



Report to the Legislature

Washington State Kinship Oversight Committee

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- 1) Ensure continued and/or expanded funding for the kinship navigator positions
- 2) Conduct public education around kinship care issues
- 3) Expand kinship caregivers' access to legal information and services
- 4) Expand support services funding for kinship caregivers
- 5) Promote systems collaboration to better serve kinship caregivers
- 6) Assess the extent of the respite and crisis care needs of kinship caregivers and expand access to services

APPENDIX - Kinship Navigator Interim Pilot Evaluation Report

Executive Summary

In its November 2002 Kinship Care Report to the Legislature, the Kinship Care Workgroup, established by a previous legislature, proposed 16 high priority recommendations for improving kinship care in Washington State. In response to that report, the Legislature in 2003 enacted ESHB 1233, which requires the Department of Social and Health Services (DSHS) to:

- Create a Kinship Care Oversight Committee
- Improve efforts to place children with relatives when out-of-home placement is required and
- Collaborate with non-profit agencies to develop Kinship Navigator pilots.

Kinship Care Oversight Committee

The Kinship Care Oversight Committee was established in the Fall 2003 and has provided guidance in finding, supporting and strengthening kinship care families. The Kinship Oversight Committee is a collaboration of kinship caregivers, child advocates, legislative staff, foster parents, and representatives of state agencies, non-profit service providers, tribes, and the legal community. The committees work is noted below.

Improve Efforts to Place Children with Relatives

The Kinship Care Oversight Committee worked in collaboration with Children's Administration (CA), Economic Services Administration (ESA) and Aging and Disability Services Administration (ADSA) to improve efforts to identify kinship care providers and to improve service delivery and practice for kinship care givers. As a result:

- CA developed standardized, statewide procedures to be used when searching for relative/kin due out in January 2005
- In collaboration with the Medical Assistance Administration (MAA), new relative placements, regardless of foster care licensing, are automatically enrolled into the foster care medical program
- ESA is modifying the standard benefit application to make it more user-friendly for kinship care givers
- ADSA funded the production of an instructional video entitled " Legal Options for Grandparents and Relatives Raising Children in Washington State"
- The King County Kinship Care Solutions Panel, a pro bono legal services project, was established.

- Various recognition events, conferences and other efforts highlighting the important role of kinship care providers have been held throughout the state. These have included the Washington State Kinship Care Children's Poetry and Essay Contest, Regional Kinship Care conferences, the Native Kinship Care Initiative and Parenting the Second Time Around workshops
- Kitsap County CA, in collaboration with the Casey Family Programs, is participating in the Breakthrough Series Collaborative on supporting kinship care. In this series, public child welfare agencies have been brought together to share knowledge, strategies, challenges and successes to better support relative and kinship care families

Kinship Navigator Pilots

A sub-committee of the Kinship Oversight Committee was formed to develop a kinship navigator project. The Casey Family Programs will fund the project until June 2005. Two pilots have been established one in King and one in Yakima Counties. Their goals are:

- Providing timely information and referral to kinship families
- Strengthening families
- Enhancing kinship families' ability to provide a safe, stable and nurturing environment

Recommendations for 2005

The Kinship Care Oversight Committee recommends:

- Continuing and/or expanding the kinship navigator positions
- Conducting public education about kinship care issues
- Expanding kinship caregivers' access to legal information and services
- Expanding support services funding for kinship caregivers
- Promoting further systems collaboration to better serve kinship caregivers

Recommendations for 2005 continued

- Assessing the extent of respite and crisis care needs of kinship caregivers
- Expanding access to services for kinship caregivers
- Renewing the legislative mandate for the Kinship Care Oversight Committee, which expired January 1, 2005.

A Winner of the 2004 WA State Children's Kinship Care
Poetry and Essay Contest

They kame and got me before I got took away to foster care. They drove me to Washington and broute me to scool on time, they fed me food, brekfest and lunch and diner. They bring me to my mom when I can. But the most important thing is they love me and I love them too. And they don't hate me, they read me books and like it. They play outside with me, they play board games with me, they sing with me. When I am hert they take care of it. On warm days they poot sun tan loshen on me. When I go to a friend's house they say the time to go and come and git me. They cutelle me when I am sad.

Matthew
Age 8

Background Information

In June 2002, the Washington State Institute for Public Policy (WSIPP) issued its study, *Kinship Care in Washington State: Prevalence, Policy, and Needs*, as directed by the 2001 State Legislature. In the 2002 legislative session, Substitute House Bill 1397 (Chapter 144, Laws of 2002 – Chapter 74.13 RCW) directed the Department of Social and Health Services (DSHS) to “convene a kinship caregivers working group” to brief the Legislature by November 1, 2002, on “policy issues to be considered in making kinship care a robust component of the out-of-home placements spectrum.”

The Kinship Care Workgroup was created on May 29, 2002, when Representative Kip Tokuda hosted a meeting of interested stakeholders in Seattle. At the next meeting in June, four subcommittees were formed, roughly parallel to the key issue areas identified in the WSIPP report – financial needs, legal issues, social services, and systems change. (The systems change subcommittee addressed the issues of “bureaucratic barriers” and “information gaps” from the WSIPP report.) Recommendations were drafted by the subcommittees and reviewed and ratified by the full Workgroup. More than 100 individuals participated, including grandparents and other relative caregivers, DSHS and other state agency staff, legislative staff, representatives of the legal community, and advocates for children and families.

In its November 2002 Kinship Care Report to the Legislature, the Kinship Care Workgroup put forward 16 high priority recommendations for legislative and/or administrative action, and an additional 7 medium priority recommendations. Of the 16 recommendations, the Workgroup recommended 11 for short-term implementation (during the 2003-2005 biennium) and 5 for long-term implementation (during the 2005-2007 biennium). The 16 high priority recommendations are summarized below and were described in greater detail in the full report where they were organized by issue areas. The medium priority recommendations were presented only in the full report. The report concluded with a high priority/short-term recommendation for continued oversight.

High Priority/Short-Term Recommendations:

- Provide full TANF payment for second child in kinship care families. Make the full TANF single-child benefit (\$349 per month) available initially to the second child in multiple children families, with the expectation of extending the benefit to additional children in future years.

- Strengthen relative search process. The Children's Administration should strengthen elements of the relative search process that will increase the number of children placed with willing and able relatives when out-of-home placement is required.
- Create kinship navigator positions. Train and establish "Kinship Care Navigators" in each DSHS region. These positions could be supported through a public-private partnership and would facilitate kinship caregivers' access to resources.
- Implement aggressive public education and awareness campaign on kinship care issues. Such a campaign should include Kinship Care Advocate positions in key state agencies, consolidation of existing resource guides, multiple media strategies, and culturally appropriate outreach to underserved communities, including tribes and migrant and immigrant groups.
- Improve the delivery of TANF benefits to relative caregivers. DSHS should take immediate steps to streamline the application process for non-needy relative caregivers and formalize a policy of less frequent eligibility reviews. This must include establishing consistency among the now widely divergent practices in different Community Services Offices.
- Create an educational/medical consent waiver. Washington will adopt a Caregiver's Authorization Affidavit modeled on one that has operated successfully in California since 1994. It would authorize relative caregivers to enroll the child in school and obtain medical care for the child.
- Establish a legal services pilot project. Create a pilot project in which kinship care attorneys would collaborate with law schools and social service agencies to develop a holistic approach to serving the legal needs of kinship caregivers within a specific geographic area.
- Create a statewide respite care inventory. Support a statewide inventory of respite care services, modeled on the inventory recently completed for King County by the Respite and Crisis Care Coalition of Washington State.
- Establish a support services fund for relative caregivers. Double current funding for emergency support services for kinship families served through the Children's Administration and establish a separate fund for kinship families not served by the Children's Administration, with monies possibly distributed through private, non-profit agencies.
- Support Lifespan Respite Care Act of 2002 and position state to receive funding. Senate Bill 2489, recently introduced in Congress, offers an opportunity for federal funding to support development of a comprehensive respite care system.

High Priority/Long-Term Recommendations:

- Provide full TANF payment for all multiple-child kinship care families. Make an additional payment available to all relative caregivers receiving TANF grants and caring for more than one child so that they receive \$349 per month for each child in their care.
- Promote systems collaboration. Promote a collaborative system to serve kinship families by developing cross-system information sharing, training for DSHS staff on kinship issues and resources, and consistent policy and practice within programs that serve kinship families.
- Provide CASA/GAL services. Remove the “good cause” exception from RCW 13.34.100, in accordance with the provisions of the **Child Abuse Prevention and Treatment Act**, in order to require the appointment of a CASA/GAL to represent every dependent child in Washington State.
- Provide respite care services for relative caregivers. Provide these services by: (1) establishing a respite care pilot project for kinship families; (2) broadening the Respite Care Services statute administered by Aging and Adult Services Administration (Chapter 74.41 RCW) and adding new funds; and (3) creating respite care funding for kinship caregivers caring for related children placed by the Division of Children and Family Services.
- Amend National Family Caregiver Support Program/Older Americans Act. Washington State should advocate for expansion of the National Family Caregiver Support Program under the Older Americans Act to include serving kinship providers 55 and over.

Concluding Recommendation:

- Ensure continued oversight of kinship care activities. The Legislature should mandate and fund an ongoing committee of relative caregivers and others to oversee the implementation of the recommendations in this report and continue future work to make kinship care “a robust component of the out-of-home placements spectrum.”

Kinship Care Families in Washington State

Kinship care families are a great and valuable resource to our child welfare system and to the state as a whole. These families take on the responsibility of caring for children when parents are unable due to a variety of circumstances, including abuse and neglect, economic conditions, illness, substance abuse, incarceration, death, and other family situations. As noted in SHB 1397, relatives are increasingly assuming the responsibility for raising the children of loved ones. According to the June 2002 WSIPP report on "Kinship Care in Washington State," the U.S. Census estimates approximately 86,000 children in Washington State live in households that include relatives, with or without immediate family (parents and siblings) present.

WSIPP estimates that 32,000 of these children are in households where grandparents and other relatives are the primary caregivers. Washington State parallels the national trend in the growth in percentage of children in the primary care of grandparents and other relatives. While the majority of these arrangements do not involve the state's child welfare system (there are nine informal kinship care arrangements for every formal arrangement) formal kinship care has historically been the primary concern of state policy makers. Yet both formal and informal caregivers face significant and similar challenges in successfully caring for their related children.

Survey data collected for the WSIPP report identified the following characteristics of Washington kinship care families:

- 73 percent are grandparents.
- 87 percent are women.
- Their average age is 53, with about a quarter of caregivers over age 60.
- 76 percent identify as white, 9 percent as Native American, 9 percent as African-American, 4 percent as Hispanic, and 2 percent as Asian.
- 39 percent earn less than \$20,000 per year, while half are employed.
- The average age of the children in their care is nine years.
- About half care for two or more children.
- They have been caring for these children for an average of almost six years.

Many kinship care families in Washington State do not receive benefits or services from the state. Those that do are likely involved with the Children's Administration (CA) or Economic Services Administration (ESA) of DSHS.

In June 2004:

- CA had 3,879 dependent children placed with 2,715 relative caregiver families. Almost 90% of these children were in unlicensed relative placements.
- ESA provided TANF grants to 14,228 children in 10,119 relative caregiver families. Over 90% of these children were on child-only TANF grants.

Supporting Kinship Care

In 2003, the Legislature passed ESHB 1233 which contained three of the recommendations from the 2002 Kinship Care Report: 1) improved efforts to place children with relatives when out-of-home placement is required; 2) development of a kinship navigator pilot project; and 3) creation of a kinship care oversight committee to “monitor, guide, and report on kinship care recommendations and implementation activities.”

More specifically, the Kinship Oversight Committee has been charged with:

- ≈ Drafting a kinship care definition and set of principles,
- ≈ Refining the recommendations contained in the 2002 Kinship Care Report to the Legislature where appropriate,
- ≈ Monitoring the implementation of recommendations in the 2002 Kinship Care Report to the Legislature,
- ≈ Guiding the public education and awareness campaign,
- ≈ Assisting with developing future recommendations on kinship care issues, and
- ≈ Reporting biannually to the Legislature on the progress made.

The Kinship Oversight Committee consists of kinship caregivers, child advocates, foster parents, and representatives of state agencies, non-profit service providers, tribes, and the legal community. Membership changes frequently, with additions on a regular basis.

Expansion of the Committee to ensure that at a minimum 30% of the members are kinship providers will be a focus in the coming months. Also, greater representation from the faith based community, the business sector, and birth parents are needed.

The Oversight Committee originally established three sub-committees which addressed the issues outlined in the 2003 Legislation. The legislative subcommittee, the relative search subcommittee, and the navigator subcommittee met on a regular basis and reported back to the Oversight Committee on their ongoing progress as well as on the challenges they faced.

As of the fall of 2004 the Kinship Oversight Committee added two additional subcommittees to continue the work of supporting kinship care providers. The two new subcommittees are: legal issues and public awareness and education.

Under the terms of ESHB 1233, the legislative mandate for the Kinship Care Oversight Committee expires on January 1, 2005. As it prepares this report to the Legislature, the Committee remains strongly committed to continuing its oversight and coordination of kinship care activities and believes this will best be accomplished through a renewed mandate from the Legislature. The Committee believes that continued oversight and coordination are essential to ensure that the recommendations in the 2002 Kinship Care Report and the initiatives described in this current report become reality.

The Kinship Care Oversight Committee continues to address the five categories identified in the 2002 Kinship Care report: financial needs, service delivery and practice, legal issues, social services and issues for federal action. The following sections address each of these categories in turn.

I. Financial Needs

Relative caregivers have identified financial assistance as their biggest need, with many needing help meeting the basics of food, clothing, transportation and shelter. There is disparity between those receiving TANF grants and those receiving foster care reimbursements. The disparity is greatest for caregivers caring for more than one child and can be a factor in a child no longer being able to continue to reside in relative care. Although changes were not made to the amount of the TANF "child only" grants nor towards providing full TANF "child only" grants for 2nd and 3rd children placed in the home of a relative, there have been financial supports made available to relatives and kinship caregivers through DSHS' Aging and Disability Services Administration and Children's Administration. These funds have been available to both formal and informal caregivers, depending upon the system involved with the caregiver/family.

Aging and Disability Services Administration Support Services Fund for Kinship Caregivers

The Washington State Legislature included in its 2004 operating budget a provision appropriating \$500,000 to serve grandparents and other relatives who are raising children who are in the greatest need of support. This new program, called the Kinship Caregivers Support Program, is operated by the state's 13 Area Agencies on Aging (AAAs).

Aging and Disability Services Administration/DSHS developed a funding formula (based on recent Census data of the number of grandparent caregivers) to distribute the funds to the thirteen AAAs. Because financial assistance was determined (in the DSHS 2002 statewide survey) to be the most significant unmet need of kinship caregivers across the state, the program funds are being distributed to pay for much needed supplies and services.

Among the list of allowable items are:

- One-time rent and/or utility assistance on a case-by-case basis after all other rent/utility supports are accessed and when a family is at immediate risk of eviction and/or utility shut-off;
- Purchase of bedding, furniture, supplies, clothes, safety locks, etc., so that a child(ren) can live with the kinship caregiver;
- Facilitation of third party custody for relatives when all relevant parties agree upon the action; payment for services such as mediation, Guardian Ad Litem (GAL), court facilitation, or attorney fees;
- Gas and bus vouchers or car repairs;
- Food;
- Durable medical equipment or assistive technology devices to benefit the child; and
- Interpreter services.

The AAAs developed program plans for the new funding, which included identifying community partners (both public and private agencies and businesses) who can help refer kinship caregivers for assistance, along with strategies to conduct effective multi-cultural outreach. In four of the thirteen service regions, community action programs are contracted by the AAAs to be the front door-access point for the KCSP. Other AAAs are utilizing in-house or contracted Family Caregiver Specialists or agencies devoted to serving children and families.

In addition, the AAAs determined how they would target their limited funds to serve kinship caregivers who are at the greatest risk of not being able to maintain their care giving role without additional financial support. For example, if a grandparent is forced to move from her senior housing complex in order to care for her grandchildren, first or last month's rent may be needed. Or perhaps the child comes with just the clothes on his back or needs a bed to sleep in. Support may be available to help in these cases.

To date, an average of \$500 has been allocated to each eligible kinship caregiver. Examples of the help provided include utility bill assistance, the purchase of groceries and car seats, car repairs, and assistance with rent. The current appropriation is not sufficient to support other much needed services, such as respite care, child care, and counseling.

Children's Administration Relative Support Funds

The Washington State Legislature provided \$1,000,000 in TANF funding to the Children's Administration biennial budget to increase kinship care placements for children who would otherwise be placed in foster care. The funds have been distributed throughout the six Children's Administration regions and the money can be used to help pay for emergent, extraordinary costs incurred by relatives at the time of placement, or after placement if the lack of immediate support would lead to disruption in the relative placement.

Eligibility is limited to cases open for Child Protective Services (CPS), Child Welfare Services (CWS), or Family Reconciliation Services (FRS) to support placement of children in the homes of unlicensed relatives. The money is intended to provide help to relative caregivers who are not receiving foster care payments.

This money has been used flexibly to help promote placement of children with relatives. Goods and services that have been purchased through these relative support funds include:

- First/last month's rent or utility hook-ups for relatives who must move in order to take a child into their home;
- Purchase of bedding, furniture, supplies, etc. so that a child can be placed;
- Vehicle repairs to assist the relative in transporting the child(ren) to/from services;
- Facilitation of third-party custody for relatives;
- Food; and
- Gas and bus vouchers

The Relative Support Services funds are "non assistance TANF" to address an urgent, non-recurring need; it is considered reimbursement for expenses that have been or will be incurred by the relative caregiver. It will not affect the TANF grant or food stamps for relative caregivers.

II. Service Delivery and Practice

Relative Search

Out-of-home placement is necessary when a child cannot remain in his or her home safely. Through legislation, policy, and best practice standards, Washington is required to consider appropriate relatives (RCW 13.34.060) when out-of-home placement is required and the department must intervene. Once relatives are identified for placement, supports for the caregivers and family are essential to stabilize and maintain the placement.

Children's Administration has revised its relative search practices and procedures incorporating a standardized, statewide protocol for relative search activities. This protocol will be put into place January 2005. Documentation of relative search activities will be maintained in the child's case record. The practices and procedures identify the assessment criteria and processes that are to be followed during initial and ongoing relative searches. These activities will be required when out-of-home placement is necessary. As part of the Kids Come First initiative, the relative search is incorporated into our implementation for similar KCF actions surround identifying and supporting relatives.

The proposed relative search practices and procedures incorporate the following recommendations made by the Kinship Care Workgroup:

Reasonable efforts should be made to interview known relatives, family, friends, teachers, and other identified community members who may have knowledge of the child's extended family

Family group conferences, team decision making meetings, prognostic staffing, LICWAC staffing, and Child Protective Team meetings to engage extended family members in reunification efforts, permanency planning, and placement decisions .

Relative Search activities would be re-examined at key decision points, such as at Dependency Review and permanency planning hearings, when a child moves from a placement, or when the child's permanent placement disrupts.

When a decision not to place with a relative occurs, the department will provide documentation that clearly identifies the rationale for the decision and provide this in writing to the relative.

Increased efforts to identify relatives as supports and placement for children needing out of home care requires additional resources and staff, including relative search specialists.

Kinship Navigator's Pilot Project

Many kinship caregivers find the "system" of supports for children in out of home care cumbersome and difficult to navigate. When you add to this considerable mistrust of the system, oftentimes caregivers feel overwhelmed and disillusioned.

Substitute House Bill 1233, passed by the state legislature in 2003, and authorized the development of two kinship navigator pilot positions. Obtaining private funding was the main implementation challenge as no public funds were made available. A subcommittee of the WA State Kinship Oversight Committee was created to develop the kinship navigator project. An RFP (Request for Proposal) was developed but the lack of any guaranteed funding delayed the process.

In early April 2004, Casey Family Programs came forward with a proposal to fund two kinship navigators for one year and to house and support project staff within their Seattle and Yakima offices. By early July, two qualified individuals, including a long time kinship caregiver, were hired in the new positions. The total budget for the project during this first year of operation, including the evaluation component, is \$300,000.

Familiarity with public, private, and community- based programs, identifying and working in partnership with community service providers, and accessing programs and services are key elements in the Kinship Navigators' job. Providing timely information and referral to kinship families will strengthen families and enhance their ability to provide a safe, stable, and nurturing environment for the children in their care. Decreasing the systems barriers due to navigating multiple DSHS programs is an overall goal.

Casey Family Programs has contracted with Tri-West, a research and evaluation consulting firm, to develop both qualitative and quantitative data to measure the project's success. In addition to gathering demographic data on caregivers who utilize kinship navigator services, the Tri-West evaluation will measure the extent to which the project increases caregivers' awareness of and access to needed supports. The evaluation will cover the first six months of implementation (July through December 2004), with preliminary data available in November and January. An initial set of focus

groups will be used to identify barriers faced by caregivers and to inform changes in project design needed to better address these barriers. Finally, the evaluation will help describe the services provided by the kinship navigators in enough detail to support replication of the project in other sites.

An *Interim Evaluation Report*, covering the July 1 through October 22 period, became available in early November, with the following highlights. The complete *Report* is in the appendix and includes an executive summary:

- Demographic data on caregivers and children served to date shows a high proportion of African-American families served at the Seattle site, while a majority of non-Hispanic whites were served in Yakima (although almost a third of the children served in Yakima were Hispanic). The average age of caregivers was just under 50 years (49.7) and the age range was 21 to 82 years. In Yakima, 40% of children served are living with relatives without formal legal status such as custody or guardianship.
- Data on how the caregivers served prioritize their needs is consistent with results from previous surveys. The top four needs are: information on where to get help; help understanding government programs; time for caregivers to do things for themselves; and extra money for necessities.
- Caregiver focus groups in Seattle and Yakima identified a similar set of needs, with the addition of concerns about caregivers' lack of legal authority, their need for affordable legal assistance, and the lack of resources for children with special educational or mental health needs, among others. The focus groups also identified an expectation among caregivers that navigators would be able to promote legislative and legal changes to benefit kinship families.
- The primarily African American focus group in Seattle also noted that specific instances of racism and a more institutionalized set of racist practices posed additional challenges for kinship caregivers of color seeking supports.

Finally, interviews with the kinship navigators and their supervisors identified different key challenges in the Seattle and Yakima sites. Whereas Yakima suffers from a lack of local services for kinship families, the challenge in Seattle is more a matter of helping families navigate a bewildering variety of services.

Casey Family Programs Supporting Kinship Care Breakthrough Series Collaborative

DSHS Children's Administration applied for and was selected to participate in the Breakthrough Series in support of kinship care. In this series, public child welfare agencies that share a commitment to improving the way they identify, support, and serve kinship caregivers, and to making major, rapid changes that will produce breakthrough results, have been brought together to share knowledge, strategies, challenges, and successes.

The Bremerton Division of Children & Family Services will pilot this Breakthrough Series. The five member core team for the Breakthrough Series consists of a youth in kinship care, a kinship provider, a community partner, a social worker, the Area manager for the DCFS office, and a day to day manager who will oversee the activities and manage the data for the Breakthrough Series collaboration. An extended team is in the process of being formed to provide oversight, share ideas, and provide support. The extended team will consist of caregivers, youth in kinship care, birth parents, public and private agency staff; faith based organizations, law enforcement, schools, and other individuals and organizations that can influence this work.

The Core Team participated in the first learning session in October 2004. They are beginning to test ideas with the motto of "what can be accomplished by Tuesday". Initial data has been gathered and measurements identified. Teams are responsible for providing monthly reports on their identified measures and for participating in information sharing and collaboration.

It is hoped that new methods, tools, and ideas will be generated from collaborating with other states, counties and tribes and that more comprehensive supports can be provided to our relative caregivers. Information and tools will be shared with other offices and regions as ideas are tested.

Medical Coverage for Children Placed into Relative Care

As of July 26, 2004, the Division of Children & Family Services (DCFS) Social Workers no longer have to refer relative care providers to the Community Services Office in order to obtain medical coverage for children placed in their homes. New relative placements entered into the computer automated management information system (CAMIS) will automatically be enrolled into the Foster Care Medical Program at the Medical Assistance Administration!

Automatic enrollment into Foster Care Medical through (MAA) offers these benefits:

- Continuous medical coverage when children are moved from regular foster care to relative care.
- Children already receiving medical assistance in their own home who are placed into relative care will be automatically enrolled into the Foster Care Medical program.
- Children may see any provider who accepts Washington State medical coupons.
- The need for relatives to complete Medical Eligibility Reviews every six months is eliminated.
- Relatives will not have to go to the Community Services Office (CSO) to apply for medical benefits.
- Relatives will receive a letter with the child's first medical coupon from the Foster Care Medical Team explaining their options.

Automatic enrollment into the Foster Care Medical Program is for medical assistance only. Basic Food and TANF programs will continue to be administered by the Community Services Office (CSO). Adding children in relative care to the Foster Care Medical program will improve services and assistance provided to these children and their families.

Improve delivery of TANF benefits to kinship caregivers

The Economic Services Administration (ESA) of DSHS is undertaking two initiatives which aim to improve the delivery of TANF benefits to kinship caregivers.

The first is to modify the standard benefits application form (for cash, food, and medical assistance), incorporating changes that will make the form more user-friendly for kinship caregivers.

The second is to consider changes to WAC that would extend from 90 to 180 days the period during which an eligible child in a TANF household (including recipients of child-only grants) can be in a temporary foster care placement without jeopardizing the TANF grant. The same rule could be extended to kinship care situations in which the biological parent of the eligible child temporarily moves back into the home. ESA will be exploring the costs and benefits of these policy changes before making a final decision.

III. Legal Issues

When children are placed into out of home care with relatives or kinship caregivers, the caregivers must consider an array of legal options when deciding whether and how to formalize their relationship with the child they are raising. Families within the child welfare system may face the issue of adoption, guardianship or 3rd party/non-parental custody. Those not involved with the child welfare system also face issues of guardianship and 3rd party/non-parental custody.

Legal processes are time consuming and costly when custody is contested by the parents. Relatives and kinship care families also often face an array of other legal issues, including problems related to housing, public benefits, education, insurance coverage, mental health services, and immigration status. Private attorneys who work in the areas of family law and guardianship may not be familiar with those other areas of law or the resources available to relative/kinship families. Because legal issues for relative/kinship care families are somewhat unique, they may not fall into the case priorities of existing legal services programs, which are severely under-funded and unable to serve all clients with limited income. Lack of access to legal services can result in families unnecessarily ending up in the formal foster care system, with high financial cost to the state and emotional cost to the families, including the children. In response to these issues a pro bono legal services project and a kinship caregiver legal guide have been developed.

King County Kinship Care Solutions Panel –New Pro Bono Legal Services Project

A legal services fellow (paid by the Preston and Gates Law Firm), Rebecca Morrow, spent the past year specializing in kinship legal issues. Because of her efforts along with other community partners, King County now has a new legal services program.

On June 4, 2004 thirty five attorneys attended a one-day training to become equipped to provide pro bono legal services to kinship caregiver's ready to pursue non-parental or third party custody actions. In addition, through this project a website was created to provide technical assistance and other training materials to help the attorneys with their services. The training was videotaped and the video can be used to inform other attorneys about non-parental custody and third party custody actions.

The Kinship Care Solutions Project is a joint project of the King County Bar Association Community Legal Services, Columbia Legal Services, and the Seattle Area Pro Bono Coordinators. The project is designed to provide intake services and refer Non-parental Custody cases to area attorneys who will take these cases on pro bono. Mentors are available to assist the attorney panel members throughout the process.

To be eligible, all clients must be at or below 187% of the Federal Poverty Level. Certain expenses (including medical care, medical insurance, and work-related daycare) can be deducted from income in determining client eligibility. Clients must either be King County residents or have a case in King County Superior Court.

New Legal Options Video Available for Kinship Caregivers

A new instructional video, Legal Options for Grandparents and Relatives Raising Children in Washington State was recently produced. The video showcases a presentation by Rebecca Morrow, former Kinship Legal Fellow with Columbia Legal Services. The goal of the video is to make complicated legal information understandable to the general public. The video includes the advantages and disadvantages between developing a formal and informal legal arrangement, as well as an explanation of the various legal options open to kinship caregivers, including: Superior/Family Court Guardianship, Dependency Guardianship, Non-parental Custody, Adoption and Parental Custody Agreement. The video lasts 1 hour and 25 minutes and has handouts which accompany the viewing process. ADSA/DSHS funded the project and is distributing copies to: Kinship Care Support Groups statewide, the coordinators of the AAA's Kinship Caregivers Support Program, the kinship navigators and to various legal services

Publication of Kinship Caregiver Legal Guide

The fourth edition of the Northwest Women's Law Center's guide, Grandparents and Other Non-parental Caregivers: Adoption, Dependency, Guardianship, Non-Parental Custody and Temporary Agreement became available in mid-October 2004. ADSA/DSHS purchased 4000 copies of this invaluable resource which will be distributed to kinship caregivers statewide through local kinship care support groups, the new Kinship Caregivers Support Program, kinship navigators, and other access points. This resource can save kinship caregivers time and money through its clear explanations of available legal options in Washington State.

Kinship Care Legal Services Pilot Project in King County Funded

In early 2004, ADSA/DSHS, utilizing administrative funds from the Older Americans Act, Title III National Family Caregiver Support Program, funded a Kinship Legal Services Project. Senior Services of Seattle/King County through its Senior Rights Assistance and Caregiver Outreach and Support Program was chosen through a Request for Proposal process to develop and implement this new effort. The agency created a "wrap around" legal and social service project for relative caregivers (ages 60 and over) of minor children.

The project offers information on legal issues including custody, adoption, guardianship, and foster care, and refers clients to volunteer attorneys and interns for further legal consultation and representation. The project also provides caregivers with advocacy and assistance with respite care, application and enrollment in benefit programs, and referrals to peer support, child and family counseling, and other supportive services. Lastly, the project offers community education and workshops in family law for service providers regarding the special needs of kinship care families. The pilot project, which serves only King County, received a total of \$32,000 and is due to end in April 2005.

IV. Social Services

Respite Care Services

In Washington State, no specific respite care program exists for kinship caregivers and there is no comprehensive system for the delivery of respite care services. Existing services are scattered across a variety of programs, serving different populations, utilizing different funding streams, and applying different eligibility rules. There is currently no statewide listing of respite care services.

One of the high priority recommendations in the 2002 Kinship Care Report was to provide respite care services for relative caregivers by:

- 1) establishing a respite care pilot project for kinship families;
- 2) broadening the Respite Care Services statute administered by ADSA (Chapter 74.41 RCW) and adding new funds; and
- 3) creating respite care funding for kinship caregivers caring for related children placed by DCFS

The Respite and Crisis Care Coalition of Washington (RCCCWA) has recently received a matching grant from the Paul Allen Foundation to support hiring a staff person. One of the primary duties of this person will be to implement a statewide respite care survey based on a needs assessment instrument that has already been drafted. Another primary duty will be to encourage and facilitate local efforts to duplicate the King County respite care inventory around the state. ESA, ADSA, and CA staffs are actively involved in RCCCWA's efforts.

Pursuit of a respite care pilot project is on hold pending results from the statewide respite care survey.

In order for the Respite Care Services statute administered by ADSA (Chapter 74.41 RCW) to be broadened, additional state and/or federal funds are necessary to provide funding for kinship caregivers to access respite care services. Currently, the demand for respite care services for unpaid primary family and other informal caregivers is very high and the Respite Care Services appropriation does not sufficiently meet the needs of the currently enrolled caregivers. If an additional \$500,000 appropriation were provided for the Kinship Caregivers Support Program administered by Aging and Disability Services Administration and the Area Agencies on Aging, services like respite care could be incorporated.

Children's Administration currently provides respite services to relatives licensed as foster parents. The Program Improvement Plan and Kids Come First II initiative incorporate changes to the current system to include respite care for unlicensed relative caregivers involved with Children's services.

The activities and recommendations described above will help position Washington State to receive federal respite care funding if the Lifespan Respite Care Act of 2003 (S 538) becomes law. (See "Issues for Federal Action" section below.)

V. Public Awareness

Since 1994 the Governor has issued a proclamation proclaiming the third Wednesday in May as Kinship Caregivers Day in the state. The proclamations are sent to Relative as Parents Support Groups and service providers throughout Washington. The support groups publicize Kinship Caregivers day by distributing the proclamation to local schools, community groups, and kinship providers. Various recognition events, conferences, and other efforts at highlighting the important role of kinship providers have been held throughout the state, including the Kinship Care Awards and the Native Kinship Initiative

Kinship Care Awards

The 2004 Washington State Kinship Care Children's Poetry and Essay Contest occurred in conjunction with Washington State's 11th annual Governor's Relatives Raising Children's Day on May 19, 2004. The WA State RAPP (Relatives as Parents Program) Coalition sponsored a special Kinship Care Awards writing contest for children who live with a grandparent or other relative. Children ages five through 19

were invited to write a short poem or essay to honor the relative they are currently living with or have lived with for at least one year. The contest's goal was to recognize the dedication of the more than 32,000 grandparents and countless other relatives who are raising children in Washington State.

All children who sent in an entry received a certificate of recognition along with a journal and a large book of poetry written by other Northwest youngsters. Six winners received a \$100 check provided by Twin County Credit Union. In addition, they each received two tickets to the Mariners' August 10th home game. Alan, age 16 of Kent, WA was also given the honor of throwing out the first ball at the game. The winners were also invited to a special gathering with Governor Locke who signed their certificates and took photographs with each of them. The winning entries were featured in a variety of newspapers and newsletters and in a parenting magazine, including the Yakima Herald, the King County Journal, the Olympian, the DSHS newsletter, and Seattle's Child.

The 50 entries were recently published in *Voices of Children-Being Raised by Relatives* and will be distributed to the media, members of the legislature, and kinship support groups. Funding for the contest came primarily from the Marguerite Casey Foundation grant to the Relatives as Parents Program (RAPP) State Coalition.

Regional Kinship Care Conferences

In 2004 at least seven kinship care regional conferences were held around the state in the following counties: Pierce, Snohomish, Clark, Yakima, Thurston, Whatcom, and King. The conferences were financially supported by DSHS Aging and Disability Services Administration, or Children's Administration and/or Casey Family Programs. Kinship care families as well as advocates and program staff came together to learn, network, and affirm the important work being done by and on behalf of kinship care families.

Native Kinship Care Initiative

There are issues unique to Native Kinship Caregivers that other kinship caregivers do not face. Lack of cultural sensitivity in the mainstream community is a significant, on-going barrier when Native Kinship caregivers attempt to access non-tribal health care services for their children, as well as when working with local school districts to oversee their children's education. In addition, tribes have a special legal relationship with the federal government, and issues around legal custody, rights of caregivers, and child placement need to be addressed in a different manner.

In 2004, the Relatives as Parents Program sponsored by ADSA/DSHS received a grant of \$10,000 from the Brookdale Foundation to develop a Native Kinship Care Initiative. Two projects are currently in place and are lead by Sharon Wolf of the Norwest Regional Council and Sheryl Lowe of the Olympic Area Agency on Aging, both of whom are Native Kinship Care Coordinators.

One of the projects is called the Northwest Washington Native Kinship Care Project. Those tribes that are primarily involved in this project include: Lummi Nation, Samish Nation, Nooksac, Swinomish, Upper Skagit and Sauk Suiattle. This group developed and sponsored a dynamic conference, Raising Grandchildren in Indian Country, on May 14, 2004. The all-day event was held at the Nooksack Tribe's community center. Approximately 90 people, mostly Native American individuals, attended this conference. Judge Thorne, Pomo Indian, President of the National Indian Justice Center and Judge with the Utah Court of Appeals, was the keynote speaker. Judge Thorne gave a passionate keynote titled, "A Different View of Families."

The tribes on the Olympic Peninsula involved with the Olympic Native Kinship Care Project include: Jamestown S'Klallam Tribe, Lower Elwa Klallam Tribe, Quinault Indian Nation, Makah Tribe, Hoh Tribe, Chehalis Tribe and the Quileute Tribe. The group is currently focusing on designing a survey tool to assess native kinship caregiver needs, creating a native kinship caregiver resource packet and planning a Spring 2005 Native Kinship Care Conference.

Trainers Available on Parenting the Second Time Around Curriculum

In spring 2004 forty two community educators participated in a two day, train-the-trainer workshop based on the curriculum Parenting the Second Time Around. The RAPP Coalition hosted the workshop while two highly rated family education trainers from the Washington State University-(WSU) Extension Services led this new curriculum training. In addition, the state Public Policy Director for Children's Home Society, along with a kinship care focused attorney and long-term kinship care support group leaders, presented during the workshop. The participants represented 19 Washington counties, five tribes, and three attendees from Oregon and Idaho. The Parenting the Second Time Around workshop series has begun in a number of areas around the state.

RAPP Resource Guides Newly Available

After quickly distributing more than 22,000 copies of the first two editions of the RAPP Resource Guide for Relatives Raising Children in Washington State in 2001 and 2002, a much revised and expanded third edition became available in October 2004. A total

of 12,000 copies are in the process of being distributed. In addition, for the first time, an online copy of the RAPP Guide will soon be available on at least two websites: RAPP and the Aging and Disability Services Administration/DSHS.

The Resource Guide contains a wealth of information on state and federal resources, services, and benefits. A broad range of topics are included in the 72 page guide: child development; health and safety needs; child care and educational needs; special issues facing children in kinship care; coping strategies; Native American community resources; and legal and custody issues.

Kinship Care Training for Social Workers and Case Managers

Two required trainings for all new social workers and case managers working with Area Agencies on Aging or Home Community Services/DSHS may include information on kinship care families and related resources starting in 2005. The coordinators for HCS/AAA Case Management & Program Training conducted by ADSA/DSHS and the Home and Community Services Core Training Program conducted by the University of Washington are considering the new curriculum materials.

VI. Issues for Federal Action

There are two bills relating to kinship care now pending in Congress:

The Kinship Caregiver Support Act of 2004 (S 2706) would establish kinship navigator and kinship guardianship assistance programs, and ensure that relatives are notified when a child enters foster care. The kinship navigator program, which would offer competitive grants to states, localities, and tribes, is particularly relevant to Washington State. If S 2706 were to become law, With the experience of the new Kinship Navigator pilot projects, Washington State may be in a good position to compete for federal funds to enhance its own kinship navigator efforts.

The Lifespan Respite Care Act of 2003 (S 538) would establish a competitive grant program to support the creation and operation of coordinated, state-wide, community-based, respite care systems. *The bill defines "respite care" as care by a family member of a child or adult with "special needs". Applicants must show the extent and nature of state-wide respite care needs and how they will make use of federal, state, and local resources. It would permit use of funds for direct services and training, once a state-wide program is operational and has*

been evaluated. Grants would be for 5 years and renewable. If this bill becomes law, Washington State may be well-positioned to procure one of these grants, due to the work of the Respite and Crisis Care Coalition.

With both of these bills, it is clear that Washington State's ability to compete for federal funds will depend in large measure on the nature and extent of investments we make now, with both state and private funds. The further along we are in developing kinship navigator and respite care services and systems, the better positioned we will be to access federal funds for further enhancement.

VII. Conclusion

Recommendations of the Washington State Kinship Care Oversight Committee

At its most recent meeting on October 5, 2004, the Kinship Oversight Committee identified six priorities for the next biennium, all of which were included in the original 2002 Kinship Care Report recommendations:

1) Ensure continued and/or expanded funding for the kinship navigator positions

Current funding for kinship navigator positions in Seattle and Yakima expires at the end of SFY 2005. Casey Family Programs has made clear they are not able to continue funding this effort past that point. A top priority for the Oversight Committee is to develop sufficient funding, whether from public, private, or a combination of sources, to continue the two navigator positions and if possible to expand the project to the remaining four DSHS regions. Children's Administration is exploring incorporating Navigator information and referral services within the proposed Resource Centers, included in the Kids Come First initiative.

2) Conduct public education around kinship care issues

A new subcommittee of the Kinship Oversight Committee has formed to look at activities that can be developed to increase public awareness regarding the issues and needs facing kinship care families.

3) Expand kinship caregivers' access to legal information and services

Even though two new kinship legal services projects (a pro bono attorney project and an advocacy and information project) were implemented in 2004, these services are permitted to serve only those kinship caregivers residing in King County. The recent printing of 6,000 copies of the Northwest Women's Law Center Legal Guide for

Washington State; Legal Options for Grandparents and Other Non-Parental Caregivers, will help some but not all of the caregivers in need of this information. Replication of the legal services projects in other areas of the state, along with additional legal web and printed resources, are needed. The Oversight Committee recommends both continued funding of the King County project and funding to extend into other counties. Similarly, updating and continued printing of the Options for Grandparents and Other Non-Parental Caregivers will enable a broader distribution, but will require additional funding to extend beyond the 6,000 copies currently being distributed by DSHS and NWLC.

4) Expand support services funding for kinship caregivers

The current annual appropriation of \$500,000 to ADSA/DSHS is not sufficient to support other much needed services such as respite care, child care, and counseling. An additional annual \$500,000 appropriation would be needed to be able to expand the current program beyond one-time-only financial assistance.

The current appropriation of \$500,000 to CA/DSHS has supported relative caregivers in caring for their related children. The funds have provided much needed assistance in times of need. Continuation and expansion of this appropriation will give relatives the supports they need to provide a home and to support continued relative placement.

5) Promote systems collaboration to better serve kinship caregivers

The Oversight Committee continues to provide an important collaborative forum for addressing kinship care issues. Since kinship caregivers often have needs for multiple DSHS services, access to accurate information and to well-trained and respectful staff, are essential. One possible effort to improve systems collaboration may involve creating a “kinship care” button on the “No Wrong Door” website to make navigating the DSHS service web site easier and more efficient.

6) Assess the extent of the respite and crisis care needs of kinship caregivers and expand access to services

Oversight Committee members are active in the Respite and Crisis Care Coalition of WA (RCCCWA), which has plans for a state-wide respite and crisis care needs assessment, a state-wide conference, and the promotion of local inventories of respite care services. A grant from the Paul Allen Foundation is getting these efforts off the ground but more resources will be needed.

The Oversight Committee has identified a possible 7th priority – creation of a medical consent waiver for relative caregivers – pending further research by the legislative subcommittee. During the 2003 legislative session, legislation was introduced that would have provided informal relative caregivers greater assurance that they would be able to obtain medical services for the children in their care. Although the legislation did not pass, it has been a catalyst for further discussions on the issue and has brought together groups such as Group Health Cooperative, the WA State Hospital Association, the WA State Medical Association, the Office of the Family and Children’s Ombudsman, the Kinship Care Oversight Committee, mental health and others. With each session there is greater awareness of the problems encountered by caregivers and health care providers and a more refined approach to addressing them.

APPENDIX I

Casey Family Programs
Kinship Caregiver Navigator Pilot

Interim Evaluation Report
(July 1 through October 22, 2004)

October 2004

Prepared for
Casey Family Programs



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Executive Summary

In collaboration with the Washington State Kinship Oversight Committee, Casey Family Programs implemented the Kinship Navigator project in July 2004. The project responds to a mandate from the 2003 Kinship Care Bill (SHB-1233) passed in the Washington State Legislature. Two contract positions were created, one in Yakima (DSHS Region 2) and one in Seattle (DSHS Region 4). This interim evaluation report focuses on the first three months of the pilot. It assesses the adherence of the project to its initial goals and describes the baseline needs expressed by the caregivers served.

Description of Caregivers Served

In just over three months of program operations since mid-July 2004, 63 caregivers had some sort of encounter with the programs. This included 26 caregivers for the Seattle program and 37 caregivers for the Yakima program. This exceeded the three month project goal of 40. Service encounters involved the provision of information and referrals (40% of contacts, 48% of time spent), linkages and advocacy (25% of contacts, 31% of time spent), supportive listening (23% of contacts, 12% of time spent), and other activities (12% of contacts, 9% of time spent).

Outreach was also provided to agencies. Overall, 46 agency services were provided, with a total of 585 people reached across the contacts. This included 28 events and 160 people in Yakima and 18 events and 425 people in Seattle (147 people attended one event). Overall, nearly 67 hours of outreach were provided.

Demographic and family information about the caregivers includes:

- The average age of caregivers served by the program was just under 50 years (49.7), and the age range was 21 to 82 years (n = 61).
- Of the caregivers for whom data on gender was available (n = 53), almost all were female (47 or 94%). Only six percent (three) were male.
- Of the caregivers for whom data on race and ethnicity was available (n = 48), 32% (20) were non-Hispanic White, 29% (18) were African American, 8% (5) were Hispanic, 6% (4) were American Indian / Alaskan Native, and 2% (1) indicated "mixed" ethnicity, but did not specify further. There were differences in the distribution of race and ethnicity between the two sites. All but one person served in Seattle was African American (93%). In Yakima, most of the caregivers served were non-Hispanic White (20 or 59%).
- Data on the children of the caregivers was available for 51 participants. In Seattle, the 14 caregivers reported a total of 45 non-adult household members. In Yakima, the 37 caregivers reported 93 non-adult household members. Legal status was reported, with the largest group of the children having no legal status established (38 or 40%), 17% (16) guardianship, 17% (16) biological children, 3% (3) foster children, and 19% (18) other types of legal status including just over half reported as some type of custody and just under half as dependents of the state. Information on the relationship of the children to their caregivers was available for 97 of the children, primarily from the Yakima program. Most (47%) of the children living with the caregivers were grandchildren (46), and another 26% were nephews or nieces (25).

An additional 15% were biological children (15), 6% were fictive kin (6), 3% were cousins (3), and 2% were step-children (2).

Baseline Caregiver Needs

For caregivers who consented to participate in the evaluation, baseline needs were assessed using a modified version of the Family Needs Scale. Of the 32 areas of need assessed, all had at least one caregiver who rated the need as always or almost always experienced. We used average scores to identify those needs experienced by greater numbers of caregivers. Four needs fell into the “almost always” range on average:

- Information on where to get help (mean of 5.5 across 19 caregivers);
- Help understanding government agencies (mean of 5.0 across 43 caregivers);
- Time to do things for yourself (mean of 4.9 across 44 caregivers); and
- Extra money to buy necessities and pay bills (mean of 4.7 across 19 caregivers).

Seven needs fell into the “often” range on average, 13 into the “sometimes” range, seven into the “almost never” range, and one into the “never” range. Some differences in average ratings were identified between the two sites, but no clear patterns emerged.

Interim Qualitative Assessment of Program Adherence

Focus groups were carried out in Seattle and Yakima in early October involving 25 caregivers; 13 in Seattle and 12 in Yakima. All but three of the Seattle participants were African American; all but two of the Yakima participants were White. Participants in Seattle had not yet received any Navigator services; participants in Yakima had received significant amounts of service.

Caregivers identified 32 needs across the two groups, 14 of which were identified by both groups. Five needs in particular stood out as among the most important: information and knowledge, kinship caregivers having less legal authority, financial needs, legal assistance, and special needs resources (educational, mental health, multiple challenges). One other important theme that only came up at the Seattle group was the issue of racism. The primarily African American group clearly noted that specific instances of racism and a more institutionalized set of racist practices posed additional challenges for kinship caregivers of color seeking supports.

We also asked the caregivers about what they thought were the most important attributes of the Kinship Navigator role. The top three had average scores in the most important range and included: knowledge of resources, linkages to helpers, and an ability to impact legislation and the law.

In addition to the focus group findings, we met monthly with the Kinship Navigators and their supervisors to review implementation progress and identify emerging challenges. Two challenges have been identified were identified in the initial three months:

- First is the challenge of interacting with the existing system of service providers. The challenges differ between the urban setting of Seattle and the less populated setting

of Yakima. In Yakima, the primary challenge involves service gaps and too few providers. In Seattle, the challenge is coordinating among multiple providers.

- Second was the challenge posed by the multiple tasks that the Navigators must carry out. While responding to the needs of caregivers is paramount, the administrative tasks of tracking services and managing data require an additional set of skills. Navigators are not just helpers. They are also expected to document needs and support advocacy efforts that require information management skills.

Introduction and Methods

In collaboration with the Washington State Kinship Oversight Committee, Casey Family Programs implemented the Kinship Navigator project in July 2004. This project was carried out in collaboration with the Washington State Department of Social and Health Services (DSHS) under a mandate from the 2003 Kinship Care Bill (SHB-1233) passed in the Washington State Legislature. Two contract positions were created, one in Yakima (DSHS Region 2) and one in Seattle (DSHS Region 4), to assist kinship caregivers with understanding and navigating the system of services for children in out-of-home care, and to reduce barriers faced by kinship caregivers when accessing services.

The project was based on the following assumptions:

- Kinship caregivers find access to services difficult. Many kinship caregivers find the “system” cumbersome and difficult to navigate and describe widely varying levels of helpfulness, professionalism, and knowledge among service providers.
- The establishment of “Kinship Navigators” as community-based positions would provide a local and consistent direct service function to assist in reducing or eliminating systems barriers for kinship families attributed to navigating multiple family and child-serving resources.
- Providing kinship families with information and support and facilitating access to services before situations reach crisis can potentially reduce the number of families who later present with chronic situations and require more costly and intensive system interventions.

Evaluation Approach: Casey Family Programs contracted with TriWest Group to conduct the formative evaluation of its Kinship Navigator project between July 2004 and March 2005. The goal of the evaluation is to inform the implementation of the pilot and to determine the extent to which it increases awareness of and access to needed supports for the kinship caregivers served during the initial six months of implementation. The evaluation includes three-month and six-month reports to Casey Family Programs that will be shared with the oversight committee to inform their interactions with the legislature and other decision-makers regarding the future of kinship navigator initiatives in Washington.

TriWest designed the evaluation to answer two research questions:

1. What are the components of the Navigator intervention model set forth in the legislation and prioritized by stakeholders and to what degree did implementation adhere to the principles of the model?
2. To what degree did kinship caregivers served by the Navigators change in their awareness of and access to needed supports in the community?

This report focuses on the first three months of program operations in an effort to provide an interim answer to the first question – the degree to which the project implementation adhered to the expectations of stakeholders regarding the model – and to offer a snapshot of baseline caregiver needs against which to measure change over time.

Evaluation Design: The evaluation is formative in design and therefore seeks primarily to describe and inform the pilot project and document the degree to which caregivers served through the project change in their awareness of and access to needed supports. The evaluation therefore employs a simple pre/post design with no comparison group. The results should be able to demonstrate the process goals intended for the project, the degree to which the project was faithful to those goals, and the degree to which parents involved changed in their self-reported awareness of and access to needed supports following receipt of Navigator services.

This report focuses on the first three months of the pilot, assessing the adherence of the project to its initial goals over its first three months of operations and describing the baseline needs expressed by the caregivers served. It should be noted that while results are reported for the first three months, the sample size is still too small and the period of implementation too short to make definitive statements or generalizations. The results simply describe what happened during the first three months of this project. It is important to interpret the findings with caution and to understand them to be preliminary in nature. As more data continues to be collected and as the program matures, the final pilot evaluation report early in 2005 will focus on definitive assessments of program fidelity and the degree to which it helped caregivers over time. The goal then will be to identify findings that can be generalized to other situations and initiatives.

Subjects: The evaluation sought to involve all of the caregivers served by the Navigators over the first three months of implementation (mid-July through mid-October, 2004). The two Navigators were expected to serve about 80 kinship caregivers over the entire six months of the evaluation with information, referrals, and linkages to community agencies; 63 caregivers had been served in the first three months of operations which are the focus of this evaluation.

Analyses involving anonymous data sets were conducted for all 63 caregivers served. Analysis of individually identifiable data regarding family needs was conducted for the subset of 45 caregivers that gave written consent to participate in the formal evaluation. This was a sufficient sample to both describe baseline caregiver needs and to identify some initial difference in need profiles between Yakima and Seattle caregivers.

One additional subset of caregivers was selected and asked to consent to be involved in focus groups conducted in early October. These caregivers were identified by the two Navigators as typical of caregivers served and were invited to participate in a focus group (one in Seattle and one in Yakima) to inquire about the needs of kinship caregivers and their views on how the Navigators can best help caregivers respond to them. Participants received a \$20 stipend for their participation. This information, combined with the quantitative information regarding caregiver needs, was used to assess the degree to which the project is serving the people it was intended to serve.

Human subjects protection: Two levels of data were used in the evaluation. One set involved anonymous data and did not require informed consent; the other included individual identifiers and primary collection by the evaluation of personal information.

The anonymous data set involved program information collected by the Kinship Navigators. This data set was collected through an Access database that generated a de-identified report of demographic factors (race/ethnicity, gender, year of birth) and contact summaries (number, types, and month of contact). This anonymous data set was analyzed without any identifying information to describe the baseline demographics and Navigator service use.

The pre/post component of the study involves confidential self-reported needs assessment data. While this information was reported by the Navigators as helpful in targeting needed assistance, it was collected primarily as a component of the evaluation and was therefore only collected for caregivers that gave consent to be involved in the study.

Discussions with the Navigators and CFP program staff working with them led us to develop a collaborative approach for obtaining consent. TriWest evaluation staff provided training for the two Navigators in the consent process and the rights of evaluation participants. The Navigators then reviewed the consent form with each caregiver during their initial contact. The initial program contact with the Navigators tended to be in person, during which the Kinship Navigators obtained basic demographic information and sought written consent to participate in the evaluation. When the initial contact was not in person, the Navigators explained the study and the consent form over the phone and mailed the form to the caregivers to sign and return.

As a quality check on this process, TriWest evaluation staff randomly selected five caregivers who consented to be involved in the study from Region 2 and another five from Region 4 (10 caregivers total). These 10 were selected out of the first 20 caregivers enrolled in the study. The TriWest evaluation staff person contacted the caregivers by phone to verify that all questions were answered and that the caregiver did indeed freely consent to be involved in the study. This was done to identify any quality issues regarding the consent process. Based on our review of these findings, TriWest evaluation staff are confident that study participants did indeed provide voluntary informed consent.

Interim Evaluation Report Format: As noted above, this interim evaluation report focuses on the first three months of the pilot, assessing the adherence of the project to its initial goals over its first three months of operations and describing the baseline needs expressed by the caregivers served. The report includes the following sections:

- Description of Caregivers Served – This section describes the demographic and family characteristics of the initial 63 caregivers served by the initiative. It also describes the services provided to them.
- Baseline Caregiver Needs – This section reports the baseline results of the Family Needs Scale used to assess caregiver needs for the 45 caregivers who provided consent to be involved in the larger evaluation.
- Interim Qualitative Assessment of Program Adherence – This section uses the results of the two focus groups and interviews with oversight committee members, project staff and other stakeholders to interpret the quantitative results reported in the previous two sections and determine the degree to which the project is adhering to its initial goals over its first three months of operations.

Description of Caregivers Served

Number of Caregivers Served

In just over three months of program operations since the Seattle and Yakima Navigators were first hired in mid-July 2004, 63 caregivers had some sort of encounter with the programs. This included 26 caregivers for the Seattle program and 37 caregivers for the Yakima program. Of the 26 caregivers in Seattle, only half (13) had received a documented service as of the time of this report for a total of 50 caregivers with documented services in the first three months. This exceeded the three month project goal of 40 by 25%.

Services Delivered by Navigators

The 37 Yakima caregivers received a total of 147 documented service encounters (100.5 hours of service), for an average of just under 4 encounters and 2.7 hours of support per caregiver. Most (58% or 85) of the services were provided by phone, 38% (56) face to face, and 4% (6) were not provided in person. The face to face services represented most of the time spent providing services (70%), with 25% over the phone and 5% not provided in person.

The 13 Seattle caregivers received a total of 31 documented service encounters (10.8 hours of service), for an average of 2.4 encounters and 0.8 hours of support per caregiver. Most of the services were provided by phone (85% or 22); 15% were (4) face to face. However, the face to face services represented a higher proportion of the time spent (42%). The Seattle program encountered significant difficulties with the documentation process through the automated database, so these figures likely undercount the amount of service provided. Program staff reported that the caregivers with no services reported in the database (13 of a total of 26) did in fact receive services and that these services were for the most part delivered during the initial period when the Navigator was having the most difficulty using the database. In addition, program staff estimate that 90 additional kinship caregivers were provided information about resources and parenting issues through a single event convened in October in collaboration with other caregiver serving agencies in Seattle. Staff reported that few of these caregivers were among those served directly by the Navigator program, beyond the information and education provided at this event. This event was unique to Seattle and is described in more detail later in this section.

There was also an important contextual difference between the implementation of the program in Seattle and the implementation in Yakima that may have contributed to fewer caregivers being served in

Seattle. The Seattle program had to spend more time involved in relationship building and coordination with the wide array of agencies currently serving kinship caregivers. These activities understandably took time away from direct service delivery to caregivers. This contextual difference from activities in the relatively less urban Yakima region is discussed in more detail in the final section of the report.

Most services (68%) were provided during the first month of interaction with the caregivers, falling off to 23% in month two and 8% in month three. In Seattle, all of the services were delivered in the first month, and in Yakima the proportion was 63%, 27%, and 10% by month, respectively. The interim nature of this analysis certainly skewed the timing of services toward the first month, given that most caregivers had been receiving services for less than three months. However, this pattern of most services being provided during the first month was noted in the qualitative interviews with program staff, so this trend will continue to be watched.

The frequency of service contacts and percent of time they were provided across service types for both sites included the following:

- 26% (46) of contacts and 37% of time was spent providing information to caregivers about needed supports. This was a higher proportion of Seattle's contacts (35%) than Yakima's (24%), but the proportion of time overall was similar between the two sites at around 40%.
- 13% (23) of contacts and 21% of time was spent providing follow-up activities to link caregivers to needed supports. This service type was only provided by the Yakima program.
- 23% (40) of contacts, but only 12% of time, was spent providing supportive listening. This was a higher proportion of Yakima's contacts (27%) than Seattle's (3%). This involved 13% of time spent in Yakima, but time was not reported for these activities by the Seattle program so comparisons of time spent are not possible.
- 14% (24) of contacts and 11% of time was spent providing referrals to specific supports. This was a higher proportion of Seattle's supports than Yakima's, both in terms of contacts (26% versus 11%) and time spent (18% versus 10%).
- 12% (21) of contacts and 10% of time was spent providing advocacy with a third party. This was only provided by the Yakima program.
- 2% (4) of contacts was spent providing education about kinship caregivers. This was only provided by the Seattle program, but the time spent in this activity was not reported.
- 10% (17) of contacts and 9% of time was spent providing other supports, including missed appointments, outreach attempts, and direct assistance. This involved about the same percentage of contacts at both sites, but time was not reported by the Seattle program so

comparisons of time spent are not possible. A review of these supports suggested that many fall into the primary categories (for example, activities to link caregivers to supports).

Services were also provided to agencies. Overall, 46 agency services were provided, with a total of 585 people reached across the contacts. This included 28 events and 160 people in Yakima and 18 events and 425 people in Seattle (147 people attended one event detailed below). Overall, nearly 67 hours of service were provided, 35 hours in Seattle (average contact was 116 minutes) and 32 hours in Yakima (average contact was 68 minutes). Written materials (usually brochures) were reported as distributed at all of the Yakima events and 72% of the Seattle events.

Outreach occurred at multiple agencies, including: schools (10), Department of Social and Health Services (DSHS) groups (6), caregiver support groups (5), faith-based organizations (5), aging services agencies (3), advocacy groups (2), kinship supports (1), mental health service providers (1), physical health providers (3), and a range of other agencies (10) including court staff/agencies, a legislator, non-profit agencies, community centers, a homelessness forum, and clothing distribution sites.

One particular event underscores the different challenges and needs in Seattle. On October 16, 2004, Casey Family Programs, in collaboration with the Seattle Navigator program, the Department of Social and Health Services, and other child and kinship family-serving agencies, sponsored the 2004 King County Kinship Symposium. The full day program included seven morning and five afternoon sessions on the following topics: government agency resources, legal issues, housing options for kin and youth, access to education, fathering, transition services and finances, youth and the arts, drugs, gangs and mental health services, community resources, and kinship care. Of the 147 documented attendees, approximately 20% represented local agencies, 60% kinship caregivers, and 20% older adolescent children of kinship caregivers. An additional 60 children were provided with structured day care so their caregivers could participate.

The Kinship Symposium was a direct response to the different contextual needs experienced by the Seattle program, as compared to the Yakima program. As in Yakima, there is no one place for a kinship caregiver to go to receive information about available services. However, King County has a much wider array of social service agencies currently providing various supports to kinship families, posing a greater challenge to establishing collaborative relationships across this large group of agencies. Most of the estimated 90 caregivers impacted through this event were already linked

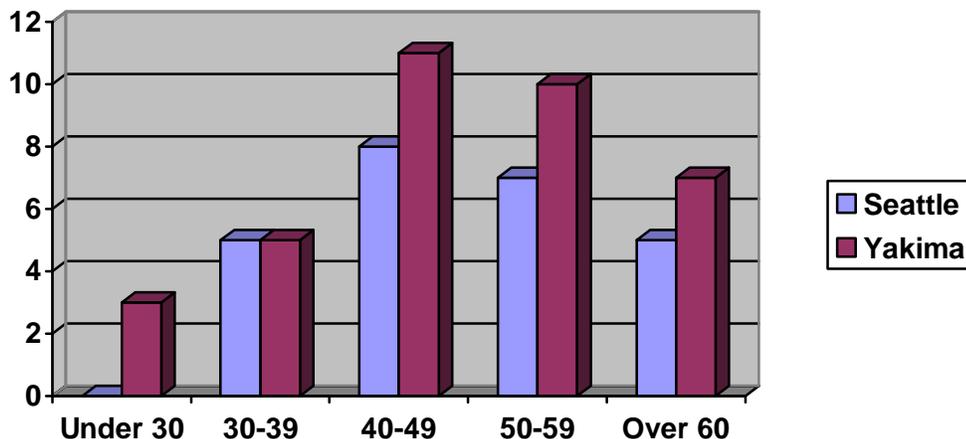
to these agencies, but needed more focused support. The symposium offered the opportunity to educate caregivers about available services, while helping to launch a more formal level of kinship collaboration among King County agencies. As is discussed in more detail in the last section of this report, the Yakima program faced a different challenge – a lack of current providers serving kinship caregivers. The implications of the different contexts faced by the two programs is discussed more in the final section of the report.

Demographic and family information about the caregivers served are detailed below.

Age

Data on age was available for 61 caregivers. The average age of caregivers served by the program was just under 50 years (49.7), and the age range was 21 to 82 years. The average and median ages were essentially identical for the Seattle and Yakima programs, but the range was wider in Yakima (21 to 82 years, versus 34 to 64 years for Seattle).

The figure on the next page shows that most caregivers 30% (19) were between 40 and 49 years of age, closely followed by the 27% (17) between the ages of 50 and 59. Just under a fifth of caregivers were age 60 and older (19% or 12) and the remaining fifth fell into the 30 to 39 (16% or 10) and Under 30 brackets (5% or 3). The distribution was similar between the two programs.



Gender

Data on gender was available for 53 participants, including all the Yakima participants and 13 of the Seattle participants. Of the caregivers for whom data on gender was available, the vast majority was female (47 or 94%). Only six percent (three) were male.

All three of the male caregivers were served through the Yakima program. All of the caregivers served through the Seattle program have been female.

Race/Ethnicity and Language

Data on race and ethnicity was available for 48 participants, including 34 of 37 (92%) of the Yakima participants and just over half of the Seattle participants (14 out of 26 or 54%). Of the caregivers for which data on race and ethnicity was available, 32% (20) were non-Hispanic White, 29% (18) were African American, 8% (5) were Hispanic, 6% (4) were American Indian / Alaskan Native, and 2% (1) indicated "mixed" ethnicity, but did not specify further.

There were differences in the distribution of race and ethnicity between the two sites. All but one person served in Seattle was African American (93%). In Yakima, most of the caregivers served were non-Hispanic White (20 or 59%). The remaining 41% were somewhat evenly split among Hispanic (5 or 14%), African American (5 or 14%), and American Indian / Alaskan Native (4 or 11%).

Data on primary language was available for 51 participants, including all 37 of the Yakima participants and 14 of the Seattle participants. All spoke English, except for one Yakima participant who primarily spoke Spanish.

Information Regarding Caregiver Children

Data on the children of the caregivers was available for 51 participants, including all 37 of the Yakima participants and 14 of the Seattle participants.

In Seattle, the 14 caregivers reported a total of 45 non-adult household members for an average of just over three (3) per caregiver. The number of children reported per caregiver ranged from one to eight. Legal status and length of time living with the caregivers was not reported for enough of the children of the caregivers to report. The gender split for the Seattle children was 56% (20) boys and 44% (16) girls. The breakdown by race and ethnicity was 96% African American (43), and 2% (1) each Asian American, Native Hawaiian, and Hispanic. The primary language reported for all of the children (40) was English.

Information on the relationship of the children to their caregivers was available for 97 of the children, primarily from the Yakima program. Most (47%) of the children living with the caregivers were grandchildren (46), and another 26% were nephews or nieces (25). An additional 15% were biological children (15), 6% were fictive kin (6), 3% were cousins (3), and 2% were step-children (2).

Additional information was available for the children with caregivers in the Yakima program. In Yakima, the 37 caregivers reported 93 non-adult household members for an average of 2.5 per caregiver. The number of children reported per caregiver ranged from one to six. Legal status was reported, with the largest group of the children having no legal status established (38 or 40%), 17% (16) guardianship, 17% (16) biological children, 3% (3) foster children, and 19% (18) other types of legal status including just over half reported as some type of custody and just under half as dependents of the state.

The length of time that the Yakima children had lived with the caregiver was reported for 86 children, averaging just over five (5.1) years, with a range of one month to 17 years. Just under 15% (13) of the children had been living with their caregiver for less than three months. Another 18% (16) had lived with their caregiver between three and 12 months. The remaining two-thirds of children (61) had lived with their caregiver over one year.

The gender split for the Yakima children was approximately half (44 or 49%) boys and half (46 or 51%) girls.

The breakdown for Yakima children by race and ethnicity was 35% (34) non-Hispanic White, 32% (31) Hispanic, 17% (17) African American, 14% (14) American Indian / Alaskan Native, 1% (1) Asian American, and 1% (1) Unspecified. These numbers add up to more than the total number of children since multiple categories were reported for some children. The primary language spoken by all but two of the children (88) was English. The other two (2) spoke Spanish.

Baseline Caregiver Needs

For caregivers who consented to be involved in the evaluation, baseline needs were assessed using a modified version of the Family Needs Scale. Don Cohon of the Edgewood Institute for the Study of Community-Based Services developed a 31-item family needs scale based on the work of Carl Dunst and colleagues (Dunst, Trivette & Deal, 1988).¹ The items from this scale overlapped considerably with a similar scale developed by Casey Family Programs,² as well as input TriWest had received from the Navigator Project Logic Model, discussions with project leadership, and a 2002 study of kinship care in Washington State (Mayfield, Pennucci & Lyon, 2002).³ While the Family Needs Scale developed for this study used most of the items from the Edgewood Institute scale, we made three types of modifications: (1) we added eight (8) items prioritized by Washington State stakeholders that were not included in the original scale (e.g., kinship support groups, school-related needs); (2) we modified four (4) of the items that needed to be asked about with greater specificity (e.g., breaking down a question on legal supports into three sub-components); and (3) we deleted 11 less relevant items in order to shorten it (e.g., help budgeting, help learning to cook).

Needs were rated by caregivers according to the frequency at which they were experienced. The rating categories on the scale included: always (6), almost always (5), often (4), sometimes (3), almost never (2), and never (1). Average scores across all caregivers were computed and re-categorized as follows: always (5.5-6), almost always (4.5-5.4), often (3.5-4.4), sometimes (2.5-3.4), almost never (1.5-2.4), and never (0-1.4).

Consent was obtained by 45 caregivers who completed the Family Needs Scale, 32 from Yakima and 13 from Seattle. An analysis of average scores showed that no needs were reported as experienced “always” on average. This makes sense when looking at average scores (which tend to moderate extreme ratings). However, all but one of the 32 categories of need had at least one caregiver who reported the need as always present and the remaining category had at least one person rate the need as almost always present.

Four needs fell into the “almost always” range on average:

- Information on where to get help (mean of 5.5 across 19 caregivers);

¹ C.J. Dunst, C.M. Trivette, & A.G. Deal. (1988). *Enabling and Empowering Families: Principles and Guidelines for Practice*. Cambridge, MA: Brookline Books.

² Pecora, P. Casey Family Programs Family Resources and Supports Scale.

³ Mayfield, J., Pennucci, A., & Lyon, C. (June, 2002). *Kinship Care in Washington State: Prevalence, Policy, and Needs*. Olympia, WA: WSIPP.

- Help understanding government agencies (mean of 5.0 across 43 caregivers);
- Time to do things for yourself (mean of 4.9 across 44 caregivers); and
- Extra money to buy necessities and pay bills (mean of 4.7 across 19 caregivers).

Seven needs fell into the “often” range on average:

- Support groups for kinship caregivers (mean of 4.4 across 44 caregivers);
- Help dealing with social services (DSHS) (mean of 4.3 across 44 caregivers);
- Legal assistance related to being a kinship caregiver (adoption or third party custody) (mean of 4.0 across 45 caregivers);
- Someone to talk to about your child or children (mean of 3.7 across 45 caregivers);
- Respite care (someone to help care for my child when I need a break) (mean of 3.6 across 44 caregivers);
- Time to do fun things with your family (mean of 3.5 across 44 caregivers); and
- Help getting and keeping public assistance (for example, Medicaid, Supplemental Security Income [SSI], Temporary Assistance to Needy Families [TANF], other) (mean of 3.5 across 44 caregivers).

Thirteen needs fell into the “sometimes” range on average:

- Dental care for your family (mean of 3.3 across 45 caregivers);
- Help getting enough food daily for two meals for your family (mean of 3.2 across 45 caregivers);
- Help transporting my child places, including appointments (mean of 3.0 across 45 caregivers);
- Help getting places you need to go for yourself (mean of 3.0 across 45 caregivers);
- Emergency child care (mean of 3.0 across 44 caregivers);
- Help learning how to be a more effective parent (mean of 3.0 across 44 caregivers);
- Emergency health care for your family (mean of 2.9 across 44 caregivers);
- Special education services for your child (mean of 2.9 across 45 caregivers);
- To belong to parent groups or clubs (mean of 2.9 across 44 caregivers);
- Medical care for your family (mean of 2.8 across 45 caregivers);
- Legal assistance related to benefits (Medicaid, Social Security, child support, other) (mean of 2.7 across 45 caregivers); and
- Other legal assistance (mean of 2.6 across 45 caregivers).

Seven needs fell into the “almost never” range on average, even though at least one caregiver rated each of them as “always”:

- Help managing the daily needs of my child at home (mean of 2.4 across 44 caregivers);
- Routine child care (mean of 2.4 across 44 caregivers);
- School services for my child (mean of 2.3 across 44 caregivers);
- Assistance with alcohol or other substance abuse problems either for myself or family member (mean of 2.0 across 44 caregivers);
- Help getting a place to live (mean of 1.9 across 45 caregivers);
- Help getting a job (mean of 1.5 across 45 caregivers); and
- Vocational training services for your child (mean of 1.5 across 44 caregivers).

One need fell into the “never” range on average, even though at least one caregiver rated this need as “almost always”:

- Help enrolling my child in school (mean of 1.1 across 43 caregivers).

There was sufficient data to look for differences in average needs ratings between the Seattle and Yakima programs. While these findings are useful for exploration and program development, they should not be generalized to caregivers beyond those served by the programs to try to understand broader differences between kinship caregiver needs in the two communities. These differences included:

- Seattle caregivers rated help dealing with DSHS as “always” a need, as opposed to only “often” a need in Yakima.
- Seattle caregivers rated getting enough food daily as “almost always,” as opposed to only “sometimes” a need in Yakima. This was consistent with a greater emphasis on financial needs in the Seattle focus group, discussed in the next section.
- Seattle caregivers rated time to do fun things with their family as “almost always” a need, as opposed to only “sometimes” a need in Yakima.
- Seattle caregivers rated more broad-based legal assistance beyond help with custody or benefits as “often” a need, as opposed to only “almost never” a need in Yakima.
- Seattle caregivers rated more transportation as “often” a need, as opposed to only “sometimes” a need in Yakima.
- Seattle caregivers rated emergency health care as “often” a need, as opposed to only “almost never” a need in Yakima.
- Seattle caregivers rated help managing the daily needs of my child at home as “often” a need, as opposed to only “almost never” a need in Yakima.

- Seattle caregivers rated routine child care as “sometimes” a need, as opposed to only “almost never” a need in Yakima.
- Seattle caregivers rated school services as “sometimes” a need, as opposed to only “almost never” a need in Yakima.

Interim Qualitative Assessment of Program Adherence

As noted in the introduction, the Kinship Navigator Pilot was implemented to help kinship caregivers better understand and navigate the service systems for children in out-of-home care and to reduce barriers faced by kinship caregivers when accessing services.

This project was carried out under a mandate through the 2003 Kinship Care Bill (SHB-1233) passed in the Washington State Legislature, which defined the overall goals and attributes of the pilot program in the following language (Section 2):

(1) The department of social and health services shall collaborate with one or more nonprofit community-based agencies to develop a grant proposal for submission to potential funding sources, including governmental entities and private foundations, to establish a minimum of two pilot projects to assist kinship caregivers with understanding and navigating the system of services for children in out-of-home care. The proposal must seek to establish at least one project in eastern Washington and one project in western Washington, each project to be managed by a participating community-based agency.

(2) The kinship care navigators funded through the proposal shall be responsible for at least the following:

- (a) Understanding the various state agency systems serving kinship caregivers;
- (b) Working in partnership with local community service providers;
- (c) Tracking trends, concerns, and other factors related to kinship caregivers; and
- (d) Assisting in establishing stable, respectful relationships between kinship caregivers and department staff.

While the language of SHB-1233 formed the basis of the Kinship Navigator model, we also talked with key members of the Oversight Committee for the project, who identified the following additional expectations of the project:

- To respond to the well documented need for information that kinship caregivers have repeatedly expressed through surveys and focus groups;

- To be sensitive to differences in needs and resources between the two pilot communities (Seattle and Yakima);
- To keep the model strength-based so that it did not devolve into a form of case management;
- For the Navigator to be able to simultaneously work from inside and outside the formal systems that serve kinship caregivers, serving as someone knowledgeable regarding and with strong linkages to formal system resources who operates from outside the system with flexibility to respond to diverse needs and advocate for individual caregiver concerns; and
- To identify and help respond to gaps across the current array of formal systems serving kinship caregivers, though doing so without becoming a formal part of the service delivery system.

Focus Group Methods: The focus groups we carried out in Seattle and Yakima in early October focused on two questions in an effort to confirm that the caregivers targeted for this project had needs that fit the intended service model and to get input from caregivers regarding what priorities they thought the model should focus on.

The two groups involved 25 caregivers, 13 in Seattle and 12 in Yakima. Detailed demographic information was not collected, but the following information was provided:

- In terms of gender, in Seattle all 13 caregivers were women and in Yakima four of the 12 were men who attended with their significant others. This balance reflected the emphases of the two programs, both of which primarily served women and of which only Yakima served any men.
- In terms of race and ethnicity, 12 caregivers were non-Hispanic White, 11 were African American, one was American Indian, and one was Hispanic. The composition of the two groups reflected the relative populations served by the two programs, with all but three of the Seattle group being African American and all but two of the Yakima group being non-Hispanic White. The Seattle group also included one Hispanic and two non-Hispanic White participants, and the Yakima group included one each of African American and American Indian participants.
- In terms of relationships to the children they cared for, the vast majority of the caregivers were grandparents and at least one in each group was an aunt. Many also cared for other biological or foster children in their homes.

In addition to differences in racial and ethnic composition of the two groups, there was one additional difference between them. Participants in

the Seattle project had not yet received any Navigator services, whereas participants in Yakima had received significant amounts of service. The implications of these differences are discussed below.

Kinship Caregiver Needs: The first question each group responded to was: “Based on your experience and that of other Kinship Caregivers you know, what are the most important needs of Kinship Caregivers?” Caregivers identified 32 needs across the two groups, 14 of which were identified by both groups. We were also able to gather importance ratings for the needs from 10 of the Yakima caregivers. Due to logistical difficulties, there was not time to gather importance ratings from the Seattle caregivers related to needs so only qualitative indicators of importance were analyzed.

Through this analysis, five needs stood out as among the most important:

1. Information and knowledge – This was identified as one of the most important needs in both groups and had the highest average scores from the 10 Yakima caregivers.
2. Kinship caregivers have less legal authority – This was the next highest rated theme in Yakima and also emphasized by the Seattle caregivers. The lack of legal rights to carry out caregiving functions was detailed by both groups, with an additional emphasis on the perceived bias in systems toward biological parents and a secondary emphasis on a generalized lack of respect toward kinship caregivers.
3. Financial needs – This was the most emphasized need in the Seattle group and tied for third highest ranked in Yakima. Caregivers discussed being overextended financially and often lacking funds for basics such as clothing, school supplies, and housing.
4. Legal assistance – Caregivers in both groups also stressed the need for affordable and qualified legal assistance from professionals knowledgeable about caregiver needs and family law. Secondly, both groups talked about how rules vary across types of courts and different DSHS eligibility categories.
5. Special needs resources – Caregivers in both groups also emphasized resources for children with special needs, including specialized child care, educational supports, mental health supports, transportation, specialized supports for adolescents, and supports to address multiple challenges at once.

Comparing this to the quantitative findings on needs across all 45 caregivers participating in the full evaluation, we see that two of the five needs – information needs and financial needs – were expressed in three

of the top four needs found across caregivers. Legal assistance and specialized kinship supports fell into the second tier of needs. Clearly, the caregiver needs expressed in the focus groups and reflected in the quantitative findings were among the primary needs targeted by the pilot.

One other important theme that only came up at the Seattle group was the issue of racism. The primarily African American group clearly noted that specific instances of racism and a more institutionalized set of racist practices posed challenges for kinship caregivers of color when seeking services from formal agencies and systems of care. This important issue will continue to be monitored through the evaluation and will be a specific focus of inquiry in the final round of focus groups and case studies with individual caregivers.

Desired Kinship Navigator Qualities: We also asked the caregivers about what they thought were the most important aspects of the Kinship Navigator role. We asked this question for two reasons. First, we wanted to hear from the caregivers in order to have their input into how the pilot should be carried out. Second, we wanted to see if the priorities expressed by the caregivers served by the project matched those of the legislative pilot. Since the legislation was largely developed by kinship caregivers and the advocates and agencies that serve them, we believed that if the priorities of the caregivers served by the pilot matched these, this would be a good indication that the pilot program was eliciting expectations that adhered to the original model.

We first read a brief description of the Kinship Navigator job that reflected the points in the introduction to this report, then asked the caregivers to “tell us the most important things a navigator can do to help you.” Given that the Yakima group was composed of caregivers who had already received Navigator services and the Seattle group was composed of people who had not, one difference emerged immediately. Whereas the Seattle group that had not yet received any services stuck to the meeting agenda and responded first to our question about caregivers needs, when we asked the Yakima group about their needs, after briefly noting one or two, the discussion went immediately to all the ways in which they had been helped already by the program. This seemed to be a positive sign of the program’s impact in their lives, and we look forward to seeing if it generalizes across other families when the three-month outcome and satisfaction data is analyzed in the final report.

Despite the differences in experience of Navigator services between the two groups, there was significant overlap between the groups. Of the 36 responses across the groups, 10 came up in both groups. Another 14

were unique to Seattle, and 12 were unique to Yakima. We also able gathered importance ratings regarding the Navigator qualities from 10 of the Yakima caregivers and 12 of the Seattle caregivers. Interestingly, the rank ordering of the 10 common themes was nearly identical for the top three and very similar for the remaining seven between the groups.

The top three attributes had average scores in the most important range and included:

1. Knowledge of resources, referring to the full range of resources that caregivers need;
2. Linkages to helpers, including DSHS, health, mental health, and schools, and knowing the right person to talk to at each agency; and
3. An ability to impact legislation and the law, focusing on the potential of the Kinship Navigator pilot and the specific position to advocate for and promote change within formal systems of care.

Both sets of caregivers also stressed the importance of getting the word out to caregivers about the availability of Kinship Navigator supports, as well as having the Navigator be someone who cares, listens, and motivates caregivers to access the supports they need. Life experience, including direct life experience as a kinship caregiver, was also stressed as important.

These common elements were reflected in the analysis of types of supports provided by the Navigators. The most common support provided (26% of contacts) and the one that took largest amount of time (37%) was the provision of information to caregivers to help them access needed supports. The second largest use of time by the Navigators was follow-up activities to link caregivers to supports (21% of time, 13% of contacts). This was followed by supportive listening (23% of contacts and 12% of time) and provision of referrals to specific supports (14% of contacts and 11% of time). The Navigators seem to be carrying out the activities originally envisioned and those most highly prioritized by the caregivers with whom we talked.

There were also understandable differences between the groups. The Seattle group had not yet received services, so many of their responses mirrored the needs they had spent the first half of the group enumerating, focusing on the ability of the Kinship Navigator to link them to financial assistance, legal help, housing, specialized kinship funding, utility supports, special education resources, basic educational resources, health services, mental health counseling, and jobs.

The Yakima group had already had many of these needs met with the help of the Kinship Navigator, so they tended to focus more on the future of the program. One quality they noted and rated higher than all but one other quality (being knowledgeable), was having enough time to spend with caregivers. The discussion here focused on keeping caseloads at a level where the Kinship Navigator could spend the time needed with each family.

The Yakima group also focused on specific qualities of a Kinship Navigator, including being responsive and following through, ability to provide parent education, understanding the importance of faith, a willingness to get involved, resourcefulness, appropriate education for the position, understanding of children's developmental needs, and being able to individualize supports across the many different situations that caregivers experience.

Taken together, the responses – particularly those from the Yakima caregivers who had already received an array of Kinship Navigator supports – matched well the initial vision for the project and suggested that the project is being implemented in a manner that is faithful to its goals. The responses also offered more specific insight into some of the mechanics that underlie Kinship Navigator interactions, including having enough time and the right qualities to meet the diverse needs that caregivers experience, needs that can change over time as children move into different developmental stages and as new challenges emerge.

Challenges Identified: In addition to the focus group findings, we also met monthly with the Kinship Navigators and their supervisors to review implementation progress and identify emerging challenges. Two challenges have been identified through this process.

First is the challenge of interacting with the existing system of service providers. The challenges differ between the urban setting of Seattle and the more rural setting of Yakima. In Yakima, the primary challenge is having too few providers. Significant gaps in funding, the challenges of single agency providers that must cover large geographic areas, and a lack of resources for Spanish-speaking families were noted. While gaps in funding and a lack of specialized kinship caregiver supports was also noted in Seattle, Yakima needs seemed exacerbated by the shortage of service providers and their need to provide services across large geographic areas.

Interestingly, this challenge also created an opportunity for the Yakima Kinship Navigator program. Given the small number of key service

providers, the Yakima program has a smaller group of providers with which to coordinate. Furthermore, both Navigator program staff and a group of six Yakima providers interviewed reported that the limited set of providers who had known each other over time made collaboration simpler. While Seattle Navigator program staff had more provider resources to draw on, their sheer number made coordination and the establishment of collaborative relationships more challenging. Additionally, the sense of need in Yakima may have made agencies more willing to respond actively to Navigator outreach efforts.

Second was the challenge posed by the multiple tasks that the Navigators must carry out. While the needs surveys and focus groups documented a broad array of needs and expectations of the Navigator program, the interviews with program staff identified other tasks. In particular, the administrative tasks of tracking services and managing data both to support service delivery and the evaluation require an additional set of skills. Navigators are not just helpers. They are also expected to document needs and support advocacy efforts that require information management skills. This has been a particular challenge for the Seattle program, where initial implementation efforts rightly focused on establishing helpful links to agencies and providing supports to caregivers, but where data collection and information management activities fell behind.

This need was identified early and additional training and support has been provided by Casey Family Programs, but the lesson learned is that administrative expectations need to be incorporated more robustly into the selection and orientation process. In addition, feedback to supervisors and database links to enable supervisors to track progress should be prioritized right from the outset. Administrative processes pose a common challenge for new programs that must develop new administrative processes and therefore often require greater autonomy and assertiveness on the part of staff to initiate and work out new routines and processes that often require revision and refinement over time.