Kinship Navigator Program
FFY 2020 Evaluation Findings

Department of Human Services
STRONGER FAMILIES FOR A STRONGER GEORGIA

Submitted by Georgia Family Connection Partnership, Inc.
September 2020

Prepared by:
Valerie Hutcherson, Village Research and Consulting Group
Rebekah Hudgins, AnthroEval Consulting
Donna Wilkens and Michael Scuello, Metis Associates

Table of Contents

List of Tables, Figures and Appendices

Introduction

Kinship Navigator Program Overview

In 2015, the Georgia Department of Human Services (DHS) Division of Family and Children Services (DFCS) launched the Kinship Navigator Program to respond to the increasing number of grandparents, relatives, and other kin caregivers who assumed responsibility for raising a relative's children. The launch was led by the Commissioner of DHS and guided by the Commissioner's Kinship Task Force consisting of kin caregivers, DFCS staff, and staff of community agencies who provide services to kin caregivers.

Since 2016, DFCS has made considerable strides in supporting kin caregivers by implementing the Kinship Navigator Program, supported by the Kinship Process Mapping analysis conducted by The Annie E. Casey Foundation that highlighted key areas for improvement. There are currently ten Kinship Navigators working in DFCS regions across the state. They are supported by three Kinship Coordinators and two Kinship District Managers. The state office is managed by a Kinship Program Director and Kinship Navigator Program Manager. Through the Kinship Navigator Program, navigators assist kin caregivers with understanding and accessing community, regional, state, and federal programs and services and work to create a strong community network to support kin caregivers. Families may enter the program through a DFCS Case Manager referral or may self-refer through the Kinship Navigator Portal. During FFY20, the portal was modified to link directly with the newly developed GaKINDS database. The program is open to any family providing out-of-home kinship care to a relative, regardless of their status within DFCS Child Protective Services. The program serves as a one-stop-shop for information and support, and during FFY20 provided services for over 1,000 grandparents and other relatives who were raising relative children.

Research shows that living with kin can mitigate trauma for children caused by removal and canresult in permanent homes when reunification cannot be achieved. Kin caregivers who are caring for children referred to Georgia DFCS but who may or may not be taken into care, experience several challenges: (1) no direct point of contact, (2) lack of supportive services, and (3) a history of not being provided information regarding various caregiver options. The hurdles for kin caregivers are uniquely different from non-related foster or adoptive parents and require a unique continuum of equitable supports and education. Georgia's opioid crisis is a leading factor influencing the growth of kinship care and the need for DFCS to solidify the Kinship Navigator role. Over the last few years, the agency saw a 44% increase in children placed out of the home, straining traditional foster care resources. The majority of the state's kinship care arrangements are informal, private arrangements between parents and relative caregivers, while other situations involve the child welfare system. As DFCS continues to strengthen interventions to preserve and reunify families, the Kinship Navigator Program will help to maintain family and community connections and reduce trauma for children who are unable to live with their parents.

A review of the literature was conducted to determine the efficacy of Kinship Navigator type programs in other states. This literature suggests a wide array of benefits associated with kinship care overall, including minimization of trauma associated with removal, culturally appropriate and family-centered care, family cohesion, minimization of stigma, minimization of behavioral issues, sibling connections, family reunifications, and placement stability.[1,2] Evaluation findings suggests that while kinship care families receive less financial support than foster families or kin caregivers without licensure, Kinship Navigator Programs result in enhanced

---

[1] Hernandez, L., Magana, C., Zuniga, D., James, J., & Lee, S. (2014). Navigating the System: A How-To Guide for Implementing a Kinship Navigator Program. *Journal of Public Child Welfare, 8:4*, 397-415.

[2] Wallace, G., & Lee, E. (2013). Diversion and Kinship Care: A Colaborative Approach Between Child Welfare Servicesand NYS's Kinship Navigator. *Journal of Family Social Work, 16:5*, 418-430.

well-being and permanency outcomes for participating children and kin caregivers.[3] According to Feldman and Fertig (2013), New Jersey families that received enhanced Kinship Navigator services instead of a brief navigator intervention, were more likely to have their needs met and had significantly better scores on the Family Needs Scale.[4] Hernandez et. al (2014) found similar results when evaluating the Kinship Navigator Program in San Diego County.[1] In addition, a study of a Kinship Navigator Program located in the mid-Atlantic found that families gained knowledge about services, resources, support and legal options, and that the program helped families get services for the child and family, and helped them feel supported in caring for their children's needs.[5] Moreover, a rigorous, randomized control study of the KIN-Tech Kinship Navigator initiative in Florida showed improved caregiver, child, and family well-being.[6] These improvements included family support, peer acceptance, prosocial behavior, school engagement, academic competence, family resiliency, concrete supports, parenting skills, reduction in child injury, less bullying by peers, fewer attention problems, less conduct problems, and resource needs met. Children in the treatment group were also more likely to have better safety outcomes and to stay out of the formal child welfare system.

Theory of Change – Logic Models

During FFY19, the Kinship Navigator evaluation team met with Kinship Navigator staff and conducted interviews with nine members of the Kinship Navigator Task Force to develop a robust evaluation system to measure the impact of the Kinship Navigator Program. The system is designed to meet the needs of program staff and stakeholders. These data guided the development of evaluation questions and short-term, intermediate, and long-term outcomes of interest and the creation of Kinship Navigator logic models for both the service population and the community and state systems that serve this population. These logic models describe the work of the Kinship Navigator (KN) Program, and the framework for the evaluation system. Data collection tools and methods were created to collect data needed to answer key evaluation questions. The Kinship Navigator Program Population and Community and System logic models are included in Figures 1 and 2. The complete logic models including community context, resources, and linkages of activities to outcomes are provided in Appendix A.

---

[3] Lin, C. (2014). Evaluating services for kinship care families: A systematic review. *Children and youth services review, 36*, 32-41.

[4] Feldman, L., & Fertig, A. (2013). Measuring the impact of enhanced kinship navigator services for informal kinship caregivers using an experimental design. *Child Welfare, 92*(6).

[5] Woodruff, K., Murray, K., & Rushovich, B. (2014). Kinship Caregiver Perception of a State-Supervised Kinship Navigator Program. *Journal of Family Social Work, 17:2*, 136-153.

[6] The Children's Home. (2016). CHI CW/TANF Kinship Interdisciplinary Navigation Technologically-Advanced Model (KIN-Tech).

Figure 1: Georgia Kinship Navigator Program Logic Model – Service Population

ACTIVITIES

- Provide supportive listening
- Refer & link families to resources
- Engage with community partners to identify resources
- Provide individualized support to families
- Participate in community meetings/events
- Identify sponsors for families
- Build community awareness re: navigator program
- Act as point person for resources in community
- Connect with local DFCS
- Attend FTM, Unit meetings
- Attend schools' meetings with family (ex: IEP)
- Attend court with family
- Staff cases with case managers
- Assist families with agency benefit application
- Assist families with troubleshooting state systems
- Assist with application to foster parent
- Track foster care payments/resolve payment issues
- Build partnerships with OFI and other state partners
- Deliver goods and information to families
- Host community events

PROCESS OUTCOMES

- Number of served by Kinship family type (grandparents, other family, fictive)
- Number of family referrals received (by source)
- Number of referrals served
- Number of referrals closed
- Number of referrals made by navigators
- Number of referrals made by type (i.e., MH, education, housing, etc.)
- Number of community meetings and events hosted
- Number of community meetings events with Kinship Navigator participation
- Length of time family receives services

SHORT-TERM OUTCOMES

- Increased stability of caregiver and child
- Increased turnaround time of benefits approval
- Decreased length of time for families to access needed services
- Placement stabilized
- Increase awareness of Kinship Navigator program
- Client satisfaction
- Increased knowledge re: resources
- Increased access to community resources
- Decreased isolation
- Increased trust
- Decreased feeling of being overwhelmed
- Increased kinship caregiver voice in orgs – ex: DFCS, parent advisory board
- Increased referrals to navigator (by families) and to other community resources

INTERMEDIATE OUTCOMES

- Development of peer support
- Increased number of community partners serving Kinship
- Increased number of community events targeting kinship population
- Increased self-sufficiency (grandparents, families, fictive kin)

LONG-TERM OUTCOMES

- Permanency (child)
- Financial stability (family)
- Mental health needs addressed
- Overall well-being increased
- Increased feeling of empowerment
- Increased feelings of support
- Extended kin caregiver support network
- Increased positive relationships
- Increased kin caregivers' ability to navigate systems
- Decreased trauma for children
- Decreased children coming into DFCS care.
- Increased financial support for kin caregiver, including child support, housing, SNAP.
- Decreased disruptions due to lack of supports

Figure 2: Georgia Kinship Navigator Program Logic Model – Community and State Systems

The Kinship Navigator Program serves as a one-stop shop for information and referral services to grandparents, relatives and other caregivers who are currently raising a child.

ACTIVITIES

- Reporting, data collection and alignment with SHINES
- Educate DFCS staff re: importance of Kinship families and the program
- Advocate on behalf of Kinship caregivers
- Educate the community regarding types of kinship caregivers

SHORT-TERM OUTCOMES

- Administrative assistance for each district and state office
- Resource room for each navigator
- Additional navigators to assist with regional coverage
- User friendly data tracking system
- Increased buy-in from DFCS staff
- Increased knowledge of types of kin caregivers

INTERMEDIATE OUTCOMES

- Increased interaction with other agencies, ex: DECAL, Courts
- Increased utilization of Kinship Navigator program
- Enhanced web-based access to Kinship portal and referral process
- Additional funding for the Kinship unit
- Dedicated OFI for Kinship Navigator
- Access to funds for KN services to meet family needs
- Development of Kinship Caregiver Association

LONG-TERM OUTCOMES

- Establishment of policy to provide financial support to kin caregivers at time of placement
- Increased community-based services
- Increased number navigators serving regions
- Increased financial support of Kinship Navigator program
- Policy changes re: financial support and income guidelines for kin caregivers
- Increased affordable childcare resources
- Kinship Navigator Program with funding to support kin caregivers
- Establishment of kinship units in all county DFCS offices

Evaluation Theory, Design and Methodology

The focus of the Kinship Navigator Program evaluation is to generate data needed to assist the navigators and other program staff to ensure quality program implementation and measure family outcomes associated with program participation. The utilization evaluation approach, designed by Michael Quinn Patton, is evaluation designed specifically for "intended uses by intended users".[7] Users include program staff, participants, funders, and other key stakeholders. The utilization approach measures program implementation with a focus on how evaluation data can be used to improve program process and outcomes. Utilization-focused evaluation requires highly personal and situational responses to the needs of stakeholders.

Based on the utilization approach and lessons learned from other states, Kinship Navigator Program evaluation includes a variety of methods and measures including quantitative process measures and qualitative descriptions of change, as described fully in the Measurement Model in Appendix B. The Kinship Navigator Program evaluation is designed to be a flexible system that can appropriately respond to changes in the program that will undoubtedly occur as the work continues to unfold.

The Kinship Navigator evaluation is managed by Georgia Family Connection Partnership (GaFCP) and implemented by the Kinship Navigator Evaluation Team. This team consists of evaluation specialists from the GaFCP Evaluation and Research Team including, AnthroEval Consulting, LLC, Village Research and Consulting Group, and Metis Associates. All Evaluation Team members have a long history of working with GaFCP on numerous evaluation projects.

During FFY20, several key changes in the evaluation system were established. The Kinship Navigator (KN) Program Task Force was asked to engage as the KN Evaluation Advisory Committee. This committee include KN staff as well as organizational partners and is responsible for providing feedback to the Kinship Navigator Evaluation Team regarding evaluation questions, methodology, data collection instruments, and use of findings. The success and usefulness of the evaluation depend on the evaluation system's ability to respond to changes to ensure appropriate data collection, analyses, and reporting.

Evaluation Questions

The evaluation of the Kinship Navigator Program is focused on documenting program implementation, impact on caregivers and children, and changes in the system of services that may influence service delivery and/or relationships between the Kinship Navigator Program and community, regional, and state agencies. As such, the evaluation design includes both process and outcome evaluation components.

Process evaluation documented the program's implementation including tracking referrals, participant demographics, and the types of supports and services offered to families. Process data also described the needs of kin caregivers and their families and the interactions between navigators and state and local partners.

Outcome evaluation examined the extent to which the program impacts caregivers and local and state partners and included a comparison group design. A comparison group of kin caregivers not participating in the Kinship Navigator Program was engaged to examine differences between groups; specifically, the extent to which participants differ from non-participants in their knowledge and access to resources and feelings of overall

---

[7] Patton, Michael Quinn. (1997) *Utilization-Focused Evaluation*. New York, New York, Guilford Press.

support and well-being. The comparison group was identified through KN Task Force member organizations that provide support to kin caregivers.

Five primary questions guided the evaluation:

1. What kinds of supports and services does the Kinship Navigator Program provide to caregivers?
2. How does the Kinship Navigator Program foster partnerships between local and state agencies to increase agency knowledge of the needs of kinship care families and promote better support for caregivers?
3. How does the Kinship Navigator Program coordinate services with local and state level agencies to support kinship families?
4. What impact does the Kinship Navigator Program have on the well-being of caregivers and families? And, to what extent are there differences in the overall well-being of kin caregivers participating in the program compared to kin caregivers not participating in the program?
5. What system level changes are needed to improve service delivery and support to kinship families?

Methodology

Given that the Kinship Navigator Program was in place prior to developing the evaluation plan, a post only design was employed. In order to describe the complexity of this work, qualitative and quantitative data collection methods were employed. Data were collected from Kinship Navigators, program participants, DFCS staff, community partners and advisory committee members. Survey data was also collected from a comparison group of kin caregivers not receiving services through the Kinship Navigator Program. Data collection methods included:

1. Kinship Navigator Caregiver Interviews
2. Kinship Navigator Task Force / Advisory Committee Interviews
3. Community Organization Interviews
4. Kinship Navigator Caregiver Survey
5. DFCS Staff Survey
6. Kinship Caregiver Survey
7. Data Tracking system for client encounters

During FFY20, the evaluation examined process data and short-term, and intermediate outcomes were collected. Program participant data were collected through four standard data collection instruments: (1) Needs Assessment, (2) Referral Form, (3) Intake Form, and (4) Encounter Form. Data collection with the newly developed forms began in January 2020. Fillable PDF forms were utilized during the year as the GaKINDS database was being developed. Evaluators worked closely with KN staff and the Office of Information Technology staff within DFCS to design and pilot all data collection forms, processes, and reporting functions. The new database went live in August 2020, and all existing data from January – August was imported into the new database. All KN staff are now using the new database to manage referrals, collect information on families they serve, and track all family interactions and services provided. Families and organizations continue to be referred through the KN portal located within the DFCS system.

Due to the advent of the COVID-19 pandemic in March 2020, focus groups with caregivers were shifted to phone interviews. Participants were randomly selected from a list of all active Intakes between January 1 and May 30. To capture the variety of experience by caregivers, 20% of formal and 20% of informal cases were selected across each of the 14 DFCS districts. All surveys were completed online and there were no in-person data collection or meetings. Evaluators maintained contact with KN staff through virtual meetings. Staff survey was distributed to DFCS staff who had completed a referral to the KN Program between October 1, 2019 and May 30, 2020; 67 potential respondents. Requests to complete the KN Caregiver Exit Survey was sent to all caregivers who exited the program between October 1, 2019 and June 30, 2020; a minimum of 115 potential respondents. KN Participant Survey was sent to all active participants in the program between January 1, 2020 and June 30, 2020; 223 potential respondents. Comparison group surveys were sent to families not involved in KN Program by Advisory Committee members. Data were not available to confirm the total number of potential respondents for the comparison group survey. See Table 1 for demographic comparison of KN Participant and Caregiver survey respondents. The comparison group and KN participant group were similar with regard to gender and marital status, but differed by race, age, income level, and the number of kin children in the household. In addition, although every effort was made to identify kin caregivers who were not involved in the KN Program, 46.6% of respondents reported they were “currently” involved in the program. Since caregivers were identified through organizations that provide kinship support services, it is likely that they were involved in other programs and not the DFCS KN Program. Since survey data did not ask for names, this is unable to be refuted or verified. Additional comparison descriptors are provided in Appendix C. Data collection completion varied; see Table 2. Due to the low number of participant surveys and the fact that questions were identical, collected data were combined with exit surveys for analyses. The sample plan for caregivers was also limited by the response from potential participants. The final sample across the two interview populations included representation from all but four DFCS regions and accounted for approximately 2% of both formal and informal caregivers. See Appendix C for the geographical distribution of all conducted interviews.

Table 1: KN Participant and Kin Caregiver Demographic Comparison

	Participant (n=59)	Caregiver (n=27)
Gender		
Male	6.8%	0%
Female	93.2%	100%
Race		
White	52.6%	63.0%
American Indian/Alaskan Native	0%	0%
African American	42.1%	29.6%
Asian	1.8%	0%
Hispanic/Latino	0%	0%
Native Hawaiian/Pacific Islander	1.8%	0%
Other	1.8%	7.4%
Marital Status		
Married	39.0%	33.3%
Widowed	6.8%	18.5%
Single	30.5%	29.6%
Domestic Partner	1.7%	3.7%
Divorced/Separated	22.0%	14.8%
Age		
Less than 55	66.1%	7.4%
55-64	27.1%	44.4%
65-74	5.1%	40.7%
75+	1.7%	7.4%

	Participant (n=59)	Caregiver (n=27)
Household Annual Income		
$9,999 or less	16.9%	3.7%
$10,000-$19,999	22.0%	29.6%
$20,000-$29,999	11.9%	18.5%
$30,000-$39,999	10.2%	7.4%
$40,000-$49,999	11.0%	14.8%
$50,000 or more	11.9%	0%
Prefer not to disclose	15.3%	25.9%
How many relative children are you caring for?		
1-2	55.4%	76.9%
3-4	41.1%	15.4%
5+	3.6%	7.7%

Table 2: FFY20 Data Collection

Data Source	Number
Kinship Navigator Program Participant Interviews	19
Kinship Navigator Community Organization Partner Interviews	22
Kinship Navigator Advisory Committee Member Interviews	4
DFCS Kinship Continuum Staff Survey	14
Kinship Navigator Program Participant Exit Survey	55
Kinship Navigator Program Participant Survey	4
Kin Caregiver Survey – Comparison Group	27

This report summarizes findings across all data sources collected from January 4 to September 30, 2020. Findings are organized by the five primary evaluation questions as described in the KN Evaluation Plan. Data sources are noted for each evaluation question. Survey findings in tables are rank ordered by means. The number of respondents for each survey is provided in all tables. All percentages presented are valid percentages; meaning missing data are excluded from the calculation. While key findings are included in the body of the report, Appendix C includes additional data tables. Appendix D includes survey and interview data collection protocols. Further analyses are available upon request. These findings are presented to inform KN Program improvements and provide recommendations for programmatic and systems changes that will increase support to kin caregivers.

Results

Supports and Services

Evaluation Question: What kinds of supports and services does the Kinship Navigator Program provide to caregivers? (GaKINDS database, Advisory Committee Interview, Community Organization Interview, KN Participant Interview)

Family Descriptors

Since January 2020, 301 families have completed an Intake form. These 301 families entered the program from 907 Referrals received from across the state with 58% from just three regions: Region 14 with 29.4%, Region 6, 18%, and Region 13 with 9.1%. Close to half (49.6%) of referrals came from three counties, Fulton (25.2%), Bibb (15.8%), and Paulding (8.6%). More than a third of referrals were made by DFCS (35.6%) and self or other individual referrals accounted for 16.4%. "Other" sources including referrals from community organizations serving kin caregivers accounted for 42.8% of referrals.

Families who entered the KN Program lived in 78 counties, 49% of the counties in Georgia. The largest proportion of families live in DFCS Region 14 (25.6%), followed by Region 1, (13.3%) and Region 11 (10%.) These three regions account for approximately half (48.8%) of the families served during this period. Each of the other regions account for less than 10% of Intakes. Fulton County accounts for the largest percentage (23.9%) with all other counties except for Cherokee serving fewer than 10 Intakes. Significantly more caregivers were single (51.0%) than married (32.9%), and the vast majority were the child(ren)'s grandparent (57.1%); see Figure 3. A third of households consisted of two adults (33.6%) and 25.9% consisted of only one adult. The vast majority of household (91.1%) were caring for one or two children, and 82.4% were involved with DFCS; see Figure 4. Due in part to changes in data collection forms, race and ethnicity were missing for close to half of all Intakes. Of those with data, 51% were White and 47% were African American. Additional descriptors for caregivers and households are provided in Appendix C. In addition to the 301 families who were enrolled in the program, 699 caregivers received information and referral services only. Family descriptors are not collected for those receiving information and referral services only.

Figure 3: Caregiver Relationship to Child (n=301)

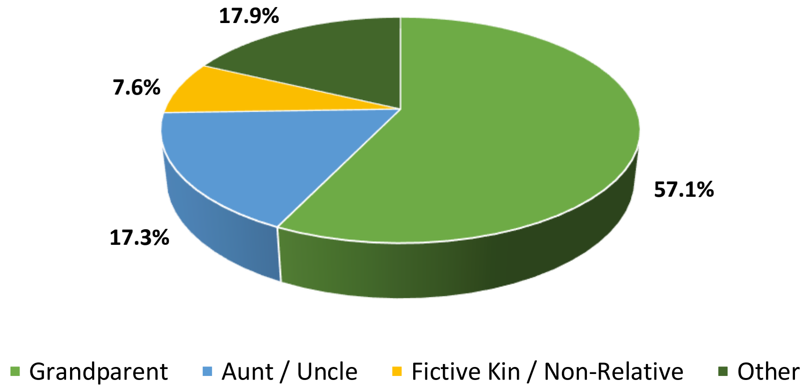
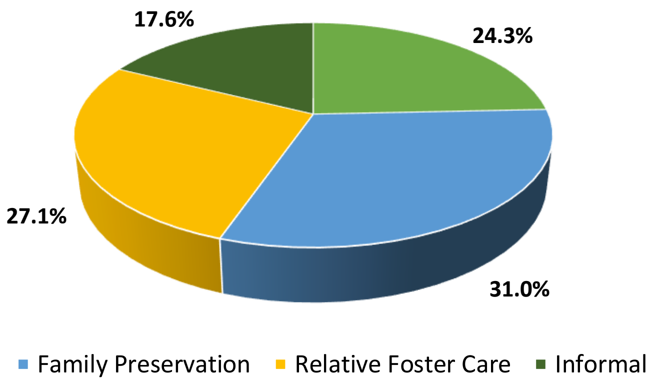


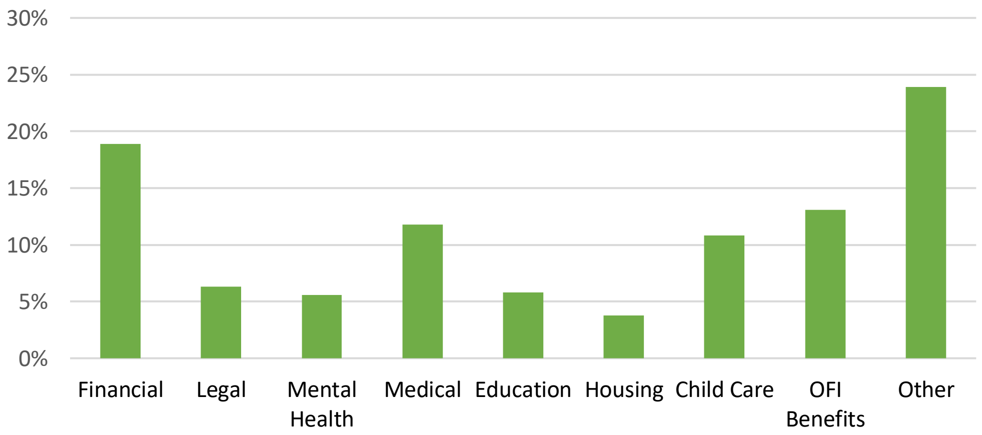
Figure 4: Intakes by Case Type (n=210)



Family Needs

Referring agencies and individuals are asked to identify the reason for the referral defined by nine categories: financial, legal, mental health, education, childcare, medical, housing, other, and OFI benefits. Of the 907 referrals received during this time period, financial was identified by 18.9% and medical by 11.8%, see Figure 5. Of note, OFI was identified as a separate category on the Referral form but is included as a subcategory within the Needs Assessment and Encounter forms' financial need area. The "other" reasons for referral were primarily basic needs including clothing, beds, diapers, food, health insurance, and general financial support.

Figure 5: Reason for Referral



> *"Finances have been hard. They give you the child but no money to help to care for her."*

Advisory committee members, community organizations, and kin caregivers were asked to describe the needs of kin caregiver families. Several caregivers shared they need a variety of supports. "*Everything, clothing, food, counseling, financial. The whole gamut. I had to quit my job because I couldn't get any help with my grandkids. I have a master's degree. They threw these kids on me with no help. I was told that if I would have let them go into* *the system, I could get help. I had to file for food stamps—it took a long time and I had to do it on my own*." Four primary areas of needs were identified across data sources: (1) basic needs including clothing, (2) childcare, (3) legal support, and (4) financial support. The ranking of these needs differed by respondent group, but all were mentioned across respondent groups as critical needs. Kin caregivers themselves most often mentioned clothing (58% of respondents), legal support, financial and health insurance (47%), food access and childcare (42%). Interviews were conducted in the midst of the COVID-19 pandemic, so access to services normally provided in person, including school and medical care were of great concern. "*Medicaid for kids has been a big help. We are really taking advantage of telehealth appointments with their doctor and their counselor – that has been a big help being able to have telehealth mental health instead of waiting for office to be open*."

For many respondents, legal and financial needs were highly ranked as those that the Kinship Navigator Program may be best suited to address. While many community organizations may be able to help with basic needs, the KN Program has the partners and expertise to assist families with the more technical needs related to guardianship, child support, and financial support for childcare. "*Legal, legal, legal and then legal. We are very fortunate with our program to have attorneys over the year – we've helped over 300 grandparents adopt or get custody of children at this point. It's a huge piece because of so many things they cannot get access to, cannot do, cannot stop unless they have legal custody*." While several advisory committee members mentioned that they were not aware of all of the services provided by the Kinship Navigator Program, there was consensus that legal support and access to resources were vital to work in their respective organizations and were key components of the Kinship Navigator Program. They shared that many caregivers do not have legal custody and as a result have difficulty enrolling children in school and accessing financial and medical resources. For example, as one advisory committee member shared, "*so many parents are getting cash, food stamps, and housing and not forwarding any benefits to grandparents – and there is nothing grandparents can do. Most simply don't have access to courts – they often require you have an attorney and grandparents can't afford an attorney and filing fees. It can cost thousands of dollars just to get custody".* Another shared that some organizations have stipends available to pay lawyers to help with custody, but the resource is limited and not widely available to caregivers. The ability to connect kin caregivers to Legal Aid is an important component of the program and addresses a critical need, however, additional resources are needed. Legal Aid attorneys have large caseloads and the time to resolve custody issues can be extensive. This often leads to delays in resolving caregiver custody issues.

> *"If people could just reach out to lawyers in their areas and work out partnership with courts – I think it could happen in any region – work as guardian ad litem for child."*

> *"Legal is a huge piece because of so many things they cannot get access to, cannot do, cannot stop unless they have legal custody."*

The ability to connect kin caregivers to resources was identified as an important component of the Kinship Navigator Program by several respondent groups. Specifically, Advisory Committee members mentioned that the ability of navigators to act as a liaison between families and local support services, and link families to services based on their specific needs is a core component of the program. As one member stated, " *While I'm not sure about the specifics of how it works, I think the direct supports to caregivers and helping them find the resources to meet their needs is most important."* Access to resources included not only tangible goods such as food, clothing, and furniture, but also connection to support resources like Grandparent or Caregiver Support Groups. Advisory Committee members pointed out that the care and connections made in

> *"They're the chief point of contact for Kinship families when they contact DFCS to help with those crises. They provide access to services in all regions of Georgia."*

support groups help caregivers by providing a safe place for them to share their experiences and realize that "*they are not alone*".

Community organizations felt the most important components of the KN Program are those related to coordinating, identifying, and sharing resources with kinship families (64% of respondents); *"helping [kinship families] find resources that are available in the community, sharing information with them about the resources, but also looking for new resources for that population."* In addition, helping families navigate the system of services was mentioned by 55% of respondents; *"The Kinship caseworkers help these families to navigate through the system, they help with pediatricians, and healthcare specialists, and ensure [the children] are back in school."* Caregivers also mentioned system navigation as a primary need and core support from the Navigators. Other less frequently mentioned needs included, emotional support, mental health support for children, housing, transportation, and holiday support. Needs identified by DFCS kinship continuum staff aligned with those mentioned through interviews; see Table 3. Financial and childcare needs were the most frequently mentioned followed by educational supports for children and legal supports. Those less frequently mentioned included mental health and medical care for the caregivers.

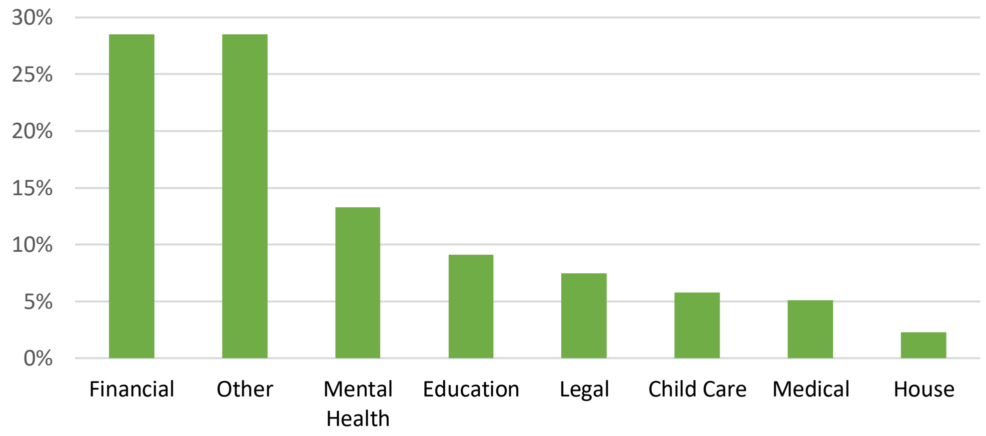
> *"I think for the kinship caregivers just to know there is someone out there that they can reach out to is monumental for a lot of them."*

Table 3: Kin Caregiver Family Needs Identified by DFCS Kinship Continuum Staff (n=14)

Please rate the following needs for kincare families…	**Percentage with Greatest Need**	**Mean**
Financial	78.6%	4.4
Childcare	85.7%	4.4
Educational supports for child(ren)	64.3%	4.2
Legal	64.3%	4.0
Medical care for child(ren)	71.4%	3.9
Basic needs (clothing, furniture, etc.)	57.1%	3.9
Mental health for child(ren)	50.0%	3.9
Educational supports for caregiver(s)	57.1%	3.8
Housing	57.1%	3.6
Medical care for caregiver(s)	28.6%	3.3
Mental health for caregiver(s)	28.6%	3.1

Data from the Needs Assessments completed by DFCS referring staff and Navigators mostly echoed needs identified through referrals, interviews, and surveys. Of 348 completed Needs Assessments between January and September of 2020, the top four need areas were financial (28.5%), "other needs" such as clothing, nutrition, and baby items (28.5%), mental health (13.3%), and education (9.1%). While legal support was mentioned frequently in surveys and interviews as a critical key need for kin caregivers, Needs Assessment data identified legal support in only 7.5% of cases; see Figure 6.

Figure 6: Need Areas Identified in Needs Assessments (n=348)



The Needs Assessment provides a ranking of the level of need identified on a scale of 1 – 5 with 1 =" none" and 5 =" urgent". Of those categorized as high or urgent, over 75% were related to three areas: financial (30.2%), mental health (23.5%), and other (e.g., clothing, nutrition, furniture, support group – 22.8%). Those areas that were most likely to be identified as low and moderate need were housing, and education; see Table 4.

Table 4: Needs Assessment Areas by Severity of Need (n=348)

Need Area	Low and Moderate (2 + 3)	High and Urgent (4 + 5)
Financial	28.1%	30.2%
Mental Health	11.3%	23.5%
Other	29.6%	22.8%
Legal	6.2%	14.1%
Childcare	5.8%	6.0%
Medical	5.5%	2.7%
Housing	2.6%	0.7%
Education	10.9%	0%

Each of the eight need categories has subcategories that provide additional detail; see Table 5. Those subcategories most frequently identified included, clothing (12.1%), OFI benefits (15.9%), and guardianship (3.4%). Data collection regarding subcategories was extremely scarce due to limitations of data collection. Needs by subcategory were indicated for 23 of the possible 43 areas. Although not complete, those most frequently identified were in alignment with interview data, namely OFI benefits, guardianship, and clothing.

Table 5: Need Area Subcategories

Need Category	Sub-Categories
Financial	Emergency Financial Support, SSI/Survivorship/Disability, OFI Benefits, Budgeting, Other
Legal	Custody, Guardianship, Adoption, Child Support, Other
Mental Health	Behavioral Issues, Stress Relief, Grief and Loss, Anger Management, Conflict Resolution, Family Counseling, Individual Counseling, Domestic Violence, Trauma, Other
Medical	Medical Care, Specialized Services, Other
Education	School Enrollment, Tutoring, Mentoring, IEP, College (financial aid), Other
Housing	Rent, Utility Assistance, Housing Options, Other
Childcare	Childcare/After School Care, Parenting Support, Summer Camp, Child Development, Home Safety/Childproofing, Other
Other	Respite, Role Definition/Kin Caregiver, Child Extracurricular, Support Group, Employment Resources, Clothing, Baby Items, Furniture, Transportation, Hygiene Products, Nutrition (WIC, Food bank), Other

Supports and Services Provided

From January 1 – September 30, 2020, the 301 families who entered the program were engaged in 611 encounters during this time period. These encounters could be provided in person, via emails, phone calls, or virtual contacts. Due to the advent of the COVID-19 pandemic in March 2020, Navigators were limited to phone, email, or virtual meetings for most of the time covered in this report. In fact, 88% of encounters were phone contacts; see Appendix C for all contact types.

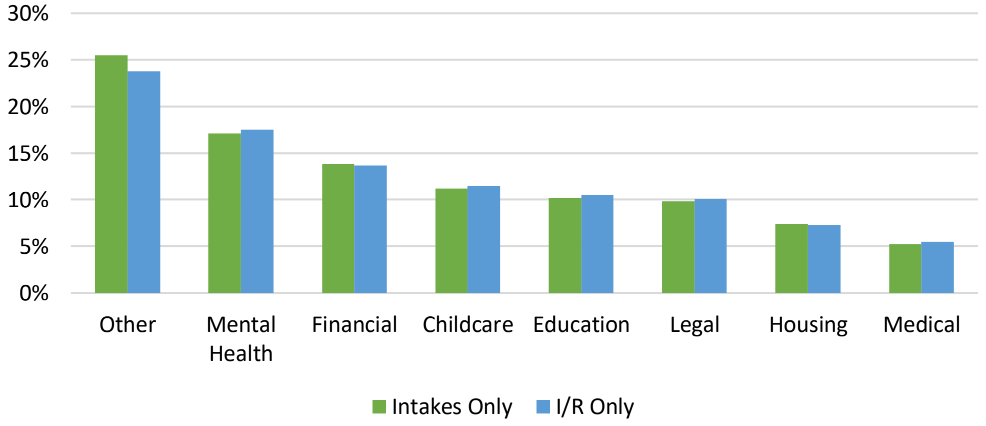
> *“She (Navigator) did a good and thorough job. She is so helpful—I was getting nowhere with the case manager and she was immediately able to tell me what I need to know. That should be the standard across the board. Her frankness and openness go a long way too. I appreciated how she communicated.”*

During these encounters, Navigators were working to provide information, referrals, and other supportive services to families. The vast majority of families received only one encounter during the time period. On average, enrolled caregivers are engaged 1.5 times, with a maximum of nine encounters reported for one caregiver. Caregivers with encounters specified as information and referral only are engaged less frequently, with an average of 1.1 encounters. Each support provided for a need area is categorized as information, referral, direct service, or other. The vast majority of supports provided were categorized as information or referral. Direct service was the least frequently provided and usually related to assisting with financial needs or basic needs. For example, Navigators provided help to caregivers to complete applications for services such as TANF or CAPS, delivered basic needs such as diapers or clothing, or least frequently accompanied caregiver to assist with a specific service.

Multiple need areas are often addressed in an encounter. Figure 7 below shows the comparison of Encounter areas addressed with Intake families and those addressed with families receiving an information and referral (I/R) Encounter only. It is not surprising to find that needs do not differ greatly by the service category. Those families who reach out to Navigators for assistance have the same needs as those who enter the program through an Intake and engage in more frequent encounters. Analyses of all encounters regardless of Intake status found the most frequently addressed areas were "other", including clothing and other basic needs (24.2%), mental health (17.6%) and financial (13.3%). Within each need area there are multiple specific needs aligned with the subcategories defined within the Needs Assessment that may be addressed during an encounter. As with Needs Assessment data, there was limited data collection by subcategory. Even with this limitation, data from Encounter forms found that information, referrals, and direct support were provided most often to address the same areas of need identified through interviews and survey data with guardianship, OFI benefits, clothing, and childcare being the most frequently provided. On average, families with an Intake Encounter were assisted with 3.4 need areas compared to those with I/R only with only 1.9 need areas. These data indicate that those families who were referred and entered the KN Program have a greater intensity of need than the I/R only families.

> *"Thank you so much for the program I know it's a big benefit for the grandparents and not just them but for the children too!"*

Figure 7: Need Areas Met in Encounters – Intakes and Information and Referral Only



The KN Program is designed to provide supports to families and to equip caregivers with the information and experience needed to address their families' future needs. Data during this time period found most families spend an average of one month in the program. Close to 200 families were identified as receiving a last visit during these nine months with an average enrollment time of 24.6 days and a maximum of 257 days. These data may well represent an underestimate of the length of time since Intake data for those who entered prior to January 1, 2020 are not available.

In summary, supports and services provided to families is documented primarily through the Encounter forms. Surveys and interviews also provided data regarding KN supports and services. Analyses across data sources reveal that families have a variety of needs with the highest need areas being financial, including OFI benefits, legal support, mental health, and “other”, primarily related to meeting basic needs. An examination of Encounter data shows that the areas of basic needs, mental health and financial are those most often provided by the Navigators – and this is true with both Intake families and I/R only families. Families who enter the KN Program have higher needs and receive more frequent contacts than I/R only families.

Fostering Partnerships

Evaluation Question: How does the Kinship Navigator Program foster partnerships between local and state agencies to increase agency knowledge of the needs of kinship care families and promote better support for caregivers? (Advisory Committee Interview, Community Organization Interview)

To examine the partnership between the program and local and state agencies, interviews were conducted with advisory committee members and community organizations that work with Kinship Navigators. Each group was asked how the Kinship Navigators work with other DFCS staff to address the advocacy and care coordination needs of caregivers. Generally, advisory committee members agreed that they had little knowledge about the relationship between the Kinship Navigator Program and other DFCS staff and the extent to which they work together. The most common reply was *“I don’t know.”* Others felt that little coordination exists and that the navigators and staff from other DFCS sections work in silos. One advisory committee member talked specifically about her experience with a particular Navigator, commenting on how effective she is in advocating for families and coordinating resources. While many community organization representatives could not answer this question, an equal number of respondents reported that the program connects agencies with DFCS staff and helps kin caregivers’ access DFCS-related benefits. For example, one respondent noted, *“I know that [the Kinship Navigator] has reached out to people in her office who handle Medicaid and food stamps looking for answers or to get a question answered for a caregiver. She is great about that.”*

> *“I think they work hand to hand with other DFCS departments to help the families.”*

Advisory committee members and community organization representatives were also asked how the Kinship Navigator Program works with other community organizations to coordinate services to kin caregivers. Among advisory committee members, there was variation in responses to this question. While several shared that they do not know how the Navigator’s interface with local community organizations, others shared that there are ineffective communication practices between the navigators and organizations. Some noted extensive delays in receiving return phone calls and confusion about whether calling navigators directly or going through the portal was the appropriate way to communicate with staff. For example, one shared that “there *were delays and difficulty reaching the Kinship Navigators. That’s the only real hitch—it’s the communication between my coordinators and the Navigators; there are some barriers there”*. Another shared that a change in communication practices impacted the relationship between organizations and navigators. For example, “*when DFCS went to the single entry point of service, organizations were sometimes connected to Navigators outside their area who didn’t know the community resources as well as the Navigators they already had a relationship within their area”* which led to frustration. That relationship between organizations and Navigators serving their local community was described as critical to working together. For example, advisory committee members articulated the importance of the relationship between the Navigators and community partners. One said, “*I know that our coordinators,*

> *“All we wanted from DFCS is help with those things that we don’t have access to the system.”*

depending on the region, often have a pretty tight relationship with the Kinship Navigators." This relationship is the cornerstone of collaboration that can support families in their communities.

Community organization respondents described how the KN Program works with other community organizations to coordinate support for kin caregivers. Most mentioned that the Navigator attends Family Connection or other community meetings and coordinates resources. For example, one interviewee noted, "*For us, [the Kinship Navigator] works with the food bank, Clothes Closet, churches, and Family Connection. She has a lot of great community contacts and resources."* Others also mentioned that the navigators are engaged with their organizations by making referrals, facilitating holiday events, and providing education.

Lastly, both groups were asked to share how well known the Kinship Navigator Program is in their communities. One major theme emerged when this question was posed to advisory committee members. All interviewees acknowledged that the Kinship Navigator Program is not well known in their communities. This is particularly true in areas where there is not currently a Navigator. As one advisory committee member said, "*it's virtually non-existent here.*" Others shared that the program may exist but is not known by its name. For example, one said, "*I never heard it called that – I've heard Grandparents Raising Grandchildren through FC and a friend at council on aging. But I'm not sure people are aware of Navigators."*

"Kinship Navigator Program did a couple of billboards in 2018 with a number to call – but I don't know how much that was used. I reach out to my families – and I think if we had a permanent navigator that would change."

Similarly, over half of the community organization interview respondents also believed the KN Program was not well known in the communities they serve. Approximately one-quarter of those interviewed thought the program was well known in their communities. Others suggested that community awareness of the program needed improvement or had recently increased.

Overall, these data show that advisory committee members and local community partners lack knowledge about how the Kinship Navigator Program works with local and state partners to coordinate services for families. One of the key challenges mentioned was the lack of communication and coordination between Navigators and DFCS staff and confusion about changes in communication between local organizations and Navigators due to the switch to the single point of entry system. Respondents described the key to coordinated services as "*good relationships*" between Navigators and organizations. In communities where these relationships exist, tangible examples of how Navigators work with partners to support families were easily provided. Advisory committee members and local partners also believed there is a lack of community awareness about the program. Even in communities where navigators are present, community members may not associate their support with the program. Efforts to increase community knowledge about the program and address communication barriers would improve the coordination of services and supports to families.

Service Coordination

Evaluation Question: How does the Kinship Navigator Program coordinate services with local and state-level agencies to support kinship families?

(Advisory Committee Interview, Community Organization Interview, KN Participant Interview, KN Participant and Caregiver Comparison group Surveys)

A primary purpose of the Kinship Navigator Program is to assist families as they work through the system of services available to both "formal" kin caregiver families and "informal" families. "Formal" kin caregiver families are those families who are caring for kin children who were or are currently involved with the DFCS child safety system. "Informal" kin caregivers are those who are caring for kin children who were not placed due to involvement with DFCS. KN caregiver interviews were conducted with both formal and informal caregivers. The majority of interview participants (58%) were informal kin caregivers.

Two short-term indicators of interest related to this evaluation question are: (1) decreased length of time for families to access needed services, and (2) increase turnaround time of benefits approval. KN participants often mentioned that Navigators provided assistance with accessing services that helped to decrease the length of time to receive the service and/or the research required to locate the service. The most frequently mentioned services were support groups and housing. "*We were having meetings at the senior center and it was SO beneficial to see other grandparents going through this – grown kids not visiting their children – we were the youngest grandparents in that group – but it was a huge blessing to be with others in the same situation and have them to talk through – it let you know we were not the only ones*." The support provided by family and friends was also mentioned by several interviewees who added that this personal support saved them from needing more support from the "*system*". Less frequently mentioned were assistance with childcare, legal aid, and health insurance. There was little evidence that support from Navigators assisted with decreasing the approval time of benefits through DFCS. "*The (KN) worker helped; it was the case manager that messed me up*." Although there was little evidence that KN involvement sped up benefit approval, there was evidence that the program helped kin caregivers obtain needed legal status to help their kincare children. "*My son left them here in January and left. When he came back he wanted to take them to a real unsafe situation and we told him no – he was angry – so we went to court and filed for temporary guardianship and we received them temporary and now father has to legitimize them and mother abandoned them. So now we have permanent guardianship. No case manager. Only KN who works with DFCS*."

> "*I have filled complaints against the system. This has been going on for like 2 years. I am in therapy now because of this. I always have to go above the worker to the state and file complaints*."

In addition to findings from the kin caregiver interviews, advisory committee members and community organizations were asked about how KN coordinates services with other organizations to support kincare families. As mentioned earlier, most advisory committee members had little to no knowledge regarding how KN coordinates services with other organizations. Community organization respondents mentioned that the Navigator attends Family Connection or other community meetings (36%) and coordinates resources (36%). Others mentioned making referrals, facilitating holiday events, and providing parenting education.

Analyses regarding service coordination with local and state-level agencies found equivocal results. Many caregivers interviewed mentioned various supports provided by the KN Program. However, there was less evidence that the KN Program helped decrease the time for benefit approval in DFCS or was able to efficiently help families manage cross-agency or organization requirements. There was evidence that KN assisted with connecting caregivers to help with legal status of kin children. KN advisory committee members and organizational partners had little knowledge of KN coordinating services across agencies. Several community organizations mentioned alignment with local Family Connection Collaboratives and coordination of resource distribution to kincare families.

Program Impact

Evaluation Question: What impact does the Kinship Navigator Program have on the well-being of caregivers and families? And, to what extent are there differences in the overall well-being of kin caregivers participating in the program compared to kin caregivers not participating in the program?

(GaKINDS database, Advisory Committee Interview, Community Organization Interview, KN Participant Interview, KN Participant and Caregiver Comparison group Surveys)

During the interviews, advisory committee members and community organizations representatives were asked how well the supports offered by the Kinship Navigator Program align with the needs of families. The results were mixed. Many advisory committee members reported they had inadequate knowledge about the program and therefore were unable to assess how well the program meets caregiver needs. As one member put it, "*I don't think I can answer that because I'm not aware of specific supports. I just don't know what all they cover."* Others attributed their lack of knowledge to their minimal contact with program staff. As an advisory committee member pointed out, "*I have very little direct contact with the Navigators."*

> *"I think the mission is good – I just haven't had much experience with them. We need a Navigator here – most of our needs are around applications for TANF, childcare and food stamps. It's hard to find someone to call and find out what the status is."*

Another theme that emerged was that many caregivers refuse to engage with the program because of its DFCS affiliation. Their previous experience with other DFCS units and an overall fear of being involved with the agency often prevented caregivers from engaging with the Kinship Navigator Program. For example, one interviewee shared, "*my families refuse to participate in anything that has to do with DFCS; they would rather go with faith-based or grass roots organizations."* Another shared that "*grandparents don't go to DFCS because of fear that they will take the children because they don't have their own bedroom."* Despite these acknowledgements, advisory committee members reported that families need the Kinship Navigator Program's support. Most cited that caregivers need help navigating the system, especially to access financial and medical resources.

When community organization representatives were asked what supports were needed but not offered by the KN program, more than one-third of the respondents did not know or said no additional services were needed. Among those that did identify additional supports needed, the most frequently mentioned supports were the need for additional or more accessible program staff, childcare assistance, financial assistance, legal assistance and services for children with disabilities. Both groups were also asked what they viewed as the key outcomes of the Kinship Navigator Program. Despite reporting a lack of knowledge about the program components, both sets of respondents agreed that increased knowledge about community resources, increased access to resources and support, and improved family stability were all key outcomes of the program.

> *"From what I understand, they need more staff…it's not unusual for them to be out after hours doing something for the families because there's nobody to do it during the day." "I do think they need more navigators… to be more hands-on and be available to [the grandparents] from the onset."*

Advisory Committee members reported that the Kinship Navigator Program provides partners increased knowledge of community resources. By understanding needs and providing information about available resources in the community, caregivers are made more aware of available supports. Others reported that by directly linking families to needed resources, the program increased caregiver access and use of resources and support. For example, as one advisory committee member stated, "*the kinship families receive help with services including access to legal resources to help with their status as caregivers and at all other stages.*"

"They help parents navigate the system, provide access to services and make sure that crises are taken care of for parents that are in a difficult situation. They make sure that the children are ok."

According to more than two-thirds of the community organization respondents, the KN Program's key outcomes are providing support, information, or resources to kin caregivers. Examples of their comments include, "*they have definitely been able to connect my kinship families with the resources a little bit better,*" and "*families are being connected to services that they are truly in need of.*" Others described the key program outcomes as reunification, advocacy and providing support to caregivers. For example, one respondent said," Consistency *in families and relationships. The children know that they are with family, and that will help them navigate through their lives a little bit better than if they were not with their families.*" Others shared that having a single point of contact and someone who is the voice of caregivers is an important outcome. As one community organization representative shared, "*the most important thing they do is make sure that kin caregivers have a voice and a have a person that they can go to*." Finally, the importance of having a support system was highlighted as a key outcome. Specifically, community organizations shared that connecting caregivers with others in similar circumstances is an important outcome of the program. For example, "*We help them connect. I think that is a big thing; it helps them talk to other people who are in their shoes*."

"The program] keeps children in a familiar setting with familiar people and provides the resources that they need to get better and have a normal life."

Survey data were also collected from Kinship Navigator Program participants and a comparison group of kin caregivers that are not involved in the program. The purpose of the survey was to assess caregiver knowledge, access, and satisfaction with available resources and, caregiver's self-efficacy. Where applicable, comparisons are made between Kinship Navigator Program participants and non-program participant kin caregivers.

First, kin caregivers and a sample of kin caregivers who were not involved in KN services were asked about their knowledge of and use of several specific service types; see Table 6 for those who responded "yes". KN participants were asked if they became aware of the service through KN while caregivers were asked if they are aware of the service. As shown, survey data revealed that the comparison group often reported greater awareness of services than those in KN participant group who learned about the service through KN. For example, 73% of caregivers were aware of recreational activities compared to 34% of KN participants; 85% were aware of food and nutrition services compared to 60% of participants; 79% were aware of mental health services compared to 44% of participants, and 56% were aware of housing resources compared to 26% of participants. Both groups were equally aware of medical services. Although KN participants reported less awareness of services, they also report greater use of several services, including housing with 21% compared to 12%, childcare with 33% compared to 15% and medical services with 49% compared to 28%. These data reveal that although KN participants may not learn about services through KN involvement, they do appear to utilize services at a higher rate than not involved caregivers.

Table 6: Kin Caregivers Awareness and Use of Services

Services	Aware of service?		Access this service?	
	KN Participant	Caregiver	KN Participant	Caregiver
Legal Assistance	51.0%	66.7%	33.3%	36.8%
Financial Assistance	52.1%	61.5%	35.6%	36.8%
Housing Resources	26.1%	56.0%	21.4%	11.8%
Mental/Behavioral Health Services	43.5%	79.2%	23.8%	28.6%
Food and Nutrition Services	60.4%	84.6%	42.6%	50.0%
Child Care Services	63.3%	54.2%	33.3%	15.0%
Physical Health Care/Medical Services	62.0%	62.5%	48.9%	27.8%
School/Educational Resources	46.9%	73.1%	41.5%	33.3%
Leisure/Recreational Resources	34.0%	73.1%	19.5%	36.8%

Program participants and the comparison group of kin caregivers were asked to rate their satisfaction, using a 5-point Likert scale, with the services they accessed to address their child and family needs. Results, shown in Table 7, were mixed. In several instances, KN Program participants reported higher satisfaction when compared to other caregivers. For example, 69% of program participants were “very satisfied” with the childcare services compared to 33% of caregivers. Likewise, 62% of KN Program participants reported that they were very satisfied with the housing resources compared to 50% of caregivers. Conversely, 100% of caregivers had greater satisfaction with mental and behavioral health services compared to 60% of program participants. Likewise, 100% of caregivers were satisfied with food and nutrition services compared to 82% of program participants. The majority of respondents in both groups reported high levels of satisfaction with recreational resources (100%), school/educational resources (93% of program participants, 100% of caregivers) and physical health and medical care services (90.5% of program participants and 100% of caregivers).

Table 7: KN Participant and Comparison Group Satisfaction with Services

Services	Were you satisfied with the service?					
	Very Satisfied		A little Satisfied		Not Satisfied	
	Participant	Caregiver	Participant	Caregiver	Participant	Caregiver
Legal Assistance	64.7%	60.0%	23.5%	20.0%	11.8%	20.0%
Financial Assistance	75.0%	83.3%	12.5%	16.7%	12.5%	0%
Housing Resources	62.5%	50.0%	12.5%	50.0%	25.0%	0%
Mental/Behavioral Health Services	60.0%	100%	40.0%	0%	0%	0%
Food and Nutrition Services	82.4%	100%	11.8%	0%	5.9%	0%
Child Care Services	69.2%	33.3%	15.4%	33.3%	15.4%	33.3%
Physical Health Care/Medical Services	90.5%	100%	9.5%	0%	0%	0%
School/Educational Resources	92.9%	100%	0%	0%	7.1%	0%
Leisure/Recreational Resources	100%	100%	0%	0%	0%	0%

Program participants were asked to rate, using a 5-point Likert scale, the extent to which they agreed with a series of questions about their self-efficacy and well-being since becoming involved with the program. The highest rated items were caregiver's ability to continue raising the relative child in their care. For this item, 88% of caregivers either agreed or strongly agreed with this statement (m=4.4). In addition, 86% agreed that they would recommend the Kinship Navigator Program to others in the same situation (m=4.3); 73% agreed that they plan to continue to participate in kinship care activities (m=4.1) and; 71% agreed that they are better able to cope with caring for their relative children since being involved with the Kinship Navigator Program (m=3.9). When asked whether they trust DFCS now more since becoming involved with the Kinship Navigator Program, 54% agreed and 46% were either unsure or disagreed with the statement; see Table 8.

Table 8: KN Participant Assessment of Self Efficacy

Since being involved with the Kinship Navigator Program…	**Strongly Agree and Agree (5 + 4)**	**Undecided/Not Sure and Disagree and Strongly Disagree (3 + 2 + 1)**	**Mean**
I feel that I am better able to cope with caring for the relative children I am raising.	70.7%	29.3%	3.9
I feel less stressed out or overwhelmed.	59.6%	40.4%	3.6
I feel less isolated.	66.1%	33.9%	3.7
I feel more supported.	63.8%	36.2%	3.7
I am enjoying life more now.	56.1%	43.9%	3.5
I think that I will be able to continue raising the relative child(ren) in my care.	87.7%	12.3%	4.4
I plan to continue to participate in Kinship Care activities.	73.7%	26.3%	4.1
I feel as if my overall health and sense of well-being have improved.	58.9%	41.1%	3.6
I would recommend the Kinship Navigator Program to others who are in the same situation.	85.7%	14.3%	4.3
I trust DFCS more now than I did before I became involved with the Kinship Navigator Program.	53.6%	46.4%	3.5

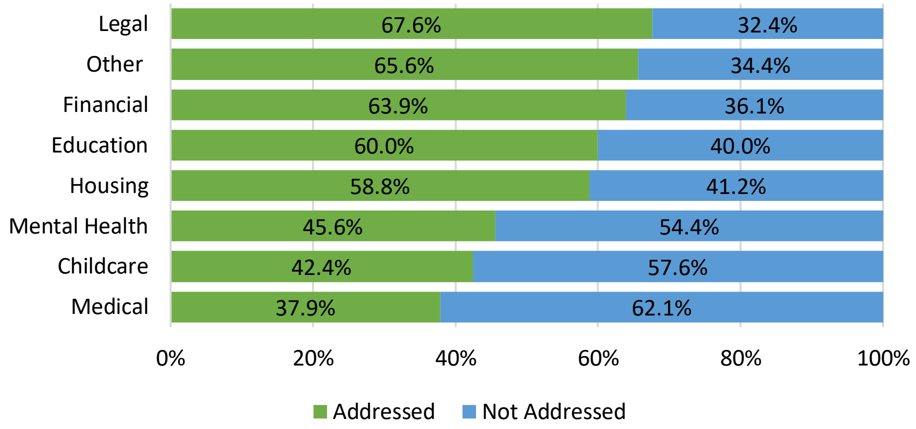
Program participants and other kin caregivers were also asked to rate, using a 5-point Likert scale, a series of statements about their ability to address child-rearing and other issues that may arise while they are kin caregivers; see Table 9. There were slight differences in the responses between KN Program participants and the comparison group of caregivers. For example, the majority of respondents (93% of KN participants and 89% of caregivers) reported that they feel confident in their ability to help their relative child grow and develop (m=4.6). Likewise, 91% KN participants and 89% of caregivers felt that they know what to do when there are problems with their relative child (m=4.4). The biggest disparity between the two groups was for the item "I am a part of a network of kin caregivers that is helpful to me". For this question, 62% of program participants reported that this was mostly or very true compared to 89% of caregivers (m=3.5 compared to m=4.6). This difference may reflect that non-program participants are more engaged in support groups or other agencies that reflect a "network of kin caregivers."

Table 9: KN Participant and Caregiver Comparison Group – Self Assessment of Problem-Solving Skills

Which response best describes how each statement applies to you?	Very + Mostly True (5 + 4)		Somewhat True + Mostly + Not at All True (3 + 2 + 1)		Mean	
	Participant	Caregiver	Participant	Caregiver	Participant	Caregiver
When problems arise with my relative child, I handle them pretty well.	89.3%	77.8%	10.7%	22.2%	4.4	4.3
I feel confident in my ability to help my relative child grow and develop.	92.7%	88.9%	7.3%	11.1%	4.6	4.6
I know what to do when there are problems with my relative child	91.1%	88.9%	8.9%	11.1%	4.4	4.4
I am able to get information to help me better understand my relative child	75.0%	88.9%	25.0%	11.1%	4.2	4.3
I know how to find services for my relative child or my family	66.1%	66.7%	33.9%	33.3%	3.9	4.0
I am able to access services more quickly to help with my relative child or my family,	67.9%	77.8%	32.1%	22.2%	3.9	4.1
When I need help with problems with my relative child, I am able to ask for help from others.	73.2%	77.8%	26.8%	22.2%	4.1	4.1
When necessary, I will look for services for my relative child and family.	89.3%	92.6%	10.7%	7.4%	4.4	4.6
I am a part of a network of kin caregivers that is helpful to me.	61.8%	88.9%	38.2%	11.1%	3.5	4.6

Finally, Needs Assessment data for KN participants were matched with their Encounters to compare the needs identified to needs addressed. This matched analysis found that overall, the majority of needs identified through the Needs Assessment (58.7%) were addressed during encounters with caregivers, although this varied by the need area identified; see Figure 8. There was greater success in addressing needs in legal services (67.6%), “other” (65.6%), financial (63.9%), education (60%), and housing (58.8%) domains than in mental health (45.6%), childcare (42.4%), or medical (37.9%). The lack of services and supports for specific need areas are likely due primarily to lack of available resources in the area. As described earlier, the majority of families received only one encounter during the time period. On average, enrolled caregivers are engaged 1.5 times, with a maximum of nine encounters reported for one caregiver. Caregivers with encounters specified as information and referral only are engaged less frequently, with an average of 1.1 encounters.

Figure 8: Needs Identified through Needs Assessment and Addressed during Encounters



The data on program impact show mixed results. Advisory committee members had little knowledge about program impact due to their limited contact with program staff. Both advisory committee members and community partners shared that some kin caregivers refused to engage with the program due to their perception of or previous experience being engaged with DFCS. Survey data from program participants and a comparison group showed that the majority in both groups were aware of the supports and services available to kin caregivers. More than 40% of program participants also acknowledged that they accessed services such as medical care, food and nutrition and education resources due to participating in the Kinship Navigator Program. Both groups reported high levels of satisfaction with many of the available supports and services to families. The biggest impact of the program was on the overall well-being of caregivers. The majority of program participants reported that they had increased coping skills and felt confident in their ability to raise their kin children as a result of participating in the program. Most plan to continue in the program and would recommend the program to others. Finally, in comparing the skills of program and non-program caregivers, the data show that both groups felt well equipped in the role of kin caregivers; however, non-program participants were more likely to feel they were a part of a support network for kin caregivers.

Needed System Changes

Evaluation Question: What system-level changes are needed to improve service delivery and support to kinship families? (Advisory Committee Interview, Community Organization Interview, KN Participant Interview, DFCS Staff Survey)

Kin caregivers, community organizations, and advisory committee members were asked to identify needed system changes to improve service delivery and support to kinship families. The two areas most often identified across these data sources were the need for local kinship navigators in every region, and additional dedicated financial support for kin caregiver families. Several respondents agreed that navigators are useful, but do not have the time to serve families as needed. “*The navigator that we had was great; she has a lot. I feel like she could use help so she could be more attentive to each person*.” Additionally, respondents felt that navigators need to be focused on a geographical area to be more familiar with local resources and better connect and support families. Due to not having a Navigator assigned to each region, program capacity was raised as a concern that needed to be addressed; "*filling vacancies with those vacant coordinators; they're stretched thin*." This lack of a Kinship Navigator in each region was also linked with limitations of central intake, including use of the Kinship Portal. "*The local office can't help – you have to call regional office - and you can't reach them. Taking that service away from locals was a massive mistake*."

"If they were able to access the entire DFCS system to be able to answer questions. And if they could get more funding; with the pandemic I understand, but prior to the pandemic, they had a large case load, and they had multiple counties, which could be a bit much. So if the funding was there, it would be great."

DFCS kinship continuum staff were asked about specific program and system components and the extent to which they currently exist within the continuum. The highest-rated items were related to: (1) knowledge of types of kinship families, (2) coordinated services for kin caregivers, and (3) access to community services; see Table 10. Those items with the lowest ratings provide some insight as to system changes that may help bolster the program. These include; (1) policies that provide financial support to kin caregivers at the time of placement, (2) dedicated OFI support for kin caregiver families, (3) sufficient funding for the Kinship unit, and (4) affordable childcare resources for kin caregiver families. Each of the lowest-rated items related to needed system changes identified through caregiver and partner interviews, specifically additional financial support directed to families, including additional support for the Kinship Navigator Program to provide a navigator for each of the fourteen DFCS regions.

Table 10: DFCS Kinship Continuum Staff Assessment of KN Program (n=14)

To what extent do the following exist within the Kinship Care Continuum?	**Percentage Fully Implemented**	**Mean**
Knowledge of types of kin caregivers	85.7%	4.5
Coordinated services for kin caregivers	85.7%	4.4
Access to community-based services to support kin caregivers	85.7%	4.3
Enhanced web-based access to Kinship portal and referral process	78.6%	4.2
Clear understanding of Kinship Navigator Program goals and objectives	71.4%	4.1
Access to resources for Kinship Navigators to support kin caregivers	64.3%	4.0
Support for the Kinship Navigator Program by DFCS staff	71.4%	3.9
Communication between DFCS case managers and Kinship Navigators	64.3%	3.8
Interaction with other state agencies, such as DECAL, Court systems	57.1%	3.6
Sufficient navigator time to support all regions	42.9%	3.3
User-friendly Kinship Navigator data-tracking system	50.0%	3.3
Sufficient funding for the Kinship unit	28.6%	2.9
Dedicated OFI support for Kinship Navigator families	21.4%	2.9
Policies that provide financial support to kin caregivers at the time of placement	28.6%	2.9
Affordable childcare resources for kin caregiver families	28.6%	2.9

Overall, there was agreement across data sources regarding needed system changes. Partners, staff, and families mentioned changes in the system of services that would make Kinship Navigators more accessible to families in their local communities and changes in DFCS regulations that could provide targeted and specialized financial support to kin caregivers. “*I think it’s a good program. The only suggestion I would say is more help with the financial aspect*.” Many respondents felt the KN Program was useful but had diminished effectiveness due to the limited number of Navigators. “*If they don’t continue the program – they will spend the money another way – this keeps us well – if the program went away we would have a lot of sick Kinship care people*.” Other suggestions included providing information about more child-focused activities and expanding the promotion of the Kinship Navigator Program in communities.

> *“They connect us with food banks, and lots of information, and support us coming together - we’ve even started a Facebook Kinship Care of Berrien County – we feed it videos and budgeting and other information. I just want to keep the program going – I promise you it is working, it is working, I’m teary eyed*.”

Limitations

Several limitations of these data are summarized here. The triangulation of data from multiple sources helps to address limitations.

- Uneven fidelity to the Kinship Navigator Program model – Implementation has been staggered since the start of the Kinship Navigator Program. As such, Kinship Navigators are likely to have different levels of programmatic experience, which may impact program fidelity. This could introduce bias to the analyses as the service delivery may differ by region.
- Incomplete data collection – Although training on all data collection forms and new database were conducted during the year, there remained differential data collection and entry by Navigators which resulted in uneven or misidentified measurements.
- Lack of available historical data – A lack of most historical data limits the ability for longitudinal data analysis.
- Technical issues related to importing data into the new database – Although every effort was made to ensure data integrity from the fillable PDFs and new database fields, there were errors in data migration that affected data completeness.
- Self-reported data – Self-reported data is limited by the fact that it rarely can be independently verified. Self-reported data can contain several potential sources of bias that become apparent if they are incongruent with data from other sources. These could be: (1) selective memory (e.g., remembering or not remembering experiences or events that occurred at some point in the past); (2) telescoping (e.g., recalling events that occurred at one time as if they occurred at another time); (3) attribution (e.g., the act of attributing positive events and outcomes internally, but attributing negative events and outcomes externally); and (4) exaggeration (e.g., the act of representing outcomes or embellishing events as more significant than is suggested from other data). For example, although the comparison group was designed to be kin caregivers who were not involved in the KN Program, 46.6% reported they were currently involved and 36.3% reported they were not sure about their involvement with the program. Since survey data did not collect names, this finding is unable to be verified or refuted.

Conclusions

This first year of Kinship Navigator Program evaluation revealed several strengths and challenges for the program moving forward. One primary success for the year was the development of the GaKINDS data system. The accompanying challenge is to improve use of the system with a focus on adherence to the program guidelines and complete data collection. This report summarizes the findings across qualitative and quantitative data collection methods to address the five primary evaluation questions.

From January 1 to September 30, 2020, over 300 families engaged in the KN Program as full participants and close to 700 additional families were provided information and referral services only. Supports and services provided to families were documented through Encounter forms and through surveys and interviews with caregivers. Analyses across data sources revealed that families have various needs with the highest need areas being financial, including OFI benefits, legal support, mental health, and "other", primarily related to meeting basic needs. An examination of Encounter data showed that the areas of basic needs, mental health and financial are those most often provided by the Navigators – and this is true for Intake families and I/R only families. Families who enter the KN Program have higher needs and receive more frequent contacts than I/R only families.

Concerning partnerships between local and state agencies, these data showed that advisory committee members and local community partners lack knowledge about how the Kinship Navigator Program works with local and state partners to coordinate services for families. Respondents described the key to coordinated services as "*good relationships*" between Navigators and organizations. In communities where these relationships exist, tangible examples of how Navigators work with partners to support families were easily provided. Advisory committee members and local partners also reported there is a lack of community awareness about the KN Program. Even in communities where Navigators are present, community members may not associate their support with the program. Efforts to increase community knowledge about the program and address communication barriers would improve the coordination of services and supports to families.

Analyses regarding service coordination with local and state level agencies found equivocal results. Many interviewed caregivers mentioned a variety of KN supports, however there was little evidence that the KN Program helped decrease the time for benefit approval in DFCS or was able to efficiently help families manage cross-agency or organization requirements. There was evidence that KN assisted with connecting caregivers to help with legal status of kin children. KN advisory committee members and organizational partners had little knowledge of KN coordinating services across agencies. Both advisory committee members and community partners shared that some kin caregivers refused to engage with the program due to their perception of or previous experience being engaged with DFCS. Several community organizations did mention alignment with local Family Connection Collaboratives and coordination of resource distribution to kincare families.

The KN Program had significant impacts on the well-being of families with regard to addressing identified needs and improving self-efficacy. A matched sample of Needs Assessment and Encounter data found that in the majority of cases, needs were able to be addressed during Encounters. Further, the majority of program participants reported that they had increased coping skills and felt confident in their ability to raise their kin children as a result of participating in the program. Most plan to continue in the program and would recommend the program to others. Survey data from program participants and a comparison group showed that the majority in both groups were aware of the supports and services available to kin caregivers. More than 40% of program participants also acknowledged that they accessed services such as medical care, food and nutrition and education resources as a result of participating in the Kinship Navigator Program. Both groups reported high levels of satisfaction with many of the available supports and services for families. Finally, in comparing the skills of program and non-program caregivers, the data show that both groups felt well equipped in the role as kin caregivers, however, non-program participants were more likely to feel they were a part of a support network for kin caregivers.

Overall, there was agreement across data sources regarding needed system changes. Partners, staff, and families suggested changes in the system of services that would make Kinship Navigators more accessible to families in their local communities and changes in DFCS policies that could provide targeted and specialized financial support to kin caregivers. "*I think it's a good program. The only suggestion I would say is more help with the financial aspect*." Many respondents felt the KN Program was useful but has diminished effectiveness due to limited number of Navigators. "*If they don't continue the program – they will spend the money another way – this keeps us well – if the program went away we would have a lot of sick Kinship care people*.".

KN Program evaluation findings support findings from the literature regarding the efficacy of kinship support programs, including enhanced well-being of caregivers and children and meeting the needs of families. The families engaged in the KN Program had a higher number and more severity of needs than those engaged through information and referral only. Both populations expressed satisfaction with the program and were able to identify benefits for their families. In summary, the KN Program is making a difference in the lives of kin caregiver families and is poised to provide more robust interventions that can assist both families and the system of services across the state.

Recommendations

A number of recommendations emerged as a result of the FFY20 evaluation analyses. Recommendations center around three main program implementation issues: community knowledge, communication, and collaboration. As discussed throughout the report, several key stakeholders lacked knowledge about the program's key components. Likewise, many program participants had little knowledge about the program beyond the support that they have received. These data also showed that the program could benefit from improved communication efforts between Navigators and community partners, and between Navigators and other DFCS staff including case managers. It was suggested that improved communication would lead to increase collaboration between partners and staff in supporting kin caregivers. Additional recommendations were made regarding services and supports for kin caregiving families. The following recommendations should be considered.

- Increase the number of program staff to ensure that there is a navigator in each region.
- Continue to improve the completeness of data collection to better describe program participants and implementation.
- Expand community knowledge about the Kinship Navigator Program.
- Improve communication between Navigators and community partners.
- Increase the visibility of the Kinship Navigator Program in communities.
- Build stronger partnerships between Navigators and other DFCS staff.
- Foster more widespread partnerships between Navigators and community partners.
- Provide specialized financial support to kincare families to help them better care for relative children.
- Develop specialized services for kincare families, including increased access to childcare, mental health, and medical health services for their relative children.
- Explore methods to better connect kin caregivers with other kin caregivers in their community for support and education.

APPENDICES

Appendix A: Logic Models with Linkages

Georgia Kinship Navigator Program Logic Model

Community Context	Inputs	Activities	Process Outcomes	Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes
Service Population						
• Lack of knowledge – re: services/resources • Growing population of kin providing services – due to opioid use, MH, DV, lack of financial stability, young parents, incarceration, parental deaths • Lack of skills to navigate system • Disconnect among services agencies – i.e. housing, childcare, etc. • Lack of support for kin providers • Lack of trust for DFCS • Perception that Kincare providers should take care of their own- without external support • Complex system of supports • Lack of full disclosure about services (transparency) • Children with multiple placements • High number with lack of permanency • High number of children entering CPS	• Staff with knowledge of Social Security and other federal benefits • Staff with knowledge of DECAL CAPS program • Regional food banks • Georgia Family Connection Partnership and Network • Relationship with local DFCS staff • Partnership with OFI staff • Community resources to address service gaps • Volunteers • Faith-based partners • Local business partners • Civic organizations • Marketing resources • Caregiver support group	• Provide supportive listening 1, (5, 8,18, 24, 26) • Refer & link families to resources (1, 3-8, 17, 24-27) • Engage with community partners to identify resources (1-8, 10-12, 15-17, 18-19, 21, 27-28, 30) • Provide individualized support to families (1, 3, 5, 9-10, 12, 14, 21, 23, 25-26, 29) • Participate in community meetings/events (1, 6, 7, 14-17) • Identify sponsors for families (1, 12, 15-17, 21, 23) • Build community awareness re: navigator program (4, 6, 15-16, 25, 26) • Act as point person for resources in community (1-13, 15-17, 23) • Connect with local DFCS (1-4, 6, 10-11, 18) • Attend FTM, Unit meetings (4-5, 12-13, 16-17, 18, 20, 21) • Attend schools' meetings with family (ex: IEP) (1, 4-8, 12-13, 17, 20, 23-25, 27, 29) • Attend court with family (1, 5-13, 17, 18-26) • Staff cases with case managers (7, 12-14, 17, 18-19, 24, 29) • Assist families with agency benefit application (1-2, 9-10, 17, 19, 21-22, 24-25, 28) • Assist families with troubleshooting state systems (2-3, 6, 10, 17, 24-25) • Assist with application to foster parent (1, 4-6, 9, 11-12, 14, 17, 18-19, 21, 23-25, 26 28-29) • Track foster care payments/resolve payment issues (2, 28) • Build partnerships with OFI and other state partners (11, 14-15, 18-19, 21, 23-25) • Deliver goods and information to families (6-8, 17, 23-25) • Host community events (5, 7-8, 16, 23-25)	• # served by Kinship family type (grandparents, other family, fictive) • # family referrals received (by source) • # referrals served • # referrals closed • # referrals made by navigators + type (i.e., MH, education, housing, etc.) • # of community meetings + events hosted • # of community meetings + events with Kinship Navigator participation • Length of time family receives services	1. Increased stability of caregiver and child 2. Increased turnaround time of benefits approval 3. Decreased length of time for families to access needed services 4. Placement stabilized 5. Increase awareness of Kinship Navigator program 6. Client satisfaction 7. Increased knowledge re: resources 8. Increased access to community resources 9. Decreased isolation 10. Increased trust 11. Decreased feeling of being overwhelmed 12. Increased kinship caregiver voice in orgs – ex: DFCS, parent advisory board 13. Increased referrals to navigator (by families) and to other community resources	14. Development of peer support 15. Increased number of community partners serving Kinship 16. Increased number of community events targeting kinship population 17. Increased self-sufficiency (grandparents, families, fictive kin)	18. Permanency (child) 19. Financial stability (family) 20. Mental health needs addressed 21. Overall well-being increased 22. Increased feeling of empowerment 23. Increased feelings of support 24. Extended kin caregiver support network 25. Increased positive relationships 26. Increased kin caregivers ability to navigate systems 27. Decreased trauma for children 28. Decreased children coming into DFCS care 29. Increased financial support for kin caregiver, including child support, housing, SNAP. 30. Decreased disruptions due to lack of supports

Georgia Kinship Navigator Program Logic Model

Community Context	Inputs	Activities	Process Outcomes	Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes
Community and State Systems						
• Growing population of kin providing services – due to opioid use, MH, DV, lack of financial stability, young parents, incarceration, parental deaths • Disconnect among services agencies – i.e. housing, childcare, etc. • Complex system of supports • Need for more Kinship Navigators	• Staff with knowledge of Social Security and other federal benefits • Staff with knowledge of DECAL CAPS program • Relationship with local DFCS staff • Partnership with OFI staff • Marketing resources	• Reporting, data collection and alignment with SHINES (4, 9) • Educate DFCS staff re: importance of Kinship families and the program (5, 7, 8) • Advocate on behalf of Kinship caregivers (13, 14, 18-20) • Advocate on behalf of Kinship Navigator Program for increased support and expansion (1-3, 10-12, 14, 16, 17, 20, 21) • Educate the community regarding types and needs of kinship caregivers (6, 7, 13, 15)		1. Administrative assistance for each district and state office 2. Resource room for each navigator 3. Additional navigators to assist with regional coverage 4. User friendly data tracking system 5. Increased buy-in from DFCS staff 6. Increased knowledge of types of kin caregivers	7. Increased interaction with other agencies, ex: DECAL, Courts 8. Increased utilization of Kinship Navigator program 9. Enhanced web-based access to Kinship portal and referral process 10. Additional funding for the Kinship unit 11. Dedicated OFI for Kinship Navigator 12. Access to funds for KN services to meet family needs 13. Development of Kinship Caregiver Association	14. Establishment of policy to provide financial support to kin caregivers at time of placement 15. Increased community-based services 16. Increased number navigators serving regions 17. Increased financial support of Kinship Navigator program 18. Policy changes re: financial support and income guidelines for kin caregivers 19. Increased affordable childcare resources 20. Kinship Navigator Program with funding to support kin caregivers 21. Establishment of kinship units in all county DFCS offices

Appendix B – KN Evaluation Plan Measurement Model

Table 1: Kinship Navigator Evaluation Measurement Model and Timeline for FFY 2020

Evaluation Question	Indicators	Data Source	Responsible Party	Timeline /Procedure
What kinds of supports and services does the Kinship Navigator program provide to caregivers?	Process Outcomes • Number served by kinship program by family type • Types of supports provided to families • Number and type of family referrals received (by source) • Number of types of referrals served, made, closed (i.e., MH, education, housing, etc.) • Length of time family receives services	KN Database KN Participant Interviews Community Organization Interviews KN Advisory Committee Interviews	Data Entry: Program Staff Aggregation and Analysis: Evaluators Interviews: Evaluators	Data collected at intake, at each encounter, and exit Interviews will be conducted with a sample of program participants, Interviews will be conducted during the last 3 months of the year with a sample of community organizations and advisory committee members
What impact does the Kinship Navigator program have on the well-being of caregivers and families?	Short-term Outcomes • Client satisfaction • Increased knowledge of community resources • Increased access to community resources • Increased self-sufficiency • Placement stabilized • Decreased isolation • Increased trust • Decreased feeling of being overwhelmed Intermediate Outcomes • Development of peer support • Increased stability of caregiver and child	KN Participant Survey Caregiver Comparison Group Survey KN Participant Interviews KN Database DFCS Staff Survey	Survey Distribution: Program Staff Aggregation and Analysis: Evaluators Interviews: Evaluators KN Database Data Entry: Program Staff Aggregation and Analysis: Evaluators	Surveys will be administered to program participants at exit and a comparison group of kin caregivers by evaluators in the summer; surveys will be given to evaluators for data entry, aggregation, and analysis Interviews will be conducted with a sample of program participants in the summer Client data will be collected at intake, at each encounter, and exit, and entered into the KN database

Evaluation Question	Indicators	Data Source	Responsible Party	Timeline /Procedure
	Long-term Outcomes • Permanency (child) • Financial stability (family) • Caregivers are self sufficient • Mental health needs addressed • Overall well-being increased • Increased feeling of empowerment • Increased feelings of support • Extended kin caregiver support network • Increased positive relationships • Decreased trauma for children			
How does the Kinship Navigator program foster partnerships between local and state agencies to increase agency knowledge of the needs of kinship care families and promote better support for caregivers?	Process Outcomes • Number of community meetings + events hosted • Number of community meetings + events with Kinship Navigator participation Short-term Outcomes • Increase awareness of Kinship Navigator program • Increased kinship caregiver voice in orgs – ex: DFCS, parent advisory board • Increased referrals to navigator (by families) and to other community resources Intermediate Outcomes • Increased number of community partners serving Kinship	KN Database Community Organization Interviews KN Advisory Committee Interviews	KN Database Data Entry: Program Staff Aggregation and Analysis: Evaluators Interviews, Aggregation, Analysis: Evaluators	Client data collected at intake, at each encounter, and exit and entered into KN Database Interviews will be conducted during the last 3 months of the year with a sample of community organizations andadvisory committee members
How does the Kinship Navigator program coordinate services with local	Short-term Outcomes • Decreased length of time for families to access needed services • Increased turnaround time of benefits approval	KN Database Community Organization Interviews	DFCS Records: Program Manager KN Database Data Entry: Program Staff	Client data collected at intake, each encounter and exit and entered into KN database

Evaluation Question	Indicators	Data Source	Responsible Party	Timeline /Procedure
and state level agencies to support kinship families?	Long-term Outcomes • Decreased children coming into DFCS care • Increased financial support for kin caregiver, including child support, housing, SNAP • Decreased disruptions due to lack of supports • Increased kin caregiver's ability to navigate systems	KN Advisory Committee Interviews KN Participant Survey Caregiver Comparison Group Survey KN Participant Interviews	Aggregation and Analysis: Evaluators Interviews, Aggregation, Analysis: Evaluators Survey Distribution: Program Staff Aggregation and Analysis: Evaluators	Interviews will be conducted during the last 3 months of the year with a sample of community organizations andadvisory committee members Surveys will be administered to program participants (by staff) at exit and a comparison group of kin caregivers by evaluators Interviews will be conducted with a sample of program participants in the summer
What system level changes are needed to improve service delivery and support to kinship families?	Short-term Outcomes • Administrative assistance for each district and state office • Resource room for each navigator • Additional navigators to assist with regional coverage • User friendly data tracking system • Increased buy-in from DFCS staff • Increased knowledge of types of kin caregivers Intermediate Outcomes • Increased interaction with other agencies, ex: DECAL, Courts • Increased utilization of Kinship Navigator program • Enhanced web-based access to Kinship portal and referral process • Additional funding for the Kinship unit • Dedicated OFI for Kinship Navigator • Access to funds for KN services	KN Advisory Committee Interviews Community Organization Interviews DFCS Staff Survey	Interviews, Aggregation, Analysis: Evaluators Staff Survey Distribution, Aggregation and Analysis: Evaluators KN Database Data Entry: Program Staff Aggregation and Analysis: Evaluators	Interviews will be conducted during the last 3 months of the year with a sample of community organizations and advisory committee members Surveys will be administered to DFCS staff by evaluators in the summer

Evaluation Question	Indicators	Data Source	Responsible Party	Timeline /Procedure
	Long-term Outcomes • Establishment of policy to provide financial support to kin caregivers at time of placement • Increased community-based services • Increased number navigators serving regions • Increased financial support of Kinship Navigator program • Policy changes re: financial support and income guidelines for kin caregivers • Increased affordable childcare resources			

Appendix C: Data Tables

Table 1: KN Qualitative Data Collection by DFCS Region

Region	Number of Community Organization Interviews	Number of Caregiver Interviews
1	3	1
2	4	3
3	3	1
4	2	1
5, 6, 7	0	0
8	1	0
10	3	1
11	3	4
12	0	0
13	0	1
14	3	5

Table 2: Encounter Types of Contacts

Encounter Type	I&R	Non-I&R	ALL
Face to Face	22	18	40
Phone	449	342	791
Electronic	28	19	47
Other	7	10	17
Missing	2	7	9
Total	**508**	**396**	**904**

Table 3: KN Participant and Caregiver Survey Respondents Demographic Information

	Participant N = 59	Caregiver N = 27
How long have you been caring for your relative children?		
Less than 1 year	37.3%	3.7%
1-2 years	16.9%	14.8%
3-5 years	16.9%	25.9%
More than 5 years	28.8%	55.6%
DFCS Region of Residence		
Region 1	9.6%	0
Region 2	11.5%	38.5%
Region 3	0	0
Region 4	1.9%	46.2%

	Participant N = 59	**Caregiver N = 27**
Region 5	3.8%	15.4%
Region 6	3.8%	0
Region 7	0	0
Region 8	0	0
Region 9	1.9%	0
Region 10	15.4%	0
Region 11	28.8%	0
Region 12	3.8%	0
Region 13	5.9%	0
Region 14	9.6%	0

Table 4: Caregiver Descriptors

	Number	**Percentage**
Race / Ethnicity	*N=301*	
African American	**73**	**24%**
Not Hispanic / Latino	70	96%
Unable to Determine	3	4%
White	**79**	**26%**
Hispanic / Latino	1	1%
Not Hispanic / Latino	70	89%
Unable to Determine	8	10%
Native American/Pacific Islander	**2**	**1%**
Not Hispanic / Latino	1	50%
Unable to Determine	1	50%
Other	**147**	**49%**
Hispanic / Latino	1	1%
Unable to Determine	146	99%
Relationship to Child	*N=301*	
Grandparent	172	57.1%
Aunt / Uncle	52	17.3%
Fictive Kin / Non-Relative	23	7.6%
Other	54	17.9%
Marital Status	*N=243*	
Divorced	13	5.3%
Domestic Partnership	3	1.2%
Married	80	32.9%
Separated	7	2.9%
Single	124	51.0%
Widowed	16	6.6%
Region	*N=301*	
Region 1	40	13.3%
Region 2	11	3.7%
Region 3	6	2.0%
Region 4	17	5.6%
Region 5	18	6.0%

	Number	Percentage
Region 6	25	8.3%
Region 7	6	2.0%
Region 8	13	4.3%
Region 9	3	1.0%
Region 10	28	9.3%
Region 11	30	10.0%
Region 12	13	4.3%
Region 13	14	4.7%
Region 14	77	25.6%
Total Additional Adults in HH	*N=223*	
1	101	45.3%
2	75	33.6%
3	24	10.8%
4	12	5.4%
5	8	3.6%
6	2	0.9%
7	1	0.4%
Total Children in Care	*N=254*	
1	136	53.5%
2	85	33.5%
3	17	6.7%
4	13	5.1%
5	3	1.2%
Intakes by Case Type		
CPS	51	24.3%
Family Preservation	65	31.0%
Relative Foster Care	57	27.1%
Informal	37	17.6%

Table 5: Needs Assessment Areas of Need by Severity

Need Area	2 Low	3 Moderate	4 High	5 Urgent
Financial	135	79	45	0
Legal	35	12	16	5
Mental Health	46	40	35	0
Medical	22	20	1	3
Education	68	15	0	0
Housing	11	9	1	0
Child Care	34	10	6	3
Other	130	95	31	3

Appendix D: Data Collection Instruments

Kinship Participant Survey
Kin Caregiver Survey
DFCS Kin Continuum Survey
Kinship Participant Interview
Kinship Program Advisory Committee Member and Partner Community Organization Interview

DIVISION OF FAMILY & CHILDREN SERVICES
STATE OF GEORGIA
1776

Kinship Navigator Program
Participant Survey

The Kinship Navigator Program Participant Survey assesses the perceptions of the supports and services provided to kinship families through the Kinship Navigator Program.

Program Experiences

1. Below is a list of services and resources. Please tell us if you became aware of each service because of your participation in the Kinship Navigator Program, and if so, whether you received that service as a result of participating in the Kinship Navigator Program. Also, if you were able to access the service, please indicate your level of satisfaction with the services you received from that agency.

Services and Resources	Aware of Service?		If Aware, Access this Service?		If Accessed, Satisfied with the Service?		
	Yes	No	Yes	No	Very Satisfied	A little Satisfied	Not Satisfied
Legal Assistance	○	○	○	○	○	○	○
Financial Assistance	○	○	○	○	○	○	○
Housing Resources	○	○	○	○	○	○	○
Mental/Behavioral Health Services	○	○	○	○	○	○	○
Food and Nutrition Services	○	○	○	○	○	○	○
Child Care Services	○	○	○	○	○	○	○
Physical Health Care/Medical Services	○	○	○	○	○	○	○
School/Educational Resources	○	○	○	○	○	○	○
Leisure/Recreational Resources	○	○	○	○	○	○	○

2. As a result of participating in the Kinship Navigator Program, please indicate the extent to which you agree or disagree with each of the following statements.

	Strongly Agree	Agree	Undecided/ Not Sure	Disagree	Strongly Disagree
I feel that I am better able to cope with caring for the relative children I am raising than I did before I became involved with the Kinship Navigator Program.	○	○	○	○	○
I feel less stressed out than I did before I became involved with the Kinship Navigator Program.	○	○	○	○	○
I feel less overwhelmed than I did before I became involved with the Kinship Navigator Program.	○	○	○	○	○
I feel less isolated than I did before I became involved with the Kinship Navigator Program.	○	○	○	○	○

	Strongly Agree	Agree	Undecided/ Not Sure	Disagree	Strongly Disagree
I feel more supported now than I did before I became involved with the Kinship Navigator Program.	○	○	○	○	○
I am enjoying life more now.	○	○	○	○	○
I think that I will be able to continue raising the relative child(ren) in my care.	○	○	○	○	○
I feel as if my overall health and sense of well-being have improved since I became involved with the Kinship Navigator Program.	○	○	○	○	○
I would recommend the Kinship Navigator Program to others who are in the same situation.	○	○	○	○	○
I trust DFCS more now than I did before I became involved with the Kinship Navigator Program.	○	○	○	○	○
I feel that I am better able to cope with caring for the relative children I am raising than I did before I became involved with the Kinship Navigator Program.	○	○	○	○	○

3. Below are a number of statements that describe how a relative caregiver raising a child might feel about his or her situation. For each statement, please select the response that bests describes how that statement applies to you.

	Very True	Mostly True	Somewhat True	Mostly Not True	Not at all True
When problems arise with my relative child, I handle them pretty well.	○	○	○	○	○
I feel confident in my ability to help my relative child grow and develop.	○	○	○	○	○
I know what to do when there are problems with my relative child	○	○	○	○	○
I am able to get information to help me better understand my relative child	○	○	○	○	○
I know how to find services for my relative child or my family,	○	○	○	○	○
I am able to access services more quickly to help with my relative child or my family,	○	○	○	○	○
When I need help with problems with my relative child, I am able to ask for help from others.	○	○	○	○	○
When necessary, I will look for services for my relative child and family.	○	○	○	○	○
I am a part of a network of kin caregivers that is helpful to me.	○	○	○	○	○

4. Are there any service or services that you need but have not been able to get?

○ No ○ Yes

If yes, please describe what service or services: ______________________________

Demographic Information

5. Gender: ○ Male ○ Female ○ Other

6. County of Residence: ______________________________

7. Race: ○ American Indian/Alaskan Native ○ Asian
○ African American ○ White
○ Native Hawaiian/Pacific Islander ○ Other

8. Marital Status: ○ Married ○ Widowed ○ Single
○ Domestic Partner ○ Divorced/Separated

9. Age: ○ Less than 55 ○ 55-64 ○ 65-74 ○ 75 or older

10. How many relative children are you caring for: __________

11. How long have been caring for your relative children?
○ Less than 1 year ○ 1-2 years ○ 3-5 years ○ More than 5 years

12. Household Income Per Year:
○ $9,999 or less ○ $10,000—$19,999 ○ $20,000—$29,999
○ $30,000—$39,999 ○ $40,000—$49,999 ○ $50,000 or more
○ Prefer not to disclose

13. I participate or have participated in other kinship support services.
○ Yes ○ No

a. If yes, please specify the kinship service: ______________________________

14. Today's Date: ____________________

Thank you for completing this survey!

DIVISION OF FAMILY & CHILDREN SERVICES
STATE OF GEORGIA
1776

Kinship Caregiver Survey

The Kinship Caregiver Survey assesses the perceptions of the supports and services available to kinship families.

Program Experiences

1. Below is a list of services and resources. Please tell us if you became aware of each service because of your participation in the kinship support program, and, if so, whether you received that service as a result of participating in kinship support programs. Also, if you were able to access the service, please indicate your level of satisfaction with the services you received from that agency.

Services and Resources	Aware of Service?		If Aware, Access this Service?		If Accessed, Satisfied with the Service?		
	Yes	No	Yes	No	Very Satisfied	A little Satisfied	Not Satisfied
Legal Assistance	○	○	○	○	○	○	○
Financial Assistance	○	○	○	○	○	○	○
Housing Resources	○	○	○	○	○	○	○
Mental/Behavioral Health Services	○	○	○	○	○	○	○
Food and Nutrition Services	○	○	○	○	○	○	○
Child Care Services	○	○	○	○	○	○	○
Physical Health Care/Medical Services	○	○	○	○	○	○	○
School/Educational Resources	○	○	○	○	○	○	○
Leisure/Recreational Resources	○	○	○	○	○	○	○

2. As a result of participating in kinship support services, please indicate the extent to which you agree or disagree with each of the following statements.

	Strongly Agree	Agree	Undecided/ Not Sure	Disagree	Strongly Disagree
I feel that I am better able to cope with caring for the relative children I am raising than I did before I became involved with Kinship support services.	○	○	○	○	○
I feel less stressed out than I did before I became involved with Kinship support services.	○	○	○	○	○
I feel less overwhelmed than I did before I became involved with Kinship support services.	○	○	○	○	○
I feel less isolated than I did before I became involved with Kinship support services.	○	○	○	○	○

	Strongly Agree	Agree	Undecided/ Not Sure	Disagree	Strongly Disagree
I feel more supported now than I did before I became involved with Kinship support services.	○	○	○	○	○
I am enjoying life more now.	○	○	○	○	○
I think that I will be able to continue raising the relative child(ren) in my care.	○	○	○	○	○
I plan to continue to participate in Kinship Care activities.	○	○	○	○	○
I feel as if my overall health and sense of well-being have improved since I became involved with kinship support services and activities.	○	○	○	○	○
I would recommend kinship support services to others who are in the same situation.	○	○	○	○	○
I trust DFCS more now than I did before I became involved with kinship support services.	○	○	○	○	○

3. Below are a number of statements that describe how a relative caregiver raising a child might feel about his or her situation. For each statement, please select the response that best describes how that statement applies to you

	Very True	Mostly True	Somewhat True	Mostly Not True	Not at all True
When problems arise with my relative child, I handle them pretty well.	○	○	○	○	○
I feel confident in my ability to help my relative child grow and develop.	○	○	○	○	○
I know what to do when there are problems with my relative child	○	○	○	○	○
I am able to get information to help me better understand my relative child	○	○	○	○	○
I know how to find services for my relative child or my family,	○	○	○	○	○
I am able to access services more quickly to help with my relative child or my family,	○	○	○	○	○
When I need help with problems with my relative child, I am able to ask for help from others.	○	○	○	○	○
When necessary, I will look for services for my relative child and family.	○	○	○	○	○
I am a part of a network of kin caregivers that is helpful to me.	○	○	○	○	○

4. Are there any service or services that you need but have not been able to get?

○ No ○ Yes

If yes, please describe what service or services: ______________________________

Demographic Information

5. Gender: ○ Male ○ Female ○ Other

6. County of Residence: ____________________________

7. Race:
○ American Indian/Alaskan Native ○ Asian
○ African American ○ White
○ Native Hawaiian/Pacific Islander ○ Other

8. Marital Status:
○ Married ○ Widowed ○ Single
○ Domestic Partner ○ Divorced/Separated

9. Age: ○ Less than 55 ○ 55-64 ○ 65-74 ○ 75 or older

10. How many relative children are you caring for: ________

11. How long have been caring for your relative children?
○ Less than 1 year ○ 1-2 years ○ 3-5 years ○ More than 5 years

12. Household Income Per Year:
○ $9,999 or less ○ $10,000—$19,999 ○ $20,000—$29,999
○ $30,000—$39,999 ○ $40,000—$49,999 ○ $50,000 or more
○ Prefer not to disclose

13. I have participated in the DFCS Kinship Navigator Program.
○ Yes ○ No ○ Don't Know/Not Sure

14. I participate or have participated in kinship support services.
○ Yes ○ No
If yes, please specify the kinship service: ___________________________

15. Today's Date: _____________________

Thank you for completing this survey!

DFCS Kinship Continuum Staff Survey

To what extent do the following exist within the Kinship Care Continuum?	**Not at All**		**Partially**		**Fully**
Coordinated services for kin caregivers	○	○	○	○	○
Access to resources for Kinship Navigators to support kin caregivers	○	○	○	○	○
Sufficient navigator time to support all regions	○	○	○	○	○
User-friendly Kinship Navigator data-tracking system	○	○	○	○	○
Support for the Kinship Navigator Program by DFCS staff	○	○	○	○	○
Knowledge of types of kin caregivers	○	○	○	○	○
Interaction with other state agencies, such as DECAL, Court systems	○	○	○	○	○
Communication between DFCS case managers and Kinship Navigators	○	○	○	○	○
Enhanced web-based access to Kinship portal and referral process	○	○	○	○	○
Sufficient funding for the Kinship unit	○	○	○	○	○
Dedicated OFI support for Kinship Navigator families	○	○	○	○	○
Policies that provide financial support to kin caregivers at the time of placement	○	○	○	○	○
Access to community-based services to support kin caregivers	○	○	○	○	○
Affordable childcare resources for kin caregiver families	○	○	○	○	○
Clear understanding of Kinship Navigator Program goals and objectives	○	○	○	○	○
Please rate the following needs for kincare families…	**No Need**		**Some Need**		**Great Need**
Financial	○	○	○	○	○
Legal	○	○	○	○	○
Basic needs (clothing, furniture, etc.)	○	○	○	○	○
Childcare	○	○	○	○	○
Mental health for caregiver(s)	○	○	○	○	○
Mental health for child(ren)	○	○	○	○	○
Medical care for caregiver(s)	○	○	○	○	○
Medical care for child(ren)	○	○	○	○	○
Educational supports for caregiver(s)	○	○	○	○	○
Educational supports for child(ren)	○	○	○	○	○
Housing	○	○	○	○	○

Thank you for completing this survey!

Kinship Navigator Kin Caregiver Interview

1. What are your primary needs as a kin caregiver?
    a. Financial, Legal, Medical, Mental/Behavioral health?
    b. Individual vs. family needs
2. How did you become aware of the Kinship Navigator program?
3. How would you describe the purpose of the Kinship Navigator Program to someone who doesn’t know anything about it?
4. What do you think are the most important components or services of the program?
5. What kinds of supports/resources (for example financial, legal, education, peer support) has the program connected you with?
6. What about help you received NOT through the Kinship Navigator Program? Have you received any support (for example financial, legal, education, peer support) from community organizations or other programs that you were NOT connected to through your Kinship Navigators?
    a. If yes, what other organizations or programs have provided resources/supports? How did you know about these supports and resources?
7. FOR FORMAL KIN CAREGIVERS - How has your Navigator coordinated services and supports with your DFCS case manager?
8. Are there any supports and services that you have needed but were unable to obtain even with Navigator support?
9. How has your family benefited from the Kinship Navigator program? Are there any examples you can tell me about?
10. Do you have any suggestions to improve the KN Program?

Kinship Navigator Advisory and Community Organization Interview

1. **(For Community Organizations)** What is your affiliation with the Kinship Navigator Program?
2. How would you describe the mission and vision of the Kinship Navigator Program?
3. What do you think are the most important components of the program?
4. How well do you think the supports offered by the KN Program align with the needs of families?
    a. Are there supports needed that are not currently offered as part of the KN Program?
5. What are the key outcomes of the KN Program?
6. In what ways has the KN program worked with other DFCS staff to address the advocacy and care coordination needs of caregivers?
7. How has the KN Program worked with other community organizations to coordinate services for kin caregivers?
8. Are you aware of any policy or system changes that have occurred to provide more coordinated support and resources to kin caregivers? If so, what?
9. Are there policy or system changes needed to provide more coordinated support and resources to kin caregivers?
10. **(For Advisory Committee members)** How well known is the KN Program in your community? Is there a specific example you can provide?
11. **(For Community Organizations)** How well known is the KN Program in the communities you serve? Is there a specific example you can provide?
12. What recommendations or suggestions do you have to improve the KN Program?