor in decreasing the number of children in Children Services custody and placements.

## OVERALL COMMUNITY RESOURCES FOR KINSHIP CAREGIVERS

In supporting kinship families through case management, Kinship Navigators depend heavily on access to concrete services and community resources to address the individual needs of kinship families. A significant benefit of the Fostering Connections grant is the ability to use grant funds to meet the needs of the caregiving families, as described below.

A wide variety of services and supports are provided by the Kinship Navigators to address the needs of individual caregivers. These include:

- ★ Gift cards, vouchers, and purchase orders.
- ★ Purchases of hard goods or services.
- ★ Reimbursement for legal fees (i.e. pro se filing).
- ★ Transportation: transporting caregivers or children themselves or vouchers (i.e. buses, taxis).
- ★ Access to food and clothing banks.
- ★ Respite programming.

### Examples of Kinship Navigator Program Grant Expenditures

*Book bags, school supplies, summer camps, school uniforms, laptops for kids going to college, gift cards for textbooks for college, gift cards at Christmas, beds, mattresses, rent, mortgage, utilities, clothing vouchers, diagnostic assessments, a toilet, tree roots cleaned out of a toilet, food bank, car repair, furniture, home modification/safety equipment).*

While most Children Services agencies are able to occasionally provide some of the above mentioned supports to kinship caregivers (i.e. to address an immediate crisis), the additional resources made available through the Fostering Connections grant enabled the Kinship Navigator to provide a broader array of services than might not otherwise be possible. In particular, the grant funding has:

- ★ Created a pot of flexible funds in each county designated specifically to support kinship caregivers.
- ★ Allowed resources to be used to support a broader population of caregivers, including caregivers who are not involved in the Children Services system.
- ★ Encouraged the development of contracts with local providers: two Kinship Navigator programs describe contracts they developed with community providers to create services specifically for kinship caregivers; these included a contract with a pediatric/mental health facility to provide direct linkage to services for kinship caregivers and a contract with a mental health therapist to counsel kinship families and children.
- ★ Provided funding for the Kinship Navigator positions; in turn, these Navigators are able to find creative solutions to address the kinship caregiver needs. As one Kinship Navigator described; through “creative ideas and working together, (the Kinship Navigator can work) in the community to resolve the issues that families are facing, such as employment and financial assistance.” One Kinship Navigator described how she was able to advocate on behalf of a kinship family to obtain a sizable donation for car repairs.

While the Fostering Connections grant has provided vital resources for addressing the needs of kinship caregivers, Kinship Navigators describe several areas for future development of services and supports for kinship caregivers:

- ★ Legal support money for court fees, use of agency attorneys for guardianship cases, and finding attorneys; this was a service that is most often mentioned as needing to be further developed in intervention counties.
- ★ Other needed services such as mental health counseling, affordable day care, respite, housing, and transportation.
- ★ More activities for families and kids, in addition to support groups (i.e. baseball games, circus, zoo, which in turn provide respite for the kinship caregiver).
- ★ In general, more financial resources to address the needs of kinship caregivers - ‘there is never enough money.’

Kinship Navigators expressed concern that with the end of the grant, while the Children Services agency may still be able to provided needed items such as beds and utility assistance for open cases, they will be unable to provide the extra and more creative solutions as easily and they will be severely limited in their ability to serve non-Children Services cases.

In the survey of the seven Kinship Navigator and seven comparison counties in 2012, the evaluation team asked Kinship Navigators and Children Services managers in comparison counties how much they felt like they could meet the needs of kinship caregivers in their community. Table 6.14 summarizes their responses:

Table 6.14: Overall, given the array of kinship supports in your agency and community, rate how able your agency and community are at helping kinship families meet the following needs:						
	Kinship Navigator (N = 10)*			Comparison (N = 7)		
	Very much able	Able, but limited	Not at all able	Very much able	Able, but limited	Not at all able
Basic needs <sup>8</sup>	50%	50%	0%	86%	14%	0%
Supportive services <sup>9</sup>	60%	40%	0%	29%	71%	0%
Supports that further enhance quality of life <sup>10</sup>	0%	80%	20%	0%	71%	29%

\*There is more than one Kinship Navigator in two intervention counties

While only half of the Kinship Navigators believed that they were very much able to meet basic needs, 86% of managers in comparison counties believed this. However, 60% of Navigators believed that they were very much able to meet supportive service needs compared to only 29% in comparison counties. Nobody in either county group believed that they were very much able to provide supports that further enhance quality of life.

It is unclear why a greater proportion of those surveyed in comparison counties believed they were very much able to basic needs than the Navigators in the intervention counties. It could be that there are simply more basic need resources in the community in comparison counties. However, it could also be that because there is a Kinship Navigator position, there is more awareness of basic needs and recognition of a lack of resources available for this population; Kinship Navigators may have a more grounded sense of what is available in the community.

#### d. Family Perspective

In addition to the information gathered through site visit interviews and KIDS, HSRI also collected information from the families served by the Kinship Navigator program through the family survey and focus groups. This information provides a fuller understanding of kinship caregivers' circumstances and perspective of how the Kinship Navigator program has helped them safely and comfortably take care of the children in their care.

#### KINSHIP FAMILY SURVEY RESULTS

To understand the kinship caregiver's perspective regarding their interactions with the Kinship Navigator, case managed kinship families are asked to complete a family survey as part of the follow-up assessment. The Kinship Navigator Family Survey includes a series of questions asking about caregivers' perspective on family well-being, their satisfaction with the Kinship Navigator program and staff, and their feelings about the Kinship Navigator program's impact on their ability to provide long term or permanent care for the kinship children in their home. Most questions are answered with either a 'yes', 'somewhat' or 'no.' A copy of the survey is included in Appendix G.

Table 6.15 summarizes the responses for 254 family surveys completed. The findings indicate that Kinship Navigators have enabled kinship caregivers to continue to care for their children by listening to them and addressing their current needs.

<sup>8</sup> Basic needs (e.g. cash assistance, food stamps, housing, utilities, employment assistance)

<sup>9</sup> Supportive services (e.g. mental health, substance abuse, family counseling, dental and medical care)

<sup>10</sup> Supports that further enhance quality of life (e.g. respite, increasing support systems, money for fun, such as going to movies)

Table 6.15: Family Survey Responses (n = 254)				
Question	Number of responses	Percentage of each response		
		Yes	Somewhat	No
<b>Feeling Welcome and Heard:</b>				
Was the Kinship Navigator easy to reach when you needed her or him?	254	93%	6%	1%
Did you feel better after talking to the Kinship Navigator?	253	92%	5%	3%
Was the Kinship Navigator sensitive to your family's values and culture?	252	97%	2%	<1%
<b>Getting What You Need:</b>				
Did the Kinship Navigator help you to get what you needed?	251	88%	9%	3%
Did the Kinship Navigator help you reach out to family and/or friends for more help?	241	76%	8%	17%
Will you ask the Kinship Navigator for more help in the future, if you need it?	251	93%	4%	3%
<b>Helping You and Your Family:</b>				
Did the Kinship Navigator make being a kinship caregiver easier?	249	88%	8%	4%
Did the Kinship Navigator help you to care for the children longer than you would have?	230	64%	7%	29%
Did the Kinship Navigator help the children be able to live with you permanently?	223	60%	7%	33%
<b>After Working with the Kinship Navigator:</b>				
Overall, have relationships in your family improved?	240	65%	22%	13%
Overall, do you feel better able to care for the children?	243	88%	9%	4%
Overall, do you feel your family is healthier now?	242	80%	16%	4%
Overall, do you feel your family is happier now?	241	76%	18%	6%
Overall, are you satisfied with the help you got from the Kinship Navigator?	252	92%	4%	4%

These results point to several interesting trends. First of all, it is notable that the majority of respondents are very satisfied with their experience with the Kinship Navigator program and indicated they would contact the Kinship Navigator for more help in the future, if needed. A large proportion of caregivers also believe that their family has been generally healthier and happier as a result of involvement with the program. Another point of interest is the few questions with less than an 80% satisfaction rate: helping reach out to friends, caring for children longer, enabling children to live with caregiver permanently, improving family relationships, and making the family happier. Kinship Navigators were not surprised with these findings. There is a realization that the program is designed to help the caregiver receive some personal support from the Navigator and access services they might not currently receive; there is little expectation, however, that the Kinship Navigator program will change family dynamics or enable a placement that might otherwise not be possible.

#### **FAMILY STORIES**

In addition to the family survey, the evaluation team was able to conduct focus groups with a number of families who participated in the program during the site visits. Caregivers in these focus groups talked about the way the Kinship Navigator program helped them. The evaluation team also asked Kinship Navigators to provide stories of families who had benefited from Kinship Navigator services. The following section is a compilation of stories told by kinship caregivers and Kinship Navigators.



- ★ A grandfather had a 16-year-old grandson who was living in Cleveland and getting into a lot of trouble, both with law enforcement and at school. To get him out that environment, his grandfather moved him out to Ohio. They were basically starting at ground zero and had no idea what do with this young man. The Kinship Navigator helped them get food stamps, apply for legal custody, enroll him in school, and get KPI. Also, because of the boy's legal issues, he had to do community service, so the Kinship Navigator found a place for him to do that. On top of all this, the grandfather had failing kidneys and had to go to dialysis on a regular basis and neither the grandfather nor his partner could drive, so they were paying for an expensive cab ride every time he went. This ended up being a win-win – the Kinship Navigator helped the boy enroll in a driver's education course, fully paid for by the agency, and he got his license. Now, he drives his grandfather's old car and takes him to dialysis when he needs to go. The boy is doing much better overall as well. He is getting A's and B's in school and is staying out of trouble.
- ★ A baby has been living with the maternal grandfather since birth. The biological father wanted to reunify with his son and a custody battle has ensued. The baby has bonded with the grandfather since birth, yet the biological father was offended that the grandfather wouldn't let him have custody, especially since the biological father had other children he cared for. After several occurrences where the biological father took care of the baby in the grandfather's home, the grandfather finally allowed the father to visit with the child privately, but both of them wanted custody of the child. The Kinship Navigator tried to convince them that this could be a good situation – they had two adults who want to take care of this child and they could help each other out, but it's a lot of mediation.
- ★ A grandmother had grandchildren that were placed with her. The youngest child has leukemia and the Kinship Navigator has been hugely helpful to this family. One time, the grandmother had driven to Columbus to the hospital but her power of attorney had just expired. The child needed to be treated but since she was unable to sign for the child, the hospital would not treat him. The mother had essentially abandoned her children and disappeared, and the grandmother did not know what to do. She was able to call the Kinship Navigator, who was able to drop what she was doing and go to court on the grandmother's behalf. With Kinship Navigator's help, the grandmother was able to get temporary custody of the children and the young child was treated.
- ★ " ...When I first got with the program they (the Kinship Navigator) hooked us up with a psychologist and it's helped so much. They also recognized that my grandson had ADHD – I didn't even know what that was. Now he's allowed to sit on a bouncy ball at school while he works – because he learns better when he's moving. He's doing so much better in school now, he's actually a really smart kid."

In describing how the program helps kinship caregiving families, the Kinship Navigator was sometimes described for its' more traditional ways of supporting families; helping an older couple complete an overwhelming amount of paperwork, helping a grandmother with a child with very severe allergies by providing money for a very specific diet, and advocating for a kinship caregiver with an aggressive utility company. Kinship Navigators described doing a lot of handholding with caregivers who are facing many struggles: they view the role of the Kinship Navigator as a balance of being diplomatic and demanding when advocating.

### e. Process Study Summary

The Process Study was conducted to provide a description of how the seven Kinship Navigator programs in Ohio served and supported kinship caregivers in their communities over the three years of this grant. Framing this exploration were three research questions framed during the development stages of the grant. Answers to each of these questions emerged through analysis of a variety of data. There is no simple answer to these questions, rather a broad array of evidence that explores the impact of the Kinship Navigator program. Below, we draw on a variety of data elements to provide an overall sense of the impact of the Kinship Navigator program on each question.

*As a result of the Kinship Navigator program, is the larger community (inclusive of, but not limited to kinship caregivers) more aware of supports and services needed by and available to kinship caregivers?*

While it is difficult to measure the degree to which the larger community is more aware of support and services for caregivers, the evaluation approached this question in two ways.

From a community perspective, the Kinship Navigator programs did conduct a significant number of community development efforts to impact relationships with community partners and educate the community about the Kinship Navigator program. The seven programs conducted 278 outreach efforts (e.g. meetings and presentations, distribution of written materials, press releases) to promote the Kinship Navigator program during the three-year grant (see section IV.B Advocating for Kinship Caregiving in the community).

From the perspective of kinship caregivers, many families received Kinship Navigator services in the seven counties involved in this grant, ranging from I&R to case management and group supports. All these families were made more aware of the supports and services available to them.

- In six of the seven counties, Kinship Navigators provided information and referral through 1,067 calls, most often providing kinship caregivers with information about how to access resources related to legal services, basic needs, and financial supports, and referring to a wide variety of community resources.
- Over the course of the grant, these seven Kinship Navigator programs provided case management for 945 families and 1,516 children. The primary activity of the Kinship Navigators in the seven counties was to support individual families in an ongoing manner through case management: this involves building rapport, assessing and addressing the needs, identifying resources, and assisting the caregivers to safely care for these children.
- Kinship Navigators also provided close to 400 group activities for caregivers over the three year grant cycle, including support groups, training and skill building workshops for caregivers, social events, and legal services/trainings.

*Does the Kinship Navigator program help to increase both the amount and accessibility of resources available to kinship caregivers in intervention counties?*

In addition to the sheer volume of I&R calls and number of families receiving Kinship Navigator case management, the Kinship Navigators provided individualized supports to caregivers and helped link families to a number of services and supports:

- Kinship Navigators work closely with kinship families to identify and address their needs and support the care of the kinship children. Contact between Kinship Navigator and families varied, often beginning with an in-person visit, sometimes in the family's home, with further conversations often occurring over the phone. Kinship Navigators conducted over 1,700 home visits, 1,600 office visits, and over 3,000 telephone contacts with kinship families.
- Caregivers come to the Kinship Navigator program for a variety of reasons, often needing help in obtaining concrete services to care for their children. The Fostering Connections Grant provided resources for Kinship Navigators to purchase some of the basic goods needed by these families: vouchers for food and clothing, car repair, furniture, home modifications, reimbursement for legal fees, and transportation. While most Children Service agencies can provide some hard goods to families, resources for families not formally involved in the Children Services agency and resources in the community are limited. Kinship Navigators were creative in helping address the caregiver needs, working with other providers in the community to find supports needed.
- The Kinship Navigator program was able to meet the overall service needs of most (83%) families. Of the 34 services on which data was collected, 24 had a successful 'link' rate of 80% or higher at follow-up.
- A particular area of support needed by kinship caregivers is help to obtain legal custody of the children, as appropriate. This may include helping obtain legal advice, as well as accessing financial support to obtain a

change in custody. A majority of kinship children (61%) are either already in the legal custody/guardianship of their kinship caregiver, or plans are underway to pursue legal custody/guardianship or adoption.

- Support Groups, held in all seven counties, were viewed as a valuable resources and support for kinship caregivers. Over 200 support groups were conducted over the course of the grant. Support groups were held at a variety of places (Children Services, community providers' offices, and public areas, such as libraries), at a variety of times (from mornings to evenings), and were sometimes held weekly, bi-monthly, or monthly. Kinship caregivers expressed their gratitude for the support groups, and most Kinship Navigators indicated a desire to continue the support groups after the grant ends.

*Does involvement with the Kinship Navigator program make caregivers feel that caregiving is easier and more rewarding?*

Family perceptions regarding the Kinship Navigator program are very positive. As indicated in the family survey, 85% or more of respondents indicated that they felt better after talking to the Kinship Navigator, felt satisfied with the help they received, felt they got what they needed, that Kinship Navigator made caregiving easier, and that they were better able to care for their children. The family stories described above provide further support on how Kinship Navigators are able to help improve the circumstances of caregivers' lives.

In summary, Kinship Navigators have focused on assessing the needs of the caregiver and providing I&R and/or additional support as needed. In this capacity, the Kinship Navigator has been able to work with kinship caregiving families on an ongoing basis to help them access services and supports in the community that make kinship placement viable. The Kinship Navigator's primary role has been helping caregivers navigate the system and accessing services and supports, supporting these families on an ongoing basis (even if Children Services case has closed), and acting as a valuable source of information about community resources. Kinship Navigators feel that the Fostering Connections grant has allowed them to think creatively in addressing the needs of these families and, in turn, supporting these placements.

## VI.C. Outcomes Study

The Outcomes Study examines the impact that seven Ohio Kinship Navigator programs on children and families. Utilizing data from the Family Resource Scale and Ohio's State Child Welfare Information System (SACWIS), this study examines whether and to what extent children in intervention counties experience greater well-being, more kinship placements, decreased time in placement, and increased permanency and safety. In this section, findings related to the impact of the program on child- and family outcomes are presented, making note of the limitations of the data available for this analysis.

### a. Family Resources

The Family Resource Scale (FRS) has proven to be both an accurate and consistent measure of the adequacy of family resources for life quality and is highly predictive of different aspects of parent and family functioning (Dunst & Leet, 1987; Dunst, Trivette, & Deal, 1994; Brannan, Manteuffel, Holden, & Heflinger, 2006<sup>11</sup>). Parents or heads of households complete the scale by ranking each of 31 items, arranged hierarchically from the most to least essential, on a five point scale ranging from (1) not at all adequate to (5) almost always adequate.

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<sup>11</sup> Brannan, A.M., Manteuffel, B., Holden, W.E., & Heflinger, C.A. (2006). Use of the family resource scale in children's mental health: Reliability and validity among economically diverse samples. *Administration and Policy in Mental Health, 33*(2), 182-197.

Dunst, C. J., & Leet, H. E. (1987). Measuring the adequacy of resources in households with young children. *Child: Care, Health, and Development, 13*, 111-125.

Dunst, C. J., Trivette, C. M., & Deal, A. G. (1994). Resource-based family-centered intervention practices. In C. J. Dunst, C. M. Trivette & A. G. Deal (Eds.), *Supporting and strengthening families: Methods, strategies and practices* (pp. 140-151). Cambridge, MA: Brookline Books.

Kinship caregivers participating in the Kinship Navigator program were asked to complete the FRS once at their initial in person assessment and once again through the mail six months later or at case closure (i.e., when services are complete or the Navigator has not had contact with the caregiver for a month or more), whichever comes first. As such, it is an indicator of how successful the program was at meeting needs identified during the initial assessment. Of the 945 caregivers who completed a FRS at the initial assessment, 254 also completed the scale as part of their follow-up.

A measure of effect size, the Cohen's D, was calculated for each resource in the FRS to determine whether the adequacy of resources increased substantively from the pre to post assessment of caregiver participation in the Navigator program. Table 6.16 lists the resources from the most to least essential, as arranged in the FRS, and provides the initial and follow-up means, the mean difference, and Cohen's D for each resource. Cohen's (1988<sup>12</sup>) criteria for gauging effect sizes were utilized to identify resources where there was a medium or large effect (i.e., Cohen's D  $\geq$  .50) and those where there was no effect or only a small effect (i.e, Cohen's D < .50).

Resources that increased with a medium to large effect size are heavily shaded in the table, those that decreased with a medium to large effect size are lightly shaded, and those that remained the same or had small effect sizes are un-shaded.

The resources with an *increase* in adequacy and a medium to large effect size from the initial assessment to the follow-up were stable housing, food, heat, dental care for children, furniture, time for family to be together, time be with their children, and access to a telephone. The resources with a *decrease* in adequacy and a medium or large effect size were generally lower in the hierarchy and included time to be alone, babysitting for their children, time to socialize with friends, time to keep in shape or looking the way they want, money to buy things for themselves, money to save, and travel/vacation. The resources that increased, but with only small effect sizes, or stayed the same are generally higher in the list than those that decreased. Overall, it appears that caregiver participation in the Kinship Navigator program is related to the increase or maintenance of the most essential resources for family life quality. And, the decrease in the less essential resources may simply be related to the caregivers taking on additional children or having children in their original households.

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<sup>12</sup> Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Erlbaum.

Resource	Initial Assessment Mean	Follow-up mean	Mean Difference	Cohen's D
1. House or apartment (stable housing)	4.0	4.7	.7	.7
2. Food for 2 meals a day	4.0	4.5	.5	.6
3. Money to buy necessities	3.9	3.8	-.1	.0
4. Heat for house or apartment	3.9	4.5	.6	.6
5. Money to pay utility bills	4.2	4.1	.1	.1
6. Money to pay monthly bills	4.0	3.9	.1	.1
7. Enough clothes for your family	4.2	3.8	-.4	.3
8. Good job for self or spouse/partner	4.1	3.7	-.4	.2
9. Money to buy supplies for your child(ren)	4.1	3.6	-.5	.4
10. Public Assistance (SSI, TANF, Medicaid, etc.)	4.2	4.2	.0	.0
11. Medical insurance for your child(ren)	4.2	4.6	.4	.3
12. Medical insurance for yourself and spouse/partner	4.3	3.7	-.6	.4
13. Dental care for self or spouse/partner	4.2	3.5	-.7	.4
14. Dental care for your child(ren)	4.0	4.6	.6	.6
15. Dependable transportation	4.2	4.0	-.2	.1
16. Furniture for your home or apartment	3.6	4.4	.8	.7
17. Time to get enough sleep/rest	3.8	3.5	-.3	.3
18. Time to be alone	3.6	2.9	-.7	.6
19. Time for family to be together	3.3	4.3	1	1.1
20. Time to be with your child(ren)	3.7	4.4	.7	.7
21. Time to be with your spouse/partner	3.5	3.4	-.1	.0
22. Access to a telephone	3.7	4.5	.8	.8
23. Babysitting for your child(ren)	4.0	3.2	-.8	.6
24. Child care for your child(ren) while at work or school	3.9	3.4	-.5	.3
25. Someone to talk to	4.0	3.5	-.5	.3
26. Time to socialize with friends	4.1	2.8	-1.3	1.1
27. Time to keep in shape or looking the way you want	4.0	2.6	-1.4	1.2
28. Toys for your child(ren)	4.3	3.8	-.5	.4
29. Money to buy things for yourself	3.9	2.6	-1.3	1.1
30. Money to save	3.5	1.9	-1.6	1.6
31. Travel/vacation	3.7	1.9	-1.8	1.7

### b. Child Outcomes

Ohio's SACWIS system provided data to compare the outcomes of children in the intervention counties to the outcomes of children in comparison counties and the outcomes of children who received Kinship Navigator services to the outcomes of children in foster care in the intervention counties. The Child and Family Services Review outcomes of permanency and safety are addressed.

Data Limitations: Prior to sharing the outcome findings, it is important to note a limitation of the data utilized to generate the findings presented in this section. The source of this analysis is Ohio SACWIS. Within this system, only kinship placements that occur when the Children Services agency has custody of a child are required to be recorded. Therefore, if a child is living with a kinship caregiver, but the birth parent or the caregiver has custody, this placement is not required to be recorded in SACWIS. Representatives from intervention counties noted that their Children Services

agencies often try to avoid taking custody of kinship placements, and thus, the number of children who are placed in agency custody with kin was very small. Unfortunately for most of the analyses that follow, and as is shown below in Table 6.17, only eight percent of the total number of children served by the Kinship Navigator program were ever in agency custody and, thus, had placement data recorded in SACWIS. Table 6.17 also suggests that there is substantial variation among counties, based on agency practice and the court’s practice of giving the Children Services agency custody of kinship placements.

	# children served by KN with agency custody in SACWIS	# of children served by KN	% children in KN who are also in agency custody
Ashtabula	24	100	24%
Clark	19	189	10%
Crawford	7	15	47%
Hardin	0	16	0%
Lorain	5	283	2%
Portage	45	229	20%
Richland	27	684	4%
Total	127	1,516	8%

As a result, any placement related findings presented below are not likely to be representative of all children served by the Navigator program; rather they represent a population of those children who are placed with kin where the Children Services agency had to take custody. Given this major data limitation, the placement related outcomes presented below should be interpreted with caution.

Outcome Question: *Does the Kinship Navigator program increase rate/use of kin placements in project counties?*

Table 6.18 provides the percentage of all children in intervention and comparison counties who were in agency custody and who were placed with kin at some point during the project period, and the mean and median number of days spent in kinship placements per child. Because the standard deviations are large for the mean number of days in placement in intervention and comparison counties, the median is a more accurate reflection of the typical number of days spent in kinship placements.

	Intervention Counties	Comparison Counties
Total # children placed out-of-home	1,194	2,217
% of children in out-of-home placement placed with kin*	33%	57%
Mean (SD) # days in kinship placement per child	166 (128)	206 (173)
Median # days in kinship placement per child	141	169

\*Difference between the two groups is statistically significant at the  $p < .01$  level

As is shown in Table 6.18, children from comparison counties were placed with kin at a statistically greater rate than children in intervention counties; this is likely because, as stated above, the intervention counties are less likely to take custody of children in kinship placements, thus fewer kinship placements are recorded in SACWIS. The typical length of time per child in kinship placements was also less in intervention counties than in comparison ones, but the difference was not statistically significant.

Outcome Question: *Does having the Kinship Navigator program in your county decrease time from placement to permanency?*

Table 6.19 provides the number of days children spent in any out-of-home placement during the project period for all children in intervention and comparison counties. The table also looks at time in placement for children in the Navigator Program in a kinship placement compared to children in comparison counties that were in a kinship placement.

	Intervention Counties	Comparison Counties
Mean (SD) # days in any placement per child	274 (267)	285 (264)
Median # days in any placement per child	187	218
	KN Children	Children in KP
Mean (SD) # days in any placement per child*	156 (181)	248 (202)
Median # days in any placement per child	77	208

\*Difference between the two groups is statistically significant at the  $p < .01$  level

This table indicates that children in both intervention county groups typically spent fewer days in out-of-home placements over the course of the grant than their comparison county counterparts. However, only the difference between the Kinship Navigator children and comparison county children in a kinship placement was statistically significant ( $p < .01$ ), suggesting that children who receive program services are generally able to achieve permanency quicker than children who do not receive services.

Outcome Question: *Does having the Kinship Navigator program increase the rates of favorable permanency?*

Table 6.20 shows the percentage of children in agency custody who were discharged to kin, reunification, and adoption at some point during the project period for all children in intervention and comparison counties.

	Intervention Counties n = 770 children	Comparison Counties n = 1543 children
% children who had a discharge to kin	28%	31%
% children who had a discharge to reunification	44%	43%
% children who had a discharge to adoption	12%	6%

As Table 6.20 shows, the percentage of children discharged from all placements to kin and reunification was similar in intervention and comparison county children, but the percentage of children discharged to adoption was greater in intervention counties.

To further isolate the target population, Table 6.21 compares discharge types from kinship and foster care placements for children who were served by the Kinship Navigator program, compared to children who were in a kinship and foster care placements in the comparison counties. Kinship Navigator children were discharged from both kinship and foster care placements to legal custody with kin more often than similar children in comparison counties. Conversely, children placed with kin and in foster care in the comparison counties were reunified more often than Kinship Navigator children, although the difference is larger with foster care placements. Finally, it appears that kinship children in the comparison counties were discharged from foster care to adoption at higher rates than Kinship Navigator children.

Table 6.21: Proportion of Discharge Types in Navigator Children and Children in a Kinship Placement in Comparison Counties		
	KN Children	Children in a Kinship Placement in Comparison Counties
<i>Kinship Placements</i>	<i>n = 38</i>	<i>n = 1034</i>
% children who had a discharge from a kin placement to kin	66%	38%
% children who had a discharge from a kin placement to reunification	29%	37%
% children who had a discharge from a kin placement to adoption	0%	2%
<i>Foster Care Placements</i>	<i>n = 49</i>	<i>n = 810</i>
% children who had a discharge from a FC placement to kin	53%	25%
% children who had a discharge from a FC placement to reunification	18%	49%
% children who had a discharge from a FC placement to adoption	0%	10%

The findings in Table 6.21 indicate that children who received Kinship Navigator services were more likely to be placed with kin permanently than children placed with kin in comparison counties, for both kinship and foster care placements. Conversely, it appears that the comparison counties are more likely to use kinship placements temporarily while working towards reunification with parents.

Outcome Question: *Does participation in Kinship Navigator maintain or increase child safety?*

Because all reports are recorded in SACWIS whether or not they result in agency custody and the following analyses rely only on report records, the findings for this question represent a greater proportion (i.e., 32% versus 8%) of the Kinship Navigator population than the findings for the placement analyses. Table 6.22 provides the percentage of children in the Kinship Navigator program who had a substantiated report after beginning the program and the percentage of children who ended up in an out-of-home placement as a result. Also provided is the percentage of children in intervention counties not in the Kinship Navigator program who had a substantiated report after beginning a foster care placement and the percentage who ended up in an out-of-home placement as a result.



	KN Children	Children in Foster Care in Intervention Counties*
% children with a substantiated re-report after start date	20% (98/487)	24% (183/752)
% children with re-reports that led to an out home placement**	12% (12/98)	60% (110/183)

\*Does not include Kinship Navigator children

\*\*Difference between the two groups is statistically significant at the  $p < .01$  level

As is shown in Table 6.22, Kinship Navigator children had proportionally fewer re-reports after beginning the program than did children in the intervention counties after beginning foster care, and the rate of re-reports that resulted in out-of-home placements was statistically lower for children in the Kinship Navigator program than for those children in foster care. This is an important finding indicating that children who were placed with kinship caregivers and received support from the Kinship Navigator program were just as safe and had a lower likelihood of subsequent out-of-home placements than children in foster care placements in the intervention counties.

### c. Outcomes Study Summary

Participation in the Kinship Navigator was related to the maintenance or increase of the adequacy of the most essential resources necessary for family life quality. While the adequacy of many of the resources necessary for life quality remained approximately the same in the first six months of participation in the Kinship Navigator program, the ones that increased substantially were generally more essential and included stable housing, food, heat, dental care for their children, furniture, time for family to be together, time be with their children, and access to a telephone.

Children who were placed with kinship caregivers and received support from the Kinship Navigator program were just as safe and had a lower likelihood of subsequent out-of-home placements, compared to children in foster care placements in the same county. More specifically, Kinship Navigator children had proportionally fewer re-reports after beginning the program than did children in the intervention counties after beginning foster care, and the rate of re-reports that resulted in out-of-home placements was substantially less for Kinship Navigator children.

Because the Children Services agencies in the intervention counties typically tried to avoid taking custody of kinship placements and non-custody placements are not required to be entered in SACWIS, the findings do not represent the impact that the program had on all children who participated. In fact, only eight percent of children who received Kinship Navigator services had placement records in SACWIS and, as result, these findings must be viewed with caution. Given this, the findings indicate that children who participated in Kinship Navigator typically spent less time in out-of-home placements and were discharged to kin at a greater rate than children in kinship placements in the comparison counties.

# Chapter VII. CONCLUSIONS

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## VII.A. Original Goals were Exceeded

**The Ohio Enhanced Kinship Navigator grant far exceeded the original goals** in terms of numbers of kin caregivers served – over 1,000 Information and Referral calls were managed, and over 945 case managed cases (including 1,516 children), and with nearly 250 kin caregivers completing six month followup evaluation surveys.

The KN programs also all convened Support Groups, engaged Local Advisory Boards, and did significant and ongoing community and caregiver outreach.

**Clearly, the program was a success.** Kin Navigators passionately promote the value of placing children with kin when they cannot stay home, and the value of supporting kin whether involved with the formal child welfare system, or not. The KIDS database shows a high linkage of needed services, as a result of Kin Navigator case management. Reducing governmental intervention for these families is greatly valued, based on the belief that it reduces the trauma for the child.

**The Kin Navigator grant was unsuccessful in efforts to utilize 211s as a referral source tool** – the grantee counties invested time, relationship, training, one county even funds – but very few referrals to the Kin Navigator programs were as a result of 211 interactions.

## VII.B. Impact on Families, Parents and Children

**Families responded very positively** about their experience with the Kin Navigator, expressing high levels of satisfaction. The Family Resource Scales show key areas of perceived improvement following the Kin Navigator involvement – especially around those Maslow’s Hierarchy items – food, housing, clothing, healthcare. Not surprisingly, the items with increased stress related to caring for a kin child include more internal desires - time for yourself, extra money, time for socializing and babysitting (child care for work received a neutral review). These life domain outcomes are understandable given that an additional child to care for has arrived in the house.

**The Outcomes study provided powerful findings when comparing the Kin Navigator programs with child welfare agencies not involved with the grant:**

- Children in Kin Navigator counties, **in the custody of the child welfare agency and placed with kin**, were **more likely to exit agency custody, to legal custody or guardianship** to the kin caregiver than in comparison counties and less likely to be reunified with birth parents..
- **Children in kinship placements in Kin Navigator counties experienced fewer custody days in the custody of child welfare**, than children in kinship placements in comparison counties (it is noted that legal processes for legal custody can be accomplished much quicker than for adoption). *Please note that due to the limited SACWIS documentation for open child welfare kin cases where the child is NOT in the custody of the agency, some of these outcomes compare children receiving Kin Navigator services with all children in agency custody in the comparison counties. The current ProtectOhio Kinship Strategy will greatly improve SACWIS documentation for such cases, facilitating additional outcome comparisons in the future.*
- **The recurrence of maltreatment was slightly lower for children served by the KN program, compared to children in foster care in intervention counties: 20% vs 24%.**
- **The foster care re-entry rates were significantly reduced for children served by the Kin Navigator program, compared to children in foster care in intervention counties: 12% vs. 60%.** The findings from these **analyses indicated that children who received Kinship Navigator services were ultimately safer** (i.e., had fewer re-reports and subsequent out-of-home placements) than those who were in foster care in the intervention counties.

While the Family Satisfaction Surveys (returned by over 250 families) gave wonderful reviews of the programming, from kin caregivers, little information was collected on birth families or children perspectives. However, **the following information re impact on the children, can be illuminating:**

- The evaluation indicates that basic needs for the family, including the children were met.
- Children in Kin Navigator counties that offered developmentally appropriate child forums during the time the kin caregiver support groups were held, had vibrant attendance and enthusiasm from the children and youth. Ashtabula organized a broad array of activities including crafts, bullying discussions, outdoor activities, etc. and always enjoyed large groups of children and youth attending. Staff indicated the children enjoyed knowing others being raised by kin.
- The children in kin families benefitted from the provision of community donated gifts, event tickets, etc. in all grant sites. Whether it was a more robust Christmas, group trips to see pro baseball (Cleveland Indians), kin day at the county fairs, coverage of normal coming of age items – class rings, prom dress, transitional “totes” full of key independent living items for youth moving into apartments or college dorms – these opportunities helped normalize their situation and create enrichment opportunities. For a time, the Richland County YMCA offered free memberships to kin navigator involved families.
- The Lorain Kin Navigator program had a literacy program for school age children, helping them succeed in school; with a staff paid through outside grant funds, other volunteers helped with the kin students. Other sites did mention that educational issues were a challenge for many caregivers, and they wished for greater collaboration with the schools.
- Kin Navigators did discuss that many of the children had been “parentified” as they had been filling a parental role with their siblings due to the parents’ issues. This caused stress with the kin caregiver re child raising, discipline, etc.

### **Birth Parent Discussion**

The KN program staff discussion of birth families referenced the stress of family dynamics and of course a big issue was the gap of affordable, accessible legal services to deal with custody and other legal issues. At times, there was discussion that intense support of kin caregiver families might shortchange the birth family, especially for those informal families without an open child welfare case. But consensus always returned to the best interest of the child (safety, stability), and while the stress of birth/kin family dynamics always seemed to be more difficult to manage than for placement with unrelated foster care, the value of maintaining children in their own extended family allowed for the ongoing relationship with a bio parent.

Achieving a custody award to the kin caregiver provided permanency for the child, and while the outcomes evaluation showed fewer reunifications with birth parents, the lower recurrence of maltreatment rate and the significantly lower foster care re-entry rate seems to point toward the better solution of stability and permanency with a kin caregiver, while maintaining the opportunity for ongoing contact and relationship with the birth parent.

## **VII.C. Partner Organizations Discussion**

*The formal child welfare agency frequently utilized the Kin Navigator program* as the grant proceeded; clearly it was perceived as a prevention and diversion resource, a source of community resource expertise for open cases, and an exit resource for closing kin caregiver cases. Since the ProtectOhio Waiver Kin Strategy launched in the last year of the grant, it will be interesting to watch how these seven counties integrate and continue their Kin Navigator services (already Clark has integrated KN into their expanded Kinship Unit, and Lorain Children Services is investing \$30,000/year with the external, Office on Aging KN partner).

*The grantee site Courts processes were reported to improve over the course of the grant, but legal concerns remained a significant challenge.* It will be interesting to see what recommendations and procedural improvements come from a result of the Ohio Supreme Court examination of improving kinship legal processes.

*Faith and Community based organizations proved to be a ready and willing partner* to help meet the needs of kinship families, once they became aware. While these organizations donated generously with goods, tickets, guest

speakers and even volunteers, the activities of the Kin Navigator working hard on outreach and awareness, as well as clarity in opportunity and logistical framework are at risk, given that grant funds helped ensure staffing.

## VII.D. Implementation Reflections

This report is designed to help the Kinship Navigator programs be as effective as possible during the final months of the grant period and to foster successful continuation and/or replication of Kinship Navigator programs in the future.

Noteworthy progress has occurred in six key areas; these are summarized below, along with recommended next steps.

- ★ *Training and Community Orientation:* Regardless of the experience of individuals selected to serve as Kinship Navigators, these individuals should receive training on the role and responsibility of the Kinship Navigator. Further, it is important that child welfare staff and other community partners receive an orientation regarding the Kinship Navigator program and referral process.
- ★ *Structure of the Kinship Navigator Program:* Two viable structures have been implemented in the seven Ohio counties: *internal* Kinship Navigators who are located within the child welfare agency and *external* Kinship Navigators located within local provider agencies. These two approaches will continue to operate and evolve, and evaluators will continue to explore whether these two structures result in different outputs and outcomes for kinship families.
- ★ *Services to Individual Kinship Caregivers:* Kinship Navigator programs reached out and served a large number of individual kinship families by providing I&R, case management, and support group facilitation. This has been a primary focus of the program and represents a real success.
- ★ *Supports and Services:* Under this grant, the Kinship Navigators have had expanded capacity to help individual caregivers access a variety of services and supports, which in turn enables caregivers to continue to care for children.
- ★ *Outreach:* In the first half of this grant, Kinship Navigators conducted numerous outreach activities to inform and educate the community about the services provided by the Kinship Navigator program. Further efforts should be made in this area, to not only spread information more thoroughly but also to generate community support at both policy and service delivery levels.
- ★ *Local Advisory Group:* The LAG can be a very useful component of a Kinship Navigator program, but, in the first half of the grant, this component appears to have been underutilized. Counties seem to lack clarity regarding the primary role and function of the LAG.

# Chapter VIII. RECOMENDATIONS

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## VIII. A. Recommendations for Future Program Managers

As Project Manager of the Ohio Enhanced Kinship Navigator grant, PCSAO was extremely impressed with the passion and dedication of the professionals that developed their local programming using the basic Kinship Navigator program model - I&R, Case Management, Support Groups, Community Outreach and Resource Building, Local Advisory Boards. It is clear that kin caregivers are dedicated and willing to provide safety and care for their extended family's children, but that they need assistance – assistance navigating and accessing available resources, support and awareness of other kin families, often just someone to talk to and acknowledge their challenges. The caregivers also need folks to help with community resource development advocacy, and in learning how to advocate for themselves.

*It is recommended future project managers ensure Kin Navigators receive good basic training* about the benefits and challenges that kin families experience, especially around family dynamics with the birth parent. It is also critical that these staff receive training in *community mapping*, in order to have a ready grasp of available resources for kin families – what, where, when and how to access them, and how to encourage building community assets. The Kin Navigators should work within a strength based philosophy of identifying / building on strengths, and facilitating problem solving by the kin caregivers, not solving their problems.

*Outreach to the community is critical – both to bring awareness of service to kin caregivers; but also to create understanding and awareness to community service providers and organizations.* Many faith and community organizations will readily offer valuable supports when they get an understanding of needs; both informal and formal organizations will identify resources that are unique to their context, and might not be requested but would be valuable. An example is a faith based group that created a regular respite opportunity for kin families – the volunteers underwent background checks, training, they had a nurse that regularly volunteered, they put together a nutritional program. This regular group respite opportunity was greatly appreciated by kin caregivers, especially those that were caring for special needs children. Of course awareness of kin caregiver issues by formal service providers will also assist caregivers in accessing available services more easily.

*Support Groups are valuable* – for networking and socializing, respite and topical learning. Food and child care seem to be key ingredients for success. Encouraging responsibility by the kin caregivers for planning the agenda and perhaps identifying Chairs or Officers will promote engagement. One grant site also had very good luck in crafting their support group as part of an eight week curriculum offering training including child development, positive discipline, healthy lifestyles, managing family dynamics, etc. Not only did the caregivers learn a lot, but they created a community and some relationships that were sustained past the eight weeks.

## VIII. B. Recommendations for the Children's Bureau

Funding limited demonstration grants are valuable; but if just focused on limited jurisdictions for a short time, it is very difficult to achieve sustainability. This Ohio grant demonstrated many things; including the value of I&R and limited case management to prevent/divert kin caregivers from formal child welfare involvement, and the value of community mapping to identify and build community resources.

*It is recommended the Children's Bureau invite current grantees to submit evolved lessons learned and to morph their original program into a transformational application*, moving statewide or at least to a broader jurisdiction. While replication from one community to another is valuable, the potential for a current grantee to revise and scale a program broader is a challenge worth considering. Thus, a demonstration grant is not just expected to sustain as is, but is given the opportunity to select the aspects of the grant that are critical, and can be integrated statewide on a broader systemic application.

Transformation is not achieved in three years – but that is a good frame time to assess, refine, and propose a broader, systemic transformational change – with grant support.

It is also recommended the *Children’s Bureau support development of training for both child welfare/kin navigator professionals and kin caregivers, dealing with family dynamic stresses present with kinship care.* Competency based training has been developed for unrelated foster and adoptive caregivers, but the family dynamics are different when the caregiver is kin. It is recognized that kin may be more willing to accept guardianship rather than support a termination of parental right process to free the child for adoption, but less work has been done about assisting the kin caregiver with the occasional or frequent clashes over parental authority, daily decision making, or volatile crisis management.

Finally, the *Children’s Bureau should continue to track, evaluate and advocate for changes regarding issues of kinship permanency and effective fiscal support, as discussed in the broad recommendations below.* Also, the Title IV-E ProtectOhio Waiver Kinship Strategy is a prime example of cutting edge child welfare practice to watch to promote best practices, lessons learned, effective training and more. Those 18 counties are dedicating resources toward agency structure, enhanced kin caregiver services, training and manualized practice and better SACWIS documentation.

## VIII. C. Recommendations for the Child Welfare Community

Offering a full continuum of kinship services and supports is critical to a healthy child welfare system.

*A Kinship Navigator program can safely prevent and divert cases from becoming formal child welfare cases* with significant intrusion into a family’s life, significant case management and administrative burdens, often with added court involvement. *The program can also serve as a resource for child welfare kinship cases that close,* with the child remaining in the home of the kin caregiver. There is great benefit to supporting these families informally, rather than bringing them into or maintaining them in the formal child welfare system.

*Due to scarce resources, it is recommended that the Kin Navigator focus on community mapping of a region, information and referral for kin caregivers of available resources, and select / limited case management.* The Kin Navigator can also serve as an ambassador to others in the child welfare agency about the value of supporting kin caregiver; raising awareness to other service providers and community organizations about kin challenges; assisting volunteer efforts for kin families.

*Legal processes for kin when a child is NOT in child welfare custody, should be streamlined.* As part of the Court Improvement Program, the Ohio Supreme Court has examined legal processes and procedures for kin families and found them to be inconsistent across jurisdictions, inconsistent between courts (juvenile vs. probate vs. domestic relations), inconsistent in application of case law precedence and extremely complicated for lay people such as kinship caregivers. Meanwhile, kin caregivers and the professionals assisting them (such as Kin Navigators) must diligently work to develop feasible processes in their community. Within the Ohio Kin Navigator grant sites, court fees ranges from \$45 for pro se court filing fees, to over \$2,000/legal representation for kin caregivers regardless of which court or county they are dealing with. Kin caregivers themselves can rarely afford to hire legal representation, and are often faced with continuing volatile situations with the child’s unstable parent, or entering the intrusive world of child welfare. Ohio does have Grandparent Power of Attorney and Caregiver Authorization Affidavits to facilitate grandparents’ ability to enroll the child they are raising informally in school and participate in educational decisions, and to access emergency and routine physical, dental and behavioral healthcare. *These forms – POAs and CAAs - should be extended to other relative caregivers in Ohio, and considered in states that do not have such forms for informal caregivers.*

*The issue of birth family reunification efforts and permanency with kin caregivers is evolving.* When should kin be awarded custody? How long should the child welfare system stay involved? It is in the best interest of the child to

facilitate a prompt custody change to a safe relative and back out, or should a full reunification effort with the birth family ensue? Should temporary placement with kin and parent/custodian go back and forth? Do moves among relatives have the same traumatic effect as moves among unrelated caregivers; or does the preservation of birth parent ties mitigate such trauma? ***These issues should be further evaluated specifically considering reunification success rates, child stability, trauma impact and long term outcomes after the age of majority for the youth raised by kin.***

***Practice for open child welfare cases when the child is living with kin caregivers, is also evolving.*** Not only are the questions in the paragraph above critical, but having a shared focus on child well being, caregiver support and ongoing family dynamics, and family reunification is evolving. The Title IV-E ProtectOhio Waiver Kinship Strategy is dedicating resources toward agency structure, enhanced kin caregiver services, training and manualized practice and better SACWIS documentation. This should be carefully watched to incorporate best practices, lessons learned, effective training and more.

***Fiscal support of kin caregivers is being debated in Ohio.*** Early on, it was clarified that Ohio children living with relatives were eligible for Child Only TANF cash assistance, without time limits or work requirements, and without regard to judicial custody status. While the benefit for one child is fair (\$268/month), the extra for siblings is incremental (about \$90/month/sibling). ***Increasing the TANF cash benefits for siblings groups is recommended.***

Kin caregivers are subject to the same work related, subsidized child care eligibilities as birth parents/custodians. While the cost of child care is exceedingly high for all, it is especially a stress for a caregiver that did not plan to have a child, and has set income and expenses - when an infant or toddler suddenly arrives and require full time child care in order for the caregiver to remain in the workforce. ***It is recommended that work related subsidized child care eligibilities follow the same policy as Child Only TANF*** – it is based on the child’s income alone, not on the caregivers’ income. Of course, to address concerns that wealthy individuals may unnecessarily qualify, an upper limit cap is suggested – perhaps at each states’ SCHIP income eligibility.

***How should States support children living with kin when a court has officially awarded judicial custody?***

- Since 2006, Ohio has the Permanency Incentive (KPI) Program, providing modest incentive payments for up to three years, to kin that have received judicially awarded custody; KPI is irregardless of child welfare involvement, it does require a health and safety approval process, the caregiver income cap is set at 300% of the federal poverty level, and it is an affordable state strategy - \$4 Million/year is supporting nearly 8,000 children in safe, permanent kinship homes. The payments are in addition to Child Only TANF. KPI has been very effective, with a high level of stability, excellent safety outcomes, and minimal governmental intrusion. ***KPI should continue, and Ohio should consider extending the payments beyond three years.***
- ***Ohio is now debating the best interest aspect and affordability of the Title IV-E Guardianship Subsidy (KGAP).*** This program would potentially support many fewer Ohio children, as it requires the child to be in the custody of the agency, and placed with that relative caregiver for a minimum of six months. Given that many Ohio jurisdictions facilitate early temporary custody directly to the kin caregiver, often with continuing protective services (believing that less governmental intrusion is in the child’s best interest), these children would not be eligible. It is also noted that the biggest need for ongoing support is for sibling groups of children, which are more likely to land in the child welfare system, as kin caregivers may successfully integrate one child into their home, but the stress of a sibling group is too much without additional fiscal support. ***It is recommended Ohio create KGAP policy specifically focusing on sibling groups that are in the custody of the child welfare system, allowing for children who may enter custody at differing times. KPI should continue as is, so as not to incent families, agencies or courts to bring or maintain children in foster care custody, just to make the family eligible for additional fiscal supports.***

## Summary

The prevalence of children being raised by grandparents and other kin has greatly increased in recent decades, and the evidence of improved child wellbeing for children being raised in safe, familiar kin homes vs. unrelated foster care has also been proven. Program managers, the Children’s Bureau, and the Child Welfare Community (including legal and judicial representatives) should continue to evolve policy, practice and supports for all kin caregivers – informal, formal with child welfare services whether in custody or under protective supervision of the child welfare agency, and for those kin families where judicial custody (legal custody, guardianship or adoption) has been finalized. Of course outcomes of evolving practice, policy and supports should be tracked and evaluated in order to inform the field ongoing.