Inventory of Kinship Care Services in Florida


September 25, 2020

The Institute Research Team

Anna Yelick, PhD, MSW - PI
Donna Brown, MSW
Bushra Rashid, MSW
Lisa Magruder, PhD, MSW
Jessica Pryce, PhD, MSW – Institute Director

Sub-Contractor

Kerry Littlewood, PhD – PI
Table of Contents

Introduction .................................................................................................................................................. 3

Background and Significance ........................................................................................................................ 3
  Kinship Care Arrangements ...................................................................................................................... 3
  Kinship Navigator Programs ................................................................................................................... 4
  Children’s Home Network ....................................................................................................................... 5
  Kids Central, Inc. .................................................................................................................................. 5

Current Project .......................................................................................................................................... 5

Methods ........................................................................................................................................................ 6
  Children’s Home Network ......................................................................................................................... 6
  Kids Central, Inc. ....................................................................................................................................... 7

Results and Discussion .................................................................................................................................. 7
  Children’s Home Network ......................................................................................................................... 7
  Kids Central, Inc. ....................................................................................................................................... 9

Next Steps ................................................................................................................................................... 10
  Children’s Home Network ......................................................................................................................... 10
  Kids Central, Inc. ....................................................................................................................................... 10
  Kinship Care in Florida ............................................................................................................................ 10

Appendix A .................................................................................................................................................. 12
Appendix B .................................................................................................................................................. 14
Appendix C .................................................................................................................................................. 16
Appendix D .................................................................................................................................................. 21

References .................................................................................................................................................. 42

Introduction

The Department of Children and Families (Department) sought funds through the Administration for Children and Families (ACF) to review and evaluate the kinship navigator programs throughout the state. Kinship navigator programs have been increasingly utilized to support kinship care placements and are considered vital to the child welfare system because kinship caregivers provide a sense of protection and benefit to children. Among these benefits, these placements promote the preservation and cultural identity of the family and reduce separation trauma among children. Kinship care arrangements are a growing family type in the U.S., and according to the Department of Children and Families, of children placed in out-of-home care, 45 percent were placed with a kinship caregiver. Kinship care placements fall under the direction of community-based care (CBC) lead agencies. According to the Inventory study completed by the Florida Institute for Child Welfare (Institute) in 2019, two of these CBC lead agencies had strong kinship navigator programs already in place: Children’s Home Network and Kids Central, Inc. Using the Inventory study as a framework, the current project aimed to further explore Children’s Home Network’s current kinship navigator program (KINTech) from the previous evaluation to produce two additional manuscripts for academic review and a research proposal. In addition, this current project aimed to increase understanding of Kids Central, Inc.’s current kinship navigator program to prepare an evaluation plan to gather evidence of the effectiveness of Kids Central, Inc.’s kinship navigator program.

Background and Significance

Kinship Care Arrangements

Kinship care families are critical to the child welfare system as they help support the care of anywhere between one-third and one-half of the children placed in out-of-home care. According to recent statistics in Florida, of the more than 13,000 children placed in out-of-home care in State Fiscal Year 2019-2020 Quarter four, more than 60 percent had an initial placement of kinship care. Kinship care arrangements are also considered one of the fastest growing family type in the U.S., with estimates suggesting one in 11 children under age 18 live in kinship care at some point. According to the most recent Adoption and Foster Care Analysis and Reporting System (AFCARS), 32 percent of children in out-of-home care were placed with a relative caregiver, with nearly three percent having a permanency plan of living with a relative. In June 2019, the Department reported that just over 24,000 children were receiving out-of-home services and approximately 45 percent were placed with an approved kinship caregiver. The emphasis of kinship care is keeping children connected to their extended family, and, if possible, out of the child welfare system.

Kinship caregivers are a vital resource, given the associated protective factors and benefits children receive in these placements. Benefits of kinship care include increased stability and safety and the maintenance of traditions (cultural and familial). Children in kinship care often have fewer trauma experiences as well, particularly compared to children placed in the foster care system. The benefits of kinship care arrangements for children have been well-documented; however, caregivers often experience negative outcomes. In assuming the role of the parent, particularly for grandparents, kinship caregivers reported an increase in worry regarding financial stability and concerns about the child’s well-being. In addition, kinship caregivers often report a decrease in interaction and socialization with members of their own peer group. Finding affordable housing, obtaining medical services and health care, and navigating the educational system are some of the barriers encountered by kinship caregivers.
While supporting kinship care placements is important, navigating through the system of available services is challenging and many kinship caregivers remain outside of the system because they do not know how to access the system, or they are concerned that once involved, children will be removed from their care. Kinship care services that support peer-to-peer navigation, kinship-navigators, and provide a wealth of information to their kinship caregivers can mitigate the barriers felt by these caregivers.13

Kinship Navigator Programs
The child welfare system has advanced approaches to identifying, placing, and relying on kinship care placements; however, the system lags in training, licensing, services, and supports for kinship caregivers.14 Supports and services for both kinship caregivers and their children are necessary to ensure placement stability.15,16 Therefore, the Fostering Connections to Success and Increasing Adoptions Act funded the creation of kinship navigator programs, which were used to provide information and referrals concerning access to legal services, childcare, and financial services to kinship caregivers. Kinship navigator programs offer information on benefits, services, supports, and programs available to kinship caregivers to help families navigate the formal support system by increasing awareness of services and clarifying eligibility procedures.17 These programs also provide outreach to kinship care families and promote partnerships between public and private agencies relevant to kinship families.18

Formalizing kinship care services is critical, therefore, four main considerations regarding the service array for kinship care programs have been identified: 1) financial support; 2) social support; 3) services; and 4) education.19 The Family First Prevention Services Act (FFPSA) backs these four main considerations, articulating that kinship navigator programs should 1) educate kinship caregivers regarding the services and programs available to assist in meeting the needs of their children; 2) provide coordinated services with community collaborative partners; and 3) provide support through outreach and guides for kinship care families.20 The Florida State Statutes, 39.5086 also provides language similar to the FFPSA, stating kinship navigator programs should assist kinship caregivers navigate the system by identifying community collaborative partners, provide education for kinship caregivers to assist with meeting the needs of their children, and providing a dedicated hotline to link kinship caregivers to services.21

According to the literature, there are approximately 70 kinship navigator programs within 26 states;22 however, none of these programs meet the FFPSA standard of a promising, supported, or well-supported program according to the California Evidence-Based Clearinghouse for Child Welfare at the time of this writing.23 As noted above, the goals highlighted by these programs include education services, connecting and linking caregivers to community collaborative partners, and providing social and financial support.24 These programs should assist kinship care families in establishing self-sufficiency and long-term placement stability,25 and can do so by utilizing technology, engaging in peer-to-peer navigation, and promoting interdisciplinary teams.26 These programs highlight the importance of strong kinship care services, such as a kinship navigator program, to the success of kinship care placement for children placed in care.

There are two strong kinship navigator programs utilized in Florida currently and according to the Inventory study, both provide various services. Children’s Home Network works with various CBC lead agencies, including Eckerd Community Alternative – Hillsborough (ECA-H) and Embrace Families.
According to the Inventory study, which compiled a list of 42 best-practice services based on available research and the state and Federal mandates regarding kinship navigator programs, ECA-H had 32 of the 42 best-practice services (76%), while Embrace Families scored an 83 percent on the Inventory, indicating this agency provides 35 of the 42 best-practice services. Kinship caregiver-specific services include peer support, mental health services, childcare support, and parenting education. Programmatic support services are also offered, including family-finding, collaborating with community agencies, and dedicated kinship navigator. Much like ECA-H, Embrace Families offers strong services for kinship caregivers and strong programmatic support services. The other kinship navigator program, offered through the CBC lead agency, Kids Central, Inc., scored an 88 percent on the Inventory, indicating that 37 of the 42 best-practice services were provided. Kids Central, Inc. offers several services to kinship caregivers such as peer-to-peer navigators, peer support through support groups, mental health services, parenting education, in-home services, and kinship-specific case management. Several programmatic support services such as dedicated kinship navigators, legal services, information about services, and intake and needs assessments were also noted.

Children’s Home Network
According to their website, Children’s Home Network has offered kinship services since 2000 and has developed their program to be a “family-driven wraparound model”. Children’s Home Network has three kinship models of their kinship navigator program, KINTech. The traditional kinship services model offers centralized intake and referral services, intensive in-home case management, navigation services, and support groups. The peer-to-peer navigation model offers similar services to the traditional kinship services model, except the navigators are peers—someone who is employed by the agency with lived experiences to support the kinship caregiver. Finally, the peer-to-peer navigator plus model provides a peer navigator similar to the peer-to-peer navigation model with the added components of the One-e-App, which offers kinship caregivers an opportunity to work directly with their peer navigator through application and enrollment of needed services and supports during visits. Between October 2012 and June 2016, Children’s Home Network implemented and evaluated the KINTech model.

Kids Central, Inc.
According to their website, Kids Central, Inc. developed a comprehensive kinship navigator program to meet the needs of more than 14,000 children who are cared for by relatives in their circuit. This kinship navigator program provides supportive services to help keep children with family, offering monthly support groups, resource direction, ACCESS Florida assistance, Family Team Coaching, legal services, case management, holiday assistance, peer mentoring, and community navigators. According to Kids Central, Inc. leadership, the kinship navigator program served families for more than 10 years, however, their only evaluation of the program occurred in 2010. The data collected through this previous evaluation is likely to be outdated given the modifications Kids Central, Inc. is currently making to their program. Therefore, a new evaluation is critical to determine the effectiveness of the kinship navigator model in addressing the needs of the community.

Current Project
Kinship navigator programs are useful in providing kinship caregivers with resources regarding knowledge of and access to services, social and financial supports, and increased health outcomes. The Family First Prevention Services Act (FFPSA), amended Title IV-E of the Social Security Act to allow Title IV-E agencies the option to receive funding for kinship navigator programs that meet certain
criteria, including operating in accordance with promising, supported, or well-supported practices. Therefore, the Department of Children and Families and the Institute collaborated on this current project to continue exploring kinship navigator programs in Florida for assessment by the Title IV-E Prevention Services Clearinghouse.

The two objectives of the current project are based on the perceived needs of Children’s Home Network and Kids Central, Inc. Secondary data analyses were identified as useful in building evidence for the program given the evaluation of the kinship navigator program was completed within the past five years. Therefore, three outcomes were identified: commissioning two academic manuscripts (protective factors and peer-to-peer navigators) and developing a research proposal on priority outcomes identified by the Title IV-E Prevention Services Clearinghouse. Though there seem to be strong kinship services provided by Kids Central, Inc., the program was modified recently and therefore, an evaluation plan is recommended to identify the necessary components to include in the evaluation to build evidence for an assessment by the Title IV-E Prevention Services Clearinghouse.

The Title IV-E Prevention Services Clearinghouse was established by the ACF to conduct objective and transparent reviews of programs that provide support to children and families. Developed in accordance with the FFPSA, the Title IV-E Prevention Services Clearinghouse rates programs as achieving promising, supported, or well-supported evidence based on a rigorous review process. This review process includes utilizing six steps, specifically steps two (Select and Prioritize Programs and Services), four (Study Eligibility Screening and Prioritization), and five (Evidence Review). This current project included components of the review process in the development of the manuscripts, the research proposal, and the evaluation plan.

Methods

Children’s Home Network

In developing a plan for building the evidence of Children’s Home Network’s KINTech program, the Institute collaborated with the original evaluator who led the two manuscripts—focusing on protective factors of kinship caregivers and the utility of a peer-to-peer navigator model. In addition, building off a paper published on the benefits of KINTech in addressing child-related outcomes, the Institute developed a research proposal focusing on these child-related outcomes.

The protective factors manuscript was developed to highlight the importance of identifying the strengths of these kinship families, particularly because kinship care has myriad benefits for children. Using the Protective Factors Survey, five protective factors were examined: 1) family functioning/resiliency—having adaptive skills and strategies to persevere in crises; 2) social emotional support—perceived informal support that helps provide for emotional needs; 3) concrete support—perceived access to tangible goods and services; 4) child development/knowledge of parenting—understanding and using effective child management techniques; and 5) nurturing and attachment—emotional ties and positive interaction.

The peer-to-peer manuscript was developed to provide preliminary findings on the implementation of the peer-to-peer model (i.e., navigator time) and to highlight the differences in application and enrollment in the Temporary Assistance of Needy Families (TANF) benefits of caregivers assigned to the KinTech program compared to usual child welfare services. Utilizing a peer-to-peer model could prove
beneficial as the peer would be employed through the agency’s kinship navigator program but would have lived experiences that could foster a sense of connection and comradery between the peer and the kinship caregiver. While there are benefits to incorporating peers into kinship navigator models, the implementation of the peer models in kinship navigator programs has not been well-tested.

Finally, regarding the research proposal, the Institute utilized the original evaluator’s paper examining safety and placement stability of children placed in kinship care as a framework. While the benefits of kinship care for children have been well-documented, understanding how kinship navigator programs affect those benefits is less understood. The paper from the original evaluator suggests that children receiving the KINTech program had better permanency and safety outcomes over three years compared to children receiving child welfare services as usual. Building upon this, the research proposal focuses on a five-year follow-up and includes an examination of all three child-related outcomes: permanency, safety, and well-being factors.

**Kids Central, Inc.**
The Department collaborated with the Institute to develop an evaluation plan for Kids Central, Inc. to prepare the agency for evaluation. The Institute reviewed documents and data and conducted focus groups to assess the program’s current functioning. This assessment was designed to highlight areas of strength and opportunities for growth prior to evaluation. Specifically, this assessment utilized the guidelines from the FFPSA on critical components of kinship navigator programs. Utilizing the assessment and the guidelines of the Title IV-E Prevention Services Clearinghouse, an evaluation plan was developed outlining the recommended evaluation types (process and outcome), the research questions, the research design, and the anticipated data analyses based on the measures provided. The aim of the assessment and the evaluation plan is to provide support to Kids Central, Inc. in completing an evaluation that meets the methodological standards and priority outcomes set forth by the Title IV-E Prevention Services Clearinghouse.

**Results and Discussion**

**Children’s Home Network**

Results of the protective factors manuscript indicate KINTech did improve protective factors among kinship caregivers particularly related to nurturing and attachment and social supports. In examining the nuances between the different types of the KINTech models (tradition kinship care, peer-to-peer navigation, and peer-to-peer plus model), family functioning was higher among children within the traditional care compared to those in the peer-to-peer navigation models. Concrete supports were also higher for caregivers in the traditional and peer-to-peer models compared to the peer-to-peer plus model. These results indicate that service delivery models should be tailored to meet the needs of multigenerational families and kinship navigator programs should promote the protective factors of kinship caregivers. Use of the kinship navigator model was beneficial to building the protective factors of kinship caregivers; however, protective factors differed based on the type of kinship navigator model used. Kinship caregivers in the traditional kinship model had increased protective factors in all types—family functioning, social supports, concrete supports, and nurturing and attachment—compared to kinship caregivers receiving usual child welfare services. The traditional kinship model also resulted in increased protective factors in family functioning compared to those in the peer-to-peer models, an
unexpected result that suggests an examination of how traditional kinship navigators engage with kinship families is imperative.

According to the results on the implementation of the peer-to-peer model analyses, there was a significant difference between the traditional kinship program and the peer-to-peer model regarding the activities performed. The peers spent more time on tasks such as family support plans and information and referrals while the case managers spent more time on tasks like counseling referrals, holiday assistance, and paperwork. Peer navigators indicated spending more time in supervision than the case managers, which could be a burden for the system. In fact, of all the activities, peers spent the most time in supervision, nearly 25 percent of their time and almost two times more than the next nearest category (family support plans). This indicates that extra supervision time could increase the success of peer navigators, but it could also increase the workload of supervisors in the agency. Regarding the benefit of peers in aiding kinship caregivers to apply for and enroll in TANF benefits, the results suggest that the peer-to-peer navigation model was the most effective at assisting kinship caregivers in applying for (72%) and enrolling in (52%) TANF benefits, higher than the traditional kinship model (56% and 39%, respectively); the peer-to-peer plus model (27% and 13%, respectively); and usual care (19% and 6%, respectively). The peer-to-peer plus model was not as effective as the peer-to-peer or the traditional kinship models in assisting kinship caregivers with applying to and enrolling in benefits, yet these peer navigators were provided a tech-component during visitation with kinship caregivers, which provided an opportunity for the peer navigator to work with kinship caregivers on applying and enrolling in benefits during visits. Of note was the low application and enrollment rates of kinship caregivers utilizing the peer-to-peer plus navigators model, which had the added technology component and app to ease the process of assisting kinship caregivers apply and enroll in benefits. This would be important to study further as the peer-to-peer plus model was designed to better assist kinship caregivers apply and enroll in benefits.

There are no results to present for the research proposal as data collection is still ongoing. The Department and the Institute were provided initial data from Children’s Home Network on 263 kinship care families; however, administrative data still need to be collected to complete the dataset and answer the research questions posed in the research proposal. However, the research proposal was designed to build upon the original evaluator’s study which examines the safety and permanency of children served by Children’s Home Network’s KINTech program. According to this study, kinship navigator programs lead to increased safety and permanency among children placed in kinship care arrangements, a novel finding. This research proposal suggests continuing to examine these outcomes over five years and to incorporate child well-being outcomes into analyses. Findings from this proposal could inform policy regarding kinship care placements, particularly given the tenets of the child welfare system are to promote child safety, permanency, and well-being. This could increase funding opportunities and promote kinship navigator program development in additional areas to better support children placed in kinship care. In addition, this research proposal could further strengthen the KINTech model and provide additional evidence for assessment by the Title IV-E Prevention Services Clearinghouse. The Title IV-E Prevention Services Clearinghouse recommends following outcomes longitudinally to examine the duration of sustained effects. Finally, this could create a basis for future research to examine the benefits of kinship navigator programs on the outcomes of children. Kinship navigator programs could be developed and implemented with child outcomes prominent in their
design and more kinship evaluations could incorporate child-level outcomes as critical to the functioning and fidelity of the program.

Kids Central, Inc.
There were two primary objectives completed during this project period for Kids Central, Inc.: assess the program and develop an evaluation plan based on that assessment. The Institute determined that the program was functioning well, though there were recommendations noted. Firstly, the Institute recommends that Kids Central, Inc. complete the revisions to the Theory of Change and Logic Model documents as both are critical components to an evaluation. Since Kids Central, Inc. has been modifying their program, the Institute recommends that the kinship navigator program manual be finalized, which should provide a method for assessing compliance to the program practices to assess the quality and fidelity of the services staff provide within the program. The Institute also recommends that Kids Central, Inc. continue to strengthen and build community partnerships, specifically related to legal services as noted by caregivers utilizing the program. Finally, the Institute recommends increasing collaborations with kinship care families, particularly regarding the planning and operation of the program by developing a Community Advisory Board to discuss program functioning from the perspective of kinship caregivers.

The Institute recommends a process evaluation given the last evaluation was completed in 2010 and there have been modifications to the program. It is important to consider the functioning of the program, not just the outcomes of the program; therefore, using an ongoing process evaluation to determine how the program is achieving the expected outcomes is imperative. This will include determining the functionality and fidelity of the program.

An outcome evaluation is also recommended, as gaining an understanding of whether participants are meeting outcomes as identified by the program is critical. Therefore, the outcome evaluation will incorporate both an examination of whether the program goals and objectives are met from the standpoint of the participants and whether the program addresses the outcomes considered priority to the Title IV-E Prevention Services Clearinghouse: child safety and permanency, adult well-being, service referral, and access to services. The outcome evaluation will have two components—one with formal kinship caregivers within the program and one with informal kinship caregivers within the program—given the differences in the needs of formal and informal kinship caregivers as well as the differences in recruiting formal and informal kinship caregivers.

There are two primary implications to completing this evaluation. There are no kinship navigator programs that have achieved a best-practice rating at the time of this writing; however, the FFPSA places a high importance on evidence-based programs. Therefore, aiding Kids Central, Inc. in evaluating their program using the framework set forth by the Title IV-E Prevention Services Clearinghouse could propel the program into achieving a best-practice rating. This would be critical given the federal reimbursement and funding options for programs that achieve an evidence-based distinction. This funding could allow for additional services that can be leveraged to assist families in need. Completing the evaluation would allow agencies across the state, particularly those in areas with limited services, to replicate the program. Florida uses a community-based care (CBC) model for case management services and there are CBC lead agencies that currently offer limited support and services to kinship care families. Having a kinship navigator program, with a strong evaluation and evidence-based distinction, could allow for replication studies in other regions across the state, allowing for previously under- or unserved kinship care families to receive services and support.
Next Steps

Children’s Home Network

All three objectives will require several next steps for completion and publication that fall outside the contract period, which are outlined to guide the Department and Children’s Home Network in preparing for additional work. The protective factors manuscript has been submitted to the Children and Youth Services Review journal (see appendix A). The peer-to-peer manuscript has been submitted to the Child Abuse and Neglect journal (see appendix B). For both manuscripts, the next steps are to wait for feedback, revise any feedback provided, and either resubmit to the journal or select a new journal to submit the paper. It should be noted that manuscript acceptance for publication rests with the peer-reviewed journals. It is possible that journal editors will request minor or major revisions, or that the journal does not deem the manuscript suitable for publication. Either circumstance would require additional author effort beyond the scope of the current contract. If the manuscripts are published, it will be the responsibility of Children’s Home Network to contact the Title IV-E Prevention Services Clearinghouse about reviewing the new manuscripts. Even with the additional publications, the Title IV-E Prevention Services Clearinghouse might not deem KinTech as having sufficient evidence for a best-practice distinction, requiring additional effort from Children’s Home Network leadership outside the scope of the current contract to achieve this standard. The research proposal is appended to this report (appendix C) and is ready for the next steps once the data are compiled. Next steps include analyzing the data, answering the research questions, and disseminating the findings through publication in an academic journal. These next steps, however, are beyond the scope of the current contract.

Kids Central, Inc.

The next steps for Kids Central, Inc. are to identify an evaluation team to conduct the evaluation of their program based on the evaluation plan provided by the Institute (appendix D). The evaluation will need to follow participants for at least six months post services. With families spending an average of four months in the program, this would mean an evaluation should be ongoing for a minimum of 10 months. However, Kids Central, Inc.’s program is relatively small with approximately 130 kinship care families (formal and informal combined) seeking services during the 2019/2020 fiscal year. Therefore, it is recommended that the evaluation span at least 28 months, allowing adequate time to recruit a large enough sample size. Kids Central, Inc. and the evaluation team should write up ongoing administrative reports and plan to submit a minimum of three manuscripts to academic journals based on evaluation findings. These reports and manuscripts can be written throughout the evaluation and at the end of the evaluation. Once the evaluation is complete and the findings are recorded, Kids Central, Inc. should determine the next steps for getting their program assessed by the Title IV-E Prevention Services Clearinghouse.

Kinship Care in Florida

Having two strong kinship navigator programs available puts Florida in a unique position. The state should continue to fund these programs while evidence is compiled. Continued support could include funding replication of the Children’s Home Network program in additional regions across the state and funding subsequent evaluations of those replications. Testing a model and replicating it in various regions is a consideration of the Title IV-E Prevention Services Clearinghouse. In addition, this support could include funding a longitudinal (over multiple years) evaluation of the Kids Central, Inc. kinship navigator program. The Kids Central, Inc. model could then be replicated in other regions in the state to
increase the visibility and prestige of kinship navigator programs in Florida. Finally, the state could support the funding of kinship care services in areas across the state that have minimal support for kinship care families. Providing funding to regions that lack adequate kinship care services could promote a stronger child welfare system. This is especially salient given the popularity of utilizing kinship care arrangements within the child welfare field.
Appendix A
Protective Factors Manuscript Submission Receipt

Fw: Submission Confirmation
Littlewood, Kerry <littlewood@usf.edu>
Mon 9/21/2020 1:35 PM
To: Anna Yelick <ayelick@fsu.edu>; Marianna Tutwiler <mtutwiler@fsu.edu>
Cc: Kuhn, Julie <jkuhn@usf.edu>; Alvarez, Silvia <stxnaa@usf.edu>; Subko, Sarah <ssubko@usf.edu>; Abhishek Pandey <apandey47@gmail.com>

1 attachment (2.9 MB)
CHIABUNECG-5-20-01089.pdf;

Good afternoon, Anna and Marianna.

Please find the submission confirmation from Child Abuse and Neglect email below for the second and final manuscript submission and deliverable for our sub contractual agreement. I also attached the manuscript submission for your files.

This should complete the deliverables for our contract work together. Thank you for the opportunity. Please let me know if I can provide you with any additional information.

Take good care,
Kerry

From: em.chiabunecg.6C6e2170.c3881ce2@editorialmanager.com
<em.chiabunecg.6C6e2170.c3881ce2@editorialmanager.com> on behalf of Child Abuse & Neglect
Sent: Monday, September 21, 2020 1:29 PM
To: Littlewood, Kerry <littlewood@usf.edu>
Subject: Submission Confirmation

Re: Children's Home Network's Kinship Navigator Program: Connecting to Resources Through Peer to Peer Navigation Services
  by Kerry Anne Littlewood, Ph.D., MSW; Lawrence Cooper; Anna Yelick; Paige Averett; Abhishek Pandey
  Full Length Article

Dear Dr. Kerry Anne Littlewood,

Your submission entitled “Children's Home Network's Kinship Navigator Program: Connecting to Resources Through Peer to Peer Navigation Services” has been received by Child Abuse & Neglect.

You may check on the progress of your paper by logging on to the Editorial Manager as an author. The URL is https://www.editorialmanager.com/chiabunecg/.

Your username is: littlewood@usf.edu
If you do not know your confidential password, you may reset it by clicking this link: https://www.editorialmanager.com/chiabunecg/journal.aspx?i=477089&j=RW4RE11

Your manuscript will be given a reference number once an Editor has been assigned.

https://outlook.office.com/mail/search?Id=AAQKUXHIWtrNtYnZri7LtwNgzNci8X04NDExLTNkZDYwOTg20TgZGQAQAP6UfrfEHLSA7pX0ZtLepw%3D

12 | Page  Florida Institute for Child Welfare
Thank you for submitting your work to this journal.

Kind regards,

Editorial Manager
Child Abuse & Neglect

In compliance with data protection regulations, you may request that we remove your personal registration details at any time. (Use the following URL: https://www.editorialmanager.com/chiabneg4/login.aspx?o). Please contact the publication office if you have any questions.

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.
Appendix B
Peer-to-Peer Manuscript Submission Receipt

9/21/2020
Mail - Anna Yelick - Outlook

Fwd: Successfully received: submission The Children's Home Network Kinship Navigator Program Improves Family Protective Factors for Children and Youth Services Review

Kerry Littlewood <ajresearch@gmail.com>
Sun 9/13/2020 12:20 PM
To: Anna Yelick <ayelick@fsu.edu>

Good morning, Anna,

Here is the email.

Thanks,
Kerry

--------- Forwarded message ---------
From: Children and Youth Services Review <FoilseSupport@elsevier.com>
Date: Sun, Sep 13, 2020 at 12:05 PM
Subject: Successfully received: submission The Children's Home Network Kinship Navigator Program Improves Family Protective Factors for Children and Youth Services Review
To: <ajresearch@gmail.com>

This message was sent automatically.

Ref: CYSR_2020_1730
Title: The Children's Home Network Kinship Navigator Program Improves Family Protective Factors
Journal: Children and Youth Services Review

Dear Dr. Littlewood,

Thank you for submitting your manuscript for consideration for publication in Children and Youth Services Review. Your submission was received in good order.

To track the status of your manuscript, please log into EVISE at:
http://www.evise.com/evise/faces/pages/navigation/NayController.jsp?JRNL_ACR=CYSR and locate your submission under the header 'My Submissions with Journal' on your 'My Author Tasks' view.

Thank you for submitting your work to this journal.

Kind regards,

Children and Youth Services Review

Have questions or need assistance?
For further assistance, please visit our Customer Support site. Here you can search for solutions on a range of topics, find answers to frequently asked questions, and learn more about EVISE via interactive tutorials. You can also talk 24/7 to our customer support team by phone and 24/7 by live chat and email.

https://outlook.office.com/mail/searchid/AAQkaDhv5vNMyzLc1oawNgfND6zG4N9eXyTVKZDYmOTgZOTg0ZCAGADuHLS%23fioopK5%2PnA4.tuc5... 1/2
Kerry Littlewood, Ph.D., MSW
Appendix C
Research Proposal for Children’s Home Network

Introduction
Nearly 2.7 million children utilize kinship care when their parents are unable to care for them.34 Kinship care is generally defined as the caregiving of children by relatives or fictive kin either formally—part of the dependency system—or informally.35 It has been argued that kinship care arrangements are preferable to foster care arrangements as the child can maintain a sense of connection to their family,36 which is supported by Title IV-E of the Social Security Act which requires states operating a Title IV-E program to diligently work to locate a relative for the placement of the child. In fact, research has highlighted the myriad benefits among children placed with kinship caregivers over foster care, including increased stability and safety, maintenance of traditions (cultural and familial), and fewer trauma experiences compared to children placed in foster care.37,38,39

While benefits for children have been well documented within kinship care placements, what is less understood is whether kinship navigator programs impact child-level outcomes. Kinship navigator programs have been implemented because of the needs of kinship caregivers; specifically, these caregivers often experience stress regarding increased financial demands, child well-being concerns, decreased interactions with peer group, obtaining needed services, and navigating the educational system.40 Littlewood and colleagues41 examined child safety and permanency within their KINTech program at 12-months, 24-months, and 36-months post services. Their results indicate that in terms of safety, children in the KINTech program were less likely to experience a subsequent incidence of child maltreatment and less likely to re-enter into out-of-home care. In addition, the KINTech program reduces placement disruptions compared to usual care. Expounding on this research, this current study will examine child-related outcomes such as permanency, safety, and well-being for five years post services. This will provide additional information regarding the long-term impacts of kinship navigator programs on child-related outcomes, a critical need given approximately one in 11 youth will experience a kinship care placement in their childhood.42

Literature Review
Children placed with kinship caregivers—individuals who have a blood or fictive connection to the child, typically have improved outcomes related to stability and safety. In addition, these children maintain a sense of family and tradition as these kinship caregivers often share family traditions and cultures.43 Increased stability has been supported by current literature which indicates children placed in the care of a relative experience fewer placement changes44,45 and fewer school changes.46 This stability often leads to higher levels of permanency, specifically related to re-entry into the foster care system after reunification.47 When children are unable to reunify with their parents, those children placed in kinship care arrangements are more likely to obtain permanent guardianship or be adopted with approximately one-third of those adopted from the foster care system being adopted by a relative.48 Having a stable and permanent placement also increases the safety of these children, resulting in fewer re-maltreatment reports and substantiations.49

In addition to increasing permanency and safety, kinship care placements also result in increased behavioral and mental health outcomes,50,51 increased likelihood of living with or staying connected to siblings,52,53,54 and preserving cultural identity and community.55 These positive outcomes also likely
contribute to the positive feelings children placed in kinship care have about the kinship placement. Specifically, these children are more likely to want the kinship placement to be a permanent home. Approximately 93 percent of children placed in kinship care report liking their caregiver compared to 79 percent for foster care and 51 percent for group care, undoubtedly increasing the reported feelings of love children placed in kinship care express and reducing the likelihood these children run away.  

Although there are myriad benefits for children placed in the care of relatives, the kinship caregiver—often a grandparent—faces mental health, social, and financial challenges. There are limited mental health services for depression, stress, or emotional needs often due to stigma, accessibility, lack of information, and cost of services. In addition, even when eligible, kinship care families struggle to access the needed resources such as Medicaid, Supplementary Nutrition Assistance Program (SNAP), or Temporary Aid for Needy Families (TANF). In fact, less than 12 percent of caregivers receive TANF support, only 15 percent of those eligible receive housing assistance, and only 17 percent of those eligible receive childcare assistance. Research has shown that when kinship caregivers are provided supportive services, outcomes for children placed in these families improve. This is especially true with the utility of kinship navigator programs.

Kinship navigator programs were initiated to provide information regarding benefits, services, supports, and programs available to kinship caregivers to increase awareness of services and clarify eligibility procedures. Kinship navigator programs also provide outreach to kinship care families and promote partnerships between public and private agencies relevant to kinship care families. Recent literature highlighted the benefits of kinship navigator programs in improving outcomes not only for caregivers but for children placed in kinship care arrangements. Research suggests that the social and mental health outcomes for children placed in kinship care is better compared to children placed in foster care. Littlewood and colleagues noted in their study that compared to children in kinship care receiving usual child welfare services, children placed in kinship care receiving the KINTech program had better outcomes related to permanency and safety.

Building on Littlewood and colleagues’ paper, this current study will focus on the long-term outcomes of children placed in kinship care. Specifically, this paper will examine whether these positive outcomes are sustained five years after the family received kinship navigator services. This will provide additional information regarding the longitudinal benefits of kinship navigator programs.

There are three broad child-related research questions addressed in this current paper: For children placed in kinship care families receiving KINTech, compared to children placed in kinship care families receiving usual care services:

1. What are the placement outcomes at 12-months, 24-months, 36-months, 48-months, and 60-months post services?
2. What are the safety outcomes at 12-months, 24-months, 36-months, 48-months, and 60-months post services?
3. What are the well-being outcomes at 12-months, 24-months, 36-months, 48-months, and 60-months post services?
Methods

Research Design

The current study will employ a secondary data analysis design using administrative data from the Department of Children and Families based on the Children’s Home Network original evaluation data. According to the original evaluation study, 1,551 families were randomly assigned to one of four groups: the usual child welfare care group consisted of 202 families that received usual services from the child welfare system; the traditional kinship services group consisted of 858 families that received traditional kinship services from Children’s Home Network; the peer-to-peer model group consisted of 236 families that received traditional kinship services from Children’s Home Network plus had access to a peer navigator; and finally the peer-to-peer plus model group consisted of 255 families that received traditional kinship services from Children’s Home Network, had access to a peer navigator, and had access to the innovative, tech-component.66

Children’s Home Network was able to acquire data files for 263 kinship care families from the original evaluation completed in 2015. Using administrative data from the Department of Children and Families and the broad grouping of usual child welfare care services (n = 202 families) and KINtech services (n = 1,349 families), the current study will compare the child welfare outcomes—permanency, safety, and well-being—between usual services and KINtech services across five years.

Measures

Baseline equivalency tests on child age, child race, and family socio-economic status will be completed comparing the usual child welfare services to KINtech services per the recommendation of the Title IV-E Prevention Services Clearinghouse. Assuming the groups are equivalent, the child-related outcomes (described below) will be examined at 12-months, 24-months, 36-months, 48-months, and 60-months post services.

Child Permanency

The Title IV-E Prevention Services Clearinghouse prioritizes child permanency, defined as “the permanency and stability of a child’s living situation (in-home or in foster care) and includes the continuity and preservation of family relationships and connections.”67 The following variables will be utilized to measure this construct using administrative data from the Department of Children and Families:

• Initial placement, including type of initial placement
• Initial kinship care placement and any subsequent kinship care placements such as moves to different kinship care placements
• Number of placement moves and reason for those moves
• Length of time in out-of-home care, noting whether it was foster care or kinship care
• Reason for exit such as reunification, permanent guardianship (kinship or other), adoption, or aged-out of care

Child Safety

The Title IV-E Prevention Services Clearinghouse also prioritizes child safety, defined as “a current condition within a home or family and considers whether or not there is an immediate threat of danger to a child. A threat of danger refers to a specific family situation that is out of control, imminent, and
likely to have severe physical, psychological, and/or developmental effects on a child.” The following variables will be used to measure this construct using administrative data from the Department of Children and Families:

- Any report or re-report of child maltreatment, including the safety determination from the investigation and the risk assessment and safety concerns identified in the Family Functioning Assessment
- Any maltreatment or re-maltreatment (substantiated)

**Child Well-being**

The Title IV-E Prevention Services Clearinghouse also prioritizes child well-being, defined as “a multi-faceted construct that broadly refers to the skills and capacities that enable young people to understand and navigate their world in healthy, positive ways. It is an umbrella term that includes child and youth development in behavioral, social, emotional, physical, and cognitive domains.” The following variables will be used to measure this construct using administrative data from the Department of Children and Families:

- Receiving dental care
- Receiving medical care
- Delinquent behavior such as runaway, truancy, or curfew violations
- Cross-over youth—youth also in contact in the juvenile justice system

**Practicalities and Timeline**

- Data from Children’s Home Network was sent to the Department of Children and Families; however, the data need to be reorganized so the data team from the Department of Children and Families can run the necessary queries to identify the appropriate child’s data as identified above. Approximately two weeks should be given to reorganize the Children’s Home Network data and two weeks should be given to the Department of Children and Families to pull the necessary data.

- Once the data is received from the Department of Children and Families, approximately two months should be given for data cleaning and analyses. These analyses include running missing data analyses, running equivalency tests for the baseline data, running univariate and bivariate analyses on the child-related outcomes as noted above, and running hypothesis testing such as t-tests, chi-squares, and ANOVA.

- Once analyses are completed, two to three months should be given to writing and revising the manuscript for publication in an academic journal.

**Implications**

**Informing policy**

The research proposal was designed to build upon the original evaluators’ study, which examined the safety and permanency of children served by Children’s Home Network’s KINTech program. According to this study, kinship navigator programs lead to increased safety and permanency among children placed in kinship care arrangements, a novel finding. This research proposal suggests continuing to examine these outcomes over five years and to incorporate child well-being. Findings from this proposal could inform policy regarding kinship care placements, particularly given the tenets of the child welfare system
are to promote child safety, permanency, and well-being. This could increase funding opportunities and promote kinship navigator program development in additional areas to better support children placed in kinship care.

**Strengthening the KINTech model**

In addition, this research proposal could further strengthen the KINTech model and provide additional evidence for assessment by the Title IV-E Prevention Services Clearinghouse. The Title IV-E Prevention Services Clearinghouse recommends following outcomes longitudinally to examine the duration of sustained effects. Safety, permanency, and well-being are priority outcomes listed on the Title IV-E Prevention Services website; therefore, utilizing this research proposal and completing this third study could produce additional evidence in support of Children's Home Network's KINTech program.

**Creating a basis for further research**

Finally, this study could create a basis for future research to examine the benefits of kinship navigator programs on the outcomes of children. Building off this study, kinship navigator programs could be developed and implemented with child outcomes prominent in their design, and more kinship evaluations could incorporate child-level outcomes as critical to the functioning and fidelity of the program. As indicated in the literature, kinship navigator programs were established to support kinship caregivers given the burden these individuals face; however, literature supports the notion that increasing the services for caregivers would likely lead to increased outcomes among children placed in their care. Therefore, this study could be utilized to identify a need within kinship navigator programs to not just indirectly influence child-level outcomes but also to promote direct effects between the kinship navigator program and the core child welfare tenets of child safety, permanency, and well-being.
Appendix D
Evaluation Plan for Kids Central, Inc.

Introduction
The Title IV-E Prevention Services Clearinghouse was established by the Administration for Children and Families (ACF) to objectively and transparently review programs and services to provide enhanced supports to children and families.69 The Title IV-E Prevention Services Clearinghouse was developed in accordance with the Family First Prevention Services Act (FFPSA) to identify programs that have promising, supported, or well-supported evidence. The FFPSA identifies Kinship Navigator programs as those that educate kinship caregivers about the services and programs available to address their needs in raising the children placed in their care.70 These programs should also, according to the FFPSA, coordinate services with community collaborative partners to outreach to kinship caregivers.71

There are approximately 70 kinship navigator programs across the U.S., with varying degrees of evidentiary support. At the time of this writing, none of these programs have met an evidence-based distinction by any federal clearinghouse.72 Given the importance the FFPSA places on evidence-based programs, it is critical that child welfare agencies continue to examine the evidence in existing kinship programs, including Kids Central, Inc. Kinship navigator programs that successfully address the Title IV-E Prevention Services Clearinghouse priority outcomes would potentially bolster the potential for a review and ideally a best-practice designation of “promising,” “supported,” or “well-supported.” Receiving an evidence-based distinction would potentially provide Kids Central, Inc. with additional financial support for the existing kinship program and would identify this program as a strong program for other child welfare agencies to model.

Kids Central, Inc. has a kinship navigator program that has been operational for more than a decade; however, their most recent evaluation was completed in 2010. Therefore, a new evaluation is needed to determine the current functioning of the program, especially considering the program received state funding to modify their program since the previous evaluation. In 2018, as part of a large state-funded study examining kinship care services across the state, the Florida Institute for Child Welfare noted that Kids Central, Inc. had one of the best Inventory scores in the state. Based on this report, Kids Central, Inc. provided 37 of the 42 best-practice services identified through the FFPSA, state legislature, and literature on kinship navigator programs.73

Current Initiative
Given the evidence from the Inventory, the Department of Children and Families collaborated with the Florida Institute for Child Welfare to develop an evaluation plan for Kids Central, Inc. There were two steps to this current project. First, to assess the program’s current functioning, the Florida Institute for Child Welfare reviewed documents and data and conducted focus groups with case managers from Kids Central, Inc. and kinship caregivers currently receiving services from Kids Central, Inc.’s kinship navigator program. This assessment was designed to highlight areas of strength and opportunities for improvement prior to evaluation. Specifically, this assessment utilized the guidelines from the FFPSA on critical components of kinship navigator programs to determine the current functioning of the program. The second step was to utilize this assessment and the Title IV-E Prevention Services Clearinghouse guidelines to develop an evaluation plan. The aim of the assessment and the evaluation plan was to provide support to Kids Central, Inc. in completing an evaluation that meets the methodological rigor set forth by the Title IV-E Prevention Services Clearinghouse.
Assessment of Program

According to the previous Inventory study conducted in spring 2019, Kids Central, Inc.’s program had 88 percent of the best-practice services available to kinship caregivers; this was the second highest score in the state. In reviewing the documentation and data during this project period, as well as conducting the focus groups with providers and caregivers, the research team determined few barriers within the program. There were six recommendations born out of the feedback from this current project period, including:

1. Develop and document a Theory of Change
   a. The Kids Central, Inc.’s leadership team sent a working draft of their Theory of Change document, which should describe how and why the Kinship Navigator Program leads to positive outcomes for kinship care families. This Theory of Change document was utilized in the development of the evaluation plan (see below) and should be consulted again once the evaluation is implemented.

2. Develop and document a Logic Model
   a. The Kids Central, Inc.’s leadership team sent a working draft of their Logic Model, which should guide Kids Central, Inc.’s staff who work within the Kinship Navigator Program to provide consistent services and achieve the goals and objectives outlined within the program’s policies and procedures. This Logic Model was utilized in the development of the evaluation plan (see below) and should be consulted again once the evaluation is implemented.

3. Finalize the Kinship Navigator Program Manual
   a. The research team recommends that Kids Central, Inc. develop a method for assessing compliance to the program practices (e.g., new employee orientation within 30 days of hire). This recommendation extends to assessing Kinship Navigator Program staff’s delivery of services, including fidelity to the Program Manual. This includes ensuring that case managers are consistent in their application of the program’s services based on the Needs and Family Assessments.

4. Continue strengthening community collaborations
   a. The research team recommends that Kid’s Central, Inc. continue to develop community collaborations as outlined by the FFPSA. While the program offers several services within the agency, strengthening community collaborations and developing formal partnerships could improve outcomes for kinship caregivers. Specifically, kinship caregivers reported concerns regarding legal services and their lack of knowledge about why certain legal paths could not be addressed.

5. Increase collaborations with kinship care families
   a. The Kinship Navigator Program should involve kinship caregivers and children placed in kinship in the planning and operation of the Kinship Navigator Program. This could be accomplished by developing a Community Advisory Board that could meet quarterly to discuss the functioning of the program.

According to Kids Central, Inc. leadership, the Theory of Change and Logic Model documents are currently being revised and should be ready prior to the evaluation. It is recommended that both the Theory of Change and Logic Model documents are finalized prior to evaluation, as substantial changes to the program could impact the outcomes, nullifying the evaluation. The Theory of Change and Logic Model documents are crucial elements in the development of the evaluation plan and working drafts of both were provided to the research team and utilized in the development of the evaluation plan. Given
these documents are still working drafts, neither are appended to this evaluation plan; however, Kids Central, Inc. should make these documents available to the evaluation team prior to implementing the evaluation.

Given the last evaluation was in 2010, the research team recommends the following:

- **Process Evaluation**
  - Although the program has been implemented and run for multiple years, it would be important to consider the functioning of the program, not just the outcomes of the program. Therefore, using an ongoing process evaluation to determine how the program is achieving the expected outcomes is imperative. This will include determining the functionality and fidelity of the program.

- **Outcome Evaluation**
  - Programmatic outcomes should utilize the Theory of Change and Logic Model documents to identify the expected outcomes participants should achieve.
  - Priority outcomes should utilize the Title IV-E Prevention Services Clearinghouse’s priority list including:
    - Adult well-being
    - Child permanency
    - Service referral
    - Access to services

The research team recommends two components to the outcome evaluation: one with formal kinship caregivers and one with informal kinship caregivers. Given the differences in formal and informal kinship caregivers, these should be treated as two separate groups with different methodologies.

**Evaluation Plan**

The evaluation plan set forth by the Institute aims to answer the following research question: *Are kinship care families better off with Kids Central, Inc.’s Kinship Navigator Program than kinship care families without the program?* This general question will be answered through two components: **Process and Outcome Evaluations.**

The process evaluation should examine the program from the perspective of how the program is functioning, if the program is well-defined, and identifying the key activities of the program—including a fidelity check. Program staff and clients should be asked questions regarding the program, with the results providing Kids Central, Inc. with an understanding of the functioning of their program.

The outcome evaluation will be divided into two components based on how the kinship care families are formed: formal kinship caregivers and informal kinship caregivers. According to Kids Central, Inc. leadership, the kinship navigator program offers support and assistance to both formal and informal kinship caregivers, however, these two group differ on a critical aspect—formal kinship caregivers have a case with the child welfare system and therefore have a case manager outside the kinship program. Informal kinship caregivers are often referred to the program through word of mouth or other service providers, therefore, they are not likely to receive any child welfare services prior to entry into the program. Kids Central, Inc. identified several intermediate and long-term outcomes in their Theory of Change and Logic Model documents. These documents are still being finalized by Kids Central, Inc.; however, the research team suggests evaluating the following programmatic outcomes.
• **Intermediate Outcomes**
  o Increased enrollment in kinship navigation services (more families agree to participate in program)
  o Reduction of referrals to DCF
  o Families engaged and participating in kinship support services
  o Families’ financial, educational, and concrete needs are addressed and met

• **Long-term Outcome**
  o Reduced entries to out-of-home care
  o Reduced child maltreatment 6- and 12-months post services

The participant outcomes identified include:

• **Intermediate Outcomes**
  o Enhanced caregiver protective factors
  o Strengthened parental capacities
  o Reduced caregiver stress
  o Improved caregiver/child relationship
  o Legal needs fulfilled (wills, guardianship, power of attorney)

• **Long-term Outcome**
  o Child safely maintained in kinship caregivers’ home
  o Improved child and family well-being

While the program has identified various participant outcomes, the Title IV-E Prevention Services Clearinghouse has noted priority outcomes. Table 1 identifies the broad concepts (Child Outcomes and Kinship Caregiver Outcomes), the Title IV-E Prevention Services Clearinghouse priority outcome, and the programmatic or participant outcome identified by Kids Central, Inc.

**Proposed Research Questions**

Using the broad question, *Are kinship care families better off with Kids Central, Inc.’s Kinship Navigator Program than kinship care families without the program?*, the Institute research team recommends an evaluation that addresses the process of the program and provides an outcome evaluation based on the functioning of Kids Central, Inc. and the priority outcomes listed on the Title IV-E Prevention Services Clearinghouse website. Under each evaluation type, the Institute has proposed several specific research questions to guide the evaluation to answer the broad question on effectiveness.

**Process evaluation:**

The process evaluation broadly answers questions related to the functioning and fidelity of the program. Therefore, there are several questions that can be utilized to better understand the functioning of the program and determine the fidelity of the program:

- Do kinship navigators (the case managers) receive training prior to having a case load?
  o This question might be difficult to assess given there has been little turnover at the case manager/navigator level. Therefore, retrospective data may need to be collected from current case managers.

- Is the kinship navigator program adequately staffed?
  o This question should examine the needs of the program from the staffing perspective.
- Are the kinship navigators/case managers reaching their target population?
  - Given the outcome of increased enrollment in kinship navigation services, this question may examine whether the outreach provided by the case managers is sufficient and whether it differs by case manager. This could also examine the percentage of clients engaged in the program and qualitatively answer why clients participate in the program.

- Once families agree to participate in the kinship navigator program, how quickly do the kinship navigators connect with families?
  - This could be interesting in terms of consistency in program implementation across case managers.

- How many people were served by each of the kinship navigators/case managers?
  - Again, this might speak to the fidelity of the model across case managers.

- What families were served by each of the kinship navigators/case managers?
  - This could be used to explore whether certain case managers work with specific families and if so, what the implications are for the program.

Table 1. Overarching Evaluation Concepts and Proposed Outcomes.

<table>
<thead>
<tr>
<th>Concept</th>
<th>Title IV-E Prevention Services Priority Outcome</th>
<th>Outcome Type based on Kids Central, Inc.</th>
<th>Kids Central, Inc. Outcomes based on the Theory of Change and Logic Model</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child Outcomes</strong></td>
<td><strong>Child Safety</strong></td>
<td><strong>Participant – Intermediate</strong></td>
<td>Enhanced caregiver protective factors</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Participant – Long-term</strong></td>
<td>Strengthened parental capacities</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Programmatic – Intermediate</strong></td>
<td>Child safely maintained in kinship caregivers’ home</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Programmatic – Long-term</strong></td>
<td>Reduction of referrals to DCF</td>
</tr>
<tr>
<td></td>
<td><strong>Child Permanency</strong></td>
<td><strong>Participant – Intermediate</strong></td>
<td>Improved caregiver/child relationship</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Programmatic – Long-term</strong></td>
<td>Reduced entries into out-of-home care</td>
</tr>
<tr>
<td><strong>Kinship Caregiver Outcomes</strong></td>
<td><strong>Adult Well-being</strong></td>
<td><strong>Participant – Intermediate</strong></td>
<td>Reduced caregiver stress</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Participant – Long-term</strong></td>
<td>Improved child and family well-being</td>
</tr>
<tr>
<td></td>
<td><strong>Access to Services</strong></td>
<td><strong>Programmatic – Intermediate</strong></td>
<td>Families engaged and participating in kinship support services</td>
</tr>
<tr>
<td></td>
<td><strong>Referral to Services</strong></td>
<td><strong>Participant – Intermediate</strong></td>
<td>Legal needs fulfilled (wills, guardianship, power of attorney)</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Programmatic – Intermediate</strong></td>
<td>Families’ financial, educational, and concrete needs addressed and met</td>
</tr>
</tbody>
</table>
Outcome evaluation:
The outcome evaluation should be divided into two components based on the type of kinship caregiver (formal and informal) but should broadly answer the same questions. What are the differences in:

- **Child safety** for children placed in kinship care families receiving the kinship navigator program compared to children placed in kinship care families receiving services as usual?

- **Child permanency** (stability of placements) for children placed in kinship care families receiving the kinship navigator program compared to children placed in kinship care families receiving services as usual?

- **Adult well-being** (emotional and mental health) for kinship caregivers receiving the kinship navigator program compared to kinship caregivers receiving services as usual?

- **Referrals** for kinship care families receiving the kinship navigator program compared to kinship care families receiving services as usual?

As well as:

- How likely are kinship care families that are referred to services accessing those services among kinship care families receiving the kinship navigator program compared to kinship care families receiving services as usual?

Using these broad research questions as a framework, Table 2 provides detailed research questions based on the programmatic and participant outcomes outlined by Kids Central, Inc. that can be utilized to determine the effectiveness of the kinship navigator program.
Table 2. Specific Research Questions based on Outcomes.

<table>
<thead>
<tr>
<th>Concept</th>
<th>Title IV-E Prevention Services Priority Outcome</th>
<th>Kids Central, Inc. Outcome</th>
<th>Specific Research Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child Safety</strong></td>
<td>Enhanced caregiver protective factors</td>
<td>How have caregiver protective factors been impacted among kinship caregivers who utilize the kinship navigator program compared to those who do not?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Strengthened parental capacities</td>
<td>How have parental capacities been impacted among kinship caregivers who utilize the kinship navigator program compared to those who do not?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Child safely maintained in kinship caregivers' home</td>
<td>How has the Kinship Navigator Program impacted child safety within the kinship care home among kinship families that utilize the kinship navigator program compared to those that do not?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reduction of referrals to DCF</td>
<td>What are the differences in referrals to the Department of Children and Families among kinship caregivers who utilize the kinship navigator program compared to those who do not?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reduced child maltreatment 6- and 12-months post services</td>
<td>What is the rate of child maltreatment 6- and 12-months after children receive services among children placed in kinship families that utilize the kinship navigator program compared to those that do not?</td>
<td></td>
</tr>
<tr>
<td><strong>Child Permanency</strong></td>
<td>Improved caregiver/child relationship</td>
<td>How has the caregiver/child relationship been impacted among kinship families that utilize the kinship navigator program compared to those that do not?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reduced entries into out-of-home care</td>
<td>How have entries into out-of-home care changed among children placed in kinship families that utilize the kinship navigator program compared to children placed in families that do not?</td>
<td></td>
</tr>
</tbody>
</table>
### Table 2 continued...

<table>
<thead>
<tr>
<th>Concept</th>
<th>Title IV-E Prevention Services Priority Outcome</th>
<th>Kids Central, Inc. Outcome</th>
<th>Specific Research Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Kinship Caregiver Outcomes</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Adult Well-being</strong></td>
<td>Reduced caregiver stress</td>
<td>How has caregiver stress been impacted among kinship caregivers who utilize the kinship navigator program compared to those who do not?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Improved child and family well-being</td>
<td>How have child and family well-being changed among kinship care families that utilize the kinship navigator program compared to families that do not?</td>
<td></td>
</tr>
<tr>
<td><strong>Access to Services</strong></td>
<td>Families engaged and participating in kinship support services</td>
<td>How has family engagement (active participation) in kinship support services been impacted among kinship care families that utilize the kinship navigator program compared to families that do not?</td>
<td></td>
</tr>
<tr>
<td><strong>Referral to Services</strong></td>
<td>Legal needs fulfilled (wills, guardianship, power of attorney)</td>
<td>In what ways are the legal needs of kinship care families addressed among kinship care families that utilize the kinship navigator program compared to families that do not?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Families’ financial, educational, and concrete needs addressed and met</td>
<td>In what ways has the program better achieved concrete needs of the kinship care family among those who participate in the kinship navigator program compared to those who do not?</td>
<td></td>
</tr>
<tr>
<td><strong>Client Satisfaction with Services</strong></td>
<td>None</td>
<td>None</td>
<td>What is the satisfaction level of the Kinship Navigator Program among kinship care families participating in the Kid’s Central, Inc.’s Kinship Navigator Program?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>How do kinship families experience the kinship navigator program?</td>
</tr>
</tbody>
</table>
**Proposed Methods**

The following provides the proposed methodological design based on the research team’s understanding of Kids Central, Inc.’s program and the Title IV-E Prevention Services Clearinghouse.

**Research Design**

**Process evaluation.** The process evaluation focuses on the delivery of services and therefore, the research design should focus on the best method for collecting the data needed regarding the delivery of services within kinship navigator program. Common methods for process evaluation research design include: 1) direct observations such as focus groups and open-ended interviews with staff and clients; 2) surveys that elicit information on program objectives, services provided, length of time of services, and type of clients served; and 3) review of administrative data and program documents and records. The Title IV-E Prevention Services Clearinghouse will not review the process evaluation when assessing the program, therefore, there is more flexibility in the design and execution of the process evaluation.

**Outcome evaluation.** The outcome evaluation focuses on the effectiveness of the kinship navigator program and therefore, the research design should be an experimental or quasi-experimental design. According to the guidance provided by the Title IV-E Prevention Services Clearinghouse, there are “non-negotiable” research design elements that must be met for the kinship navigator program to be considered for an evidence-based classification. The research design must either be an experimental design or quasi-experimental design that includes both the intervention group (kinship navigator program) and a comparison group. The comparison group, as explained by the Title IV-E Prevention Services Clearinghouse, can be a no-treatment or minimal-treatment group, or treatment as usual—i.e., services as usual could mean that there are services that kinship caregivers can access, such as applying for benefits that are not kinship navigator-specific services. The treatment as usual group can receive services; however, “those services must be clearly described as the usual or typical services available for that population in the study.”

**Evaluation with formal kinship caregivers.** The Institute research team recommends a Randomized Control Trial with kinship caregivers in the formal system (i.e., those families that have gone through the dependency system). According to Kids Central, Inc. leadership, kinship caregivers in the formal system are assigned a case manager through the Department of Children and Families, meaning these kinship caregivers should have multiple contacts. Therefore, randomly assigning these kinship caregivers into the Kids Central, Inc. kinship navigator program or child welfare services as usual will not put caregivers at undo harm.

**Evaluation with informal kinship caregivers.** The Institute research team and Kids Central, Inc. leadership discussed the best option for evaluating informal kinship caregivers given these families volunteer for the program. Given the accessibility issues with “knowing” who the informal kinship caregivers are (if they are not identified by the system), the research team recommends using the most rigorous design feasible as outlined by the Title IV-E Prevention Services Clearinghouse.

Kids Central, Inc. could re-establish their kinship services, identifying services that could be considered “services as usual.” These services could include benefit applications, childcare support, mental health services, or other services that are not critical components of the kinship navigator program. Critical components to the kinship navigator program usually include services such as a kinship navigator, peer support (such as focus groups or peer navigators), family finding, and referrals to specialized services. As
noted by the Title IV-E Prevention Services Clearinghouse, the best methodological design would be to randomly assign informal kinship caregivers, however, for this design to be selected, Kids Central, Inc. would need to distinguish between kinship navigator program services and services as usual prior to the evaluation. This may be difficult to achieve in a short time frame or may not be supported by agency leadership; therefore, the matched comparison design could also be utilized.

The matched comparison design uses a matched group from another agency/region. Difficulties with this option include: needing to match comparison agency/region to Kids Central, Inc. on services delivery to kinship caregivers (such as access to medical services, legal aid, childcare, and educational assistance) as well as match Kids Central, Inc. on general demographics of kinship care families (i.e., caregiver relationship, income, and race). This will likely be a difficult task given the diversity of the state as well as the difficulty in finding informal kinship care families not working with a kinship navigator program.

**Sampling Design**

**Process evaluation.** If qualitative approaches such as focus groups and open-ended interviews are selected, the sampling design should include interviews with the kinship navigators/case managers within the program. According to Kids Central, Inc., there are three dedicated kinship case managers and one overall kinship navigator. In addition, focus groups with kinship caregivers could be considered. The interviews with staff could be collected annually and focus groups with kinship caregivers could be scheduled twice, once at the beginning of services and once at the end of services. If surveys are selected, these could be sent out to the kinship navigators/case managers quarterly to elicit information on their understanding of the program objectives, and provide a briefing on the type of clients they served and which services they provided. This information could also be collected by an activity log or the case notes/reports completed by the case managers. This information could also be elicited from kinship caregivers through a self-report survey. Finally, if documents and administrative data are utilized, these could be reviewed/pulled quarterly. The documents could be provided to the evaluation team from Kids Central, Inc. leadership. The administrative data should be pulled from Kids Central, Inc. data records and from the Department of Children and Families data records.

**Outcome evaluation.** If using random assignment of the sample of formal kinship caregivers, the *Integrity of Random Assignment* should be utilized when beginning sampling and data collection procedures. In particular, there is a “Ratings Flowchart” that should be consulted to ensure randomization is met appropriately and there are not issues that might undermine the randomization process as indicated. There is a similar flowchart for the QEDs that, again, provides considerations regarding strong- to moderately-rated QEDs. One such consideration to is establish baseline equivalence of samples, such as using repeated measures analysis of variance models, models with fixed effects for individuals, or regression models with baseline variables as covariates. Baseline equivalence measures must be used for QEDs and should be used with randomized studies with low attrition as well. The baseline equivalence measures should include demographic data such as child age and race or family income.

**Evaluation with formal kinship caregivers.** The Institute research team recommends a rolling recruitment of all formal kinship caregivers over the course of 18 months, given the low number of clients Kids Central, Inc. typically engage over the course of a year. During FY 19/20 (July through June), Kids Central, Inc. leadership noted there were a total of 30 formal kinship caregivers who engaged in their program. Using a rolling recruitment over 18 months could provide an opportunity to recruit
approximately 45 kinship caregivers into the study, though not all kinship caregivers are expected to participate in the evaluation and participation should not be required (i.e., kinship caregivers should be able to opt out of the evaluation). In terms of power analyses, generally the study would need to recruit a minimum of 50 participants per group (100 total) to achieve statistical significance at a .05 alpha level and 80 percent power, considered standard for most social science research studies.\textsuperscript{77,78} However, fewer participants would be needed to achieve statistical significance at a .10 alpha level, considered high, but acceptable for social science research. In addition, with fewer participants, the power level is likely to be reduced, which indicates a difficulty in finding effects between groups. Therefore, recruitment might need to continue up to 36 months to achieve a sufficient number of participants.

**Evaluation with informal kinship caregivers.** The Institute research team also recommends a rolling recruitment of the informal kinship caregivers over the course of 18 months given the number of clients Kids Central, Inc. engage with over the course of a year. During FY 19/20 (July through June), Kids Central, Inc. leadership noted there were a total of 98 informal kinship caregivers who engaged in their program. An 18-month recruitment window would provide an opportunity to recruit approximately 150 informal kinship caregivers into the study. Similar to the recruitment of formal kinship caregivers, not all kinship caregivers are expected to participate in the evaluation and participation should not be required (i.e., kinship caregivers should be able to opt out of the evaluation). In terms of power analyses, generally the study needs to recruit a minimum of 50 participants per group (100 total) to achieve statistical significance at .05 alpha with an 80 percent power. Again, reducing the sample size would result in either less power (more difficulty in identifying effects) or necessitate the use of a higher alpha level.

**Measurement**

**Process evaluation.** Various measures could be utilized to collect the necessary information for the process evaluation. Open-ended semi-structured interviews could be conducted with staff to answer questions regarding: 1) training prior to working with kinship caregivers in the kinship navigator program, 2) program staffing and needs, 3) whether the target population is adequately reached, 4) how quickly kinship care families are connected to services, 5) how many kinship care families were served, and 6) what types of kinship care families are being served. Focus groups could be utilized with kinship caregivers to answer questions regarding program staffing and needs—i.e., do the kinship caregivers feel adequately supported, targeting strategies utilized to recruit kinship care families into the program, and how quickly the kinship care family was connected to services. Surveys could be sent out to staff quarterly to answer questions regarding how quickly kinship care families were connected to services, the number of kinship care families served, and type of services provided to kinship care families. Surveys could also be utilized with kinship caregivers that address connecting families to services and programmatic needs from the perspective of the kinship caregiver. Finally, administrative data could be pulled quarterly that addresses the number of kinship caregivers served and which services were referred to and accessed by the kinship caregivers. Documents could also be reviewed quarterly regarding outreach opportunities and updated services available.

**Outcome evaluation.** There are several measures already utilized by Kids Central, Inc. for the kinship navigator program that can be leveraged in support of this evaluation. According to Kids Central, Inc. leadership, there is a family assessment tool that assesses the caregiver’s ability to parent that is utilized by the kinship case manager to address concerns with the caregiver within the first 30 days of the case being open. The Institute research team recommends utilizing this family assessment for all kinship
caregivers recruited into the study and should be measured at least at baseline (to assess any group differences in caregiving ability) and at case closure (to assess whether caregivers’ in the intervention improved in their caregiving abilities). This measure could be utilized to answer questions regarding child safety. Research notes that safety can be impacted by the caregiving protective capacities; therefore, this family assessment tool could be utilized to assess these abilities across groups over time.

Kids Central, Inc. leadership also noted that there is a needs assessment utilized within the first 30 days and at case closure. This needs assessment is used to develop the family support plan and should be leveraged, for this study, in combination with the referral recommendations and access to services. Reasonably, it can be assumed that referrals and access to services would differ based on the individual needs of the family. Again, the research team recommends utilizing the needs assessment at a minimum at baseline and case closure for all participants recruited into the study. The needs assessment should identify the concrete needs of the family, which can be used to identify whether those needs were addressed and met across groups over time. This measure could also be utilized to examine how families engage in services across groups over time.

Using the broad questions that the outcome evaluation seeks to answer, the research team notes some general measurement considerations. The first broad research question asks about the differences in child safety for children receiving kinship care services. Child safety, as defined by the Title IV-E Prevention Services Clearinghouse, refers to the determination of threat (present or not) in the home or family. Threat is generally defined as a situation out of control, imminent, and likely to have an adverse effect on the child. Measuring child safety can be accomplished through review of administrative data on child maltreatment (substantiated or not), medical records, or measures that assess maltreatment such as the Family Functioning Assessment utilized in the Florida Practice Model.

The second broad research question asks about the differences in child permanency for children receiving kinship care services. Child permanency, as defined by the Title IV-E Prevention Services Clearinghouse, refers to the “permanency and stability of a child’s living situation” and can include preservation services. Measuring child permanency can be accomplished through review of administrative records or caregiver self-report on length of placement, placement stability or disruption, reunification, and use of kinship care.

The third broad research question asks about the differences in adult well-being of kinship caregivers receiving services. According to the Title IV-E Prevention Services Clearinghouse, adult well-being is defined as the “specific skills and capabilities adults need to navigate their world” and provide for their children’s needs. Measuring adult well-being can include myriad components, including self-report measures on parenting practices, mental or emotional health, family functioning, physical health, or economic and housing stability.

The fourth broad research question asks about the differences in the likelihood that kinship caregivers will be referred to services. According to the Title IV-E Prevention Services Clearinghouse referral to services can include needed services (e.g., legal, health, educational) and can be measured by case reports or caregiver self-report.

Finally, the fifth broad research question asks about the likelihood that kinship caregivers will access the services they have been referred to, based on their needs. According to the Title IV-E Prevention Services Clearinghouse, access to services refers to “a parent, caregiver, or family’s knowledge of and ability to access, or utilization of services to support the family’s financial, legal, social, educational,
and/or health needs such as medical care, financial assistance, and social services” and can be measured using case reports or caregiver self-reports. The Institute research team recommends that access to services be assessed both from case reports and parental self-reports. 79

Table 3a-3c provides a nuanced review of the measures that could be utilized to answer the research questions being addressed.

**Data Collection**

Given the measures described above, the research team recommends relying on administrative data from the Department of Children and Families and Kids Central, Inc. as well as collecting self-report data from kinship caregivers. As noted above, the sample size required necessitates a recruitment window of approximately 18 months. Once participants are randomly assigned a group condition, baseline measures will be collected. From there, the research team recommends data collection occur again at 1) 90-days post-recruitment; 2) case closure (Kids, Central, Inc. leadership noted on average families are in the program for 4-months); 3) 6-months post services, 4) 12-months post services, and 5) 24-months post services. Child safety and permanency will be assessed exclusively through administrative data and the family and needs assessments completed by Kids Central, Inc. The measures for adult well-being will be collected through self-report measures using validated scales as available. The measures of access and referral to services will be assessed form both administrative records (the Department of Children and Families and Kids Central, Inc.) and self-report data from the kinship caregivers. Finally, client satisfaction with services will be measured using self-report data from a validated measure—as available—and focus groups or open-ended questions in a survey. The tables below provide a breakdown of the broad research topics, the nuanced research questions, measures associated with those topics, the assessment of each measure, and the data collection timeframe.

**Data analysis**

The Institute research team recommends two phases to data analyses: running descriptive statistics including univariate and bivariate analyses and hypothesis testing, including determining the effectiveness of the program as it relates to the process and outcome evaluations. Univariate and bivariate statistics determine the normality of variables as well as the association between variables and will be critical to ensure the analyses meet the expectations of the Title IV-E Prevention Services Clearinghouse. These measures include measures of central tendency (means, medians, and modes), measures of variance (ranges and standard deviations), frequency distributions, and calculating the bivariate relationship through chi-squares, correlations, and t-tests as indicated by the variable. The Title IV-E Prevention Services Clearinghouse expects a baseline equivalence assessment regardless of the research design in addition to utilizing models to statistically “estimate program impacts, features of the measures and measurement procedures used in the studies, confounding factors, and missing data.”80

The univariate and bivariate measures should address the priority features listed. Hypothesis testing will answer the research questions to make inferences regarding the effectiveness of the program. Depending on the univariate and bivariate measures collected, as several tests have specific parameters, some of the possible analyses include chi-squares on nominal and ordinal level variables and t-test, correlations, and regressions on continuous level variables.
Table 3a. Potential measures and analytic tools based on research questions related to the concept Child Outcomes.

<table>
<thead>
<tr>
<th>Title IV-E Prevention Services Priority Outcome</th>
<th>Kids Central, Inc. Outcome</th>
<th>Specific Research Questions</th>
<th>Measures</th>
<th>Data Collection</th>
<th>Analyses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhanced caregiver protective factors</td>
<td>How have caregiver protective factors been impacted among kinship caregivers who utilize the kinship navigator program compared to those who do not?</td>
<td>Family Assessment Tool utilized by Kids Central, Inc.</td>
<td>At a minimum this should be collected at baseline and case closure. Could also be measured at the 90-day mark in the program and at follow-up 6-, 12-, and 24-months post services.</td>
<td>Ordinal Regression, assuming this assessment utilizes a Likert scale</td>
<td></td>
</tr>
<tr>
<td>Strengthened parental capacities</td>
<td>How have parental capacities been impacted among kinship caregivers who utilize the kinship navigator program compared to those who do not?</td>
<td>Family Assessment Tool utilized by Kids Central, Inc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child safely maintained in kinship caregivers’ home</td>
<td>How has the Kinship Navigator Program impacted child safety within the kinship care home among kinship families that utilize the kinship navigator program compared to those that do not?</td>
<td>Administrative data from the Department of Children and Families and Kids Central, Inc.</td>
<td>At follow-up 6-, 12-, and 24-months post services.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduction of referrals to DCF</td>
<td>What are the differences in referrals to the Department of Children and Families among kinship caregivers who utilize the kinship navigator program compared to those who do not?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduced child maltreatment 6- and 12-months post services</td>
<td>What is the rate of child maltreatment 6- and 12-months after children receive services among children placed in kinship families that utilize the kinship navigator program compared to those that do not?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Table 3a continued...

<table>
<thead>
<tr>
<th>Title IV-E Prevention Services Priority Outcome</th>
<th>Kids Central, Inc. Outcome</th>
<th>Specific Research Questions</th>
<th>Measures</th>
<th>Data Collection</th>
<th>Analyses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child Permanency</strong></td>
<td>Improved caregiver/child relationship</td>
<td>How has the caregiver/child relationship been impacted among kinship families that utilize the kinship navigator program compared to those that do not?</td>
<td>Family Assessment Tool utilized by Kids Central, Inc.</td>
<td>At baseline; the 90-day mark in the program; case closure; and follow-up 6-, 12-, and 24-months post services.</td>
<td>Ordinal Regression, assuming this assessment utilizes a Likert scale</td>
</tr>
<tr>
<td></td>
<td>Reduced entries into out-of-home care</td>
<td>How have entries into out-of-home care changed among children placed in kinship families that utilize the kinship navigator program compared to children placed in families that do not?</td>
<td>Administrative data from the Department of Children and Families</td>
<td>At follow-up 6-, 12-, and 24-months post services.</td>
<td>Chi-square, t-test, or correlation (depending on the level of measurement of administrative data)</td>
</tr>
</tbody>
</table>
Table 3b. Potential measures and analytic tools based on research questions related to the concept Kinship Caregiver Outcomes.

<table>
<thead>
<tr>
<th>Title IV-E Prevention Services Priority Outcome</th>
<th>Kids Central, Inc. Outcome</th>
<th>Specific Research Questions</th>
<th>Measures</th>
<th>Data Collection</th>
<th>Analyses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Well-being</td>
<td>Reduced caregiver stress</td>
<td>How has caregiver stress been impacted among kinship caregivers who utilize the kinship navigator program compared to those who do not?</td>
<td>Self-report measures that include validated scales such as the Perceived Stress Scale(^1) and the Duke Social Support and Stress Scale.(^2)</td>
<td>At baseline; the 90-day mark in the program; case closure; and follow-up 6-, 12-, and 24-months post services.</td>
<td>Regression analysis (depending on the level of measurement in the scale selected)</td>
</tr>
<tr>
<td></td>
<td>Improved child and family well-being</td>
<td>How have child and family well-being changed among kinship care families that utilize the kinship navigator program compared to families that do not?</td>
<td>Self-report measures that include validated scales such as the Family Inventory of Resources and Management (FIRM).(^3)</td>
<td>At baseline; the 90-day mark in the program; case closure; and follow-up 6-, 12-, and 24-months post services.</td>
<td>Regression analysis (depending on the level of measurement in the scale selected)</td>
</tr>
<tr>
<td>Title IV-E Prevention Services Priority Outcome</td>
<td>Kids Central, Inc. Outcome</td>
<td>Specific Research Questions</td>
<td>Measures</td>
<td>Data Collection</td>
<td>Analyses</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>Access to Services</strong></td>
<td>Families engaged and participating in kinship support services</td>
<td>How has family engagement (active participation) in kinship support services been impacted among kinship care families that utilize the kinship navigator program compared to families that do not?</td>
<td>Self-report measures that target questions regarding engagement in kinship support services and type of services utilized.</td>
<td>At the 90-day mark in the program and case closure.</td>
<td>Chi-square analysis or ANOVA (based on the level of data collected)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Administrative data from Kids Central, Inc. on those families engaged in the continuation support group.</td>
<td>At follow-up 6-, 12-, and 24-months post services.</td>
<td></td>
</tr>
<tr>
<td><strong>Referral to Services</strong></td>
<td>Legal needs fulfilled (wills, guardianship, power of attorney)</td>
<td>In what ways are the legal needs of kinship care families addressed among kinship care families that utilize the kinship navigator program compared to families that do not?</td>
<td>Self-report measures that target questions regarding legal services initially needed and whether those needs were met over time.</td>
<td>At baseline, the 90-day mark in the program, and case closure.</td>
<td>Chi-square analysis or ANOVA (based on the level of data collected)</td>
</tr>
<tr>
<td>Title IV-E Prevention Services</td>
<td>Kids Central, Inc. Outcome</td>
<td>Specific Research Questions</td>
<td>Measures</td>
<td>Data Collection</td>
<td>Analyses</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---------------------------</td>
<td>----------------------------</td>
<td>----------</td>
<td>----------------</td>
<td>----------</td>
</tr>
<tr>
<td>Referral to Services</td>
<td>Families’ financial, educational, and concrete needs addressed and met</td>
<td>In what ways has the program better achieved the concrete needs of the kinship care family among those families that participate in the kinship navigator program compared to those that do not?</td>
<td>Self-report measures that target questions regarding initial concrete needs and whether those needs were met over time.</td>
<td>At baseline, the 90-day mark in the program, and case closure.</td>
<td>Chi-square analysis or ANOVA (based on the level of data collected)</td>
</tr>
</tbody>
</table>

Needs Assessment Tool Utilized by Kids Central, Inc.

Ordinal Regression (assuming this assessment utilizes a Likert scale)
Table 3c. Potential measures and analytic tools based on research questions related to the concept Satisfaction of Services Outcomes.

<table>
<thead>
<tr>
<th>Title IV-E Prevention Services Priority Outcome</th>
<th>Kids Central, Inc. Outcome</th>
<th>Specific Research Questions</th>
<th>Measures</th>
<th>Data Collection</th>
<th>Analyses</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>None</td>
<td>What is the satisfaction level of the Kinship Navigator Program among kinship care families participating in the Kid’s Central, Inc.’s Kinship Navigator Program?</td>
<td>Self-report measures that include validated scales, such as the Parents with Children in Foster Care Satisfaction Scale(^{84}) and the Parent Satisfaction with Foster Care Services Scale.(^ {85})</td>
<td>At the 90-day mark in the program, case closure, and follow up 6-months post services.</td>
<td>Regression analysis (depending on the level of measurement in the scale selected)</td>
</tr>
<tr>
<td></td>
<td>None</td>
<td>How do kinship families experience the kinship navigator program?</td>
<td>Focus Groups and open-ended questions on a self-report measure using targeted questions on the experience of the kinship navigator program.</td>
<td></td>
<td>Thematic analyses</td>
</tr>
</tbody>
</table>
Anticipated Barriers
There are some potential limitations with the proposed evaluation plan. First, acquiring the necessary sample size for the evaluation could prove difficult, given the current size of the program. This could mean that the recruitment windows will need to extend into multiple years or that the power and effect size of the analyses are weakened. Either route will open the evaluation up to potential limitations. Extending the recruitment into multiple years could create issues if changes occur to the program or providers (i.e., new case managers are hired) that could impact service delivery. In addition, changes in leadership or organizational operations (i.e., funding) could impact services delivery.

Another potential limitation is the design for the informal kinship caregiving group. This group by far makes up the largest number of clients; however, it comes with the most difficulty in terms of sampling. There are some ethical considerations to “denying” services to families that need them, however, the requirements set forth by the Title IV-E Prevention Services Clearinghouse indicate a level of rigor that may not be met without limiting services for a select group of families. It is recommended that Kids Central, Inc. leadership reassess their program to identify kinship care services considered “usual care” and kinship services considered “vital components” of their kinship navigator program. By reassessing their services, Kids Central, Inc. would be able to provide all kinship caregivers with kinship services while simultaneously assigning kinship caregivers to either services as usual or kinship navigator program services. Setting up the design in this way would likely satisfy the methodological requirements of the Title IV-E Prevention Services Clearinghouse and maintain the program’s ethical standards to provide services to families in need.

Finally, another potential limitation that might impede the evaluation is variability in service length and follow-up. According to Kids Central, Inc. leadership, on average, families have their case open for four months; however, it was noted that sometimes families will not engage in the necessary components of the kinship navigator program and will need to redo a component—extending their time in the program. This could prove problematic for follow-up assessments, particularly around internal validity. The evaluation should make note of these circumstances and determine, prior to the evaluation, how these cases will be handled. According to Kids Central, Inc. leadership, this only occurs occasionally, however, it will be important to have a plan in place for dealing with kinship care families that require additional time in the program because they need to redo a component. For example, these cases could be dropped from the analyses, though generalizability would be impacted. In addition, time or number of repeated services could be controlled for through data analyses, though there could be issues with internal validity with this solution as well.

Proposed Implications
Although there are some potential barriers to this evaluation, the implications of this evaluation are important to note. By following the evaluation plan closely and ensuring that the guidelines identified by the Title IV-E Prevention Services Clearinghouse are followed, the Kids Central, Inc. Kinship Navigator Program could have an opportunity to achieve a best-practice designation, assuming positive outcomes. At the time of this writing, there are currently no kinship navigator programs that have achieved a best-practice designation by any of the federal clearinghouses. However, given the importance the FFPSA places on evidence-based programs, achieving this distinction could allow for Kids Central, Inc. and other community-based care agencies in Florida who adopt the model to receive federal reimbursement and funding. Achieving funding for these services could further promote this program and allow for more families to be served.
Another implication of this evaluation would be to the ability to replicate this program in other agencies across the state, particularly those currently with limited services. Given the community-based care system in Florida, there are agencies that currently offer limited support and services to kinship care families. Having a strong evaluation completed of the Kids Central, Inc.’s Kinship Navigator Program could allow for the program to be implemented in these agencies, which would allow for replication studies with other kinship care families, further bolstering the evidence of the program. This again, could open opportunities for additional funding to be allocated to the program and region, allowing for previously under- or un-served kinship care families to receive services and support.
References


34 The Annie E. Casey Foundation. (2020). Kinship care. Retrieved from https://www.aecf.org/topics/kinship-care/?gcId=Cj0KCQjwy8f6BRC7ARlsAPIXOjic4IxohRuM8wnM8AIrPSZWsOdmcOTqNuNOa4Qvu6qR0Ce79pISE0waAl6tEALw_wCB


