

# CHAPTER 6:

## KINSHIP SUPPORTS STRATEGY

Not long ago, child welfare agencies had few options when it came to placing a child. Most children were placed with a traditional foster care family who, while being caring and nurturing, had no familial connection with the foster children living in their homes. In the 1980's and 90's, child welfare agencies across the country began to experience increasing numbers of child abuse and neglect reports; this was driven by a changing social environment with rising incidents of substance abuse, mental illness, economic hardship, family violence, and incarceration. The increase in abuse and neglect reports coincided with a decline in the number of traditional foster care home settings which were available. Because of these changing dynamics, child welfare policy makers and practitioners began to rethink their options for placement, focusing on developing their use of extended family as a viable option for placing a child.

Using kinship caregivers as an option for placement is appealing to our sense of 'best interest of the child.' Ohio and other states across the country share a strong belief that placing a child with kin significantly reduces the amount of trauma a child faces by placing them in a familiar setting, closer to the family, neighborhood, and culture that they know best. This belief is supported by research which reveals substantial benefits to placing with kinship caregivers rather than with unrelated foster parents: Children experience more frequent and consistent contact with the birth parents and siblings and experience greater stability.

### Kinship Vocabulary

*Kin*: a relative or non-relative with longstanding relationship or bond with the child

*Kinship caregiver*: kin who have agreed to take care of child, without specification to the legal relationship between caregiver and child.

Recent nationwide data reveal that many children are now living with kin. The 2000 U.S. Census reports 1.9 million children being raised in households headed by grandparents or other relatives without parents present (U.S. Census Bureau). In Ohio alone, 73,000 grandparents report they are responsible for their grandchildren living with them with no parents present. Less clear are data on the number of children in the *child welfare system* that are living with kin -- many states do not separate kinship care from unrelated foster parents in their reporting systems. The National Survey of American Families NSAF (who use a broader definition of children living kin) estimates that in 2002, 405,000 children were living in kinship foster care; the Adoption and Foster Care Analysis and Reporting System (AFCARS) estimates that as of September 2006, of all children who were placed, 24% (124,153) were placed in kinship foster care.<sup>1</sup> When examining data on ProtectOhio demonstration and comparison counties, 17% of placement days utilized in 2005 were categorized as unpaid placements (child is in PCSA

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<sup>1</sup> AFCARS only counts children in state custody, while NSAF includes all children where court has made a relative responsible.

custody and living with kin). In addition, an unknown number of children reside with kin without the PCSA holding custody.

The Ohio Department of Job and Family Services embraces the use of kinship caregivers. The department's website states: "kinship care represents the most desirable out-of-home placement option for children who cannot live with their parents. It offers the greatest level of stability by allowing children to maintain their sense of belonging and enhances their ability to identify with their family's culture and traditions."<sup>2</sup> Illustrative of this focus at the state level are several initiatives specifically created to support kinship caregivers in Ohio. In early years of the Waiver, the Kinship Navigator program was created to fund positions within local communities to help kinship caregivers access community resources. The statewide funds for the Kinship Navigator program are no longer available, but many counties have continued to fund these positions through local resources.

A further example of the state's commitment to kinship care is the recent establishment of the Kinship Permanency Incentive (KPI) program in Ohio, which supports PCSA efforts to use kinship caregivers as a permanency option for children who might otherwise languish in the child welfare system. The guidelines to receive KPI support require that 1) the kinship caregiver obtain custody of the child, 2) a judge rule that the child was abused, neglected, dependent or unruly, and 3) the kin must meet certain income requirements. These guidelines do limit the number of kinship caregivers who are able to receive KPI funds.

In addition to the KPI program, the Title IV-E Waiver has provided an incentive for some ProtectOhio counties to focus on identifying and supporting kinship caregivers in both formal and informal ways. Use of kinship caregivers is not only considered child welfare best practice, but also can decrease the use of paid placement days and thus enhance the benefits of participating as a ProtectOhio demonstration county. This chapter will explore how six ProtectOhio counties have targeted their efforts to recruit and support kinship caregivers and how these efforts differ from efforts in the other evaluation counties. We will first describe our evaluation design. We will then report on the activities we have completed and what we have learned about the implementation of the kinship model through county interviews, review of case records in two counties, and the analysis of the caseload reports regarding use of kin. We conclude with a description of how we will expand our understanding of the use of kinship caregivers in the final years of the Waiver.

## **6.1 EVALUATION DESIGN AND KEY QUESTIONS**

### **6.1.1 Kinship Strategy**

Six counties decided to participate in the ProtectOhio kinship strategy; the strategy seeks to increase the use of kinship settings for children who cannot remain in their birth home. A kinship setting includes all situations where the child is in the physical custody of kin (relative and non-relative, unlicensed), regardless of the child's custody status (with birth parent, kinship caregiver, or PCSA). The strategy focuses on identifying and recruiting kinship caregivers, as

#### Kinship Strategy Counties

- ❖ Ashtabula
- ❖ Greene
- ❖ Lorain
- ❖ Medina
- ❖ Muskingum
- ❖ Portage

<sup>2</sup> <http://jfs.ohio.gov/families/kinship/index.stm>

well as providing them with adequate services and supports to maintain the placement. Increased use of kinship settings is expected to result in improved outcomes for children, including fewer incidents of substantiated abuse or neglect, shorter length of time in PCSA custody, and less reentry to foster care.

The six counties participating in the kinship strategy agreed to engage in the following activities:

- Specific, well-defined efforts to identify and recruit potential kin placements
- Array of supportive services to kin placements: e.g. day care, respite, support groups, food/rental assistance
- Provision of subsidies to kinship caregivers (one-time or per diem)
- Frequent communication with kinship caregivers (through supportive services and other interactions)

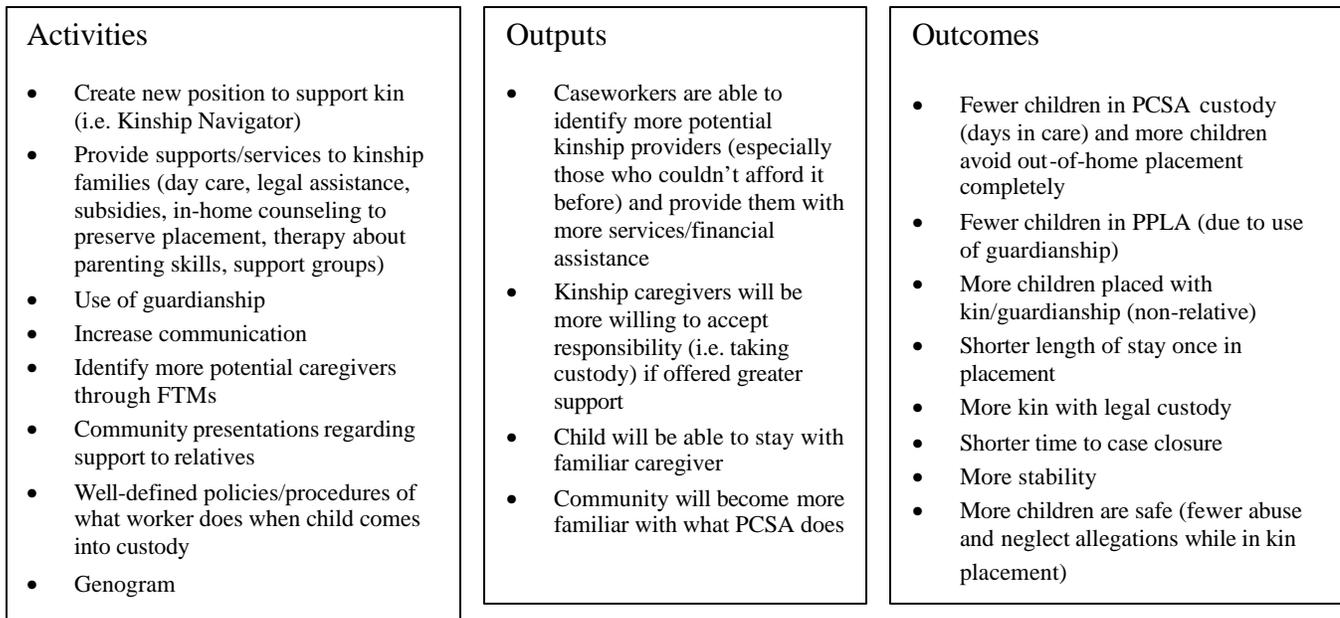
Additional optional components were:

- Creation of a designated staff position to work with kinship caregivers (identifying potential placements and supporting existing placements)
- Systematic use of placement meetings and “teams”

### **6.1.2 Kinship Logic Model**

During the January 2006 ProtectOhio retreat, the evaluation team worked with the strategy counties to develop a logic model of the strategy components and the outcomes counties expected to achieve through their kinship initiative (Figure 6.1). The outputs articulate county staff expectations of the direct effects of the kinship activities. The outcomes are more long-term quantifiable measures which we hope to explore as the evaluation continues.

**Figure 6.1: Kinship Logic Model**



### 6.1.3 Hypotheses

Several key hypotheses were developed to guide evaluation efforts in exploring the impact of the kinship strategy:

- The six Kinship strategy counties will use Waiver flexibility to identify and support kinship caregivers.
- These six counties will increase their use of kinship caregivers for children in opened cases without PCSA custody, for children in PCSA custody, and when children exit custody.
- In these six counties, children who are placed with kinship caregivers will have better outcomes.

We expect the six kinship counties to be more successful in these three areas when compared to the other seven demonstration counties, the comparison counties, and their own performance in the past.

## 6.2 ACTIVITIES AND FINDINGS

The evaluation team has engaged in four major activities to explore the impact of the kinship strategy:

- 1) Through telephone interviews, we learned about the implementation of the kinship model components in the six strategy counties. We explored how this differs from

practice in supporting kinship caregivers in the other seven demonstration and in the 14 comparison counties.

- 2) In an effort to explore the volume of children placed with kin, we instituted a systematic process to identify kinship cases.
- 3) Through a case record review process, we gathered primary data on what occurs in kinship cases in two kinship counties.
- 4) Using FACSIS data, we explored how many and how long children are placed in formal kinship settings and the extent to which children exit PCSA custody to live with kin; we have been able to explore differences among the three groups -- kinship counties, other demonstration counties, and comparison counties.

Below we describe each of these activities and resulting findings.

### **6.2.1 Child Welfare Practice for Recruiting and Supporting Kinship Caregivers**

The six ProtectOhio counties involved in this strategy believe they can use Waiver flexibility to more systematically identify and recruit kinship caregivers, as well as provide more supports and services to kinship caregivers. In Fall 2006, HSRI conducted telephone interviews in all 27 evaluation counties to gather descriptive information about how both strategy and non-strategy counties were currently supporting kinship caregivers. These interviews explored several of the key components of the kinship strategy (Figure 6.2), each of which will be described in more detail below.

#### **Figure 6.2: Telephone Interview Topics**

- ❖ Identifying and recruiting kinship caregivers
- ❖ Documenting availability of kin
- ❖ Assuring safety of kinship settings
- ❖ Providing information to kinship caregivers
- ❖ Offering concrete services
- ❖ Providing a subsidy
- ❖ Designated contact point for kin

#### ***6.2.1.1 Identification and Recruitment of Kinship Caregivers***

Through their involvement in the kinship strategy, the six kinship strategy counties decided to focus on identifying and recruiting kinship caregivers, believing that this would enable them to place more children with kin and thus reduce the number of children placed in formal foster care settings. While all PCSAs in Ohio strive to identify potential caregivers when they first begin working with a case, the six kinship counties asserted they would be better able to identify and recruit potential kinship caregivers because they could now entice these families by offering more supports and services than counties that are not in the Waiver.

Once it becomes clear a child will need to be removed from a birth home, efforts begin to identify possible kin caregivers. Standard practice in both demonstration and comparison counties is for the caseworker to have a conversation with the birth parent to identify family members who could potentially care for the child. However, several counties describe how they also systematically try to identify potential kinship caregivers during meetings where PCSA staff

and the family are present. Because a wide variety of people may attend these meetings (including other individuals who are close to the family and caseworkers from other agencies), a broader array of potential placement options can be identified.

In particular, for cases that are transferred to ongoing services, several counties mentioned using Family Team Meetings (FTM) as a less threatening environment in which to gather information on kin (Table 6.1). Three of the six kinship strategy counties said they use FTM to identify potential kinship caregivers, compared to two of seven other demonstration counties and two of the 14 comparison counties. Because all 13 demonstration counties are using the FTM model, this finding is not surprising, but it shows how having both the kinship and FTM strategies in place can increase the focus on having more people involved in case-level decision making. Five other counties also mentioned that identification of kin happens during a similar type of meeting where family members, agency staff, and others meet to discuss placement options.

<b>Table 6.1: Methods to Identify Potential Kinship Caregivers</b>			
	<b>FTM</b>	<b>Other Case Planning Meetings</b>	<b>Total (%)</b>
Kinship Counties (n=6)	3	0	3 (50%)
Other Demos (n=7)	2	2	4 (57%)
Comparison Counties (n=14)	2	3	5 (36%)

### **6.2.1.2 Documenting Availability of Potential Kinship Caregivers**

We explored how counties document the availability of potential kinship caregivers. In general, as a case progresses, PCSA staff may learn of additional relatives or close family friends who could potentially care for a child. As they try to systematically identify and recruit these individuals, it is crucial for staff to have an up-to-date and easy-to-access list of possible kinship caregivers. In most counties, this information is contained in the case record, often on the activity sheet or in the documentation section where it can be difficult for the caseworker to quickly get a full sense of informal placement options. Two practices are noteworthy indications of a more systematic manner of documenting potential kinship caregivers:

- In several counties, genograms are consistently used to thoroughly identify all potential kin. The genogram provide a visual diagram of potential kin who could care for the child, including a history of issues (i.e. mental health or substance abuse) that may preclude these individuals from becoming caregivers, and gives the caseworker a clear sense of available kin.
- Several counties have another specific form where potential kin are documented, including contact information. This makes it much easier to quickly identify kin, compared to scanning through documentation notes.

Genograms and specific kinship forms are used by substantially more kinship counties than other counties: all six; all six of the kinship counties use one of these methods, while only 43% of the other demonstration counties and 50% of the comparison counties use either of these options (Table 6.2).

<b>Table 6.2: Systematically Documenting Potential Kinship Caregivers</b>			
	<b>Use of Genogram</b>	<b>Other Specific Form</b>	<b>Total (%)</b>
6 Kinship Counties	5	1	6 (100%)
7 Other Demos	2	1	3 (43%)
14 Comparison Counties	5	2	7 (50%)

### **6.2.1.3 Assessing Safety of Kinship Settings**

If the PCSA has custody of a child, most agencies follow a standard practice after a caseworker has identified potential kinship caregivers. To ensure that a caregiver home is safe:

- (a) The agency conducts a multi-faceted home study, which serves as documentation for the court that the home is indeed safe for the child. The home study usually involves visiting the home, interviewing all members of the household, gathering financial information to ensure the family will not be financially burdened, making sure there is an adequate place for the child to sleep, and assessing the caregivers' willingness to bring the child to medical/dental appointments.
- (b) The agency conducts a criminal background check, including fingerprinting of all individuals in the home over the age of 18, as well as a check of prior child welfare involvement.
- (c) A safety plan is established if there are agency concerns about the placement.

These three activities are considered standard practice for all PCSA cases when a child is placed with kin and the PCSA retains custody. When the PCSA does not have custody of a child placed with a kinship caregiver<sup>3</sup>, the process to ensure the safety of the home is much more limited. The PCSA is less involved in these informal cases, has fewer court-mandated responsibilities, and therefore has less obligation to thoroughly investigate the safety of the kinship home. In many counties, the PCSA will not do any sort of safety check when a child is informally placed with kin, especially if the birth parent initiated the move. Even if the agency does facilitate the move, the PCSA may do a less intensive review of these informal placements: They may do a safety audit to inspect the physical environment, conduct a preliminary background check, and complete a safety plan if the case warrants. For counties who follow this practice, it is the custody arrangement which determines the level of involvement in ensuring safety of a kinship home.

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<sup>3</sup> From this point forward, we will refer to cases where children are placed with kin without the PCSA taking custody as 'informal' kinship cases.

However, some evaluation counties consider factors other than the custody arrangement to determine the level of safety assessment needed. In one kinship county, if a child is expected to remain with the kinship caregiver permanently, staff will proceed with a full home study as if it is a permanent placement, even if there are no plans for a change in custody. In other counties, the caseworker will complete a full safety assessment whenever the PCSA facilitates the move. Several counties stated that they complete a full home study for any child placed with kin, regardless of other factors. In all these situations, these counties are making the decision regarding level of safety check based on the expected stability of the children placed with kin, rather than simply the legal custody arrangement; we consider this to be an indication that they view these placements as potential permanent situations and therefore are more invested in supporting these kinship caregivers. Table 6.3 summarizes this discussion on county practice around safety assessments.

<b>Table 6.3: Counties Where Kinship Custody Does Not Matter In Determining Level Of Safety Assessment</b>	
Kinship Counties (n=6)	2 (33%)
Other Demos (n=7)	4 (57%)
Comparison Counties (n=14)	4 (29%)

#### **6.2.1.4 Providing Information to Kinship Caregivers**

The evaluation team asked the PCSAs what materials they are able to provide to kinship caregivers. A commitment to support kinship caregivers can be indicated by the willingness to share pamphlets and resource guides with these families, to clarify what services and supports are available to them. Counties tend to distribute two types of materials:

- 1) information to help guide a kinship caregiver through the child welfare and court system—this often includes definitions of terms, descriptions of processes that a kinship caregiver might need to undergo (i.e. how to apply for services, legal custody), and types of assistance they might be eligible for;
- 2) a resource guide of community supports and services available—sometimes this information is in a single pamphlet, sometimes a complete packet of information.

Table 6.4 indicates how common it is for counties to have this type of information available. Counties who provided both types of materials tended to be larger counties, with more community options and more formal processes.

<b>Table 6.4: Availability of Kinship Materials</b>			
	<b>One of the Two Types of Materials</b>	<b>Both Types of Materials</b>	<b>Total (%)</b>
Kinship Counties (n=6)	1	1	2 (33%)
Other Demos (n=7)	0	2	2 (29%)
Comparison Counties (n=14)	4	1	5 (36%)

### 6.2.1.5 *Offering Concrete Services and Supports*

The six kinship counties believed that they would be able to use Waiver flexibility to purchase more services and supports for kinship caregivers; these additional supports would encourage the establishment and maintenance of placements where children are living with kinship caregivers. During the telephone interviews with county staff, we explored what services are offered to kinship caregivers.<sup>4</sup> In the telephone interviews, interviewees from all sites provided a variety of examples of the types of supports offered to kinship caregivers: Table 6.5 summarizes these services.

<b>Table 6.5: Services and Supports Offered to Kinship Caregivers</b>	
<b>Hard Services Offered</b>	<b>Soft Services Offered</b>
Day care	Referrals to community resources
Mental health assessments & therapy	Referrals to DJFS for public assistance
Home-based therapy	(medical card, cash benefits, child only benefits, emergency assistance)
Voucher for gas, food, and clothing	Kinship newsletters/support groups
Rent and rent deposit	
Court filing fees	
Medication	
Furniture/bedding	
Utilities	
Appliances	
Fire extinguishers, smoke detectors	
Home modifications	
Car repair	
Respite services	
Parent education	
In-home family preservation services	
Case management	
Transportation	
School expenses, uniforms, supplies	
Fees for summer camps	

<sup>4</sup> The evaluation team originally intended to collect data on the services provided to kinship caregivers through the FACSIS 'flagging process' described in Section 6.2.2.1. However, it quickly became clear that it was difficult enough to simply identify all kinship cases, let alone gather data on services received by these families. Even in the case record reviews, it was extremely hard to determine which services were provided by the PCSA to kinship caregivers, because informal supports to kin often are not noted in the case record. For this reason, the information provided in this section of the chapter relies solely on the information gathered during the qualitative telephone interviews.

In describing the availability of these supports, the evaluation team noted a range of responses. As Table 6.6 indicates, kinship counties were moderately more likely to say they are able to offer ‘anything and everything’ that a caregiver might need in order to keep kids out of care. Kinship counties feel that the flexibility of the Waiver has enabled them to increase their level of support and that, without the Waiver, there would be little available to kinship caregivers besides DJFS funds (e.g. Prevention, Retention and Contingency—PRC funds). On the other end of the spectrum, several non-kinship demonstration counties and comparison counties stated they were limited in what they could provide due to a lack of resources—in these counties, caregivers were often only given a referral to DJFS and community services. In addition, several comparison counties are only able to offer services to kinship caregivers when the PCSA has custody. This information indicates that the Waiver has enabled the kinship counties to offer more supports and services than are available in other demonstration and comparison counties.

<b>Table 6.6: Services and Supports Offered to Kinship Caregivers</b>			
	<b>Able to offer “anything and everything”</b>	<b>Limited resources restrict services and supports offered</b>	<b>Services and supports only offered to PCSA custody cases</b>
Kinship Counties (n=6)	3 (50%)	0	0
Other Demos (n=7)	2 (29%)	1 (14%)	0
Comparison Counties (n=14)	1 (7%)	2 (14%)	3 (21%)

Table 6.6 describes the extent to which supportive services are available at either extreme: very adequately available or very limited. In all other evaluation counties, supportive services are available to kinship caregivers, but availability is somewhat constrained.

#### **6.2.1.6 Offering a One-Time Subsidy or Per Diem Subsidy**

Throughout Ohio, if kinship caregivers need financial assistance to care for a child, they can apply for child-only Temporary Assistance for Needy Families (TANF) funds through DJFS. If they have legal custody, they can also apply for time-limited fiscal support through the Kinship Permanency Incentive (KPI) program. However, the ProtectOhio kinship strategy goes beyond these options: it suggests using Waiver funds to offer financial incentives to kinship caregivers in the form of one-time or per diem cash assistance, either *in addition to* KPI or TANF funds, or reaching kinship caregivers who are not eligible for those programs. Counties involved in this strategy believe that by offering additional financial support, a kinship caregiver may be able to take care of a child who would otherwise need to be placed in foster care or a more expensive setting. As Table 6.7 indicates, relatively few counties are able to offer either one-time or per diem payments, although this ability does appear to be moderately more prevalent in the kinship counties. In the seven other demonstration counties who do have the flexibility to offer cash assistance if they choose to, none offers it on a regular basis; most counties stated they had done

this for only a few difficult cases and some have yet to offer it to anyone. In these counties, if they do provide this support, it is restricted to certain circumstances: for example, the PCSA may only be able to provide financial assistance if the PCSA has custody or the caregiver is not eligible for KPI or TANF funds.

<b>Table 6.7: Additional Financial Supports to Kinship Caregivers</b>				
	<b>One-Time Payment</b>	<b>Per Diem</b>	<b>Total</b>	<b>Counties not offering any cash assistance</b>
Kinship Counties (n=6)	1	3	4 (67%)	2 (33%)
Other Demos (n=7)	2		2 (29%)	5 (71%)
Comparison Counties (n=14)		1	1 (7%)	13 (93%)

Counties who report they are unable to offer this support stated that they do not have the local funds available to provide this kind of financial assistance, especially on a long-term basis. The PCSAs feel uncomfortable providing a single cash payment and are reluctant to provide an open-ended per diem, expecting that the kinship caregiver should be able to financially support these placements without funds from the PCSA. In terms of the one-time payment, counties would rather purchase what the family needs, rather than provide them with cash. Most often, if a caregiver has limited financial resources, they refer the caregiver to DJFS. One comparison county stated that they had previously provided a subsidy of \$1200 a year, but found that the local DJFS office subsequently reduced their payment to the kinship caregiver by the subsidy amount.

### **6.2.1.7 Designated Contact Point for Kin**

Several of the evaluation counties have used the flexible funds created by the Waiver to develop specialized positions within the agency to support kinship caregivers. While all workers are trained to work with kinship caregivers, designated kinship staff specialize in the needs of kinship families and support these placements as long as needed. Designated kinship staff help maintain placements by assisting kinship caregivers as they apply for DJFS services, attend multi-system team meetings (i.e. Cluster, IEPs), obtain legal custody, and access community services (i.e. parenting classes, respite, etc). Some of these designated kinship staff also publish newsletters and hold support groups for kinship caregivers.

From our interviews, it became clear that there are basically two types of designated kinship staff:

- ‘Internal kinship staff’ support cases in which children are living with kinship caregivers. In nearly all counties, either the caseworkers refer kinship caregivers to this kinship worker and both staff members co-manage the case, or the kinship worker acts as a resource to the assigned caseworker. Sometimes internal kinship staff work with cases with which the PCSA might otherwise not come into contact in order to prevent the

PCSA from having to open a case; however, in most cases, their primary focus is to support cases already open to the PCSA.<sup>5</sup>

- ‘External kinship staff’ are usually located within another community organization. These positions often came into being through the auspices of the state Kinship Navigator program (which no longer receives state financial support). Several demonstration counties have used Waiver funds to continue to financially support these positions; in other counties, these external kinship staff are now funded by other community agencies. Their location outside of the PCSA is viewed as a benefit by some, as they are able to serve a wider population of kinship caregivers. PCSAs often refer kin to these external kinship staff and the external kinship staff may refer a case to the PCSA if concerns arise.

The table below displays the number of counties who currently have designated kinship positions.<sup>6</sup> It should be noted that larger counties tend to have both an internal kinship worker and an external kinship person.

<b>Table 6.8: Designated Kinship Staff</b>				
	<b>Internal position</b>	<b>External position</b>	<b>Both</b>	<b>Any type of kinship staff</b>
Kinship Counties (n=6)	2	2		4 (67%)
Other Demos (n=7)		2	2	4 (57%)
Comparison Counties (n=14)	3	3	1	6 (43%)

#### **6.2.1.8 Overall Kinship Practice**

Information gathered through our interviews reveals several common themes related to kinship practice. In talking about the benefits of placing children with kinship caregivers, PCSA staff spoke of several benefits to both the child and the agency. Children placed with a kinship caregiver are placed with familiar people in a less restrictive setting, often in a home of their own culture and in more familiar neighborhoods. As a result, they experience less trauma, anxiety, and loss than if placed in foster care. This is not only in the best interest of the child, but from the agency perspective, it decreases the burden on the foster care pool and, an important aspect to involvement in the Waiver, decreases agency use of more formal placement settings.

While generally enthusiastic about the use of kinship caregivers, interview respondents nevertheless noted some drawbacks to using kin. Most commonly, the staff we spoke with stated

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<sup>5</sup> While many counties stated they have a designated KPI staff person, this person’s role is often limited to managing the KPI application process: If this is their only role in supporting a kinship setting, we have not considered it an internal kinship staff position.

<sup>6</sup> In addition to the counties noted in Table 6.8, one non-kinship demonstration county is in the process of developing a kinship unit within the PCSA and one comparison county is developing an internal kinship position.

that caseworkers often find it is time-consuming to work with kinship caregivers. Kinship caregivers may not understand the child welfare system and the rules and responsibilities they must adhere to; it therefore takes more time and energy to support these placements than it does to work with a foster family, for which there may be a foster care specialist on which to rely. In addition, PCSA staff often feel that placing a child with a kinship caregiver decreases parents' motivation to work on their case plans, whereas putting a child in foster care often motivates birth parents to work harder to get their child returned home.

In examining the variability in county practice in the seven elements described thus far (listed in Figure 6.2 above), it becomes clear that no single component of the model that the counties agreed to governs the kinship practice in all six counties. For this reason, the evaluation team tried to look at overall efforts to support kin and created a 'kinship index' in order to categorize counties into rough groups of high, medium, and low attention to supporting placements with kinship caregivers. This index takes into account each component of the kinship strategy model and calculates a summative score to categorize all 27 counties by their efforts to support kin. Table 6.9 summarizes the findings.

<b>Table 6.9: Score on Kinship Index</b>			
	<b>Low</b>	<b>Medium</b>	<b>High</b>
Kinship Counties (n=6)	0	4 (67%)	2 (33%)
Other Demos (n=7)	3 (43%)	3 (43%)	1(4%)
Comparison Counties (n=14)	8 (57%)	5 (36%)	1 (7%)

This table indicates that, overall, the kinship counties are systematically more focused on supporting kin; the six kinship counties are somewhat more focused than other demonstration counties, and significantly more focused than the comparison counties. It is important to note that this score is only based on information gathered through qualitative telephone interviews and is somewhat subjective. However, it does give us a sense of level of effort in supporting kinship caregivers. During our Fall 2007 site visits, the evaluation team will explore aspects of this index in more detail, probing for more concrete information about support for kin to refine our kinship index. As a result, we may modify the index scoring system, as well as revisit individual county's scores.

### **6.2.1.9 Conclusions and Implications**

When examining the overall degree of support to kinship caregivers, the kinship index shows that all six strategy counties received a medium or high score in supporting kin, while less than half of the other demonstration and comparison counties achieved a similar score. From this perspective, the six kinship counties have been moderately successful in targeting their efforts to support kinship caregivers. However, through our interviews, we learned that, while the kinship counties have each implemented some aspects of the kinship model, in terms of overall fidelity they have not consistently implemented the kinship model (Table 6.10). When looking at

individual components of the model, the kinship counties are significantly more likely to use a genogram or a kinship form to identify all potential kinship caregivers, and kinship counties are moderately more likely to indicate they can provide ‘anything and everything’ in terms of services and supports to kinship caregivers. They more often have the ability to offer a one-time or per diem subsidy. However, there is little difference between the kinship counties and other ProtectOhio counties in the other four areas explored in our interviews; other demonstration counties and the other comparison counties have also included many of the kinship components in their practice. It appears that the kinship counties have not created a comprehensive system to support kin, but are rather modifying portions of their case practice to meet the needs of kinship caregivers on a case-by-case basis.

<b>Table 6.10: Summary of Kinship Findings</b>			
	<b>Kinship Counties (n=6)</b>	<b>Other Demonstration Counties (n=7)</b>	<b>Comparison Counties (n=14)</b>
Identify potential kin through FTM or other group meetings	3 (50%)	4 (57%)	5 (36%)
Document available kin through genogram or other form	6 (100%)	3 (43%)	7 (50%)
Safety assessment regardless of custody arrangement	2 (33%)	4 (57%)	4 (29%)
Printed materials available to kin	2 (33%)	2 (29%)	5 (36%)
Services and supports available to kin	Anything: 3 (50%) Limited: 0	2 (29%) 1 (14%)	1 (7%) 2 (14%)
One-time or per diem subsidy	4 (67%)	2 (29%)	1 (7%)
Designated kinship staff	4 (67%)	4 (57%)	6 (43%)

## 6.2.2 Overall Amount of Use of Kinship Caregivers

In designing the kinship model, the six kinship counties believed that they would be able to use kinship settings for a larger number of the children they serve. In exploring this issue of volume, two groups of cases are relevant to monitor:

- 1) ‘informal’ placements where a child is living with kin but not in PCSA custody, and
- 2) ‘formal’ placements where a child is living with kin and the PCSA is formally involved in the case (those living with kin in PCSA custody or having exited to kin from PCSA custody).

In the development of this strategy, the six kinship counties stated that their strategy efforts should increase the volume of both informal and formal placements with kin. The following sections describe how we explored the volume of these two populations.

### 6.2.2.1 Efforts to Explore the Volume of Non-Custody Kinship Cases

The Waiver emphasis on decreasing or avoiding the use of paid placements encourages counties to identify and utilize kinship caregivers informally so that they do not have to take custody of children. The six kinship counties hoped to increase the volume of children in these informal kinship settings.

Tracking these informal movements is challenging. When a child moves informally to a kinship caregiver's home, this placement change is never recorded in FACSIS because custody did not go to the PCSA. To overcome the lack of data on non-custody kinship cases, the kinship counties worked with the evaluation team to develop a 'flagging' process that would allow us to identify these informal placements with kin. The flagging process asked staff to identify when a child was informally placed with kin and to complete several SIS events with information about this placement.<sup>7</sup> Counties began using the new kinship SIS events as early as November 2005. Each county individually determined how to implement the flagging process in their agency. One county relied on their fiscal staff to flag cases where supports were purchased for these families. Another county began a process which generated a 'move slip' which was electronically sent to agency staff who needed to know about the child's move to/from kin. Still another county used an already existing process in which workers check a field in their activities database when they visit a child and the child is in a non-custody setting (usually a kinship caregiver's home).

*Informal placement with kin:* PCSA does not have custody of the child; custody remains with birth parent or is given to kinship caregiver

*Formal placement with kin:* child is placed with kin, with temporary PCSA custody

Fairly quickly, the evaluation team began to receive questions regarding which cases to flag: What if a child is placed with a kinship caregiver for only a few days? What if this child has a safety plan? What if there is no intent to give the kin custody? What if the PCSA does not initiate and facilitate the move? Other questions arose around the effort to gather data about services and supports provided to these kinship families: What about case management services paid for with TANF, local funds, or other flexible funding pots such as ESA or PRC?

Doubts began to surface regarding the reliability and completeness of the new SIS data. Based on reports HSRI generated from the kinship data, PCSA managers became skeptical that workers were indeed identifying all informal use of kin, and were concerned about the accuracy of the data which had been collected. Few cases had been identified and there was significant variation among counties. In conversations with the six counties, we were also concerned that the flagging process was not being completed systematically even within a single county.

The evaluation team worked closely with the kinship counties to clarify which cases should be flagged and helped develop better internal processes to flag kinship cases.<sup>8</sup> In October 2006,

<sup>7</sup> Data items collected on these flagged placements included reason for placement, living arrangement prior to placement, and services provided to these cases.

<sup>8</sup> Comparison counties were also asked to implement the flagging process. However, as these issues became more apparent, we decided to drop the flagging process in the comparison counties until we improved the process in the

we asked for updated FACSIS reports on the kinship events. We learned that after about a year of efforts to identify informal placements with kin, we still had very few cases identified. Three of the kinship counties raised concerns that they still did not have a complete list, despite considerable effort. As Table 6.11 indicates, in the span of an 11-month period, four of the six counties had each identified 30 or less children.

<b>Table 6.11: Cases Identified Through Flagging Process</b>		
	<b>Number of flagged non-custody kinship cases</b>	<b>Timeframe reported</b>
Ashtabula	14 children	Nov 2005-Nov 2006
Greene	30 children	Nov 2005 to Sept 2006
Lorain	194 families	Dec 2005 to Dec 2006
Medina	8 children	Dec 2005 to July 2006
Muskingum	141 families <sup>9</sup>	Through Sept 2006
Portage	15 children	Through June 2006

In January 2007, after consultation with the kinship counties, the evaluation team decided to drop the flagging process. Our ongoing discussions with kinship counties suggested that these counties believed kin are involved in many of their cases, but the flagging process was not precise enough to identify all informal kinship cases. Further, even if the flagging process was able to capture all informal placements with kin, the numbers of informal placements with kin are so small that we are not going to be able to see an impact on overall outcomes for children served out of the home.

Ultimately, the study team was unable to devise a flagging process that worked systematically across all six kinship counties because there is simply too much variation in how the six counties are using informal kinship caregivers. The use of kinship caregivers is perhaps not a discrete intervention, but, rather, a philosophy and an embedded practice that is utilized throughout the agency, making the identification of children placed with kin extremely difficult.

#### **6.2.2.2 Exploration of the Volume of Custody Cases**

Although the flagging effort was unable to provide the evaluation team with information on the volume of informal kinship cases, FACSIS data does include information on children living with kin if they are in PCSA custody or if they exit to kin from PCSA custody. While the se data does not give us a comprehensive picture of how much kinship counties are using kinship caregivers, it does give us a sense of volume for a subset of cases where the PCSA is legally involved.

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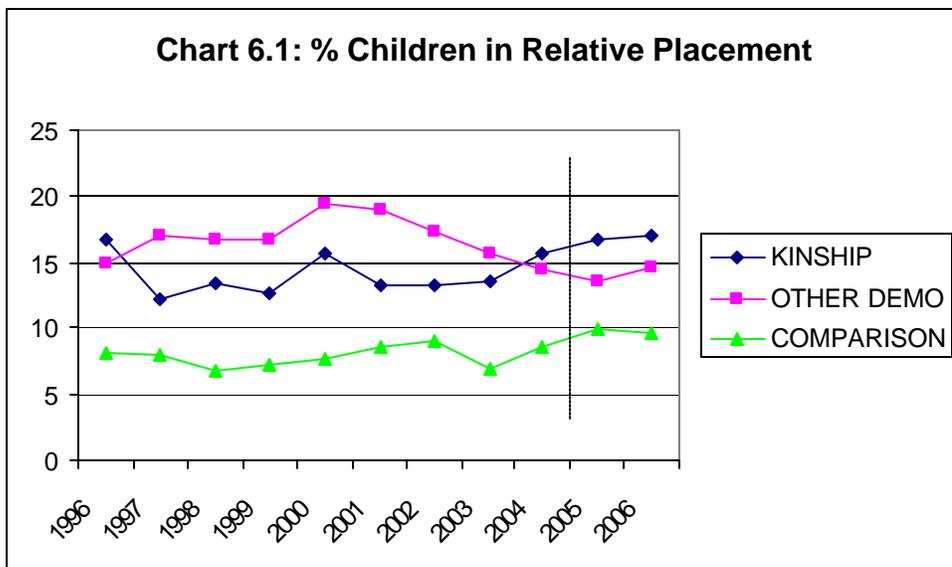
kinship counties. One comparison county, Butler, continues to use these kinship FACSIS events to track cases in which the PCSA is involved and the court has awarded temporary custody to kin.

<sup>9</sup> Of these 141 families, 72 were the kinship staff person's cases, so may or may not have been active PCSA cases.

The evaluation team has compiled some caseload reports using FACSIS information related to the use of kinship caregivers in ongoing cases (see Appendix A). In particular, the reports show, for children in PCSA custody:

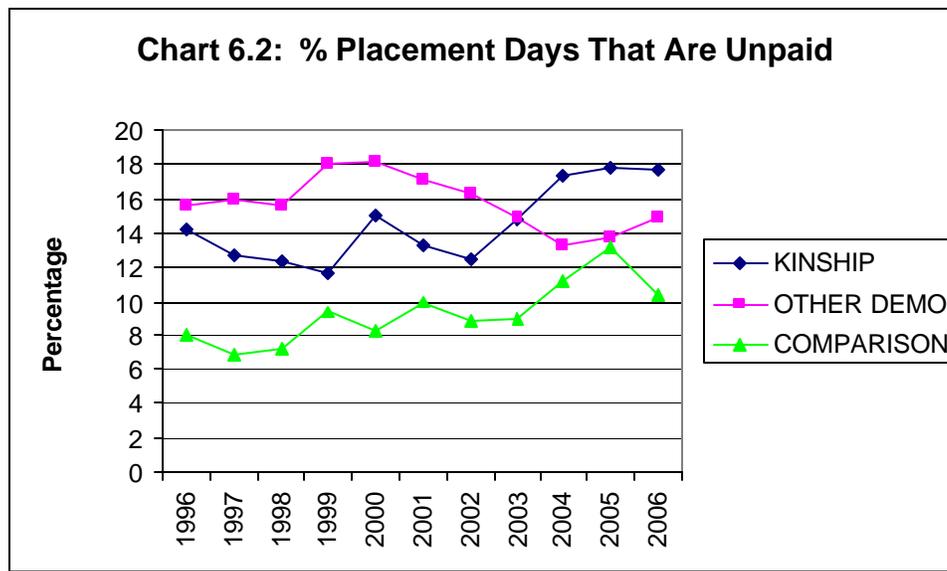
- 1) the number of children placed with relatives and non-relatives by year,
- 2) the number of unpaid<sup>10</sup> placement days by year, and
- 3) the number of children exiting PCSA custody to custody of kin.

In examining these data, we see no obvious differences between kinship and other counties when looking at the percent of children exiting to the custody of kin. However, as Charts 6.1<sup>11</sup> and 6.2 indicate, some clearer trend lines are evident when examining the percent of children placed with kin and percent of placement days which are not paid.



<sup>10</sup> ‘unpaid’ refers to both relative and kin caregivers who do not receive foster care per diems and are in PCSA custody.

<sup>11</sup> This data does not include placements with third party: while some counties use this category for kinship caregivers, the data audit indicated that there was a large amount in variation in the way counties use the third party categorization.



In both of these charts, a clear distinction emerges between demonstration and comparison counties. It appears that certain demonstration counties had greater focus on kin caregivers during the first Waiver, and it took a few years for the service changes to translate into changes in where kids went and how long they stayed. These counties maintained their kinship focus, choosing to continue on supporting kinship caregivers as one of their ProtectOhio strategies in the second waiver – however, this practice really appears to have begun during the first Waiver. While these data does not take into account differences in case mix across the counties, it suggests that these six counties have collectively increased their use of kinship caregivers in cases where they maintain custody of the child. We will continue to monitor these data and expand the graphs until the end of the Waiver.

### 6.2.2.3 Case Record Review

To complement our understanding of kinship utilization among children in PCSA custody, as reflected in FACSIS reports, the evaluation team conducted a case record review in two kinship counties to learn about use of informal placements with kin. The purpose of conducting the case record review was to explore the pathways of children who spend some amount of time with kin, to:

- 1) identify some of the more common ways kinship settings are used (e.g. long or short stays, with or without custody changes, with or without protective supervision or safety plans) and where in the flow of a case these arrangements are occurring; and
- 2) to gain some insight into the frequency of moves and length of time between moves.

We also hoped to learn about the strengths and the limitations of case record information: Can we reliably find information about all moves to kinship settings and what activities the PCSA performs to protect and support the child and the kinship caregiver? If this approach seems viable, we could use it in the future in all the kinship counties. In this way we would learn

how each of the six counties is embracing the kinship strategy: what types of kinship settings are used and in what situations, what services and supports are provided, and how these efforts impact child permanency and safety.

### Case Record Activities

The evaluation team chose to conduct the case record review in Lorain and Muskingum, two counties that had both developed a systematic process to identify informal placements with kin. The evaluation team obtained a list of families who had a child placed informally with kin in these two counties.<sup>12</sup> From this group of families, we sampled 25 families in Lorain County and 10 families in Muskingum County. Evaluation team members went to Lorain in May 2006 and to Muskingum in July 2006, spending two days in each county documenting information from the case files.

### Case Samples

Lorain and Muskingum PCSAs generated the longest lists of families with kinship involvement (the flagging process), so they became the “pilot” sites for testing the usefulness of case record reviews. The two samples were selected somewhat differently:

- Lorain County compiled a month-by-month listing of all family cases where a child received a home visit while living in a non-custody (kinship) setting. Using the group of cases with such visits between December 2005 and February 2006 (the first three months of data collection), we ordered the cases according to the date each opened to ongoing services, and we selected the 25 with recent case opening dates. These case opening dates ranged between June 2005 and February 2006, representing a period in which the kinship strategy was well established and which allowed case records to have at least three months of information subsequent to the most recent case opening.
- Muskingum County provided us with a tracking sheet which contained 141 families in which a child had resided with a kinship caregiver (72 of which were being managed by the internal kinship staff person and may not have had a case open with the PCSA). We selected 10 families from the 69 families that had been assigned to a PCSA caseworker. Because we had some information on the custody status of the children in these cases, we selected an array of cases with different custody statuses so the case record review sampled a variety of situations where kinship caregivers are used.<sup>13</sup> These 10 sampled families opened between April 2005 and March 2006.

In the visits to the counties, the study team reviewed 14 of the 25 Lorain cases and nine of the ten Muskingum cases. Together these cases included 48 children who spent some time in a

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<sup>12</sup> In Lorain County, there is a data element that had been added to their local system to track home visits; this event included a box to check if the child was living in a non-custody care setting at the time of the home visit. Lorain regularly runs a report on this event to provide a list of children placed informally with kin. Muskingum County identified kinship cases by reviewing case lists on a regular basis to identify informal placements with kin and entering this information onto a spreadsheet. This process was made somewhat easier by the fact that the PCSA has a designated kinship staff person, although ongoing workers did identify quite a few additional kinship cases.

<sup>13</sup> Custody statuses included: legal custody of the kinship caregiver, temporary custody of the kinship caregiver, or custody of parents.

kinship setting. Clearly, the case record review sample is illustrative but not statistically representative of the population of children who spend some amount of time in a kinship setting outside of PCSA custody.

Findings

The case record review gathered information on 79 moves made by the 48 children, an average of two per child, but going as high as six moves for a few of the children. As Table 6.12 indicates, more than three-quarters of children were living in their birth home at the time of case opening. A small but notable number of children were already in a kinship setting when they first made contact with the PCSA.

<b>Table 6.12: Location of Children at Initial Contact with PCSA</b>	
<b>Starting Location</b>	<b># of children</b>
Birth home	38 (79%)
Kinship setting	8 (17%)
Other	2 (4%)
<b>TOTAL</b>	<b>48</b>

Despite the fact that we selected cases that were flagged close to each county’s initiation of the kinship strategy, most cases had not closed by the time of the record review. Of the 48 children studied, only eight had ended their involvement with the PCSA by the time of our case record review (i.e. the case closed). This group is far too small to generate conclusions about the path non-custody kinship cases typically follow; the length of time the cases were opened ranged from 106 days to 436 days, and the number of moves ranged from one to five. For the full set of children, these ranges were even greater: up to 433 days between initial contact and last observed move,<sup>14</sup> and up to six moves.

Because we are unable to report on the entire case episode (that is, we do not know how the child fared after our data ends), the analysis reported below is exploratory rather than descriptive of the full populations in the two demonstration counties.

Among the most common patterns of moves were the following:

1. Birth home to kin, no other moves (20 children) – average length of time between first contact and first move was 137 days.
2. Birth home to kin, via multiple moves (8 children) – average length of time between first contact and last move was 128 days.
3. With kin at first contact and stayed there (4 children).

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<sup>14</sup> Time may have passed between the last observed move and the date of the case record review, but we cannot be sure how up-to-date the case records were and do not want to assume that all activities up to a certain number of days prior to the review had been entered into the record.

In reviewing the child cases, we not only tracked moves to kinship settings but also examined the types of supports that the PCSA provided and the nature of its involvement with the case. As Table 6.13 suggests, the use of safety plans and Protective Supervision Orders was fairly frequent, and a custody change occurred for well over half of the children.

<b>Table 6.13: Supports &amp; Activities for Children in Kinship Settings<sup>15</sup></b>		
<b>Support/Activity</b>	<b># Children</b>	<b>Percentage</b>
Protective Supervision Order	22	46%
Safety Plan	19	40%
Home Study	16	33%
Custody change	32	67%
More than one custody change	5	10%

Because the avoidance of PCSA custody was one of the primary reasons that counties sought to expand use of kinship caregivers, it is worth looking more closely at the types of custody change which occurred in the reviewed cases, and where in the case flow the custody shifts occurred.

- Of the 79 moves experienced by the 48 children, over half (40) involved a custody change.
- The vast majority of the custody changes (28 of 40, or 70%) awarded temporary custody to the kinship caregiver. Only eight times did custody go to the PCSA.
- It is not reasonable to report here on the frequency of legal custody going to kin. Since the award of legal custody is followed shortly by case closure, and most cases were not observed through their full case episode, the opportunity to observe a legal custody change is severely limited. However, of the eight children whose cases closed, five exited to the legal custody of kin.

Perhaps the most useful information to come from the case record reviews relates to the juxtaposition of activities, supports, and custody changes for any given child. Consider the following:

- At initial contact with the PCSA, 20 children were living at home, and then moved to a kinship setting and remained there for the duration of the observation period. Eleven of these children went into the temporary custody of kin, and, for five of them, the PCSA held protective supervision. In addition, four of the 11 had a safety plan at some point in the case episode, and four had a home study (suggesting legal custody was being considered).

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<sup>15</sup> Note that some of these activities may have occurred during periods when the child had returned home.

- Eight other children were living at home at initial contact with the PCSA, then moved a variety of times (between two and six), residing with kin at the latest point of observation. Six of the eight had a safety plan related to early moves, and five of those ended the period of observation in the custody of kin. Four of the five had a home study and/or began the process of legal custody to kin.
- Eight children were already living in a kinship setting when they made initial contact with the PCSA. Four of them remained in that setting throughout the period of observation, and caregivers in three of the four cases obtained temporary custody with protective supervision by the PCSA. Three other children made multiple moves and ended in the temporary custody of another kinship caregiver.

These scenarios are the clearest ones to emerge from the limited case record review. Further exploration of the kinship experiences of individual children promises to reveal other patterns of how PCSAs assist kinship caregivers to support children. As more data becomes available, the study team will be able to gain some insight into whether such involvement of kin caregivers actually affects permanency outcomes for the children.

#### **6.2.2.4 Conclusions and Implications**

In exploring the volume of children placed with kinship caregivers, the study team was unable to systematically identify informal placements with kin, so we cannot reliably report on whether kinship counties make more use of informal kinship caregivers than do the other groups of counties. In terms of placements with kinship caregivers where the PCSA has custody of the child or the child exits from PCSA custody, it does appear that demonstration counties place more children with kinship caregivers and have more unpaid placement days than comparison counties. And, since the implementation of the kinship strategy, the six kinship counties have placed more children in formal placements with kin compared to the other seven demonstration counties.

### **6.2.3 Outcomes for Children Placed with Kin**

In creating the kinship strategy, the six ProtectOhio counties believed that by recruiting and supporting kinship caregivers more systematically, children who spend time with kin will have better outcomes than they would have had absent a kinship setting. These comparisons could be made:

- kinship county children vs. other demonstration children,
- kinship county children vs. comparison county children, and
- kinship county children served after the implementation of the kinship strategy vs. prior to the implementation of the strategy.

At this point in the evaluation, we are not able to conduct any of these three comparisons. As described in detail above, we have not been able to identify informal kinship cases; at this point it is unclear if we will ever be able to report on outcomes for the informal kinship cases. We plan to monitor outcomes for children placed with kin in PCSA custody. We also hope to explore

exits to kin in Lorain and Muskingum county samples, after more time elapses, or through a survey of cases in all counties, as described below.

### 6.3 NEXT STEPS, CHANGES TO EVALUATION PLAN

We have learned a lot during the first two years of the implementation of the kinship strategy, and, as a result, we have had to modify our evaluation design. Below we describe the activities we plan to complete in the subsequent years of the evaluation.

- *Ongoing qualitative interviews:* We will continue to conduct annual interviews to gather descriptive information on how all evaluation counties are identifying and supporting kinship caregivers. In designing these interviews, we will develop a rigorous set of questions to add depth to our understanding of how kinship caregivers are utilized and supported. We will conduct telephone interviews in Fall 2009 and site visits in Fall 2007 and Spring 2009.
- *Categorize counties:* Using the information gathered during the site visits and telephone interviews, we will work to refine the kinship index described in Section 6.2.1.8. With this information, we will classify counties into the four cells displayed in Table 6.14.

<b>Table 6.14: Kinship County Groupings</b>		
	<b>Waiver Flexibility (demonstration counties)</b>	<b>No Waiver Flexibility (comparison counties)</b>
Significant focus on supporting kin	<b>Group 1</b>	Group 2
Minimal focus on supporting kin	Group 3	<b>Group 4</b>

The demonstration counties who are highly focused on supporting kinship caregivers and have flexible Waiver funds (Group 1, presumably the six kinship counties) will be compared to comparison counties who are not particularly focused on supporting kin and are not in the Waiver (Group 4). Studying just these two groups will give us a less precise view of the *overall* effect of the kinship strategy, but will allow us to gain insight into the effect of the Waiver when a demonstration county chooses to focus on supporting kinship caregivers.

- *Explore FACSIS data:* Throughout the next three years, we will continue to examine caseload reports to monitor changes in children placed with kin, unpaid placement days and exits to kinship settings; this will give us a sense of changes in volume of placements with kinship caregivers used as counties continue to implement the kinship strategy model. We will use the county groupings illustrated in Table 6.14 to explore Waiver effects on these intermediate outcomes.

- *Case Record Review*: As described in Section 6.2.2.3, we have examined 40 informal kinship cases in Lorain and Muskingum counties, but, at the time of the case record review, few cases had closed and we were unable to report on long-term outcomes for these cases. We hope to go back to these two counties in subsequent years as more time has passed and gather more recent information on these 40 cases through the point of case closure, and add FACSIS information to see whether the case reopens or is re-reported. This will not be a representative sample of cases, but it does provide a descriptive analysis of what is happening with some kinship cases.
- *Kinship Survey*: Because the flagging process to identify informal kinship cases proved to be too ambiguous, we are now considering conducting a survey of the cases which are identifiable in FACSIS as having a placement with a kinship caregiver (those where the PCSA had custody or the child exited from PCSA custody) and learning more about what occurred in these cases prior to exiting PCSA custody. We understand this is only a portion of the kinship caregivers supported by kinship strategy counties, but the non-custody cases have simply proven to be too elusive for the counties to capture. In this survey, we would sample from the FACSIS data to identify kinship cases and then ask PCSA staff to review the case record and describe how the PCSA was involved in any cases where children are placed with kin. This information could then be linked with FACSIS outcome data to examine what subsequently happens to these kinship cases. We are considering the option of asking the kinship caregiver for information about what services were received. At this point, we are planning to conduct the survey in Group 1 and Group 4 counties, identified in Table 6.14 above.
- *Kinship Focus Groups*: During the site visits in Fall 2007 and Spring 2009, we plan to conduct focus groups with kinship caregivers to learn more about their experience with the PCSA and the level of supports and services they received. This information can be used to enhance the kinship survey findings.

## 6.4 CONCLUSIONS

In terms of meeting the criteria of the kinship model, the kinship counties have surpassed the other demonstration and comparison counties in the implementation of three components of the kinship model: ability to offer one-time or per diem subsidies, use of genograms or other forms to identify kinship caregivers, and providing a wider array of supportive services to kinship caregivers. In an index of overall level of support to kinship caregivers, the kinship counties do support placements with kin across more of the components. Thus, while the kinship counties have made some structural changes to support kin, implementation of the strategy has not been uniform across all kinship counties, and other demonstration and comparison counties have been able to implement similar efforts to support kin.

In terms of volume of kinship cases, after trying to implement a flagging process to identify cases where children are informally placed with kin, we have determined that it will be very difficult to identify these informal kinship cases. We were able to look at the volume of children

placed formally with kinship caregivers and found that, in terms of children being placed with kin while in PCSA custody and unpaid placement days (an indication of the use of kinship caregivers), demonstration counties appear to use kinship caregivers in higher proportions than the ProtectOhio comparison counties. Further, the six kinship strategy counties appear to have increased their use of formal kinship arrangements since the implementation of the kinship strategy, compared to the other demonstration counties. We gained some important insights into kinship supports in two of the counties, using small case record reviews. This has encouraged us to field a caseworker survey to learn about a wider group of children supported by kin caregivers. We have learned a lot thus far regarding limitations in tracking and documenting the use of all types of kinship caregivers, but we look forward to enhancing our understanding in subsequent years of the evaluation.