Wayfinder Kinnections Kinship Navigator Evaluation: Final Report

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Child Trends®

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Executive Summary

The study described in this report is a quasi-experimental evaluation of Kinnections conducted from 2021 to 2025. Kinnections is a kinship navigator program provided by Wayfinder Family Services[1] and operating since 2007 in seven counties[2] in Northern California. The program is a family-centered, strengths-based, community-responsive kinship navigator service model serving all kinship caregivers and the children in their care, including those in formal and informal kinship placements.[3] Kinship caregivers caring for children informally often lack access to services and supports that may be available to kinship caregivers who care for children in formal kinship placements. Uniquely, this study of kinship navigators includes both kinship caregivers caring for children with child welfare involvement and those with informal kinship care placements. Below, we describe the study design and methodology, present the key findings, and offer recommendations based on the findings.

Study design and methodology

The evaluation employed a mixed method, quasi-experimental outcome study comparing kinship caregivers in both formal and informal kinship arrangements in five treatment counties (Butte, Placer, Sacramento, Santa Cruz, and Sonoma) who received Kinnections kinship navigation services to a matched group of kinship caregivers in eight comparison counties (El Dorado, Fresno, San Joaquin, Shasta, Stanislaus, Tehama, Yolo, and Yuba) who did not receive these services. The intervention condition was the Kinnections program. The comparison condition was comprised of caregivers who lived in counties where Kinnections services were not available. To ensure a comparison of similar groups, we used propensity score matching, and our models are a difference-in-difference design to account for remaining differences at baseline. Our matched sample included 116 caregivers in each group (treatment and comparison). Our design also included a process study examining the extent to which Kinnections was implemented as intended, and with fidelity to the model as described in the manual.

For the outcome study, we collected surveys designed to answer our research questions at baseline and from 4 to 12 months later. We used previously validated measures wherever possible, and measures developed for this study were co-created with kinship caregivers and youth input. For the process study, we examined the agency service data, conducted focus groups and interviews, conducted a staff time study, and reviewed Kinnections peer review data. For more details about tools used, please refer to Chapter 2 below.

Key findings

We examined and report on the following target outcomes as specified in the Title IV-E Clearinghouse manual[4]: adult well-being, access to services, satisfaction with programs and services, and referral to services. While we did examine child permanency, disruption from kin placement was such a rare event in both treatment and comparison groups that we were not able to test for significant difference between groups. We did not measure child safety or child well-being, as these were not feasible to measure given our study design. Below are key findings from the evaluation. For more details, please see the full report.

[1] https://www.wayfinderfamily.org/
[2] Wayfinder has contracts with seven counties in California to provide Kinnections. Only five of the counties participated in this study.
[3] Formal kinship arrangements include kinship caregivers caring for a child who is in state custody and placed in the kinship caregivers' home by the public child welfare agency. Informal kinship arrangements include kinship caregivers who are caring for a child with no child welfare involvement, although this may include a situation where the child welfare agency strongly recommended the placement as an alternative to formal state custody.
[4] Wilson, S. J., Brown, S. R., Kerns, S. E. U., Dastrup, S. D., Hedberg, E., Schachtner, R., Jackson, C., Norvell, J., Campbell, W., & Wall, A. (2024). Title IV-E Prevention Services Clearinghouse Handbook of Standards and Procedures, Version 2.0, OPRE Report # 2024-127, Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Two findings were statistically significant and met Clearinghouse baseline equivalence standards.

Adult well-being

Kinship caregivers in the treatment group experienced significantly higher increases in social support when compared to caregivers in the comparison group. The treatment group, on average, experienced an increase of 0.2 points more than the comparison group on the Protective Factors Survey social support subscale (range: 0-4) from baseline to follow-up after participating in Kinnections ($p<.05$).

Satisfaction with programs and services

Kinship caregivers in the treatment group were significantly more satisfied with services they received when compared to caregivers in the comparison group. The treatment group, on average, experienced an increase of 1.44 points more on the Client Satisfaction Questionnaire (range: 8-32) from baseline to follow-up after participating in Kinnections, compared to the comparison group ($p<.01$).

Two other findings were significant; however, these outcomes did not meet Clearinghouse baseline equivalence standards.

Access to services

Kinship caregivers in the treatment group were more likely to access at least one service at follow-up than caregivers in the comparison group. Caregivers were asked whether they had accessed 12 service types. Caregivers in the treatment group were 25-percentage points more likely to access services from baseline to follow-up than caregivers in the comparison group ($p<0.01$).

Referral to services

Kinship caregivers in the treatment group were more likely to have received at least one referral to services at follow-up than caregivers in the comparison group. Caregivers in the treatment group had a 39-percentage point greater increase in receipt of service referrals from baseline to follow-up when compared with caregivers in the comparison group ($p<0.001$).

Other key findings

There was a high level of fidelity to the Kinnections model at both the service and organizational levels. Staff served the intended population of kinship caregivers, including those with children with and without formal child welfare involvement, in all eligible counties.[5] Staff spent their time providing the prescribed services with little deviation from the model and caregivers were receptive to, and appreciative of, the services received. Staff received training to prepare them for their jobs and participated in ongoing, regular supervision. Kinship caregiver input was sought and included in practice via advisory boards.

[5] The one exception was in Santa Cruz County, where the funding from the county only included services to kinship caregivers with children formally involved in the child welfare system.

Kinship caregivers in the treatment group had a greater increase in the rate at which they accessed counseling and financial services at follow-up compared to kinship caregivers in the comparison group. The most common service caregivers had accessed at follow-up was counseling (43% of treatment and 36% of comparison), followed by financial services (35% of treatment and 33% of comparison). From baseline to follow-up, caregiver access to these services in the treatment group increased by 79 percent and 118 percent, respectively.

Kinship caregivers caring for children in informal arrangements experienced poorer outcomes on several indicators when compared to kinship caregivers caring for children with child welfare involvement. Kinship caregivers in the matched sample (both the treatment and comparison groups) with no child welfare involvement had higher levels of stress and lower levels of family functioning, social support, concrete support, and total number of services and referrals received than kinship caregivers caring for children with child welfare involvement.

Kinship caregivers in general reported high levels of unmet needs for respite and child care. Kinship caregivers in both the treatment and comparison groups had difficulty finding respite opportunities and child care.

Recommendations

Based on our findings, we offer the following recommendations:

Ensure that all kinship caregivers have access to a service like Kinnections, which offers customized referrals and case management.

Kinship caregivers who participated in Kinnections were more satisfied with the services they received than kinship caregivers who did not participate in Kinnections, indicating that Kinnections is able to tailor services to the needs of each caregiver's particular circumstances, including by offering case management when needed. This helps the caregivers and their families manage challenges that arise and thrive together.

Dedicate adequate funding for services like Kinnections to ensure full staffing and sustainability of the program.

Wayfinder has contracts with several county child welfare agencies that provide funding for Kinnections to serve both formal and informal kinship caregivers, which ensures that families receive supports and services they need. Sufficient funding is also needed for a full staff (i.e., kinship navigator I, kinship navigator II, supervisor, and parent partner) to support caregivers in each county.

Provide training for mental health and legal professionals in kin specific needs.

Counseling and legal services were among the most commonly accessed services for kinship caregivers in both the treatment and comparison groups. Kinship caregivers and their families have unique needs related to their circumstances and need professionals who understand and can provide guidance tailored to their needs.

Continue to offer a mix of virtual and in-person services, including support groups.

Some kinship caregivers want the convenience of virtual contact, especially when they are very busy and/or lack transportation. However, some kinship caregivers want to be able to connect in-person for case management as well as support groups. Alternating between virtual and in-person contacts can help meet the needs of most kinship caregivers.

Increase child welfare services and supports for kinship caregivers caring for children in informal arrangements.

Kinship caregivers caring for children in informal arrangements do not have access to the supports provided through the child welfare system, including financial and concrete assistance, and appear to be more isolated and lacking in social supports. These stressors can lead to placement instability and the risk that the child will come into state custody. Child welfare agencies can help address these needs and stabilize kinship placements by offering financial and other supports for kinship caregivers who care for children in informal arrangements.

Increase collaboration among multiple systems serving kinship caregivers to better serve kinship families.

Kinship navigator programs, such as Kinnections, can significantly improve the lives of kinship families. However, they cannot address all needs, such as the need for respite and child care. To address these needs, systems that serve kinship families—such as public benefits, aging and disability services, early childhood education, recreation, and mental health services—need to come together to plan for and provide a full array of services for kinship families.

Chapter 1: Study Description

The study described in this report is a quasi-experimental evaluation of Kinnections conducted from 2021 to 2025. Kinnections is a kinship navigator program provided by Wayfinder Family Services,[6] operating since 2007 in seven counties[7] in Northern California. The program is a family-centered, strengths-based, community-responsive kinship navigator service model available to all kinship caregivers and the children in their care, including those in formal and informal kinship placements.[8] Kinship caregivers caring for children informally often lack access to services and supports that may be available to kinship caregivers caring for children in formal kinship placements. Unlike other studies, we analyzed both kinship placements with child welfare involvement and those with informal kinship care arrangements. Below, we describe the study design and methodology, present key findings, and offer recommendations based on the findings.

In 2021, Wayfinder received the Family Connection Grant: Building the Evidence for Kinship Navigator Programs, HHS-2021-ACF-ACYF-CF-1903 (2021-2025), from the federal Administration for Children and Families (ACF), Children's Bureau to evaluate the Kinnections program. The grant was initially provided for three years and was extended for a fourth year. The grant included a match from non-governmental sources of 33 percent of total funds provided. Wayfinder contracted with Child Trends to conduct the evaluation. The goal of the grant was to build reliable and valid evidence of the effectiveness of a kinship navigator program to improve child welfare outcomes for the kinship caregivers and their families.

In a prior evaluation through a Family Connections discretionary grant (2009-2012), the Kinnections program showed promising, albeit non-significant, findings for the treatment group (kinship caregivers receiving kinship navigator services plus wraparound services, compared to only kinship navigator services) in the following areas: 1) fewer substantiated allegations of child abuse and neglect, 2) more children remained at home in dependent supervision or were reunified with birth parents, 3) increased numbers of children living with relative and non-relative extended family members (NREFM), and 4) increased protective factors. However, this prior evaluation did not examine the effectiveness of receiving the core kinship navigator services compared to not receiving any kinship navigator services, leaving a gap in knowledge about the effectiveness of core services. The 2021 grant provided the opportunity to study the impact of core kinship navigator services compared to no kinship navigator services on kinship caregivers.

This report presents findings from the evaluation, a mixed method, quasi-experimental study comparing kinship caregivers in five counties who received Kinnections kinship navigation services (treatment) to a matched group of kinship caregivers in eight other counties who did not receive these services (comparison) – see Figure 1 below for a list and location of counties. We begin by describing the core elements of the Kinnections model, the intervention and comparison conditions, the study participants, and the program implementation (including the level of fidelity to the Kinnections model). We then discuss the study methodology and data collection procedures, present the evaluation findings, discuss the implications of the findings (including study limitations), and end with recommendations.

[6] https://www.wayfinderfamily.org/

[7] Wayfinder has contracts with seven counties in Northern California to provide Kinnections. Only five of the counties participated in this study.

[8] Formal kinship arrangements include kinship caregivers caring for a child who is in state custody and placed in the kinship caregivers' home by the public child welfare agency. Informal kinship arrangements include kinship caregivers who are caring for a child with no child welfare involvement, although this may include a situation where the child welfare agency strongly recommended the placement as an alternative to formal state custody.

Core elements of the model

The Kinnections program aligns with the key requirements for a kinship navigator program, as laid out in the Family First Prevention Services Act (FFPSA). See Table 1 for a comparison of the FFPSA requirements and the Kinnections core elements.

Table 1. Key kinship navigator requirements and Kinnections core elements

Key FFPSA kinship navigator program, requirements [9]	Wayfinder Kinnections kinship navigator program
Required elements	
• Be coordinated with other state or local agencies that promote service coordination or provide information and referral services, including the entities that provide a 2-1-1 or 3-1-1 information system, where available, to avoid duplication or fragmentation of services to kinship care families. Agencies may include DSS, Area on Aging, Legal Aid, local Foster Family Agencies, resource centers, etc. Meetings must occur at least quarterly with DSS and be on-going with local agencies.	• Wayfinder has service contracts with local DSS agencies in all counties served by the kinship navigation program, as well as other kinship serving agencies in their area. This includes memoranda of understanding with legal aid, resources centers, and other community-based organizations, depending on county needs. • They hold planned quarterly meetings, and ad hoc meetings as needed, with these agencies to share information, collaborate on service delivery, and participate in local events to promote Kinnections services. Kinnections is listed on the state 2-1-1 website under kinship support services.

• Services shall establish information and referral systems that link (via toll-free access) kinship caregivers, kinship support group facilitators, and kinship service providers to:
  • All relevant parties needing information and referral resources
  • Eligibility and enrollment information for federal, state, and local benefits
  • Relevant trainings to assist kinship caregivers in caregiving and in obtaining benefits and services
  • Connections to individualized assistance as needed
	• Kinnections consults with local community-based organizations and other agencies serving kinship families (such as probation and training agencies) in each county. The composition and frequency of meetings vary across the different counties.
	Services include:
	• Voluntary services available to formal and informal kinship caregivers (caring for children in state custody, as well as children with no child welfare involvement)
	• Assistance with basic needs such as furniture, food, gas, clothing, utilities, etc. to stabilize their situation. Support may be provided through direct payment, gift cards, physical items, or referrals to other community agencies who provide this support.
	• Information and referrals (other than legal and guardianship information)
	• Support groups (offered at least monthly) and other activities designed to bring kinship caregivers and/or youth together to promote social connectedness, respite, and support

[9] Taken from section 427(a)(1) of the Social Security Act https://www.ssa.gov/OP_Home/ssact/title04/0427.htm

Key FFPSA kinship navigator program, requirements [9]	Wayfinder Kinnections kinship navigator program
	• Trauma-informed parenting information (see the Relationship Matters booklet, as detailed on page 13 of the manual), including workshops and classes • Case planning and management offered to families who request this service for generally three to six months to improve family resiliency and protective factors (as detailed on page 14 of the manual)
• Relevant legal assistance and help in obtaining legal services.	• Legal and guardianship/adoption information and referrals. • Kinship navigators may attend probate court with a kinship caregiver to help with advocacy and support and provide guidance for caregivers, including how to interpret and respond to what is said in court and how to complete required paperwork
• Provide outreach to kinship care families, including by establishing, distributing, and updating a kinship care website, or other relevant guides or outreach materials.	• Wayfinder maintains a website[10] with a plethora of information for kinship caregivers, including information about Kinnections services. • Wayfinder attends community outreach events regularly to promote their service.
• Promote partnerships between public and private agencies—including schools, community- or faith-based organizations, and relevant government agencies—to increase their knowledge of the needs of kinship care families and other individuals who are willing and able to be foster parents for children in foster care under the responsibility of the state, who are themselves parents, to promote better services for those families.	• Wayfinder's kinship navigators do outreach at schools, churches, doctors' offices, and other community organizations to increase knowledge of the program and referrals for kin families. • Program supervisors and directors develop partnerships with local agencies and attend DSS county unit meetings to ensure awareness of services and promote referrals.
Optional elements	
• Establish and support a kinship care ombudsman with authority to intervene and help kinship caregivers access services.	• Wayfinder refers families to the Office of the Foster Care Ombudsman, which provides an independent forum for resolving complaints related to the care, placement, and services for children in foster care, including those in kinship care. Wayfinder offices have ombudsman information posted, and information is also provided in caregiver welcome packets.
• Support any other activities designed to assist kinship caregivers in obtaining benefits and services to improve their caregiving.	• Advocacy related to understanding and navigating educational systems, physical and/or mental health systems, child protective services, immigration services, etc.

[10] https://www.wayfinderfamily.org/program/kinship-support-services-program

Key FFPSA kinship navigator program, requirements [9]	Wayfinder Kinnections kinship navigator program
	• Respite resources include child care provided or paid for by the Kinnections program and/or referrals to resources in the community that allow caregivers to receive respite. Kinnections programs may provide financial assistance to caregivers to find their own respite provider. • Enrichment activities, recreational opportunities, tickets to events & games, and/or referrals to after school enrichment programs, summer camps, and other extracurricular activities.

Intervention condition

The intervention condition was the Kinnections program provided to kinship caregivers in five counties (Butte, Placer, Sacramento, Santa Cruz, and Sonoma). As described in the Kinnections manual (hereafter, "the manual"),[11] the Kinnections service approach is individualized, family-centered, strengths-based, trauma-informed, community-responsive, and honors client self-determination in collaborative goal setting. Both kinship families with and without formal child welfare involvement[12] are served.

The Kinnections program helps families navigate the various systems that offer services to kinship families and helps link them to natural supports within their communities. Kinnections staff are available to advocate for families when they are struggling to find and qualify for needed services. Connecting kinship caregivers to these types of resources has been shown to reduce stress and enhance resiliency.[13] Kinnections services are voluntary and designed to promote safety, permanency, and well-being. Services are provided in individual and group settings, and the level of service is dependent on family needs. Staff engage families with assessments, identification of goals, and service planning that is individualized and promotes protective factors that enhance the health and well-being of children, youth, and families.

Like other kinship navigator services, Kinnections services include concrete/financial support; support groups and activities that strengthen social connections; workshops; permanency planning support, such as guardianship or adoption; parent skill building and behavior management support; emotional and therapeutic support; information and referrals; and case planning and management.

Comparison condition

The comparison condition was comprised of caregivers who lived in eight counties where Kinnections services were not available (El Dorado, Fresno, San Joaquin, Shasta, Stanislaus, Tehama, Yolo, and Yuba). Since Wayfinder does not have contracts with the Department of Social Services (DSS) agencies in the comparison counties to provide Kinnections,[14] the kinship caregivers in these counties did not have the opportunity to receive Kinnections services. Caregivers in comparison counties continued to have access to services and supports available in their community. Available services varied by county and included

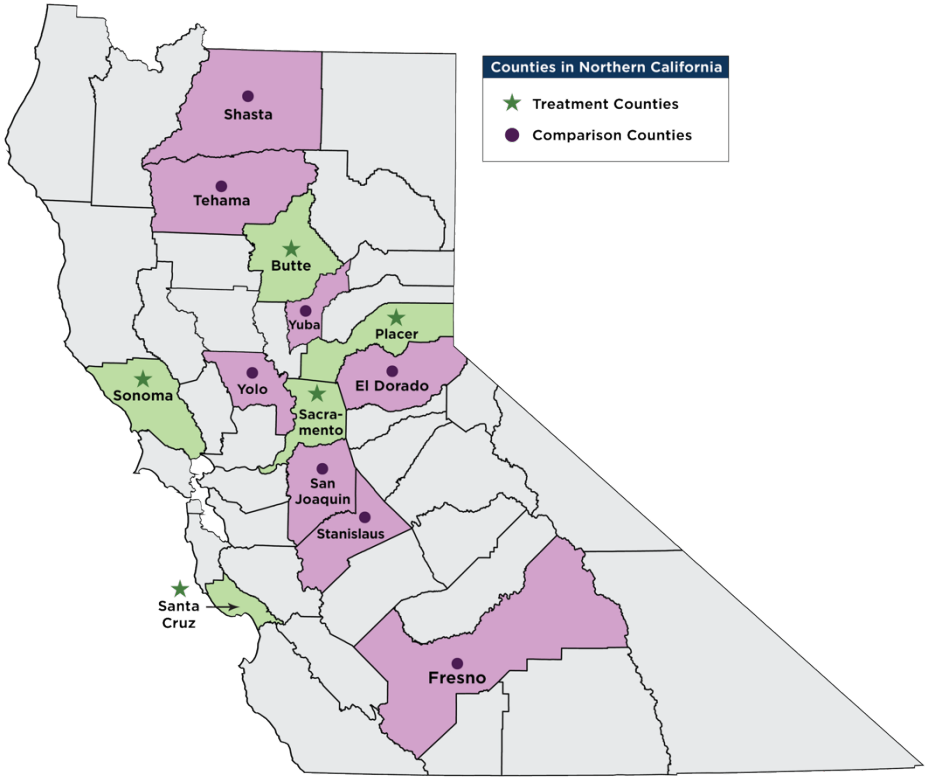
[11] Details of the Kinnections model are taken from Kinnections: A Kinship Support & Navigation Program Implementation Manual.
[12] Formal child welfare involvement includes children who are in state custody and are placed in kinship foster care.
[13] Pandey, A., Littlewood, K., Cooper, L., McCrae, J., Rosenthal, M., Day, A., & Hernandez, L. (2018). Connecting older grandmothers raising grandchildren with community resources improves family resiliency, social support, and caregiver self-efficacy. *Journal of Women & Aging*, *31*(3), 269–283. https://doi.org/10.1080/08952841.2018.1444940
[14] Wayfinder has contracts with Yolo and San Joaquin counties to provide some services, but not the full Kinnections kinship navigator range of services. Wayfinder previously provided kinship navigator services to families in El Dorado County as part of their contract with the county, so caregivers from El Dorado were asked if they had accessed these services as part of the series of questions assessing eligibility.

services offered by local libraries, community colleges with kinship caregiver programs, and the official California DSS Kinship Navigator.[15] However, there was no comprehensive kinship navigator service like Kinnections in these counties. We tracked which services kinship caregivers in these counties received as part of study data collection, which is described below in the section on findings from the process study.

Study participants

Kinship caregivers enrolled in the study resided in the five treatment counties (Butte, Placer, Sacramento, Santa Cruz, and Sonoma) and the eight comparison counties (El Dorado, Fresno, San Joaquin, Shasta, Stanislaus, Tehama, Yolo, and Yuba). See Figure 1 for location of treatment and comparison counties. Below we describe inclusion and exclusion criteria for our study sample.

Figure 1. Treatment (green) and comparison (purple) counties in Northern California



Child Trends used the following assumptions in the power analysis to calculate the sample size needed to detect a small effect size (minimum of 0.2): a confidence level of .05, with a power of 0.8, five to six demographic covariates, and control dummy variables for county fixed effects. Table 2 shows the sample sizes needed to measure differences between the treatment and comparison groups.

Table 2. Sample size calculation from power analysis

R-squared	Sample size (treatment + control)
0.3	552
0.4	474

[15] https://ca.getvirtualsupport.org/

For example, 552 individuals (276 in the treatment group and 276 in the comparison group) are needed to be able to detect an effect size of 0.2 (i.e., the standardized mean difference between the two groups would be 0.2 standard deviation units) with an R-squared of 0.3 (i.e., the proportion of variance in the dependent variable explained by the model). Child Trends anticipated a reduction in the sample after matching and some attrition between baseline and follow up surveys. Additionally, we anticipated more attrition in the comparison group than the treatment group since the caregivers who received Kinnections services might still be connected to program or might be more responsive to nudges from Kinnections staff to complete the follow-up survey. As a result of the power analysis and anticipated attrition, the recruitment targets in Table 3 were established.

Table 3. Target recruitment numbers

	Target Recruitment Numbers		Actual Recruitment Numbers	
Time Point	**Treatment**	**Comparison**	**Treatment**	**Comparison**
Baseline	350	425	302	254
Follow-up	276	276	211	176

Even with considerable effort from Kinnections staff, recruitment fell short of target numbers. However, the surveys collected provided sufficient power to detect significant differences between the two groups in several outcomes.

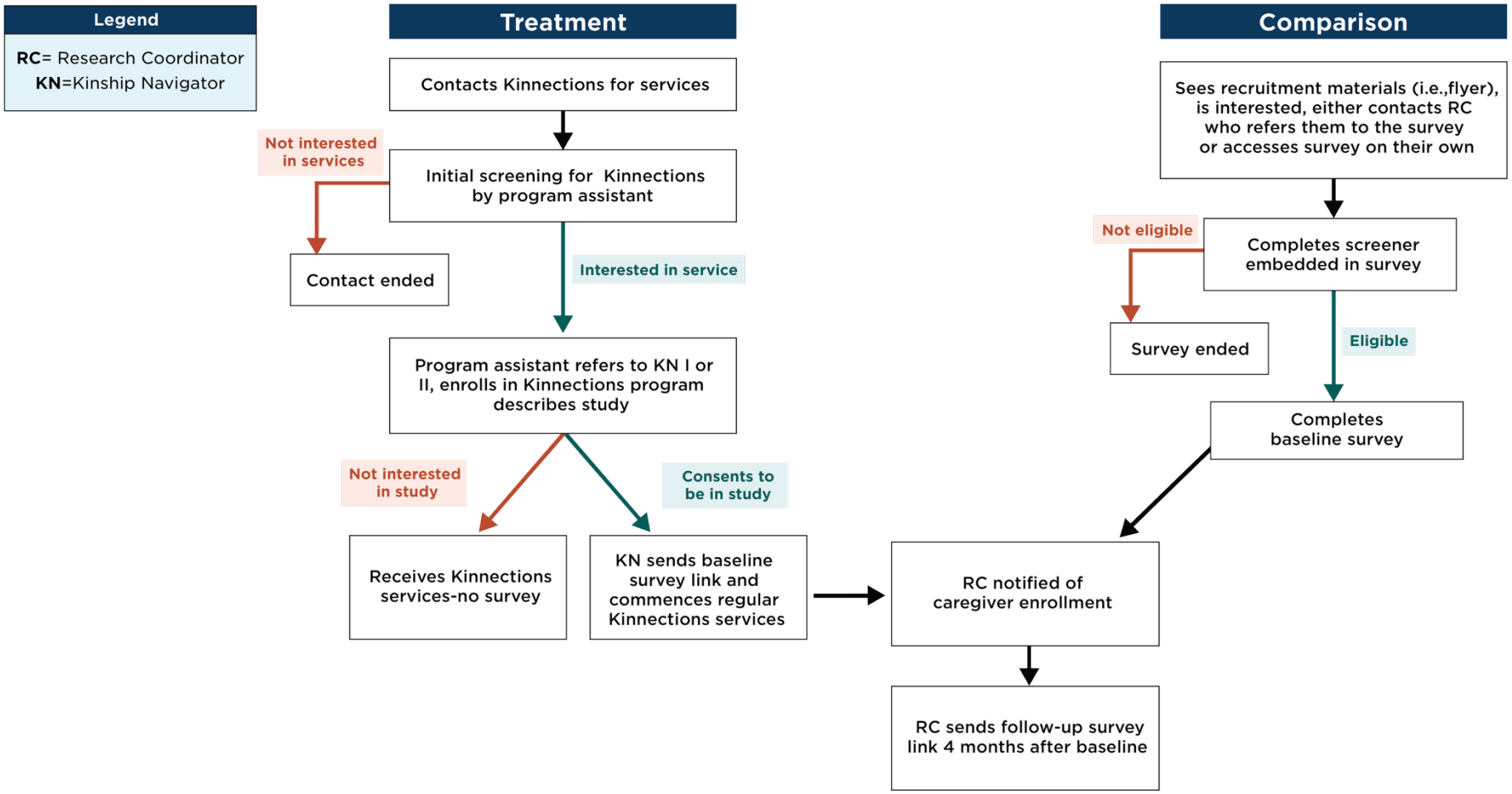
Inclusion and exclusion criteria

Eligibility for inclusion in the evaluation mirrors eligibility for Kinnections as described in the manual. Kinship caregivers—defined as grandparents; siblings; extended family; tribal kin; or other "fictive kin", such as a friend, godparent, teacher, or coach—were eligible for inclusion in the evaluation. Additionally, kinship caregivers should be caring for at least one child at study baseline that is either: 1) in the foster care system or at risk of entering foster care, 2) informally placed without involvement of the child welfare system, or 3) cared for through legal guardianship arrangements. Caregivers residing with the birth parent of a kin child were not eligible for the evaluation unless the birth parent had been deemed incapable of caring for the child by a legal or medical professional. The kinship child had to be under 21 years of age for the family to receive Kinnections services.

In the treatment counties, all kinship caregivers who sought services either for the first time ever or for the first time in the past 12 months did not have a birth parent living in the home, and lived in one of the treatment counties (Butte, Placer, Sacramento, Santa Cruz, or Sonoma) were eligible for Kinnections services and could enroll in the evaluation.

In the comparison counties, all kinship caregivers interested in services who responded to an advertisement to participate in the study and lived in one of the comparison counties (El Dorado, Fresno, San Joaquin, Shasta, Stanislaus, Tehama, Yolo, or Yuba) were eligible to enroll in the evaluation. The Kinnections program manager and outreach coordinator conducted outreach to several agencies in the comparison counties to advertise the study and encourage kinship caregiver participation. They coordinated meetings with local DSS staff in each county to inform them about the study; attended local community fairs and other events; and posted flyers in agency offices, community-based organizations, and libraries. Additionally, flyers promoting the study were mailed to local agencies in each county. Wayfinder also promoted the survey through their website. See Figure 2 below for the flow of study enrollment.

Figure 2. Wayfinder Kinnections Navigator Evaluation: study enrollment and data collection



Program implementation

The Kinnections program offers services that are tailored to the needs of individual kinship caregivers and their families. This can range from one-time contact with the program administrator to obtain a referral or information related to a specific need to six months or more of case management provided by the kinship navigator. Below we describe the intended dosage and length of Kinnections services, including case management services.

Intended dosage and length of service

The dosage and length of the Kinnections service varies according to the needs of the kinship caregiver and their families. The first contact a kinship caregiver has at Kinnections is with the program assistant, who gathers contact information and refers the kinship caregiver to the kinship navigator. The program assistant does not provide any service to the caller. The kinship navigator (Spanish speaking when appropriate) then calls and/or meets directly with the kinship caregiver; asks about their needs; and explains what the Kinnections service includes, including case management for those who are eligible and want this service. If the kinship caregiver only wants information and/or referrals, the kinship navigator provides the appropriate information and lets the kinship caregiver know that they are welcome to call back any time for additional assistance. If the kinship caregiver is interested in receiving more coordinated and/or intensive support, the kinship navigator then describes the case management process. Open enrollment in Kinnections case management services can range widely from three months to several years, and the intensity of services depends on each family's needs.

Case management is a time-limited service that consists of monthly visits (at minimum) with the caregiver/family at a location that is convenient for the caregiver. During the initial call, the kinship navigator arranges a second meeting in the family's home, or another location convenient to the kinship caregiver, to complete a needs assessment in collaboration with the family. The needs assessment identifies caregiver needs and establishes an individualized, strengths-based, trauma-informed, and community-responsive Family Service Plan (FSP). The FSP is a tool developed by Wayfinder and utilized by the Kinnections staff. The FSP uses the Protective Factors Framework[16] while also taking into consideration the resources and supports the family already has in place. The FSP considers the family's cultural, socioeconomic, tribal affiliation, religious, racial, and ethnic background and any other factors identified during the needs assessment to identify strengths, goals, and next steps for the family.

The kinship navigator and family jointly determine the frequency and duration of case management services and work to identify and build natural supports for the family. The families usually graduate from case management within six months, once they have achieved their goals. Goals are outlined on the FSP and based on protective factors. Goals are generally focused on stabilizing an initial placement, which can include securing concrete supports such as bedding/furniture, seeking an Individualized Education Plan or 504 plan for a child,[17] connecting to therapeutic supports, guiding a family on trauma informed parenting, etc. Additional goals may be to create a permanency plan and support the caregiver in determining permanency options, filing paperwork for guardianship of the child with the court if needed, etc. If a family has not achieved their goals outlined in the FSP within six months, they have the opportunity to continue receiving case management services and must initiate a new FSP with new goals. After graduating from case management services, families can continue to receive other core Kinnections services, including support groups, workshops, and other program activities. Families can re-initiate case management if future needs arise.

[16] https://cssp.org/our-work/projects/protective-factors-framework/
[17] U. S. Department of Education resources to ensure students with disabilities have equal access to educational opportunities. https://www.ed.gov/laws-and-policy/individuals-disabilities/section-504

Setting and format of services

Kinship caregivers typically make initial contact over the phone with a program assistant, who refers the caller to the kinship navigator. Subsequent contacts may be in a variety of settings—in the kinship caregivers' home, at a community location such as a coffee shop or library, or virtually via phone or video chat—depending on the caregiver's preference and purpose of the visit. For example, the kinship navigator may attend an Individualized Education Plan (IEP) meeting at a child's school and then meet with the kinship caregiver in their home to follow up on what was discussed in the meeting. This is in line with the treatment model as described in the manual. In addition to the kinship caregiver, the meetings may include their partner, the child/youth they are caring for, or other support persons, also depending on the kinship caregiver's preference. Support groups are offered both in-person (e.g., in a Wayfinder's office) and virtually. Kinnections also offers other events—such as family enrichment events—that take place at various community locations or Kinnections offices.

Number of agency units

Wayfinder has an office in four of the five Kinnections treatment counties: Butte, Placer, Sacramento, and Sonoma.[18] In Santa Cruz, the kinship navigator is located in the same building as the local DSS. The program assistant who provides support in Santa Cruz is located in the Contra Costa Wayfinder office.

Who delivers the service (and how many people deliver it)

The Kinnections staff are divided into four categories: program assistant, kinship navigator I, kinship navigator II, parent partner, and supervisor. In each county there is a program director who oversees Kinnections but is not directly involved with service delivery. Typically, each director is responsible for more than one program. Offices with limited resources will have at a minimum a program assistant, kinship navigator I or II, and a supervisor. See Table 4 below for a description of each category of Kinnections staff involved with Kinnections service delivery.

Table 4. Staff roles and responsibilities

Staff role	Qualification	Staff responsibilities
Program assistant	Two years of office/clerical work	First point of contact for kinship caregivers; enroll kinship caregivers in Kinnections database and make referrals to the kinship navigator
Kinship navigator I	Bachelor's degree in social work or a related field	Assist kinship caregivers with applications for guardianship, locating resources, and initial intake process; provide case management to 8-10 kinship caregivers and their families
Kinship navigator II	Master's degree in social work or a related field	Provide more intensive family support and case management services to 12-15 kinship families; develop, coordinate, and supervise family service plans; assess and identify family needs and connect families to available resources; may supervise interns

[18] Wayfinder has contracts with DSS in seven counties in Northern California to provide Kinnections services. The treatment group included five of the counties: Butte, Placer, Sacramento, Santa Cruz, and Sonoma. Monterey County did not offer Kinnections services at the time the study was initiated, and Contra Costa County did not express interest in participating in the study. These two counties were excluded from the study.

Staff role	Qualification	Staff responsibilities
Parent partner	Lived kinship care experience	Facilitate guardianship workshops; provide peer-to-peer mentorship; facilitate the kinship caregiver support groups
Supervisor	Master's degree in social work plus two years of child welfare experience	Support staff through individual and group supervision; monitor fidelity to the Kinnections model

Table 5. Number of staff by role in each treatment county

Staff role	Butte	Placer	Sacramento	Santa Cruz	Sonoma
Program assistant	1	1	1	1	1
Kinship navigator I	N/A	N/A	5	1	2
Kinship navigator II	1	1	1	N/A	N/A
Parent partners	N/A	1	1	N/A	1
Supervisors	1	1	1	1	1

Training

Core training for all Kinnections staff is grounded in Dr. Joseph Crumbley's Core Kinship Practice.[19] All staff are trained within the first 90 days of being hired in a range of evidence-based/informed practices (see the Wayfinder 90 Day Onboarding Checklist for the trainings all staff complete). In addition, Kinnections staff completed the following trainings between June 2022 and July 2024:

- Therapeutic Crisis Intervention Training 2022 - 2-day training, 6 hours total
- Dr. Joseph Crumbley Training 2023 - 3-day training, 9 hours total
- Dr. Joseph Crumbley Train-the-Trainer Training 2024 - 2-day training, 6 hours total

Supervisors are required to provide weekly supervision (individual or group) to their team. Team meetings are held at least monthly to ensure proper care coordination and adherence to the model. See the manual for additional information on training requirements.

Fidelity checklists

Kinnections staff at Wayfinder conduct quarterly peer reviews of both open and closed case files. Reviews serve both to ensure and improve appropriate documentation and as an opportunity for shared learning and exchange of practice approaches. The focus of the reviews is improvement in a collegial setting. For more information, see the manual for a description of the process and peer review tool.

[19] https://www.kinconnector.org/kinship-families

Chapter 2: Methodology

The Wayfinder Kinnections evaluation included outcome and process study components and employed a quasi- experimental, prospective design. In this section, we describe our methodology and data collection procedures. We begin by listing our research questions and describing the study design, measures used, and timing of key milestones for both the outcome and process evaluations. We then proceed to discuss our analytical methods, such as how we established baseline equivalence, other statistical tests performed, and how we managed missing data.

Research questions

Our evaluation of Kinnections is based on the logic model in Figure 3 (on the next page).

Figure 3. Kinnections logic model

Situation:	Our priority:
One third of children in foster care live with kin and, for every child in kinship foster care, about 20 children live with kin outside the foster care system. Kinship caregivers often face many needs, including financial, legal, and health. Kinship caregivers may struggle to find the services they need to care for their relatives effectively and manage their own stress.	Provide high-quality, available, responsive, and tailored services and supports to kinship caregivers and their relative children. Ensure caregivers have what they need to parent their relative children.

Assumptions:

Research shows that kinship care has multiple benefits for children and youth: greater stability, stronger feelings of family belonging and connectedness, better permanency outcomes, and increased sibling co-placements. Children who have caregivers who are less stressed and have the supports they need have more stable placements. We assume the kinship navigator program will assist kinship caregivers in finding the services and supports they need to care effectively for their children and result in caregivers who feel satisfied with the help they receive, have their needs met, and experience less stress/increased well-being.

Resources/Inputs

- Family and Children Services county partners in Sonoma, Santa Cruz, Sacramento, Placer, and Butte counties
- Staff at Wayfinders
  - Director
  - Supervisors
  - Kinship navigator I
  - Kinship navigator II
  - Parent partners
  - Program assistants
  - Quality improvement department
- Community-based partner agencies
- Child Trends
- Advisory group members, including kinship caregivers and youth in/formerly in kinship care

Activities

Organization
- Advocacy and system navigation
- Advisory boards
- Collaboration with public and private partner agencies

Caregiver Support Services
- Warmline support
- Guardianship assistance
- Concrete supports (clothing, food, etc.)
- Financial support
- Transportation assistance
- Therapy referrals
- Trauma-informed parenting workshops
- Enrichment activities
- Respite events and/or funding
- In-home case management
- Support groups
- Educate the community about kinship services

Staff Development
- Training
- Coaching
- Leadership support

Outputs/Short-Term Outcomes FOCUS OF THE EVALUATION

Organization
- # of caregivers and youth actively participating in advisory group activities
- Increase in referrals to and data sharing with partner agencies

Agency
- # of children and caregivers served
- # of trainings, workshops, and educational events held
- # of outreach presentations made
- # of caregivers receiving case management

Caregiver
- Increased knowledge of services
- Increased access to and participation in services
- Increased satisfaction with services received
- Decrease in stress symptoms
- Increase in resilience and improved family functioning
- Increased nurturing and attachment among family members
- Increased social and concrete supports
- Increased short-term placement stability

Staff
- # of staff trained
- # of case reviews completed

Outcomes/Impact

Intermediate
- Increase in long-term placement stability
- Improved family resiliency and protective factors
- Improve access to and responsiveness of services for kinship caregivers

Long-term
- Safety
- Well-being
- Permanency
  - Increase in reunification, where possible
  - Increase in KinGap or adoption

Evaluation:

Process: Was Kinnections implemented as intented? What facilitates or findered the implementation?
Outcome: Did kinship caregivers benefit from a kinship navigator service?

Outcome study

Below we describe the outcome study research questions, the tools used, their purpose, and measures of validity and reliability, where available. These tools measured adult well-being – defined in this study as mental or emotional health, family functioning, and economic stability – access to services; referral to services; satisfaction with programs and services; and child permanency. See Table 6 for detail on which tools were used to answer which research questions.

Table 6. Outcome study research questions, tools, and purpose.

Research Question	Tools	Use/Purpose

1. **Adult well-being**: Do kinship caregivers who receive Kinnections do better than those who are not served by a kinship navigator on the following measures:
• Mental or emotional health
• Family functioning
• Economic and housing stability
• Outcomes: Refers to financial, economic, outcomes such as financial assistance, food security/insecurity, and housing stability
  ○ Do changes in these outcomes vary by county?
  ○ Are there demographic or other differences in caregivers who receive services?
	Perceived Stress Scale (PSS) [20, 21]	Stress assessment survey to understand how different situations affect people's feelings and perceived stress

	Protective Factors Survey – 2 (PFS-2) [22, 23]	Protective factors survey in five areas: social supports, concrete supports, nurturing and attachment, family functioning/ resilience, and caregiver/ practitioner relationship

[20] Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24, 385-396

[21] Baik, S. H., Fox, R. S., Mills, S. D., Roesch, S. C., Sadler, G. R., Klonoff, E. A., & Malcarne, V. L. (2019). Reliability and validity of the Perceived Stress Scale-10 in Hispanic Americans with English or Spanish language preference. *Journal of health psychology*, *24*(5), 628-639.

[22] Protective Factors Survey, 2nd Edition User Manual. (2018). FRIENDS National Center for Community-Based Child Abuse Prevention, Chapel Hill, NC. [Online]

[23] Counts, J. M., Buffington, E. S., Chang-Rios, K., Rasmussen, H. N., & Preacher, K. J. (2010). The development and validation of the protective factors survey: A self-report measure of protective factors against child maltreatment. *Child Abuse & Neglect*, *34*(10), 762-772

Research Question	Tools	Use/Purpose
2. **Access to services**: Do kinship caregivers who interact with Kinnections staff have greater access to available services (including receiving project information) than those who do not interact with a kinship navigator? • Do changes in these outcomes vary by county? • Are there demographic or other differences in caregivers who receive services?	Survey co-created with kinship caregivers and youth	Survey of placement stability and service need, knowledge, satisfaction, and use of service
3. **Referral to services**: Do kinship caregivers who interact with Kinnections staff gain more knowledge (receive project information) about self-identified needed services than those who do not interact with a kinship navigator?	Survey scale co-created with kinship caregivers and youth	Survey of placement stability and service need, knowledge, satisfaction, and use of service
4. **Satisfaction with programs and services:** Are kinship caregivers who interact with Kinnections staff more satisfied with the services they access and receive than those who do not interact with a kinship navigator? • Do changes in these outcomes vary by county? • Are there demographic or other differences in caregivers who receive services?	Client Satisfaction Questionnaire (CSQ-8) Parent[24]	Survey of general satisfaction with services received

[24] Larsen, D.L., Attkisson, C.C., Hargreaves, W.A., and Nguyen, T.D. (1979). Assessment of client/patient satisfaction: Development of a general scale, Evaluation and Program Planning, 2, 197-207

Research Question	Tools	Use/Purpose
5. **Placement stability**: Are children living with kinship caregivers who interact with Kinnections staff more likely to remain in the caregivers' home or reunify with their family of origin than those who do not interact with a kinship navigator? • Do changes in these outcomes vary by county? • Are there demographic or other differences in caregivers who receive services?	National Survey of Children in Nonparental Care[25]	Survey of with whom and where children being cared for by someone other than their biological parent are living

Process study

The process study examined whether the Kinnections model was implemented as intended at the service and organizational level, identified challenges to implementation, and observed and described lessons learned. The process study sought to answer the research questions presented in Table 7 below.

Table 7. Process study research questions, tools, use, and purpose

Research question	Tool	Use/Purpose
1. **Service fidelity**: Are Kinnections staff implementing services as intended at the service level? • Are all types of kin (blood and fictive) served? • Are formal and informal kinship caregivers served? • Are/in what ways are kinship caregiver needs assessed? • Are services offered and provided by Kinnections staff appropriate to the needs and desires of the kinship caregiver? • Are the services to which kinship caregivers are referred provided by an external provider?	Agency database FAMCare	The database Wayfinder uses to track clients and services provided by the agency
	Focus groups and interview protocols co-created with kinship caregivers and youth	Assess staff, kinship caregiver, and youth perceptions of, and need for, services received both for treatment and comparison groups, and examine facilitators and barriers to implementation; understand the continuous quality improvement (CQI) processes used by the agency

[25] Centers for Disease Control and Prevention (CDC). National Survey of Children in Nonparental Care (NSCNC). https://www.cdc.gov/nchs/data/slaits/NSCNCQuestionnaire.pdf

Research question	Tool	Use/Purpose

• What patterns are there in the utilization of services to which kinship caregivers were referred in both the treatment and comparison groups?
  ○ Are there differences by county?
  ○ Are there demographic or other differences?
• How are Kinnections staff spending their time?
• What factors contributed to the successful implementation of the model?
• What factors were a challenge to the successful implementation of the model?
	Staff survey and time logs adapted for the study[26]	Understand how staff spend their overall time, as well as time spent on specific components of the Kinnections model

	Kinnections peer review data – program manual (pg. 32)	All programs and services at Wayfinder conduct quarterly peer reviews of both open and closed case files. Reviews serve both to ensure and improve appropriate documentation and as an opportunity for shared learning and exchange of practice approaches

2. **Organizational fidelity:** Is the Kinnections model being implemented as intended at the organizational level?
• Is the advisory board meeting their goals?
• What are Wayfinder outreach activities?
• What are the patterns of referral among public and private partners?
• Are the voices and input of kinship caregivers and youth included in program planning and operations?
• Do staff receive the supports needed to do their job effectively, including:
  ○ Training, supervision, and coaching?
  ○ Professional development opportunities?
  ○ Performance review?
• Does the agency maintain a culture of CQI?
  ○ Are feedback loops established and used for staff, kinship caregivers, and key partners?
	Wilder Collaboration Factors Inventory (CFI)	The Wilder CFI is a research-based tool designed to assess 20 factors that influence the success of collaboration

	Agency database FAMCare[27]	
	Focus groups and interview protocols co-created with kinship caregivers and youth	Assess staff, kinship caregiver, and youth perceptions of, and need for, services received both for treatment and comparison groups, and examine facilitators and barriers to implementation; understand the CQI

[26] Information and data collection forms are excerpted and adapted from: Andrew Burwick, Anna Maria
[27] Mattessich, P., Murray-Close, M., & Monsey, B. (2001). *Wilder Collaboration Factors Inventory*. St. Paul, MN: Wilder Research.

Research question	Tool	Use/Purpose
○ Is data used to inform practice? • What products do Wayfinder and Child Trends disseminate and what is the reach of these products?		processes used by the agency
3. **Context**: What is the context in which Kinnections is implemented? • What policies are there related to kinship care, child maltreatment prevention, and Temporary Assistance for Needy Families (TANF)? • How do these policies support or hinder implementation of Kinnections?	Focus groups and interview protocols co-created with kinship caregivers and youth	Assess staff, kinship caregiver, and youth perceptions of, and need for, services received both for treatment and comparison groups, and examine facilitators and barriers to implementation; understand the CQI processes used by the agency

Design

Child Trends used a mixed methods design, conducting both outcome and process evaluations. For the outcome evaluation, the research team conducted a quasi-experimental and prospective evaluation of the Kinnections program. The evaluation compares kinship caregivers who received Kinnections kinship navigation services in five California counties (treatment group) to a matched group of kinship caregivers who did not receive Kinnections services in eight California counties (comparison group). Due to contractual requirements between Wayfinder and California's Department of Social Services (DSS) to serve all eligible kinship caregivers in the five treatment county agencies, a randomized controlled trial was not feasible.

For the process evaluation, we conducted interviews and focus groups with key stakeholders (e.g., kinship caregivers, DSS staff), reviewed agency service data, assessed the level of collaboration among partner agencies, and completed a study of how staff apportioned their work time at three different points over the course of the study. We describe these procedures in more detail below.

Outcome study

The five treatment counties self-selected to be a part of the study and are counties in which Wayfinder has contracts with DSS: Butte, Placer, Sacramento, Santa Cruz, and Sonoma. As mentioned in Chapter 1, Monterey County did not offer Kinnections services at the time the study was initiated, and Contra Costa County did not express interest in participating in the study, thus these two counties were excluded. With the exception of Santa Cruz County, the contracts for the Wayfinder Kinnections program state that all relative caregivers residing within the county's geographic area are eligible for Kinnections services. In Santa Cruz, the county contract only supports Kinnections services for kinship caregivers caring for children with formal child welfare involvement.

The comparison group included eight counties: El Dorado, Fresno, San Joaquin, Shasta, Stanislaus, Tehama, Yolo, and Yuba. These counties were selected because Wayfinder does not have contracts to provide their full Kinnections services in these counties,[28] but Wayfinder has contracts to provide other services or has relationships in the counties that would facilitate recruitment for the comparison group. For example, although Yolo, San Joaquin, Shasta, and El Dorado Counties have contracts with Wayfinder, their contracts do not include providing Kinnections services. Kinship caregivers in the comparison counties did not have any other kinship navigator program available to them, other than a statewide website[29] containing information on services relevant to kinship caregivers.

The unit of analysis for this study are the individual kinship caregivers, but the caregivers are clustered within counties. Further, within the counties there is considerable range in population sizes, population densities, and income levels. To adjust for variation within and between the treatment and comparison group counties, the kinship caregivers were matched on zip code level characteristics (i.e., urbanicity, poverty) as well as individual level characteristics (e.g., race/ethnicity, age). Propensity score matching was used to match kinship caregivers in the treatment counties to kinship caregivers in the comparison counties. We describe our matching procedures in more detail below.

Kinship caregivers completed surveys at two timepoints: 1) a baseline survey which was administered prior to receiving Kinnections services (treatment) or when first enrolling in the study (comparison) and 2) a follow-up survey that was administered four months after baseline surveys were submitted. Caregivers were sent several reminders to complete the follow-up survey and given the opportunity to do so for up to one year after the date of baseline completion.

Process study

The process study focused on the collection of qualitative data from kinship caregivers and DSS staff and other metrics, including how Kinnections staff were apportioning their time among different tasks and projects; the level of collaboration among partner agencies; and the types and amounts of services provided by Kinnections staff. The study was executed as planned, with any deviations noted in each relevant section.

Data collection involved:

- Interviews, and focus groups.
    - Interviews and focus groups were held twice during the study about a year apart.
- A study of how staff spent their time.
    - The study was conducted at three different points over the course of the study.
- Administration of the Wilder Collaboration Factors Inventory (Wilder CFI).
    - The Wilder CFI was administered once at the end of the first year.
- Kinnections staff peer reviews of case notes and collection of agency service data.
    - Agency service data was collected and analyzed at the end of the study.

We describe these procedures in more detail below.

Measures

Outcome study

[28] See Chapter 1, page 12 for description of what services Wayfinder does offer in some of the comparison counties.
[29] The statewide website is funded by the California Department of Social Services - in partnership with Think of Us. https://ca.getvirtualsupport.org/

The baseline and follow-up surveys included validated measurement tools (see Table 6 above). The measures used in the caregiver survey are from validated instruments, with the exception of those that were used to measure referral to services, access to services, and placement stability. Child Trends developed measures for access and referral to services and tested the validity of these measures with Wayfinder's advisory board, Wayfinder staff, and kinship caregivers. The measures for placement stability come from the CDC's National Survey on Children in Nonparental Care. Child Trends staff who helped develop these measures have shared that while cognitive testing was completed on these measures, reliability testing was not. Caregivers had the option to take the survey in English or Spanish to accommodate language preferences.

Child Trends sought guidance from the Title IV-E Clearinghouse regarding establishing reliability of the measures we developed for this study: 1) Access to Services, 2) Referral to Services, 3) Services Wanted and 4) Placement Stability. As described in Chapter 1, the Kinnections model (like other kinship navigation models) is individualized and tailored to meet the needs of each family. We confirmed that internal consistency testing was not appropriate for the Access and Referral to Services measures due to families having different needs, and therefore questions would lack correlation to each other. Access and Referral to Services, as well as Placement Stability, also change over time, so test-retest reliability is not appropriate. Inter-rater reliability testing is also not appropriate because these are self-report measures. We therefore posit that these measures should be considered reliable without additional testing since they are manifest variables—not latent variables—and the testing approaches listed as acceptable in the Handbook of Standards and Procedures are not appropriate for these variables.

Table 8. Outcome measures description, scoring, interpretation, and validity/reliability (where available)

Measure	Description	Scoring & interpretation	Validity/Reliability
Adult well-being			
Mental or Emotional Health: Perceived Stress Scale[30, 31]	Ten questions asked about how often in the past month the kinship caregiver experienced stress.	*Summative* Low stress: 0-13 Moderate stress: 14-26 High stress: 27-40	Cronbach's Alpha 0.84 - 0.86 for three samples: r =0.85 for 2-day interval
Family Functioning & Economic and Housing Stability: Retrospective & Traditional Protective Factors Survey 2[32, 33]	Twenty core questions that assess family functioning on five protective factors - social supports, concrete support, family functioning & resiliency, nurturing and attachment.	*Mean* Subscales of 0-4; Higher scores indicate stronger social supports, concrete supports, family functioning & resiliency, and nurturing & attachment.	Coefficient alphas: FF = 0.94, ES = 0.86, and NA = 0.83; all 4 subscales of the PFS were significantly negatively correlated with child abuse potential and stress

[30] Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24, 385-396

[31] Baik, S. H., Fox, R. S., Mills, S. D., Roesch, S. C., Sadler, G. R., Klonoff, E. A., & Malcarne, V. L. (2019). Reliability and validity of the Perceived Stress Scale-10 in Hispanic Americans with English or Spanish language preference. *Journal of health psychology*, *24*(5), 628-639.

[32] Protective Factors Survey, 2nd Edition User Manual. (2018). FRIENDS National Center for Community-Based Child Abuse Prevention, Chapel Hill, NC. [Online]

[33] Counts, J. M., Buffington, E. S., Chang-Rios, K., Rasmussen, H. N., & Preacher, K. J. (2010). The development and validation of the protective factors survey: A self-report measure of protective factors against child maltreatment. *Child Abuse & Neglect*, *34*(10), 762-772

Measure	Description	Scoring & interpretation	Validity/Reliability
Access to services			
Access to services	A list of 12 services that kinship caregivers may need to help care for their kin children.	*Dichotomous*[34] 1 indicates that the caregiver reported accessing at least 1 service (better access to services than a 0).	N/A
Services wanted	If a caregiver reports they did not access a service, they are asked whether they wanted the service but were unable to access it.	*Dichotomous* 1 indicates that the caregiver wanted at least 1 service (worse access to services than a 0).	N/A
Referral to services			
Referral to services	Caregiver indicates that they accessed a service (from a list of 12) after receiving a referral.	*Dichotomous* 1 indicates that the caregiver reported receiving at least 1 referral (better than a 0).	N/A
Satisfaction with programs & services			
Client Satisfaction Survey – 8 (CSQ-8) Parent[35]	Eight questions about the level of satisfaction with services received and one question about the level of improvement after receiving services.	*Summative* Scores range from 8 to 32, where a higher score indicates higher satisfaction with services.	Scale means = 24.16; average item means = 3.02; coefficient alpha =0.93
Child permanency			
Placement instability	Derived variable from two questions in the follow-up survey that asked about whether the kin child is still in the home and why the child left the home if they are no longer living with the caregiver.	*Dichotomous* 1 indicates the child no longer lives with the caregiver for a negative reason (e.g., was removed from the home and placed in foster care).	Validity and reliability measures not included in ASPE report[36] on findings

[34] Service variables were originally coded as count variables. However, Child Trends recoded the variables to be dichotomous after examining the distribution of the variables (highly skewed).
[35] Larsen, D.L., Attkisson, C.C., Hargreaves, W.A., and Nguyen, T.D. (1979). Assessment of client/patient satisfaction: Development of a general scale, Evaluation and Program Planning, 2, 197-207
[36] https://aspe.hhs.gov/sites/default/files/migrated_legacy_files//44151/rb_nonparentalcare.pdf

The same measures were used for both the treatment and comparison groups. However, the survey language for some measures around access to services, referral to services, and satisfaction with programs and services were slightly different between the groups. Any differences in language were about Kinnections services for the treatment group and services in general for the comparison group; these small differences did not affect the consistency or substance of the measures.

Process study

The measures we used for the process study included protocols we developed based on the research questions we sought to answer, as well as a widely used tool (Wilder Collaboration Factors Inventory) and an adaptation of a tool (time study log). Administrative data from Wayfinder's FAMCare database included data for services provided in the five treatment counties during the baseline data collection period (June 2022 through July 2024). See Table 7 above for further description.

Timing of all key milestones

Outcome study

Kinship caregivers in both the treatment and comparison conditions completed an online survey at baseline and then 4 to 12 months after baseline survey completion. Our initial evaluation plan included a follow-up window of 4 to 6 months, which matched the usual timeframe for service completion, with caregivers typically receiving 3 to 6 months of service from Kinnections staff.[37] After noting a higher-than-expected attrition rate in the first year of the study, we extended the follow up window to up to 12 months to expand our outreach efforts and maximize the opportunity for kinship caregivers to complete the second survey. All surveys were completed using the REDCap[38] online survey platform. Caregivers received a $50 digital gift card each time they completed a survey as a thank you for their participation.

[37] The timeframe for which Kinship caregivers engage with Kinnections can vary considerably, from a single interaction to several years of service. The average length of case management is 3 to 6 months, which is why the 4 to 6 month window was chosen.
[38] REDCap is a secure web application for building and managing online surveys and databases. https://www.project-redcap.org/

Baseline data

Baseline data collection occurred at study enrollment for both groups and included consent and online survey completion. For the treatment condition, enrollment occurred when the caregiver contacted Kinnections to receive services—either for the first time ever or first time in the last 12 months. For the comparison condition, enrollment occurred when the caregiver responded to an advertisement for the study (e.g., flyer or newsletter, agency website). This phase of the study spanned from June 2022 through July 2024.

Follow-up data

At the end of the baseline survey, kinship caregivers from both the treatment and comparison groups were asked for their consent to receive a link to the follow-up survey and their preferred method of contact. Those who agreed were sent a link to the follow-up survey four months later. Automatic monthly reminders were sent to caregivers using the texting/emailing system provided by REDCap until the survey was completed. The Wayfinder research coordinator and study manager and Child Trends team conducted additional outreach, including phone calls when a phone number was available, to collect as many surveys as possible. Follow-up data collection spanned from September 2022 through January 2025. Please see the limitations section in Chapter 4 for more information about follow-up efforts.

Process study

Interviews

Child Trends conducted two rounds of interviews, one a hybrid series of in-person and virtual interviews in 2023 and one round of fully virtual interviews in 2024. During the first round, two Child Trends staff conducted interviews with Wayfinder and DSS staff and kinship caregivers in six counties.[39] In-person visits were conducted in three of the treatment counties and one comparison county from February 6th-10th, 2023. Three additional virtual interviews were conducted in the remaining two treatment counties in March and April of 2023. Wayfinder staff participating in interviews and focus groups included leadership and program directors, kinship navigator I & II's, program assistants, supervisors, parent partners, and project coordinators from the evaluation staff. In the comparison county that engaged with the process evaluation, staff included supervisors and social workers at the county DSS office, as well as library staff.

During the second round of interviews, three Child Trends staff conducted virtual interviews and focus groups with staff and kinship caregivers in all five treatment counties and three of the comparison counties. The virtual interviews were conducted between January 30th and March 11th, 2024. Wayfinder staff participating in interviews and focus groups included leadership and program directors, kinship navigator I & II's, program assistants, supervisors, parent partners, and project coordinators from the evaluation staff. Other staff include supervisors and social workers at the county DSS office in the treatment counties, as well as DSS staff in three comparison counties (El Dorado, Fresno, and Yuba). We also conducted an asynchronous virtual Jam Board[40] data collection activity with youth who had been involved in Wayfinder youth support groups and were children of kinship caregivers who received services from Wayfinder. See Table 9 for a breakdown of the number and type of interview participants.

[39] There are a total of five treatment and eight comparison counties in the study. We visited all five treatment counties and one comparison county. We were not able to recruit staff or caregivers in other comparison counties during our site visit timeframe.
[40] Jamboard was a digital, interactive whiteboard tool created by Google for collaborative brainstorming and visual communication. Google shut down the application on December 31, 2024.

Table 9. Number and type of interview participants

Participant type	2023		2024	
	# Interviews	# Individuals	# Interviews	# Individuals
Comparison county kinship caregivers	1	2	3	4
Treatment county kinship caregivers	4	22	3	12
Wayfinder (treatment) staff	10	25	9	22
Comparison county staff	1	2	2	7
Treatment county staff	3	6	3	15
Youth (via Jam Board)	--	--	1	3
Total	**19**	**57**	**21**	**63**

Wilder Collaboration Factors Inventory

As described earlier, Wayfinder has contracts with DSS in the five treatment counties and partners with these agencies to provide services to kinship caregivers. To measure the perception of factors that influence successful collaboration between DSS and Wayfinder, we administered the Wilder CFI to the five county DSS organization leaders in May 2022. The CFI includes 44 items grouped into 22 factors and 6 elements, which are scored on a five-point Likert scale (from Strongly Disagree = 1 to Strongly Agree = 5). Scores range from 1-5 and fall into three different categories: 1.0-2.9 = Indicate Concerns; 3-3.9 = Deserve Discussion; 4-5 = Strengths. The survey was open for two months and we received responses from four of the five treatment counties. There were no areas of concern regarding collaboration among agencies found after analyzing the results, and there were no changes in the scope of work between Wayfinder and the DSS offices, so, together with Wayfinder, we decided not to administer the survey again.

Staff survey and time log

To better understand how Wayfinder staff spend their time on specific components of the Kinnections model, as well as any other duties they perform, we conducted three rounds of a time study (see Table 10 below). We used the same data collection form for each round (see Appendix 1: Wayfinder Evaluation – Time Study Data Collection Form).

Table 10. Time study participants and dates of administration

	10/17-10/28/2022	3/20-3/31/2023	10/30-11/11/2024
Kinship navigator I	3	5	6
Program assistant	4	3	3
Program supervisor	5	4	4
Kinship navigator II	2	2	1
Program director	1	0	2
Total	**15**	**14**	**16**

Kinnections peer review data

Child Trends reviewed the quarterly peer review data (see Table 6 [research question seven] for a description of this data) that Wayfinder compiled from 2022-2024 to assess the level of fidelity to the manual accomplished by staff in the treatment counties. All programs at Wayfinder conduct quarterly peer reviews of both open and closed case files in accordance with Council on Accreditation[41] standards. Reviews ensure appropriate documentation and are an opportunity for shared learning, an exchange of practice approaches, and improving services. Child Trends reviewed the data that was collected and compiled by Wayfinder and supplied to Child Trends in aggregate.

Wayfinder service data (FAMCare)

Child Trends reviewed data from the Wayfinder administrative database, called FAMCare, to understand what services are being provided to all Kinnections families, not just those who chose to participate in the study and are included in the treatment group. We reviewed service data for the study period, from June 2022 through July 2024. This information provided context as well as corroborated that the services treatment families received are in line with Kinnections services as usual.

Matching process

The matching process was conducted in R using the "MatchIt" package. We used propensity score matching (PSM) without replacement to balance the distribution of potentially confounding covariates[42] such as age, number of children in the household, and rurality of county between treatment and control groups. This ensured that observed differences in outcomes were attributable to the treatment itself (use of Wayfinder kinship navigator) rather than confounding factors.

Matching was based on several caregiver demographics, as well as several kin child characteristics. To supplement the matching process, we also included general population data to account for within county diversity (i.e., urbanicity and level of poverty). To ensure families were as similar as possible, we used the 2020 Census Decennial zip code level data[43] to match families based on the urbanicity of the zip code they reside in. We also used the 2022 and 2023 American Community Survey estimates[44] to obtain the level of poverty for the zip code in which each caregiver resided.

We calculated a propensity score for each caregiver—which represents the probability of receiving the treatment given their observed covariates, including caregiver race, caregiver age, household socio-economic status, kin child age, zip code,[45] poverty level, and urbanicity. Individuals with similar propensity scores in each group are then matched, creating pairs or groups that are balanced on these covariates. This information is also provided in Table 12. We chose to match without replacement because it produces a less biased and more realistic sample. Rather than matching repeatedly on a few controls, we instead find the best match possible for a more diverse group of participants from the control counties.

[41] The Council on Accreditation partners with human service organizations worldwide to improve service delivery outcomes by developing, applying, and promoting accreditation standards. https://www.frfsa.org/about/affiliations/council-on-accreditation/#:~:text=COA%20is%20an%20international%2C%20independent,Alliance%20for%20Children%20and%20Families

[42] Rosenbaum, P. R., & Rubin, D. B. (1983). The Central Role of the Propensity Score in Observational Studies for Causal Effects. *Biometrika*, *70*(1), 41-55. Oxford University Press.

[43] U.S. Census Bureau. "Urban And Rural." *Decennial Census*, *DEC Demographic and Housing Characteristics*, *Table H2*

[44] U.S. Census Bureau. "Poverty Status in the Past 12 Months." *American Community Survey*, *ACS 5-Year Estimates Subject Tables*, *Table S1701*, https://data.census.gov/table/ACSST5Y2021.S1701.

[45] Zip code data were based on the zip code the caregiver provided in the survey. A handful of respondents entered zip codes with typos, and these were corrected before the survey and Census data were merged.

Control variables for PSM

Table 11. Description of the demographic variables used to balance the treatment and comparison groups

Measure	Description	Possible Responses/Categories
Caregiver age	Caregiver age at baseline	Numeric response (e.g., 35)
Caregiver Race/ethnicity	Derived variable: Race and ethnicity of the caregiver collapsed into four categories	"White", "Black", "Hispanic", "All other races/Prefer not to answer"
Kin child under 3	Derived variable: Indicates whether the caregiver has a kin child under 3 in the home	Yes/No
Kin child over 12	Derived variable: Indicates whether the caregiver has kin child over 12 in the home	Yes/No
Kin child is dependent	Derived variable: Indicates if any kin children in the home are dependents of the state	Yes/No
Income level	Caregiver income level at baseline	Categorical
Urbanicity	Zip code level urbanicity	Numeric
Level of poverty	Zip code level poverty level	Numeric

From the raw sample to the matched sample, 32 participants (21.6%) could not be matched from the control group and 86 participants (42.6%) from the treatment group could not be matched. The matched sample that was used in the analysis included 116 matched participants from the treatment and control groups.

As per the Prevention Services Clearinghouse handbook, standardized mean differences between groups must have an absolute value below 0.25. This indicates the comparison and treatment groups were **similar enough at the start of the study** to confidently say any observed effects were due to the **treatment**. Baseline equivalence was established for the treatment and comparison groups (standardized mean differences <= 0.25) using demographic (i.e., age, race), family structure (i.e., children under 3), and geographic (i.e., county rurality) variables. This information is also provided below in Table 12.

Table 12. Standardized mean difference for variables controlled for in PSM

Variable	Variable Level(s)	Std. Mean Diff.	Var. Ratio
Kin child information			
Child under the age of 3 years	Yes/No	0.01	1.00
Child over the age of 12 years	Yes/No	0.11	.
Child is a dependent of the state	Yes/No	0.06	.

Variable	Variable Level(s)	Std. Mean Diff.	Var. Ratio
Caregiver characteristics			
Caregiver age	Under 40	0.07	.
	40 to 49	-0.18	.
	50 to 59	-0.04	.
	60+	0.11	.
	Declined	0.05	.
Caregiver race	Black/African American, non-Hispanic	0.00	.
	Hispanic	0.01	.
	Other/Prefer not to answer	0.00	.
	White, non-Hispanic	-0.01	.
Household income	Under $20,000	0.04	.
	$20,001-$40,000	0.04	.
	$40,001-$60,000	0.01	.
	$60,000+	-0.22	.
	Prefer not to answer	0.17	.
Zip Code Characteristics			
Poverty level	Under 10%	-0.16	.
	10-15%	0.06	.
	More than 15%	0.11	.
Urbanicity	Under 50%	0.00	.
	50-74%	-0.06	.
	75-99%	-0.04	.
	100%	0.08	.

Our study team also evaluated the study design for the substantially different characteristics confounds described in the Prevention Services Clearinghouse handbook. The Clearinghouse defines two types of confounds: 1) Substantially Different Characteristics confound, and 2) the n=1 Person-Provider, or Administrative Unit, confound. We took the following steps to minimize the influence of the Substantially Different Characteristics confound. First, we used propensity score matching to balance the covariates between the treatment and control groups, which we confirmed with standardized mean differences <= 0.25 (see Table 11). Second, we used a difference-in-difference analytic approach, which helps control for differences between the treatment and control groups that do not change over time. Third, we used fixed effects with our difference in difference modeling and added controls, further minimizing the influence of time-invariant differences between the treatment and controls groups. As for the n=1 Person-Provider confound, our study was not vulnerable to this confound because the comparison group in our study did not receive kinship navigator service comparable to Kinnections.

Baseline equivalence

Due to our study design including a direct pre-test of our outcomes of interest, in addition to matching the treatment and comparison groups, we established baseline equivalence based on each of the outcomes using baseline (pre-intervention) data. For the continuous variables, this test of baseline equivalence was conducted in R using the "smd" packages for calculating standardized mean differences between groups. Baseline effect sizes were calculated using Hedge's g to account for potential small sample size bias. For the binary variables, the "Cohen's d" package in R was used to calculate standardized mean differences. Details regarding our outcome-specific effect sizes are provided in Table 13. **The following outcomes meet Clearinghouse standards for baseline equivalence: perceived stress, family functioning and resilience, social supports, concrete supports, and satisfaction with services.**

Table 13. Effect sizes calculated for each outcome using pre-test data to establish baseline equivalency

Outcome	Effect Size
Perceived stress	0.11*
Family functioning and resilience (retrospective)[46]	-0.05*
Nurturing and attachment (retrospective)	-0.41
Social supports (retrospective)	-0.06*
Concrete supports	0.11*
Services accessed†	0.58
Services wanted†	-0.10
Referral to services†	0.63
Satisfaction with services	-0.13*

***Outcomes meet Clearinghouse baseline equivalence standards**
†**Cohen's d used to establish baseline equivalence for binary outcome variables**

Because study eligibility requires a kinship child to be living with the caregiver at the time the baseline survey is completed, placement stability cannot be measured pre-intervention. As a result, baseline equivalence for placement stability was established using the matching process detailed in the previous section using sociodemographic variables, as described in the Prevention Clearinghouse Handbook.

Statistical tests

The statistical tests for our study were completed in R using the "fixest" package for fixed effects modeling. We conducted difference-in-difference models with fixed effects to account for time-invariant confounders and robust standard errors to account for how the caregivers were clustered within counties. For models with continuous outcome variables, such as perceived stress, family functioning and resiliency, nurturing

[46] Child Trends used both the traditional and the retrospective versions of the Protective Factors Survey. Baseline equivalence was similar for both versions of the survey. Child Trends chose to use the retrospective version of the survey for this analysis because that is the version used by Wayfinder. The retrospective version does not include the subscale for concrete supports.

and attachment, social supports, concrete supports, and satisfaction with services, linear difference-in-difference models were employed. For models with count data outcomes, such as number of services accessed, number of referrals, and number of services wanted, we first checked to see if the measures had means greater than one and if they were normally distributed. When this is the case, linear difference-in-difference models can be used with count outcomes. The count variables did not meet these assumptions, so we then tried to fit negative binomial difference-in-difference models for them. However, due to the high proportion of zeros in the data as well as their positive skew, the negative binomial models were unable to converge. At this point, we changed the count measures to be binary (0,1) measures and analyzed them using linear difference-in-difference models. We opted for this analytic approach instead of a logistic regression to maximize the interpretability of the results. This information is also provided in Table 14 below.

Table 14. Statistical models used for each outcome variable

Outcome	Variable Type	Model Used
Perceived Stress (PSS-10 score)	Continuous	Linear difference-in-difference
Family functioning and resiliency (PFS subscale score)		
Nurturing and attachment (PFS subscale score)		
Social supports (PFS subscale score)		
Concrete supports (PFS subscale score)		
Satisfaction with services (Client Satisfaction Questionnaire score)		
Services accessed	Binary	
Referrals		
Services wanted		

Each of our statistical models included control variables for demographic and geographic variables to provide doubly robust results. These variables were: number of children in the household at baseline, the child's dependency status, whether the caregiver and kin child were the same race, caregiver race, caregiver age, household income, at least one kin child under three, at least one kin child over the age of 12, and zip code level poverty level and county urbanicity.

Data preparation and missing data

Outcome study

All data cleaning and data preparation were completed in Stata. Only data for individuals with complete baseline and follow-up survey responses were included in the current analysis. Data analysis was completed in R.

Survey measures

Scale scores for each of the validated measures – PSS-10, PFS-2, CSQ-10 – in our caregiver survey were calculated as instructed by the developer's guide for each. For scales and subscales with one item missing, mean imputation was employed. Scale scores were not calculated for survey responses with more than one item missing.

Several of our outcome variables were generated by our team: number of services, number of referrals, number of services wanted, and placement stability. The number of services was calculated by summing up the services caregivers endorsed having had access to in the last 12 months at baseline and follow-up; number of referrals to services was calculated by summing the referrals caregivers reported receiving; and number of services wanted was calculated by summing the services caregivers reported being interested in but did not access. Placement stability was determined based on whether the caregiver reported still living with the kin child at follow-up. Several caregivers reported that a kin child left their home to reunite with their parents or to attend school—the research team did not flag these as cases of instability.

Caregiver and child characteristics

After the initial data cleaning was complete, our sample had n=55 missing data for the caregiver age variable. These 55 observations were categorized as "Declined to respond" for the age variable. There was no indication that missing age data was correlated with any other observable caregiver or child characteristics. A similar approach was taken with race data. In this case, caregivers were provided with "Prefer not to respond" option in the survey.

Survey responses that did not include data for any one of our matching variables were not included in the final analysis sample. Additionally, thirteen caregivers indicated a kin child was living in their home in the screening questions; however, the relationships (e.g., biological child) they chose for each of the children in their home did not indicate any kin children at either baseline or follow-up. The research team dropped these caregivers from the sample because we could not confirm they met our eligibility criteria.

Community characteristics

As discussed previously, zip code level ACS data was matched to each survey response with the same reported zip code. If a survey response zip code could not be matched to an ACS zip code the response was dropped from the analysis.

Process study

Data preparation and analysis

Two Child Trends staff conducted interviews and focus groups. One interviewer took notes, and one conducted the interview. Interviews and focus groups were recorded using a recorder that is password protected and encrypted. Notes and recordings are stored on the Child Trends secure drive. The two staff met after each interview to debrief, discussed themes of note, and kept a running list of themes for later reference.

One staff member developed a codebook based on the research questions and interview guides, as well as the initial debrief list. A second staff member reviewed and provided suggestions for the codebook. Four Child Trends staff participated in the coding, analysis, and writing of findings. The research team used the Dedoose qualitative data analysis package to organize and prepare the data for analysis. Three coders coded one interview each to pilot test the codebook, met to refine the initial set of codes, discussed and resolved any differences of opinion, and made needed changes to the codebook. After the codebook was finalized, the coders divided the interviews and coded independently. Staff then reviewed the coded data, identified themes, and wrote findings presented in this memo. The fourth person reviewed and edited findings and added concluding remarks.

Wilder Collaboration Factors Inventory data was analyzed in Excel, and subscales were created using the criteria recommended by the inventory developers. The staff service and time log was analyzed for each

reporting period in Excel, and average scores for the reporting period were calculated for each activity reported. Wayfinder service data was analyzed in Stata. Child Trends calculated the number of services each family received, the number of times they received each service, and the length of time between their first and last service receipt. Child Trends staff also calculated the unique counts of caregivers who received each type of service during the study period and the mean length of time between treatment families' first and last service.

Chapter 3. Data Analysis and Findings

Outcome study

The outcome study was designed to answer research questions about whether kin caregivers' participation in Kinnections is associated with improvements in outcomes (see Research Questions in Chapter 2 for more information). The analysis included measures of service referrals, service access, satisfaction with services, and placement stability, as well as several measures for caregiver well-being (stress, nurturing and attachment, family functioning and resiliency, social support, and concrete support). Using a difference-in-difference model, outcomes for caregivers receiving Kinnections' kinship navigator services were compared to those for caregivers receiving services as usual. Descriptive statistics from the matched sample and findings on outcomes with statistically significant differences are presented below.

Matched sample

Demographics

The outcomes study used propensity score matching with replacement to establish demographically similar treatment and comparison groups (see Chapter 2 for more details). In the final sample, the demographics are well balanced (see Table 15). For example, half of the kinship caregiver sample in both the treatment and comparison counties are over 50 years old. Similarly, about half of caregivers in the matched sample have at least one kin child in the home who is a dependent of the state. One quarter of the caregivers had a kin child under three, and about a third (32%) were caring for a teenager. The most common income category is less than $40,000 per year (40% in treatment group, 45% in comparison group), indicating our sample is disproportionately low income and therefore likely underserved. For both groups, the sample is primarily White or Hispanic. Finally, in both the treatment and comparison groups, the sample is evenly distributed between higher and lower poverty areas and urban and less urban settings.

Table 15. Matching variables distribution, by treatment condition

	Treatment		Comparison	
	N	%	N	%
Total caregivers	**116**		**116**	
Caregiver age				
Under 40	23	19.8	20	17.2
40 to 49	19	16.4	21	18.1

	Treatment		Comparison	
	N	%	N	%
50 to 59	26	22.4	28	24.1
Over 60	31	26.7	28	24.1
Prefer not to answer	17	14.7	19	16.4
Caregiver race/ethnicity				
Black/African American, non-Hispanic	9	7.7	12	10.3
Hispanic (any race)	28	24.1	32	27.6
White, non Hispanic	61	52.6	57	49.1
Other/Prefer not to answer	18	15.5	15	12.9
Household income				
Under $40,000	47	40.5	52	44.8
$40,001 - $60,000	25	21.6	25	21.6
Over $60,000	28	24.1	29	25
Prefer not to answer	16	13.8	10	8.6
At least 1 kin child in household				
Under 3 years old	30	25.9	29	25
Over 12 years old	37	31.9	37	31.9
Dependent of the state	57	49.1	57	49.1
% below poverty level in zip code				
Under 10%	43	37.1	39	33.6
10-15%	32	27.6	31	26.7
More than 15%	41	35.3	46	39.7
% in urban area in zip code				
Under 75%	30	25.9	32	27.6
75-99%	45	38.8	43	37.1
100%	41	35.3	41	35.3

Table 16 contains additional demographic and household data from the matched sample by treatment condition. Data below reflects responses at baseline. Most treatment caregivers reside in Butte (32%), Sonoma (27%), or Sacramento (24%) counties. Close to one third of comparison caregivers reside in San Joaquin County (32%), and another third come from either El Dorado (17%) or Shasta (16%) counties. Most caregivers in the study identified as female (91% in treatment and 90% in comparison), and a majority of both groups had more than one child in the home (51% of treatment caregivers and 64% of comparison caregivers). About one third of the treatment caregivers (65%) and half of the comparison caregivers (49%) were caring for a single kin child. The most common relationship between caregivers and the kin child(ren) in their homes was grandparent or great grandparent (85% of treatment caregivers and 93% of comparison caregivers), followed by aunt or uncle (22% of treatment caregivers and 50% of comparison caregivers). Only 11 percent of treatment caregivers and 10 percent of comparison caregivers were caring for non-relative kin.

Table 16. Additional demographic and household data, by treatment condition

	Treatment		Comparison	
	N	%	N	%
County				
Butte	37	31.90	0	0.0
Placer	12	10.34	0	0.0
Sacramento	28	24.14	0	0.0
Santa Cruz	8	6.90	0	0.0
Sonoma	31	26.72	0	0.0
El Dorado	0	0.00	20	17.2
Fresno	0	0.00	17	14.7
San Joaquin	0	0.00	37	31.9
Shasta	0	0.00	19	16.4
Stanislaus	0	0.00	10	8.6
Tehama	0	0.00	4	3.4
Yolo	0	0.00	3	2.6
Yuba	0	0.00	6	5.2
Caregiver gender				
Female	106	91.38	104	89.7
Male	10	8.62	11	9.5
Other/declined	0	0.00	1	0.9
Total number of children				
1	57	49.14	42	36.2
2	25	21.55	38	32.8
3	16	13.79	19	16.4
4 or more	18	15.52	17	14.7
Total number of kin children				
1	75	64.66	57	49.1
2 or more	41	35.34	59	50.9
Relationship to kin child(ren)*				
Grandparent/great grandparent	99	85.34	108	93.1
Aunt/uncle	26	22.41	58	50.0
Sibling	8	6.90	8	6.9
Other relative	4	3.45	11	9.5
Family friend	13	11.21	12	10.3

*Percentages do not total 100 because caregivers may be caring for multiple kin children with whom they have different relationships.

Outcome descriptive statistics

Table 17 shows the pre-and-post values for the outcome variables for the treatment and comparison groups. The analytic sample size varies for each outcome because if any measure in the matched pair (baseline or follow-up of the treatment or comparison caregiver) was missing, the entire pair was dropped. Overall, missing data on the outcomes was rare, and highest for the satisfaction measure (37%). Some results stand out, for example, the near doubling in the proportion of caregivers receiving referrals in the treatment group (35% to 63%), compared to a decrease in the comparison group (66% to 54%). The same pattern emerged for the proportion of caregivers reporting access to services, with increases seen in the treatment group and no change in the comparison group.

Table 17. Outcome mean and standard deviation (SD) at baseline and follow-up, by treatment condition

		Treatment Baseline		Comparison Baseline		Treatment Follow-up		Comparison Follow-up	
	Analytic Sample Size	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Stress	**108**	**13.37**	**6.64**	**14.1**	**6.3**	**13.79**	**6.84**	**14.66**	**6.32**
Family functioning and resiliency	108	3.09	0.71	2.97	0.73	3	0.82	2.97	0.61
Social support	108	3.09	0.71	2.97	0.73	3.02	0.83	2.9	0.88
Nurturing and attachment	108	3.05	0.74	2.75	0.77	2.89	0.91	2.67	0.88
Concrete support	107	3.07	0.82	3.14	0.7	3.02	0.89	3.1	0.73
Service access	108	0.56	0.5	0.81	0.4	0.81	0.4	0.81	0.39
Service referrals	108	0.36	0.48	0.66	0.48	0.65	0.48	0.56	0.5
Services wanted	108	0.31	0.46	0.26	0.44	0.24	0.43	0.3	0.46
Satisfaction with services	93	25.53	4.92	25.05	4.77	28.21	4.37	26.09	4.33

Difference-in-difference models

Below are two tables summarizing the results of the difference-in-difference models that show statistically significant results for outcome variables that met the Title IV-E Clearinghouse's standards for baseline equivalence. The equation for the difference-in-difference model is shown below, where the treatment effect can be found in the β_3 coefficient, or the interaction between the treatment group binary variable and the time variable, which estimates the average treatment effect for caregivers in the treatment group. The covariates in the difference-in-difference models included age of the caregiver, race/ethnicity of the caregiver, household income, number of children in the home (including kin), whether there is kin child in the home under the age of three and/or over the age of twelve, whether at least one kin child in the home is a dependent of the state, and zip code level urbanicity and poverty level.

$$Y_{it} = \beta_0 + \beta_1 Treatment_i + \beta_2 Post_t + \beta_3 (Treatment_i x Post_t) + \beta_x Covariates_i + \epsilon_{it}$$

Satisfaction with services

Table 18 shows the results of the difference-in-difference model for satisfaction with services. Questions that comprised this measure asked about caregivers' overall satisfaction with all services they received, not only those provided by Wayfinder. Their ratings can include services to which Kinnections referred them as well as services they accessed on their own.

On average, caregivers in the treatment group experienced a 1.4-point greater increase in their satisfaction score from baseline to follow up compared with caregivers in the comparison group (p<0.01). Scores on the CSQ-8, the tool used to measure satisfaction for this study, range from 8 to 32.

Table 18. Results of satisfaction with services difference-in-difference model

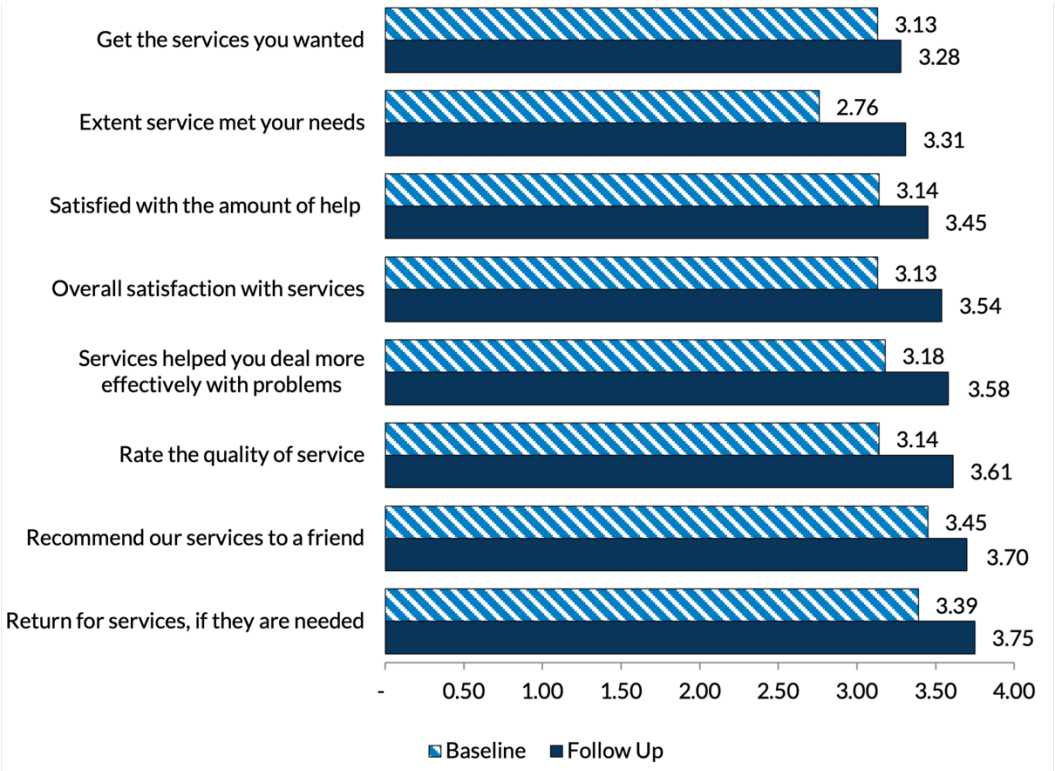
	Estimate	Standard Error	P-Value	
Intercept	26.5	1.48	5.04E-10	***
Treatment	0.99	0.78	2.30E-01	
Follow-up	1.55	0.32	4.46E-04	***
Treatment x Follow-up	1.44	0.40	3.48E-03	**
Number of children in home				
1	ref			
2	0.16	0.66	8.12E-01	
3	-0.73	1.24	5.64E-01	
4+	0.27	1.44	8.54E-01	
Race/ethnicity				
Black/African American, non-Hispanic	0.49	0.73	5.10E-01	
Hispanic (any race)	-0.62	0.97	5.34E-01	
White, non-Hispanic	ref			
Other/prefer not to answer	-1.31	0.91	1.75E-01	
Age of caregiver				
Under 40	-2.42	1.15	5.80E-02	
40 to 49	-0.38	1.02	7.19E-01	
50 to 59	-1.56	0.77	6.55E-02	
Over 60	ref			
Declined	0	1.24	9.99E-01	
Household income				
Under $40,000	ref			
$40,001-$60,000	0.35	1.51	8.19E-01	
Over $60,000	-0.46	1.20	7.08E-01	
Prefer not to respond	-1.44	0.91	1.39E-01	
Child characteristics				
Dependent	0.09	0.99	9.30E-01	

	Estimate	Standard Error	P-Value	
Under 3	0.83	0.78	3.07E-01	
Over 12	0.03	0.67	9.61E-01	
Zip code poverty level				
Under 10%	-0.29	1.46	8.46E-01	
10-15%	-0.41	1.12	7.20E-01	
More than 15%	ref			
Zip code urbanicity				
Under 75%	-1.38	0.51	1.95E-02	*
75-99%	ref			
100%	-0.62	0.73	4.13E-01	

*p<0.05, **p<0.01, ***p<0.001

To identify where Kinnections had the greatest impact on satisfaction with services, we examined how responses to each of the questions that comprise the CSQ score changed from baseline to follow-up for the treatment group (see Figure 4 below). For caregivers who received Kinnections, the mean score for each satisfaction question increased from baseline to follow-up. Caregivers in the treatment group expressed the most improvement in services meeting their needs (20% increase in mean score) and the quality of services they received (15% increase).

Figure 4. Mean score for CSQ-8 measures for treatment group, by timepoint



Social support

Table 19 shows the results of the difference-in-difference model for social support. The social support measure is the retrospective PFS-2 subscale and can range from 0-4 points. Along with two of the other PFS subscales, social supports were analyzed using retrospective data collected in the follow-up survey. This means that caregivers were asked in the follow-up survey to respond to questions the day of the follow-up and to respond to those same questions reflecting on their situation four months prior.

On average, caregivers in the treatment group experienced a 0.2-point greater increase in their measure of social support compared with caregivers in the comparison group ($p<0.05$).

Table 19. Results of social support difference-in-difference model

	Estimate	Standard Error	P-Value	
Intercept	2.16	0.20	1.27E-07	***
Treatment	-0.03	0.08	7.23E-01	
Follow-Up	0.06	0.03	3.82E-02	*
Treatment x Follow-Up	0.20	0.08	3.22E-02	*
Number of children in home				
1	ref			
2	0.16	0.14	2.67E-01	
3	0.00	0.14	9.88E-01	
4+	0.04	0.11	7.55E-01	
Race/ethnicity				
Black/African American, non-Hispanic	0.05	0.18	7.74E-01	
Hispanic (any race)	0.24	0.19	2.34E-01	
White, non-Hispanic	ref			
Other/prefer not to answer	-0.12	0.10	2.47E-01	
Age of caregiver				
Under 40	0.42	0.13	8.80E-03	**
40 to 49	0.24	0.18	2.01E-01	
50 to 59	0.31	0.19	1.23E-01	
Over 60	ref			
Declined	0.13	0.18	4.60E-01	
Household income				
Under $40,000	ref			
$40,001-$60,000	0.37	0.13	1.78E-02	*
Over $60,000	0.22	0.09	3.08E-02	*
Prefer not to respond	0.18	0.13	1.94E-01	
Child characteristics				
Dependent	0.32	0.09	5.30E-03	**
Under 3	0.19	0.10	8.20E+00	
Over 12	-0.12	0.07	1.29E-01	

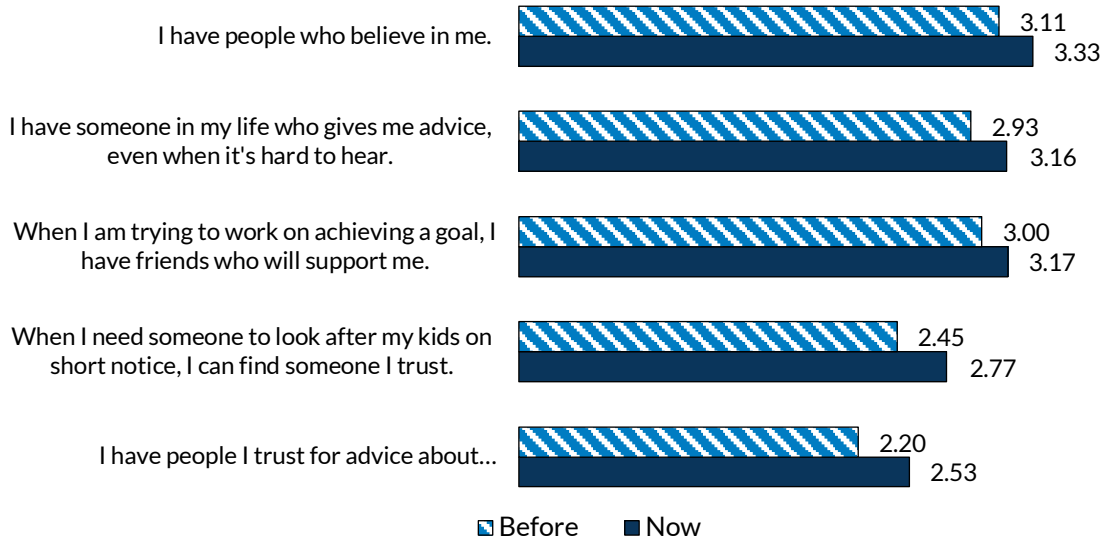
	Estimate	Standard Error	P-Value
Zip code poverty level			
Under 10%	0.04	0.10	7.18E-01
10-15%	0.12	0.17	4.84E-01
More than 15%	ref		
Zip code urbanicity			
Under 75%	-0.28	0.15	9.46E-02
75-99%	ref		
100%	0.05	0.23	8.30E-01

*p<0.05, **p<0.01, ***p<0.001

For caregivers in the treatment counties, the mean score for each social support question increased when comparing their reflection on four months prior to their perspective on the day of the survey (see Figure 5 below).

Regarding individual components of social support, caregivers in the treatment group improved the most in having people to turn to for advice (15% increase from baseline to follow-up) and having someone they trust who can look after their children on short notice (13% increase).

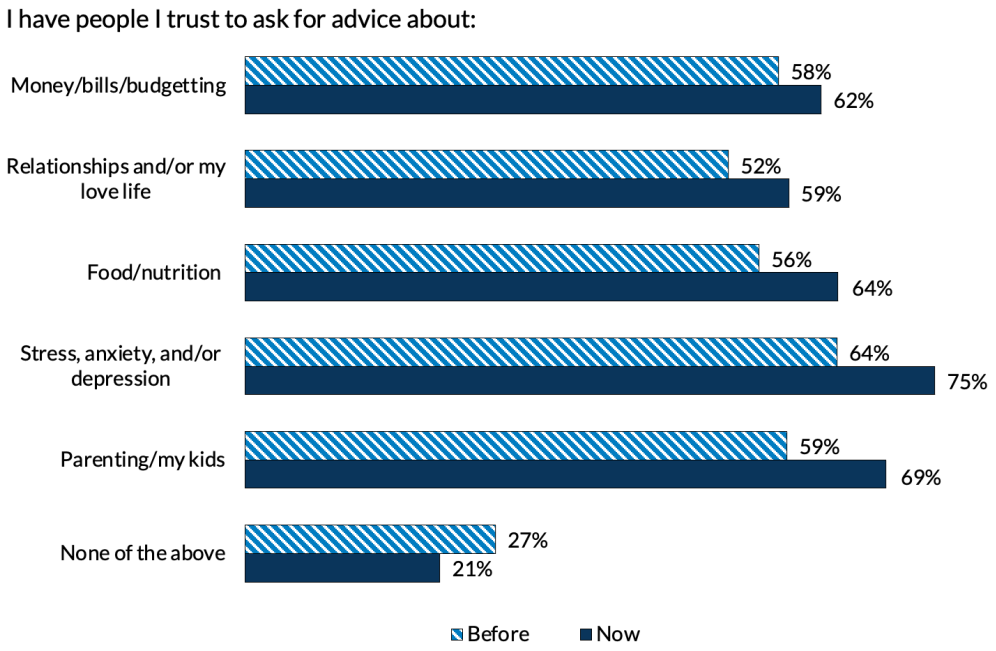
Figure 5. Mean score for Retrospective PSF-2 social supports measures for treatment group, by timepoint



The question that asks about having people to turn to for advice specifies several topics (see Figure 6 below). For each of the topics, the proportion of caregivers in the treatment group who reported having someone to turn to for advice increased over time.

The largest increases were in the proportion of caregivers who had someone to turn to for advice about mental health (11 percentage point increase) and parenting (10 percentage point increase). The percentage of caregivers who reported not having anyone to turn to for advice on any of the topics decreased from 27 percent to 21 percent.

Figure 6. Percent of treatment caregivers who report having someone to turn to advice on topic, by timepoint



Other robust findings

Two difference-in-difference models showed statistically significant results for outcome variables that did not have baseline equivalence after propensity score matching. Caregivers were asked whether they had accessed twelve service types (see Figure 8 for complete list of services) in the past year. Table 20 shows the results of the difference-in-difference model for the proportion of caregivers who reported receiving at least one of the services.

Caregivers in the treatment group had a 25 percentage point greater increase in service access from baseline to follow-up when compared to caregivers in the comparison group (p<0.01).

Table 20. Results of access to services difference-in-difference model

	Estimate	Standard Error	P-Value	
Intercept	0.75	0.11	1.50E-05	***
Treatment	-0.24	0.05	6.26E-04	***
Follow-up	-0.01	0.03	7.88E-01	
Treatment x Follow-up	0.25	0.06	1.21E-03	**

	Estimate	Standard Error	P-Value	
Number of children in home				
1	ref			
2	0.08	0.05	1.26E-01	
3	-0.04	0.06	5.43E-01	
4+	-0.01	0.06	8.93E-01	
Race/ethnicity				
Black/African American, non-Hispanic	0.02	0.07	7.84E-01	
Hispanic (any race)	-0.02	0.06	7.51E-01	
White, non-Hispanic	ref			
Other/prefer not to answer	0.09	0.06	2.09E-01	
Age of caregiver				
Under 40	-0.07	0.09	4.13E-01	
40 to 49	0.09	0.06	1.72E-02	
50 to 59	0.03	0.09	7.32E-01	
Over 60	ref			
Declined	0.08	0.10	4.29E-01	
Household income				
Under $40,000	ref			
$40,001-$60,000	-0.04	0.08	6.38E-01	
Over $60,000	-0.02	0.06	7.16E-01	
Prefer not to respond	-0.14	0.09	1.44E-01	
Child characteristics				
Dependent	0.09	0.03	4.90E-03	**
Under 3	-0.05	0.05	3.68E-01	
Over 12	-0.04	0.03	2.44E-01	
Zip code poverty level				
Under 10%	0.05	0.03	1.05E-01	
10-15%	0.02	0.05	6.42E-01	
More than 15%	ref			
Zip code urbanicity				
Under 75%	-0.04	0.08	6.80E-01	
75-99%	ref			
100%	0.01	0.05	8.30E-01	

*p<0.05, **p<0.01, ***p<0.001

If a caregiver indicated that they were receiving a service, a follow-up question asked whether they were referred to that service. Caregivers were not asked to specify whether that referral was made by Kinnections, so responses could include referrals made by other agencies. Table 21 shows the results of the difference-in-difference model for caregivers who reported receiving a referral to at least one service listed in the survey.

Caregivers in the treatment group had a 39 percentage point greater increase in receipt of service referrals from baseline to follow-up when compared with caregivers in the comparison group (p<0.001).

Table 21. Results of referrals to services difference-in-difference model

	Estimate	Standard Error	P-Value	
Intercept	0.50	0.09	7.44E-05	***
Treatment	-0.28	0.05	1.50E-04	***
Follow-up	-0.11	0.03	2.02E-03	**
Treatment x Follow-up	0.39	0.05	2.66E-06	***
Number of children in home				
1	ref			
2	0.13	0.07	6.74E-02	
3	-0.01	0.07	9.24E-01	
4+	0.01	0.08	8.50E-01	
Race/ethnicity				
Black/African American, non-Hispanic	-0.11	0.09	2.81E-01	
Hispanic (any race)	0.05	0.07	4.98E-01	
White, non-Hispanic	ref			
Other/prefer not to answer	-0.06	0.09	4.94E-01	
Age of caregiver				
Under 40	-0.16	0.08	6.02E-02	
40 to 49	0.03	0.09	7.26E-01	
50 to 59	-0.01	0.10	8.91E-01	
Over 60	ref			
Declined	0.01	0.10	8.93E-01	
Household income				
Under $40,000	ref			
$40,001-$60,000	0.07	0.08	4.09E-01	
Over $60,000	0.00	0.05	9.54E-01	
Prefer not to respond	-0.09	0.08	2.78E-01	
Child characteristics				
Dependent	0.25	0.04	1.75E-05	***
Under 3	-0.04	0.07	6.08E-01	
Over 12	**-0.13**	**0.05**	**1.08E-02**	*
Zip code poverty level				
Under 10%	0.08	0.06	2.16E-01	
10-15%	0.06	0.06	3.92E-01	
More than 15%	ref			
Zip code urbanicity				
Under 75%	0.00	0.85	9.99E-01	
75-99%	ref			
100%	0.04	0.07	5.68E-01	

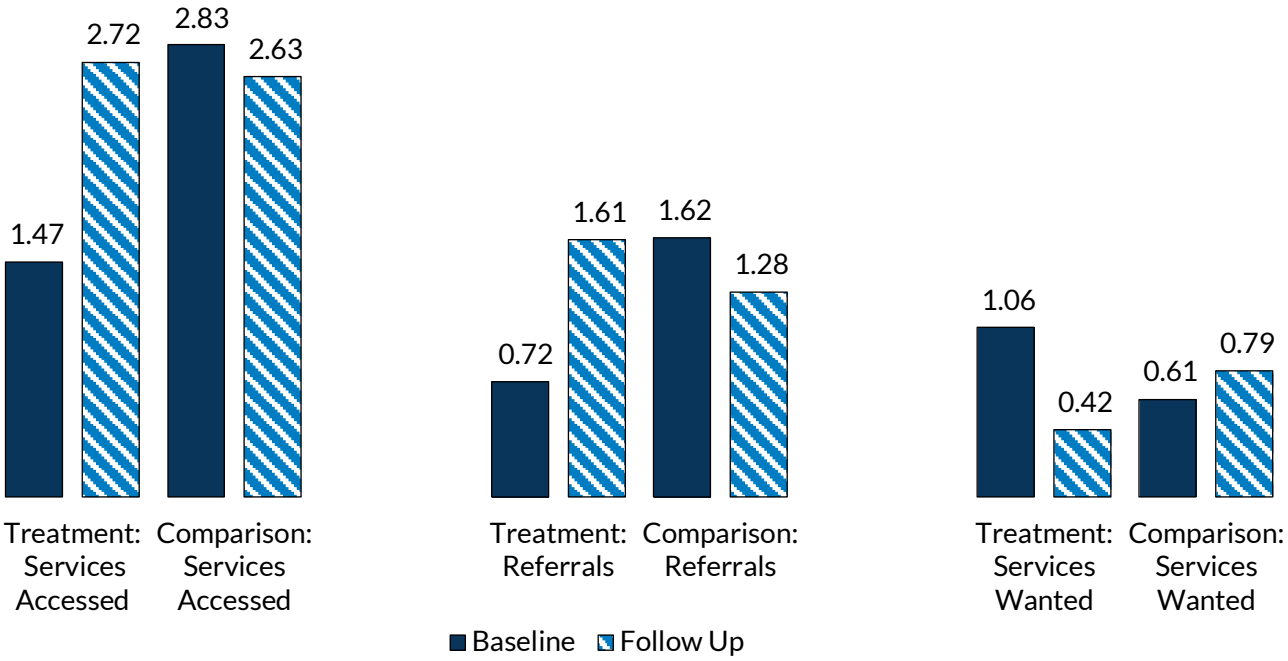
*p<0.05, **p<0.01, ***p<0.001

Types of services accessed, referrals, and services wanted

As mentioned in the section above, there was a statistically significant difference between caregivers in treatment and control groups in the proportion who accessed at least one service. The mean number of services caregivers in the treatment group accessed also increased 85 percent from baseline to follow-up (from 1.4 to 2.7, respectively), while the mean for caregivers in the comparison group decreased by 8 percent (from 2.8 to 2.2). The same pattern occurred with mean number of referrals across the two groups. The mean referrals for caregivers in the treatment group increased 124 percent (from 0.72 to 1.61), while it decreased by 21 percent (from 1.62 to 1.28) for the comparison group.

When a caregiver indicated that they *did not* access one of the services listed, they were asked why they did not access the service (i.e., they did not need/want the service, they wanted the service but were unable to access it). The mean number of services caregivers in the treatment group indicated they wanted but were unable to access decreased by 60 percent (from 1.06 to 0.42) from baseline to follow-up and increased by 30 percent (from 0.61 to 0.79) for caregivers in comparison counties.

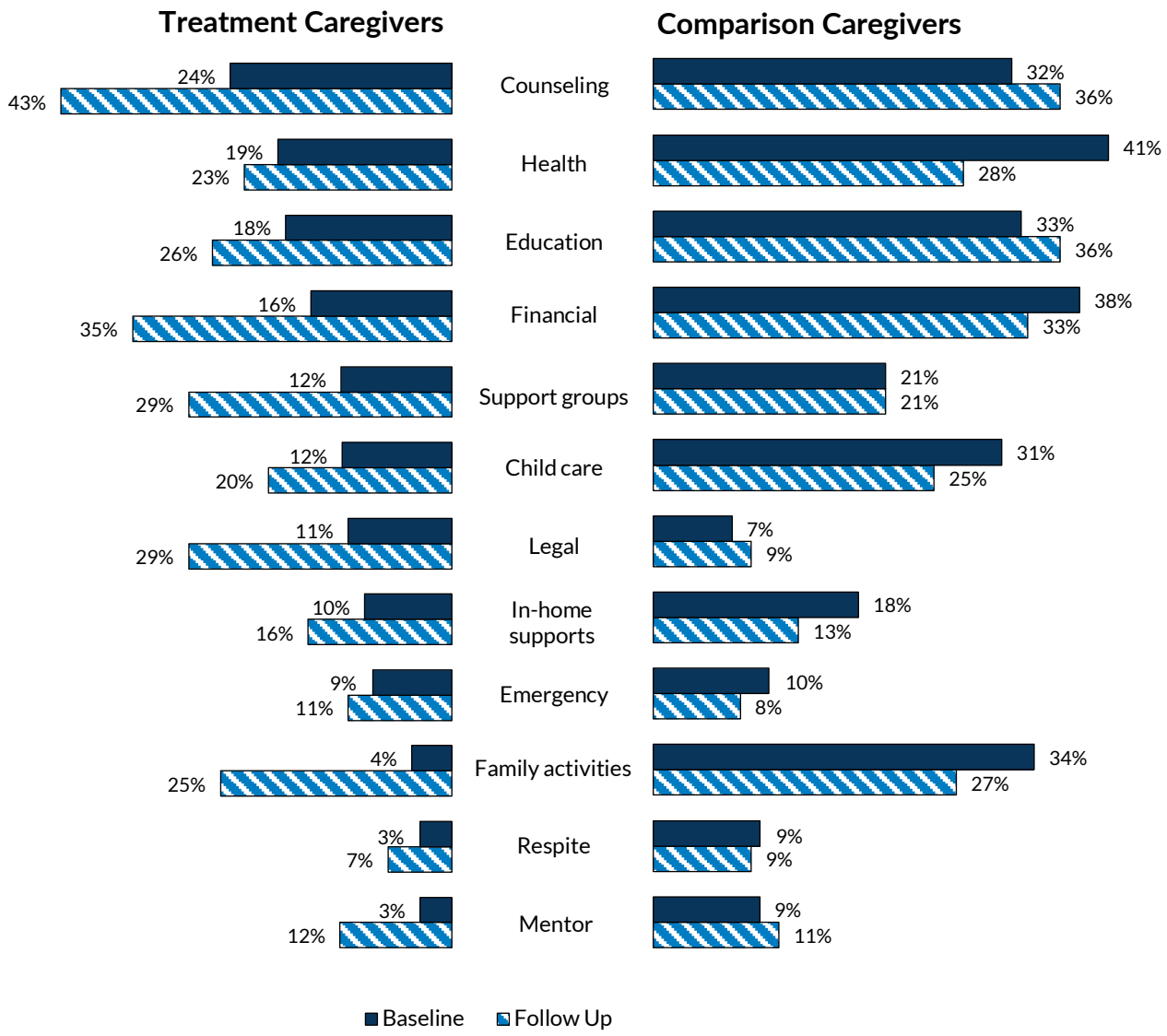
Figure 7. Mean services accessed, referrals, and services wanted, by treatment condition and timepoint



Services accessed

In Figure 8 below, we provide the proportion of caregivers in the matched sample who accessed each service type at baseline and follow-up, by treatment disposition. The proportion of treatment caregivers accessing each of the twelve services included in the survey increased from baseline to follow-up. The most common service caregivers had accessed at follow-up was counseling (43% of treatment and 36% of comparison), followed by financial services (35% of treatment and 33% of comparison). From baseline to follow-up, treatment caregiver access to these services increased by 79 percent and 118 percent, respectively. Emergency services (11% of treatment and 8% of comparison) and respite care (7% of treatment and 9% of comparison) were the least accessed services of those included in the survey.

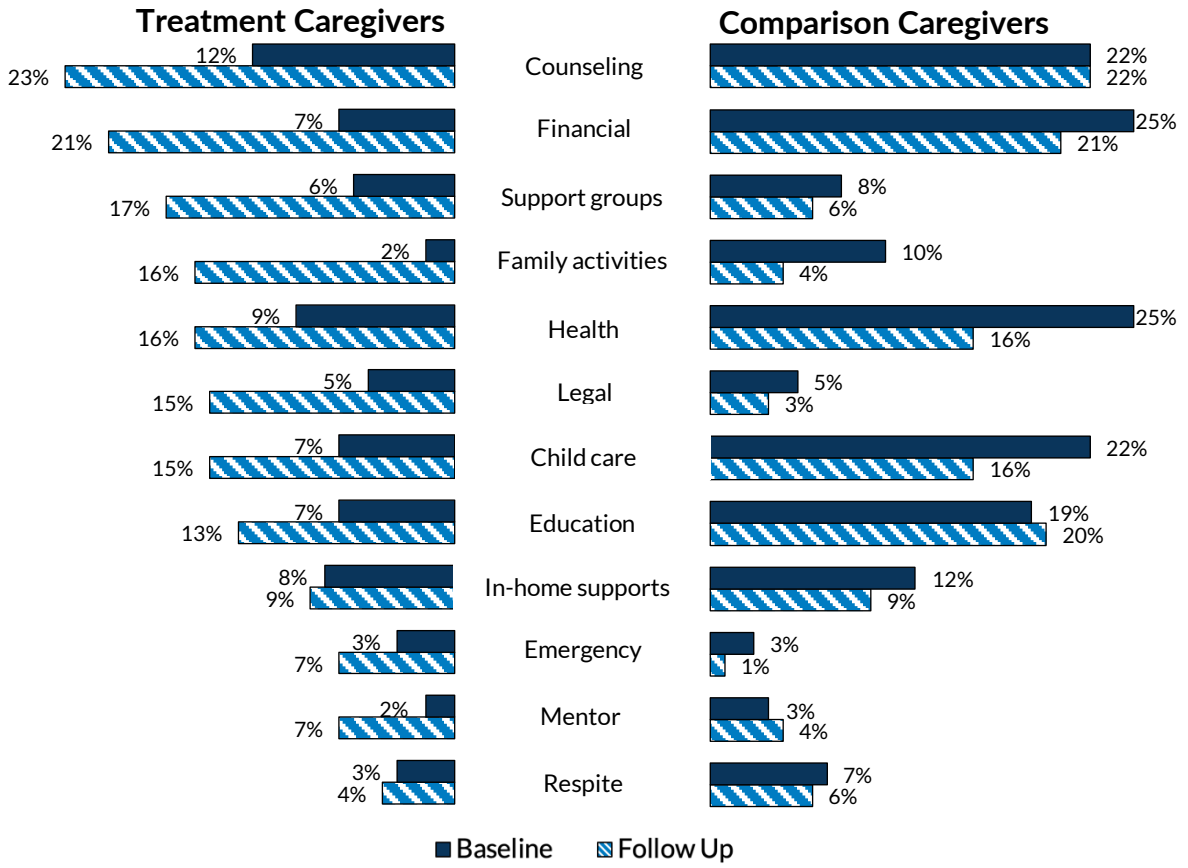
Figure 8. Types of services accessed by caregivers in matched sample at baseline and follow up, by treatment condition



Referrals

Figure 9 displays the proportion of caregivers in the matched sample who received a referral to each service type at baseline and follow-up, by treatment disposition. As with service access, the proportion of treatment caregivers who received referrals to each of the twelve services included in the survey increased from baseline to follow-up (see Figure 9). Although the most common type of referral at follow-up for caregivers in both the treatment and comparison group was counseling (23% and 22%, respectively), the types of referrals caregivers received at follow-up varied between the treatment and comparison groups. Notably, a higher proportion of caregivers in the comparison group received referrals to education services at both baseline and follow-up (20% compared to 13% in the treatment group at follow-up). This may be due, in part, to our recruitment process (see the Discussion section in Chapter 4 for more details.)

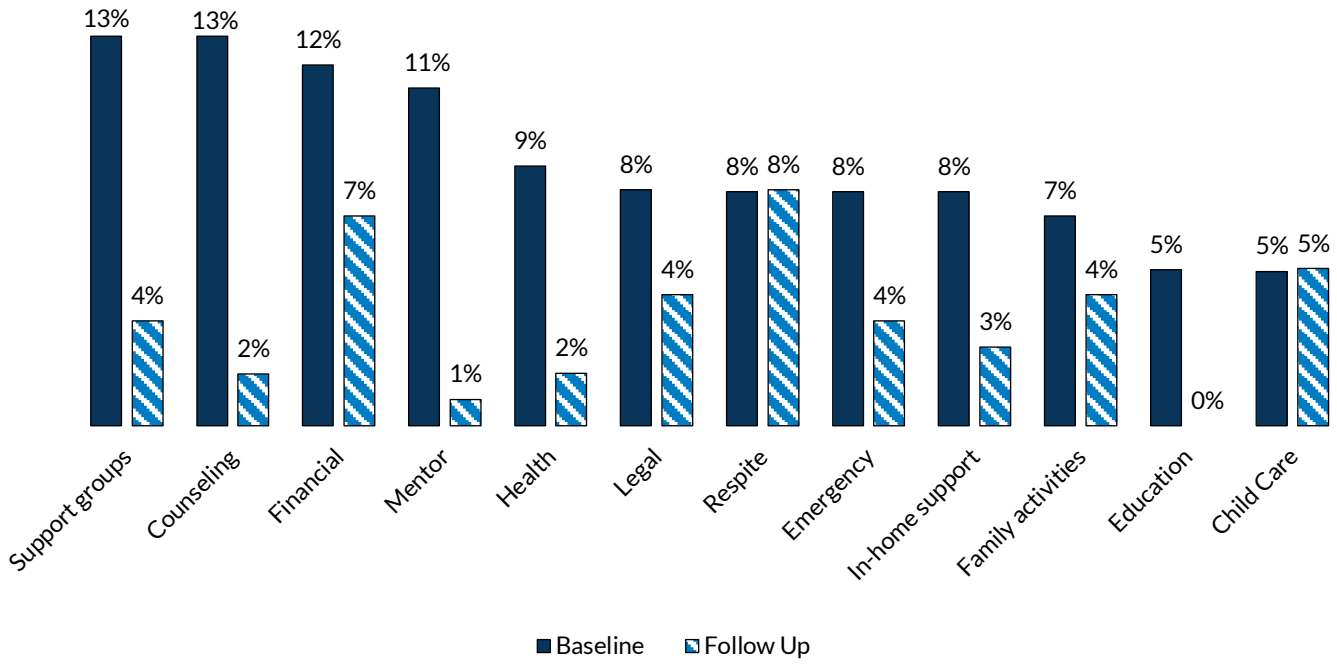
Figure 9. Types of service referrals received by caregivers in matched sample at baseline and follow-up, by treatment condition



Services wanted

Figure 10 shows the service types the caregivers in the matched sample reported they wanted but were unable to access at follow-up. The proportion of caregivers in the treatment group who indicated they wanted or needed a service decreased for all but two services: respite and child care. For those services, the need remained consistent from baseline to follow-up. The proportion of caregivers in the treatment group who indicated they wanted support groups and counseling (the two most needed services at baseline) dropped by 70 percent and 85 percent, respectively, from baseline to follow-up. All education service needs were met from baseline to follow-up, with none of the caregivers in the treatment group indicating they wanted educational services but were unable to access them.

Figure 10. Types of service referrals received by caregivers in matched sample at baseline and follow-up, by treatment condition



Dependency

When designing this evaluation, Wayfinder and Child Trends discussed the importance of exploring differences between outcomes for caregivers caring for dependent kin children and those caring for non-dependent kin children. Gathering data via surveys of kin caregivers allowed the assessment of outcomes not typically available in administrative records, as well as allowing informal kinship caregivers to be included in the study. Roughly half (51%) of both the treatment and comparison group were caregivers of non-dependent children, i.e., informal caregivers. The coefficients in the difference-in-difference models indicate that caregivers caring for a dependent kin child experience better outcomes on several measures when compared to caregivers of non-dependent kin, holding all other family characteristics constant (e.g., income). Caring for a dependent child is associated with more social and concrete support, stronger family functioning and resilience, greater access and referral to services, and lower stress. Previous research indicates that kinship caregivers caring for a dependent child have greater access to services and supports.[47]

[47] Stein, R. E., Hurlburt, M. S., Heneghan, A. M., Zhang, J., Rolls-Reutz, J., Landsverk, J., & Horwitz, S. M. (2014). Health status and type of out-of-home placement: Informal kinship care in an investigated sample. Academic pediatrics, 14(6), 559-564.

Table 22. Difference-in-difference coefficients

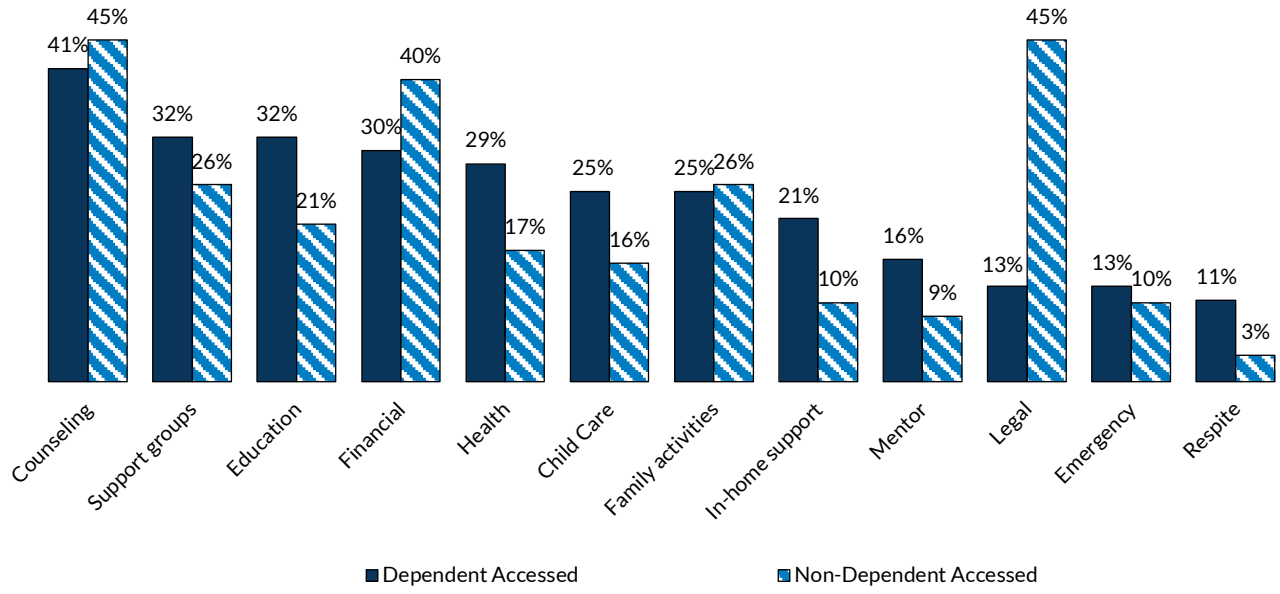
Outcome	Dependency Coefficient	
Stress	-1.93	*
Family functioning and resiliency	0.22	*
Social support	0.32	**
Nurturing and attachment	0.11	
Concrete support	0.21	*
Service access	0.09	**
Service referrals	0.25	***
Services wanted	-0.03	
Satisfaction with services	0.09	
Stress	-1.93	*
Family functioning and resiliency	0.22	*

*p<0.05, **p<0.01, ***p<0.001

To understand how the types of services needed might differ between caregivers caring for dependent kin and those caring for non-dependent kin, we examined the types of services accessed at follow-up among caregivers in the treatment group by dependency status. We narrowed our focus to caregivers in the treatment group because the difference-in-difference models suggested they were more likely to have accessed the services their families needed than the caregivers in the comparison group. The largest difference between the two groups was accessing legal services (45% of caregivers with non-dependent children compared to 13% of caregivers of dependent children). A higher proportion of caregivers of non-dependent kin also accessed financial support (40% compared to 30% of caregivers of dependent kin) and counseling (45% compared to 41%). **The largest differences between the two groups were related to legal services and financial support.**

Kinship caregivers of non-dependent children need to seek legal assistance to obtain necessary documents to enroll children in school, as well as for assistance with seeking medical care for their children and obtaining permanency (guardianship or adoption). They also do not receive any foster care payment. Given these two circumstances, the fact that caregivers of non-dependent children are more likely to access legal assistance and financial support than caregivers with dependent children is not surprising.

Figure 11. Services accessed by caregivers in the treatment group dependency status



Process study

We conducted a process study in conjunction with the outcome study. The process study was designed to answer our research questions related to service and organizational fidelity, as well as provide information about the context in which Kinnections was implemented and how this context may have influenced the outcomes for caregivers in the treatment and comparison groups (see Research Questions in Chapter 2 for more information). The main goal of the process study was to verify that the service was implemented as intended. This includes understanding how Kinnections was implemented; the level to which it met fidelity to the model as laid out in the manual; and what modifications were made, if any. This information is necessary to verify that the treatment group received the Kinnections intervention as intended, which allows us to say with confidence that replicating this model should yield similar results for other groups of kinship caregivers. The process study also provides information on what services and supports kinship caregivers in the comparison counties had available to them and received. This information can help explain any differences found between outcomes for the two groups of caregivers.

Services provided

Service recipients included all kinship caregivers who requested and received Kinnections services in the five counties participating in the study from June 2022 - July 2024.

Who the program served

Wayfinder's FAMCare data included 1,097 caregivers who received Kinnections services in treatment counties during the study period. Of these caregivers, 780 (71%) received services for the first time during the study and were eligible to participate. Caregivers in the treatment counties completed 302 baseline surveys—a participation rate of 39 percent among eligible caregivers.

Among all caregivers who received services during the study period, almost one third received services in Sacramento County. About a quarter of the caregivers were under 40 years old and 9 percent were over 70 years old. Data on relationship status was missing for or not provided by many of the caregivers (44%), but the most common relationship status was married (24%). White/Caucasian caregivers made up the largest racial/ethnic group[48] receiving services (48%), followed by Hispanic/Latino caregivers (20%).

Table 23. Demographic information of caregivers who received Kinnections services in treatment counties, June 2022 – July 2024

	N	%
Total served	**1,097**	
County		
Butte	240	21.88
Placer	152	13.86
Sacramento	349	31.81
Santa Cruz	64	5.83
Sonoma	292	26.62
Age		
40 or younger	273	24.89
41 – 50	224	20.42
51 – 60	255	23.25
61 – 70	242	22.06
Over 70	100	9.12
Missing	3	0.27
Marital status		
Married	268	24.43
Single	158	14.40
Separated/Divorced	99	9.03
Domestic partner	64	5.84
Widowed	21	1.91
Declined/Missing	487	44.39
Race/ethnicity		
Asian	16	1.46
Black/African American	137	12.49
Hispanic/Latino	220	20.05
Multi-racial	60	5.47

[48] Racial/ethnic groups are mutually exclusive. Hispanic/Latino includes caregivers of any race who indicated their ethnicity was Hispanic/Latino.

	N	%
Native American/Alaska Native	24	2.19
Pacific Islander	15	1.37
White/Caucasian	524	47.77
Other/Unknown	101	9.21

Dosage and length of service

Kinnections staff track dosage and length of service in Wayfinder's FAMCare database. The database contains a start and end date of service, with many caregivers having multiple spells of service in the database. Child Trends calculated length of service two ways to account for the inconsistency. Child Trends calculated length of service using the earliest start date and most recent end date for each caregiver. If a caregiver had a spell without an end date (were still receiving services as of the end of the study period), the last day of the study period was used as the end date. Over half (57%) of the caregivers who received services during this period were connected to Kinnections for over a year. This is likely an overestimate since end dates of service are captured inconsistently and because it includes time between spells for families that reengaged with Kinnections after initial services ended. See Table 24 for length of service estimates for families who Kinnections served during this period.

Table 24. Length of service for Kinnections caregivers based on case start and end dates in FAMCare, June 2022 – July 2024

Length of service	N	%
< 3 months	130	11.85
3 to 6 months	163	14.76
6 months to 1 year	181	16.50
1 to 2 years	264	24.07
2 to 3 years	196	17.87
> 3 years	163	14.86

Child Trends also calculated length of service using service dates, which indicate the date on which Kinnections provided each service to the caregiver. Child Trends calculated the days between the first and most recent service received by the family. While this approach accounts for the inconsistency in the end date entry, it is also likely an underestimation of the length of time families engage with Kinnections because it only includes services received during the study period. When examining dates services were provided, about one quarter (27%) of the caregivers only received one service and were only engaged with Kinnections for one day. This is to be expected since some caregivers reach out for referrals to specific services and do not receive additional supports, such as case management. See Table 25 for length of time between first and last service during the study period.

Table 25. Time between first and last service for Kinnections caregivers, June 2022 – July 2024

Time between first and last service	N	%
0 days (only 1 service)	294	26.80
< 1 month	126	11.49
1 to 3 months	187	17.05
3 to 6 months	197	17.96
6 months to 1 year	130	11.85
> 1 year	163	14.86

Caregivers can reengage with Kinnections after a period of not receiving services. The data in FAMCare for these caregivers could reflect a caregiver receiving services for the full time period unless the specific service dates are closely examined, resulting in an overestimate of the length of service. Additionally, some families continued to receive services after the study period and/or can reach out for additional Kinnections services in the future, resulting in underestimates of the length of service.

Services needed, received, and unavailable or inaccessible

During interviews we asked kinship caregivers, Kinnections staff, Kinnections supervisors, and staff from partnering agencies in treatment counties to talk about services kinship caregivers received from Kinnections. This included financial assistance, usually in the form of gift cards for gas and groceries; support groups for kinship caregivers and their children; case management services; and referral to other services, including financial assistance, legal assistance, other support groups, education, counseling, family activities, emergency services, physical and mental health services, child care, respite care, mentoring, and in-home support.

According to Wayfinder's FAMCare data, of the 1,097 caregivers who received Kinnections services during the study period, the most common service provided was information about and referral to services. Kinnections provided this service 3,553 times to 750 unique caregivers (68%). Referrals to counseling services, which was the most frequently accessed service by caregivers in the treatment group, are included in this category. This indicates that caregivers requested referrals multiple times. Just over half of the caregivers, (625, 57%) received case management services.[49] Caregivers were also frequently provided legal and guardianship or adoption information and referrals by Kinnections staff, with just under half (46%) of caregivers receiving this service during the study period. Respite resources were provided least frequently, aligning with outcome study findings showing this was the least frequently accessed service by caregivers in the treatment group.

[49] Although case management typically includes multiple visits per caregiver, the way it is recorded in the database is as one service per caregiver.

Table 26. Services provided to Kinnections caregivers in treatment counties, overall frequency service was provided, and number of caregivers who received service, June 2022 – July 2024

Type of Service	Number of times service was provided	Number of caregivers who received service
Advocacy	2,054	611
Activities/Events	845	446
Assistance with basic needs	1,865	577
Case management[50]	625	625
Information & referral	3,553	750
In home case management & support	715	269
Legal & guardianship or adoption information & referrals	2,543	508
Respite resources	64	52
Support groups	1,288	308
Trainings on kinship-related topics	1,467	432

During interviews we also asked kinship caregivers, Kinnections staff, Kinnections supervisors, and staff from partnering agencies in the treatment counties to talk about challenges kinship caregivers faced finding, accessing, and using services apart from what they received through Kinnections. This information was useful for Kinnections staff to know as they worked to meet the needs of kinship caregivers both through the service they provided and through referrals to services provided by other organizations. Challenges included lack of specific services; long waitlists and delays in receiving services; distance to services and lack of transportation; high cost and lack of financial support to care for their children; concerns about the quality of services due to lack of staff continuity, reduced or uncertain funding, and/or lack of qualified staff in certain areas; busy work schedules of caregivers, making it difficult to find time to participate in services; and no age-appropriate services for their child, especially for very young children and adolescents.

Level of fidelity to the Kinnections model

To understand if staff are implementing the Kinnections model as intended, we reviewed what services staff provide and how they spend their time, and whether this matched what is described in the Kinnections program manual.

Services and supports staff provide

We asked staff during both rounds of site visit interviews what activities they typically engage in during their work week. The activities they described closely matched what is included in the core services of Kinnections mentioned in the manual. If an activity was not mentioned it does not necessarily mean it was not provided, just that staff did not talk about the particular activity. See Table 27 for more details.

[50] Although case management typically includes multiple visits per caregiver, it is recorded as a "type" of case in the FAMCare database. Thus, it is indicated as one service per caregiver.

Table 27. Comparison of Kinnections core services and what staff said they provided

Core Services of Kinnections	Activities Mentioned by Staff
• Age-appropriate boundaries, supervision, and discipline • Assistance with accessing health insurance • Child development milestones • Child care • Educational support, including information on IEPs & registering children in school • Effective interpersonal communication and conflict resolution • Financial assistance • Public Assistance Benefits and Foster Reimbursement • Tangible items such as clothing, shoes, school supplies, diapers, car seats, & gift cards	Case management, which includes: • Completing benefits paperwork • Helping families with activities identified in their family plans • Making follow-up visits to continue working on the family plans
• Caregiver support group • Youth group	• Facilitating support groups
• Counseling referrals and information on choosing a therapist	• Collaborating with the Seneca Family of Agencies (formerly The Kinship Center)[51] • Contacting caregivers, connecting them to services
• Housing, employment, and transportation (gas cards or bus passes)	• Working with the emergency shelter
• Food lockers, food banks, and nutrition education • Kinship trainings, including trauma-informed parenting education and support	• Conducting trainings, including training and supporting staff
• Legal services support • Permanency options and assistance with probate guardianship	• Assisting in the guardianship process
• Recreation	• Providing socialization events for the families
• Respite	• Not mentioned
• Tutoring	• Not mentioned

Staff also mentioned other activities that are not included in the core activities but that are still integral to the Kinnections service, as described in the manual. They described administrative tasks, such as note taking and project management, outreach and recruitment of kinship caregivers, interacting with community care licensing staff on investigation and other activities related to licensing of kinship caregivers, and study-related activities, such helping caregivers complete surveys.

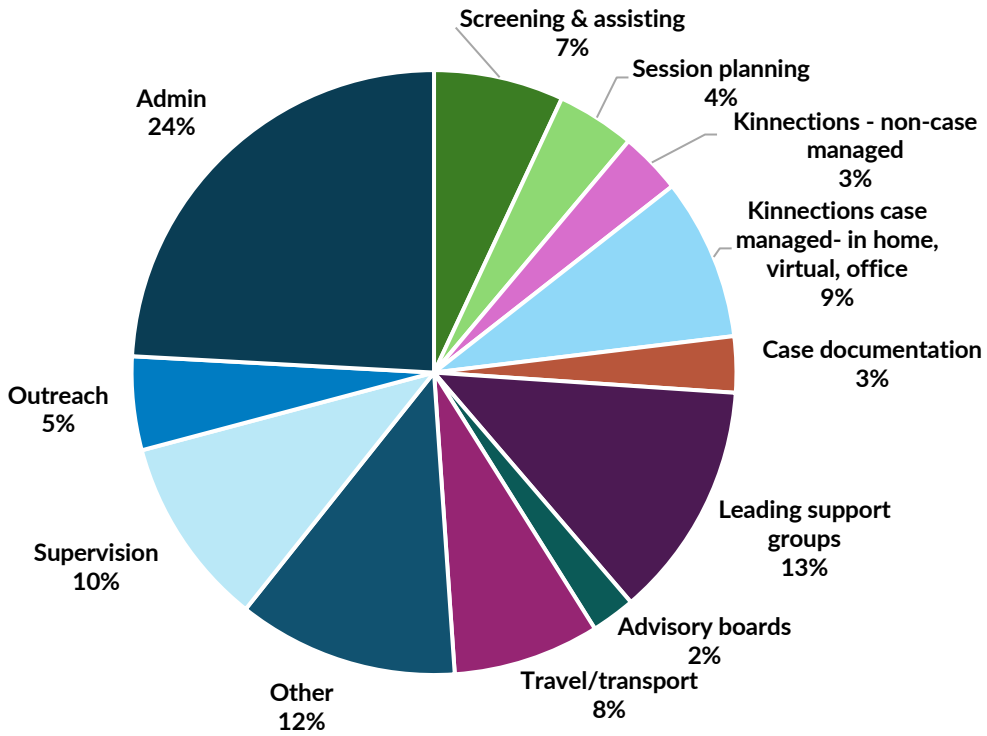
[51] The Seneca Family of Agencies "provide a broad continuum of permanency, mental health, education, and juvenile justice services" https://senecafoa.org/

How staff spend their time

To learn how staff spend their time we conducted a time study over three two-week periods in October 2022, March 2023, and November 2023. We asked all levels of Kinnections staff to fill out a sheet tracking the number of minutes spent conducting different activities related to implementation of the Kinnections program, including what client activities they engaged in, as well other activities, including administrative tasks, training, and supervision. We calculated the average number of staff (*n*=16) who completed the time study over the three data collection periods, the average number of clients served (*n* =282), the average hours per data collection period staff spent on Kinnections activities (*n*=29 hours), and the average number of hours spent in initial training/on-boarding of staff per data collection period (*n*=48 hours). The data collection time periods are snapshots of what staff did during a two-week window and are not necessarily representative of what they do every week.

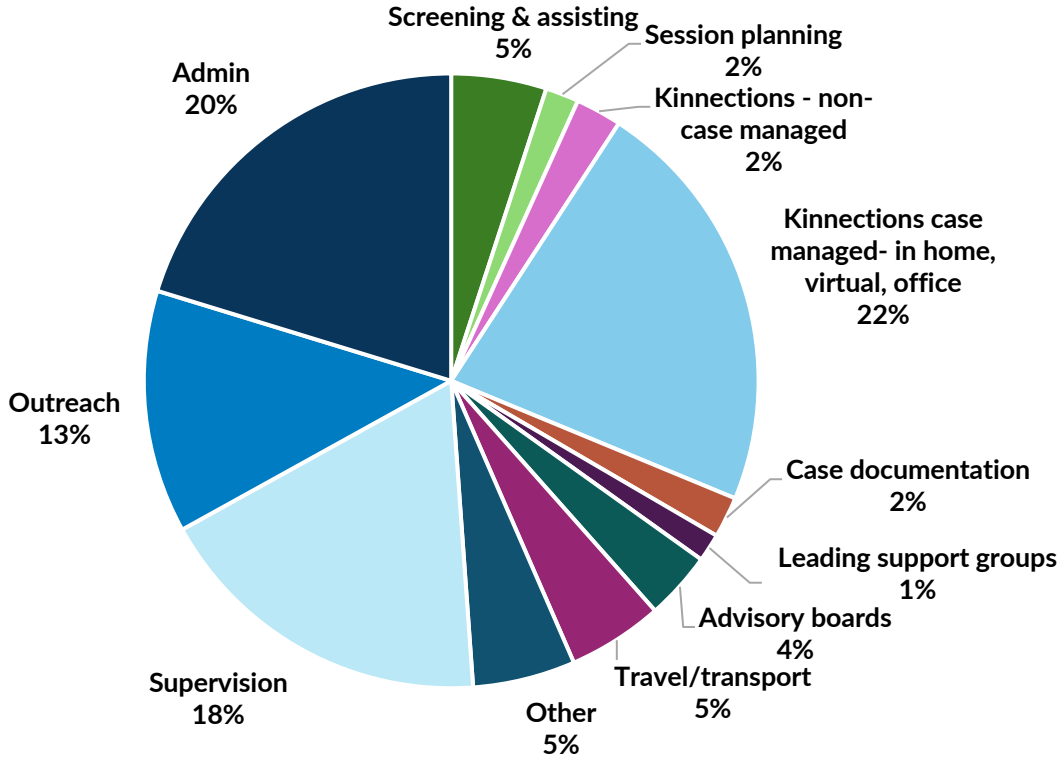
We were particularly interested in the direct care staff - Kinship Navigator I and II positions.[52] Kinship Navigator I's spent 13 percent of their time leading support groups, while Kinship Navigator II's spent almost a quarter (22%) of their time in direct practice with kinship caregivers in the form of case management services in the caregiver's home, in the office, or virtually. Both kinship navigator I's and II's spent a quarter to a fifth of their time (24% and 20% respectively) on administrative duties and 10 percent and 18 percent of their time respectively in supervision. Kinship Navigator II's spent 13 percent of their time on outreach to potential clients. See Figures 12 and 13 for more details. Supervisors and program administrators spent the bulk of their time in administrative duties, with supervisors spending a small amount of time in direct service.

Figure 12. Kinship Navigator I percent time by task



[52] See Chapter 1 for a description of the Kinship Navigator I and II positions.

Figure 13. Kinship Navigator II percent time by task



Continuous quality improvement activities

Wayfinder has a robust continuous quality improvement (CQI) process that includes all Kinnections staff. This includes staff training and supervision, a peer review of cases, engagement of community partners in program planning, and inclusion of kinship caregivers as lived experts through an advisory group. Below we present findings from a review of the CQI processes.

Staff training and supervision

As described in Chapter 1, Wayfinder provides a core set of training to all staff within the first 90 days of hire. They also provide opportunities for ongoing training and professional development. According to agency records, there were a total of 11 new Kinnections staff hired during the study period who all completed the 90-day checklist of trainings. Additionally, there were eight staff who transferred into Kinnections from other Wayfinder departments during this time period. Of these staff, all had already completed the all-agency trainings, but they did receive additional Kinnections training from the 90-day checklist that was not provided to them at the time they were hired. Staff also participated in the additional three trainings offered during the study period (see Training section in Chapter 1).

During interviews, staff reported receiving their 90-day initial training, including a general overview of the Kinnections program. Kinnections staff also mentioned participating in additional training, including presentations by Dr. Crumbley, a world-renowned expert in kinship care. A couple of staff mentioned appreciating the education benefits they received to help with paying for higher education. One staff member highlighted learning more about the difference between kinship and adoptive parents and their patterns of accessing services, and one person mentioned using what they learned in training in their personal life. Kinnections staff also mentioned they meet individually weekly or biweekly with their

supervisors, on average for one hour a week for individual supervision and additional time for group supervision, which is what is required in the manual.

How peers rated each other's performance

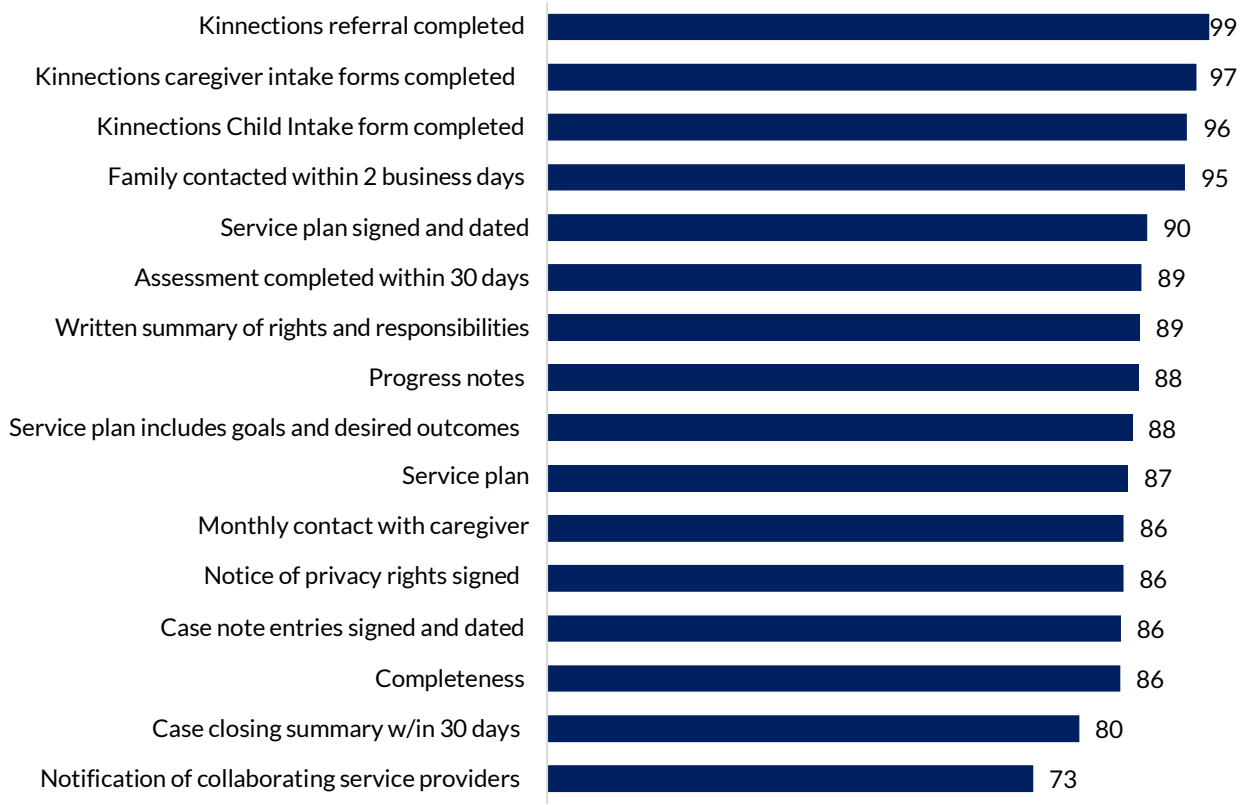
Wayfinder conducts peer reviews of cases as part of their CQI process to ensure they are implementing the model with fidelity and maintaining a high standard of practice. Child Trends reviewed the data that were collected and compiled by Wayfinder and supplied to Child Trends in aggregate. A total of 123 cases were reviewed from April 2022 through June 2024, in all five treatment counties, with an average of nine case reviews per county. The average fidelity score was 89 percent. See Table 28 for details of fidelity by county.

Table 28. Average score for peer reviews in each county from 2022-2024

County	Number of cases	Average fidelity score (%)
Butte	29	98
Placer	17	100
Sacramento	40	79
Santa Cruz	16	94
Sonoma	21	72
Total	123	89

Case reviews include how often a set of required tasks are completed. The lowest score was for notification of collaborating service providers, which was done 73 percent of the time, and the highest was 99 percent for completion of referrals. See Figure 14 for a list of all the tasks and the percent completion of each task achieved across all case reviews.

Figure 14. Percent completion rate of each Kinnections required task



Engagement of community partners

Kinnections staff collaborated with staff in many external organizations, including county DSS offices, to help support families. The county staff regularly shared information about kinship families that helped the Kinnections staff tailor services to the needs of the families. Kinnections staff had regular meetings with partner agencies (e.g., quarterly meetings, case-by-case collaborative meetings). Kinnections staff acted as liaisons between the county staff and kinship caregivers by distributing county information to the caregivers or translating important paperwork only available in English into Spanish when needed.

In May 2022, Child Trends administered the Wilder Collaboration Factors Inventory to twelve staff at the five treatment county partner agencies to understand the level of collaboration among Wayfinder and their county partners. After reminder emails on June 10th, we received four responses, which included responses from one staff member at each of the four counties. Staff at the child welfare agency decided to send one official response from each county. In general, staff who responded reported high levels of collaboration and no areas of concern.

Table 29. Means from the Wilder Collaboration Factors Inventory elements (n = 4)

Element	Mean
Environment: Favorable social and political climates, positive history of collaboration, perceived leadership.	4.1
Membership Characteristics: Right partners, mutual respect, understanding and trust, self-interest met, and ability to compromise.	4.2
Process and Structure: Clear roles and responsibilities, clear method of decision making, flexible, adaptable, invested interest, multiple layers of participation, comfortable pace of development.	3.9
Communication: Multiple methods, open and frequent, informal and formal communication.	4.2
Purpose: Clear and attainable goals and objectives, shared vision and purpose unique purpose.	3.9
Resources: Capable leadership, enough staff, materials, funds, influence, and time.	3.6

Consultation with kinship caregivers and youth in kinship care

Another aspect of Wayfinder CQI is planning and operation in conjunction with kinship caregivers through participation in kinship advisory boards. There were two different types of kinship advisory boards that met regularly throughout the study: (1) advisory boards in all the treatment county offices, and (2) an advisory board created specifically for the Kinnections grant. The grant-created kinship advisory board met monthly and was a forum for Wayfinder to gather direct and ongoing feedback on program implementation and kinship caregiver needs. There was a pool of seven kinship caregivers who served as members of the board, with at least one or two kinship caregivers from each of the treatment counties. Kinship caregivers on the advisory board brainstormed ideas for program improvement by reviewing agency processes and protocols. They provided feedback on services and supports kinship caregivers need, some of which are specific to certain counties and regions in California. Other kinship caregivers, not on the advisory board, also provided input via a satisfaction survey.

Kinnections staff were unable to recruit youth currently or previously in kinship care to join the Kinnections grant advisory board. Staff reported that youth were unable or unwilling to attend board meetings due to the meetings being held in the morning when most youth are either in school or working. Kinship caregivers were unable to attend at other times due to child care obligations. Board meeting times were offered at varying times and two youth expressed interest but did not attend any meetings.

Implementation facilitators and barriers

During site visits we asked Kinnections staff members to describe aspects of their work and the Wayfinder organization that made program implementation effective or challenging. This information provided additional context for the level of fidelity to the Kinnections model achieved. Below we discuss factors which affected fidelity, including staff turnover and vacancies, benefits and challenges of virtual services, staff and caregiver relationships, and collaboration with referral partners.

Staff turnover and vacancies

Difficulties related to staff turnover and unfilled vacancies were a concern at both county DSS offices as well as at Wayfinder. Kinnections staff did experience some turnover, which placed a burden on existing staff to train new staff, develop working relationships, and take time for new staff to adjust to the program.

The cost of living in Northern California tends to be higher than in Southern California, which deters some staff from living in Northern California, despite the stipend offered by Wayfinder for their Northern California staff. In addition, it is harder to find qualified staff in rural areas, including those with bachelor's degrees in social work and those with lived kinship care experience.

Benefits and challenges of virtual services

Beginning during COVID and continuing after the pandemic restrictions ended, staff faced challenges providing virtual services, specifically related to difficulties caregivers have accessing and managing technology needed to participate in virtual meetings and even phone calls. Kinnections offered a hybrid of in-person and virtual services to families, depending on the needs and desires of the family, which families appreciated.

> *"I think …COVID [impacted] accessibility and us constantly evaluating if we are really creating an inclusive environment for accessibility for everybody. You know, what about the families who don't have access to internet or technologies, how are we maneuvering that and making sure they do have access to those things?"*
> ***- Kinnections staff***

Staff and kinship caregiver relationships

Kinnections staff, kinship caregivers, and youth[53] describe having good relationships with each other. One youth said Kinnections should "keep doing what you are doing." Kinship caregivers and staff all mentioned the importance of allowing caregivers to share family stories, achievements, and successes. Several staff and caregivers highlighted that Kinnections staff are attentive, easily accessible, committed to their work, and supportive of kinship caregivers. Kinnections staff thought the relationships they have with caregivers and county DSS workers and approaches to working with caregivers have solidified and become more robust over time as they gain confidence and experience with meeting caregivers' needs. Several staff mentioned difficulties serving caregivers in rural areas, especially for those who lack transportation to attend meetings or who live in communities that lack services.

> *"[The Kinnections Kinship Navigator] is very open to suggestions. They validate our concerns and our needs. They pretty much tried to find a program to plug you into … whatever your need is and they have a lot of resources."*
> ***- Treatment county kinship caregiver***

Contextual factors

We reviewed what services kinship caregivers had access to and used in the comparison counties. Even though we selected counties that did not have kinship navigator services comparable to Kinnections, we wanted to understand what services were available to kinship caregivers in the comparison counties to help explain the evaluation's findings.

California Statewide Kinship Navigator virtual support services

Think of Us[54] operates a virtual support service[55] for kinship caregivers across California and thus was available to kinship caregivers in both the treatment and comparison counties. The service started shortly before the Kinnections study period began. Kinship caregivers can request referrals to a range of services, as well as a call from a kinship navigator. Unlike Kinnections, the statewide service does not include in-

[53] A few youth provided input via a JamBoard created for the purpose of gathering youth feedback on Kinnections and kinship care in general.
[54] Think of Us is a national organization "working to transform the nation's child welfare system and improve outcomes for the millions of children and families it impacts each year." Taken from the website: https://www.thinkofus.org/
[55] The Virtual Support Services can be found at this website: https://www.getvirtualsupport.org/

person services such as recreational activities, workshops/trainings or support groups, nor case management, financial support, emergency assistance, or assistance with basic concrete needs. Think of Us provided information about the number of kinship caregivers served and the services most commonly requested by the caregivers during our study period.

Table 30. Number of kinship caregivers requesting Think of Us services by county from June 2022-January 2025

Study Group	N of kinship caregivers
Treatment	**Total = 211**
Butte	29
Placer	47
Sacramento	116
Santa Cruz	2
Sonoma	17
Comparison	**Total = 179**
El Dorado	26
Fresno	53
San Joaquin	29
Shasta	12
Stanislaus	29
Tehama	10
Yolo	16
Yuba	4

The most common service requests were for financial assistance, food, housing, legal help, mental health services, clothing, and other physical supplies.

Kinship caregiver experiences with services in comparison counties

We asked kinship caregivers and staff in comparison counties what services kinship caregivers used. They mentioned parent partners (a staff person at a community-based agency who links families with needed resources, support, and advocacy); parenting skills classes; counseling; mental health; and psychiatric services from local providers including non-profit agencies; as well as counseling at their local school.

We also asked kinship caregivers in the comparison counties to talk about challenges they faced finding, accessing, and using services. They mentioned similar challenges to kinship caregivers in the treatment counties (see under “Services needed, received, and unavailable or inaccessible” above).

Chapter 4. Discussion of Findings

Outcome study

The goal of the outcome study was to determine whether caregivers' participation in Kinnections improves outcomes for kin caregivers and the children in their care. Below we discuss the key findings related to these outcomes as well as how the dependent status of the child influenced outcomes.

Access and referral to services

Our analyses show that Kinnections is achieving the primary goal of a kinship navigator service: to connect caregivers to the services their families need. Caregivers in the treatment group reported, on average, substantially more participation in and referrals to services from baseline to follow-up (see Figure 7). In addition to increases in the number of services accessed and service referrals from baseline to follow-up, the proportion of caregivers receiving each type of service increased over time (see Figure 8), with the biggest increases in family activities, counseling, financial support, legal services, and support groups.

Although access increased (from baseline to follow-up) within each service type for caregivers in the treatment group, when caregivers were asked about the services they wanted but were unable to access, the proportion of caregivers who wanted respite and child care services remained steady (see Figure 10). This indicates an increase in need for these services from baseline to follow-up. Kinnections staff indicated these are two services for which they receive the most requests and areas where the supports available could be expanded. According to the U.S. Chamber of Commerce,[56] child care shortage is a nationwide problem, and thus difficult for a kinship navigator program to solve on its own. In addition, to solve the problem of lack of respite services, multiple systems serving kinship caregivers need to collaborate, including disability, aging, public benefits, and mental health, to mention a few.[57] Kinnections does bring some of these systems together, but here too Kinnections cannot meet the need for respite on its own.

Satisfaction with programs and services

Findings from the difference-in-difference models show that the supports Kinnections provides improve caregivers' satisfaction with all services they receive (see Table 18 in Chapter 3). This, coupled with FAMCare data that show kinship caregivers often return to Kinnections for additional services, indicates that Kinnections provides the right service at the right times. Kinship caregivers are often reluctant to request services and may feel some stigma around asking for help.[58] The way in which Kinnections reaches caregivers and connects them to more customized services likely explains why caregivers in the treatment group are more satisfied with services than caregivers in the comparison group.

[56] Ferguson Melhorn, S (2024). *Understanding America's Labor Shortage: The Impact of Scarce and Costly Childcare.* Accessed on September 16, 2025 *at* https://www.uschamber.com/workforce/understanding-americas-labor-shortage-the-scarce-and-costly-childcare-issue

[57] Rushovich, B., Sun, S., McBride, C., Malm, K., & Washington, T. (2024). *To support kinship caregivers, systems serving children and families must collaborate on delivering services.* Child Trends. DOI: 10.56417/9806y446x

[58] Ansong, D., Appiah-Kubi, J., Amoako, E. O., Brevard, K., & Denby, R. W. (2025). Addressing Kinship Caregivers' Ambivalence and Internalized Stigma to Improve Acceptance of Financial Assistance for Children in Foster Care. *Social work*, *70*(2), 109-119.

Adult well-being

The difference-in-difference models also show Kinnections is achieving its goal of improving adult well-being by increasing the social supports available to the caregivers it serves. Caregivers in the treatment group experienced the greatest improvement from baseline to follow-up in having someone to turn to for advice (see Figure 5), particularly for mental health and parenting advice (see Figure 6). This suggests the service helped caregivers feel more supported and informed after connecting with a kinship navigator. This is also supported by the multiple spells that many families have in Wayfinder's FAMCare database, which indicate families often return for additional support from Kinnections when they need it.

Other adult well-being outcomes

Although findings indicate Kinnections improved access and referral to services, satisfaction with services, and social supports for caregivers, the difference-in-difference models did not find improvements (from baseline to follow-up) in other measures of adult well-being, including concrete supports, family functioning and resilience, nurturing and attachment, and stress reduction. While it is possible that positive outcomes in these areas might be identified with a larger sample (see Limitations section), these findings may also indicate that participation in Kinnections cannot resolve all challenges that can accompany caring for a kin child.

Dependency

Similar to other studies, our difference-in-difference models show caregivers of dependent children have better outcomes on several measures when compared to caregivers of non-dependent children. Caregivers of dependent children in both groups, on average, have better social and concrete supports, stronger family functioning and resilience, greater access and referrals to services, and lower stress. When presenting these findings to Wayfinder staff, other agency partners, and kin caregivers, many expressed that this was unsurprising.

One kin caregiver explained that caring for a non-dependent child is particularly stressful because the looming threat of the child entering foster care if their caregiving does not meet the standards set by DSS. Dependent children and their caregivers are eligible for services and supports beyond those available to non-dependent children, including support from a DSS caseworker. Wayfinder staff noted that, in addition to the other supports they provide, DSS caseworkers frequently serve as a buffer between caregivers of dependent kin and the parents of the child. They can be the "bad guy" when boundaries need to be established, which reduces friction between the caregiver and other family members and reduces stress levels.

Process study

The goal of the process study was to establish if the Kinnections service was implemented as intended and with high fidelity at both the service level and the organizational level, and if there were contextual factors that supported or hindered the implementation. Below we discuss the key findings related to this goal.

Fidelity at the service level

> *"It's just really nice to see family feedback…like [Kinnections] has been really successful… we're seeing a big change in our family. Or … you see families … that were unsure about the placement in general move all the way to adoption and they're really excited about that next stage in their life…"*
> - ***Kinnections staff***

Overall, the Kinnections staff were able to achieve a high level of fidelity to the Kinnections service model as laid out in the manual, which includes the required components of a kinship navigator program as described in Chapter 1, Table 1. Staff served the intended population of kinship caregivers in all participating counties, including those caring for children with and without formal child welfare involvement.[59] Staff spent their time providing the prescribed services with little deviation from the model and caregivers were receptive to, and appreciative of, the services received. There were some challenges to providing services related to kinship caregiver characteristics, including kinship caregiver comfort with using technology and access to transportation, as well a high need for financial and other concrete supports beyond the resources available. However, the majority of kinship caregivers who requested services received the appropriate Kinnections services to meet their needs.

Fidelity at the organizational level

In general, there was a high level of fidelity to the Kinnections model at the organizational level. Wayfinder has a robust continuous quality improvement process, including staff training and supervision, peer reviews, an active advisory board, and regular meetings with county DSS agencies and other community partners. We discuss these points in more detail below.

Wayfinder provided a robust array of supports for their staff. This included a comprehensive training schedule when staff joined the agency and ongoing continuous learning opportunities, as well as regular supervision for all staff. The peer review process supported staff by giving them the opportunity to learn from their coworkers. Learning happened both through reviewing and learning from others' mistakes and successes, and having their own work critiqued. This provided the opportunity for staff to improve in their areas of weakness and reinforce their areas of strength. There were some challenges with staff recruitment, and a few staff positions remained unfilled. However, most current staff have been with the agency for several years.

There was a committed and active advisory board who provided useful feedback on both the study and services needed. Kinnections staff struggled to recruit young adults to join the advisory board but did include their input through an online noticeboard (JamBoard), as well as through youth support groups.

Wayfinder held regular meetings with their county DSS and a few other community partners and solicited and incorporated their feedback on issues related to study design and service provision. Findings do show that kinship caregivers are receiving referrals to the services they request and need, which, together with the positive findings from the Wilder Collaboration Factors Inventory, indicated strong collaboration between Wayfinder and its partners.

Contextual factors

Kinship caregivers in the comparison counties did have access to some services similar to those offered by Kinnections, however they did not have access to a comprehensive kinship navigator program. The Think of Us virtual kinship navigator service was active in both the treatment and comparison counties, however it

[59] The one exception was in Santa Cruz County, where the funding from the county only included services to kinship caregivers with children formally involved in the Child Welfare system.

does not have the same services and supports nor case management approach that Kinnections offers. Kinship caregivers in the comparison counties reported using a number of services at baseline, however this number did not change much at follow-up. Since they were not receiving services from a kinship navigator, the kinship caregivers in the comparison counties may have already reached their limit of knowledge of available services at baseline, and, without a kinship navigator, had no way of learning about more services in the ensuing months.

Limitations

Although we extended the study period, we did not achieve our original recruitment targets for the outcomes study. Child Trends noticed major spikes in survey completions twice during our study period when fraudsters accessed the link to the baseline survey. As a result, Child Trends had to sift through thousands of responses and review IP addresses to identify duplicates and ineligible geographic locations. Issues with fraudulent respondents prevented Wayfinder from posting recruitment materials online, which likely would have boosted recruitment in comparison counties. Child Trends also had to introduce procedures to prevent fraud,[60] including removing links and QR codes from fliers in comparison counties and requiring caregivers to call Wayfinder to access the survey, which may have reduced recruitment. Because we fell short of our recruitment goals, the matched sample was smaller than planned. This reduced sample size decreased the statistical power of our models, which may have prevented us from detecting smaller differences between the treatment and comparison groups.

At baseline, caregivers in the treatment and comparison groups differed on several of the outcome measures we examined. We made substantial efforts to align recruitment methods between treatment and comparison counties, but many of the baseline differences likely stem from how we recruited caregivers in each group. In treatment counties, caregivers were recruited when reaching out for Kinnections services (either on their own or via referral). Caregivers in the comparison counties were recruited primarily through fliers and contacts in agencies where kinship caregivers may go for services. We believe these different approaches may have resulted in caregivers from the treatment group generally having kin children in their homes for shorter durations compared to those in the comparison group. This would help explain why caregivers in the comparison group were already receiving more services and referrals at baseline (see Figure 7). Additionally, because caregivers in comparison counties were recruited from agencies and areas in the community that offer supports to kinship caregivers, they may have been more embedded in their local networks and more aware of available resources than those in the treatment group.

For the process study, we had limited input from young adults with kinship care experience due to difficulties in recruiting for interviews or participation in the kinship advisory board. Their input is important to knowing what services youth and young adults need and want to best support them and their families. Kinnections staff do regularly talk with youth when they visit kinship families receiving case management services and consider their input when formulating the family service plan. Kinnections staff also talk with youth and solicit their input during youth-specific activities and youth support groups. We also received feedback from a few young adults via an online comment board, which provided some insight into what youth need and value from service providers.

[60] Additional measures for fraud prevention included the addition of a decoy question that asked the purpose of the study (used to examine language patterns and accuracy if there was any other indication the survey could be fraudulent) and collecting names of respondents to the treatment baseline survey to confirm with Wayfinder that they received services.

Recommendations

Based on the study findings we offer the following recommendations.

Ensure that all kinship caregivers have access to a service like Kinnections, which offers customized referrals and case management.

Kinship caregivers who participated in Kinnections were more satisfied with the services they received than kinship caregivers who did not participate in Kinnections, indicating that Kinnections is able to tailor services to the particular circumstances of each caregiver, including offering case management when needed. This helps the caregivers and their families manage challenges that arise and thrive together.

Dedicate adequate funding for services like Kinnections to ensure full staffing and sustainability of the program.

Wayfinder has contracts with several county child welfare agencies that provide funding for Kinnections to serve both formal and informal kinship caregivers, and this ensures that families receive supports and services they need. Sufficient funding is also needed for a full staff (i.e., kinship navigator I, kinship navigator II, supervisor, and parent partner) to support caregivers in each county.

Provide training for mental health and legal professionals in kin specific needs.

Counseling and legal services were among the most commonly accessed services for kinship caregivers in both the treatment and comparison groups. Kinship caregivers and their families have unique needs related to their circumstances and need professionals who understand and can provide guidance tailored to their needs.

Continue to offer a mix of virtual and in-person services, including support groups.

Some kinship caregivers want the convenience of virtual contact, especially when they are very busy and/or lack transportation. However, some kinship caregivers want to be able to connect in-person for case management as well as support groups. Alternating between virtual and in-person contacts can help meet the needs of the majority of kinship caregivers.

Increase child welfare services and supports for kinship caregivers caring for children in informal arrangements.

Kinship caregivers caring for children in informal arrangements do not have access to the supports provided through the child welfare system, including financial and concrete assistance, and appear to be more isolated and lacking social supports. These stressors can lead to placement instability and the risk of the

child coming into state custody. Child welfare agencies can help address these needs and stabilize kinship placements by offering some financial and other supports for kinship caregivers caring for children in informal arrangements.

Increase collaboration among multiple systems serving kinship caregivers to better serve kinship families.

Kinship navigator programs, such as Kinnections, can significantly improve the lives of kinship families. However, they cannot address all needs, such as the need for respite and child care. To address these needs, systems that serve kinship families such as public benefits, aging and disability services, early childhood education, recreation, and mental health services need to come together to plan for and provide a full array of services for kinship families.