Washington State Kinship Navigator program: Satisfaction survey results

June 2022

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partners forourchildren

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About Partners for Our Children

Partners for Our Children (P4C) was founded in 2007 to focus new thinking, resources, and expertise on Washington State's child welfare system. P4C exists as a collaboration between the Washington State Department of Children, Youth, and Families (DCYF), the University of Washington School of Social Work and private sector funding. The mission of P4C is to combine the strengths of a public research university with resources from the private sector in order to improve outcomes for vulnerable children and families touched by Washington's public child welfare system. We advance our mission through three interrelated tasks: system level research, data and analytic support, and public policymaking. As an independent entity with both the research assets of a major university and strong relationships with policy makers, we are in a unique position to research and evaluate the effects of policy choices and practice changes in the public child welfare system. We analyze data from the Department of Children, Youth, and Families (DCYF) to better understand trends within the system, and when possible, combine it with data from related systems (courts, education, etc.) to create a more complete picture of how the child welfare system operates. Findings ultimately provide critical decision support for lawmakers and agency staff. Finally, we provide non-partisan input on proposals and legislation related to children and families in Washington state and at the federal level – and whenever possible, we bolster public policy discussions with solid research evidence and data.

This report provides a summary of kinship caregivers' satisfaction with the kinship navigator program and provides information as to the differential levels of satisfaction between those in the comparison and intervention sites. This survey is a result of a partnership between UW, Aging & Long-Term Support Administration (ALTSA), and the Department of Children, Youth, and Families (DCYF), and the authors would like to thank our external partners for their valuable collaboration, comments, and support.

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Executive summary

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 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. 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 sites. At the comparison sites, 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 sites, 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 report presents the results of the satisfaction survey, which kinship caregivers in both comparison and intervention sites completed. 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 the 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.

Caregivers in the intervention and comparison sites used different services. Propensity-score matching analysis revealed that those in the intervention group were more likely to use kinship navigator services to participate in kinship care support groups. Those in the control group were more likely to report using referrals to the Aging and Disability Resource Center (ADRC) or Area Agency on Aging (AAA), as well as services related to finding and maintaining housing and caregiver training. Satisfaction levels for both the intervention and the comparison groups were high. However, those in the intervention group reported higher levels of satisfaction regarding the impact of kinship navigator services on their personal wellbeing. Caregivers in the intervention sites maintained high levels of satisfaction over time.

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). Nationally, 59% of kinship care arrangements are with 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). According to staff from the Department of Children, Youth and Families (DCYF), within Washington State, 46% of children placed in foster care and under state child welfare supervision in 2020 were kinship care arrangements, representing approximately 3,700 children (Personal communication, 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
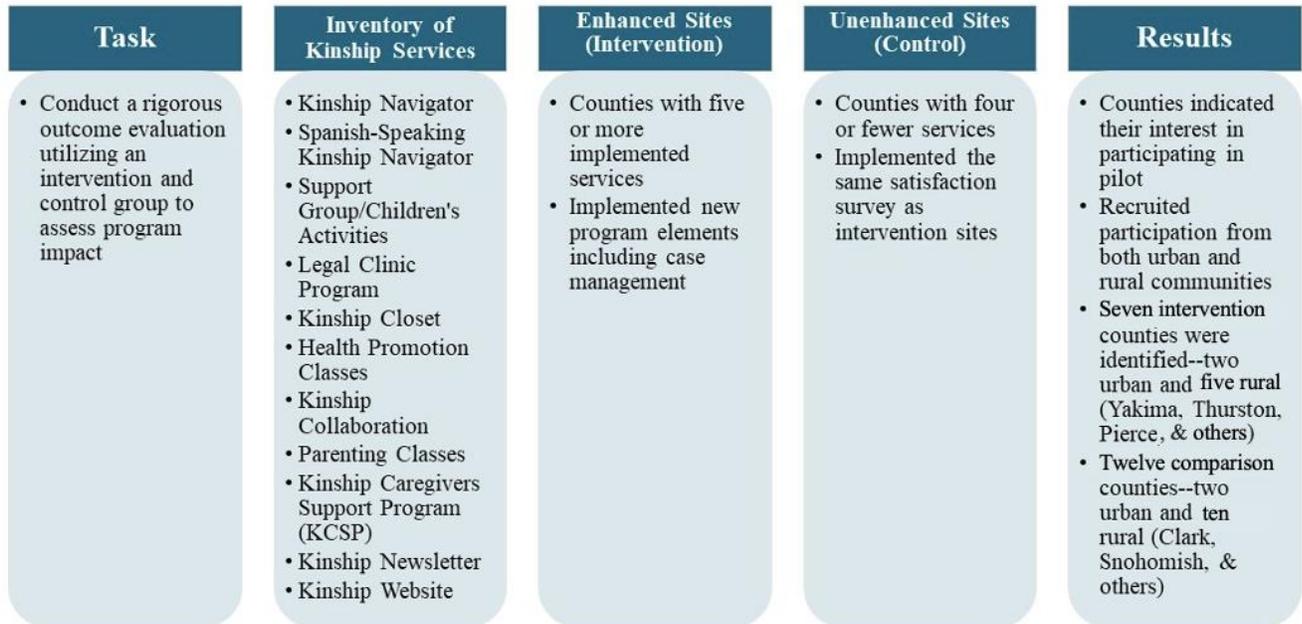
Kinship navigators operate within 30 of the 39 counties in Washington State. These navigators provide resource referral, assistance, and active listening to kinship caregivers raising their relatives' children. Additionally, kinship navigators assist caregivers with Kinship Caregiver Support Services (KCSP) funds to help with basic needs and tangible goods. Recently, the kinship navigator program has taken two different forms, which we refer to as comparison and intervention sites.

At both the intervention and comparison sites, kinship caregivers initiate first contact with the navigators. However, at the intervention sites, kinship navigators initiate the subsequent contact, while at the comparison sites, kinship caregivers initiate all contact. To select the intervention and control sites, the evaluation team conducted an inventory of kinship services provided by each kinship navigator site throughout the state (see Figure 1 below). Those in the intervention sites provided five or more services (e.g., legal supports, parenting classes, kinship closet, etc.) and had the capacity to add on the new program element of case management services. The control sites were identified as those providing four or fewer services and they would conduct business as usual without the addition of case management services. Once the evaluation team identified the number of services in each location, counties indicated their level of interest in the project. The evaluation team recruited from both urban and rural communities. A total of seven intervention sites and twelve comparison sites were selected. More comparison sites were selected due to differences in population density between comparison and intervention sites, and the comparison

sites were slightly smaller in size. The intervention counties include Pierce, Thurston, Mason, Franklin, Lewis, Benton, and Yakima. The comparison counties include Adams, Chelan, Clark, Cowlitz, Douglas, Grant, Klickitat, Lincoln, Okanogan, Skamania, Snohomish, and Wahkiakum.
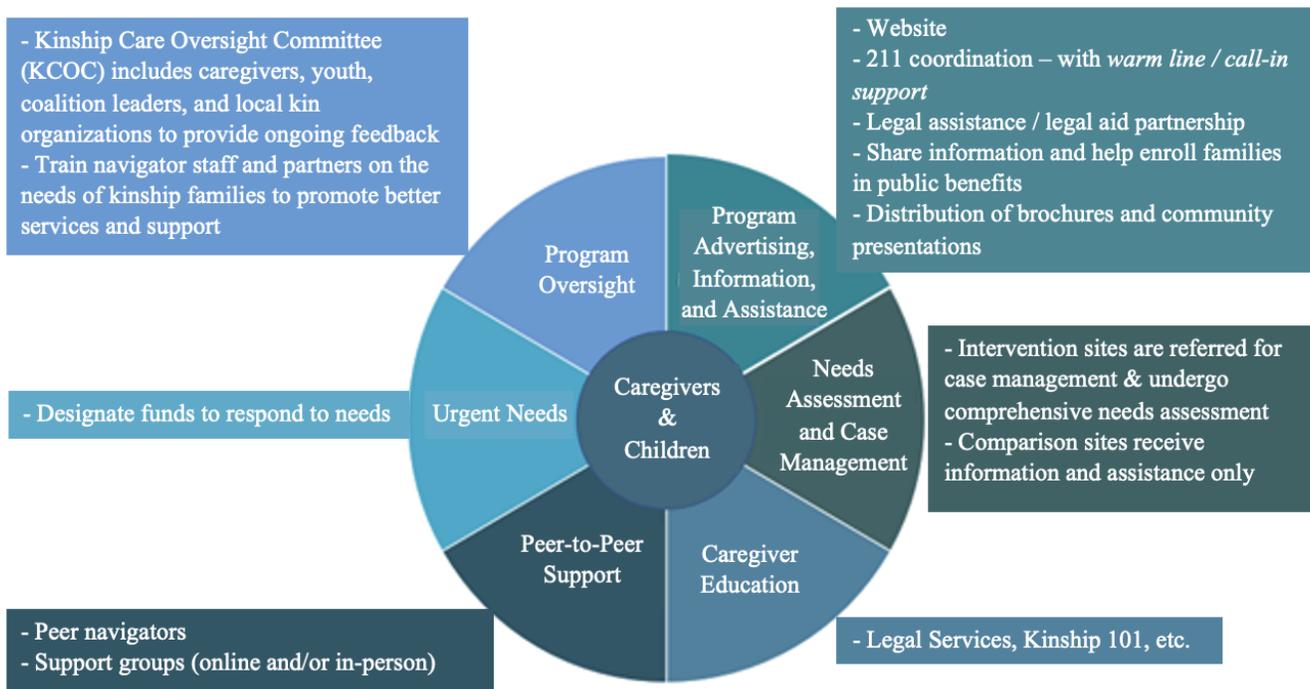
Figure 1. Intervention Site Selection Process

Intervention Site Selection Process

Task	Inventory of Kinship Services	Enhanced Sites (Intervention)	Unenhanced Sites (Control)	Results
• Conduct a rigorous outcome evaluation utilizing an intervention and control 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 implemented services • Implemented new program elements including case management	• Counties with four or fewer services • Implemented the same satisfaction survey as intervention sites	• Counties indicated their interest in participating in pilot • Recruited participation from both urban and rural communities • Seven intervention counties were identified--two urban and five rural (Yakima, Thurston, Pierce, & others) • Twelve comparison counties--two urban and ten rural (Clark, Snohomish, & others)

At the intervention sites, if families desire case management services, navigators schedule an intake, complete a needs assessment, and conduct follow up with families at three and six months. If families do not require case management services, the navigators provide families with information and assistance (such as referrals and Kinship Care Support Program (KCSP) emergent dollars for concrete goods), which they document in an online portal called GetCare. Communication with families may take place via phone, email, or in-person meetings. See Figure 2 below for the essential components of the Washington State Enhanced Kinship Navigator Program.

Figure 2. Washington State Enhanced Kinship Navigator Program essential components

At comparison sites, kinship caregivers initiate all communication with the kinship navigators, rather than only the initial contact. Kinship caregivers reach out to navigators for financial assistance, information and resources, and referrals. Kinship navigators at the comparison sites support the caregivers at the "Information and Referral" level of support, but do not provide case management services such as assessments and three- and six-month follow-ups. Caregivers complete a satisfaction survey regarding their experiences six months after receiving services.

Methodology

Recruitment. Caregivers who received navigation services at intervention sites 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 six-months after their cases closed. Participants in the comparison sites 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 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).

Measures. The satisfaction survey includes three primary components. The first component lists services (such as assistance navigating child's education or obtaining durable goods) and asked if 1) 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). For the second and third questions, responses were dichotomized (0=no, 1=yes). The second component of the satisfaction survey included Likert-scale questions (from 1=strongly disagree to 7=strongly agree) regarding the caregivers' satisfaction with the kinship navigator program overall. The third component of the satisfaction survey included four open-ended questions, which asked for general feedback of 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. The data from the ACES, the participant tracker, and the satisfaction survey were combined to create the dataset used in the analysis.

Quantitative analytic method. The statistical software program STATA (v. 16) was used to calculate general descriptive statistics for program participants. Duplicate and incomplete responses (meaning that less than 80% of the survey was completed) were not included in the analysis. Median imputation techniques were used for Likert data for participants who completed at least 80% of the survey but who had missing responses. Additionally, participants who 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 sites. 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. Some intervention participants' cases stayed open for longer than the intended service period (3-6 months), and as such, caregivers took more than one satisfaction survey (surveys were administered every 6 months). Regardless of how long participants' cases stayed open, researchers selected only their last two satisfaction scores (case closure and six months post case closure) in order to ensure that the data compared within those in intervention group matched a similar point in the participants' experience with the program. Paired samples were used for this analysis, meaning participants who only completed one of the two surveys were not included in the analysis.

Descriptive statistics were calculated for participants' demographics, service usage and experience. Percentages for results may not equal 100% as respondents were often allowed to select multiple choices for some factors, such as race/ethnicity. Differences between the comparison and intervention groups'

demographic characteristics, service usage, and service experience were initially calculated using a chi-squared test[1]

To ensure that any differences between the two groups (i.e., intervention and comparison) in terms of service usage, satisfaction, and experience were due to group assignment and not underlying demographic differences, we used propensity-score matching (PSM) analysis when sufficient data existed for an analysis. Thus, the PSM analysis was used to evaluate differences in service use and differences in service satisfaction. PSM was used to create a comparison group of dyads who were not in the kinship navigator program (Rosenbaum & Rubin, 1983; Stuart, 2010). 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 treated and comparison individuals who have similar propensities (or likelihoods) for receiving treatment, conditional on a set of several variables. For our analysis, these variables including the following: BIPOC status, SNAP benefit recipient status, and age. Based on these variables, each observation was matched with its two nearest neighbors to balance the cost between minimizing bias and variance (Austin, 2014). A single composite score for matching participants between the intervention and comparison groups was computed using a logistic regression with the treatment group as the dependent variable. Estimated propensity scores typically range from 0 to 1. Cases were matched on proximity of scores to each other (Starks & Garrido, 2014). Through this process, PSM created a matched group for comparison with kinship navigator families rather than matched pairs (Gelman & Hill, 2007). After matching cases, the PSM analysis estimated the effect of the intervention by attributing any remaining differences in survey responses between the matched intervention and comparison groups to the intervention itself. This technique for estimating the impact of an intervention is known as estimating the average treatment effect on the treated (ATET) from data by propensity-score matching (Abadie & Imbens, 2016).

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 5-8 and Figures 1-4.

Results

Experiences of kinship caregivers in Washington

Participant demographics six months post case closure. A total of 240 participants who completed the satisfaction survey (148 from comparison sites and 92 from intervention sites) six months after their case closure were included in the analysis. Kinship caregivers reported an average age of 58.63 (SD=10). In regard to race and ethnicity, the majority of the participants identified as white (71%). Caregivers also identified as Hispanic (13.8%), African American (7.5%), and American Indian/Alaska Native (6.3%).[2] A total of 64.3% of the participants indicated that they received SNAP benefits (formerly known as food stamps). The majority of respondents stemmed from suburban (64.6%) and urban (28.8%) areas. See Figures 3-5 for more information on the demographics for all participants who completed the satisfaction survey in Washington state.

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[1] When necessary, the non-parametric tests (Fisher's exact and the Wilcoxon Signed Rank test) were used.
[2] Percentages for race/ethnicity, do not equal 100% as participants could select more than one racial identity. Additionally, it is important to note that "Hispanic" refers to an ethnicity and not a race.

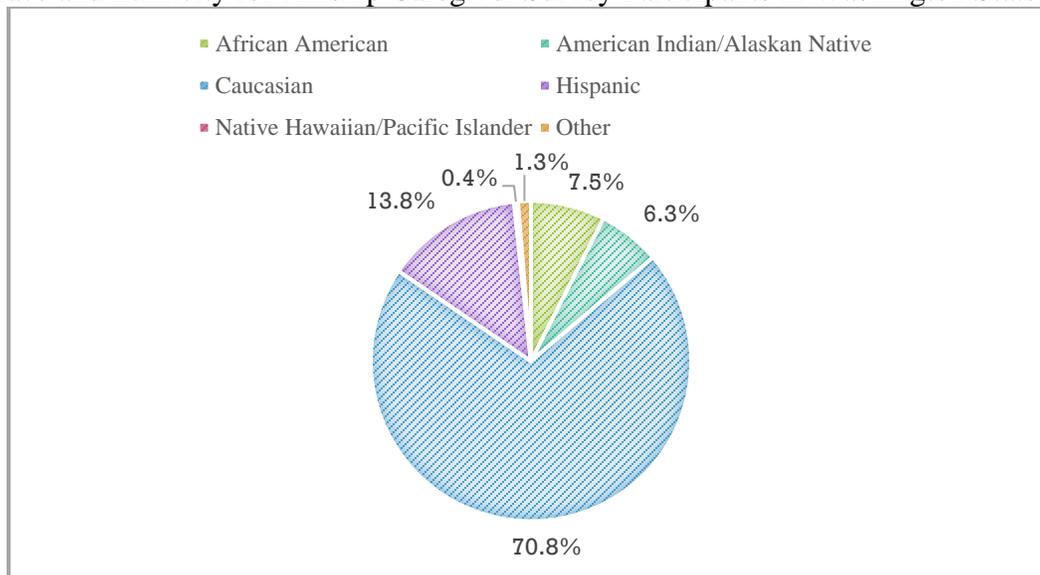Figure 3. Race and Ethnicity for Kinship Caregiver Survey Participants in Washington State

Legend:
- African American
- American Indian/Alaskan Native
- Caucasian
- Hispanic
- Native Hawaiian/Pacific Islander
- Other

1.3%
0.4%
13.8%
7.5%
6.3%
70.8%

Figure 4. SNAP Benefit Recipient Status for Kinship Caregiver Survey Participants in Washington State
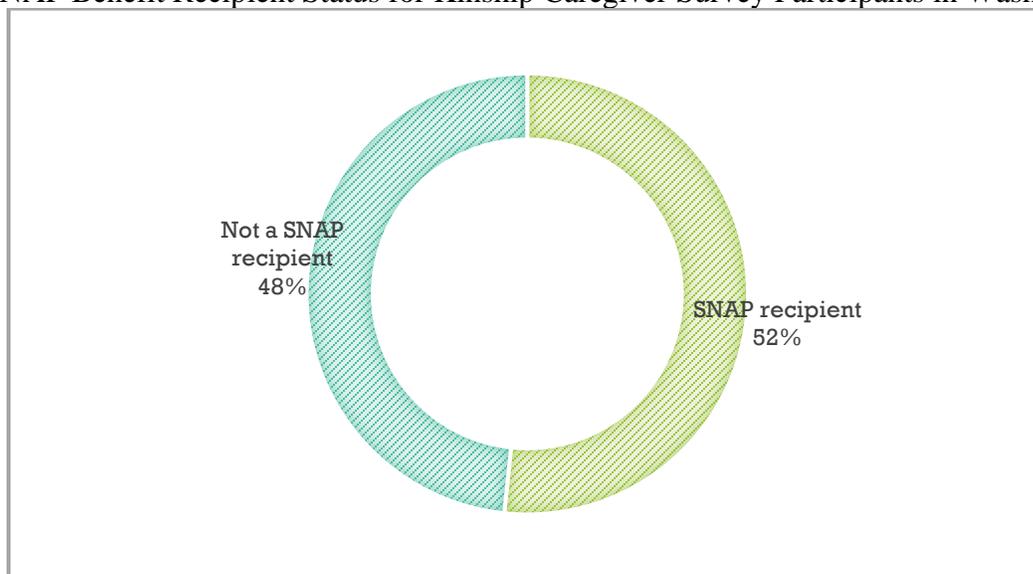

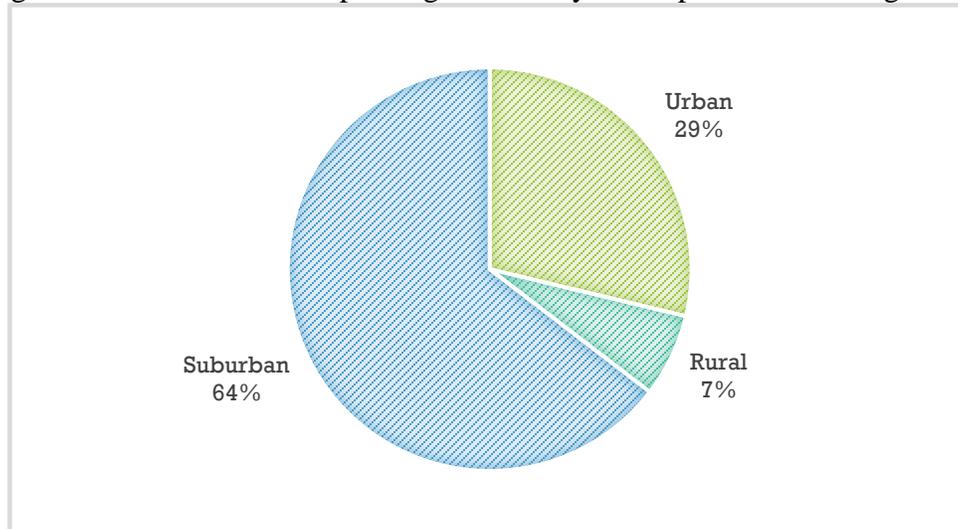Not a SNAP recipient
48%

SNAP recipient
52%

Figure 5. Living Environment for Kinship Caregiver Survey Participants in Washington State

Demographic differences between the intervention and control sites. A few statistically significant demographic differences existed between the comparison group and intervention groups. Those in the comparison group were more likely to identify as African American and more likely to live in suburban environments. Those in the intervention group were more likely to identify as Hispanic and were more likely to live in urban environments. See Table 1 for more information.

Participant demographics at case closure. Attrition did occur in the intervention group between case closure (n=101) and six months after case closure (n=92). At case closure, 153 participants were eligible to take the survey, meaning that 68% of the eligible participants completed the survey. Six months after case closure, 113 participants were eligible to take the survey, meaning that 81% of the eligible participants completed the survey. The number of participants eligible to take the survey does not include the participants who withdrew (reasons for withdrawal could include death, decided they did not want navigator services, and the child left their home) and those who did not meet fidelity criteria. However, no statistically significant demographic differences existed between participants in the two time points.

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 2). The three most common services used by kinship caregivers included obtaining durable goods (31.7% of caregivers reported using this service), help getting enough daily food for the family (30.4%), and someone to talk to regarding their kinship child (20.4%). 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 one of the four participants who used the service indicated that they were satisfied.

Baseline equivalence and effect size estimation based on PSM. As a benchmark for baseline equivalence, an absolute standardized mean difference under .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 comparison group was made (data not shown; available upon request). Thus, the PSM method achieved a balance in the distribution of matching variables (or covariates) between the two groups. The distribution of propensity scores in the control group for the outcome variables was much more like the distribution of propensity scores in the intervention group after matching, evidence by balance plots of propensity scores (figures not shown; available upon request). Thus, we can say that the propensity scores were balanced between the intervention and control 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).

Differential responses between comparison and intervention groups in use of services using PSM analysis. After creating the matched control group as described above, the differential levels of services used between the comparison and intervention groups were analyzed. The analysis revealed that those in the intervention group were significantly more likely to use kinship care support groups than those in the comparison group. Those in the comparison group were more likely to use services for finding/maintaining housing, referral information for Aging and Disability Resource Center (ADRC) or Area Agency on Aging (AAA) as well as training for kinship caregivers. See Table 3 for more information.

Differential responses between the comparison and intervention groups in satisfaction with services six months after case closure. No differences existed between the two groups in their levels of satisfaction with the services. See Table 4 for more information.

Overall and differential levels of satisfaction with the kinship navigator program six months post case closure using PSM. Kinship caregivers answered 7-point Likert-scale questions regarding their satisfaction with the kinship navigator program (see Table 5). The comparison and intervention groups both reported high levels of satisfaction with the program overall, and no statistically significant differences existed between the two groups' overall (the average of all the satisfaction questions) levels.

Differential responses on the impact of the program on caregiver wellbeing six months post case closure using PSM
The participants' scores from the intervention and comparison groups did differ on the wellbeing portion of the Likert scale (See Table 5). Participants from the intervention group reported higher scores in response to three questions, which included the following: "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," "I feel as if my overall health and sense of well-being have improved since participating in kinship care services and activities," and "I am enjoying life more now since participating in kinship care services and activities." In addition, for the overall wellbeing score (the average score of all the wellbeing questions) participants in the intervention group had significantly higher scores than those in the comparison group. These higher scores indicate that those in the intervention group were more likely to feel that these statements represented their experience.
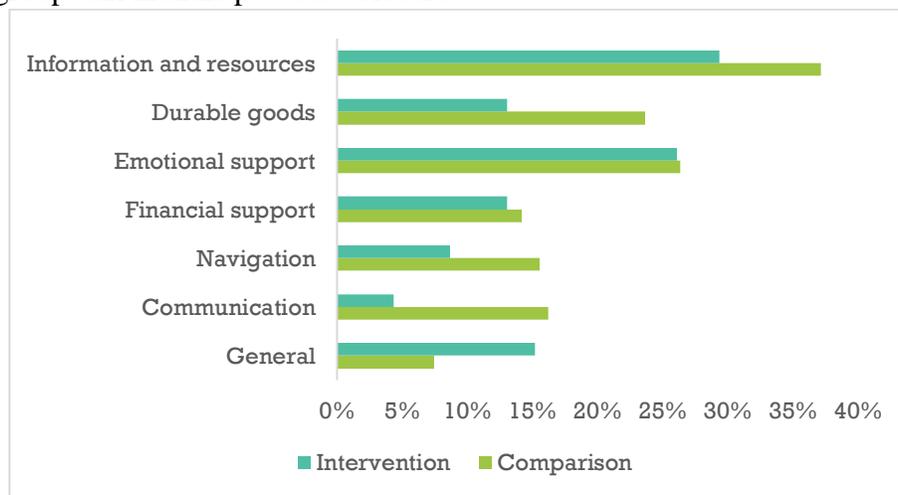
Differential levels of satisfaction with the kinship navigator program for intervention group at case closure at six months post case closure. Satisfaction levels for those in the intervention group were compared at case closure and six months post case closure to assess whether satisfaction was sustained over time (see Table 6). When examining the average of all the satisfaction questions, those in the

intervention group indicated high levels of satisfaction at case closure and six months after case closure. No difference existed between the satisfaction scores for intervention participants at case close and six months after case close. The lack of significant differences in satisfaction levels for the remaining questions indicates that not only are the kinship caregivers satisfied with the program, but their satisfaction also remains high at least six-months post case closure.

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 commonly mentioned helpful support was "obtaining durable goods" (reported by 68% of the comparison respondents and 50% of the intervention participants), which included vouchers, clothing, school supplies, household goods, and gift cards. The second most prevalent resource was financial support for necessities (36% of comparison responses and 29% of the intervention responses), which included support for groceries, rent, bills, transportation, and general financial aid. The third type of helpful resource was information and navigation support (14% of the comparison respondents and 12% of the intervention respondents), which included connection to community supports, information and assistance, legal support, connection to recreation activities, and trainings. See Table 7 for more information.

Helpful actions taken by kinship navigators. Kinship caregivers described numerous helpful actions taken by their kinship navigators. Most commonly, respondents (37% of comparison responses and 29% of intervention responses) indicated that the information and assistance was the most helpful factor of the kinship navigator program. Second, respondents (24% of comparison responses and 13% of intervention responses) described support with durable goods (such as clothing and beds for kinship children) as helpful. Third, respondents (26% of comparison responses and 26% 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 8 for more information.
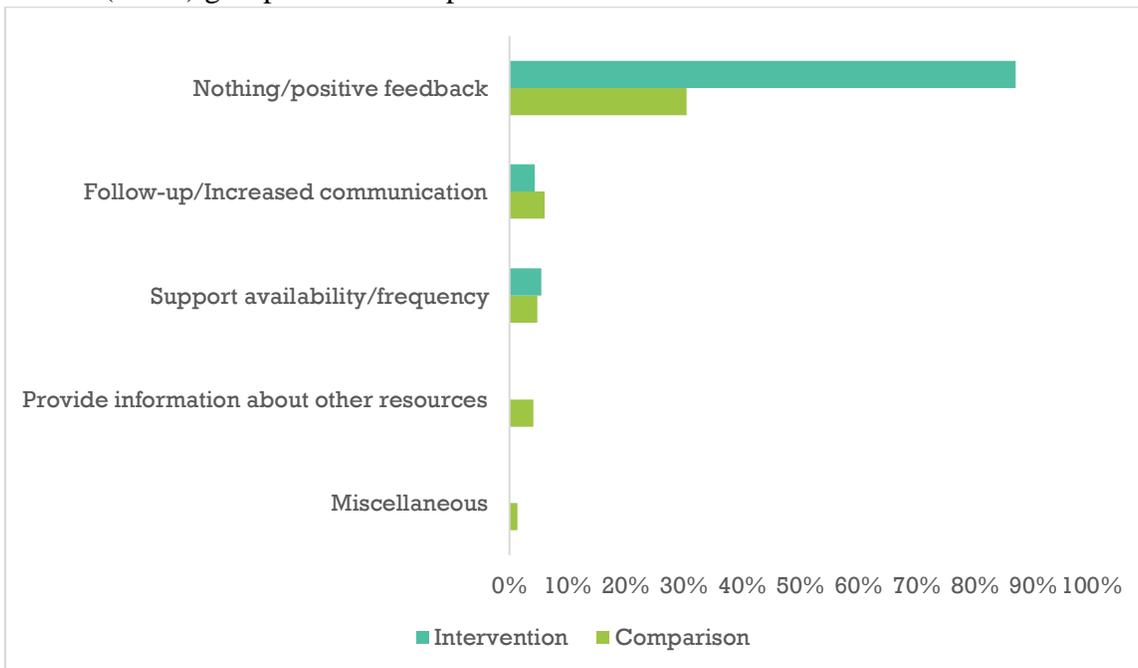
Figure 6. Most helpful action taken by kinship navigator as reported by the comparison (N=148) and control (N=92) groups six months post case closure

Note. The percentages represent the percent of respondents in each group who reported each theme. Participants could report more than one helpful action taken by their navigator, resulting in the percentages totaling greater than 100%

Recommended areas for improvement for the kinship navigators. Kinship caregivers provided a few recommendations for improvement. The majority of kinship caregivers (30% from comparison sites and 87% from intervention sites) stated either "nothing" or provided positive feedback in response to the question soliciting feedback regarding areas of improvement for the kinship navigator. Some respondents 6% from comparison sites and 4% from intervention sites) indicated a wish that navigators provide more follow-up and frequent communication. A few kinship caregivers (5% from comparison sites and 5% from intervention sites) described a need for different supports or more frequent access to assistance. See Figure 7 and Table 9 for more information.

Figure 7. Areas for improvement for kinship navigators as reported by the comparison (N=148) and control (N=92) groups six months post case closure

Note. The percentages represent the percent of respondents in each group who reported each theme. The miscellaneous theme included two comments about previous navigators who the kinship caregivers did not feel were able to meet their needs.

Summary

The findings from the satisfaction survey indicate the kinship caregivers in Washington state experienced high levels of satisfaction with the kinship navigator program, and that those satisfaction 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. Those in the intervention group expressed higher levels of satisfaction than those in the control group in regard to caregiver health, ability to cope with raising their kinship child(ren), sense of life enjoyment, and overall caregiver wellbeing.

One surprising finding was that caregivers in control sites were more likely to utilize aging, housing, and training services than caregivers in intervention sites. The Kinship Care Oversight Committee met on May 19, 2022, to interpret the findings from the satisfaction survey and provided several possible explanations for this finding. In the pilot sites, due to the enhanced case management model, navigators often provide

caregivers with needed services themselves rather than referring caregivers to other service providers. Overall, there are different services available in different locations, and since the pilot and control sites were located in different areas across the state, it is possible that local service availability may explain the findings. For example, the Navigator in the control site with the most caregivers (Clark) is based at an aging resource center, which may explain the increased referral to aging services. Three pilot sites with the most participating caregivers (Yakima, Benton, and Franklin) do not have readily accessible affordable housing and have long wait lists for Section 8 housing, which could have skewed the results. Additionally, navigators explained that since they were spending their time implementing the enhanced case management intervention, they had less time to offer caregiver training.

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 health and wellbeing.

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Appendices

Appendix 1. Tables and Figures

Table 1. Kinship caregiver demographics for all participants

Characteristic	Total (N=240)	Comparison (N=148)	Intervention (N=92)	Test statistic[1]
Age, mean (SD)	58.63 (10.3)	57.95 (10.1)	59.73 (10.5)	-1.31
Race/Ethnicity[2] (%)				
African American	18 (7.5%)	16 (10.8%)	2 (2.2%)	6.1*
American Indian/Alaskan Native	15 (6.3%)	9 (6.1%)	6 (6.5%)	0.02
Caucasian	170 (70.8%)	108 (73.0%)	62 (67.4%)	0.86
Hispanic	33 (13.8%)	12 (8.1%)	21 (22.8%)	10.36**
Native Hawaiian/Pacific Islander	1 (0.4%)	1 (0.7%)	0 (0%)	0.62
Other	7 (1.3%)	2 (1.4%)	1 (1.1%)	0.03
SNAP benefit recipient	124 (64.3%)	78 (71.6%)	46 (54.8%)	5.8
Urban/Rural/Suburban status				
Urban	69 (28.8%)	26 (17.6%)	43 (46.7%)	15.8***
Rural	16 (6.7%)	11 (7.4%)	5 (5.4%)	0.3
Suburban	155 (64.6%)	111 (75.0%)	44 (47.8%)	6.5**
Informal caregiver	189 (84.0%)	123 (84.8%)	66 (82.5%)	0.0

[1] For age, the t-test statistic is reported, whereas, for the other variables the chi-squared test statistic is reported.
[2] "Hispanic" is an ethnicity, and not a race. These percentages may not add up to 100% due to people being able to select more than one racial identity.
*p<.05, **p<.01, ***p<.001.

Table 2. Caregivers[1] overall use and satisfaction with services six-months post case closure in Washington State (N=240)

Service/support area	Participants used service (N, %)	Participants satisfied with service (N, %)[2]
Financial support for necessities	47 (19.6%)	47 (100.0%)
Financial education	4 (1.7%)	4 (100.0%)
Finding and maintaining housing	11 (4.6%)	9 (81.8%)
Obtaining durable goods	76 (31.7%)	74 (97.4%)
Help getting enough daily food for family	73 (30.4%)	68 (93.2%)
Getting and keeping public assistance	14 (5.8%)	14 (100%)
Transportation assistance	6 (2.5%)	6 (100%)
School related supports	23 (1.0%)	22 (95.7%)
Accessing primary or other medical care for self	1 (0.4%)	1 (100%)
Accessing primary or other medical care for child	1 (0.5%)	1 (100%)
Accessing dental care for caregiver	4 (1.7%)	1 (25.0%)
Accessing dental care for kinship child	6 (2.5%)	5 (83.3%)
Childcare support	6 (2.5%)	6 (100%)
Respite care	5 (2.1%)	5 (100%)
Referral/information regarding (ADRC) or (AAA)	12 (5.0%)	12 (100%)
Personal and emotional support for caregiver	47 (19.6%)	47 (100%)
Someone to talk to regarding kinship child	49 (20.4%)	49 (100%)
Professional behavioral health/counseling for child	32 (13.3%)	30 (93.8%)
Professional behavioral health/counseling for self	13 (5.4%)	13 (100%)
Kinship care support groups	12 (5.0%)	12 (100%)
Training for kinship caregivers	6 (2.5%)	6 (100%)
Language services	7 (2.9%)	7 (100%)
Access to legal services and information	20 (8.3%)	14 (70%)
In-home family services	6 (2.5%)	5 (83.3%)

[1]This is the combined total for those in the intervention and control groups.

Table 3. Average differences in responses between intervention and comparison sites to survey items for Services Used (N=240) six months post case closure after PSM matching

Service	Coef.	[95% CI]		SE	Z
Financial support for necessities	.01	-.10	.11	.01	.11
Financial education	.01	-.02	.04	.01	.84
Finding/maintaining housing	-.05	-.09	.02	.02	-3.16**
Obtaining durable goods	.01	-.12	.15	.07	.07
Getting enough daily food for family	.05	-.08	.18	.07	.76
Getting/keeping public assistance	.04	-.03	.11	.04	1.12
Transportation assistance	.04	-.01	.10	.03	1.44
School related supports	.06	-.02	.15	.04	1.45
Accessing medical care for caregiver			N/A[1]		
Accessing medical care for child			N/A[1]		
Accessing dental care for caregiver			N/A[1]		
Accessing dental care for child	.03	-.02	.08	.03	1.14
Childcare support	-.004	-.05	.04	.02	-.15
Respite	-.01	-.05	.03	.02	-.52
Referral/information regarding (ADRC) or (AAA)	-.05	-.08	.02	.02	-3.06**
Personal and emotional support	-.02	-.11	.07	.05	-.47
Someone to talk to regarding kinship child	-.01	-.10	.09	.05	-.16
Professional behavioral health/counseling for child	.01	-.08	.10	.05	.27
Professional behavioral health/counseling for self	.04	-.03	.11	.04	1.09
Kinship care support groups	.12	.04	.20	.04	2.82**
Training for kinship caregivers	-.03	-.05	-.001	.01	-2.06*
Language services	.05	-.01	.11	.03	1.55
Access to legal services and information	.06	-.02	.13	.04	1.47
In-home family services	-.01	-.05	.02	.02	-.78
Total services used	.38	-.31	1.06	.35	1.08

SE= Standard Errors, CI= Confidence Intervals

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

[1] Insufficient number of participants completed the service for analysis, so the outcome analysis could not be run.

Table 4. Differences in service experience between comparison (N=148) and intervention (N=92) in six months post case closure

Service/support area	Participants satisfied with service[2] (N, %)		
	Comparison	Intervention	
Financial support for necessities	32 (100%)	15 (100%)	N/A
Financial education	3 (100%)	1 (100%)	N/A
Finding/maintaining housing	9 (81.8%)	N/A	N/A
Obtaining durable goods	45 (97.8%)	29 (32.6%)	.10
Getting enough daily food for family	47 (94%)	21 (91.3%)	.18
Getting/keeping public assistance	8 (100%)	6 (100%)	N/A
Transportation assistance	2 (100%)	4 (100%)	N/A
School related supports	12 (92.3%)	10 (100%)	0.8
Accessing medical care for caregiver	N/A	1 (100%)	N/A
Accessing medical care for child	N/A	1 (100%)	N/A
Accessing dental care for caregiver	3 (100%)	1 (100%)	N/A
Accessing dental care for child	2 (66.7%)	3 (100%)	N/A
Childcare support	4 (100%)	2 (100%)	N/A
Respite	4 (100%)	1 (100%)	N/A
Referral/information regarding (ADRC) or (AAA)	12 (100%)	N/A	N/A
Personal and emotional support for caregiver	39 (100%)	8 (100%)	N/A
Someone to talk to regarding kinship child	39 (100%)	10 (100%)	N/A
Professional behavioral health/counseling for kinship child	21 (95.5%)	9 (90%)	.35
Professional behavioral health/counseling for self	7 (100%)	6 (100%)	N/A
Kinship care support groups	1 (100%)	11 (100%)	N/A
Training for kinship caregivers	6 (100%)	N/A	N/A
Language services	1 (100%)	6 (100%)	N/A
Access to legal services and information	8 (72.7%)	6 (66.7%)	0.09
In-home family services	4 (80.0%)	1 (100%)	1.0

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

Table 5. Average differences in responses between intervention and comparison sites to survey items for perceived wellbeing and program satisfaction (N=240) six months post case closure after PSM matching

Service	Coef.	[95% CI]		SE	Z
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	.51	.16	.86	.18	2.86**
I do not feel as stressed out as I was before participating in kinship care services and activities.	.39	-.005	.79	.20	1.94
I feel as if my overall health and sense of well-being have improved since participating in kinship care services and activities.	.70	.32	1.08	.19	3.60***
I am enjoying life more now since participating in kinship care services and activities.	.68	.36	1.00	.16	4.13***
Overall wellbeing (average of above questions)	.57	.27	.87	.15	3.74***
I plan to continue to participate in kinship care activities/services.	-.06	-.19	.42	.31	-.31
My Kinship Navigator was very supportive.	-.001	-.27	.18	.09	.06
My Kinship Navigator listened to my needs.	-.08	-.29	.14	.11	-.72
My Kinship Navigator was very knowledgeable of available resources and services.	.01	-.21	.22	.11	.07
My Kinship Navigator linked me to the services that I need.	.05	-.19	.29	.12	.41
I would recommend the Kinship Navigator program to other kinship caregivers.	-.08	-.25	.09	.09	-.92
Overall satisfaction (average of above questions)	-.03	-.20	.15	.09	-.29

SE= Standard Errors, CI= Confidence Intervals

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

Table 6. Intervention group satisfaction with Kinship Navigator program at closure and six months post-close (n=64)

Question	At closure M(SD)	Post-closure M(SD)	Test statistic
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	6.19	6.19	.72
I do not feel as stressed out as I was before participating in kinship care services and activities.	5.95	5.97	-.10
I feel as if my overall health and sense of well-being have improved since participating in kinship care services and activities.	5.72	5.84	-.60
I am enjoying life more now since participating in kinship care services and activities.	5.84	5.92	-.42
Overall wellbeing (average of above questions)	5.93	5.98	.16
I plan to continue to participate in kinship care activities/services.	6.09	6.03	1.06
My Kinship Navigator was very supportive.	6.48	6.59	0.16
My Kinship Navigator listened to my needs.	6.45	6.45	1.27
My Kinship Navigator was very knowledgeable of available resources and services.	6.39	6.45	0.53
My Kinship Navigator linked me to the services that I need.	6.27	6.38	0.26
I would recommend the Kinship Navigator program to other kinship caregivers.	6.58	6.61	0.74
Overall satisfaction (average of above questions)	6.38	6.42	1.22

Table 7. Representative quotes from comparison and intervention groups at six months post-close: Most helpful resource as reported by the comparison (N=148) and control (N=92) groups six months post case closure

Theme	% Of respondents		Representative quote
	Comparison	Intervention	
Obtaining Durable Goods	68%	50%	"The funds once a year for clothing and school stuff are really helpful. They helped me get a new stove as an emergency replacement. It was a brand-new stove, and I got to go to Lowe's and pick it out, within a certain limit of course, and that meant a lot to me - I had been without a stove for five months."
Financial Support for Necessities	36%	29%	"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."
Information and navigation support	14%	12%	"I really like getting the newsletter. I've never participated in the workshops or trainings, but it makes me feel less alone. Just knowing there are other people going through this, knowing there are trainings and help with things like special education issues - I just really appreciate it. It's not like we're foster parents and there's a network. Each of us is doing this on our own."
Emotional, personal, social support	10%	12%	"The support was really nice. We went to a support group, and it was nice to know that we weren't the only ones going through this"
Misc.	10%	13%	"Everything"

Note. The percentages represent the percent of respondents in each group who reported each theme. The miscellaneous theme includes general comments such as "everything" as well as comments about Christmas presents

Table 8. Representative quotes: Most helpful action taken by kinship navigator as reported by the comparison (N=148) and control (N=92) groups six months post case closure

Theme	% Of Respondents		Representative quote
	Comparison	Intervention	
Information and resources	37%	29%	"Gave me info on resources for mental health, counseling mental health doctor, how to get custody of child I am raising."
Support obtaining durable goods	24%	13%	"She helped us find a bed for my son. Everything we have needed she has helped us."
Emotional support	26%	26%	"Everything! Recommendations, her kindness and humbleness. She's there when you need a listening ear."
Financial support for necessities	14%	13%	"I was calling her because the shower handle broke off, and we were going to be waiting for a plumber. She showed flexibility in getting me financial help to fix that."
Navigation/liaison	16%	9%	"The Kinship Navigator really helped me out when a receipt got lost. She was able to get ahold of the head office and explain to them that I've always turned in all the receipts, then she called Fred Meyer and was able to get a copy."
Communication	16%	4%	"She's very fast, very timely, she gets right on it. When I need something, she has it done within a day or two - she makes miracles happen."
General	7%	15%	"Everything was helpful"

Note. The percentages represent the percent of respondents in each group who reported each theme. Respondents could indicate more than one action was helpful, resulting in percentages totaling greater than 100%. The general theme includes overarching comments about the program as a whole such as, "Everything was helpful."

Table 9. Representative quotes: Areas for improvement for kinship navigators as reported by kinship caregivers in the control (n=148) and intervention sites (n=92) six months post case closure

Theme	% Of respondents		Representative Quote
	Comparison	Intervention	
Nothing/positive feedback	30%	87%	"Nothing I think she is wonderful"
			"[Navigator] has always gone above and beyond in helping me know where to go for help"
Follow-up, increased communication	6%	4%	"Better follow through and communication. I had to call and email many times without response for several months. I finally called the supervisor. I would also like to know more of the resources that are available to me."
Support availability/frequency	5%	5%	"Would like to be eligible for help more often than once a year."
Provide information about other resources	4%	0%	"I would like to know more about the other resources that might be available."
			"Maybe have a list of all of the things I could get help with. If I knew what services were available I would know what to ask for."
Miscellaneous	1%	0%	"I was not able to get help with respite, this may partially be due to COVID."

Note. The percentages represent the percent of respondents in each group who reported each theme. The miscellaneous theme included two comments about previous navigators who the kinship caregivers did not feel were able to meet their needs.

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 ☐ Yakima	☐ Pierce ☐ Clark	☐ Cowlitz ☐ Wahkiakum	☐ Snohomish ☐ Whatcom	☐ Skagit ☐ San Juan	☐ Spokane ☐ Other: _____

Below is a list of services and resources. Please tell us whether you used any of these services or resources within the last <u>90 days (3 months)</u> 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.	☐	☐	☐	☐	☐	☐	☐

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree
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): _____

_____

_____