



Kinship Navigator Program FFY 2021 – 2022 Evaluation Findings



Department of Human Services
STRONGER FAMILIES FOR A STRONGER GEORGIA

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Introduction

Kinship Navigator Program Overview

Georgia's Kinship Navigator Program started over ten years ago in the Georgia Department of Human Services (DHS) Division of Family and Children Services (DFCS) guided by the Commissioner's Kinship Task Force consisting of kin caregivers, DFCS staff, and staff of community agencies. The Kinship Navigator (KN) Program was launched in response to the increasing number of grandparents, relatives, and other kin caregivers who assumed responsibility for raising a relative's children. It is designed to provide information and referrals and link kin caregivers to benefits, supports, and services that they or their children need, regardless of their involvement with DFCS.

According to the 2021 American Community Survey, there are over 127,000 children under the age of 18 in Georgia living in a household under the care of a grandparent. The median income in these households is slightly over \$41,000. This population estimate does not include those children living with other kin or fictive kin. Georgia's response to caring for these vulnerable families was guided in part by the Kinship Process Mapping analysis conducted by The Annie E. Casey Foundation. Today, there are eight Kinship Navigators working across the state. They are supported by six 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. The portal links directly to the GAKinDS database which captures all program data for both program management and evaluation.

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. 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. The KN Program is open to any family providing 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 FFY22 provided services for over 1,900 grandparents and other relatives who were raising relative children.

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 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

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 Collaborative Approach Between Child Welfare Services and NYS's Kinship Navigator. *Journal of Family Social Work*, 16:5, 418-430.

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

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.

As DFCS continues to strengthen interventions to preserve and reunify families, the Kinship Navigator Program helps to maintain family and community connections and reduce trauma for children who are unable to live with their parents.

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.

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

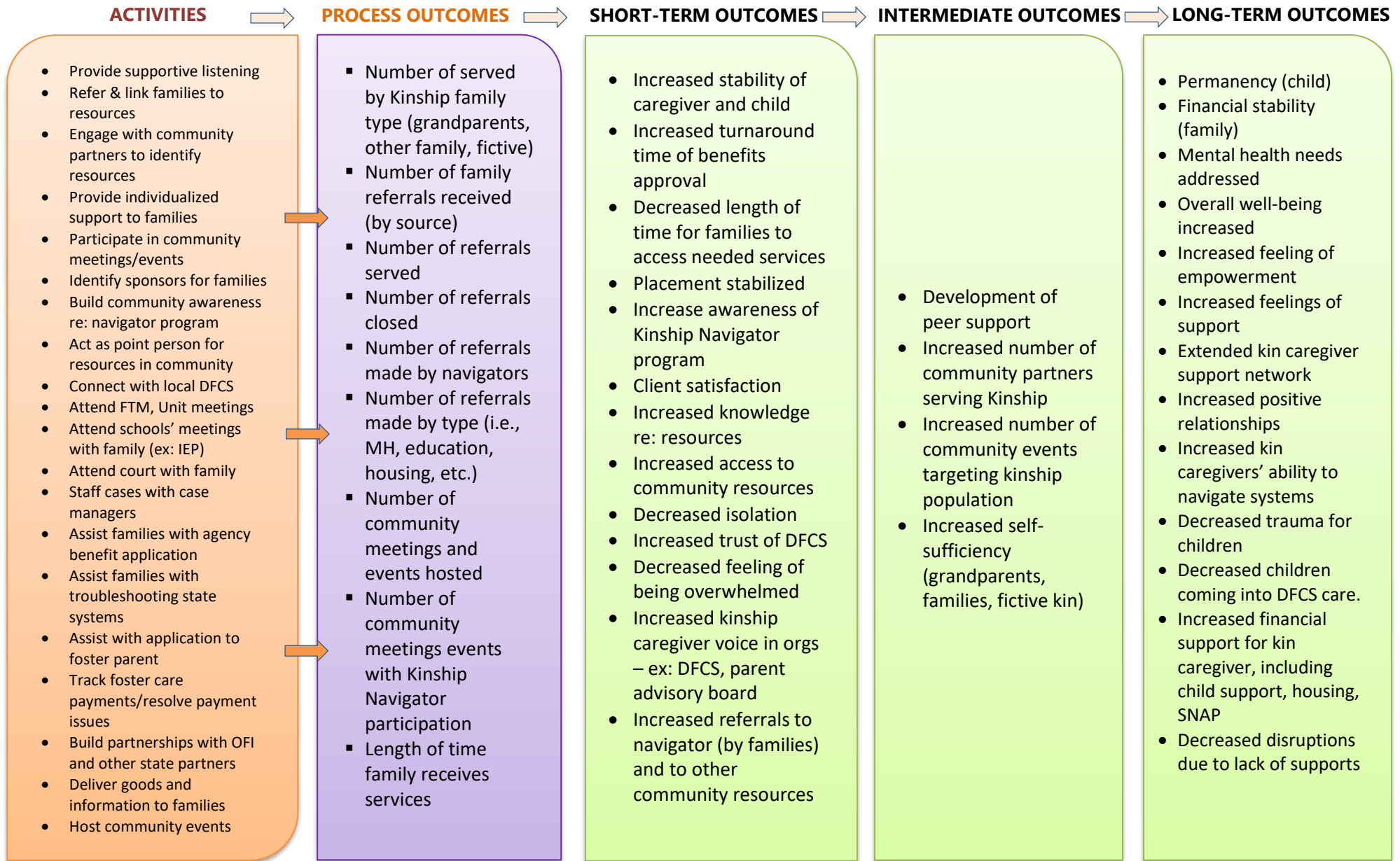
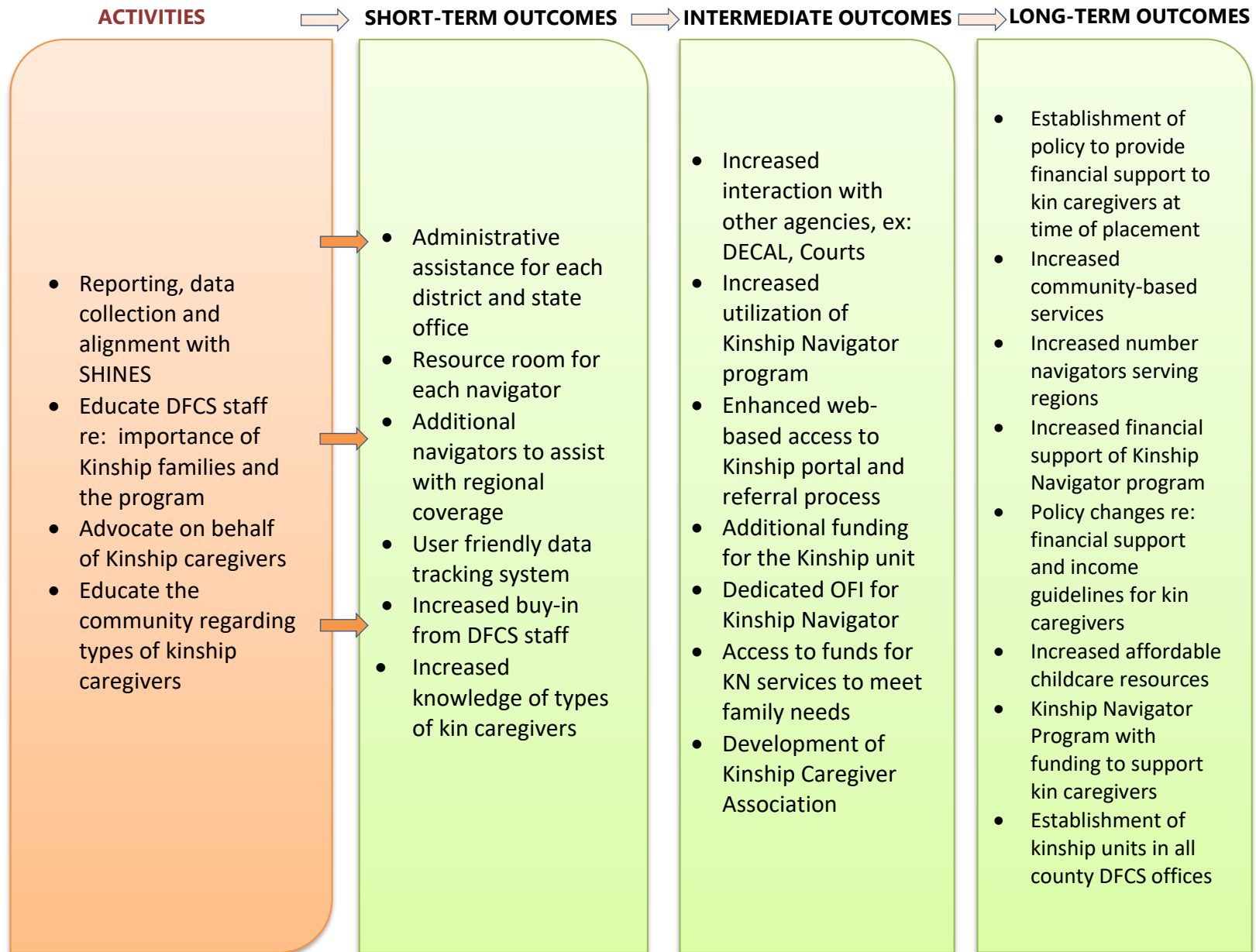


Figure 2: Georgia Kinship Navigator Program Logic Model – Community and State Systems

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.



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. During FFY21, evaluators developed a fidelity tool to measure the extent to which navigators are implementing the program with fidelity to the model. A comprehensive Kinship Navigator Program Manual was also created in partnership with the evaluators and program staff. The program manual and fidelity tool establish the KN program guidelines and staff expectations.

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.

In FFY20, the KN Program provided funds to nine counties to help meet kin caregiver families’ basic needs. During FFY21 and FFY22, the KN Program expanded to provide funding to specific counties who were interested in providing additional support to kin caregiver families. These supports included: (1) kin caregiver support groups, (2) funds for basic needs, and (3) stipends to kin caregivers to act as liaisons between kin caregivers and program staff. Counties were identified through the Family Connection Network and provided the funds to implement activities within the three specified areas of support. These fifteen counties were located throughout the state in urban, suburban and rural communities. They included Berrien, Brantley, Catoosa, Dawson, DeKalb, Douglas, Effingham, Fulton, Gilmer, Harris, Jefferson, Jones, Toombs, Treutlen, and Warren. For the purposes of the evaluation, the nine counties who received funds for the three specific areas of support are implementing an enhanced Kinship Navigator Program model that includes a partnership with the local Family Connection Collaborative and the implementation of kinship support groups, basic need funding, and stipends for kin caregivers working with the local program.

The Kinship Navigator (KN) Program Task Force continued to act as the KN Evaluation Advisory Committee. This committee includes 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.

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

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 enhanced Kinship Navigator Program was engaged to examine differences between groups. With the Kinship Navigator Program broad goal – to assist kin caregivers in understanding and accessing programs and services; develop proactive ways to address their needs and develop an informal and formal support system; and to create a safe and supportive home environment for the children in their care – 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. During FFY21-FFY22, client data were collected via GAKinDS. In FFY22, qualitative and survey data were collected from DFCS staff, program participants, and community partners. Data collection methods included:

1. Kinship Navigator Program Caregiver Focus Groups
2. Community Organization Interviews
3. Kinship Navigator Program Caregiver Exit Survey
4. DFCS Staff Survey
5. Kinship Navigator Event Participant Survey
6. Data Tracking system for client encounters (GAKinDS)

Program participant data were collected via GAKinDS through four standard data collection instruments: (1) Needs Assessment, (2) Referral Form, (3) Intake Form, and (4) Encounter Form. All KN staff utilize GAKinDS 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 linked directly to GAKinDS. Event participant data was collected via survey during the three events held in north, south and metro Georgia in September 2022.

Due to lingering concerns of the COVID pandemic, other than the KN Event Survey, no in-person data collection was conducted. Focus groups were conducted via zoom with the participants of five support groups in the enhanced model counties and two with comparison groups of kin caregivers not involved in the enhanced model counties. Evaluators maintained contact with KN staff through virtual meetings. An online staff survey was distributed to all DFCS staff. Requests to complete the KN Caregiver Exit Survey were sent to all caregivers who exited the program between October 1, 2020 and September 30, 2022; a minimum of 1800 potential respondents. KN Event Participant Survey was distributed at events and provided online to all participants in September 2022; 104 potential respondents. Data collection completion varied; see Table 1.

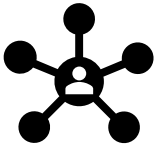
Table 1: FFY22 Data Collection

Data Source	Number
Kinship Navigator Program Participant Focus Groups (7)	40
Kinship Navigator Community Organization Partner Interviews	15
DFCS Kinship Continuum Staff Survey	45
Kinship Navigator Program Participant Exit Survey	69
Kinship Navigator Event Participant Survey	67

This report summarizes findings across all data sources collected from October 1, 2020 to September 30, 2022. 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 focus group 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

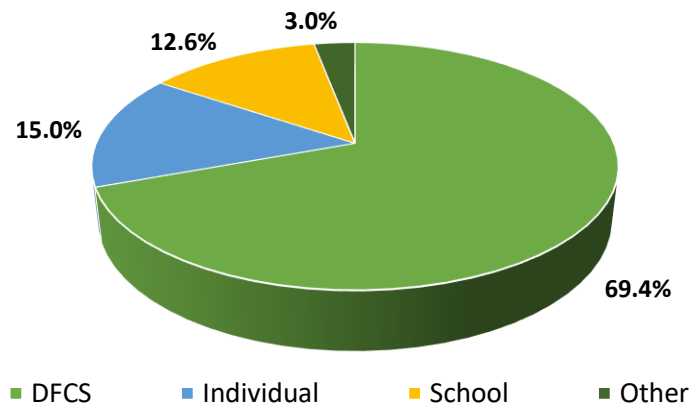


Evaluation Question: What kinds of supports and services does the Kinship Navigator Program provide to caregivers?⁸

Family Descriptors

From October 2020 through September 2022, 1,978 families completed an Intake form. Family descriptors are not collected for those receiving information and referral services only. These 1,978 families entered the program from 3,734 Referrals received from across the state with the most accounted for by Region 14 (13.5%) and the least by Region 9 (3.2%). Only 5 counties had more than 100 referrals, including Fulton (237), DeKalb (157), Clayton (122), Cobb (117), and Gwinnett (110). Over two-thirds of referrals were made by DFCS (69.4%), with self or other individual referrals accounting for 15.0%, and school referrals accounting for 3.0%. Finally, “other” sources including community organizations serving kin caregivers represented 12.6% of referrals (see Figure 3).

Figure 3: Referrals by Source (n=3,734)



Families who entered the KN Program lived in 148 counties, accounting for 93% of counties in Georgia. The largest proportion of families live in DFCS Region 11 (13.2%) followed by Region 14, (12.2%) accounting for a little over one quarter of the families served. Each of the other regions account for less than 10% of Intakes. Fulton and DeKalb counties are the only counties serving 100 or more intakes (141 and 100, respectively), representing 12.2% of families served. Of those counties serving less than 100 intakes, 18 counties served 25 or more Intakes (39.4% of families served), 37 counties served between 10 and 24 Intakes (28.7% of families served), and 89 counties served fewer than 10 Intakes (20.6% of families served). More caregivers were married (40.2%) than single (35.5%), and the majority were the child(ren)’s grandparents (51.3%); see Figure 4. The vast majority of households had children involved with DFCS (96.5%); see Figure 5. The majority of Intakes were either White (49.5%) or African-American (47.0%), and not Hispanic or Latino (95.8%). In addition to the 1,978 families who were enrolled in the program, 1,259 caregivers received information and referral services only.

⁸ Data Sources: GAKinDS database, Community Organization Interview, KN Participant Event Survey, KN Participant Exit Survey

Figure 4: Caregiver Relationship to Child (n=1,978)

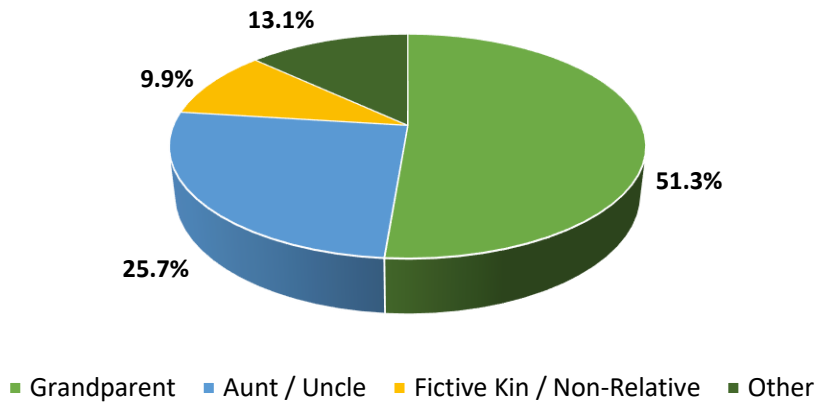
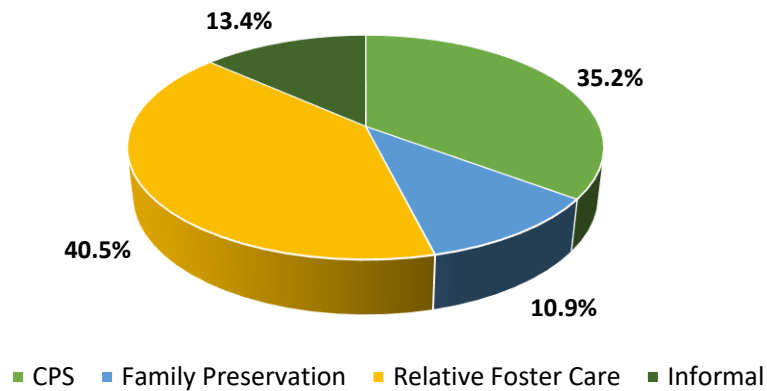


Figure 5: Intakes by Case Type (n=1,860)

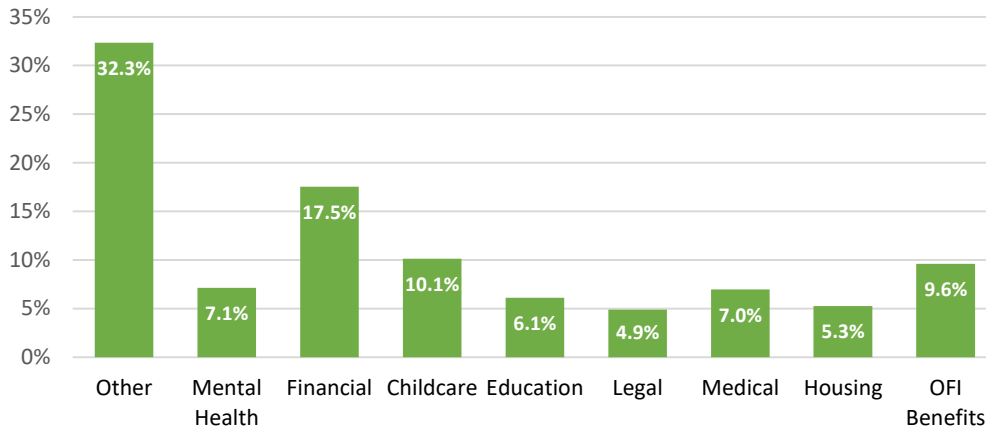


Family Needs

There are several data collection sources within the KN Program evaluation system to identify family needs. First, 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. The Needs Assessment is then completed by DFCS staff or the Navigator with the kin caregiving family at the time of first contact. In addition, during FY22, DFCS staff and KN Event participants were asked to identify primary needs through a survey. Results from each of these data sources are described and compared below.

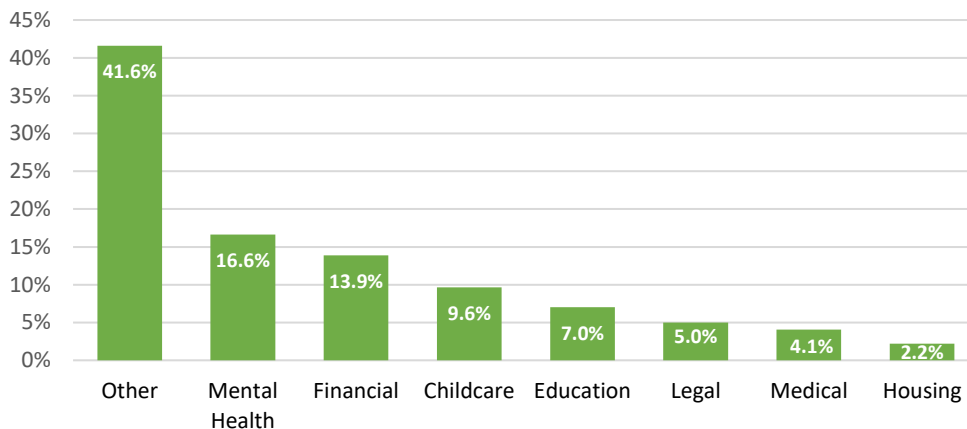
Of the 3,734 referrals received during this period, "other" reasons encompassing basic needs such as clothing, beds, diapers, and food were identified by 32.3%, financial by 17.5%, childcare by 10.1% and OFI benefits by 9.6%. Legal reasons for referral were identified by less than 5% (Figure 6).

Figure 6: Reason for Referral (n=3,734)



Data from the Needs Assessments completed by DFCS referring staff and Navigators mostly echoed needs identified through referrals, focus groups, and surveys. Of completed Needs Assessments between October 2020 and September 2022⁹, the top four need areas were “other needs” such as clothing, nutrition, and baby items (41.6%), mental health (16.7%), financial (13.9%), and childcare (9.6%); see Figure 7.

Figure 7: Need Areas Identified in Needs Assessments (n=2,992)



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 85% were related to four areas: “other” (e.g., clothing, nutrition, furniture, support group – 30.6%), mental health (29.7%), childcare (13.0%), and education (12.1%). Within those identified as low and moderate need other accounted for 44.8%, financial (16.5%), and mental health (12.9%); see Table 2.

⁹ Based on the unique needs assessment ID, 2,992 needs assessments were completed between October 2020 and September 2022: 107 in 2020, 1,323 in 2021, and 1,562 in 2022.

Table 2: Needs Assessment Areas by Severity of Need (n=2,992)

Need Area	Low and Moderate (2 + 3)	High and Urgent (4 + 5)
Other	44.8%	30.6%
Mental Health	12.9%	29.7%
Childcare	8.6%	13.0%
Education	5.6%	12.1%
Medical	3.7%	5.5%
Financial	16.5%	5.0%
Housing	1.9%	3.1%
Legal	6.1%	1.1%

Each of the eight need categories has subcategories that provide additional detail; see Table 3. Those subcategories most frequently identified included clothing (17.8%), OFI benefits (10.6%), childcare/after school care (6.5%), and nutrition (6.1%). Needs were indicated for all 44 areas, unlike the last reporting period wherein needs by subcategory were only indicated for 23 of the possible 44 areas.

Table 3: Need Area Subcategories

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

There were strong similarities in the responses between focus group respondents from enhanced sites and participants from the statewide comparison group. For example, both groups identified primary needs such as food, clothing, financial support and childcare. Many put it simply by saying *“Food, clothes, respite, childcare. Yeah, just pretty much need it all”* and *“we need food, food stamps and clothing.”* Several spoke specifically about the need for and challenges in getting childcare. As one support group member shared: *“I need help with daycare because I have her 24/7 and I’m 72 years old. I had knee surgery and I can’t go outside with her because*

I still can't walk well. I need someone to care for her sometimes so I can have a break." In regard to childcare, a member of the statewide comparison group said that *"We've only been here six months and didn't have contacts and needed help with childcare."* Others shared that while they had a childcare resource, it was challenging to navigate the system and receive benefits from the Childcare Assistance Program (CAPS). In addition to CAPS, both groups reported a need for financial assistance. Several reported that they are living on a fixed income and struggle with the increased cost of basic necessities and childcare. As one put it, *"It is very overwhelming, fixed income, legally disabled. Thankfully my parents own the house I live in, so my rent is low because I have wonderful parents. I live on 1000/month it is overwhelming and hard – I wouldn't change it – she has my heart, but it is very hard."*

"We're doing what we can to provide for the children. But you've got to figure out which bill you're going to pay. There are programs out there that you can get to. But for the older generation, I find it is harder for them to navigate to social, to the internet and things that, they have to fill out online and stuff like that."

In addition to the aforementioned, both groups identified assistance with accessing medical and mental health services as a primary need. While several shared that their children are enrolled in Medicaid, they reported that the cost for co-pays and uncovered medical expenses are a burden. For instance, *"I need to go to the DR. without having to keep getting a paper that says they stay with me – Medicaid won't pay for everything they need. I don't have the paperwork to change their Medicaid – I have to go to the school to get the paperwork."* Others expressed that they had challenges with enrolling their children in the Medicaid program. Mental health was also named as a need for both caregivers and children. Specifically, caregivers reported that there was a need for counseling for children due to experienced trauma, PTSD and behavioral issues. Caregivers also need mental health resources to cope with the difficulties of parenting. As one caregiver shared *"having someone the caregiver can turn to for counseling and advise is needed – as well as for the children."*

Focus group participants also reported that they need respite care and peer support. In terms of respite care, there was an agreement that relief for caregivers is critical. Caregivers need opportunities to take care of their personal needs and self-care; respite care would enable them to do so. As one parent said *"I'm a school teacher so they are with me all the time; they come to work with me. Sometimes I have to schedule my Dr appt during my work day because I don't have childcare."* Another caregiver shared that *"me and my wife would not be able to go out even for just a movie or dinner or really anything. We don't have any family in the area or somebody we can really trust at this point and so it would help to just take a break from the everyday life."* Like respite care, there was agreement between both caregiver groups that peer support is an essential need. There was consensus that caregivers need support from others who are going through or have been through similar situations and understand the challenges. For example, *"support knowing other people are going through what you're going through. My own family doesn't understand because they aren't in it."* While both groups identified peer support as an important need, participants from the enhanced sites also discussed the need for parent education. Several caregivers shared that they need help navigating parenting issues. For example, issues such as peer pressure, communication and parenting teens were all identified as areas where parent education would be beneficial.

There were a few needs that were unique to enhanced site participants and the statewide comparison group. In the statewide comparison group, participants mentioned a need for baby items such as diapers, wipes and other infant goods. They also mentioned, specifically, the need for furniture like cribs and beds. Lastly, statewide comparison group members talked about the need for academic support, especially for children with special needs.

Enhanced site participants mentioned housing needs, the need for more space and the effect of increased rent prices. For instance, *“I need more room with the 2 grand kids – my room is crowded up because I have them in my room. I’m on a fixed income and need more money.”* Another caregiver highlighted the challenges of maintaining housing with higher costs and other responsibilities. She said *“... it’s just stressful with the way the rent is going up so crazy, you know? I’m receiving disability and it’s like, you got to pay your rent no matter what because you got to have a roof over your head but, you know, once you pay your rent, you know, you have your utilities and you got to figure out which one to pay.”*

“Housing. I mean, it’s just stressful with the way the rent is going up so crazy, you know? And I’m like. You know, receiving disability. And it’s like, you got to pay your rent no matter what because you got to have a roof over your head.”

Needs identified by KN Event participants and DFCS Staff mostly aligned with those identified through focus groups, Referral and Needs Assessment data, see Table 4. As in FFY20, financial and childcare needs were the most frequently mentioned. Unlike in FFY20, mental health for children and caregivers were identified by over 68% of respondents compared to 50% and 29% respectively in FFY20. Educational support for children and caregivers and basic needs were mentioned by over 40%. Those less frequently mentioned included medical care for the caregivers and housing. These significant shifts in identified needs may be the aftermath of the social isolation and other impacts of the pandemic.

Table 4: Comparison of Needs Identified by KN Event Participants and DFCS Staff

Participant Survey (n=69)	Yes	DFCS Staff Survey (n=45)	Percentage with “Great Need”
Financial Assistance	48.4%	Financial	80.0%
Childcare Services	33.9%	Childcare	77.8%
Mental/Behavioral Health Services	25.8%	Mental health for child(ren)	68.2%
		Mental health for caregiver(s)	33.3%
Physical Health Care/Medical Services	16.1%	Medical care for child(ren)	55.8%
		Medical care for caregiver(s)	31.1%
School/Educational Resources	41.9%	Educational supports for child(ren)	53.3%
		Educational supports for caregiver(s)	45.5%
Food and Nutrition Services	33.9%	Basic needs (clothing, furniture, etc.)	42.2%
Legal Assistance	29.0%	Legal	40.9%
Housing Resources	33.9%	Housing	22.7%
Leisure/Recreational Services	43.5%		

Services Provided to Families

From October 2020 – September 2022, the 1,978 families who entered the program were engaged in 6,334 encounters. These encounters could be provided in person, via emails, phone calls or virtual contacts. Due to the advent of the COVID-19 pandemic, Navigators continued to limit their contact to phone (80.5%) or email/virtual meetings (15.8%). In fact, only 1.1% of encounters were conducted face-to-face. During these encounters, Navigators were working to provide information, referrals, and other supportive services to families. One-quarter (25.0%) of families received only one encounter during the time period, with an additional fifty percent

receiving two (21.8%), three (18.3%), or four (10.5%) encounters. On average, enrolled caregivers were engaged 2.1 times, with a maximum of twenty-two (22) encounters reported for one caregiver. Caregivers with encounters specified as information and referral (I&R) only were engaged less frequently, with an average of 1.4 encounters. Data during this time period found most families (86.5%) spend an average of one month or less in the program; 1,854 families were identified as receiving a last visit with an average enrollment time of 13.3 days with at least one family enrolled a maximum of 438 days.

“A lot of things he discussed with me I wasn't aware of. Like the Medicaid and how to change it over from regular to foster care, and things like that.”

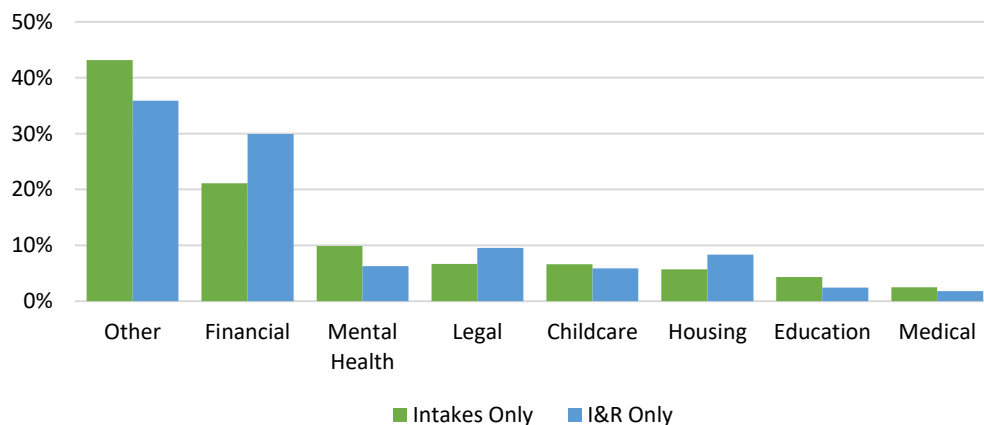
During any Encounter, each support provided is categorized as information, referral, direct service, or other. The vast majority of supports provided were categorized as information (94.6%) or referral (70.8%). Direct service was the least frequently provided (22.4%) and usually related to assisting with basic (57.4%) or financial (17.1%) 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 caregivers to assist with a specific service. Multiple need areas are often addressed in an encounter. Figure 8 below shows the comparison of Encounter areas addressed with Intake families and those addressed with families receiving an I&R Encounter only. It is not surprising to find that needs do not differ greatly by the service category,

“He calls every month religiously. He's a person to listen. We tell him what we might need, and he goes to DFCS to the case manager to whomever else he has to reach out to. I don't I think he gets some of the same response as we do, which are crickets. He's really good. He's very easy to talk to and he seems to understand the way you feel.”

although a larger proportion of financial needs are addressed via I&R than Intake (29.9% vs. 21.1%), and proportionally more basic needs are addressed via Intake (43.2%) than I&R (35.9%). Analyses of all encounters regardless of Intake status found the most frequently addressed areas were “other”, including clothing and other basic needs (42.1%) and financial (22.4%). Data from Encounter forms found that information, referrals, and direct support were provided most often to address sub-category areas of

need such as OFI benefits (15.0%), clothing (13.5%), and other basic needs (12.3%). On average, families with an Intake Encounter were assisted with 2.9 need areas compared to those with I&R only with only 2.0 need areas. These data indicate that those families who were referred and entered the KN Program continue to have a greater intensity of need than the I&R only families.

Figure 8: Need Areas Met in Encounters – Intakes and Information and Referral Only



Focus group participants were asked to identify what kinds of supports and resources they were provided or connected to through their participation in KN Program. The most frequently mentioned were those related to connections to services and general emotional support. *"She come by sometimes from time to time. She'll call me and asked me, Mrs. Boyd, is you home Can I come see the kids? And I'd be like, Yes, ma'am, I'll tell them what time they get home from school and she'll come visit them."* Participants in both the enhanced site and statewide focus groups listed several specific services and support they received due to the diligence of the navigators including, rental assistance, furniture, basic needs including food and clothing, infant needs including diapers and infant furniture, and transportation. *"If we need it, we can ask for it. And they will help us get to somewhere, to sign up to get what we need."* Another frequently mentioned support was access to respite care for their kin children. This is especially critical for those families who do not have other family in the area.

A comparison of the enhanced site data and statewide focus group data revealed that enhanced site participants were far more likely to mention tangible educational events that were of great value, including parenting classes, such as raising children with special needs and school orientation, including help with homework. *"She came to talk to us about the ADHD question and that was very educational. It helped a lot to understand how to deal with your grand. They got ADHD. Well, It's sort of hard because a whole lot because you don't know, the information that she gave us meant a lot."* Enhanced site participants also frequently mentioned the importance of the peer-to-peer support – *"you have a loving, supportive contact that you are not bothering and you share intimate things that you would feel maybe insecure telling someone else."*

Focus groups participants were also asked if there were supports and services they needed but were unable to obtain even with the navigator's support. The most frequently mentioned need that was unavailable to caregivers was *"financial support"*. Many respondents reported they needed help with utilities and housing. Although utility assistance and some housing assistance is sometimes available, it was reported that *"with the utilities, they take the seniors first. We've got grandparents that are 35 years old. They don't qualify for that. So, I think that looking and talking about services, they need to reevaluate. The grandparents are just as important as foster parents, they are both doing the same job. They are taking care and raising somebody else's children."* The struggle to decide *"which bill you're going to pay"* causes a great deal of stress and most feel they are not provided any caregiver-specific support. *"You still stressed out like, okay, I can't pay my rent, I can't pay my utilities. But you're lumped in with everybody. It's not just something specifically for us that helps us to make sure that we're taken care of."* Several providers asked for *"the same sort of benefits that foster care parents get because I guess you end up saving the state and the government a whole lot of money."* Finally, several providers reported that their DFCS contacts did not do a good job letting them know about the KN Program and what it could do for them. *"I only heard about this through Family Connection and it's a wonderful program."*

Caregivers who participated in the KN events during September 2022, were also asked if there were services they needed but had been unable to obtain through the KN Program. Of the 22 participants who responded, the most frequent response was again *"financial"*. Other areas identified were related to state benefits, including TANF, Medicaid and SNAP. The third most often mentioned was assistance with *"mental behavioral needs"*.

In summary, analyses across data sources reveal that families received a wide variety of support and services through the KN Program. As described earlier in this report, the highest need areas identified were *"other"*, primarily related to meeting basic needs, mental health, financial and childcare. An examination of Encounter data shows that the areas of basic needs, financial, and mental health are those most often provided by the Navigators – and this is true with both Intake families and I&R only families. I&R only families were more likely to receive services related to housing and legal than Intake families. Families who enter the KN Program have higher needs and receive more frequent contacts than I&R only families.

Fostering Partnerships and Service Coordination



Evaluation Questions: 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?

How does the Kinship Navigator Program coordinate services with local and state-level agencies to support kinship families?¹⁰

The 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.¹¹ The quality of this service coordination is greatly enhanced through strong local and state-level partnerships. The strengthening of these relationships both within DFCS and across community-based organizations has been a key focus of the ongoing enhancements of the KN Program during the last two years.

When community organizations were asked to identify the most important components of the KN Program, overwhelmingly, system navigation was identified as the most important component. Interviewees described the role of the Navigator as to *“help families navigate through everything, whatever they're going through, whether it be your stressor or just trying to get services and figure everything out or what do I do and all this. What services do I get?”* was at the center of what respondents expect and want from the program. *“Just being available, being accessible and having the tools and answers for these families because they are overwhelmed.”* Community representatives reported that providing direct instruction and information that is tailored to the needs of the families is the primary and the most important task of a Navigator. In order to do this, they must be aware of services in their communities and be well informed about DFCS services and policies.

In order to explore the partnership between the KN Program and local organizations, community organization representatives who work with the KN Program were asked how the Kinship Navigators work with other DFCS staff to address the advocacy and care coordination needs of caregivers. The majority of respondents indicated that they did not know how these two entities worked together to coordinate services. Three people indicated that there was limited coordination between DFCS staff and the program. One said, for example, *“I don't feel that it has worked very well as there are several, like I said, families that have been brought to my attention that it was never brought to them. They were never introduced to it, case managers not being made aware. And they're actually working with DFCS. I think, again, that marketing and getting that name out there definitely needs to be a... And there needs to be more of a push for it so that the word can get out.”* Another reported that there was some communication but that it was minimal. One individual stated that care coordination and advocacy did occur and gave an example of an event where program information was shared. She said *“I know one particular event that we did was hosted at DFCS. We had a drive through essential day, where they gave out essentials to seniors. And we did it at DFCS.”*

“Of course, I'm sure that the kinship unit is positioned at the state level. And so that trickle down to the region and the county sometimes gets a little lost in translation. I do have a relationship with the resource development staff in our region. But again, even when it comes down to the research development case managers, I don't know that they really know us that well or really utilize us.”

¹⁰ Data Sources: Community Organization Interview, KN Participant Focus Group

¹¹ Formal” kin caregiver families are those families who are caring for kin children who were or are currently involved with the DFCS child welfare system. “Informal” kin caregivers are those who are caring for kin children who were not placed due to involvement with DFCS.

Given that interview participants were community-based organizations, it is not surprising that their knowledge about the relationship between the program and other DFCS staff is limited.

When interviewees were also asked to share how well known the Kinship Navigator Program is in their communities there were mixed responses. Approximately one quarter of respondents shared that the program is well known. They specifically named their Navigator and reported that they were very visible in the community and often at community events and was well liked. For example, one said *"They're well known because I don't know of anybody that should not know who Eric Jackson is."* Another said that they had attended community events such as the resource fair and Grandparents Day where their Navigator was present. In talking about the grandparent's event, she said *"he played a major role with that particular event. So, a lot of the*

"...if they all go to the meetings like Eric does, to every single meeting, it means they're going to meet all the stakeholders at those meetings. Because when you come to our meetings, you have the public based organizations, private based, faith based, you have community organizations. So, if they're connected to all of those meetings, believe you me, then everybody is going to know about them."

grandparents should remember him from that particular event that we hosted. We hosted it at the Macon County parks and rec department and we had over 50 grandparents that showed up." Several respondents shared that community members utilized the resources offered by the Kinship Navigator program but did not associate that support with the program. For instance, as one interviewee put it *"they may not know what it's called, they may call it by a different name."* Others shared that the community did know about the program but their engagement with it was minimal. As one respondent said *"everyone knows about it, my concern is that they're not*

as engaged with it. If that makes sense. Everyone is aware that there is a kinship program in Coweta County, but I do not think that they are as engaged with the kinship program. Finally, there were also respondents that reported that the community at large has little or no knowledge of the Kinship Navigator program. While respondents had referred families to the program, many report that prior to their referral, families had never heard of the program. For example, *"I don't think the community is aware at all about it. We are aware because we deal with these parents every day, but the actual community, they only know from what we're telling them. Nobody has heard about this before."*

Focus group participants, both "formal" and "informal" families, spoke with great passion about the importance of having someone to help them navigate the system of services, including the school system. Information about how to manage an Individualized Education Plan (IEP) for their special needs child and how to advocate for their child in the school were mentioned by several participants. Other participants reported assistance with legal services, TANF, food stamps, Medicaid, WIC, childcare access, and most frequently, contact with their DFCS case worker. *"He calls every month religiously. He's a person to listen. We tell him what we might need and he goes to DFCS to the case manager to whomever else he has to reach out to. I don't I think he gets some of the same response as we do, which are crickets."*

Several participants talked a great deal about the importance of the liaison with their DFCS caseworker and how it has helped them to get specific services, including childcare assistance and enhanced family funds. The support of the Navigator helped to alleviate their stress and worry as they worked within a new unknown system. *"I know he had to reach out to the case manager or her supervisor and the supervisor's supervisor on certain things. And it's frustrating because they tell you, you know, what to*

"To have a navigator that can say, "You're not alone. This is what we can do to help. These are your options, or just guide them. I can't imagine what a family does when they get all these kids. What do they do for insurance? Just that alone is overwhelming. Just to have somebody that can give them answers is tremendous."

do. You provide the paperwork, you go and do all this stuff. And then you got to resend stuff, I've resent stuff three and four times until I finally decided to just send them to me and tell them, just communicate with me through email." Caregivers also mentioned that they simply don't know what to ask for or what is available to them through the morass of systems. The Navigators were able to provide "resource lists" to direct them to community services as well as written information to explain specific state resources they may access to assist in caring for their kin children.

Overall, analyses regarding service coordination with local and state-level agencies found that many caregivers identified various linkages provided by the KN Program, however community organizations were unaware of cross-agency coordination outside of their own direct work with the KN Program. There was clear evidence from both kin caregivers and community organizations that they valued their relationship with Navigators to access services. For kin caregivers this access was achieved through direct information and referral (see report section on Program Impact) and for community organizations they appreciated the coordination of resources across their services and KN Program for families. Although local community partners had minimal knowledge of the extent to which Navigators linked with other DFCS staff, they reported their agency works closely with Navigators to link kin caregiving families to services. Further, community organizations identified "system navigation" and "coordination of services" as the primary role for the KN Program. Community organizations want to connect more, spread the word about KN and advocate to bolster the program so Navigators have more time to connect and influence the system of services in communities. There is a real opportunity for the KN Program to increase community knowledge about their services for families through enhancing their work with community partners. Even in communities where Navigators are present, community members may not associate their support with the program. Efforts to increase broad community understanding of the program and address communication barriers would improve the coordination of services and supports to families.

Program Impact

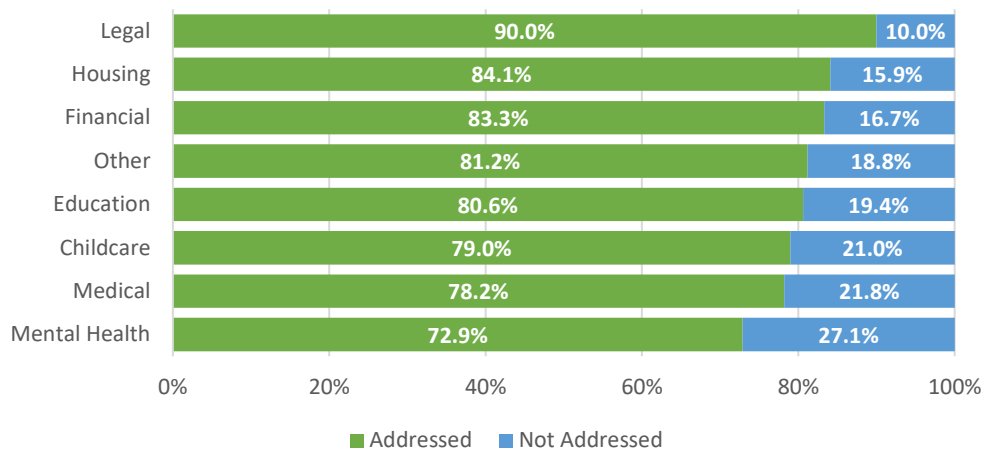


Evaluation Question: What impact does the Kinship Navigator Program have on the well-being of caregivers and families? And, to what extent are there differences in the overall well-being of kin caregivers participating in the program compared to kin caregivers not participating in the program? ¹²

Program impact data was collected through Encounter data, focus groups and KN Participant Exit surveys. These data are summarized and compared here. An examination of Encounter data provides the opportunity to better describe the impact of services provided to kin caregiving families. To explore this outcome, 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 (80.5%) were addressed during encounters with caregivers, although this varied by the need area identified; see Figure 9. There was greater success in addressing needs in legal services (90.0%), housing (84.1%), and financial (83.3%) domains, although it is notable that success in addressing needs for any specific domain did not fall under 70%.

¹² Data Sources: GAKINDS database, Community Organization Interview, KN Participant Focus Groups, KN Participant Exit Survey, and KN Event Survey

Figure 9: Needs Identified through Needs Assessment and Addressed during Encounters



In January 2022, DFCS began referring all families caring for kin children to the KN Program. Comparing Encounter data from the period prior to the policy change to the period after the change, there is a notable difference. Prior to 2022, 31.1% of encounters with caregivers with at least one Kincare child were I&R only. By 2022, after the policy change, this proportion drops to 9.3%. This significant shift indicates that more kin caregivers are fully engaging in the KN Program. This Intake status provides follow-up and regular support that is often needed by kin caregivers.

Figure 10: Intake and I&R Encounters for Caregivers with at least one Kincare Child

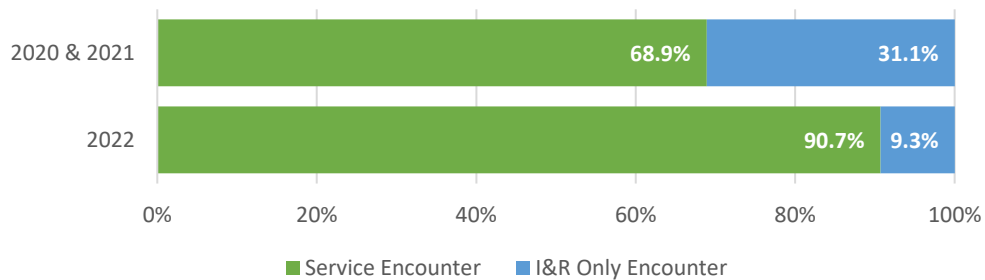
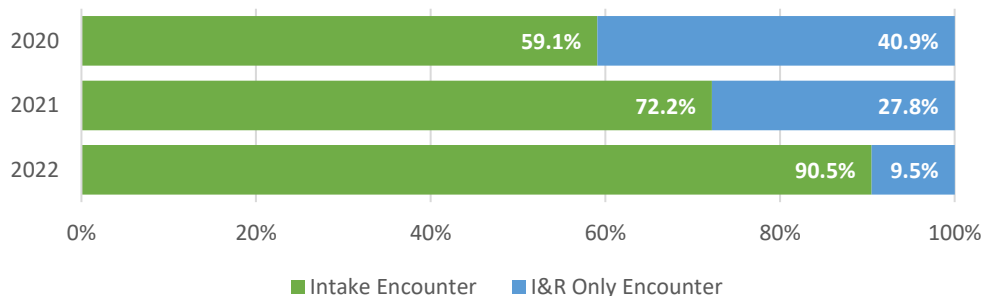


Figure 11: Intake and I&R Encounters for Caregivers with at least one Kincare Child by Year



During focus groups, when participants were asked how their families have benefited from the Kinship Navigator program, three key themes arose, all from participants in the enhanced sites with support groups. Statewide participants primarily mentioned the system navigation support and referrals they received from their Navigator.¹³ Several enhanced site participants reported that they had little or no knowledge about the KN Program. It is likely that participants have not connected the resources that they have received as a result of the mini grants with the KN Program. Others shared that the biggest benefit of the program has been the connection to resources. For example, one caregiver shared that her Navigator provided a robust list of local available resources. Most of the conversation about program benefits centered around challenges that caregivers have experienced in getting support from the program. For example, one caregiver said *“Prior to covid they (navigators) did more, so in the last couple of years, not much has happened.”* Another said that *“these navigators have too much on their plate. Our navigator is overwhelmed and can have 30-40 requests per week or day. I got the impression that she wants to help but is just overwhelmed.”* Another participant highlighted that the online referral system is difficult for grandparents to use.

“Sharon has connected me with resources. She has let me know about legal aid, who to call to get help with custody, foster kids store in Atlanta where I got some clothes. Helped with what I needed to do to get his social security started”

When asked how their family benefitted from the kin caregiver support groups, peer support and parent education were main themes. Many participants shared that the support they get from peers experiencing similar situations was especially helpful. They appreciated advice from peers and the adult interaction that comes from participating in support groups. For example, one person shared that *“being a former foster parent I know what they deal with – we need each other’s advice.”* Another individual said that *“Just having adult interaction who has the same experience lets me know I’m not alone.”* Others reported that the support group offered opportunities for parent education. Several caregivers talked about classes and special speakers that addressed parenting concerns during the support groups as beneficial. One parent appreciated the *“classes that*

“I want my child to feel some normalcy and wanted her to know other families, so we don’t feel alone – just to have support – know other families are like ours – that’s is what I’ve gotten.”

teach you what kinds of things children need to know as they grow – how to care for yourself and children.” Another shared that she had changed the way she interacted with her child as a result of what she learned in the support group. She said *“I learned to deal with my grandson differently. We always say I love you and show we care now. I think that helps him more than how we used to do.”*

Participants also shared that a benefit of participating in the support group is learning about available resources. Support group leaders were praised as knowledgeable about resources for kin caregivers and instrumental in connecting families to needed supports. As one lady shared *“I have been with the support group 7 years and Ms. Linda is a special lady; she has helped me so much and I thank God for her”*. Another person said that *“it’s good to have someone to go to for resources. Lots of time when you ask, people say they don’t know but the resources are out there. It is good Family Connection is there to let us know what is out there for them – the resources they do and the resources from kinship program.”* Another shared how the support group was instrumental in connecting her with needed educational support. She said *“I had no idea what an IEP was and when he was diagnosed, I didn’t know what I needed. She explained what it was, what I needed to do.”*

Finally, several participants talked about the support group being an opportunity for respite care. The support group meetings often include childcare which enables caregivers to connect with peers without the concern for

¹³ See section on Fostering Partnerships and Service Coordination for more information.

childcare. Others shared that their support group have respite days where caregivers can leave their children and focus on their personal needs. As one parent said, “Respite days are a big help; my granddaughter doesn’t have friends so it’s a great opportunity for her to play with friends.”

“Respite days are a big help; my granddaughter doesn’t have friends so it’s a great opportunity for her to play with friends.”

Survey data were also collected from KN Program participants when they were exiting the program. The purpose of the survey was to assess caregiver knowledge, access, and satisfaction with available resources and, caregiver’s self-efficacy. Respondents were asked if they were informed about services through the KN Program. If they responded yes, they were asked if they “accessed” the service. If they responded yes to “access” they were asked if they were “satisfied” with the service. As shown in Table 5 below, the most commonly identified and accessed services were “SNAP, TANF, Medicaid”, “financial assistance”, “legal assistance” and, “food and nutrition services”. The vast majority of respondents reported they were “very satisfied” with the services they received, with the highest mean response to “food and nutrition services”.

Table 5: Service Knowledge, Utilization and Satisfaction*

Statement	Did you become aware of service because of KN?	Did you access this service?	Were you satisfied with the service?			
	Yes	Yes	Very Satisfied	A Little Satisfied	Not Satisfied	Mean
Legal Assistance	41.8%	64.3%	72.2%	27.8%	0%	2.72
Financial Assistance	51.5%	76.5%	53.8%	23.1%	19.2%	2.36
Housing Resources	27.3%	27.8%	80.0%	0%	20.0%	2.60
Mental/Behavioral Health Services	27.2%	50.0%	66.7%	22.2%	11.1%	2.56
Food and Nutrition Services	47.0%	83.9%	84.6%	0%	11.5%	2.76
SNAP, TANF, Medicaid*	72.7%	75.0%	66.7%	33.3%	0%	2.67
Childcare Services	31.8%	66.7%	71.4%	7.1%	21.4%	2.50
Physical Health Care/Medical Services	34.8%	43.5%	60.0%	30.0%	10.0%	2.50
School/Educational Resources	30.3%	55.0%	63.6%	18.2%	18.2%	2.45
Leisure/Recreational Resources	23.1%	80.0%	75.0%	0%	16.7%	2.64

*Not rank-ordered by mean

Next, 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; see Table 6. For this item, 87.1% of caregivers either agreed or strongly agreed with this statement (m=4.34). In addition, 80.6% agreed that they would recommend the KN Program to others in the same situation (m=4.18); 82.3% agreed that they plan to continue to participate in kinship care activities (m=4.11) and 74.2% agreed that they feel more supported since being involved with the KN Program (m=3.85). When asked whether they trust DFCS now more since becoming involved with the KN Program, 51.6% agreed with the statement.

Table 6: KN Participant Assessment of Self-Efficacy*

Since being involved with the Kinship Navigator program...	Strongly Agree + Agree	Undecided/ Not Sure	Disagree + Strongly Disagree	Mean
I think that I will be able to continue raising the relative child(ren) in my care.	87.1%	6.5%	6.5%	4.34
I would recommend the Kinship Navigator Program to others who are in the same situation.	80.6%	8.1%	11.3%	4.18
I plan to continue to participate in Kinship Care activities.	82.3%	8.1%	9.7%	4.11
I feel more supported.	74.2%	6.5%	19.4%	3.85
I feel that I am better able to cope with caring for the relative children I am raising.	59.7%	22.6%	17.7%	3.71
I feel as if my overall health and sense of well-being have improved.	54.8%	29.0%	16.1%	3.56
I trust DFCS more now than I did before I became involved with the Kinship Navigator Program.	51.6%	27.4%	21.0%	3.42
I am enjoying life more now.	48.4%	33.9%	17.7%	3.40
I feel less stressed out or overwhelmed.	53.2%	14.5%	32.3%	3.37
I feel less isolated.	52.5%	21.3%	26.2%	3.31

*(7 GAKinDS surveys were missing this section)

Participants were also asked to rate, using a 5-point Likert scale, a series of statements about their coping skills and ability to navigate the challenges associated with kin caregiving. Ninety-four percent of caregivers reported that they feel confident in their ability to help their relative child grow and develop (m=4.48), 88.7% said that they know what to do when there are problems with their relative child (m=4.40), 90.3% reported that “when problems arise with my relative child, I handle them pretty well” (m=4.37) and, 77.4% indicated that they are able to get information to help them better understand their relative child (m= 4.11); see Tables 7 and 8 below.

Table 7: Self Assessment of Problem-Solving Skills*

Which response best describes how each statement applies to you?	Very True + Mostly True	Some-what True	Mostly Not True + Not at all True	Mean
I feel confident in my ability to help my relative child grow and develop.	93.5%	4.8%	1.6%	4.48
When necessary, I will look for services for my relative child and family.	90.3%	4.8%	4.8%	4.45
I know what to do when there are problems with my relative child	88.7%	8.1%	3.2%	4.40
When problems arise with my relative child, I handle them pretty well.	90.3%	8.1%	1.6%	4.37
I am able to get information to help me better understand my relative child	77.4%	9.7%	12.9%	4.11
When I need help with problems with my relative child, I am able to ask for help from others.	69.4%	19.4%	11.3%	4.03

Which response best describes how each statement applies to you?	Very True + Mostly True	Some-what True	Mostly Not True + Not at all True	Mean
I know how to find services for my relative child or my family	59.7%	22.6%	17.7%	3.77
I am able to access services more quickly to help with my relative child or my family,	59.7%	24.2%	16.1%	3.76
I am a part of a network of kin caregivers that is helpful to me.	51.6%	17.7%	30.6%	3.42

*(7 GAKinDS surveys were missing this section)

In addition to the Exit survey, caregivers who participated in the KN Program events during FY22 were asked to rate several of the same statements. For every statement, except one, the event participants gave a higher rating than exiting participants; see Table 8 and 9. For example, 83.6% agreed or strongly agreed with the statement “I trust DFCS more now that I did before I became involved with the Kinship Navigator Program”. Given that these data were collected directly following a KN Program event that was designed to engage, uplift, encourage and connect caregivers with others in similar circumstances it is not surprising that they would report strong positive opinions of the program and how it has impacted their lives.

Table 8: Caregiver Self-Efficacy – Event Participant vs KN Participant Exit

Since being involved with the Kinship Navigator Program...	Strongly Agree + Agree	
	Event Survey (n=67)	Exit Survey (n=69)
I plan to continue to participate in Kinship Care activities.	92.0%	80.7%
I would recommend the Kinship Navigator Program to others who are in the same situation.	95.1%	79.0%
I feel more supported.	83.9%	71.9%
I feel that I am better able to cope with caring for the relative children I am raising.	90.0%	59.6%
I trust DFCS more now that I did before I became involved with the Kinship Navigator Program.	83.6%	47.4%
I plan to continue to participate in Kinship Care activities.	92.0%	80.7%
I would recommend the Kinship Navigator Program to others who are in the same situation.	95.1%	79.0%

Table 9: Caregiver Problem Solving – Event Participant vs KN Participant Exit

Which response best describes how each statement applies to you?	Very True + Mostly True	
	Event Survey (n=67)	Exit Survey (n=69)
I feel confident in my ability to help my relative child grow and develop.	90.3%	93.0%
I know what to do when there are problems with my relative child	71.0%	89.4%
I am a part of a network of kin caregivers that is helpful to me.	67.2%	49.1%

The data on program impact show that families are benefiting from the KN Program in multiple ways. The GAKinDS data revealed that the majority of needs identified by families during the intake process are successfully addressed during their encounters with Navigators. Focus group participants agreed that connection to resources is a primary benefit of the program. In addition to concrete supports, families that participated in the enhanced sites reported that the peer support and parent education that they received were key benefits of their participation. They also shared that they have learned about local support, how to access services and have opportunities for respite care as a result of participating in support groups. The participant survey results also align with the GAKinDS and focus group data. These data showed that participants accessed and were satisfied with many of the services that they were linked to due to their involvement in the KN Program. When asked about their self-efficacy and coping skills as a result of participating in the program, many participants reported that they felt better equipped to continue parenting their kin caregiver child, feel more supported, more confident and have improved their coping skills. They reported more “trust” for DFCS and the vast majority said they would recommend the KN Program to other caregivers. Event participants also reported feeling more supported and better equipped to continue parenting.

Needed System Changes



Evaluation Question: What system-level changes are needed to improve service delivery and support to kinship families?¹⁴

Kin caregivers and community organizations were asked to identify needed system changes to improve service delivery and support to kinship families. Both groups mentioned the need for specialized financial support, including emergency assistance. Community organizations felt that kinship families should be provided the same type of support that is provided to foster families – *“What I would see would be beneficial is at the very beginning, when Kinship grandparents have been presented with the children, that they understand that there are certain supports they’re not going to get, I mean, be honest upfront with them”*. This group also mentioned the importance of increasing housing support and increasing access to support groups across the state. Finally, community organizations felt that more could be done to streamline access to the Navigator program and to other needed services, including Medicaid, TANF, WIC and SNAP.

Community organizations also had several recommendations regarding needed system changes including efforts to increase knowledge of *“best practices for working with kin caregiving families”* and *“share information about foster family supports”*. As in previous years, *“more KN staff”* and stronger *“connection with DFCS case managers”* was a frequent recommendation. Others included increased *“advocacy for kin services”* and *“promotion – not just that it exists but what it can do for families”* in communities. Several interviewees also mentioned the need for

“Grandparents’ incomes change very slightly, because they’re always raising grandchildren, and always accepting new grandchildren, they have this continuous need, and I don’t think there is enough support financially, physically via entitlement services, via daycare, respite opportunities, especially housing. There’s not enough consideration given to the sacrifice that these grandparents are making, and many of other caregivers are making, especially those in the senior age. There’s a huge need, and a need for a state response to address some of those issues via policies that would really consider the grandparents and the things that they are sacrificing, medication, taking care of their own wellbeing, because they really don’t have the resources, it is a matter for them of robbing Peter to pay Paul.”

¹⁴ Community Organization Interview, KN Participant Focus Groups, DFCS Staff Survey, KN Program Fidelity Instrument

increased community partnerships and suggested that the KN Program could spearhead a “coalition of organizations that provide kin services so they can plan and help fill the gaps and not duplicate services – building a learning community”. In addition to the coalition, interviewees suggested that the KN Program identify and apply for grant funding to support both kin caregiving families and organizations.

Finally, interviewees recommended Navigators “increase their knowledge of local services” and “reach out to Family Connection Collaboratives” to help link families to services. At least one respondent also mentioned the need to provide “parenting education that includes developmental screenings of their children”. Community organizations were also asked if they were aware of any policy or system changes that had occurred to provide improved support and resources to kin caregivers. Most of the individuals interviewed reported that they were unaware of any policy or system changes that have occurred to provide support and resources to kin caregivers. Three people shared changes and gave examples including the Grandparents Supplement (a supplement for grandparents that have an open DFCS case) and Families First. One individual mentioned that most are unaware of the supplement and therefore, do not take advantage of it. She said “I have for my granddaughter, the enhanced relative subsidy, because I knew about it. I was a foster parent first, and then I adopted. So, I read. A lot of the families today are not aware of the systematic policies.” One person mentioned hearing about funding for Families First but had limited knowledge. She said “I did hear that there was some Family First funding act that was supposed to be done, but it would be based on if you're able to measure the effectiveness. But other than that, I don't really know anything.”

In addition to the need to increase financial support, focus group participants stated the Navigator program could be improved by increasing support for transportation, extracurricular activities, respite care, support groups for children, and care for infants. Several also mentioned the need for improved communication with DFCS caseworkers and other DFCS staff. As reported earlier in this report, one of the primary benefits of the Navigator program mentioned by kin caregivers was the liaison role that Navigators bring to those families who are working with other DFCS staff.

DFCS staff were asked about specific program and system components and the extent to which they currently exist within the continuum; see Table 10. The highest-rated items were related to: (1) knowledge of types of kinship families, (2) coordinated services for kin caregivers, and (3) support for the KN program by DFCS staff; see Table 10. Those items with the lowest ratings provide some insight as to system changes that may bolster the program. These include: (1) dedicated OFI support, (2) affordable childcare resources for kin caregiver families, (3) policies that provide financial support to kin caregivers at the time of placement, (4) enhance web-based access to Kinship portal and referral process, and (5) communication with DFCS case managers and clear understanding of the program.

Table 10: DFCS Staff Assessment of KN Program (n=45)

<i>To what extent do the following exist within the Kinship Care Continuum?</i>	Percentage Fully Implemented	Mean
Knowledge of types of kin caregivers	40.0%	3.9
Coordinated services for kin caregivers	28.9%	3.5
Support for the Kinship Navigator Program by DFCS staff	28.9%	3.5
Access to resources for Kinship Navigators to support kin caregivers	25.0%	3.4
Sufficient navigator time to support all regions	22.2%	3.3
Access to community-based services to support kin caregivers	22.2%	3.2

<i>To what extent do the following exist within the Kinship Care Continuum?</i>	Percentage Fully Implemented	Mean
Sufficient funding for the Kinship unit	27.9%	3.1
User-friendly Kinship Navigator data-tracking system	26.8%	3.0
Interaction with other state agencies, such as DECAL, Court systems	25.0%	3.0
Clear understanding of Kinship Navigator Program goals and objectives	24.4%	3.0
Communication between DFCS case managers and Kinship Navigators	24.4%	3.0
Enhanced web-based access to Kinship portal and referral process	22.7%	3.0
Policies that provide financial support to kin caregivers at the time of placement	22.7%	3.0
Affordable childcare resources for kin caregiver families	20.0%	3.0
Dedicated OFI support for Kinship Navigator families	23.8%	2.8

In addition to the DFCS Staff Survey, KN participant focus groups, and community organization interviews, the newly developed Kinship Navigator Program Fidelity Instrument data can identify areas of needed program changes. The KN Fidelity Instrument designed and piloted in FY21 is designed to measure adherence to the Kinship Navigator Program model. There are five domains of program fidelity: Timeliness, Form Completion, Contact with Families, Community Involvement, and Kinship Navigator Staff Preparedness. Each domain contains items that reflect a required aspect of the Kinship Navigator Program and are rated on a 5-point scale of 1= Not Implemented to 5= Fully Implemented. The instrument is designed to be completed by the Kinship Coordinator for each Navigator twice a year and as a self-assessment once a year. During the fall of 2022, the instrument was completed by the seven Navigators as a self-assessment and by the KN Program Manager.

The comparison of the fidelity ratings assists KN management and Navigators to identify areas of improvement in program implementation; see Table 11. Overall, domains were rated 4.0 or higher, reflecting a reporting of strong fidelity to the program model. Across all domains the KN Manager rated items lower on average than Navigators did, however the difference varies by domain; see Table 11 below. The two lowest rated domains by management were “timeliness” at 3.53 and “contact with families” at 4.00, while Navigators’ two lowest domains were “community involvement” at 4.01 and “contact with families” at 4.66. On average, the rating was more similar for the “Kinship Navigator staff preparedness” domain, with 4.61 staff rating and 4.59 management rating. However, the “reporting” area of this domain was rated 4.18 by Navigators and 2.50 by management, the lowest rating of any area across all domains. Those areas with an average rating of 3.5 or lower should be priorities for KN Program training with Navigators. These include: “first contact with families”, “program reentry”, “initial contact following referral”, “frequency of contact”, “relationship with local DFCS workers”, and “reporting”.

Table 11: Kinship Navigator Program Fidelity Instrument Summary

Program Domains and Areas	Staff Average	Manager Average
Timeliness	4.69	3.53
Needs Assessment Completion	4.90	3.86
First Contact with Families	4.00	2.71
Encounter Form Completion	4.79	3.71
Intake Form Completion	5.00	3.71
Case Closures	4.86	3.86

Program Domains and Areas	Staff Average	Manager Average
Program Reentry	4.43	3.14
Form Completion	4.79	4.30
Completeness of Variables	4.71	4.14
Entry into GAKinDS	4.86	4.36
Needs Assessment for Every Family	4.79	4.43
Contact with Families	4.66	4.00
Initial Contact Following Referral	4.44	3.29
Frequency of Contact	4.67	2.86
Relationship Established	4.93	4.50
Active Referrals	4.85	4.04
Intake Families Service Provision	4.57	4.10
Community Involvement	4.10	4.01
Connections with Community-based Organizations	4.49	4.27
Relationship with Local DFCS Workers	3.38	3.37
Kinship Navigator Staff Preparedness	4.61	4.59
Understanding the KN Model	4.71	4.86
Staff Requirements	4.73	4.76
Family Support and Child Safety Knowledge	4.70	4.76
Reporting	4.18	2.50

Overall, there was agreement across data sources regarding needed system changes. Partners, staff, and families mentioned changes in the system of services that would increase the effectiveness of KN Program and changes in DFCS regulations that could provide targeted and specialized financial support to kin caregivers. “Financial” support included dedicated OFI support for kin caregivers, direct financial support at the time of placement, and more streamlined access to childcare and health insurance. KN participants identified better access to transportation, respite services and support groups for both caregivers and children as needed system changes. Finally, partners suggested that the KN Program could build a “coalition of partners” that could be a “learning community” across the state to provide better coordinated and high-quality services to kin caregivers and lead the way to increase the knowledge regarding best practices for kin caregivers and their children.

“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. Although there are limitations, the triangulation of data from multiple sources helps increase the confidence of findings.

- Low response rate to participant exit survey – Only 69 of over 1,800 exiting participants responded to the Exit Survey. This extremely low response rate severely limits the ability to generalize impact findings to all KN Program participants.
- Comparison group limitations – This evaluation design used statewide KN Program participants as the control group and the enhanced site participants as the intervention group. Findings are limited due to the inability to track GAKinDS data and survey for individuals served in the control and intervention groups. Focus group data was the only available data source used for comparison.
- 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).

Conclusions

The FFY21-FFY22 evaluation revealed several key strengths for the KN Program that showed significant changes from the previous FFY20 Evaluation Report. KN Program management has seen improvement through the on-going use of the GAKinDS data system which underwent several updates during this 2-year period. In addition, a complete KN Program Manual and Fidelity Instrument were completed and piloted. As the program moves into FFY23, these additional tools provide a strong foundation for ongoing improvements in data collection and overall program fidelity. This report summarizes the findings related to multiple logic model indicators (see Figure 1 and 2) using qualitative and quantitative data collection methods to address the five primary evaluation questions.

There is strong evidence of an increase in KN Program utilization. During the first nine months of KN Program data collection 300 families completed an Intake, while from October 2020 through September 2022, 1,978 families engaged in the KN Program as full participants reflecting greater than 100% increase in utilization. This During FY21 and FY22, an additional 1,259 families received I&R only services. Family descriptors are not collected for those receiving I&R only. These 1,978 families entered the program from 3,734 Referrals received from across the state with the most accounted for by Region 14 and the least by Region 9. Only 5 counties had more than 100 referrals, including Fulton, DeKalb, Clayton, Cobb, and Gwinnett. Over two-thirds of referrals were made by DFCS followed by self or other individual referrals, community organizations among “other” referral sources, and school referrals. These 1,978 families lived in 148 counties, accounting for 93% of the counties in Georgia. The largest proportion of families live in DFCS Region 11, followed by Region 14, accounting for a little over one quarter of the families served. Each of the other regions account for less than 10% of Intakes. More caregivers were married than single, and the majority were the child(ren)’s grandparent. The vast majority of households had children involved with DFCS and were either White (49.5%) or African-American (47.0%). One-quarter (25.0%) of families with Intakes received only one encounter during the time period, with an additional fifty percent receiving two (21.8%), three (18.3%), or four (10.5%) encounters. On average,

enrolled caregivers were engaged 2.1 times, with a maximum of twenty-two (22) encounters reported for one caregiver. Caregivers with encounters specified as information and referral (I&R) only were engaged less frequently, with an average of 1.4 encounters

Of the 3,734 referrals received during this period, "other" reasons encompassing basic needs such as clothing, beds, diapers, and food were identified by 32.3%, financial by 17.5%, childcare by 10.1% and OFI benefits by 9.6%. Legal reasons for referral were identified by less than 5%. Needs identified by KN Event participants and DFCS Staff mostly aligned with those identified through Referrals, Needs Assessments and focus groups, Referral and Needs Assessment data. As in FFY20, financial and childcare needs were the most frequently mentioned. Unlike in FFY20, mental health for children and caregivers were identified by over 68% of respondents compared to 50% and 29% respectively in FFY20. Educational support for children and caregivers and basic needs were mentioned by over 40%. Those less frequently mentioned included medical care for the caregivers and housing. These significant shifts in identified needs may be the aftermath of the social isolation and other impacts of the pandemic.

In addition to an increase in KN Program utilization, there is evidence of positive impacts for families, including greater stability of caregiver, increased knowledge of, use of local services and ability to navigate systems, decreased feelings of isolation and increased confidence in their ability to care for their kin children. The GAKinDS data revealed that the majority of needs identified by families during the intake process are successfully addressed during their encounters with Navigators. Focus group participants agreed that connection to resources is a key benefit of the program. In addition to concrete supports, families that participated in the enhanced sites reported that the peer support and parent education that they received were key benefits of their participation. They also shared that they have learned about local services, how to access them and have opportunities for respite care as a result of participating support groups. The participant survey results also align with the GAKinDS and focus group data. These data showed that participants accessed and were satisfied with many of the services that they were linked to because of their involvement in the KN Program. When asked about their self-efficacy and coping skills as a result of participating in the program, many participants reported that they felt better equipped to continue parenting their kin caregiver child, feel more supported, more confident and have improved their coping skills. They reported more "trust" for DFCS and the vast majority said they would recommend the KN Program to other caregivers. Event participants also reported feeling more supported and better equipped to continue parenting.

Investigation of KN Program partnerships found that local community partners are aware of and work with Navigators to link kin caregiving families to services. Respondents also reported that the community-at-large is not aware of the program and that many kin caregivers learn about the program only after they have been referred. Both community organizations and KN participants described the critical nature of Navigators' knowledge of local community resources and suggest that efforts to increase broad community understanding of 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 that many caregivers identified various linkages provided by the KN Program, however community organizations were often unaware of cross-agency coordination outside of their own direct work with the KN Program.

There was clear evidence from both kin caregivers and community organizations that they value their relationship with Navigators to access services. For kin caregivers, access was achieved through direct information and referral (see report section on Program Impact) and for community organizations they appreciated the "*coordination of services*" for families between community programs and KN Program. Community organizations want to connect more, spread the word about KN and advocate to bolster the program so Navigators have more time to connect and influence the system of services in communities. There is

a real opportunity for the KN Program to increase community knowledge about their services for families through enhancing their work with community partners.

Overall, there was agreement across data sources regarding needed system changes. Partners, staff, and families mentioned changes in the system of services that would increase the effectiveness of KN Program and changes in DFCS regulations that could provide targeted and specialized financial support to kin caregivers. This “financial” support included dedicated OFI support for kin caregivers, direct financial support at the time of placement, and more streamlined access to childcare and health insurance. KN participants identified needed improvements such as better access to transportation, respite services and support groups for both caregivers and children. Partners suggested that the KN Program could build a “*coalition of partners*” that could be a “*learning community*” across the state to provide better coordinated and high-quality services to kin caregivers and lead the way to increase the knowledge regarding best practices for kin caregivers and their children.

KN Program evaluation findings support findings from the literature regarding the efficacy of kinship support programs, including enhanced well-being of caregivers and meeting the needs of families. Caregivers in both the enhanced site and statewide focus groups reported similar needs while those in the enhanced sites reported more specific services and positive outcomes resulting from their engagement. In summary, the KN Program is making a difference in the lives of kin caregiver families and those families in the enhanced sites are enjoying additional support and services not available throughout the state. Overall, partners and families agreed that the KN Program is well positioned to provide more robust services to both assist families and to lead the way in making positive changes in the system of services for kin caregiving families across the state.

Recommendations

A number of recommendations emerged as a result of the FFY21-FFY22 evaluation. Recommendations center around three areas: expansion of specialized services for kin caregiving families, increasing community and service provider knowledge of KN Program and supports, and building advocacy and increased understanding of the needs of kin caregiving families. The following recommendations should be considered.

- Build advocacy for KN program expansion.
- Increase the number of program staff to ensure that there is a navigator in each region.
- Build a “*learning community*” of organizations that support kin caregivers across the state.
- Work with partner agencies to build kin caregiving support groups across the state.
- Expand community knowledge and foster and deepen relationships among Navigators and community partners.
- Build stronger partnerships between Navigators and other DFCS staff.
- Increase specialized financial support to kincare families to help them better care for relative children.
- Explore efforts to increase the length of time families are engaged in KN Program.
- Develop specialized services for kincare families, including increased access to housing, childcare, educational resources, mental health, and medical health services for their relative children.
- Continue to improve the completeness of data collection to better describe program participants and implementation.
- Expand community knowledge about the Kinship Navigator Program.
- Explore expansion of support groups and other services provided in the enhanced sites to additional counties throughout the state.
- Review and refine data collection instruments to improve data accuracy.
- Revisit evaluation plan to enhance the ability to measure both system changes and improvements in outcomes for children and families in the KN Program.

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						
<ul style="list-style-type: none"> • 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 Kin care 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • # 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 	<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 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) 	<ol style="list-style-type: none"> 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 <u>caregivers</u> 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						
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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) 		<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 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

Evaluation Question	Indicators	Data Source	Responsible Party	Timeline /Procedure
<i>What kinds of supports and services does the Kinship Navigator program provide to caregivers?</i>	<p><u>Process Outcomes</u></p> <ul style="list-style-type: none"> • 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 	<p>KINDS Database</p> <p>KN Cohort County Support Group Participant Focus Groups</p> <p>Community Organization Interviews</p>	<p>Data Entry: Program Staff</p> <p>Aggregation and Analysis: Evaluators</p> <p>Focus Groups: Evaluators</p>	<p>Client data will be collected at referral, needs assessment, intake, and at each encounter and entered in GAKinDS database</p> <p>Focus groups will be conducted in May - July 2022 with kin caregivers from the 6 Kin Caregivers Support Cohort counties and 3 groups of cross-county kin caregivers</p> <p>Interviews will be conducted during the last 3 months of the year with a sample of community organizations</p>
<i>What impact does the Kinship Navigator program have on the well-being of caregivers and families?</i>	<p><u>Short-term Outcomes</u></p> <ul style="list-style-type: none"> • 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 <p><u>Intermediate Outcomes</u></p> <ul style="list-style-type: none"> • Development of peer support 	<p>KN Inquiry only and Participant Survey</p> <p>KN Cohort County Support Group Participant Focus Groups</p> <p>KINDS Database</p>	<p>Survey Distribution: Program Staff</p> <p>Aggregation and Analysis: Evaluators</p> <p>Focus Groups: Evaluators</p> <p>KN Database Data Entry: Program Staff</p> <p>Aggregation and Analysis: Evaluators</p>	<p>Exit surveys will be sent via KINDS to Inquiry only and program participants after their “exit” encounter form is entered</p> <p>Focus groups will be conducted in May - July 2022 with kin caregivers from the 6 Kin Caregivers Support Cohort counties and 3 groups of cross-county kin caregivers</p> <p>Client data will be collected at referral, needs assessment, intake, and at each encounter and entered into the KINDS database</p>

Evaluation Question	Indicators	Data Source	Responsible Party	Timeline /Procedure
	<ul style="list-style-type: none"> • Increased stability of caregiver and child <p><u>Long-term Outcomes</u></p> <ul style="list-style-type: none"> • 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 	DFCS Staff Survey	Staff Survey Distribution, Aggregation and Analysis: Evaluators	Surveys will be administered to DFCS staff by evaluators in the summer
<p><i>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?</i></p>	<p><u>Process Outcomes</u></p> <ul style="list-style-type: none"> • Number of community meetings + events hosted • Number of community meetings + events with Kinship Navigator participation <p><u>Short-term Outcomes</u></p> <ul style="list-style-type: none"> • 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 <p><u>Intermediate Outcomes</u></p> <ul style="list-style-type: none"> • Increased number of community partners serving Kinship 	<p>KINDS Database</p> <p>Community Organization Interviews</p>	<p>KN Database Data Entry: Program Staff</p> <p>Aggregation and Analysis: Evaluators</p> <p>Interviews, Aggregation, Analysis: Evaluators</p>	<p>Client data will be collected at referral, needs assessment, intake, and at each encounter and entered into the KINDS database</p> <p>Interviews will be conducted during the last 3 months of the year with a sample of community organizations</p>
<p><i>How does the Kinship Navigator program</i></p>	<p><u>Short-term Outcomes</u></p> <ul style="list-style-type: none"> • Decreased length of time for families to access needed services 	KINDS Database	DFCS Records: Program Manager	

Evaluation Question	Indicators	Data Source	Responsible Party	Timeline /Procedure
<i>coordinate services with local and state level agencies to support kinship families?</i>	<ul style="list-style-type: none"> Increased turnaround time of benefits approval <u>Long-term Outcomes</u> <ul style="list-style-type: none"> 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 	Community Organization Interviews KN Cohort County Support Group Participant Focus Groups DFCS Staff Survey	GAKinDS Database Data Entry: Program Staff Aggregation and Analysis: Evaluators Focus group and interviews Aggregation, Analysis: Evaluators Staff Survey Distribution, aggregation and Analysis : Evaluators Survey Distribution: Program Staff Aggregation and Analysis: Evaluators	Client data collected at intake, 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 Focus groups will be conducted in May - July 2022 with kin caregivers from the 6 Kin Caregivers Support Cohort counties and 3 groups of cross-county kin caregivers Surveys will be administered to DFCS staff by evaluators in the summer
<i>What system level changes are needed to improve service delivery and support to kinship families?</i>	<u>Short-term Outcomes</u> <ul style="list-style-type: none"> 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 <u>Intermediate Outcomes</u> <ul style="list-style-type: none"> Increased interaction with other agencies, ex: DECAL, Courts 	Community Organization Interviews DFCS Staff Survey	Interviews, Aggregation, Analysis: Evaluators Staff Survey Distribution, Aggregation and Analysis: Evaluators KINDS 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 Surveys will be administered to DFCS staff by evaluators in the summer

Evaluation Question	Indicators	Data Source	Responsible Party	Timeline /Procedure
	<ul style="list-style-type: none"> • 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 <p><u>Long-term Outcomes</u></p> <ul style="list-style-type: none"> • 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: Encounter Types of Contacts

Encounter Type	I&R	Intake	ALL Number - Percentage
Face to Face	20	67	87 – 1.1%
Phone	1407	5096	6503 – 80.1%
Electronic	293	998	1291 – 16.4%
Other	96	173	269 – 3.3%
Total	1816	6334	8150

Table 2: KN Participant Survey Respondents Demographic Information

	Participant N = 69
Less than 1 year	20.3%
1-2 years	39.1%
3-5 years	11.6%
More than 5 years	29.0%
Region 1	0
Region 2	1.6%
Region 3	8.2%
Region 4	9.8%
Region 5	3.3%
Region 6	11.5%
Region 7	3.3%
Region 8	1.6%
Region 9	4.9%
Region 10	4.9%
Region 11	4.9%
Region 12	8.2%
Region 13	23.0%
Region 14	14.8%

Table 3: KN Event Participant Descriptors

	Number	Percentage
Race / Ethnicity	<i>N=1978</i>	
African American	929	47.1%
Hispanic/Latino	7	0.4%
Not Hispanic / Latino	916	47.1%
Unable to Determine	6	0.3%

	Number	Percentage
White	979	50.1%
Hispanic / Latino	27	1.4%
Not Hispanic / Latino	948	48.3%
Unable to Determine	4	0.2%
Native American/Pacific Islander	3	0.2%
Not Hispanic / Latino	3	0.2%
Other	60	3.0%
Hispanic / Latino	3	0.2%
Not Hispanic / Latino	22	1.1%
Unable to Determine	35	1.2%
Relationship to Child	<i>N=1978</i>	
Grandparent	1015	51.3%
Aunt / Uncle	508	26.1%
Fictive Kin / Non-Relative	195	9.7%
Sibling	52	2.7%
Other	66	3.5%
Marital Status	<i>N=1978</i>	
Married	795	40.2%
Single	702	35.5%
Divorced	193	9.8%
Widowed	102	5.2%
Separated	91	4.6%
Domestic Partnership	31	1.2%
Unknown	64	3.2%
Region	<i>N=1978</i>	
Region 1	159	8.0%
Region 2	113	6.0%
Region 3	65	3.3%
Region 4	132	6.7%
Region 5	159	8.0%
Region 6	126	6.4%
Region 7	103	5.2%
Region 8	100	5.1%
Region 9	75	3.8%
Region 10	109	5.5%
Region 11	261	13.2%
Region 12	154	7.8%
Region 13	181	9.2%
Region 14	241	12.2%
Total Additional Adults in HH	<i>N=1978</i>	
1	1977	99.6%
2	1	0.4%
Total Children in Care	<i>N=1978</i>	
0	69	3.5%
1	989	50.0%
2	536	27.1%
3	257	13.1%
4	83	4.2%
5	29	1.5%

	Number	Percentage
6	10	0.5%
7	5	0.3%
Intakes by Case Type (N=1860)		
CPS	655	35.2%
Family Preservation	5	11.0%
Relative Foster Care	753	40.5%
Informal	249	13.4%

Table 4: Needs Assessment Areas of Need by Severity

Need Area	2 Low	3 Moderate	4 High	5 Urgent
Financial	219	907	88	12
Legal	108	310	22	5
Mental Health	170	709	581	12
Medical	46	206	104	5
Education	80	300	237	4
Housing	23	108	46	16
Child Care	111	480	204	56
Other	294	2772	599	12

Table 5: Kinship Navigator Program Fidelity Instrument Summary

Program Areas to be Assessed		Staff Average	Manager Average
Timeliness		4.69	3.53
Needs Assessment Completion:		4.90	3.86
1	All open kinship care families have completed Needs Assessment by Kinship Navigators	4.86	3.86
2	All kin DFCS families have completed Needs Assessment by Kinship Coordinator.	5.00	N/A
First Contact with Families:		4.00	2.71
3	All referred families are contacted within 48 hours of referral going to Navigator.	4.00	2.71
Encounter Form Completion		4.79	3.71
4	Encounter Form is completed at every Encounter (phone and in-person) with family.	7.86	3.57
5	Encounter Form is completed and marked as "final" as the last Encounter only with families with Intake Form.	4.71	3.86
Intake Form Completion:		5.00	3.71
6	Intake Form is completed at first Encounter with family following determination of level of effort to meet Referral needs.	5.00	3.71
Case Closures:		4.86	3.86
7	Final Encounter Form is completed with all Intake families at the last Encounter	4.86	3.86

Program Areas to be Assessed		Staff Average	Manager Average
Program Reentry		4.43	3.14
8	Families with a Referral and previous Intake and Final Encounter more than 30 days prior to new Referral have new Needs Assessment and Encounter completed.	4.43	3.14
Form Completion		4.79	4.30
Completeness of Variables		4.71	4.14
1	Intake Form variables are all populated.	4.71	4.14
2	Needs Assessment Form variable are all populated.	4.86	4.14
3	Encounter Form variables are all populated.	4.57	4.14
Entry into KinDS		4.86	4.36
4	Intake Form variables are all populated.	4.86	4.29
5	Needs Assessment Form variables are all populated.	4.86	4.29
6	Encounter Form variables are all populated.	4.86	4.29
7	All families with completed Intake Form have assigned ID	4.86	4.57
Needs Assessment for Every Family		4.79	4.43
8	All families with completed Intake Form have a completed Needs Assessment.	4.86	4.43
9	All families with a Referral and more than one need identified have a completed Needs Assessment.	4.71	4.43
Contact with Families		4.66	4.00
Initial Contact Following Referral		4.44	3.29
1	Each referred family will be assessed for Intake or Inquiry-Only status.	4.57	3.71
2	Initial meeting follows the Family Team Meeting format.	3.67	3.14
3	An Encounter form is completed during the initial contact.	4.67	3.00
Frequency of Contact		4.67	2.86
4	After an Intake is completed, families are contact every 2 to 3 weeks to ensure needs are being met.	4.67	2.86
Relationship Established		4.93	4.50
5	Navigator works with kin caregivers to establish and maintain a trusted relationship.	5.00	4.57
6	Navigator shares contact information with kin caregivers to ensure easy access.	5.00	4.43
7	Navigator follows a culturally sensitive communication style that emphasizes the cultural preferences of the kin caregiver.	4.71	4.43
8	Navigator communicates with kin caregivers in a manner that is most desirable for the kin caregiver (phone, email, in-person).	5.00	4.57
Active Referrals		4.85	4.047
8	Navigator follows up with family after any referral to ensure services were provided.	4.86	4.00
9	When possible, Navigator contacts agencies or organizations on behalf of the kin caregivers to link the family to needed services.	4.83	4.14
Intake Families Service Provision		4.57	4.10
10	All families are provided translation services as needed.	4.29	4.57
11	Navigator ensures involvement of multiple family members in appointments as appropriate.	4.00	2.14
12	Navigator ensures each need identified as addressed with an active referral or direct linkage to services.	5.00	4.43
13	Navigator ensures provisions of basic needs for children in care.	5.00	4.29

Program Areas to be Assessed		Staff Average	Manager Average
14	Navigator ensures direct linkage basic needs for all kin caregiver family members.	4.86	4.71
15	Navigator provides hands-on assistance with completing enrollment and maintenance forms for public services (subsidized childcare, SNAP, WIC, ACA, others).	4.29	3.71
16	As requested by the kin caregiver, Navigator accompanies families to court appointments, school appointments, and other official business pertaining to the care of the child(ren).	3.71	3.57
17	Navigator provides support to address any family crisis in a timely manner to minimize disruption of placement for the children.	4.71	3.71
18	Navigator reviews all data included in DFCS SHINES system to ensure full knowledge of history of services.	4.67	4.00
19	Navigator is familiar with the DFCS Communication Plan in place for families involved with DFCS.	4.57	4.86
20	Navigator will close case and complete Exit Encounter when the family meets one of four criteria: (1) family has successfully been serviced by the Navigator program; (2) family determines they are no longer in need of services; (3) family has been unable to contact or locate for 60 days; or (4) family moves out of state.	4.71	4.14
21	Without signed consent, Navigator maintains confidentiality regarding family needs and/or services.	5.00	5.00
Community Involvement		4.10	4.01
Connections with Community-based Organizations		4.49	4.27
1	Navigator is familiar with community service organizations in their region.	4.86	4.71
2	Navigator attends meetings of Family Connection Collaboratives in their region.	4.83	4.57
3	Navigator ensures community service organization contact information is accessible to families through Resource Guide.	4.71	4.43
4	Navigator attends community events to establish and maintain their knowledge of community services and providers.	4.57	4.29
5	Navigator is involved in establishing Kinship Support Groups as needed.	3.43	2.71
6	Navigator attends and supports Kin Caregiver Support Groups in their region.	4.33	4.29
7	Navigator is involved in Kinship Navigator Program promotion activities.	4.71	4.86
Relationship with Local DFCS Workers		3.38	3.37
8	Navigator maintains regular contact with the DFCS Social Service Administrators in their region.	3.67	3.14
9	Navigator maintains regular contact with the DFCS Supervisors in their region.	3.17	3.43
10	Navigator maintains regular contact with the DFCS C3 Coordinator in their region.	3.57	N/A
11	Navigator maintains regular contact with the DFCS Field Program Specialists in their region.	3.14	3.25
Kinship Navigator Staff Preparedness		4.61	4.59
Understanding the KN Model		4.71	4.86
1	Navigator can describe the vision, mission and purpose of Kinship Navigator Program.	4.71	4.86
Staff Requirements		4.73	4.76

Program Areas to be Assessed		Staff Average	Manager Average
2	Navigator maintains confidentiality regarding DFCS official plans and programs.	5.00	5.00
3	Navigator does not use their position in any manner which will result in financial or other benefit, directly or indirectly for themselves, their relatives or individuals with whom they are personally or financially involved.	4.43	5.00
4	Navigator participates in all unity, cadence and conference calls and meetings of the Kinship Navigator Program.	5.00	5.00
5	Navigator participates in weekly supervisory meetings with Kinship Coordinator.	3.83	3.71
6	Navigator understands and follows the duties of a mandated reporter.	5.00	5.00
7	Navigator completes the one-hour online mandated reporter training annually.	5.00	4.86
Family Support and Child Safety Knowledge		4.70	4.76
8	Navigator has understanding of child safety guidelines and best practices.	4.86	5.00
9	Navigator has understanding of best practices related to family support, such as Strengthening Families framework.	4.71	5.00
10	Navigator is engaged in active learning to stay aware of the latest research related to family support and child safety.	4.50	4.29
Reporting		4.18	2.50
11	Navigator is aware of and utilized KINDS reports to monitor their work with families.	4.86	2.50
12	Navigator completes Quarterly Reports with sufficient detail to describe their community involvement and related activities.	3.40	N/A
13	Navigator completes Quarterly Reports on-time.	4.00	N/A

Appendix D: Data Collection Instruments

Kinship Navigator Program Caregiver Exit Survey
DFCS Staff Survey
Kinship Navigator Program Event Participant Survey
Kinship Navigator Program Caregiver Focus Groups
Community Organization Interview



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

- 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial Assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental/Behavioral Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food and Nutrition Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Care Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Health Care/Medical Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School/Educational Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leisure/Recreational Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel less stressed out than I did before I became involved with the Kinship Navigator Program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel less overwhelmed than I did before I became involved with the Kinship Navigator Program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel less isolated than I did before I became involved with the Kinship Navigator Program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am enjoying life more now.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think that I will be able to continue raising the relative child(ren) in my care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel as if my overall health and sense of well-being have improved since I became involved with the Kinship Navigator Program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would recommend the Kinship Navigator Program to others who are in the same situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I trust DFCS more now than I did before I became involved with the Kinship Navigator Program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident in my ability to help my relative child grow and develop.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know what to do when there are problems with my relative child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to get information to help me better understand my relative child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know how to find services for my relative child or my family,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to access services more quickly to help with my relative child or my family,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I need help with problems with my relative child, I am able to ask for help from others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When necessary, I will look for services for my relative child and family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am a part of a network of kin caregivers that is helpful to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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!



DFCS Kinship Staff Survey

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

Thank you for completing this survey!



Kinship Navigator Event – Participant Survey

Please let us know what your needs are as you support your kin children. Check all that apply		
	Yes	No
Legal Assistance	<input type="radio"/>	<input type="radio"/>
Financial Assistance	<input type="radio"/>	<input type="radio"/>
Housing Resources	<input type="radio"/>	<input type="radio"/>
Mental/Behavioral Health Services	<input type="radio"/>	<input type="radio"/>
Food and Nutrition Services	<input type="radio"/>	<input type="radio"/>
Child Care Services	<input type="radio"/>	<input type="radio"/>
Physical Health Care/Medical Services	<input type="radio"/>	<input type="radio"/>
School/Educational Resources	<input type="radio"/>	<input type="radio"/>
Leisure/Recreational Resources	<input type="radio"/>	<input type="radio"/>

If you are currently receiving services from a Kinship Navigator, please respond to the following statements.

Since being involved with the Kinship Navigator program...	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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel more supported.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I plan to continue to participate in Kinship Care activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would recommend the Kinship Navigator Program to others who are in the same situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I trust DFCS more now than I did before I became involved with the Kinship Navigator Program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which response best describes how each statement applies to you?	Very True	Mostly True	Somewhat True	Mostly Not True	Not at all True
I feel confident in my ability to help my relative child grow and develop.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know how to find services for my relative child or my family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am a part of a network of kin caregivers that is helpful to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are there any service or services that you need but have not been able to get? Yes No

If yes, please describe what service or services: _____

Please let us know what you think about the event you attended today.

	Strongly Agree	Agree	Undecided/ Not Sure	Disagree	Strongly Disagree
The information I received before the event was clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The content of the event applies directly to my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attending this event was a worthwhile use of my time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The event was interactive and engaging.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will use the information or skills gained from this event.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The content was at an appropriate level for me – not too hard or too easy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The event increased my knowledge.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Demographic Information

1. Gender: Male Female Other
2. County of Residence: _____
3. Race: American Indian/Alaskan Native Asian Hispanic/Latino
 African American White
 Native Hawaiian/Pacific Islander Other
4. Age: Less than 55 55-64 65-74 75 or older

Thank you for completing this survey!

Kinship Navigator Program Evaluation
Kinship Navigator Participant Focus Group Questions – August 2022

Thank-you again for your participation. Each of you were invited by your Kinship Navigator to participate in this discussion. We have just a few questions and there are no right or wrong answers; we want to hear your honest opinion. Know that these conversations are confidential. We will be taking notes, but nothing you say will be identified with your name. We would like to record to help us with note taking, as long as no one objects, we will start recording now.

Please let us know your name, how many kin children you are caring for, your relationship to the children and how long they have been in your care.

1. First, tell us a little about your primary needs as a kin care giver?
2. What kinds of supports/resources (for example financial, legal, education, peer support, referrals) has the KN program connected you with?
3. How has your family benefited from the Kinship Navigator program? Are there any examples you can tell me about?
4. To what extent has the Kinship Navigator program helped to coordinate services with other local and state agencies that provide support to families?
 - a. FOR FORMAL KIN CAREGIVERS - How has your Navigator coordinated services and supports with your DFCS case manager?
5. How have you or your family benefited from the kin caregiver support group? Any examples you can share?
6. Are there any supports and services that you have needed but were unable to obtain even with Navigator support?
7. Do you have any suggestions to improve the KN Program?

Kinship Navigator Program - Community Organization Interview

1. What is your affiliation with the Kinship Navigator (KN) Program? [PROBE/FOLLOW-UP: KN is the program that (INSERT KN CONTACT NAME) works with.]
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 needed types of support not currently offered as part of the KN program?
5. What are the key outcomes of the KN program?
6. How has the KN program worked with other DFCS staff to address caregivers' advocacy and care coordination needs?
7. How has the KN program worked with other community organizations to coordinate services for kinship caregivers?
8. Are you aware of any recent policy or system changes that help provide more coordinated support and resources to kin caregivers? If so, what?
9. What policy or system changes are needed to provide kin caregivers with more coordinated support and resources?
10. How well known is the KN program in the communities you serve? Is there a specific example you can provide?
11. What recommendations or suggestions do you have to improve the KN program?