Washington State Kinship Navigator Pilot Evaluation Results: Six Months Post

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SCHOOL OF SOCIAL WORK
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Washington State
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Transforming lives

Washington State Department of
CHILDREN, YOUTH & FAMILIES

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Contents

Executive Summary

Kinship Navigator programs have been operating in Washington State since 2005. In 2018, the Department of Children, Youth and Families (DCYF) partnered with the University of Washington (UW) and the DSHS Aging and Long-Term Support Administration (ALTSA) to develop, implement, and evaluate an enhanced Kinship Navigator program in select counties already providing Kinship Navigator services across the state. This study utilized a quasi-experimental design, in which families were assigned to an intervention or comparison condition based on whether their caregiver received services in an intervention or service-as-usual county.

The intervention group received an intervention based on Solution-Focused Case Management, which was piloted in seven counties across the state. The intervention included a needs assessment, goal setting exercise, and follow ups three and six months after intake. Intervention cases closed at either the three or six month follow up depending on the caregiver's progress towards their goals. The comparison group received Kinship Navigator services as usual in twelve counties which did not implement the enhanced model. "End of service" for the comparison caregivers was defined as the last date the client received services from a navigator. All data were collected between July 2019 and October 2022. This report provides an overview of how the enhanced program was developed, how intervention and service as usual (comparison) counties were selected, and the results of the evaluation for kinship caregivers and their children six months after case closure or service receipt. This report is broken up into three separate chapters, which are each stand-alone studies with their own research questions, data sources, and methodologies.

Chapter I provides an overview of our analysis of caregiver outcomes six months after case closure. The data sources for this portion of the analysis include a state administrative database and data gathered through a caregiver survey. Our final sample included 126 caregivers who received the enhanced service and 126 caregivers who received services as usual. Regression on a propensity-score matched sample revealed that those in the intervention group were **more likely to participate in kinship care support groups** six months after case closure and were **more likely to receive Child-Only TANF benefits**. Caregivers in the intervention group also reported **higher levels of personal wellbeing** six months after case closure.

Chapter II provides details about child wellbeing in the intervention and comparison counties six months after case closure. These data were gathered through a caregiver survey. Our final sample included 259 children whose caregivers received the enhanced service and 239 children whose caregivers received services as usual. Logistic regression on a propensity-score matched sample revealed that children in the intervention group were **less likely to leave their caregiver's home due to placement instability** (i.e., reasons other than reunification and aging out) and had slightly **fewer emergency room visits** six months after case closure.

Chapter III provides an overview of child safety and stability in the intervention and control sites. The data sources for this portion of the analysis include the Adoption and Foster Care Analysis and Reporting System (AFCARS), the National Child Abuse and Neglect Data System (NCANDS), and caregiver survey data. Our final sample included 269 children whose caregivers received the enhanced service and 269 children whose caregivers received services as usual. There were very low levels of abuse and foster care entry in both the intervention and comparison groups, resulting in no statistically significant results for child safety and likelihood to enter foster care between the intervention and comparison groups after propensity-score matching.

Overall, the enhanced case management model shows promise in improving caregiver economic and emotional wellbeing, as well as improving child placement stability and reducing emergency room utilization.

Statistically significant findings overall:

- Intervention caregivers were **1.9 times as likely** (p = .02) as comparison caregivers to be enrolled in Child-Only TANF (Source: State administrative database)
- Intervention caregivers were **9.4 times as likely** (p = .02) as comparison caregivers to attend kinship care support groups (Source: Caregiver survey)
- Intervention caregivers were **1.7 times as likely** (p = .002) as comparison caregivers to indicate agreement with the statement: "I am enjoying life more now since participating in kinship care services and activities" (Source: Caregiver survey)
- Intervention caregivers were **1.8 times as likely** (p < .001) as comparison caregivers to indicate agreement with the four caregiver wellbeing statements on average overall (Source: Caregiver survey)
- Intervention children were **0.3 times as likely** (p < .001) as comparison children (i.e., comparison children were 3.3 times as likely as intervention children) to have left their caregiver's home for any reason (Source: Caregiver survey)
- Intervention children were **0.1 times as likely** (p = .01) as comparison children (i.e., comparison children were 10.0 times as likely as intervention children) to have left the home due to placement instability (i.e., reasons other than reunification or aging out) (Source: Caregiver survey)
- Intervention children were **0.4 times as likely** (p = .02) as comparison children (i.e., comparison children were 2.5 times as likely as intervention children) to have visited the emergency room in the previous six months (Source: Caregiver survey)

This project is a result of a partnership between the UW, ALTSA, and DCYF. We would like to thank everyone who supported the project, including the kinship navigators who participated in the pilot for their time, investment, and dedication to caregivers and the evaluation. We also appreciate the time invested by Peter Pecora, Vice President and Managing Director of Research Services, Casey Family Programs, in reviewing the research methods, data analysis approaches, results tables, and findings in relation to the FFPSA Prevention Clearinghouse standards.

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Background

Overview of kinship care

Kinship care involves the full-time care of a child by a close family friend or relative. According to the Annie. E. Casey Foundation, over 2.6 million children (about 4% of all children in the nation) resided in kinship caregiving arrangements between 2018 and 2020 in the United States (2020a). The Annie E. Casey Foundation reported that between 2018 and 2020, 43,000 children in Washington state (about 3% of all the children in the state) lived in kinship care (2020b). Kinship care arrangements can be informal (taking place without state involvement) or formal (arranged/supervised by the child welfare agency). Informal kinship care arrangements take place most frequently (Gleeson & Seryak, 2010). National data suggests that 89% of kinship care arrangements are informal, meaning they take place outside of the child welfare system (Bramlett et al., 2017). Nationally, 59% of kinship care arrangements involve grandparents (Annie. E. Casey Foundation, 2020b). The second most common kinship arrangement involves placements with aunts and uncles, which make up 19% of placements, and the remaining 22% of kinship caregiving placements occur with other relatives such as siblings or cousins (Billing, Ehrle, & Kortenkamp, 2002). Within Washington State, 46% of children placed in foster care and under state child welfare supervision in 2020 involved kinship care arrangements (Day, 2020).

Kinship care arrangements result in fewer placement disruptions (Littlewood, 2015), which can lower the financial cost of out-of-home care for the state and the emotional cost of placement breakdowns for children. Kinship care arrangements can also improve the likelihood that siblings will be placed together (Fuller et al., 2013), which can improve a child's sense of relational and cultural permanency. By reducing instances of disruptive interventions, kinship care can provide children a sense of stability and security that foster care placements often cannot. Many researchers argue that kinship caregiving arrangements should be considered the preferred placement option for children whose parents cannot care for them (Winokur & Batchelder, 2015).

Overview of the Kinship Navigator program in Washington State

Kinship navigators operate within 30 of the 39 counties in Washington State, providing resource referral, assistance, and active listening to kinship caregivers raising their relatives' children. Some tribes also have their own kinship navigators. Given that most caregivers served by navigators in Washington State are informal caregivers who are not involved with child welfare services, kinship navigators assist informal caregivers with Kinship Caregiver Support Program (KCSP) funds to help with basic needs and tangible goods. Caregivers can receive up to $1,500 in urgent funds per year, though KCSP fund allocation varies by agency. Caregivers with an active DCYF case can receive foster care maintenance payments but are not eligible for KCSP. See Chapter 2 of the Kinship Navigator Pilot Program Manual (Partners for Our Children et al., 2023) for more information about the history of the Kinship Navigator program in Washington State.

Study Design

Intervention and Comparison Site Selection

Given that most caregivers are informal caregivers (Bramlett et al., 2017) - meaning they do not have an open child welfare case– we were unable to use child welfare services-as-usual as our control group, as other studies have done. Instead, we chose to compare Kinship

Navigator services as usual to an enhanced navigation model using a quasi-experimental design (QED). At both the intervention and comparison counties, kinship caregivers initiate first contact with the navigators. In the intervention counties, caregivers in the study received a structured intervention based on Solution-Focused Case Management, while in the comparison counties, kinship caregivers received services as usual.

To select the intervention and comparison counties, the evaluation team conducted an inventory of services offered to caregivers by each kinship navigator site throughout the state (see Figure 1.1). A county was considered as a potential intervention county if it already referred to five or more services (see "Inventory of Kinship Services" in Figure 1.1) and had the capacity to add on the new element of case management. This helped ensure the intervention counties had enough existing infrastructure to add on a new program element.

Counties which provided four or fewer services were considered as comparison counties. Once the evaluation team identified the number of services in each county and sorted them into potential intervention and comparison counties, counties indicated their level of interest in the project. The evaluation team recruited from both urban and rural communities. Tribal kinship navigator programs were also recruited, but the tribes received a tribally adapted intervention and evaluation which is fully separate from this evaluation report.

A total of seven intervention counties and twelve comparison counties were selected. More comparison counties were selected due to differences in population density between comparison and intervention counties, and the comparison counties were slightly smaller in size. The intervention counties who agreed to participate are Pierce (home to Tacoma), Thurston (home to the state capital, Olympia), Mason, Franklin, Lewis, Benton, and Yakima. The comparison counties are Adams, Chelan, Clark, Cowlitz, Douglas, Grant, Klickitat, Lincoln, Okanogan, Skamania, Snohomish, and Wahkiakum. Some of the largest counties in Washington - King and Spokane county - did not have capacity to participate in the study.

Figure 1.1. Intervention County Selection Process

Task	Inventory of Kinship Services	Enhanced Sites (Intervention)	Unenhanced Sites (Comparison)	Results
• Conduct a rigorous outcome evaluation using a comparison and intervention group to assess program impact	• Kinship Navigator • Spanish-Speaking Kinship Navigator • Support Group / Children’s Activities • Legal Clinic Program • Kinship Closet • Health Promotion Classes • Kinship Collaboration • Parenting Classes • Kinship Caregivers Support Program (KCSP) • Kinship Newsletter • Kinship Website	• Counties with five or more services offered • During the pilot, these sites implemented new program elements including needs assessment and case management	• Counties with four or fewer services offered • Implemented the same satisfaction survey as intervention counties	• Counties indicated their interest in participating in pilot • Recruited participation from both urban and rural communities • Seven intervention counties were identified • Twelve comparison counties identified

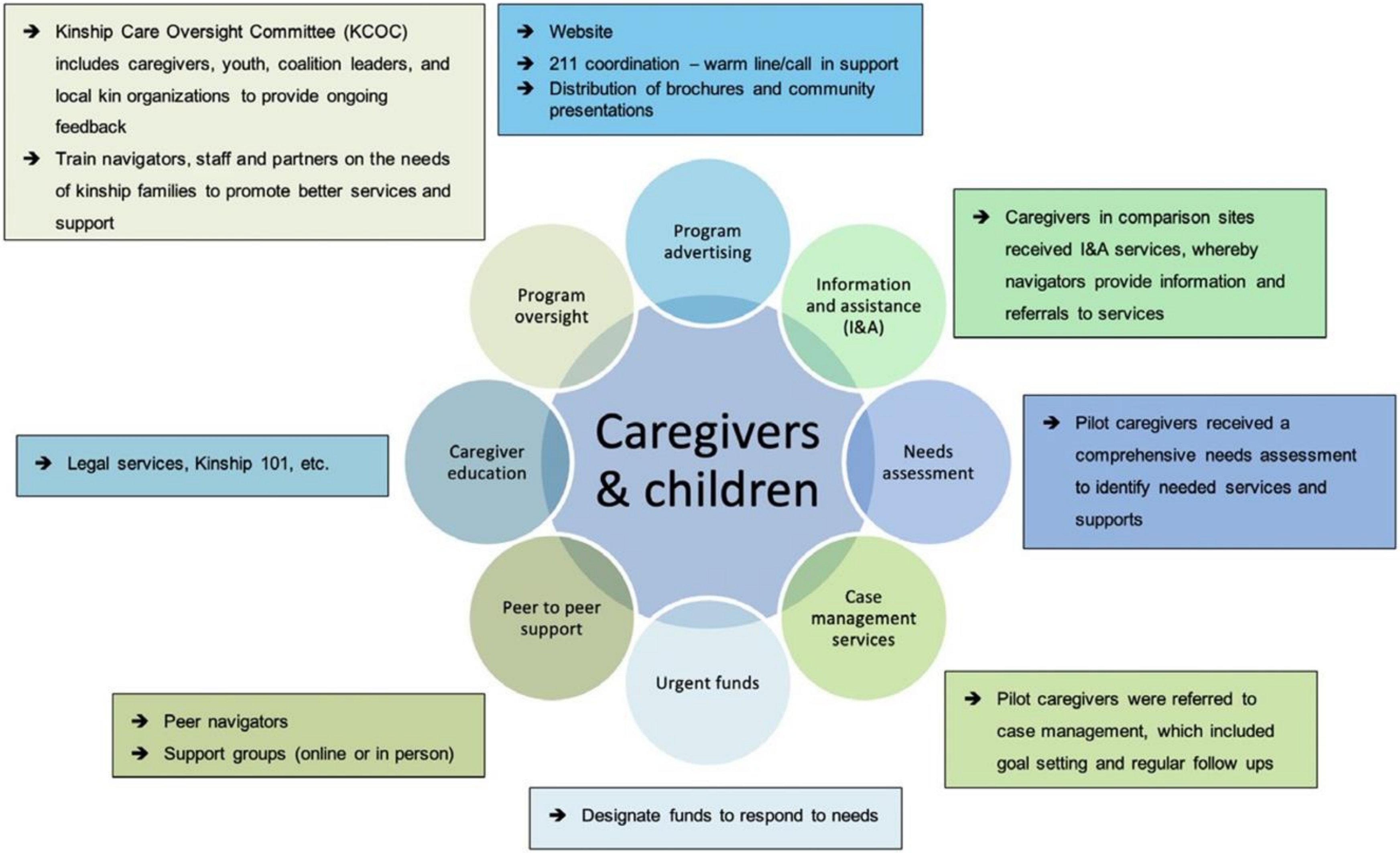
Enhanced Model Implemented in Pilot Sites

Researchers, in collaboration with staff at ALTSA and DCYF, developed an enhanced service based on Solution-Focused Case Management (Blundo & Simon, 2016). The seven kinship navigators working in the intervention counties were trained on the model. Two navigators were fluent Spanish speakers and were able to deliver services to monolingual Spanish caregivers. At the intervention counties, if families desire case management services and meet the eligibility criteria for enhanced services (see Chapter 4 of the Program Manual), navigators schedule an intake, complete a kinship needs assessment, set goals with families, and conduct follow-ups with families after three and six months. Assessment and follow up materials can be found in the Program Manual (Partners for Our Children et. al., 2023). While the intervention is designed to last for six months, cases may close at either three or six months depending on whether the caregiver met their goals at three months and if they had any new goals they would like to work on with the navigator. After case closure, enhanced service clients are then transitioned to the “information and assistance” level of support. The intervention was formally rolled out in May 2019.

If families in the intervention counties do not require case management services, the navigators provide families with information and assistance (such as referrals and Kinship Care Support Program emergent dollars for concrete goods), which they document in an online portal called GetCare. Those caregivers who did not require case management in the intervention counties were not enrolled in the pilot as they did not receive the enhanced service. Communication with families took place via phone, email, or in-person meetings.

There were eight essential components of the enhanced kinship navigator program that the intervention counties implemented over the course of the pilot. Some components were already offered by the intervention counties prior to the pilot (information & assistance, urgent funds/KCSP), some components were enhanced during the pilot (program advertising, caregiver education, peer to peer support), and others were brand new elements that didn't exist prior to the pilot (needs assessment, case management, program oversight). See Figure 2 below for the essential components of the Washington State Enhanced Kinship Navigator Program. See Appendix 3 for an overview of how the essential components were implemented in intervention and comparison counties, and Chapter 3 of the Program Manual (Partners for Our Children et al., 2023) for further details on each of the essential components.

Figure 2.1. Washington State Enhanced Kinship Navigator Program essential components



- ➔ Kinship Care Oversight Committee (KCOC) includes caregivers, youth, coalition leaders, and local kin organizations to provide ongoing feedback
- ➔ Train navigators, staff and partners on the needs of kinship families to promote better services and support

- ➔ Website
- ➔ 211 coordination – warm line/call in support
- ➔ Distribution of brochures and community presentations

- ➔ Caregivers in comparison sites received I&A services, whereby navigators provide information and referrals to services

- ➔ Pilot caregivers received a comprehensive needs assessment to identify needed services and supports

- ➔ Pilot caregivers were referred to case management, which included goal setting and regular follow ups

- ➔ Designate funds to respond to needs

- ➔ Peer navigators
- ➔ Support groups (online or in person)

- ➔ Legal services, Kinship 101, etc.

Comparison Counties

At comparison counties, navigators continued providing services as usual. Services as usual may include any of the essential components above except for needs assessment and case management services, which were only offered at intervention counties. The comparison counties continued managing their programs however they were doing so prior to the pilot. At the comparison counties, kinship caregivers initiate all communication with the kinship navigators, rather than only the initial contact. Kinship navigators at the comparison counties support the caregivers at the "information and assistance" level of support, which may include Kinship caregivers reaching out to navigators for financial assistance, information and resources, and referrals. Navigators at the comparison counties do *not* provide case management services such as needs assessments, goal setting, and three- and six-month follow-ups.

Data Collection

To create the comparison group, ALTSA staff conducted several data pulls throughout the course of the pilot to identify caregivers in the comparison counties who had received navigator services recently. Since comparison caregivers do not have cases that open and close in the same way as the intervention county caregivers, we determined a comparable "end of service" date, which was the date they had last received services from a navigator when the data pull was done. It is important to note that comparison caregivers could continue to engage with the kinship navigator program after their listed "end of service" date. Comparison county caregivers completed a satisfaction survey regarding their experiences with the Kinship Navigator program six months after their "end of service" date. Caregivers in the comparison counties also completed a phone interview related to their child(ren)'s health and educational outcomes six months after receipt of services. Caregivers in the service as usual counties received services between May 2019 and April 2022.

In the intervention counties, caregivers received the enhanced service intervention for three to six months, depending on the caregiver's progress towards achieving their goals at the three month follow up. Intervention caregivers completed the satisfaction survey and phone interview six months after case closure. Caregivers in the intervention counties received services between May 2019 and March 2022.

Chapter I. Caregiver Outcomes

Introduction

Washington State first implemented its Kinship Navigator program in 2005. Kinship navigators provide crucial support to kinship care families (families who care for the child/ren of a relative or close friend) across Washington State. This support includes assistance in applying for state and federal benefits and information and referrals for services to address kinship caregivers' needs. Kinship navigators also assist informal caregivers with Kinship Caregiver Support Services (KCSP) funds to help with basic needs and tangible goods. Kinship navigators help facilitate various other services for kinship caregivers such as local support groups, kinship closets, legal clinics, and free family recreational passes. Kinship navigators promote knowledge and awareness of available resources for health, financial, legal, and other support services.

In addition to providing information and referral services, kinship navigators also help to reduce barriers faced by kinship care families through problem solving and collaboration with public, private, local, and state service providers. Recently, the Kinship Navigator program in Washington State has taken two different forms, which we refer to in this report as the enhanced service model (implemented in intervention counties) and services as usual (comparison counties). At the comparison counties, the kinship caregivers contact the navigators and specifically request needed services and support. Kinship caregivers then initiate any follow-up contact with the navigators. At the intervention counties, after the kinship caregivers initiate the first contact, kinship navigators initiate follow-up contacts, establish goals with the caregivers, and follow-up with the caregivers at certain points in time (specifically, after three and then six months of participation in the Kinship Navigator program).

This section of the report presents the results of the satisfaction survey, which kinship caregivers in both comparison and intervention counties completed, along with related benefit/services enrollment. Those in the intervention group complete the survey at case closure, as well as six months post case closure. Those in the comparison group only complete the survey six months after receipt of services. Caregivers completed a questionnaire regarding the types of services they used, their satisfaction with those services, and their satisfaction with the Kinship Navigator program overall.

Overall, results for both comparison and intervention counties indicate high levels of caregiver wellbeing and satisfaction related to the Kinship Navigator program. Some differences were observed between caregivers in the intervention and comparison counties. Regression on a propensity-score matched sample revealed that those in the intervention group were more likely to use kinship navigator services to participate in kinship care support groups and were more likely to receive Child-Only TANF benefits. Satisfaction levels for both the intervention and the comparison groups were high. However, those in the intervention group reported higher levels of personal wellbeing. Caregivers in the intervention counties maintained high levels of satisfaction over time.

Methodology

Recruitment

Caregivers who received navigation services at intervention counties received paper satisfaction surveys in the mail at the point of their case closure and received phone calls and e-mail reminders to complete the survey again six-months after their cases closed. Participants in the comparison counties received the same satisfaction survey six months after receipt of navigator services. Caregivers could complete the survey by mail, online (via a link provided in the mailed survey) or over the phone with the support from staff at ALTSA. English and Spanish versions of the survey were made available to kinship caregivers in order to increase accessibility. The survey was offered to monolingual Spanish speaking caregivers by a Spanish speaking contracted social worker over the phone. Those who completed the satisfaction survey received a $15 gift card for compensation of their time. Kinship navigators did not have access to the survey results and the caregivers were assured that the results would not impact any services that they received. This survey took approximately 15 minutes to complete and was approved by the Washington State Institutional Review Board (IRB).

Inclusion criteria

Intervention caregivers were eligible for the six-month post-close phone interview if they still had kinship children in the home at the time of case closure, and they did not move out of the service area covered by the navigator before their case closed. In addition, cases had to meet certain fidelity criteria to be included in the study. Closed cases must have met at least three of the following conditions:

1. Completed an intake and needs assessment
2. Completed a three month follow up
3. Completed a six month follow up (unless case closed at three months)
4. Was sent a satisfaction survey by their navigator at case closure

Comparison caregivers were eligible to participate in the surveys if they had contact with a navigator in a service as usual site during the study period, were eligible for Kinship Navigator services at that point of contact (meaning they had a kinship child in the home), and did not move out of the service area before the first follow up.

Measures

The satisfaction survey includes three primary components. The first component lists services such as assistance navigating child's education or obtaining durable goods. The service list was adapted from the Family Needs Scale (Lee et al., 2016), which was developed for use with informal kinship caregivers and has been shown to be valid and reliable. Researchers consulted with the Kinship Care Oversight Subcommittee on Evaluation to review the survey and add Washington State specific services to the scale, create more detailed subcategories of services, and provide examples so that navigators and caregivers knew what each question was asking specifically. For each service, caregivers were asked 1) if the caregivers used those services within the previous 90 days, 2) if caregivers were satisfied with the services, and 3) if their navigators were helpful in obtaining the services. If participants answered that they had received a particular service, they would then receive the second and third question about their satisfaction with the service and whether the navigator was helpful in obtaining the service. If participants stated they did not receive a particular service, then they would not receive the second and third questions regarding their satisfaction.

The first question was answered on a 0-3 scale (0=did not use the service, 1=used the service, 2=service not available, and 3=not applicable). The service usage scale reached an acceptable level of **reliability** (Cronbach's alpha=0.60) in terms of how subscale items cluster together. For the second and third questions, responses were dichotomized (0=no, 1=yes). **Face validity** for the items in this section was established by small group KCOC meetings of direct care professionals and kinship caregivers during instrument development. The second component of the satisfaction survey included six Likert-scale questions (from 1=strongly disagree to 7=strongly agree) regarding the caregivers' satisfaction with the Kinship Navigator program overall. This scale was highly **reliable** (Cronbach's alpha=.86). This second component of items was inspired by existing agency surveys and **face validity** was established in development with feedback from navigators themselves. This component also included four questions related to the caregiver's personal wellbeing, which was also a **reliable** measure (Cronbach's alpha=.85). The wellbeing scale was developed using four items from the Family Empowerment Questionnaire which were determined to be the most relevant for our population (Man et al., 2003). **Face validity** was based in the previously published nature of these items. The third component of the satisfaction survey included four open-ended questions, which asked for general feedback about the program overall.

This analysis incorporated data from a participant tracker dataset, which includes basic demographic and program completion information for all participants. This participant tracker uses anonymous participant IDs and tracks participants' status in the program. Navigators solicit the demographic information for this dataset over the phone when participants call to request services. Navigators also submit fidelity forms with information regarding program elements the caregiver completed or did not complete. The data from the tracker enabled researchers to understand if the participant met the inclusion criteria for the analysis (described below).

Finally, the analysis incorporated data from the Economic Services Administration, Community Services Division (CSD), an agency housed within DSHS. ALTSA staff used the Automated Client Eligibility System (ACES) maintained by CSD to provide data on participants' Supplemental Nutrition Assistance Program (SNAP) (formerly known as food stamps) status. ALSTA staff, using the ACES database, also provided the Child-Only TANF enrollment data. The "Child-Only TANF Benefit" measure describes if the caregivers were enrolled in Child-Only TANF benefits at any point from intake until close. If the family was enrolled in Child-Only TANF benefits during that period, then the "TANF Benefit" measure has a response of "Recipient." If the family was not enrolled in Child-Only TANF benefits during that period, then the "TANF Benefit" measure has a response of "Not a Recipient." ALTSA staff provided the "KCSP Services" measure as recorded in GetCare, which describes if the caregivers received KCSP service funds at any point from intake until close. If the family received KCSP service funds during that period, then the "KCSP Services" measure has a response of "Recipient." If the family did not receive KCSP service funds during that period, then the "KCSP Services" measure has a response of "Not a Recipient." The data from the ACES, the participant tracker, the Kinship Needs Assessment, data recorded in GetCare, and the satisfaction survey were combined to create the dataset used in the analysis.

Control variables for PSM

For the propensity-score matching analyses, the following demographics were used as control variables. The "SNAP Benefit" measure describes if the caregivers received SNAP benefits at any time between that participant's intake and close dates. If SNAP benefits were received by the family at any point during that time period, then the "SNAP Benefit" measure has a response of "Recipient." If SNAP benefits were not received by the family at any point during that time period, then the "SNAP Benefit" measure has a response of "Not a Recipient." The "Caregiver Age" measure describes the age of the caregiver in years as of that caregiver's close date. It is a numeric measure rounded to one decimal place (e.g., 16.3 years). The "Caregiver Race / Ethnicity (Descriptive)" measure describes the race and ethnicity of the child. While this measure is reported with possible responses of "American Indian / Alaskan Native," "Black / African American," "Hispanic," "Native Hawaiian / Pacific Islander," "White (Non-Hispanic)," and "Other," for establishing baseline equivalence it is considered at a more highly aggregated level. These categories are based on federal reporting requirements. If the caregiver was originally coded as "White (Non-Hispanic)," then the "Caregiver Race / Ethnicity (Analytical)" measure has a response of "White (Non-Hispanic)." If the caregiver was coded with any other race/ethnicity identity, then the "Caregiver Race / Ethnicity (Analytical)" measure has a response of "BIPOC." Use of the aggregated race/ethnicity variable for analytical purposes is based on the methodology used by the Arizona Kinship Support Services report rated by the Title IV-E Prevention Services Clearinghouse (Schmidt & Treinen, 2021).

For a description of each measure used in this report, see Table 1.1 below. Reliability in terms of internal consistency was also assessed for each of the sub-scales for the relevant outcome survey measures using Cronbach's alpha (see Table 2.1), with results indicating high levels of internal reliability.

Table 1.1. Description of measures used in this report

Measure	Description	Possible Responses
Caregiver Age	Age of the caregiver at close	Numeric response to one decimal (e.g., 16.3 years)
Caregiver Race / Ethnicity (Descriptive)	Race and ethnicity of the caregiver	American Indian / Alaskan Native; Black / African American; Hispanic; Native Hawaiian / Pacific Islander; White (Non-Hispanic); Other
Caregiver Race / Ethnicity (Analytical)[1]	Aggregated race and ethnicity of the caregiver (any response to the above besides "White (Non-Hispanic)" is coded to "BIPOC")	White (Non-Hispanic) / BIPOC
SNAP Benefit	Indicates if the caregiver received Supplemental Nutrition Assistance Program benefits anytime between intake and close	Recipient / Not a Recipient
Caregiver Arrangement	Indicates if the arrangement between the caregiver and child is a formal DCYF case	Formal / Informal
KCSP Services	Indicates if the caregiver was enrolled to receive KCSP service funds during the period between intake and close	Recipient / Not a Recipient
TANF Child-Only Benefit	Indicates if the caregiver was officially enrolled in TANF-Child Only benefits during the period between intake and close	Recipient / Not a Recipient
Caregiver service use	Survey items indicating if the caregiver has used each of 24 different services at least once in the previous three months (see Appendix 1 for full survey with exact wording of these survey items)	Yes / No / Service not available / Not applicable (NA)
Caregiver service use total	Indicates the total number of services used by the caregiver in the previous three months	Numeric response (e.g., 3 services)

Caregiver service satisfaction	Survey items indicating if the caregiver was satisfied with each of the 24 services (only applicable if the caregiver indicating receiving those services)	Yes / No
Caregiver wellbeing	Four survey items relating to general caregiver wellbeing as a result of participating in kinship care programs or services (see Appendix 1 for full survey with exact wording of these survey items), and an overall wellbeing measure that is an average of each of the four items	Likert-scale from 1 = “Strongly disagree” to 7 = “Strongly agree”
Caregiver satisfaction	Six survey items relating to general caregiver satisfaction as a result of participating in kinship care programs or services (see Appendix 1 for full survey with exact wording of these survey items), and an overall satisfaction measure that is an average of each of the six items	Likert-scale from 1 = “Strongly disagree” to 7 = “Strongly agree”

[1] Use of the aggregated race/ethnicity variable is based on Arizona’s Clearinghouse rated kinship report (Schmidt & Treinen, 2021)

Table 2.1 Cronbach’s alpha to measure internal reliability for each group of applicable survey items

Survey Items[1]	Number of Items	Number of sample units	Cronbach’s alpha
Caregiver wellbeing	4	252	0.85
Caregiver satisfaction	6	252	0.86
Caregiver service use	24	252	0.60

[1] Unable to calculate for “caregiver service satisfaction” measures due to small and varied sample; Child-Only TANF and KCSP utilization measures are administrative child welfare data so reliability of these records is assumed

Prevention Services Clearinghouse Measures

The Handbook of Standards and Procedures (Section 4.1.5.) defines **adult well-being** as the specific skills and capabilities adults need to navigate their world in healthy, positive ways and provide for themselves and their children’s needs. Well-being is an umbrella term that includes outcomes in a range of individual and interpersonal domains. The Prevention Services Clearinghouse reviews the *Economic and Housing Stability* domain of adult well-being, which includes indicators of financial or economic stability (e.g., level of income, employment/unemployment, financial assistance) and/or housing stability (e.g., number of moves, quality of housing, homelessness). An example of a measure of *Economic and Housing Stability* for adult well-being in this report includes the indicator of whether the caregiver received the TANF child-only benefit during the observation period. The Prevention Services Clearinghouse also reviews the *Parent/Caregiver Mental or Emotional Health* domain. Mental or emotional health refers to a parent’s/caregiver’s ability to cope with daily activities, realize their potential, and interact productively in the world. Both strengths-based and deficit-based indicators are eligible. Examples include measures of externalizing behaviors (e.g., aggressive behavior), internalizing behaviors (e.g., depression, anxiety, mood or thought problems), mental/behavioral health diagnoses, parent/caregiver stress, relationship stress, positive behavior, resilience, and emotional adjustment. An example of *Parent/Caregiver Mental or Emotional Health* from this report is the measure of access to kinship care support groups.

Study Design Confounds

The Prevention Services Clearinghouse defines two types of study design confounds: "the substantially different characteristics confound, and the n=1 person-provider or administrative unit confound" (Wilson, et al., 2019, pg. 36). No design confounds were identified per the Clearinghouse guidance. Intervention and comparison groups were baseline equivalent on demographics, geography (all children in the intervention and comparison counties) based on the characteristics below. It is possible that the groups differed on unobserved characteristics, but the researchers are satisfied that the groups are comparable based on the baseline equivalency testing included in this report. The intervention was delivered with fidelity to the program's Implementation Manual by numerous Kinship Navigators who were trained on the WA Enhanced KN model. Therefore, it is presumed that no n=1 person-provider confound exists, as the intervention condition was carried out in a usual care or practice setting and no program adaptations were made.

Quantitative analytic method

The statistical software program R was used to calculate general descriptive statistics for program participants and perform statistical tests. Duplicate and incomplete responses (meaning that less than 80% of the survey was completed) were not included in the analysis. Multiple regression **imputation** techniques (as outlined in the Handbook of Standards and Procedures (Section 5.9.4.) for addressing missing data) were used for participants who completed at least 80% of the survey but who had missing responses. Additionally, participants who did not consent to evaluation or did not complete a satisfaction survey within 60 days of their case closure or six-month post-close target date were not included in the analysis. Participants' service usage and satisfaction were compared between those in intervention and comparison counties. The satisfaction levels were also compared for participants in the intervention group at case closure and six months after their case closure to examine whether satisfaction with the Kinship Navigator program changed over time. For this intervention-only analysis, paired samples were used, meaning participants who only completed one of the two surveys were not included in the analysis that compared results between close and six months for the intervention group.

Descriptive statistics were calculated for participants' demographics, service usage and experience. Differences between the comparison and intervention groups' demographic characteristics were initially calculated using a t-test for caregiver age and chi-squared tests for the other demographics. To ensure that any differences in child outcomes between the two groups (i.e., intervention and comparison) were due to group assignment and not underlying demographic differences, we used propensity-score matching to establish the analytical sample. Propensity-score matching (PSM) (Rosenbaum & Rubin, 1983; Stuart, 2010) was used to create a comparison group of dyads.

A propensity score is an estimate of the likelihood that any given individual would be in the intervention group, given a set of measured characteristics (Starks & Garrido, 2014).

PSM's basic logic is to compare intervention and comparison individuals who have similar propensities (or likelihoods) for receiving intervention, conditional on a set of several variables. For our analysis, these variables included the following demographics: Caregiver Age, Caregiver Race / Ethnicity, and SNAP Benefit. A single composite score for matching participants between the intervention and comparison groups is computed using a logistic regression with nearest neighbor matching, a ratio of 1, and the treatment group as the dependent variable. Estimated propensity scores typically range from 0 to 1. Cases are matched on proximity of scores to each other (Starks & Garrido, 2014). Through this process, PSM creates a matched group of comparison and intervention caregivers. The Absolute Standard Mean Difference and Variance Ratios of the demographic measures are reported to understand the quality of the PSM and determine baseline equivalence. After establishing baseline equivalence between the two groups in the analytical sample, a series of logistic regressions that included the control variables as covariates were calculated to determine effect sizes and statistical significance of any observed differences in outcomes for each the dependent variables.

Qualitative methodology

Qualitative responses were coded for common themes using Excel. The number of respondents who indicated a certain thematic response is reported below in order of prevalence along with representative quotes from each theme in Tables 12-14 and Figures 6 & 7. Themes are reported as the percentage of caregivers who responded to the question in each group. Caregivers could report more than one theme in their answers, so percentages may total to greater than 100.

Results

Participant demographics six months post case closure

A total of 252 participants who completed the satisfaction survey (126 from comparison counties and 126 from intervention counties) six months after their case closure were included in the analysis. Kinship caregivers reported an average age of 57.9 (SD=10.4). In regard to race and ethnicity, the majority of the participants identified as White (Non-Hispanic) (67.9%). Caregivers also identified as Hispanic (15.9%), Black / African American (8.3%), and American Indian / Alaska Native (6.7%). Washington State Census data indicate that these racial demographics are largely representative of Washington grandparents who are raising grandchildren[1] (U.S. Census Bureau, 2019). A total of 39.3% of the participants indicated that they received SNAP benefits (formerly known as food stamps) during the observation period. The majority of respondents (88.5%) were in informal caregiving arrangements, which is reflective of the national average (Bramlett et al., 2017). See Tables 3-4 and Figures 3-5 for more information on the demographics for all participants who completed the satisfaction survey.

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[1] Washington State Census demographics: 72.1% White, 12.3% Hispanic, 3.6% Black/African American, 5.8% American Indian / Alaska Native, 6.5% Asian

Figure 3.1 Race and Ethnicity for Kinship Caregiver Survey Participants in the Total Sample (N = 252)

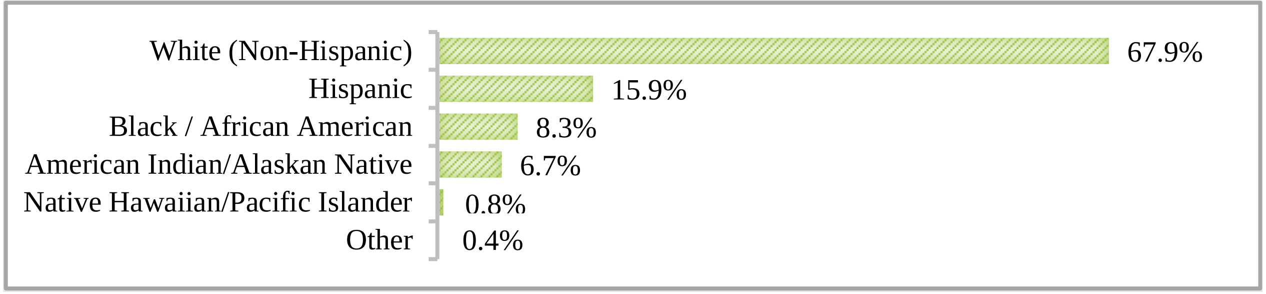


Figure 4.1 SNAP Benefit Recipient Status for Kinship Caregiver Survey Participants in the Total Sample (N = 252)

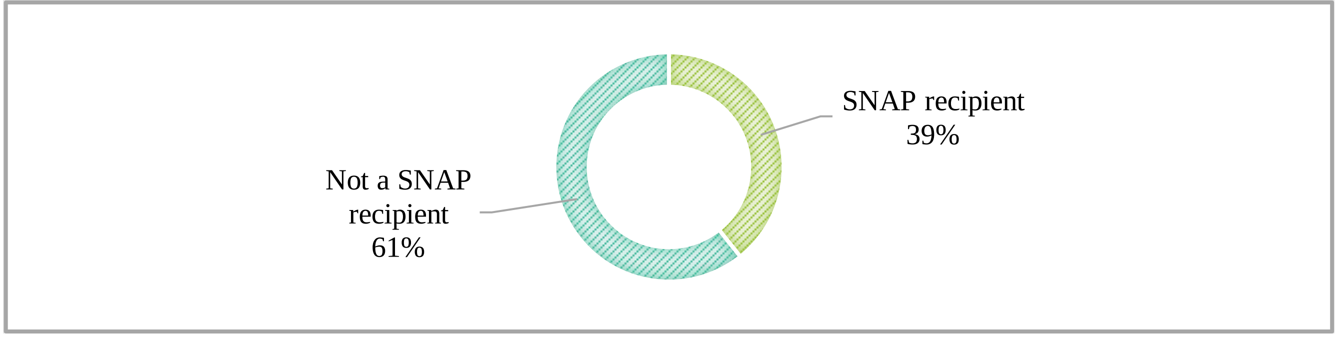


Figure 5.1 Caregiving Arrangements for Kinship Caregiver Survey Participants in the Total Sample (N = 252)

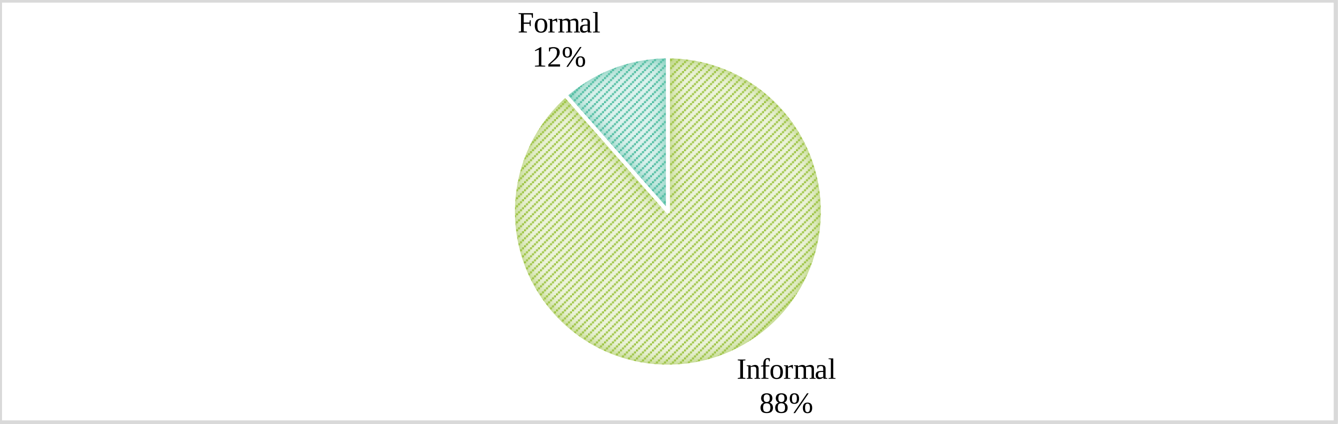


Table 3.1 Kinship caregiver demographics for all participants before propensity-score matching and imputation of missing data

Characteristic	**Total (n = 257)**		**Comparison (n = 131)**		**Intervention (n = 126)**	
	n	Mean (SD) / %	n	Mean (SD) / %	n	Mean (SD) / %
Caregiver Age	241	57.8 (10.6)	115	57.6 (10.6)	126	58.1 (10.7)
Caregiver Race/Ethnicity[2]	257	-	131	-	126	-
American Indian/ Alaskan Native	17	6.6	8	6.1	9	7.1
Black / African American	21	8.2	13	9.9	8	6.3
Hispanic	40	15.6	12	9.2	28	22.2
Native Hawaiian/ Pacific Islander	2	0.8	2	1.5	0	0
White (Non-Hispanic)	176	68.5	95	72.5	81	64.3
Other	1	0.4	1	0.8	0	0
SNAP Benefit	257	-	131	-	126	-
Recipient	99	38.5	50	38.2	49	38.9
Not Recipient	158	61.5	81	61.8	77	61.1
Caregiver Status	235	-	122	-	113	-
Informal	204	86.8	115	94.3	89	78.8
Formal	31	13.2	7	5.7	24	21.2

[1] “Hispanic” is an ethnicity, and not a race

Table 4.1 Kinship caregiver demographics for analytic sample after propensity-score matching and imputation of missing data

Characteristic	**Total (n =252)**		**Comparison (n = 126)**		**Intervention (n = 126)**	
	n	Mean (SD) / %	n	Mean (SD) / %	n	Mean (SD) / %
Caregiver Age	252	57.9 (10.4)	126	57.7 (10.1)	126	58.1 (10.7)
Caregiver Race/Ethnicity[2]	252	-	126	-	126	-
American Indian/ Alaskan Native	17	6.7	8	6.3	9	7.1
Black / African American	21	8.3	13	10.3	8	6.3
Hispanic	40	15.9	12	9.5	28	22.2
Native Hawaiian/ Pacific Islander	2	0.8	2	1.6	0	0
White (Non-Hispanic)	171	67.9	90	71.4	81	64.3
Other	1	0.4	1	0.8	0	0

SNAP Benefit	256	-	126	-	126	-
Recipient	99	39.3	50	39.7	49	38.9
Not Recipient	153	60.7	76	60.3	77	61.1
Caregiver Status	256	-	126	-	126	-
Informal	223	88.5	121	96.0	102	81.0
Formal	29	11.5	5	4.0	24	19.0

[1] “Hispanic” is an ethnicity, and not a race

Baseline equivalence and effect size estimation based on PSM

As a benchmark for baseline equivalence, an absolute standardized mean difference under 0.25 for the matching variables indicates that a comparison group was matched well with the intervention group (Stuart, 2010). In addition, variance ratio can be also used for baseline equivalence. A variance ratio close to 1 suggests that a covariate is balanced between the two groups. In our data, all of the standardized mean differences were under 0.25 and variance ratios were all close to one, indicating that a well-matched sample was made (see Table 5.1). Thus, the PSM method achieved a balance in the distribution of matching variables (or covariates) between the two groups and we can say that the propensity scores were balanced between the intervention and comparison groups. Evaluating the balance of individual covariates between the two groups within estimated propensity scores can also provide evidence for effective propensity score matching (Garrido et al., 2014).

Caregiver variables obtained from the participant tracker and through self-report survey were utilized to test for baseline equivalency. Demographic variable included: Caregiver Age, (continuous, age in years), race/ethnicity (White, Non-Hispanic/other than White, Non-Hispanic), and SNAP Benefit receipt (Yes/No). SNAP Benefit receipt is the proxy variable for socioeconomic status, with eligibility (1=Yes) indicating that the caregiver is receiving SNAP Benefits based on the family household’s financial income.

No significant differences were observed between the two study groups for the demographic characteristics of age, gender, race/ethnicity, and SNAP Benefit receipt, which produced effect sizes ranging from 0.02 to 0.15 (see Table 5.1).

Table 5.1 Propensity-score matching results for demographic control variables

Characteristic	Variable Levels	Absolute Standard Mean Difference^	Variance Ratio^
Caregiver Age	Continuous (e.g., 58.3)	0.15	1.12
Caregiver Race/Ethnicity	White (Non-Hispanic) / BIPOC	0.04	-
SNAP Benefit	Recipient / Not Recipient	0.02	-

^Absolute Standard Mean Difference and Variance Ratio are measures of baseline equivalence

Caregivers' overall use and satisfaction with services six months after case closure

Kinship caregivers reported using a variety of services within Washington State (see Table 6.1). The three most common services used by kinship caregivers included help getting enough daily food for the family (29.4% of caregivers reported using this service), obtaining durable goods (29.0%), and someone to talk to regarding their kinship child (22.2%). Respondents indicated high levels of satisfaction with the services they used. The service with the lowest level of participant satisfaction was, "accessing dental care for caregiver," where only two of the five participants who used the service indicated that they were satisfied.

Differential enrollment in Child-Only TANF and KCSP benefits after PSM

After creating the matched sample as described above, a logistic regression was run to assess differential levels of enrollment in Child-Only TANF benefits and KCSP services during the observation period between the comparison and intervention groups. The analysis revealed that those in the intervention group were 1.9 times more likely ($p < .05$) to be enrolled in *Child-Only* TANF benefits than those in the comparison group. See Table 6.1 for more information.

Table 6.1 Differences in service utilization between comparison and intervention groups six-months post case closure after PSM

Service / Benefit	**Comparison (n = 126)**		**Intervention (n = 126)**		**z**	**p**	**Effect Size Odds Ratio [95% CI]**
	Recipient	%	Recipient	%			
Child-Only TANF Benefit	50	39.7	66	52.4	2.36	0.02*	1.9 [1.1, 3.2]
KCSP Services	33	26.2	37	29.4	0.56	0.57	1.2 [0.7, 2.1]

*p<.05, **p<.01, ***p<.001.

Differential responses between comparison and intervention groups in use of services after PSM

Next, levels of service usage between the comparison and intervention groups were analyzed by logistic regression. The analysis revealed that those in the intervention group were 9.4 times more likely ($p < .05$) to use kinship care support groups than those in the comparison group. See Table 7.1 and Table 8.1 for more information.

Table 7.1 Caregivers'[1] use and satisfaction with services six-months post case closure in Total Sample (N=252)

Service/support area	**Participants used service (N, %)**	**Participants satisfied with service (N, %)[2]**
Financial support for necessities	43 (17.1%)	43 (100%)
Financial education	2 (0.8%)	2 (100%)
Finding and maintaining housing	11 (4.4%)	11 (100%)
Obtaining durable goods	73 (29.0%)	70 (95.9%)
Help getting enough daily food for family	74 (29.4%)	70 (94.6%)

Getting and keeping public assistance	16 (6.3%)	16 (100%)
Transportation assistance	9 (3.6%)	9 (100%)
School related supports	28 (11.1%)	27 (96.4%)
Accessing primary or other medical care for self	1 (0.4%)	1 (100%)
Accessing primary or other medical care for child	1 (0.4%)	1 (100%)
Accessing dental care for caregiver	5 (2.0%)	2 (40.0%)
Accessing dental care for kinship child	5 (2.0%)	4 (80.0%)
Childcare support	9 (3.6%)	9 (100%)
Respite care	13 (5.2%)	13 (100%)
Referral/information regarding (ADRC) or (AAA)	10 (4.0%)	10 (100%)
Personal and emotional support for caregiver	55 (21.8%)	55 (100%)
Someone to talk to regarding kinship child	56 (22.2%)	56 (100%)
Professional behavioral health/counseling for child	39 (15.5%)	37 (94.9%)
Professional behavioral health/counseling for self	17 (6.7%)	15 (88.2%)
Kinship care support groups	14 (5.6%)	14 (100%)
Training for kinship caregivers	6 (2.4%)	6 (100%)
Language services	9 (3.6%)	9 (100%)
Access to legal services and information	25 (9.9%)	18 (72.0%)
In-home family services	6 (2.4%)	6 (100%)

[1]This is the combined total for those in the intervention and comparison groups in the analytic sample

Table 8.1 Differences in services used between comparison and intervention groups six-months post case closure after PSM

Service	**Comparison (n = 126)**		**Intervention (n = 126)**		**z**	**p**	**Effect Size Odds Ratio [95% CI]**
	Used	%	Used	%			
Kinship care support groups	2	1.6	12	9.5	2.25	0.02*	9.4 [1.7, > 100]
Kinship care support groups (Comp: n=126; Int: n=125)[1]	2	1.6	12	9.6	-	-	-
Financial support for necessities	24	19.0	19	15.1	0.36	0.72	1.2 [0.5, 3.0]
Financial education	0	0	2	1.6	0.01	0.99	> 100 [< 0.1, >100]
Financial education (Comp: n=126; Int: n=125)[1]	0	0	2	1.6	-	-	-
Finding/maintaining housing	7	5.6	4	3.2	-0.51	0.61	0.6 [0.1, 4.8]
Obtaining durable goods	38	30.2	35	27.8	-0.09	0.93	1.0 [0.5, 1.9]
Getting enough daily food for family	37	29.4	37	29.4	-1.12	0.26	0.6 [0.2, 1.5]
Getting/keeping public assistance	7	5.6	9	7.1	1.02	0.31	2.6 [0.4, 18.7]
Transportation assistance	2	1.6	7	5.6	1.61	0.11	7.4 [0.9, > 100]
School related supports	10	7.9	18	14.3	0.93	0.35	1.9 [0.5, 7.7]
Accessing medical care for caregiver	0	0	1	0.8	<0.01	0.99	> 100 [< 0.1, > 100]

Accessing medical care for child	0	0	1	0.8	<0.01	0.99	> 100 [< 0.1, > 100]
Accessing dental care for caregiver	3	2.4	2	1.6	-0.58	0.56	0.4 [< 0.1, 6.4]
Accessing dental care for child	2	1.6	3	2.4	0.87	0.39	6.7 [0.1, > 100]
Childcare support	4	3.2	5	4.0	0.49	0.63	1.7 [0.2, 17.1]
Respite	6	4.8	7	5.6	0.57	0.57	1.6 [0.3, 9.8]
Referral/information regarding (ADRC) or (AAA)	10	7.9	0	0	-0.02	0.99	< 0.1 [< 0.1, > 100]
Personal and emotional support	27	21.4	28	22.2	-0.79	0.43	0.4 [< 0.1, 4.0]
Someone to talk to regarding kinship child	26	20.6	30	23.8	0.37	0.71	1.5 [0.1, 19.5]
Professional behavioral health/counseling for child	16	12.7	23	18.3	0.82	0.41	1.7 [0.5, 6.0]
Professional behavioral health/counseling for self	3	2.4	14	11.1	1.86	0.06	11.3 [1.3, > 100]
Professional behavioral health/counseling for self (Comp: n=126; Int: n=125)[1]	3	2.4	14	11.2	-	-	-
Training for kinship caregivers	3	2.4	3	2.4	-1.79	0.07	0.1 [< 0.1, 1.1]
Language services	1	0.8	8	6.3	1.00	0.32	4.3 [0.4, > 100]
Access to legal services and information	9	7.1	16	12.7	0.34	0.73	1.3 [0.3, 6.6]
Access to legal services and information (Comp: n=125; Int: n=126)[1]	9	7.2	16	12.7	-	-	-
In-home family services	3	2.4	3	2.4	-0.02	0.99	1.0 [< 0.1, 23.1]
In-home family services (Comp: n=126; Int: n=125)[1]	3	2.4	3	2.4	-	-	-
Count of services used (Mean | *SD*)	**1.9**	*2.5*	**2.3**	*2.5*	1.10	0.27	1.1 [1.0, 1.2]

[1] For any outcome variables with missing data, the number of observations and descriptive statistics prior to imputation are shown

*p<.05, **p<.01, ***p<.001

Satisfaction with services six months after case closure after PSM

No differences existed between the two groups in their levels of satisfaction with the services. See Table 9 for more information.

Table 9.1 Differences in service satisfaction for those who used the service six-months post case closure

Service	**Comparison**			**Intervention**			**z[1]**	**p**	**Effect Size Odds Ratio [95% CI]**
	n	Satisfied	%	n	Satisfied	%			
Financial support for necessities	24	24	100	19	19	100	-	-	-
Financial education	0	-	-	2	2	100	-	-	-
Finding/maintaining housing	7	7	100	4	4	100	-	-	-
Obtaining durable goods	38	36	94.7	35	34	97.1	0.52	0.61	2.0 [0.2, 48.7]
Getting enough daily food for family	37	35	94.6	37	35	94.6	-0.04	0.97	1.0 [0.1, 8.5]
Getting/keeping public assistance	7	7	100	9	9	100	-	-	-
Transportation assistance	2	2	100	7	7	100	-	-	-
School related supports	10	9	90	18	18	100	0.01	0.99	> 100 [< 0.1, > 100]

Accessing medical care for caregiver	0	-	-	1	1	100	-	-	-
Accessing medical care for child	0	-	-	1	1	100	-	-	-
Accessing dental care for caregiver	3	0	0	2	2	100	-	-	-
Accessing dental care for child	2	1	50	3	3	100	-	-	-
Childcare support	4	4	100	5	5	100	-	-	-
Respite	6	6	100	7	7	100	-	-	-
Referral/information regarding (ADRC) or (AAA)	10	10	100	0	-	-	-	-	-
Personal and emotional support	27	27	100	28	28	100	-	-	-
Someone to talk to regarding kinship child	26	26	100	30	30	100	-	-	-
Professional behavioral health/counseling for child	16	16	100	23	21	91.3	-0.01	0.41	< 0.1 [< 0.1, > 100]
Professional behavioral health/counseling for self	3	3	100	14	12	85.7	-0.01	0.99	< 0.1 [< 0.1, > 100]
Kinship care support groups	2	2	100	12	12	100	-	-	-
Training for kinship caregivers	3	3	100	3	3	100	-	-	-
Language services	1	1	100	8	8	100	-	-	-
Access to legal services and information	9	6	66.7	16	12	75.0	1.07	0.28	3.3 [0.4, 34.8]
In-home family services	3	3	100	3	3	100	-	-	-

[1] Dashes indicate that small sample sizes and/or single levels of responses would not allow for statistical analysis

*p<.05, **p<.01, ***p<.001

Differential responses on the impact of the program on caregiver wellbeing

The participants' scores from the intervention and comparison groups differed on the wellbeing portion of the Likert-scale (see Table 10.1). Participants from the intervention group (5.9 on a scale from 1 to 7) reported higher scores ($p < .01$) than participants from the comparison group (5.0) in response to one individual question: "I am enjoying life more now since participating in kinship care services and activities." In addition, the overall wellbeing score (the average score of all four of the wellbeing questions) was significantly higher ($p < .001$) for participants in the intervention group (5.9) than those in the comparison group (5.2). These higher scores indicate that those in the intervention group were more likely to feel that these statements represented their experience.

Overall and differential levels of satisfaction with the Kinship Navigator program

Kinship caregivers also answered Likert-scale questions regarding their satisfaction with the Kinship Navigator program (see Table 10.1). The comparison and intervention groups both reported high levels of satisfaction with the program overall with each group rating each question at or above 6.0 on a scale from 1 to 7. Similarly, no statistically significant differences existed between the two groups' overall satisfaction (the average of each of the six individual satisfaction questions).

Table 10.1 Intervention and comparison groups' wellbeing and satisfaction six-months post case closure after PSM

Survey Item	Comparison M (SD)	Intervention M (SD)	z	p	Effect Size Odds Ratio [95% CI]
I now feel that I am better able to cope with caring for the child I am raising than before I became involved in kinship care services and activities	5.5 (1.5)	6.1 (1.0)	0.01	0.99	1.0 [0.7, 1.3]
Same as above before imputation (Comp: n=126; Int: n=125)[1]	5.5 (1.0)	6.1 (1.0)	-	-	-
I do not feel as stressed out as I was before participating in kinship care services and activities.	5.2 (1.6)	5.9 (1.2)	0.70	0.48	1.1 [0.9, 1.4]
Same as above before imputation (Comp: n=125; Int: n=126)[1]	5.2 (1.6)	5.9 (1.2)	-	-	-
I feel as if my overall health and sense of well-being have improved since participating in kinship care services and activities.	5.0 (1.5)	5.6 (1.3)	0.01	0.99	1.0 [0.8, 1.3]
Same as above before imputation (Comp: n=125; Int: n=125)[1]	5.0 (1.5)	5.6 (1.3)	-	-	-
I am enjoying life more now since participating in kinship care services and activities.	5.0 (1.5)	5.9 (1.0)	3.18	0.002**	1.7 [1.2, 2.3]
Same as above before imputation (Comp: n=124; Int: n=125)[1]	5.0 (1.4)	5.9 (1.0)	-	-	-
Overall wellbeing (average of above questions)	5.2 (1.2)	5.9 (1.0)	4.39	< 0.001***	1.8 [1.4, 2.3]
I plan to continue to participate in kinship care activities/services.	6.0 (1.5)	6.0 (1.2)	-0.37	0.71	1.0 [0.8, 1.2]
My Kinship Navigator was very supportive.	6.5 (0.9)	6.5 (0.8)	-0.54	0.59	0.9 [0.5, 1.5]
My Kinship Navigator listened to my needs.	6.5 (0.9)	6.5 (0.7)	-1.35	0.18	0.5 [0.2, 1.3]
My Kinship Navigator was very knowledgeable of available resources and services.	6.3 (1.2)	6.5 (0.8)	1.73	0.08	1.8 [1.0, 4.0]
Same as above before imputation (Comp: n=125; Int: n=125)[1]	6.3 (1.2)	6.5 (0.8)	-	-	-
My Kinship Navigator linked me to the services that I need.	6.1 (1.3)	6.3 (0.8)	0.41	0.16	1.4 [0.9, 2.2]
I would recommend the Kinship Navigator program to other kinship caregivers.	6.6 (0.9)	6.6 (0.6)	-0.65	0.51	0.8 [0.4, 1.5]
Overall satisfaction (average of above questions)	6.3 (0.9)	6.4 (0.6)	0.70	0.49	1.1 [0.8, 1.6]

[1] For any outcome variables with missing data, the number of observations and descriptive statistics *prior to imputation* are shown first in the table.

*p<.05, **p<.01, ***p<.001

Differential levels of wellbeing and satisfaction with the Kinship Navigator program for intervention group at case closure and six months post case closure. Wellbeing and satisfaction levels for those in the intervention group were compared at case closure and six months post case closure to assess whether wellbeing and satisfaction was sustained over time (see Table 11.1). When examining the average of all the wellbeing questions, those in the intervention group indicated high levels of wellbeing at case closure (5.7) and six months after case closure (5.9) with no statistical significance. Similarly, when examining the average of all the satisfaction questions, those in the intervention group indicated high levels of satisfaction at case closure (6.3) and six months after case closure (6.4) with no statistical significance. The lack of significant differences in wellbeing and satisfaction levels indicates that not only are the kinship caregivers satisfied with the program immediately at close, but their satisfaction also remains high at least six-months post case closure.

Table 11.1 Intervention group satisfaction with Kinship Navigator program at closure and six-months post-close for those who completed both surveys (n = 90) on a scale from 1 = “Strongly disagree” to 7 = “Strongly agree”

Survey Item	At closure M (SD)	Post-closure M (SD)	z	p	Effect Size Odds Ratio [95% CI]
I now feel that I am better able to cope with caring for the child I am raising than before I became involved in kinship care services and activities	6.0 (1.4)	6.2 (1.0)	0.33	0.74	1.1 [0.7, 1.6]
I do not feel as stressed out as I was before participating in kinship care services and activities.	5.7 (1.5)	6.0 (1.2)	0.45	0.66	1.1 [0.8, 1.6]
I feel as if my overall health and sense of well-being have improved since participating in kinship care services and activities.	5.5 (1.5)	5.7 (1.3)	0.22	0.83	1.0 [0.8, 1.4]
I am enjoying life more now since participating in kinship care services and activities.	5.7 (1.3)	5.9 (1.0)	-0.11	0.91	1.0 [0.6, 1.5]
Overall wellbeing (average of above questions)	5.7 (1.3)	5.9 (0.9)	1.25	0.21	1.2 [0.9, 1.6]
I plan to continue to participate in kinship care activities/services.	6.1 (1.3)	6.1 (1.1)	-0.69	0.49	0.9 [0.6, 1.2]
My Kinship Navigator was very supportive.	6.5 (1.0)	6.5 (0.9)	-0.96	0.34	0.7 [0.3, 1.3]
My Kinship Navigator listened to my needs.	6.5 (1.0)	6.5 (0.7)	-1.46	0.15	0.5 [0.1, 1.2]
My Kinship Navigator was very knowledgeable of available resources and services.	6.3 (1.1)	6.5 (0.7)	1.25	0.21	1.8 [0.8, 5.1]
My Kinship Navigator linked me to the services that I need.	6.2 (1.2)	6.4 (0.6)	0.96	0.34	1.4 [0.7, 2.7]
I would recommend the Kinship Navigator program to other kinship caregivers.	6.5 (1.1)	6.6 (0.5)	1.17	0.24	1.5 [0.8, 3.3]
Overall satisfaction (average of above questions)	6.3 (1.0)	6.4 (0.5)	0.69	0.49	1.1 [0.8, 1.7]

*p<.05, **p<.01, ***p<.001

Helpful resources reported by kinship caregivers

In response to the question, “What resources and/or services have been the most helpful to you as a kinship caregiver raising a child?” Kinship caregivers described a variety of resources as helpful, which are listed in order of prevalence. The most mentioned helpful support was “obtaining durable goods” (reported by 69% of the comparison respondents and 45% of the intervention participants), which included vouchers, clothing, school supplies, household goods, and gift cards. The second most helpful type of resource was information and navigation support (40% of the comparison respondents and 48% of the intervention respondents), which included connection to community supports, information and assistance, legal support, connection to recreation activities, and trainings. The third most prevalent resource was financial support for necessities (28% of comparison responses and 24% of the intervention responses), which included support for groceries, rent, bills, transportation, and general financial aid. See Table 12.1 for more information.

Table 12.1 Most helpful resource(s) (N=253)

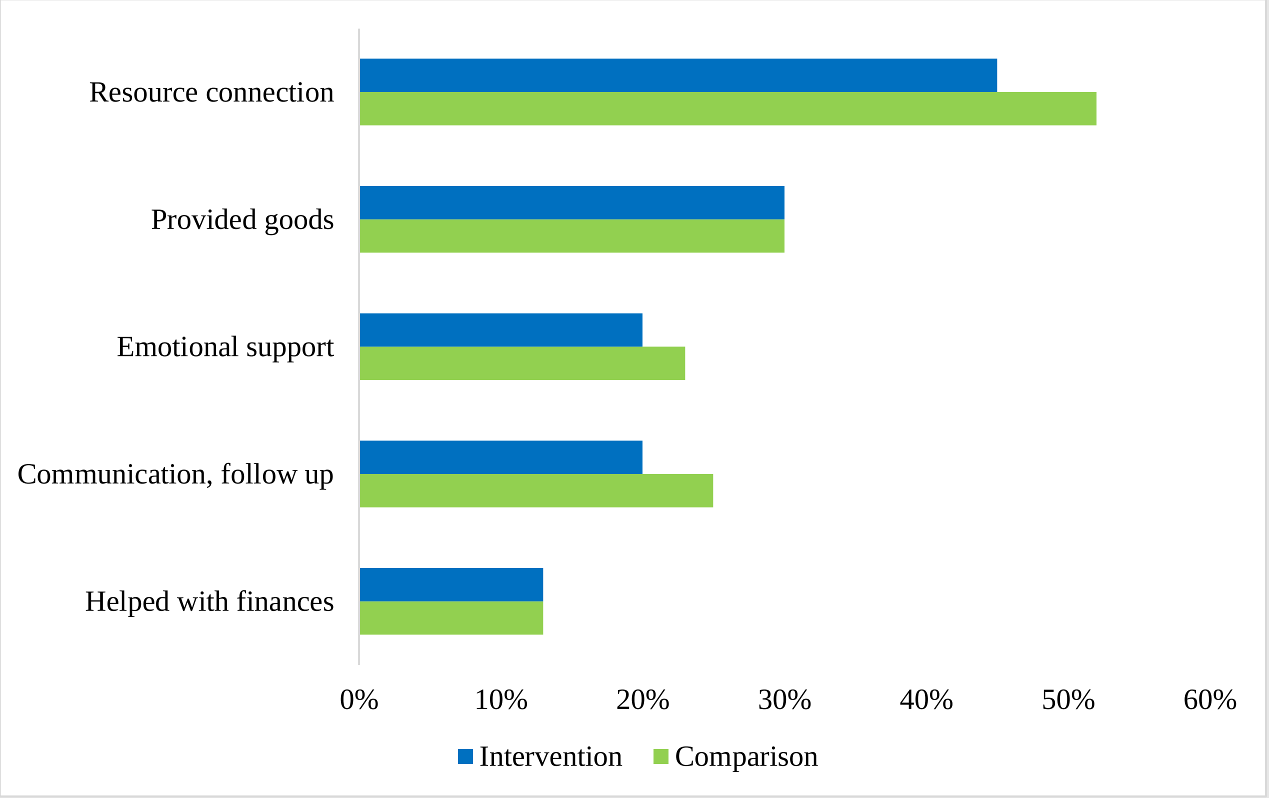
Resource	% of all caregivers (N=253)	% of comparison (N=127)	% of intervention (N=126)	Description	Quote
Obtaining durable goods	57%	69%	45%	Navigator helped caregiver get access to needed goods, such as clothing, food, school supplies, household supplies, laptops, etc.	“The voucher every year for the school clothes -- that's really helpful. This year they got us a laptop and a printer so that we could do everything for school from home.” – *Comparison caregiver*
Information and navigation support	44%	40%	48%	The navigator helped the caregiver get connected with resources in the community, including school supports, legal services, counseling, insurance, transportation, and training.	“Having someone to help me coordinate all the services for the kids was of great help.” – *Intervention caregiver*
Financial support for necessities	26%	28%	24%	Navigator paid utility bill, rent, or helped caregiver get access to financial help through public and private benefits.	“The energy assistance has been the biggest blessing. Having that help with the PUD each month has gotten me to the point where I have a bit of money at the end of the month to spend on the kids” – *Comparison caregiver*
Emotional support	14%	14%	14%	Navigator provided the caregiver with emotional support, a listening ear, someone who understands.	“There were a lot of tears and [my navigator] was very good to us. She has a beautiful heart, she is amazing. She was very engaging and connected with my feelings. When I lost loved one, and when my son was sent to jail, she cried with me and held me up.” – *Intervention caregiver*
Everything	7%	6%	8%	Caregiver provided general positive feedback or stated everything about the program was helpful	“Without working with kinship we wouldn't be making it.” – *Intervention caregiver*

Note. The percentages represent the percent of caregivers in each group who responded to the question and reported each theme. Caregivers could report more than one theme, so percentages may total to greater than 100

Helpful actions taken by kinship navigators

Kinship caregivers described numerous helpful actions taken by their kinship navigators. Most commonly, respondents (52% of comparison responses and 45% of intervention responses) indicated that resource connection was the most helpful factor of the Kinship Navigator program. Second, respondents (30% of comparison responses and 30% of intervention responses) described being provided with goods (such as clothing and beds for kinship children) as helpful. Third, respondents (23% of comparison responses and 20% of intervention responses) reported that kinship navigators provided emotional and social support to caregivers through facilitating support groups and providing supportive listening. See Figure 6 and Table 13 for more information.

Figure 6.1 Most helpful action taken by kinship navigator as reported by the comparison (n = 128) and intervention (n = 122) groups six-months post case closure



Note. The percentages represent the percent of respondents in each group who reported each theme. Some responses for each group covered multiple themes so percentages for each group may add up to more than 100%.

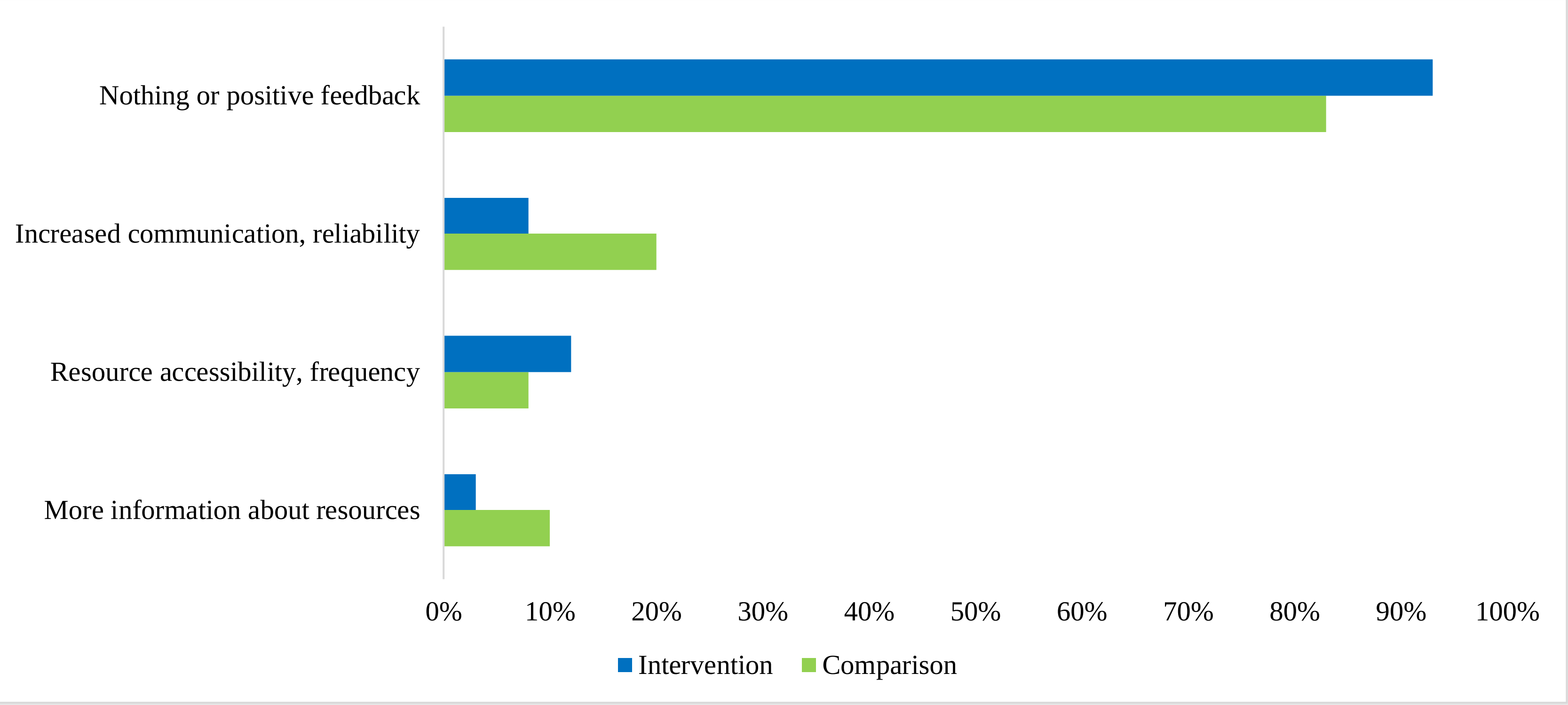
Table 13.1 Most helpful action(s) taken by kinship navigator (N=250)

Helpful action	% of all caregivers (N=250)	% of comparison (N=128)	% of intervention (N=122)	Description	Quote
Resource connection	47%	52%	45%	The navigator helped the caregiver get connected with needed resources in the community.	"She handed me all the right answers, set me in the right direction. She introduced me to the Parents Again group." – *Comparison caregiver*
Provided goods	29%	30%	30%	Navigator helped caregiver get access to needed goods, such as clothing, food, school supplies, etc.	"Getting clothes and shoes and things for school." – *Intervention caregiver*
Emotional support	22%	23%	20%	Navigator provided the caregiver with emotional support, a listening ear, someone who understands.	"She listened to me complain [laughs], which was really nice. Sometimes you just need to get that off your chest. We connected." – *Comparison caregiver*
Communication, follow up	19%	25%	20%	Navigator was responsive, provided caregiver with needed information, and/or checked up on them.	"The quarterly calls from the navigator have been supportive. Just like touching base. I really appreciate the broad spectrum of problems she tried to address." -*Intervention caregiver*
Helped with finances	13%	13%	13%	Navigator paid utility bill, rent, or helped caregiver get access to financial help through public and private benefits.	"[My navigator] signed me up for child-only TANF. They've paid my rent a couple of times - it's been such a help" – *Comparison caregiver*

Note. The percentages represent the percent of caregivers in each group who responded to the question and reported each theme. Caregivers could report more than one theme, so percentages may total to greater than 100%

Recommended areas for improvement for the kinship navigators. Kinship caregivers provided a few recommendations for improvement. The majority of kinship caregivers (83% from comparison counties and 93% from intervention counties) stated either “nothing” or provided positive feedback in response to the question soliciting feedback regarding areas of improvement for the kinship navigator. Some respondents 20% from comparison counties and 8% from intervention counties) indicated a wish that navigators provide more follow-up and frequent communication. A few kinship caregivers (8% from comparison counties and 12% from intervention counties) described a need for different supports or more frequent access to assistance. See Figure 7 and Table 14 for more information.

Figure 7.1 Areas for improvement for kinship navigators as reported by the comparison (n = 40) and intervention (n = 120) groups six-months post case closure



Note. The percentages represent the percent of respondents in each group who reported each theme. Some responses for each group covered multiple themes so percentages for each group may add up to more than 100%.

Table 14.1 Areas of improvement (N=160)

Area of improvement	% of all caregivers (N=160)	% of comparison (N=40)	% of intervention (N=120)	Description	Quote
Nothing or positive feedback	90%	83%	93%	Caregivers wrote “N/A,” “nothing,” “I don’t know,” or positive feedback.	“Honestly, I don't think there is anything else this program could do. As soon as I call, I get a call back. It's been one of the best programs I've ever found.” – *Intervention caregiver*
Increased communication, reliability	11%	20%	8%	Caregivers desired more consistent communication from their navigator or felt they weren’t reliable	“Check in with me about needs and resources on regular basis.” – *Comparison caregiver*
Resource accessibility, frequency	11%	8%	12%	Caregivers wanted access to resources which were not available or accessible, or wanted to be able to access services more often	“The time of the support group doesn't work for me because I work. I'd like to go.” – *Intervention caregiver*
More information about resources	4%	10%	3%	Caregivers wanted more information about the resources and services they were eligible for.	“It would be helpful to have a comprehensive list of all of the resources that we are eligible to receive” – *Comparison caregiver*

Note. The percentages represent the percent of caregivers in each group who responded to the question and reported each theme. Caregivers could report more than one theme, so percentages may total to greater than 100

Summary

The findings from the satisfaction survey indicate that kinship caregivers in Washington State who engaged with the kinship navigation research project experienced high levels of wellbeing and satisfaction with the Kinship Navigator program, and that those satisfaction and wellbeing levels remained high over time. Kinship caregivers in both intervention and comparison groups specifically noted that financial assistance, legal referrals, information and resources, and emotional/social support are particularly helpful resources. Caregivers in the intervention group were more likely to be enrolled in Child-Only TANF benefits, more likely to use kinship care support groups, more likely to express enjoying life since participating in kinship care services and activities, and more likely to express overall wellbeing as caregivers.

Future research should examine how the Covid-19 pandemic impacted caregiver service usage (such as respite care and support groups). Some services, such as the support groups, moved to an online format during the Covid-19 pandemic. Other services, such as respite support, may have had reductions in availability during the pandemic. Overall, the results indicate that kinship caregivers in Washington State appear satisfied with kinship navigator services. The enhanced case management model shows promise in improving caregiver economic and emotional wellbeing.

Statistically significant findings for this chapter:

- Intervention caregivers were **1.9 times as likely** (p = .02) as comparison caregivers to be enrolled in Child-Only TANF
- Intervention caregivers were **9.4 times as likely** (p = .02) as comparison caregivers to attend kinship care support groups
- Intervention caregivers were **1.7 times as likely** (p = .002) as comparison caregivers to indicate agreement with the statement: "I am enjoying life more now since participating in kinship care services and activities"
- Intervention caregivers were **1.8 times as likely** (p < .001) as comparison caregivers to indicate agreement with the four caregiver wellbeing statements on average overall

Chapter II. Child Wellbeing Outcomes

Introduction

Washington State first implemented its Kinship Navigator program in 2005. Kinship navigators provide crucial support to kinship care families (families who care for the child/ren of a relative or close friend) across the state of Washington. This support includes assistance in applying for state and federal benefits and information and referrals for services to address kinship caregivers' needs. Kinship navigators also assist caregivers with Kinship Caregiver Support Program (KCSP) funds to help with basic needs and tangible goods. Kinship navigators help facilitate various other services for kinship caregivers such as local support groups, kinship closets, legal clinics, and free family recreational passes. All these services provided by kinship navigators promote knowledge and awareness of available resources for health, financial, legal, and other support services.

In addition to providing information and referral services, kinship navigators also help to reduce barriers faced by kinship care families through problem solving and collaboration with public, private, local, and state service providers. Recently, the Kinship Navigator program has taken two different forms, which we refer to in this report as comparison and intervention counties. At the comparison counties, the kinship caregivers contact the navigators and specifically request needed services and support. Kinship caregivers then initiate any follow-up contact with the navigators. At the intervention counties, after the kinship caregivers initiate the first contact, kinship navigators initiate follow-up contacts, establish goals with the caregivers, and follow-up with the caregivers at certain points in time (specifically, after three and six months of participation in the Kinship Navigator program). This report presents the results of the closed case form, which kinship caregivers completed for each kinship child in their care at both comparison (n=259 children) and intervention (n=239 children) sites six months after case closure. The closed case form asked caregivers a set of questions about any children who had left the home since case closure, a set of questions about the physical and behavioral health of children still in the home, and a set of questions about the educational experiences of children still in the home.

Logistic regression on a propensity-score matched sample revealed that children in the intervention group were less likely to leave the home for any reason, less likely to leave the home due to placement instability (i.e., reasons other than reunification and aging out) and had slightly fewer emergency room visits. For many items, the lack of statistical significance reflects very positive baselines in the comparison group rather than negative findings for the intervention group. For example, 95%+ of children in both groups have access to a primary care doctor, < 1% in both groups are pregnant or parenting, 93%+ have attended their well-child visits, 99%+ of children are covered by health insurance, 86%+ of children receiving special education services have a current IEP or 504 plan, 82%+ are passing all of their classes, and children in both groups averaged less than 7 days of absences over the course of the previous school year.

Methodology

Recruitment

Caregivers who received navigation services at either intervention or comparison counties were eligible to complete the closed case form, a follow-up phone interview questionnaire, six-months after case closure. These interviews were conducted over the phone with support from staff at the Aging and Long-Term Support Administration (ALTSA). Those who completed the survey received a $15 Walmart or Amazon gift card as compensation for their time. Kinship navigators did not have access to the results and the caregivers were assured that the results would not impact any services that they received. Interviews took approximately 20-60 minutes to complete and were approved by the Washington State Institutional Review Board (WSIRB).

Inclusion criteria

Intervention caregivers were eligible for the six-month post-close phone interview if they still had kinship children in the home at the time of case closure, and they did not move out of the service area covered by the navigator before their case closed. In addition, cases had to meet certain fidelity criteria to be included in the study. Closed cases must have met at least three of the following conditions:

1. Completed an intake and needs assessment
2. Completed a three month follow up
3. Completed a six month follow up (unless case closed at three months)
4. Was sent a satisfaction survey by their navigator at case closure

Comparison caregivers were eligible to participate in the surveys if they had contact with a navigator in a service as usual site during the study period, were eligible for Kinship Navigator services at that point of contact (meaning they had a kinship child in the home), and did not move out of the service area before the first follow up.

Measures

The closed case form has three sections related to youth wellbeing. The survey items measure three of the five child wellbeing domains identified in a systematic review of the literature by Pollard & Lee in 2003: physical (physical health questions), psychological (behavioral health questions), and cognitive (education questions). The survey includes 1) a section related to any youth who left the home of the caregiver in the six-month period after case closure, intended to measure placement instability, 2) a section on youth physical and behavioral health, and 3) a section on youth educational outcomes. See Table 1.2 for a list of all measures used in this report.

The first section of the survey asks how many children are currently living in the home, how many children have left the home since the case closed, and asks a few questions related to who and why those children left the home. Possible responses for reasons that the child left the home included “Returned to birth parent,” “Entered foster care,” “Moved to another kin caregiver,” “Aged out,” or “Other.” Demographics for any children who left the home were provided by caregivers and include gender, birthdate, and race/ethnicity. Response options for demographics were based on the response options in the state administrative Getcare database. Possible responses for gender were “Male” or “Female.” Birthdate was a date-formatted open response. Possible responses for race/ethnicity were “American Indian / Alaskan Native,” “Black or African American,” “Hispanic or Latino/Latinx,” “Asian / Pacific Islander,” “White (Non-Hispanic),” “Other,” “Multiracial American Indian/Alaska Native (any American Indian/Alaska Native indicated as well as another race),” “Multiracial Black (any Black indicated as well as another race except American Indian/Alaska Native),” “Multiracial (all other combinations, with no indication of American Indian/Alaska Native or Black),” or “Unknown (no races indicated).”

The second section asks about the children who are currently in the home. In this section, questions were related to the child's physical and behavioral health, parenting and pregnancy, well-child visit attendance, health insurance enrollment, and emergency room visits. The parenting and parenting measure as well as the question about well child visit attendance were based on new federal requirements for child welfare agency data collection on youth in the child welfare system. Ratings of the child's physical and behavioral health were answered on a scale from 1 = Excellent to 5 = Poor. Response options for physical and behavioral health were taken from the National Health and Nutrition Examination Survey (NHANES) (CDC & NCHS, 2022). Possible answers for the type of medical insurance the kinship child was covered by were simplified from the NHANES survey, and included "Medicaid / Apple Health," "Employer-based health insurance," "Tribally supported insurance plan," "No insurance," and "Other." Possible answers to the number of ER visits the child had in the past six months include a numeric integer response or "I don't know." Possible answers to the question asking reasons for ER admittance include "Upper respiratory infections," "Otitis media and related conditions," "Fever of unknown origin," "Open wounds of head, neck, or trunk," "Fracture of upper limb," "Headache, including migraine," "Skin and subcutaneous tissue infections," "Abdominal pain," "Acute bronchitis," "Allergic reactions," "Sprains and strains," "Viral infections," and "Nausea and vomiting." Other items in this section had possible responses of "Yes," "No," "N/A," or "I don't know." There are also two questions asked to the intervention group only related to whether the child's physical and behavioral health needs are being met. These two questions also had possible responses of "Yes," "No," "N/A," or "I don't know."

The third section also asked about the children who are currently in the home. In this section, questions were related to school attendance, academic support the child needed or was receiving, academic success, and whether the child had been suspended or expelled. Possible responses for the suspension/expulsion question were "Yes, suspended," "Yes, expelled," "No," or "I don't know." The question related to the number of absences the child had in the past year required a numerical write-in response. Other items in this section had possible responses of "Yes," "No," "N/A," or "I don't know." There are also three questions asked to the intervention group only related to academic and behavioral support. These three questions also had possible responses of "Yes," "No," "N/A," or "I don't know."

This analysis incorporated data from a participant tracker dataset, which includes basic demographic and program completion information for all participants. This participant tracker uses anonymous participant IDs and tracks participants' status in the program. Navigators solicit the demographic information for this dataset over the phone when participants call to request services. Navigators also submit fidelity forms with information regarding program elements the caregiver completed or did not complete. The data from the tracker enabled researchers to understand if the caregiver met the inclusion criteria for the analysis (described below).

Finally, the analysis incorporated data from the Economic Services Administration (ESA), an agency housed within DSHS. The ESA provided data on participants' SNAP (formerly known as food stamps) recipient status as well as age. The data from the ESA, the participant tracker, and the closed case form were combined to create the dataset used in the analysis.

Table 1.2 Measures used in this report

Measure	Description	Possible Responses
	PSM items	
Caregiver Age	Age of the caregiver at close	Numeric response to one decimal (e.g., 16.3 years)
Caregiver Race / Ethnicity (Analytical)[1]	Aggregated race and ethnicity of the caregiver (any response besides "White (Non-Hispanic)" is coded to "BIPOC", defined as Black, Indigenous, or Person of Color)	White (Non-Hispanic) / BIPOC
SNAP Benefit Recipient Status	Indicates if the caregiver received SNAP benefits anytime between intake and close	Recipient / Not a Recipient
	Child left the home items	
Number of children in the home	Number of children who are still living in the caregiver's home	Numeric response (integer)
Number of children who left the home	Number of children who left the caregiver's home in the six months since case closure	Numeric response (integer)
Reasons for leaving the home	Reasons the kinship children left the home	"Returned to birth parent," "Entered foster care," "Moved to another kin caregiver," "Aged out," or "Other."
Gender for children who left the home	Gender of child who left the home	"Male" or "Female"
Race/ethnicity for children who left the home	Race/ethnicity of the child who left the home	e.g., "American Indian / Alaskan Native," "Black or African American"
Age for children who left the home	Birthdate of child who left the home	Mm/dd/yyyy
	Health items for child(ren) still in the home	
Child's physical health	Caregiver rating of child's physical health	Scale from 1 = Excellent to 5 = Poor
Child's behavioral health	Caregiver rating of child's physical health	Scale from 1 = Excellent to 5 = Poor

Medical insurance	Type of medical insurance the child receives	“Medicaid / Apple Health,” “Employer-based health insurance,” “Tribally supported insurance plan,” “No insurance,” and “Other.”
Number of ER visits	Number of ER visits the child has had in the six months since case closure	Numeric response (integer) or “I don’t know”
Reason(s) for ER admittance	Reason(s) the child was admitted to the Emergency Room	e.g., “Upper respiratory infections,” “Fever of unknown origin,” “Nausea and vomiting.”
Primary care pediatrician	Caregiver report of whether their kinship child had an assigned primary care pediatrician in the six months since case closure	“Yes,” or “No”
Physical health diagnosis	Caregiver report of whether their kinship child had a diagnosed physical health issue in the six months since case closure	“Yes,” “No,” “N/A,” or “I don’t know.”
Behavioral health diagnosis	Caregiver report of whether their kinship child had a diagnosed behavioral health issue in the six months since case closure	“Yes,” “No,” “N/A,” or “I don’t know.”
Pregnant or parenting youth in foster care	Caregiver report of whether their kinship child was a pregnant or parenting youth in foster care as described in section 471e(2)B of the Act in the six months since case closure	“Yes,” “No,” “N/A,” or “I don’t know.”
Pregnant or parenting youth in informal care	Caregiver report of whether their kinship child was a pregnant or parenting youth in an informal kinship arrangement in the six months since case closure	“Yes,” “No,” “N/A,” or “I don’t know.”
Well-child visit attendance	Caregiver report of whether their kinship child attended their well-child visits since they came to live with them	“Yes,” “No,” “N/A,” or “I don’t know.”
Physical health needs (intervention only)	Caregiver report of whether the kinship child’s physical health needs are being met	“Yes,” “No,” “N/A,” or “I don’t know.”
Behavioral health needs (intervention only)	Caregiver report of whether the kinship child’s behavioral health needs are being met	“Yes,” “No,” “N/A,” or “I don’t know.”
Education items for child(ren) still in the home		
Early childhood/school enrollment	Caregiver report of whether their kinship child attends and early childhood program or school	“Yes,” “No,” or “I don’t know.”
Repeated grades	Caregiver report of whether their kinship child has repeated any grades	“Yes,” “No,” or “I don’t know.”
Special education	Caregiver report of whether their kinship child receive special education services or other support programs	“Yes,” “No,” or “I don’t know.”

IEP/504	Caregiver report of whether their kinship child has a current IEP or 504 plan	“Yes,” “No,” or “I don’t know.”
IEP service receipt (intervention only)	Caregiver report of whether their kinship child is receiving all of the services outlined in the IEP or 504 Plan	“Yes,” “No,” or “I don’t know.”
Failing classes	Caregiver report of whether their kinship child is failing any classes	“Yes,” “No,” or “I don’t know.”
Suspension/expulsion	Caregiver report of whether their kinship child been suspended or expelled	“Yes, suspended” “Yes, expelled,” “No,” or “I don’t know.”
Absences	Caregiver report of how many absences their kinship child had in the last year	Numeric response (integer) or “I don’t know”
Behavioral assistance (intervention only)	Caregiver report of whether they need assistance addressing their kinship child's social or behavioral needs at school?	“Yes” or “No”
Academic support (intervention only)	Caregiver report of whether they need assistance requesting academic support for your kinship child?	“Yes” or “No”

[1] Use of the aggregated race/ethnicity variable is based on Arizona’s Clearinghouse rated kinship report (Schmidt & Treinen, 2021)

Prevention Services Clearinghouse Measures

The Prevention Services Clearinghouse defines **child permanency** as “the permanency and stability of a child’s living situation (in-home or in foster care) and includes the continuity and preservation of family relationships and connections” (Wilson et al., 2019, p.11). Eligible indicators of child permanency for the Clearinghouse KN programs that were assessed using WA ALTSA administrative data includes *Placement Stability*. In addition, the Handbook of Standards and Procedures (Section 4.1.5.) defines **child well-being** as a multi-faceted construct that broadly refers to the skills and capacities that enable young people to understand and navigate their world in healthy, positive ways. It is an umbrella term that includes child and youth development in behavioral, social, emotional, physical, and cognitive domains. As a measure of child-wellbeing, the Prevention Services Clearinghouse reviews *Physical Development and Health* characteristics of the child that indicate healthy functioning of the body. These may include indicators of physical health, physical capabilities, normative indicators of healthy development, and any other measure relating to healthy (or unhealthy) physical development. In this report, an example of a child well-being measure includes the number of emergency room visits the child had over the previous six months, as indicated via the closed case form.

Study Design Confounds

The Prevention Services Clearinghouse defines two types of study design confounds: “the substantially different characteristics confound, and the n=1 person-provider or administrative unit confound” (Wilson, et al., 2019, pg. 36). No design confounds were identified per the Clearinghouse guidance. Intervention and comparison groups were baseline equivalent on demographics, geography (all children in the intervention and comparison counties) based on the characteristics below. It is possible that the groups differed on unobserved characteristics, but the researchers are satisfied that the groups are comparable based on the baseline equivalency testing included in this report. The intervention was delivered with fidelity to the program’s Implementation Manual by numerous Kinship

Navigators who were trained on the WA Enhanced KN model. Therefore, it is presumed that no n=1 person-provider confound exists, as the intervention condition was carried out in a usual care or practice setting and no program adaptations were made.

Quantitative analytic method

The statistical software program R was used to calculate descriptive statistics and run statistical significance tests to evaluate differences in responses to the closed case form between the comparison and intervention groups. Duplicate and incomplete responses (meaning that less than 80% of the form was completed) were not included in the analysis. Multiple regression **imputation** techniques (as outlined in the Handbook of Standards and Procedures (Section 5.9.4.) for addressing missing data) were used for participants who completed at least 80% of the survey but who had missing responses. Additionally, participants who did not complete the closed case form within 60 days of their six-month post-close target date were not included in the analysis. Participants were also excluded if they did not meet minimum fidelity criteria while their cases were open as they did not receive the intervention as it was designed to be delivered, most importantly whether they completed required follow ups while the case was open. Caregiver responses were compared between those in intervention and comparison counties.

Descriptive statistics were calculated for all measures. Percentages for some results may not equal 100% as respondents were allowed to select multiple choices for some factors, such as reasons for emergency room visits in the past six months. To ensure that any differences between the two groups (i.e., intervention and comparison) in terms of children who left the home, physical and behavioral health of children still in the home, and educational outcomes and needs of children still in the home were due to group assignment and not underlying demographic differences, we used propensity-score matching. Propensity-score matching (PSM) (Rosenbaum & Rubin, 1983; Stuart, 2010) was used to create a comparable group of dyads. A propensity score is an estimate of the likelihood that any given individual would be in the intervention group, given a set of measured characteristics (Starks & Garrido, 2014). PSM's basic logic is to compare intervention and comparison individuals who have similar propensities (or likelihoods) for receiving the intervention, conditional on a set of several variables. The Absolute Standard Mean Difference and Variance Ratios of the demographic measures are reported to understand the quality of the PSM and establish baseline equivalence.

For our analysis, the PSM variables included the following caregiver demographics: Caregiver Age, Aggregated Caregiver Race / Ethnicity, and SNAP Benefit Recipient status. A single composite score for matching participants between the intervention and comparison groups is computed using a logistic regression with the intervention group as the dependent variable. Estimated propensity scores typically range from 0 to 1. Cases are matched on proximity of scores to each other (Starks & Garrido, 2014). Through this process, PSM creates a matched group of comparison and intervention caregivers whose responses to the closed case form could be compared with logistic regression. A series of logistic regressions that included the control variables as covariates were calculated to determine effect sizes and statistical significance of any observed differences in outcomes for each the dependent variables.

Interpretation of Results

Interpretations of the statistical results in this report were partially informed by feedback from the Kinship Care Oversight Committee (KCOC) Subcommittee on Evaluation. Results and initial interpretations were presented with the subcommittee during a two-hour interactive video conference session in which subcommittee members provided interpretations and feedback on the results in breakout groups and the larger group. This feedback was used to refine interpretations of the key findings based on committee members' practical expertise.

Results

Participants

The results of the child wellbeing analyses in this chapter are based on responses to the closed case form. The number of children whose caregivers met the inclusion criteria and completed the form in the comparison group was n=259 while the number for the intervention group was n=239. After PSM, the sample used for analysis purposes throughout this report includes n=239 children from the comparison group and n=239 children from the intervention group. Results of the PSM can be found in Table 2.2, with Variance Ratio for Caregiver Age around 1 and Absolute Standard Mean Differences for the Caregiver Age, Aggregated Caregiver Race/Ethnicity, and SNAP Benefit Recipient variables below the acceptable threshold of 0.25 necessary to establish baseline equivalence. On average, caregivers in each group were a little under 60 years old, roughly one-third received SNAP benefits during the time between intake and close, and roughly one-third were Black, Indigenous, or People of Color (BIPOC). See Table 3.2 for demographics of the caregivers before PSM and Table 4.2 for demographics of the caregivers in the sample used for analysis after PSM.

Table 2.2 Propensity-score matching results for demographic control variables

Characteristic	Variable Levels	Absolute Standard Mean Difference^	Variance Ratio^
Caregiver Age	Numeric (e.g., 57.3)	0.10	1.05
Aggregated Caregiver Race/Ethnicity	White (Non-Hispanic) / BIPOC	0.14	-
SNAP Benefit Recipient	Yes / No	0.05	-

^Absolute Standard Mean Difference and Variance Ratio are measures of baseline equivalence

Table 3.2 Kinship caregiver demographics for all participants before propensity-score matching and imputation of missing data

Characteristic	**Comparison (N = 259)**		**Intervention (N = 239)**	
	n	**Mean (SD) / %**	**n**	**Mean (SD) / %**
Caregiver Age	224	57.5 (9.7)	238	58.8 (9.6)
Caregiver Race/Ethnicity[1]	-	-	-	-
American Indian/ Alaskan Native	16	6.2	11	4.6
Black / African American	24	9.3	20	8.4
Hispanic	32	12.4	58	24.3
Native Hawaiian/ Pacific Islander	2	0.8	2	0.8
White (Non-Hispanic)	184	71.0	148	61.9
Other	1	0.4	0	0
Aggregated Caregiver Race/Ethnicity	-	-	-	-
BIPOC	75	29.0	91	38.1
White (Non-Hispanic)	184	71.0	148	61.9
SNAP Benefit Recipient	-	-	-	-
Yes	89	34.4	93	38.9
No	170	65.6	146	61.1

[1] "Hispanic" is an ethnicity, and not a race

Table 4.2 Kinship caregiver demographics for all participants in the analytic sample after PSM and imputation of missing data

Characteristic	**Comparison (N = 239)**		**Intervention (N = 239)**	
	n	**Mean (SD) / %**	**n**	**Mean (SD) / %**
Caregiver Age	239	57.8 (9.3)	238	58.8 (9.6)
Caregiver Race/Ethnicity[1]	-	-	-	-
American Indian/ Alaskan Native	16	6.7	11	4.6
Black / African American	24	10.0	20	8.4
Hispanic	32	12.6	58	24.3
Native Hawaiian/ Pacific Islander	2	0.8	2	0.8
White (Non-Hispanic)	164	68.6	148	61.9
Other	1	0.4	0	0
Aggregated Caregiver Race/Ethnicity	-	-	-	-
BIPOC	75	31.4	91	38.1
White (Non-Hispanic)	164	68.6	148	61.9
SNAP Benefit Recipient	-	-	-	-
Yes	87	36.4	93	38.9
No	152	63.6	146	61.1

[1] "Hispanic" is an ethnicity, and not a race

Children who Left their Caregiver's Home

There only were n=55 children in the comparison and n=18 children in the intervention groups who left the home of the kinship caregiver during the six-month period after case closure. Children in the intervention group (7.5% left the home) were 3.3 times less likely (p < .001) to leave the home than those in the comparison group (23.0%). There are several reasons for leaving the home. Reunification with a birth parent and aging out are seen as reasons for leaving the home that do not count as placement instability, while moving to another kin caregiver, entering foster care, or other reasons like running away are seen as reasons for leaving the home that do count as placement instability. Children in the intervention group (0.8% left the home due to placement instability) were 10 times less likely (p < .05) to leave the home for a reason that counts as placement instability than children in the comparison group (5.9%). The statistical left-the-home results can be found in Table 5.2, while the reasons that children left the home in each group can be found in Table 6 and Figure 3.2.

Figure 3.2 Reasons that children left their caregiver's home in the six months after case closure

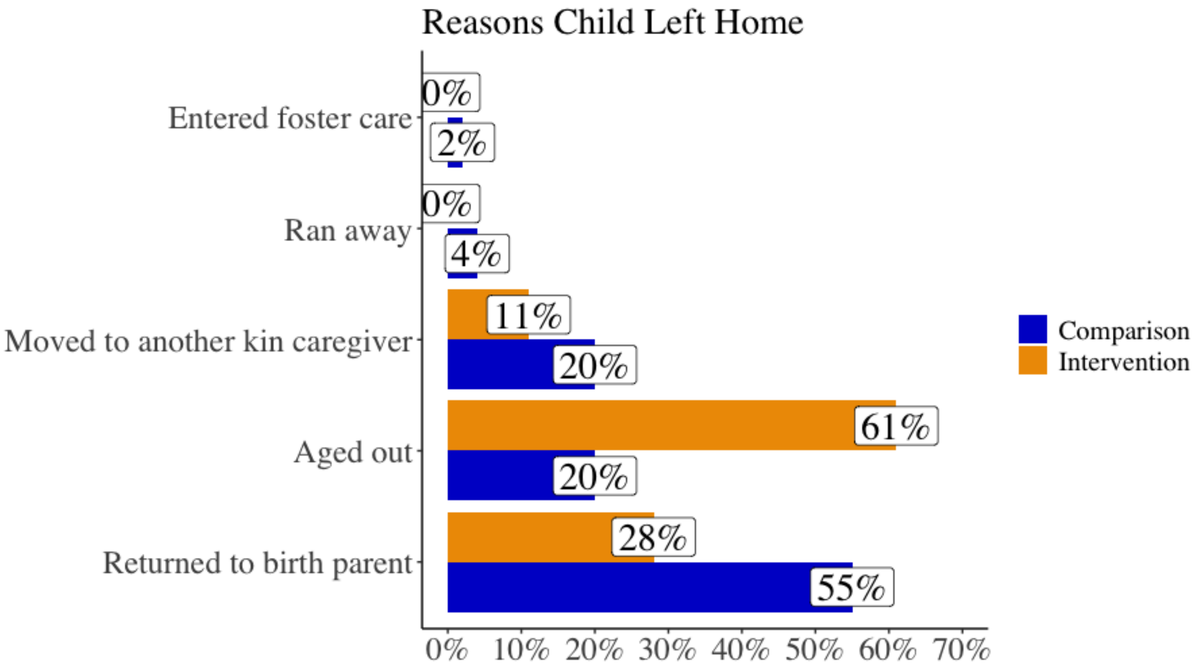


Table 5.2 Count of youth who left the home and experienced placement instability in either the comparison or intervention group

Item	**Comparison (N = 239)**		**Intervention (N = 239)**		**z**	**p**	**Effect Size Odds Ratio [95% CI]**
	n	**%**	**n**	**%**			
Left the home for any reason	55	23.0	18	7.5	-4.48	< .001***	0.3 [0.1, 0.5]
Left the home due to placement instability (i.e., reasons other than reunification or aging out)	14	5.9	2	0.8	-2.57	0.01*	0.1 [< 0.1, 0.5]

*p<.05, **p<.01, ***p<.001

Table 6.2 Reasons for leaving home for any youth who the caregiver indicated left home

Item	Comparison (N = 55)		Intervention (N = 18)	
	n	**%**	**n**	**%**
Returned to birth parent	30	54.5	5	27.8
Aged out	11	20.0	11	61.1
Moved to another kin caregiver	11	20.0	2	11.1
Entered foster care	1	1.8	0	0
Ran away	2	3.6	0	0

Analysis of the demographics of children who left the home did not show statistically significant differences between the two groups. In particular, within this small number of children who left the home of their kinship caregiver, both the intervention and comparison groups were similar in regards to their gender (similar numbers of males and females), age (mid-teens), race/ethnicity (roughly one-third BIPOC), and their recipient-status for SNAP benefits (roughly one-third recipients). Also note that these race/ethnicity and SNAP benefit demographics are similar to those observed in the caregivers of the overall sample, indicating that the demographics of children who left the home were likely similar to those who remained in the home. See Table 7.2 for more details on the demographics of children who left the home for each group.

Table 7.2 Demographics of any youth who the caregiver indicated left home in either the comparison or intervention group

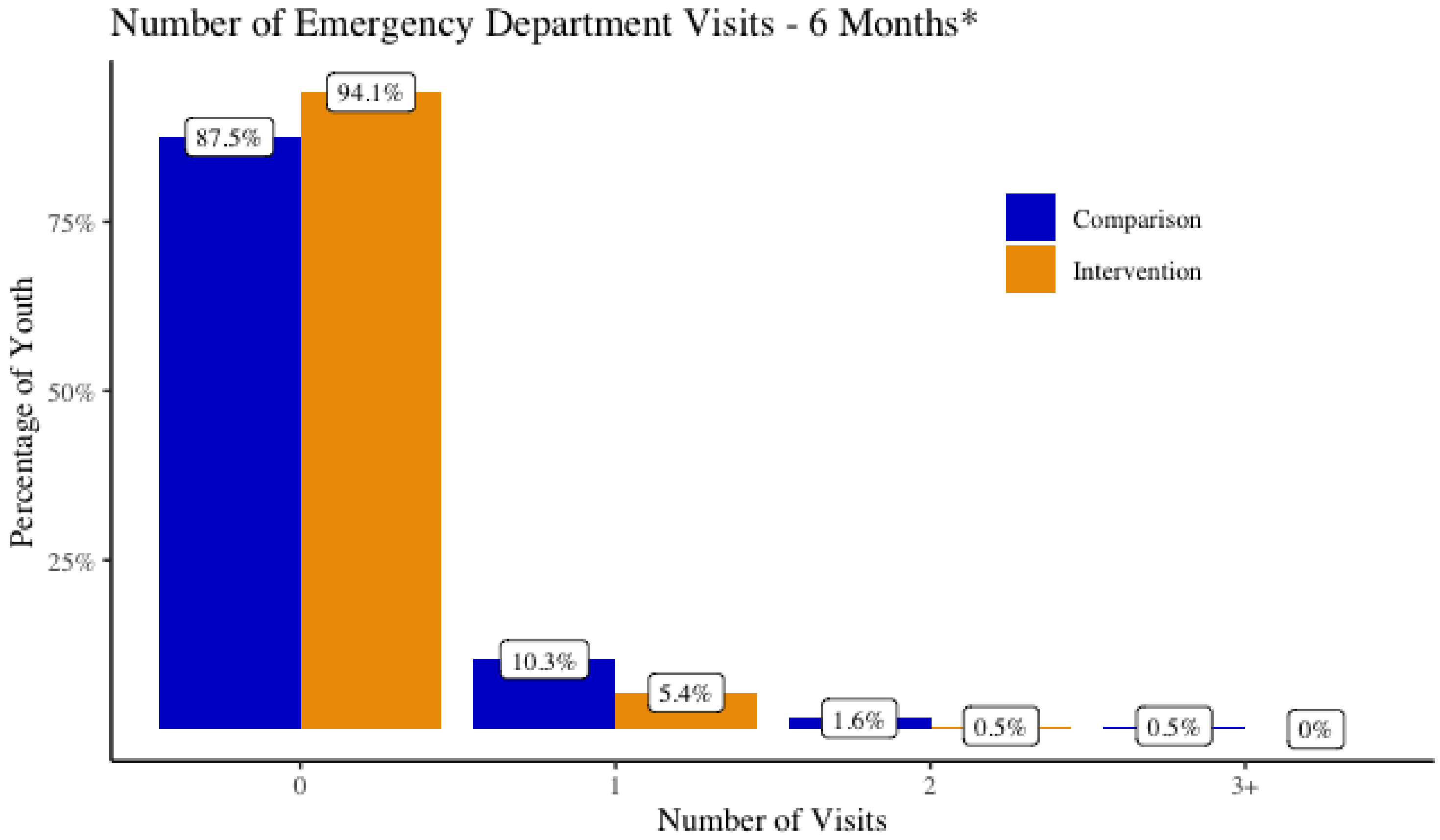
Characteristic	**Comparison (N = 55)**		**Intervention (N = 18)**		**z**	**p**	**Effect Size Odds Ratio [95% CI]**
	n	**Mean (SD) / %**	**n**	**Mean (SD) / %**			
Child Age	55	13.7 (4.9)	18	16.0 (5.2)	1.32	0.19	1.1 [1.0, 1.3]
Child Gender	-	-	-	-	-0.44	0.66	0.8 [0.2, 2.6]
Male	25	45.5	11	61.1	-	-	-
Female	30	54.5	7	38.9	-	-	-
Child Race/Ethnicity[1]	-	-	-	-	-	-	-
American Indian/ Alaskan Native	0	0	0	0	-	-	-
Black / African American	6	10.9	2	11.1	0	1	< 0.1 [< 0.1, > 100]
Hispanic	10	18.2	2	11.1	0	1	< 0.1 [< 0.1, > 100]
Native Hawaiian/ Pacific Islander	2	3.6	1	5.6	0	1	< 0.1 [< 0.1, > 100]
White (Non-Hispanic)	40	72.7	11	61.1	0	1	< 0.1 [< 0.1, > 100]
Multiracial - American Indian / Alaskan Native	0	0	3	16.7	0	1	>100 [< 0.1, > 100]
Multiracial – Black / African American	2	3.6	1	5.6	0	1	< 0.1[< 0.1, > 100]
Aggregated Child Race/Ethnicity	-	-	-	-	0	1	1.5 [< 0.1, > 100]
BIPOC	15	27.3	7	38.9	-	-	-
White (Non-Hispanic)	40	72.7	11	61.1	-	-	-
SNAP Benefit Recipient	-	-	-	-	-0.44	0.66	0.9 [0.2, 3.6]
No	40	72.7	12	66.7	-	-	-
Yes	15	27.3	6	33.3	-	-	-

[1] “Hispanic” is an ethnicity, and not a race. Percentages for Child Race/Ethnicity may add to above 100% because participants could select multiple choices

Physical and Behavioral Health Results for Children Still in the Home

There was one statistically significant result related to the physical and behavioral health of children still in the home based on analysis of the PSM selected participants from the comparison and intervention groups. This means that we have some evidence that the intervention itself impacted the physical health of children still in the home (see Tables 8, 9, and 12 for more details on child health-related responses). More specifically, children in the intervention group (5.9% had at least one visit to the emergency room) were 2.5 times less likely ($p < .05$) to have visited the emergency room in the previous six months than children in the comparison group (12.5%). See Figure 4 for more details on this statistically significant result. For many other health-related items, the lack of statistically significant findings reflects very positive baselines in the comparison group rather than any negative findings for the intervention group. For example, 95%+ of children in both groups have access to a primary care doctor, < 1% are pregnant or parenting, 93%+ have attended their well-child visits, and 99%+ of children are covered by health insurance. Additionally, in two questions asked to the intervention group only, caregivers indicated that 93% of children were having their behavioral health needs met and 96% of children were having their physical health needs met.

Figure 4.2 Distributions of the number of emergency room visits for the kinship child during the previous six month for both the comparison and intervention groups



*Indicates a statistically significant difference between the comparison and intervention groups

Table 8.2 Results of health-related survey items for youth who remained in the home for the comparison and intervention groups

Survey Item	Response	Comparison (N = 184)		Intervention (N = 221)		z	p	Effect Size Odds Ratio [95% CI]
		n	Mean (SD) / %	n	Mean (SD) / %			
In the last 6 months, how many ER visits has your kinship child had?	Zero	161	87.5	208	94.1	-2.26	0.02*	0.4 [0.2, 0.9]
	At least one	23	12.5	13	5.9			
In general, how would you rate your kinship child's physical health?	Scale from 1 = Excellent to 5 = Poor	184	2.0 (0.9)	221	2.2 (1.0)	1.81	0.07	1.2 [1.0, 1.5]
Same as above before imputation (Comp: n=184; Int: n=219)^1	Scale from 1 = Excellent to 5 = Poor	184	2.0 (0.9)	219	2.2 (1.0)	-	-	-
In general, how would you rate your kinship child's behavioral health?	Scale from 1 = Excellent to 5 = Poor	184	2.8 (1.2)	221	2.9 (1.0)	0.60	0.55	1.1 [0.9, 1.3]
Does your kinship child have a primary care pediatrician?	Yes	182	98.9	211	95.5	-1.87	0.06	0.2 [< 0.1, 0.9]
	No	2	1.1	10	4.5			
Same as above before imputation (Comp: n=184; Int: n=220)1	Yes	182	98.9	210	95.5	-	-	-
	No	2	1.1	10	4.5			
Does your kinship child have a diagnosed physical health issue?	Yes	34	18.5	34	15.4	-0.81	0.42	0.8 [0.5, 1.4]
	No	150	81.5	187	84.6			
Same as above before imputation (Comp: n=183; Int: n=221)1	Yes	34	18.6	34	15.4	-	-	-
	No	149	81.4	187	84.6			
Does your kinship child have a diagnosed behavioral health issue?	Yes	55	29.9	56	25.3	-0.68	0.49	0.9 [0.5, 1.3]
	No	129	70.1	161	72.9			
	I Don't Know	0	0	4	1.8			
Same as above before imputation (Comp: n=184; Int: n=220)1	Yes	55	29.9	56	25.5	-	-	-
	No	129	70.1	160	72.7			
	I Don't Know	0	0	4	1.8			
Is the child a pregnant or parenting youth in foster	Yes	1	0.5	1	0.5	-0.36	0.72	0.6 [< 0.1, 15.4]
	No	133	72.3	210	95.0			

Survey Item	Response	Comparison (N = 184)		Intervention (N = 221)		z	p	Effect Size Odds Ratio [95% CI]
		n	Mean (SD) / %	n	Mean (SD) / %			
care as described in section 471e(2)B of the Act?	N/A	50	27.2	9	4.1			
	I Don’t Know	0	0	1	0.5			
Same as above before imputation (Comp: n=181; Int: n=221)[1]	Yes	1	0.6	1	0.5	-	-	-
	No	130	71.8	210	95.0			
	N/A	50	27.6	9	4.1			
	I Don’t Know	0	0	1	0.5			
Is the child in your care a pregnant or parenting youth in informal kinship relationship?	Yes	1	0.5	0	0	-0.03	0.98	< 0.1 [< 0.1, > 100]
	No	132	71.7	209	94.6			
	N/A	51	27.7	12	5.4			
Same as above before imputation (Comp: n=180; Int: n=221)[1]	Yes	1	0.6	0	0	-	-	-
	No	128	71.1	209	94.6			
	N/A	51	28.3	12	5.4			
Has your kinship child attended their well-child visits since they came to live with you?	Yes	172	93.5	216	97.7	1.32	0.19	2.6 [0.7, 12.4]
	No	6	3.2	3	1.4			
	N/A	4	2.2	0	0			
	I Don’t Know	2	1.1	2	0.9			
What type of health insurance does your kinship child have?	Medicaid / Apple Health	178	96.7	212	95.9	0.03	0.98	> 100 [< 0.1, > 100]
	Employer-based health insurance	11	6.0	2	0.9			
	Tribally supported insurance plan	0	0	1	0.5			
	No insurance	0	0	1	0.5			
	Other	3	1.6	4	1.8			

[1] For any outcome variables with missing data, the number of observations and descriptive statistics prior to imputation are shown

*p<.05, **p<.01, ***p<.001

Table 9.2 Reasons for emergency room visits for youth who remained in the home who had at least one ER visit in the last six months

Survey Item	**Comparison (N = 23)**		**Intervention (N = 13)**		**z**	**p**	**Effect Size Odds Ratio [95% CI]**
	n	**%**	**n**	**%**			
Upper respiratory infections	2	8.7	1	7.7	-0.86	0.39	0.3 [< 0.1, 3.7]
Otitis media and related conditions	0	0	0	0	-	-	-
Fever of unknown origin	0	0	1	7.7	0.02	0.99	> 100 [< 0.1, > 100]
Open wounds of head, neck, or trunk	2	8.7	1	7.7	-0.82	0.41	0.4 [< 0.1, 3.9]
Fracture of upper limb	4	17.4	1	7.7	-1.37	0.17	0.2 [< 0.1, 1.5]
Headache, including migraine	0	0	0	0	-	-	-
Skin and subcutaneous tissue infections	0	0	0	0	-	-	-
Abdominal pain	3	13.0	3	23.1	-0.29	0.77	0.8 [0.1, 4.4]
Acute bronchitis	1	4.3	0	0	-0.02	0.99	< 0.1 [< 0.1, > 100]
Allergic reactions	0	0	0	0	-	-	-
Sprains and strains	3	13.0	3	23.1	0.13	0.90	0.9 [0.2, 5.0]
Viral infections	0	0	1	7.7	0.02	0.99	> 100 [< 0.1, > 100]
Nausea and vomiting	1	4.3	1	7.7	-0.02	0.99	1.0 [< 0.1, 24.9]

Educational Results for Children Still in the Home

There were no statistically significant results related to the education of children still in the home based on analysis of the PSM selected participants from the comparison and intervention groups. This means that the education of children still in the home were fairly similar between both groups (see Tables 10, 11, and 13 for more details on child education-related responses). For many education-related items, the lack of statistically significant findings reflects positive baselines in the comparison group rather than any negative findings for the intervention group. For example, 92+% of children in both groups have not repeated a grade, 82+% are not failing any classes, 86%+ of children receiving special education services in both groups have a current IEP or 504 plan, and children in both groups have had an average of fewer than 7 absences over the past year (see Figure 5). Additionally, in two questions asked to the intervention group only, caregivers indicated that only 6% of children need assistance addressing the child's social or behavioral needs at school, and only 9% need assistance requesting academic support for the child.

Figure 5.2 Average number of absences from school over the last year for children in the comparison and intervention groups

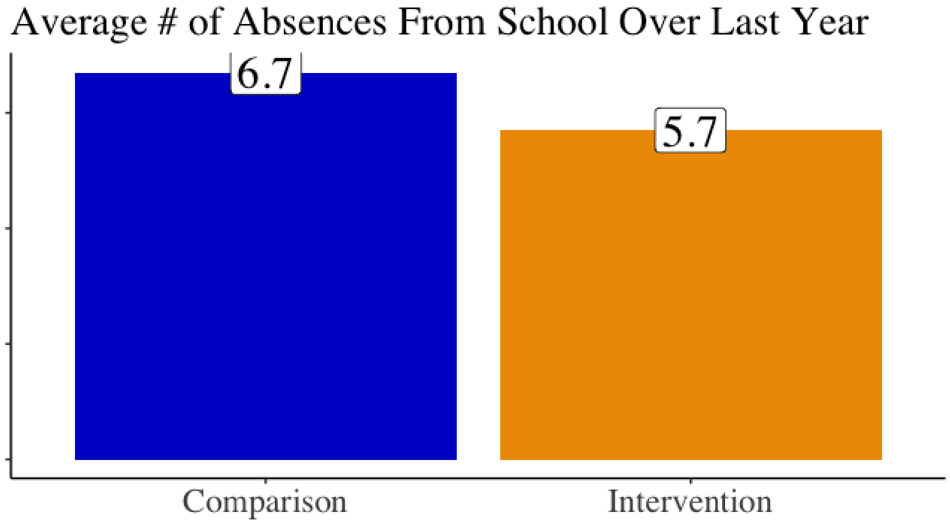


Table 10.2 Results of education-related survey screener item for youth who remained in the home

Survey Item	Response	Comparison (N = 184)		Intervention (N = 221)		z	p	Effect Size Odds Ratio [95% CI]
		n	%	n	%			
Does your kinship child attend an early childhood program or school?	Yes	150	81.5	175	79.2	-0.65	0.52	0.8 [0.5, 1.4]
	No	34	18.5	46	20.8			

Table 11.2 Results of education-related survey items for youth who remained in the home who were currently attending an early childhood program or school

Survey Item	**Response**	**Comparison (N = 150)**		**Intervention (N = 175)**		**z**	**p**	**Effect Size Odds Ratio [95% CI]**
		n	**Mean (SD) / %**	**n**	**Mean (SD) / %**			
Has your kinship child repeated any grades?	Yes	6	4.0	14	8.0	1.41	0.16	2.0 [0.8, 5.9]
	No	144	96.0	161	92.0			
Does your kinship child receive special education services or other support programs?	Yes	46	30.7	52	29.7	-0.26	0.80	0.9 [0.6, 1.5]
	No	103	68.7	123	70.3			
	I Don't Know	1	0.7	0	0			
Does your kinship child have a current IEP or 504 plan? (Comp: n=46; Int: n=52)[1]	Yes	43	93.5	45	86.5	-1.67	0.10	0.2 [< 0.1, 1.2]
	No	2	4.3	6	11.5			
	I Don't Know	1	2.2	1	1.9			
Is your kinship child failing any classes?	Yes	25	16.7	29	16.6	-0.15	0.88	1.0 [0.5, 1.7]
	No	124	82.7	145	82.9			
	I Don't Know	1	0.7	1	0.6			
Has your kinship child been suspended or expelled?	Yes	13	8.7	18	10.3	0.49	0.63	1.2 [0.6, 2.6]
	No	136	90.7	156	89.1			
	I Don't Know	1	0.7	1	0.6			
How many absences has your kinship child had in the last year?	Numeric Free Response	150	6.7 (9.1)	175	5.7 (12.8)	-0.73	0.47	1.0 [1.0, 1.0]
Same as above before imputation (Comp: n=144; Int: n=174)[2]	Numeric Free Response	144	6.9 (9.2)	174	5.7 (12.9)	-	-	-

[1] This item was only asked to participants who responded "Yes" to above item about receipt of special education services or support programs

[2] For any outcome variables with missing data, the number of observations and descriptive statistics prior to imputation are shown

Table 12.2 Results of health-related survey items asked only to the intervention group

Survey Item	**N**	**Response: "Yes"**	
		n	**%**
Are your kinship child's physical health needs being met?	221	212	95.9
Are your kinship child's behavioral health needs being met?	220	205	93.2

Table 13.2 Results of education-related survey items asked only to the intervention group

Survey Item	**N**	**Response: "Yes"**	
		n	**%**
Is your kinship child receiving all of the services outlined in the IEP or 504 Plan?	55	41	87.2
Do you need assistance addressing your kinship child's social or behavioral needs at school?	211	13	6.2
Do you need assistance requesting academic support for your kinship child?	212	18	8.5

Summary

The findings from the child wellbeing analysis indicate that despite the onset of the COVID-19 pandemic and remote schooling, children in kinship care in Washington State experienced largely positive outcomes and high levels of needs being met in the areas of physical health, behavioral health, and education. Children in the intervention group were less likely to leave the home for any reason, less likely to leave the home due to placement instability (i.e., reasons other than reunification and aging out) and had slightly fewer emergency room visits. For many items, the lack of statistical significance reflects very positive baselines in the comparison group rather than negative findings for the intervention group. For example, 95%+ of children in both groups have access to a primary care doctor, < 1% in both groups are pregnant or parenting, 93%+ have attended their well-child visits, 99%+ of children are covered by health insurance, 86%+ of children receiving special education services have a current IEP or 504 plan, 82%+ are passing all of their classes, and children in both groups averaged less than seven days of absences over the course of the previous school year. Additionally, the data collection for this analysis took place between May 2019 – October 2022, so the relatively positive baseline findings are encouraging given the onset of the pandemic and remote schooling during this time period. Overall, the enhanced Kinship Navigator shows promise in reducing children's placement instability and emergency room utilization.

Statistically significant findings for this chapter:

- Intervention children were **0.3 times as likely** ($p < .001$) as comparison children (i.e., comparison children were 3.3 times as likely as intervention children) to have left the home for any reason
- Intervention children were **0.1 times as likely** ($p = .01$) as comparison children (i.e., comparison children were 10.0 times as likely as intervention children) to have left the home due to placement instability (i.e., reasons other than reunification or aging out)
- Intervention children were **0.4 times as likely** ($p = .02$) as comparison children (i.e., comparison children were 2.5 times as likely as intervention children) to have visited the emergency room at least once in the previous six months

Chapter III. Child Safety Outcomes

Introduction

Washington State first implemented its Kinship Navigator program in 2005. Kinship navigators provide crucial support to kinship care families (families who care for the child/ren of a relative or close friend) across the state of Washington. This support includes assistance in applying for state and federal benefits and information and referrals for services to address kinship caregivers' needs. Kinship navigators also assist caregivers with Kinship Caregiver Support Program (KCSP) funds to help with basic needs and tangible goods. Kinship navigators help facilitate various other services for kinship caregivers such as local support groups, kinship closets, legal clinics, and free family recreational passes. All these services provided by kinship navigators promote knowledge and awareness of available resources for health, financial, legal, and other support services. In addition to providing information and referral services, kinship navigators also help to reduce barriers faced by kinship care families through problem-solving and collaboration with public, private, local, and state service providers.

Recently, the Kinship Navigator program has taken two different forms, which we refer to in this report as comparison and intervention counties. At the comparison counties, the kinship caregivers contact the navigators and specifically request needed services and support. Kinship caregivers then initiate any follow-up contact with the navigators. At the intervention counties, after kinship caregivers initiate the first contact, kinship navigators initiate follow-up contacts, establish goals with the caregivers, and follow-up with the caregivers at certain points in time (specifically, after three and six months of participation in the Kinship Navigator program).

This chapter of the report presents the results of the child safety and placement stability outcome analysis, which is based on AFCARS, NCANDS, and closed case left-the-home data from the participant intake date through the full first year of in the study up to the end of October 2022. The number of child participants who were included in the final dataset was n=282 for the intervention group and n=390 for the comparison group. After propensity-score matching, the number of child participants in the matched groups for analysis was n=269 for the intervention group and n=269 for the comparison group. Of those in the intervention group, n=203 received a six-month intervention while n=79 met received a three-month intervention because their caregiver met their goals early.

The findings from analysis of child outcomes indicate that despite the onset of the COVID-19 pandemic, children in kinship care in Washington state experienced largely positive outcomes in the areas of child safety and placement stability. Less than 5% of children in both the intervention and comparison groups experienced placement instability during the first year following intake into the intervention or control services. Similarly, less than 1.5% of children in either group experienced alleged abuse and 0% experienced substantiated abuse. Among those in the intervention group who did experience placement instability, two moved to another kin caregiver while five entered foster care. For those children whose caregivers received a shorter intervention (three months) than the norm (6 months) because kinship navigators deemed that the families had already met their goals for the intervention, there was one instance of placement instability and zero instances of alleged or substantiated abuse, indicating that navigators were not terminating the intervention too early. The very low baseline levels of abuse and placement instability in both groups meant that there were no statistically significant results for child safety and stability between the intervention and comparison groups. One statistically promising difference (p = .07) was that children in the comparison group were 5 times more likely to experience informal placement instability as those in the intervention group. Additionally, the data collection for this analysis took place between November 2018 – October 2022, so the positive baseline findings are encouraging given the onset of the pandemic. Overall, the results indicate that children whose caregivers received Kinship Navigator services in both intervention and service as usual sites experienced low levels of abuse and entry into foster care.

Methodology

Data sources

This analysis required integration of data from six sources. Demographic information on child age, gender, and race / ethnicity were provided by the Aging and Long-Term Support Administration (ALTSA). The Economic Services Administration (ESA), an agency housed within DSHS, provided data on participants' SNAP (formerly known as food stamps) recipient status. Formal placement stability data came from the Adoption and Foster Care Analysis and Reporting System (AFCARS). Informal placement stability data came from the closed case form. Data related to allegations and substantiation of abuse came from the National Child Abuse and Neglect Data System (NCANDS). Finally, data from a participant tracker dataset, which includes program completion information for all participants, was used by researchers to understand if the participant met the inclusion criteria for the analysis. In particular, the participant tracker was used for participant intake dates, close dates, and navigator-submitted fidelity information regarding program elements the caregiver completed or did not complete. These datasets were all merged together for the analysis using anonymous child and caregiver participant IDs.

Closed Case Form Recruitment

Caregivers who received navigation services at either intervention or comparison counties are eligible to complete the closed case form, a follow-up phone interview questionnaire six-months after case closure. These interviews were conducted over the phone with the support from staff at ALTSA. Those who completed the closed case form received a $15 Walmart or Amazon gift card as compensation for their time. Kinship navigators did not have access to the results and the caregivers were assured that the results would not impact any services that they received. Interviews took approximately 20-60 minutes to complete and were approved by the Washington State Institutional Review Board (IRB).

Inclusion criteria

Intervention caregivers were eligible for the six-month post-close phone interview if they still had kinship children in the home at the time of case closure, and they did not move out of the service area covered by the navigator before their case closed. In addition, cases had to meet certain fidelity criteria to be included in the study. Closed cases must have met at least three of the following conditions:

1. Completed an intake and needs assessment
2. Completed a three month follow up
3. Completed a six month follow up (unless case closed at three months)

4. Was sent a satisfaction survey by their navigator at case closure

Comparison caregivers were eligible to participate in the surveys if they had contact with a navigator in a service as usual site during the study period, were eligible for Kinship Navigator services at that point of contact (meaning they had a kinship child in the home), and did not move out of the service area before the first follow up.

Measures

This section describes 12 different measures of interest for this analysis. These 12 measures are also summarized in Table 1.3. Five of these measures (i.e., SNAP, Child Age, Child Gender, Child Race / Ethnicity, Child Race / Ethnicity (Aggregated)) are demographic measures that apply to all child participants in both the intervention and comparison groups. Two of these measures (i.e., Placement Instability (Formal) and Placement Instability (Informal)) are outcome measures that are used to construct another measure (i.e., Placement Instability). Three of these measures (i.e., Placement Instability, Allegation of Abuse, Substantiation of Abuse) are outcome measures that apply to all child participants in both the intervention and comparison groups. These three measures were all based on observations of events from each participants' intake date through the full first year after intake. All participants in the final dataset from the intervention group had completed the intervention during that one-year span. Two of these measures (i.e., Length of Intervention and Joined Study within 1 Month of CPS) are outcome measures that apply only to the children in the intervention group. Note that all of these measures are demographics or observations of event-based outcomes, so reliability metrics are not applicable to any of the measures in this study.

The "SNAP" measure describes if the child is living with caregivers who received SNAP benefits at any time during the observation period between their intake and close dates. If SNAP benefits were received by the family at any point during that time period, then the "SNAP" measure has a response of "Yes." If SNAP benefits were not received by the family at any point during that time period, then the "SNAP" measure has a response of "No." The "Child Age" measure describes the age of the child in years as of the case close date. It is a numeric measure rounded to one decimal place (e.g., 16.3 years). The "Child Gender" measure describes the gender of the child. Possible responses include "Male" and "Female." The "Child Race / Ethnicity" measure describes the race and ethnicity of the child with possible responses of "American Indian or Alaskan Native," "Asian or Asian American," "Black or African American," "Latinx," "Multiracial," "Native Hawaiian or Pacific Islander," and "White (Non-Hispanic)." The "Child Race / Ethnicity (Aggregated)" measure describes the race and ethnicity of the child at a highly aggregated level. If the child was originally coded as "White (Non-Hispanic)," then the "Child Race / Ethnicity" measure has a response of "White (Non-Hispanic)." If the child was coded with any other race identity, then the "Child Race / Ethnicity" measure has a response of "BIPOC."

The "Placement Instability (Formal)" measure is based on the "begin_date" variable in the AFCARS dataset. This variable indicates the date that a new placement setting in the formal foster care system begins. The date range of interest for each participant goes from their participant tracker "Intake Date" to one year after that "Intake Date." If the "begin_date" variable is within the date range of interest for that participant, then the "Placement Instability (Formal)" measure has a response of "Yes." If the "begin_date" variable is "NULL" or before or after the date range of interest for that participant, then the "Placement Instability (Formal)" measure has a response of "No."

The “Placement Instability (Informal)” measure is based on responses to the closed case form. The closed case form asks caregivers if any children left the home and why those children left the home. Possible responses for reasons that the child left the home include “Returned to birth parent,” “Entered foster care,” “Moved to another kin caregiver,” “Aged out,” or “Other.” If the caregiver responded that the child left the home since case close and the reasoning for the child leaving the home was “Moved to another kin caregiver” or “Other,” then the “Placement Instability (Informal)” measure has a response of “Yes.” If the caregiver responded that the child did not leave the home since case close or the reasoning for a child who did leave the home was “Entered foster care,” “Returned to birth parent,” or “Aged out,” then the “Placement Instability (Informal)” measure has a response of “No.” The “Placement Instability” measure is constructed from the two measures directly above: “Placement Instability (Formal)” and “Placement Instability (Informal).” If either of the formal or informal measure has a response of “Yes,” then the “Placement Instability” measure has a response of “Yes.” If both of the formal or informal measure has a response of “No,” then the “Placement Instability” measure has a response of “No.”

The “Allegation of Abuse” measure is based on the “RptDt” variable in the NCANDS dataset. This measure indicates the date that a formal allegation of abuse against the child occurred. The date range of interest for each participant goes from their participant tracker “Intake Date” to one year after that “Intake Date.” If the “RptDt” variable is within the date range of interest for that participant, then the “Allegation of Abuse” measure has a response of “Yes.” If the “RptDt” variable is “NULL” or before or after the date range of interest for that participant, then the “Allegation of Abuse” measure has a response of “No.” The “Substantiation of Abuse” measure is based on the “Allegation of Abuse” measure above and the “RptDisp” variable in the NCANDS dataset. The measure indicates if a formal allegation of abuse against the child has been officially substantiated. If the “Allegation of Abuse” measure is “Yes” and the “RptDisp” variable is “1,” then an allegation of abuse during the date range of interest for the child has been substantiated so the “Substantiation of Abuse” measure has a response of “Yes.” If the “Allegation of Abuse” measure is “No” or “RptDisp” variable is “4,” “5,” or “NULL,” then there was no allegation of abuse or the allegation was not officially substantiated so the “Substantiation of Abuse” measure has a response of “No.”

The “Length of Intervention” measure indicates if participants received services as part of the intervention for 3 months or for 6 months. This measure is applicable for intervention group participants only. Possible responses for the “Length of Intervention” measure include “3 months” and “6 months.” The “Joined the Study within 1 Month of CPS” measure indicates if the participant had formal Child Protective Services (CPS) involvement in the form of a formal placement change in the AFCARS data or a formal allegation of abuse in the NCANDS data during the month prior to their Intake Date in the intervention. This measure is applicable for intervention group participants only. If the participant had a formal placement change or allegation of abuse in the month prior to intake, then the “Joined the Study within 1 Month of CPS” measure has a response of “Yes.” If the participant had neither a formal placement change nor allegation of abuse in the month prior to intake, then the “Joined the Study within 1 Month of CPS” measure has a response of “No.”

Table 1.3 Description of measures used in this analysis

Measure	Description	Possible Responses
SNAP	Indicates if the child lives with a caregiver who received SNAP benefits during the observation period between their intake and close dates	Yes / No
Child Age	Age of the child in years as of the close date	Numeric response to one decimal (e.g., 16.3 years)
Child Gender	Gender of the child	Male / Female
Child Race / Ethnicity	The race and ethnicity of the child	American Indian or Alaskan Native / Asian or Asian American / Black or African American / Latinx / Multiracial / Native Hawaiian or Pacific Islander / White (Non-Hispanic)
Child Race / Ethnicity (Aggregated)[1]	Aggregated race and ethnicity of the child (any response besides "White (Non-Hispanic)" is coded to "BIPOC," meaning Black, Indigenous or Person of Color)	BIPOC / White (Non-Hispanic)
Placement Instability (Formal)	Indicates a formal record of placement change in AFCARS based on "begin_date" variable, i.e. the child entered foster care (placement instability is indicated by a date while a "NULL" response is coded as no indication of formal placement instability)	Yes / No
Placement Instability (Informal)	Indicates an informal record of placement change on the closed case form (informal placement instability is indicated by responses of "Moved to another kin caregiver" or "Other" while no indication of informal placement instability is indicated by responses of "Returned to birth parent," "Aged out," or of responding that the child has not left the home. "Entered foster care" is also not counted as informal placement instability because it is already covered in the formal placement instability measure)	Yes / No
Placement Instability	Indicates a placement instability response of "Yes" to at least one of the formal or informal measures above	Yes / No
Allegation of Abuse	Indicates a formal allegation of abuse in NCANDS based on "RptDt" variable	Yes / No

	(allegation is indicated by a date while a "NULL" response is coded as no indication of formal allegation)	
Substantiation of Abuse	Indicates a formal substantiation of abuse in NCANDS based on the "Allegation of Abuse" variable above (must be "Yes") and the NCANDS "RptDisp" variable (response must be "1" to indicate substantiation of abuse while responses of "4", "5", or "NULL" is coded as no indication of formal substantiation)	Yes / No
Length of Intervention	Indicates whether participants received services as part of the intervention for either 3 or 6 months. Participants received 6 months of services through the intervention unless all goals had already been met at the 3 month check-in. Applicable to the intervention group only.	3 months / 6 months
Joined Study within 1 Month of CPS	Indicates if the participant had formal Child Protective Services (CPS) involvement in the form of a record of formal placement instability through AFCARS or a formal allegation of abuse through NCANDS in the month prior to their Intake Date in the intervention group. Applicable to the intervention group only.	Yes / No

[1] Use of the aggregated race/ethnicity variable is based on Arizona's Clearinghouse rated kinship report (Schmidt & Treinen, 2021)

Prevention Services Clearinghouse Measures

The Prevention Services Clearinghouse defines **child permanency** as "the permanency and stability of a child's living situation (in-home or in foster care) and includes the continuity and preservation of family relationships and connections" (Wilson et al., 2019, p.11). Eligible indicators of child permanency for the Clearinghouse KN programs that were assessed using AFCARS administrative data includes *Placement Stability*. In addition, the Handbook of Standards and Procedures (Section 4.1.5.) defines **child well-being** as a multi-faceted construct that broadly refers to the skills and capacities that enable young people to understand and navigate their world in healthy, positive ways. It is an umbrella term that includes child and youth development in behavioral, social, emotional, physical, and cognitive domains. As a measure of child-wellbeing, the Prevention Services Clearinghouse reviews *Physical Development and Health* characteristics of the child that indicate healthy functioning of the body. These may include indicators of physical health, physical capabilities, normative indicators of healthy development, and any other measure relating to healthy (or unhealthy) physical development. In this report, an example of a child well-being measure includes the number of allegations and substantiations of abuse, as indicated by NCANDS administrative data.

Study Design Confounds

The Prevention Services Clearinghouse defines two types of study design confounds: "the substantially different characteristics confound, and the n=1 person-provider or administrative unit confound" (Wilson, et al., 2019, pg. 36**). No design confounds were identified per the Clearinghouse guidance.** Intervention and comparison groups were baseline equivalent on demographics, geography (all children in the intervention and comparison counties) based on the characteristics below. It is possible that the groups differed on unobserved characteristics, but the researchers are satisfied that the groups are comparable based on the baseline equivalency testing included in this report. The intervention was delivered with fidelity to the program's Implementation Manual by numerous Kinship Navigators who were trained on the WA Enhanced KN model. Therefore, it is presumed that no n=1 person-provider confound exists, as the intervention condition was carried out in a usual care or practice setting and no program adaptations were made.

Quantitative analytic method

The statistical software program R was used to calculate descriptive statistics and run statistical significance tests to evaluate differences in outcomes between the comparison and intervention groups. For the closed case form, duplicate and incomplete responses (meaning that less than 80% of the form was completed) were not included in the analysis. Additionally, participants who did not complete the closed case form within 60 days of their six-month post-close target date were not included in the analysis. Data from the six data sources described in the *Data sources* subsection above were merged into a single data file and participants who had withdrawn from the study or not met the fidelity requirements for adequately receiving the intervention were removed from the analysis. Additionally, the AFCARS and NCANDS data available ranged from 2018 (before the beginning of the study period for any of the participants in the sample) through the end of 2021. This means that any participants who had not made it to one full year past their intake date before the end of 2021 was excluded from the analysis. In the end, **there was no missing data** for any participant in the final dataset used for descriptive and statistical analysis.

To ensure that any differences in child outcomes between the two groups (i.e., intervention and comparison) were due to group assignment and not underlying demographic differences, we used propensity-score matching to perform the analysis. Propensity-score matching (PSM) (Rosenbaum & Rubin, 1983; Stuart, 2010) was used to create a comparison group of dyads. A propensity score is an estimate of the likelihood that any given individual would be in the intervention group, given a set of measured characteristics (Starks & Garrido, 2014). PSM's basic logic is to compare intervention and comparison individuals who have similar propensities (or likelihoods) for receiving intervention, conditional on a set of several variables. For our analysis, these variables included the following demographics: SNAP benefit recipient status, child age, child gender, and child race / ethnicity (aggregated). A single composite score for matching participants between the intervention and comparison groups is computed using a logistic regression with nearest neighbor matching, a ratio of 1, and the treatment group as the dependent variable. Estimated propensity scores typically range from 0 to 1. Cases are matched on proximity of scores to each other (Starks & Garrido, 2014). Through this process, PSM creates a matched group of comparison and intervention caregivers. The Absolute Standard Mean Difference and Variance Ratios of the demographic measures are also reported to understand the quality of the PSM and determine baseline equivalence. After establishing baseline equivalence between the two groups in the analytical sample, a series of logistic regressions that included the control variables as covariates were calculated to determine effect sizes and statistical significance of any observed differences in outcomes for each the dependent variables: Placement Instability (Informal), Placement Instability (Formal), Placement Instability, Allegation of Abuse, and Substantiation of Abuse.

Descriptive statistics were calculated for the demographic measures and the three outcome measures of the PSM matched samples. These descriptive statistics include the number and percentage of participants from each of the intervention and comparison PSM samples who were of each demographic characteristic and who were observed to have each of the possible outcomes. Several descriptive statistics were also calculated for the intervention group only. These intervention-only descriptive statistics include the number and percentage of participants who had formal placement instability by reason; the number and percentage who joined the intervention within a month of CPS involvement; and numbers and percentages of participants' Placement Instability, Allegation of Abuse, and Substantiation of Abuse based on whether the participant received the intervention for 3 or 6 months.

Results

Number of participants

The number of child participants who were included in the final dataset was n=282 for the intervention group and n=390 for the comparison group. After PSM, the number of child participants in the matched groups for analysis was n=269 for the intervention group and n=269 for the comparison group. The sample was slightly larger than the analysis of child outcomes in Chapter II because the data sources for this report are administrative data, while Chapter II relied on caregivers responding to a survey.

Results of PSM and demographics

The PSM process resulted in a well-balanced sample for baseline equivalence based on the standards of the Title IV-E Prevention Services Clearinghouse. This means that the demographic differences between the intervention and comparison groups met the Clearinghouse standard of being less than 0.25 in absolute standard mean difference with a variance ratio of around 1.0 for all continuous measures. Children in both the comparison and intervention groups of the propensity score matched sample were similar in terms of race / ethnicity, age, gender, and SNAP recipient status. The exact values, along with descriptive statistics of the comparison and intervention group demographics after PSM can be seen in Tables 2 and 3.

Table 2.3 After PSM, the absolute standard mean differences and descriptive statistics of the binary demographic measures for each of the intervention (n=269) and comparison (n=269) groups

Measure	**Level**	**Comparison n *(%)***	**Intervention n *(%)***	**Absolute Standard Mean Difference^**
SNAP	Yes	112 *(41.6%)*	107 *(39.8%)*	0.04
	No	157 *(58.4%)*	162 *(60.2%)*	
Child Gender	Male	137 *(50.9%)*	134 *(49.8%)*	0.02
	Female	132 *(49.1%)*	135 *(50.2%)*	
Child Race / Ethnicity (Aggregated)	White (Non-Hispanic)	112 *(41.6%)*	144 *(53.5%)*	0.24
	BIPOC	157 *(58.4%)*	125 *(46.5%)*	
Child Race / Ethnicity	American Indian or Alaskan Native	14 *(5.2%)*	27 *(10.0%)*	N/A[1]
	Asian or Asian American	2 *(0.7%)*	2 *(0.7%)*	
	Black or African American	42 *(15.6%)*	29 *(10.8%)*	
	Latinx	46 *(17.1%)*	74 *(27.5%)*	
	Multiracial	0 *(0%)*	6 *(2.2%)*	
	Native Hawaiian or Pacific Islander	8 *(3.0%)*	6 *(2.2%)*	
	White (Non-Hispanic)	157 *(58.4%)*	125 *(46.5%)*	

[1] Child Race / Ethnicity is listed as N/A because Child Race / Ethnicity (Aggregated) was used to determine baseline equivalence in the PSM model instead.

^Absolute Standard Mean Difference is a measure of baseline equivalence

Table 3.3 After PSM, the absolute standard mean difference, variance ratio, and descriptive statistics of the continuous demographic measure for each of the intervention (n=269) and comparison (n=269) groups

Measure	**Comparison Mean *(SD)***	**Intervention Mean *(SD)***	**Absolute Standard Mean Difference^**	**Variance Ratio^**
Child Age	11.5 *(5.1)* years old	11.1 *(4.4)* years old	0.08	0.73

^Absolute Standard Mean Difference and Variance Ratio are measures of baseline equivalence

PSM regression results for child safety and stability measures

The results of the PSM logistic regression did not indicate any statistically significant results in regards to differences in observed Placement Instability (Formal), Placement Instability, Allegation of Abuse, of Substantiation of Abuse. The Placement Instability (Informal) measure had an almost statistically significant difference (p = 0.07), with the comparison group being 5 times more likely to have an instance of informal placement instability as the intervention group. Gauging the efficacy of the intervention on these measures was difficult because both groups had very limited counts for each. The percentage of children who experienced placement instability during the first year after intake from each group was less than 5%, the percentage of children who experienced an allegation of abuse during the first year after intake from each group was less than 2%, and the percentage of children who experienced a substantiation of abuse during the first year after intake from each group was 0%. The zero-counts for the substantiation measure meant that it did not contribute to the regression and statistical significance could not be calculated. While we cannot draw any conclusions about the efficacy of the intervention on child safety and placement stability from these results, we can note the promising results related to informal placement instability and that the very low baselines are indicative of kinship care in general being a safe and stable form of placement in Washington state during this time period.

Table 4.3 After PSM, the number and percent of children participants from each of the comparison (n=269) and intervention (n=269) groups who experienced each measure of placement instability or abuse, along with the results of the regression

Measure	**Comparison "Yes" n *(%)***	**Intervention "Yes" n *(%)***	**z**	**p**	**Effect Size Odds Ratio [95% CI]**
Placement Instability (Informal)	8 *(3.0%)*	2 *(0.7%)*	-1.8	0.07	0.2 [< 0.1, 1.0]
Placement Instability (Formal)	5 *(1.9%)*	5 *(1.9%)*	0.1	0.89	1.1 [0.3, 4.0]
Placement Instability[1]	12 *(4.5%)*	7 *(2.6%)*	-1.1	0.28	0.6 [0.2, 1.5]
Allegation of Abuse	4 *(1.5%)*	1 *(0.4%)*	-1.1	0.28	0.3 [< 0.1, 2.1]
Substantiation of Abuse	0 *(0%)*	0 *(0%)*	-	-	-

[1] In the comparison group, one child experienced both informal placement instability with a move to another kin caregiver and eventually formal placement instability with a move into foster care. For the Placement Instability measure, this child is only counted once

Intervention-only descriptive statistics

While a total of seven children had an instance of placement instability in the intervention group, five of these children entered the formal foster care system. The other two children moved to another kin caregiver. These two children had the same kin caregiver before needing to make the placement change. While still an instance of placement instability, moving to another kin caregiver is likely to be less disruptive than entering foster care or leaving the home for another reason like running away. See Table 5.3 for full breakdown of reasons for placement instability among intervention group children.

Table 5.3 For the intervention group before PSM (n=282), the number and percentage of children participants who had an instance of placement instability by reason

Reason for placement instability	**Intervention "Yes"**
Moved to another kin caregiver	2 *(0.7%)*
Entered foster care	5 *(1.8%)*

Additionally, the number and percentage of intervention group children who joined the study within one month of CPS involvement was low at just two individuals (see Table 6.3). CPS involvement includes a formal placement change as measured through the AFCARS data or a formal allegation of abuse as measured through the NCANDS data during the month prior to intake in the intervention group. This low rate indicates that kin caregivers were likely not primarily motivated to take part in the intervention due to CPS involvement.

Table 6.3 For the intervention group before PSM (n=282), the number and percentage of children participants who joined the study within one month of CPS involvement

Measure	**Intervention "Yes"**
Joined Study within 1 Month of CPS	2 *(0.7%)*

Finally, the default length of time for the intervention to take place was six months. However, if the goals set by the caregiver at intake had been met at the time of the three month check-in and the caregiver no longer desired case management services, the caregiver's could be closed at that time instead. Of the 282 children in the intervention group before PSM, n = 79 children lived with a caregiver who received a three month intervention while n = 203 children lived with a caregiver who received a six month intervention. Among the three month group, one child experienced an instance of placement instability, and zero child experienced an allegation or substantiation of abuse. These very low rates are a positive indication that kinship navigators were not terminating the intervention too early in these instances. The slightly higher rate of placement instability among the six month group might indicate that a small number of children and families may benefit from an extended period of time for the intervention if need is still present at the six month mark.

Table 7.3 For the intervention group, the number and percentage of children who had Placement Instability, Allegation of Abuse, or Substantiation of Abuse based on whether the length of their intervention was three or six months

Measure	Intervention – 3 months (n = 79) "Yes"	Intervention – 6 months (n = 203) "Yes"
Placement Instability	1 *(1.3%)*	6 *(3.0%)*
Allegation of Abuse	0 *(0%)*	1 *(0.5%)*
Substantiation of Abuse	0 *(0%)*	0 *(0%)*

Summary

Despite the onset of the COVID-19 pandemic, children in the pilot experienced largely positive outcomes in regards to child safety and placement stability. Less than 5% of children in both the intervention and comparison groups experienced placement instability during the first year following intake into the intervention or comparison services. Similarly, no more than 1.5% of children in either group experienced alleged abuse and none experienced substantiated abuse. Among those in the intervention group who did experience placement instability, two moved to another kin caregiver and five entered foster care. For those children whose caregivers received a shorter intervention (three months) than the norm (six months) because families had already met their goals, there was one instance of placement instability, and zero instances of alleged or substantiated abuse, indicating that navigators were not terminating the intervention too early. There were no statistically significant results for child safety and stability between the intervention and comparison groups, but there was one promising difference (p = 0.07), with the comparison group (3%) being five times more likely to have an instance of informal placement instability as the intervention group (0.7%), meaning they were more likely to leave their caregiver's home for reasons other than reunification and aging out. Overall, the lack of statistically significant differences appears to be due to very low baselines for negative results, rather than any lack of efficacy in the intervention itself. Additionally, the data collection for this analysis took place between May 2019 – October 2022, so the relatively positive baseline findings are encouraging given the onset of the pandemic.

There are no statistically significant findings for this chapter.

Conclusion

Overall, results from evaluation of Washington state Kinship Navigator program services in both comparison and intervention counties indicate improvement in caregiver and child outcomes six-months after the close of services received. The findings from the analysis of caregiver outcomes indicate that the kinship caregivers in Washington State who engaged with the kinship navigation research project experienced high levels of satisfaction and wellbeing with the Kinship Navigator program, and that those satisfaction and wellbeing levels remained high over time. Kinship caregivers in both intervention and comparison groups specifically noted that financial assistance, legal referrals, information and resources, and emotional/social support are particularly helpful resources. The findings from analysis of child outcomes indicate that despite the onset of the COVID-19 pandemic, children in kinship care in Washington state experienced largely positive outcomes in the areas of child safety, wellbeing, and placement stability. Less than 1.5% of children in either group experienced alleged abuse and 0% experienced substantiated abuse. For child health and wellbeing, 95%+ of children in both groups have access to a primary care doctor, < 1% in both groups are pregnant or parenting, 93%+ have attended their well-child visits, and 99%+ of children are covered by health insurance. For child education, 86%+ of children receiving special education services have a current IEP or 504 plan, 82%+ are passing all of their classes, and children in both groups averaged less than seven days of absences over the course of the previous school year.

Additionally, regressions on several propensity-score matched samples revealed a few key areas in which outcomes were significantly improved for caregivers and children in the intervention counties. Caregivers in the intervention group were more likely to use kinship navigator services to participate in kinship care support groups and were more likely to enroll in Child-Only TANF benefits. Satisfaction levels for both the intervention and the comparison groups were high. However, those in the intervention group reported higher levels of personal wellbeing. Caregivers in the intervention counties maintained high levels of satisfaction over time. Children in the intervention group were less likely to leave the home for any reason, less likely to leave the home due to placement instability (i.e., reasons other than reunification and aging out) and had slightly fewer emergency room visits.

These findings are significant for several reasons. First, the positive baseline levels for kinship caregivers and children in the comparison group indicate that status quo kinship navigator services are largely meeting the needs of families. However, the significantly more positive outcomes for intervention caregivers in important areas like placement stability, Child-Only TANF benefit enrollment, caregiver satisfaction, and child health and wellbeing provide evidence that the enhanced kinship navigator services can improve the lives of caregivers and children. Additionally, it is very encouraging to note that this enhanced service delivered to caregivers not only showed improvements in caregiver outcomes but also translated to improvements in child outcomes as well. The results suggest that by meeting caregiver needs, caregivers are better able to meet the needs of the children in their care.

Statistically significant findings overall:

- Intervention caregivers were **1.9 times as likely** (p = .02) as comparison caregivers to be enrolled in Child-Only TANF
- Intervention caregivers were **9.4 times as likely** (p = .02) as comparison caregivers to attend kinship care support groups
- Intervention caregivers were **1.7 times as likely** (p = .002) as comparison caregivers to indicate agreement with the statement: “I am enjoying life more now since participating in kinship care services and activities”
- Intervention caregivers were **1.8 times as likely** (p < .001) as comparison caregivers to indicate agreement with the four caregiver wellbeing statements on average overall
- Intervention children were **0.3 times as likely** (p < .001) as comparison children (i.e., comparison children were 3.3 times as likely as intervention children) to have left the home for any reason

- Intervention children were **0.1 times as likely** (p = .01) as comparison children (i.e., comparison children were 10 times as likely as intervention children) to have left the home due to placement instability (reasons other than reunification or aging out)
- Intervention children were **0.4 times as likely** (p = .02) as comparison children (i.e., comparison children were 2.5 times as likely as intervention children) to have visited the emergency room at least once in the previous six months

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Appendices

Appendix 1. Caregiver Satisfaction survey

Kinship Navigator Program Satisfaction Survey

In order to maintain confidentiality and keep the survey anonymous, please do not type/write any names, including the names of your kinship child(ren) in your responses. **Taking this survey is voluntary and you can choose not to take the survey**. You can skip any questions you don’t want to answer. If you choose not to take the survey, or don’t answer all the questions**, there will not be any penalties.** Choosing not to take the survey or not answering all the questions will not affect any services you may be receiving or affect access to any services in the future.

Participant ID: *(first name initial, last name initial, city, month and year of birth)*	*Ex: AM-SEATTLE-04-1991* ________________________________
Date survey was completed:	____/____/______ *(MM / DD / YYYY)*
In what county do you receive kinship navigator services?	☐ Thurston ☐ Pierce ☐ Cowlitz ☐ Snohomish ☐ Skagit ☐ Spokane ☐ Yakima ☐ Clark ☐ Wahkiakum ☐ Whatcom ☐ San Juan ☐ Other: _______________

Below is a list of services and resources. Please tell us whether you used any of these services or resources within the last __90 days (3 months)__ and, if so, please indicate whether you were satisfied with the services you received and if the kinship navigator was helpful in gaining access to or using this service.

	Did you use this service? *(in the last 3 months)*				If so, were you satisfied with the services?		Was the kinship navigator helpful in getting access and/or using this service?	
	Yes	No	Service not available	Not applicable (N/A)	Yes	No	Yes	No
1. Financial support for necessities (i.e. rent, utilities, phone, car insurance/repairs, etc.)								
2. Financial education support (i.e. taxes, budgeting, retirement, etc.)								

	Did you use this service? *(in the last 3 months)*				If so, were you satisfied with the services?		Was the kinship navigator helpful in getting access and/or using this service?	
	Yes	No	Service not available	Not applicable (N/A)	Yes	No	Yes	No
3. Support in finding/maintaining housing (i.e. section 8, tribal housing, eviction prevention, etc.)								
4. Support obtaining durable goods (i.e. bedding, furniture, clothing, etc.)								
5. Help getting enough food daily for your family (i.e. food bank, WIC, Basic Food ("food stamps") SNAP, etc.)								
6. Getting and keeping public assistance (i.e. Medicaid, Medicare, SSI, TANF, ABD, etc.)								
7. Help with transportation (i.e. bus/taxi fare, gas, rides, etc.)								
8. School related supports (i.e. enrollment, IEP/504, special education services, etc.)								
9. Help accessing primary or other medical care (**for self**)								
10. Help accessing primary or other medical care (**for kinship child**)								
11. Help accessing dental care services (**for self**)								
12. Help accessing dental care services (**for kinship child**)								
13. Child care support (i.e. Working Connections, after school care, informal child care, etc.)								

	Did you use this service? *(in the last 3 months)*				If so, were you satisfied with the services?		Was the kinship navigator helpful in getting access and/or using this service?	
	Yes	No	Service not available	Not applicable (N/A)	Yes	No	Yes	No
14. Respite: temporary, time-limited break for caregivers (i.e. camps, retreat, youth activities, temporary help, etc.)								
15. Referral to Aging and Disability Resource Center (ADRC) or Area Agency on Aging (AAA) or Information or Assistance.								
16. Personal and emotional support for **yourself**: someone to talk to (i.e. family, friend, neighbor, community-based groups, etc.).								
17. Someone to talk to regarding **your kinship child** (i.e. family, friend, neighbor, community-based groups, etc.)								
18. Professional behavioral health/counseling for **kinship child** (i.e. therapy, holistic healing, substance recovery, etc.)								
19. Professional behavioral health/counseling **for self** (i.e. therapy, psychiatry, holistic healing, substance recovery, etc.)								
20. Kinship care support groups								
21. Training for kinship caregivers (i.e. parenting classes, trainings, etc.)								
22. Language services (i.e. language classes (ESL), interpreter, translation services.)								

	Did you use this service? *(in the last 3 months)*				If so, were you satisfied with the services?		Was the kinship navigator helpful in getting access and/or using this service?	
	Yes	No	Service not available	Not applicable (N/A)	Yes	No	Yes	No
23. Access to legal services and information (legal representation, custody, estate planning/end of life, child support, etc.)								
24. In-home family services (i.e. visiting nurses, family preservation, home health aide, etc.)								
25. Other services (please specify): ________________________________								
26. Other services (please specify): ________________________________								

As a result of participating in kinship care programs or services, please tell us whether you agree or disagree with each of the following statements:

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree
27. I now feel that I am better able to cope with caring for the child I am raising than before I became involved in kinship care services and activities.	☐	☐	☐	☐	☐	☐	☐
28. I do not feel as stressed out as I was before participating in kinship care services and activities.	☐	☐	☐	☐	☐	☐	☐

29. I feel as if my overall health and sense of well-being have improved since participating in kinship care services and activities.	☐	☐	☐	☐	☐	☐	☐
30. I am enjoying life more now since participating in kinship care services and activities.	☐	☐	☐	☐	☐	☐	☐

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree
31. I plan to continue to participate in kinship care activities/services.	☐	☐	☐	☐	☐	☐	☐
32. My Kinship Navigator was very supportive.	☐	☐	☐	☐	☐	☐	☐
33. My Kinship Navigator listened to my needs.	☐	☐	☐	☐	☐	☐	☐
34. My Kinship Navigator was very knowledgeable of available resources and services.	☐	☐	☐	☐	☐	☐	☐
35. My Kinship Navigator linked me to the services that I need.	☐	☐	☐	☐	☐	☐	☐
36. I would recommend the Kinship Navigator program to others kinship caregivers.	☐	☐	☐	☐	☐	☐	☐

37. Where do you think your kinship child will be living one year (12 months) from now?

☐ With me

☐ Parent/guardian

☐ Foster parent

☐ Another relative

☐ Other, please specify: ______________________________

38. If you had any difficulty accessing any service, or were not satisfied with the service, please tell us about your experience:

____

____

39. What resources and/or services have been the most helpful to you as a kinship caregiver raising a child?

40. What were the helpful things that the kinship navigator did for you?

41. What could the kinship navigator have done differently that would have been more helpful?

____

____

____

____

____

____

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

☐ Yes

☐ No

If yes, please describe what service(s): ____

____

____

Appendix 2. Closed Case Forms

a) Intervention Group Closed Case Form

Client identification number: ______________________________	**Timepoint:** ☐ six-month ☐ twelve-month
Follow up date:___________________ Case close date: _________________ Date satisfaction survey sent:	
1. How many kinship children are currently living in your home?	_________
2. Did you have any kinship child(ren) leave your home? (if no, skip to caregiver health, if yes go to question 3)	☐ Yes ☐ No
3. Date kinship child left the home. (if more than one child left the home, please complete questions 3-7 for each child)	_____________________________

4. Gender	**5. Birthdate**	**6. Race/Ethnicity** (*Check all that apply*)	
☐ Male ☐ Female	____/____/______ *(MM / DD / YYYY)*	☐ American Indian/ Alaskan Native; Tribal affiliation: ________________ ☐ Black or African American ☐ Hispanic or Latino/Latinx ☐ Asian/Pacific Islander ☐ White (Non-Hispanic) ☐ Other: _________________	☐ Multiracial American Indian/Alaska Native (any American Indian/Alaska Native indicated as well as another race) ☐ Multiracial Black (any Black indicated as well as another race except American Indian/Alaska Native) ☐ Multiracial (all other combinations, with no indication of American Indian/Alaska Native or Black) ☐ Unknown (no races indicated)

7. Where did the child move to?	☐ returned to birth parent ☐ entered foster care	☐ moved to another kin caregiver ☐ aged out ☐ Other: ______________

Caregiver Health (SF-12)

These questions ask your views about your health.

8. In thinking your own health, which resources are you interested in learning about? (*Check all that apply*)

P			*S*		
☐ Fall prevention	☐ Smoking cessation	☐ Nutrition	☐ Fall prevention	☐ Smoking cessation	☐ Nutrition
☐ Heart health	☐ Aging	☐ Chronic disease (living well)	☐ Heart health	☐ Aging	☐ Chronic disease (living well)
☐ Memory	☐ Self-Care	☐ None of the above	☐ Memory	☐ Self-Care	☐ None of the above
☐ Diabetes Management	☐ Managing stress	☐ Other: _____________	☐ Diabetes Management	☐ Managing stress	☐ Other: _____________

9. In general, would you say your overall health is: (*Select one*)	*P*		*S*	
	☐ Excellent	☐ Fair	☐ Excellent	☐ Fair
	☐ Very Good	☐ Poor	☐ Very Good	☐ Poor
	☐ Good		☐ Good	

10. Do you have any unmet healthcare needs?	*P*	*S*
	☐ Yes ☐ No	☐ Yes ☐ No

	☐ If yes, please specify: ________________________________	☐ If yes, please specify: ________________________________

Kinship Child Health (If more than one child, please complete one for each child)	
11. In general, how would you rate your kinship child's <u>physical health</u>?	☐ Excellent ☐ Good ☐ Poor ☐ Very Good ☐ Fair
12. In general, how would you rate your kinship child's <u>behavioral health</u>?	☐ Excellent ☐ Good ☐ Poor ☐ Very Good ☐ Fair
13. Does your kinship child have access to primary care?	☐ Yes ☐ No
14. Does your kinship child have a diagnosed physical health issue? **Please specify diagnosis ____**	☐ Yes ☐ Not applicable ☐ No ☐ I don't know
15. Does your kinship child have a diagnosed behavioral health issue? **Please specify diagnosis ____**	☐ Yes ☐ Not applicable ☐ No ☐ I don't know
16. Are your kinship child's physical health needs being met?	☐ Yes ☐ Not applicable ☐ No ☐ I don't know
17. Are your kinship child's behavioral health needs being met?	☐ Yes ☐ Not applicable ☐ No ☐ I don't know

18. Is the child a pregnant or parenting youth in foster care as described in section 471e(2)B of the Act?	☐ Yes ☐ Not applicable ☐ No ☐ I don’t know
19. Is the child in your care a pregnant or parenting youth in informal kinship relationship?	☐ Yes ☐ Not applicable ☐ No ☐ I don’t know
20. Has your kinship child attended their well-child visits since they came to live with you?	☐ Yes ☐ Not applicable ☐ No ☐ I don’t know

21. If the kinship child required an emergency room visit in the last 6 months, what were the reasons for the ER visit(s)? (*Check all that apply*)

☐ Upper respiratory infections

☐ Otitis media and related conditions

☐ Fever of unknown origin

☐ Open wounds of head, neck and trunk

☐ Fracture of upper limb

☐ Headache, including migraine

☐ Skin and subcutaneous tissue infections

☐ Abdominal pain

☐ Acute bronchitis

☐ Allergic reactions

☐ Sprains and strains

☐ Viral infections

☐ Nausea and vomiting

22. In the last 6 months, how many ER visits has your kinship child had? __________visit(s)

☐ I don’t know

23. What type of health insurance does your kinship child have? *(Select all that apply)*

☐ Medicaid / Apple Health

☐ Employer-based Health Insurance

☐ Tribally Supported Insurance Plan

☐ No insurance

☐ Not Applicable

☐ Other, please explain: __________________________

Kinship Child Education (If more than one child, please complete one for each child)

1. Does your kinship child attend an early childhood program or school?	☐ Yes à ☐ No (skip to next)	If yes, what is your kinship child's grade? ________Grade
2. Has your kinship child repeated any grades?	☐ Yes ☐ No ☐ I don't know	

3. Does your kinship child receive special education services or other support programs?	☐ Yes à ☐ No (skip to next) ☐ I don't know	Does your kinship child have a current IEP or 504 plan?	☐ Yes ☐ No ☐ I don't know
4. Is your kinship child receiving all of the services outlined in the IEP or 504 Plan?	☐ Yes ☐ No ☐ I don't know		
5. Is your kinship child failing any classes?	☐ Yes ☐ No ☐ I don't know		
6. Do you need assistance addressing your kinship child's social or behavioral needs at school?	☐ Yes ☐ No		
7. Do you need assistance requesting academic support for your kinship child?	☐ Yes ☐ No		
8. Has your kinship child been suspended or expelled? *(Check all that apply)*	☐ Yes, suspended ☐ Yes, expelled ☐ No ☐ I don't know		
9. How many absences has your kinship child had in the last year?	Number__________________ ☐ I don't know		

b) Comparison Group Closed Case Form

Client identification number: ______________________________	**Timepoint:** ☐ three-month ☐ six-month ☐ twelve-month

Follow up date:___________________ **Case close date:** _________________ **Date satisfaction survey sent:**

Child Placement Stability

24. How many kinship children are currently living in your home?	_________
25. Did you have any kinship child(ren) leave your home? (if no, skip to caregiver health, if yes go to question 3)	☐ Yes ☐ No
26. Date kinship child left the home. (if more than one child left the home, please complete questions 3-7 for each child)	_____________________________

27. Gender	**28. Birthdate**	**29. Race/Ethnicity** (*Check all that apply*)	
☐ Male ☐ Female	____/____/______ *(MM / DD / YYYY)*	☐ American Indian/ Alaskan Native; Tribal affiliation: ________________ ☐ Black or African American ☐ Hispanic or Latino/Latinx ☐ Asian/Pacific Islander ☐ White (Non-Hispanic) ☐ Other: _________________	☐ Multiracial American Indian/Alaska Native (any American Indian/Alaska Native indicated as well as another race) ☐ Multiracial Black (any Black indicated as well as another race except American Indian/Alaska Native) ☐ Multiracial (all other combinations, with no indication of American Indian/Alaska Native or Black) ☐ Unknown (no races indicated)

30. Where did the child move to?	☐ returned to birth parent ☐ entered foster care	☐ moved to another kin caregiver ☐ aged out ☐ Other: _____________

Caregiver Health (SF-12)

These questions ask your views about your health.

31. In general, would you say your overall health is: (*Select one*)	*P*	*S*
	☐ Excellent ☐ Fair ☐ Very Good ☐ Poor ☐ Good	☐ Excellent ☐ Fair ☐ Very Good ☐ Poor ☐ Good

Kinship Child Health (If more than one child, please complete one for each child)

32. In general, how would you rate your kinship child's <u>physical health</u>?	☐ Excellent ☐ Good ☐ Poor ☐ Very Good ☐ Fair
33. In general, how would you rate your kinship child's <u>behavioral health</u>?	☐ Excellent ☐ Good ☐ Poor ☐ Very Good ☐ Fair
34. Does your kinship child have a primary care pediatrition?	☐ Yes ☐ No

35. Does your kinship child have a diagnosed physical health issue? **Please specify diagnosis ____**	☐ Yes ☐ No	☐ Not applicable ☐ I don’t know
36. Does your kinship child have a diagnosed behavioral health issue? **Please specify diagnosis ____**	☐ Yes ☐ No	☐ Not applicable ☐ I don’t know
37. Is the child a pregnant or parenting youth in foster care as described in section 471e(2)B of the Act?	☐ Yes ☐ No	☐ Not applicable ☐ I don’t know
38. Is the child in your care a pregnant or parenting youth in informal kinship relationship?	☐ Yes ☐ No	☐ Not applicable ☐ I don’t know
39. Has your kinship child attended their well-child visits since they came to live with you?	☐ Yes ☐ No	☐ Not applicable ☐ I don’t know

40. If the kinship child required an emergency room visit in the last 6 months, what were the reasons for the ER visit(s)? (*Check all that apply*)

☐ Upper respiratory infections
☐ Otitis media and related conditions
☐ Fever of unknown origin
☐ Open wounds of head, neck and trunk
☐ Fracture of upper limb
☐ Headache, including migraine
☐ Skin and subcutaneous tissue infections
☐ Abdominal pain
☐ Acute bronchitis
☐ Allergic reactions
☐ Sprains and strains
☐ Viral infections
☐ Nausea and vomiting

41. In the last 6 months, how many ER visits has your kinship child had? __________visit(s)
☐ I don’t know

42. What type of health insurance does your kinship child have? *(Select all that apply)*

☐ Medicaid / Apple Health

☐ Employer-based Health Insurance

☐ Tribally Supported Insurance Plan

☐ No insurance

☐ Not Applicable

☐ Other, please explain: __________________________

Kinship Child Education (If more than one child, please complete one for each child)			
10. Does your kinship child attend an early childhood program or school?	☐ Yes à ☐ No (skip to next)	If yes, what is your kinship child's grade?	________Grade
11. Has your kinship child repeated any grades?	☐ Yes ☐ No ☐ I don't know		
12. Does your kinship child receive special education services or other support programs?	☐ Yes à ☐ No (skip to next) ☐ I don't know	Does your kinship child have a current IEP or 504 plan?	☐ Yes ☐ No ☐ I don't know
13. Is your kinship child failing any classes?	☐ Yes ☐ No ☐ I don't know		
14. Has your kinship child been suspended or expelled? *(Check all that apply)*	☐ Yes, suspended ☐ Yes, expelled ☐ No ☐ I don't know		
15. How many absences has your kinship child had in the last year?	Number__________________ ☐ I don't know		

Appendix 3. Implementation of the essential components in intervention and comparison counties

Program component	Definition of component	Implementation in intervention counties	Implementation in service-as-usual sites
Program advertising	Program advertising is used by kinship navigator programs to inform and establish connections with formal and informal kinship families. Kinship navigator programs use multiple outreach strategies including: - Distribution of brochures, - Websites for each service area, - Community presentations	- Examples of program advertising done in the intervention counties includes: - Outreach meetings with Washington 211 staff, TANF staff, and other service providers Newsletters sent out to kinship families, - Social media - each organization keeps their own page including like Facebook - All organizations also update their own website	No set standard for how this is done and varies by community opportunities. - All organizations update their own website.
Information and assistance / referral (I&A / I&R)	This knowledge allows the navigator to provide the kinship caregiver with Information and assistance / referral that are available to meet to the caregiver's needs. Navigators provide the information and referrals in various formats to the kinship caregivers.	Currently part of the service as usual at each intervention kinship navigator site. - Kin caregivers call navigator program to ask for assistance.	Currently part of the service as usual at each site with a kinship navigator. - No targeted outreach to kin caregivers. - Kin caregivers call navigator program to ask for assistance.
Needs assessment	Once a family is connected with the navigator	Offered to caregivers at all intervention counties who screen	Not offered at the comparison counties.

	program, an “evidence-informed” needs assessment tool is used to collect culturally responsive and inclusive family demographic information (for caregivers and each individual kinship child in their care) and to assess caregiver needs related to raising kinship children.	into the case management level of service with a baseline assessment.	• No formal needs assessment of caregivers needs.
Case management services	For kinship families that are experiencing more complex needs, kinship navigators offer case management. • This includes: • Coordination of access to services, • Assessing family needs, • Creating goals, • Follow up three months from intake.	Offered to caregivers at all intervention counties who screen into the case management level of service.	Not offered at the comparison counties.
Urgent funds	• For caregivers who are not involved in the child welfare system the state funded Kinship Caregivers Support Program (KCSP), is available in every county and provides financial assistance of	• Kinship Care Support Program (KSCP) offered at all of the sites. • Relative Support Service Funds are available to kinship families in the formal system. • Other funds for formal and informal kinship caregivers may exist in local communities, and	• Kinship Care Support Program (KSCP) offered at all of the sites. • Relative Support Service Funds are available to kinship families in the formal system.

	up to $1,500 a year per family. • Relative Support Service Funds are available to kinship families in the formal system.	kinship navigators may access these resources as well.	• Other funds for formal and informal kinship caregivers may exist in local communities, and kinship navigators may access these resources as well.
Peer to peer support	• Kinship navigators develop or engage with groups who bring kinship families together in the community. • Navigators with lived experience as caregivers.	• Minimum standards include providing information about support groups available at all sites. • There are navigators with lived experience as caregivers at two of the three sites. • Two navigators have over two decades of navigation experience each.	• Support groups offered vary by site. Online or in person. • One of the navigators in the control site has lived expertise but this wasn't a criteria used to select the sites.
Caregiver education	Training topics developed for caregivers and their navigators	Trainings held at FESS and are available to caregivers throughout the state. Trainings are offered twice per year, one on trauma-informed caregiving, and the other on whichever topic is most needed by caregivers at the time. https://familyess.org/theparentalcompass/ Example topics include: • Keeping your Child Out of Court • Positive Sibling Relationships • ADHD • Raising a Child With Autism • Preventing Suicide	Trainings held at FESS and are available to caregivers throughout the state. https://familyess.org/theparentalcompass/ Topics include: • Keeping your Child Out of Court • Positive Sibling Relationships • ADHD • Raising a Child With Autism • Preventing Suicide

		• Early Childhood Development • Foster Parenting • When a Family Member Struggles with Addiction • Trauma informed caregiving. 2-hour training for Navigators and Kinship caregivers	• Early Childhood Development • Foster Parenting • When a Family Member Struggles with Addiction • Trauma informed caregiving. 2-hour training for Navigators and Kinship caregivers
Program oversight	• Kinship Care Oversight Committee which meets quarterly and serves as the statewide advisory council to ensure the fidelity of the kinship navigator program, monitor the satisfaction of caregivers, and assess the continued effectiveness of the program. • Another component of program oversight is training kinship navigators.	• Representatives from all agencies participate in the Kinship Care oversite Committee. ALTSA offers one 3-hour virtual training for Washington State Kinship Navigators. • ALTSA staff conducted once monthly meetings for intervention counties to go over new policies and check in on case management services. **<u>Intervention County Navigator Trainings</u>** **Yr. 1 Pilot Site Navigator Training** (April 23, 2021) **What does fidelity mean?** Description of decision tree/triage/screening process, demographics, assessment, client satisfaction survey,	• Representatives from all agencies participate in the Kinship Care oversite Committee. • ALTSA offers one 3-hour virtual training for Washington State Kinship Navigators.

		practice intake, goal setting & follow up assessments, introduction to GetCare data base **Yr. 2 Pilot Site Navigator Training** (Dec 4 & 5, 2019) **Program overview**, reflections on yr. 1, family scenario for practice, Review of pilot training manual, fidelity tool, case management 101 (intake & assessment practice & interviewing techniques & writing goals), GetCare data -base training & End of service period, client satisfaction survey. **Yr. 3 Pilot Site Navigator Training** (7/28/2020) **Process decision tree**, Process: intake –end of service – closed case follow up.	