

CHAPTER 5: KINSHIP STRATEGY

5.1 INTRODUCTION

Kinship caregivers are an extremely valuable resource to public child welfare agencies - an appealing option for placement and permanency ‘in the best interests of the child’.¹ Child welfare agencies in Ohio and around the country share a common belief that placing a child with kin significantly reduces the amount of trauma a child faces by minimizing disruption in their lives, placing them in a familiar setting closer to the family, neighborhood, and culture that they know best. The evidence base for these beliefs is growing rapidly, most recently through a number of studies that examine outcomes for children in kinship placements in comparison to a matched set of similar children in non-relative foster placements. This and other work indicates substantial benefits in the use of kinship placement including that children experience more frequent and consistent contact with birth parents and siblings, greater stability, and remain as safe or safer than children in traditional foster placements.²

As this promising practice develops and child welfare agencies increasingly utilize kinship caregiver arrangements, agency leaders recognize the need to increase the support available to kinship caregivers. Therefore, it is not surprising that six ProtectOhio counties chose to utilize Title IV-E Waiver flexibility to place emphasis on identifying and supporting kinship caregivers. In addition to promoting the best interest of a child, these six ProtectOhio counties focused on decreasing their use of paid placement days by working more closely to support kinship caregivers in their effort to care for children. This chapter explores the degree to which ProtectOhio flexibility enables Ohio counties to identify, utilize, and support kinship caregivers, how this support is reflected in the perceptions of kinship caregivers involved in the child welfare system, and ultimately how the waiver and strategy efforts affect child-level outcomes.

5.1.1 Kinship Strategy Design and Key Questions

With the 2005 extension of Ohio’s Title IV-E Waiver, the 14 original ProtectOhio counties included a focus on the use of kinship placements as one of five distinct ‘intervention strategies’ under the second waiver. Six ProtectOhio counties agreed to participate in this strategy, intending to increase their use of kinship settings for children who cannot remain in their birth home. These six counties then collaborated to develop the kinship strategy, including a logic model and a set of desired outcomes for

Kinship Strategy Counties
Ashtabula
Greene
Lorain
Medina
Muskingum
Portage

¹ For the purposes of this study, and in keeping with common child welfare practice (Jantz et al. (2002) in Geen (2003)), kinship caregivers are defined as any relatives or other adult caretakers who are well known by the child and who are not licensed foster parents for the child in question. A ‘kinship placement’ then, includes any length of time a child spends living with a kinship caregiver.

² Geen (2003); HSRI Interim Evaluation Report (2007); Koh (2010); NSCAW CPS Wave 1 Data Analysis Report (2005), Rubin et al (2008); Schlonsky et al (2003); Testa (2001 & 2002); Winokur et al (2008); and others.

children and kinship caregivers. It is also important to note that, late in the second waiver, Hardin County joined the kinship strategy; however, because its kinship efforts began only within the last year, Hardin has not been included in this analysis.

5.1.1.1 Kinship Strategy

In January 2006, the six participating kinship counties met to lay out a model for the kinship strategy. That model provides an outline for the evaluation of the kinship strategy. Kinship strategy counties sought to increase use of kinship settings for children who cannot remain in their birth home by engaging in the following activities:

- Specific, well-defined efforts to identify and recruit potential kin placements;
- Array of supportive services to kin;
- Provision of subsidies to kinship caregivers; and
- Frequent communication with kinship caregivers.

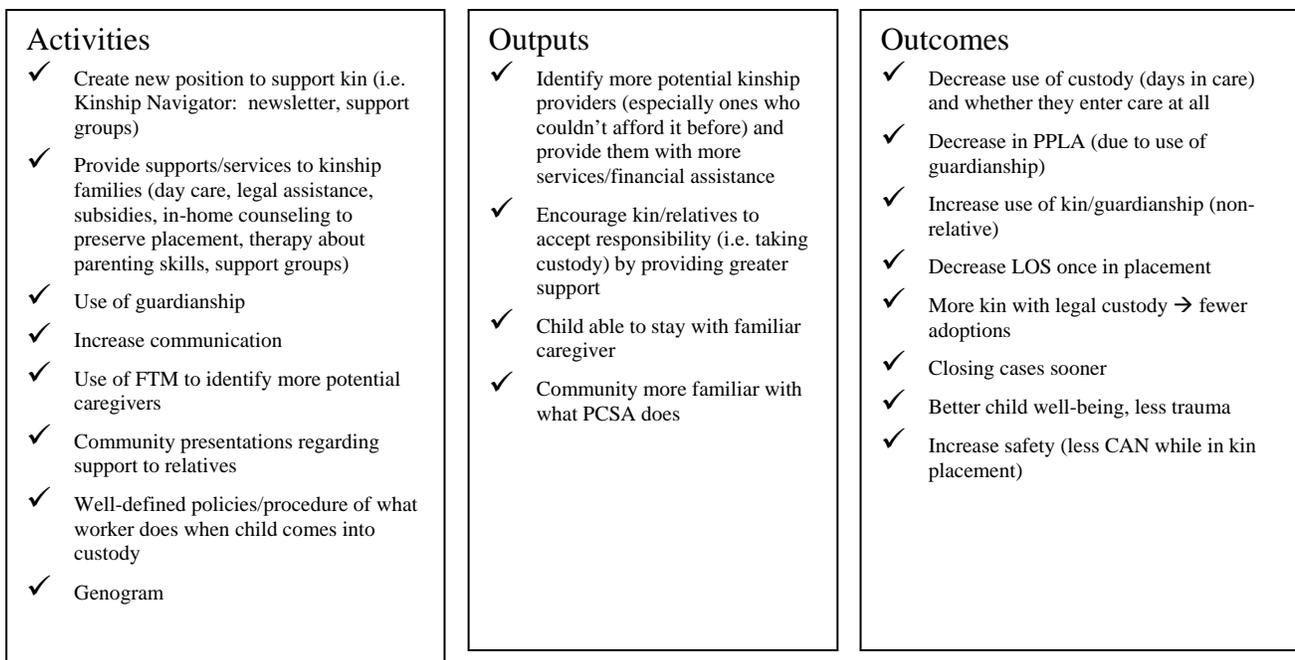
Optional additional activities are:

- Creation of a designated staff position to work with relatives; and
- Systematic use of placement meetings and team approach when working with kin.

5.1.1.2 Kinship Logic Model

Once the kinship strategy components were developed, the evaluation team worked with the kinship counties to develop a logic model. The outputs articulate the direct effect of the kinship activities in the county. The outcomes are more long-term quantifiable changes for the children and the kinship caregivers; analysis of these measures is found in Section 5.5.

Figure 5.1: Kinship Logic Model:



5.1.1.3 Research Questions and Hypotheses

Building on the logic model, the study team developed a series of research questions and hypotheses to guide our investigation of the kinship strategy. This investigation focuses on both county-level practices and child-level outcomes. We expect the six kinship counties to be more successful in these three areas when compared to the other 12 demonstration counties and to the comparison counties.

Table 5.1: Research Questions and Hypotheses	
Research Question	Hypothesis
Does the ProtectOhio Waiver enable kinship counties to use waiver flexibility to consistently identify and support kinship caregivers?	The kinship counties will identify and support kinship caregivers to a greater degree than the other groups of evaluation counties.
Are kinship counties able to increase their use of kinship caregivers?	The kinship counties will increase their use of kinship caregivers over time and in relation to the other county groups, for children known to the PCSAs (those in PCSA custody placed with kin, and those who exit the PCSA to custody of kin).
Do children in kinship care in the kinship counties have better outcomes than those in kinship care in other counties?	In the kinship counties, children who spend time with kin will have better outcomes than children in kinship care in the other county groups.

Analysis in this chapter focuses on identifying the impact of the waiver on strategy county performance, primarily through examination of differences in practice at the case and agency level. Differences in particular areas will be presented in one or both of the following ways: significant differences between demonstration and comparison counties will indicate a waiver effect, and differences between kinship counties and comparison counties indicate a combined waiver and strategy effect. Whenever appropriate, descriptive qualitative information will be included to enrich the understanding of particular practices.

The study team consistently uses a qualitative rubric for expressing differences between small groups of cases, where statistical testing is inappropriate or unfeasible: “substantial” for differences in percentages exceeding 50 points, “moderate” for differences in percentages of between 35-50 points, and “slight” or “somewhat” for percentage differences of between 20-34 points.

5.1.2 Evaluation Methods

The study team used a variety of data collection methods to explore the use and support of kinship caregivers: site visits and interviews with agency staff, focus groups with caregivers, case record reviews, and most importantly, case-level surveys and caregiver interviews. As will be described below, each method provides unique insight into kinship practice, but also carries some methodological limitations.

5.1.2.1 Site Visits & Interviews

As discussed in Chapter Two, the process study team conducted a series of telephone interviews and site visits to gather qualitative information about waiver effects and strategy operation. Questions about the kinship strategy were first asked during telephone interviews in the fall of 2006, and were pursued in more detail through additional site visits and telephone interviews in the fall of 2007 and the winter of 2008. These visits and interviews enabled the study team to explore agency practices utilized to support kinship placements throughout the waiver period, such as staffing and financial supports. During the fall of 2007 site visits to demonstration sites, in addition to interviews with agency staff, HSRI also conducted focus groups with kinship caregivers in five of the six kinship counties. These activities, along with the case study and caregiver interviews conducted subsequently, deepened our understanding of the interaction of the county and families, and provided a more comprehensive picture of the dynamics of kinship placements for both children and caregivers.

5.1.2.2 Kinship Case-Level Survey

In an effort to further explore the use and support of kinship caregivers within Ohio's child welfare system, HSRI designed a case-level survey that was completed by PCSA staff in each of the 35 evaluation counties. Conducted during Spring/Summer 2008, the survey gathered detailed information about specific kinship placements from the assigned caseworker whenever possible. The survey explored a variety of areas, including how the child came to live with the kinship caregiver, length of kinship placement, custody changes, service provision, efforts to ensure safety, and subsequent moves/case closures. A copy of the survey may be found in Appendix B.7.

To create a sample of identifiable kinship placements, the study team used FACSIS data files to create a listing of all children who had been placed with kinship caregivers, or had exited to kinship care, within the strategy period. We then drew a random sample for each county from these populations.³ Each county was asked to complete a total number of surveys approximately equal to the number of ongoing caseworkers in their agency, with a minimum of five and a maximum of 50 surveys per county. The sample for each county was drawn at one and a half times the target number of surveys to be completed, with the understanding that some cases would not be appropriate for survey (e.g. more than one child per family was selected, no current caseworker familiar with the case, missing records) and in an effort to collect as many complete surveys as possible.

Table 5.2 illustrates the number of cases from which the kinship survey sample was drawn, and the total number of surveys received for each county group. This survey process yielded a large amount of valuable information regarding the experience of PCSA children who are placed with kinship caregivers. The study team collected complete surveys for 611 children; 82 of these children were from kinship counties. It should be noted that comparison counties are overrepresented in our survey sample;⁴

³ Full samples could not be drawn for Trumbull and Vinton because a sufficient number of children with kinship placements was not found in FACSIS. Instead, the counties were instructed to complete the same number of surveys as they had ongoing caseworkers, and to choose what they felt were typical kinship placements within the strategy period to reach that target number of surveys. 'Self-sampled' cases will be included in descriptive analyses (Section 5.3.2.1) but not in span or outcome analyses (Sections 5.3.2.2 and 5.5).

⁴ The study team received more surveys from comparison counties because the sample was based on number of ongoing workers, which was higher in comparison counties. The response rate was also higher in the comparison counties.

however, our analysis examines differences among the county groups and does not generalize findings to the universe of children in kinship care.

Table 5.2: Kinship Survey Population and Resulting Full Sample					
		Kinship	Other Demonstration	Comparison	Total
Number of Counties		6	12	17	35
Population of Kinship Placements and Exits	# of cases	803	6,712	4,353	11,868
	% of total cases	7%	57%	37%	100%
Cases Collected in Survey	# of cases	82	152	376	611
	% of total cases	13%	25%	62%	100%

In conducting the kinship survey, the study team encountered two major challenges:

- Including Informal Cases:* As discussed in the Interim Evaluation Report (HSRI, 2007), the study team was especially interested in learning more about kinship placements where a child involved in the child welfare system is placed with a kinship caregiver ‘informally’, that is, without custody ever being held by the PCSA. It was hypothesized that the use of informal kinship placements would increase with waiver flexibility to support these placements. However, despite interest in exploring this area, it was not possible to systematically include cases where children experienced only informal kinship placements in the kinship survey because it is difficult for counties to track such cases in existing data systems, and earlier efforts to manually ‘flag’ these cases were not successful.⁵ The kinship survey was designed with hopes that we would capture a number of informal placements that occurred prior to or following the ‘formal’ kinship placement which was identified in the sampling process. Approximately 128 of the first 611 kinship placements captured were determined to be ‘informal.’ While we recognize that these placements are not representative of all informal placements experienced by children in the survey, or in Ohio, they provide a small window into the experiences of children in such placements. Examination of these 128 cases is included in Section 5.3.2.2.
- Capturing Services Information:* Another key area of interest to the study team is the services and supports that are provided to kinship caregivers; offering such supports is one of the primary methods to enhance kinship caregiving and is a key component of the ProtectOhio kinship strategy. However, as in previous evaluative efforts, the study team found it difficult to obtain valid and reliable information on services provided and/or purchased for kinship caregivers, either through the site visit interviews or the case-level kinship survey. Anecdotally, we know that each county uses a different process to track and report services provided and/or

⁵ See *Interim Evaluation Report (HSRI, 2003)* for a full discussion of these efforts.

purchased – counties may track by birth parent, by family, by caregiver, and/or by funding source, and in different data and case record systems. Therefore, it is extremely difficult to systematically identify services provided without relying on caseworker memory. While the original intent of the survey design was to use fiscal data to report services provided, more often ‘services provided’ was compiled based on worker memory and case notes, probably underestimating the actual level of services provided. This report will describe the data collected regarding supports provided to kinship caregivers, but it is important to remember that this data is descriptive in nature.

Despite these challenges, the study team was able to complete a wide range of analyses on the data from the kinship survey. These rich findings are presented in Section 5.3.2.

5.1.2.3 Kinship Caregiver Interviews

While the kinship survey provided the study team with case-level data, we were also interested in the kinship placement experience from the perspective of the kinship caregiver. The study team recruited caregivers from among those identified in the kinship survey for one-on-one telephone interviews. We interviewed 62 caregivers, associated with approximately 10% of the kinship survey cases. Caregivers were assured complete confidentiality and no loss of benefit or penalty for declining to participate. Interviews lasted approximately 20 - 40 minutes and were guided by a focused but flexible list of questions. Participating caregivers received a \$15 gift card incentive. A copy of the caregiver interview guide may be found in Appendix B.8.

Assuring that a systematic selection of caregivers would participate in these interviews was not possible, primarily because caregivers were self-selected: all caregivers identified in the survey were invited to participate by calling a toll-free number. Therefore, information gathered in the caregiver interviews was entirely qualitative in nature, and cannot be assumed to be ‘representative’ of all kinship caregiver experiences. However, a sufficient number of caregivers were interviewed from each county to reveal overall themes regarding caregiver experiences. Of the 62 caregivers interviewed, eight were from kinship strategy counties, 27 from other demonstration counties, and 27 from comparison counties.

5.1.2.4 FACSIS and SACWIS Data

As discussed in Chapters One and Two of this report, the process study team has relied on administrative data collected through state data systems to explore outcomes for children. The study team utilized FACSIS data to begin to examine outcomes in previous reports and to draw the sample for the caseworker survey. For this report, the study team has utilized SACWIS data to explore outcomes for each of the waiver strategies. For the kinship strategy, relevant SACWIS data includes both caseload dynamics data (see Chapter 1, Section 1.2.2.2) and outcome measures for the children identified in the caseworker survey. Challenges with the SACWIS data set, described in more detail in earlier chapters, prevented the study team from completing all analyses originally planned; however, selected outcomes are presented in Section 5.5.2.

5.1.2.5 Management Survey

In 2009, HSRI conducted an on-line survey of PCSA managers from each of the 18 demonstration counties. One section of the survey explored the kinship strategy in particular, providing insight on the

overall impact of the kinship strategy in the six participating counties. Respondents were asked how much the kinship strategy impacted their agency operations and the culture of the agency, and they were asked to describe how the end of the waiver would affect their kinship activities. Results are presented throughout the rest of this chapter.

5.1.3 Organization of Kinship Chapter

This chapter is organized in the following Section 5.2 describes how the six kinship counties have changed practice through their involvement in the kinship strategy; Section 5.3 explores differences among the kinship counties, the other demonstration sites, and the comparison counties with regard to practices at the agency-level and the case-level; Section 5.4 provides descriptive findings about kinship caregivers' perspectives; and Section 5.5 outlines what the kinship counties have achieved in terms of changes in system-level and case-level outcomes.

5.2 KINSHIP STRATEGY EFFORTS IN SIX PROTECTOHIO COUNTIES

While many ProtectOhio counties made significant programmatic changes to implement some of the ProtectOhio strategies (i.e. FTM, visitation, mental health), the implementation process for the kinship strategy was less overt. Attention to supporting kinship caregivers has been a growing practice for many child welfare agencies not only in Ohio, but across the country. Thus, implementation activities for this strategy are less apparent than for some of the other ProtectOhio strategies. The study team's interviews indicate that, while the six kinship counties made practice changes in accordance with the kinship strategy model, many of the counties involved in the evaluation adopted a focus on kin prior to the strategy development at the beginning of 2006.

However, while it appears that the ProtectOhio kinship strategy did not clearly promote the adoption of new practice regarding the support of kinship caregivers, the kinship strategy has enabled *enhancement* of PCSA focus on supporting kinship caregivers. As a PCSA director in one strategy county describes, the "difference [in our desire to focus on kinship caregivers] isn't because of ProtectOhio, but because we think kin are important. ProtectOhio gives us the ability to target [kin], but other counties can do these things, especially if there is a [Children's Services Board] and local funds. However, ProtectOhio does provide permission/incentive to focus on kin...."

Several themes have emerged over the years that can describe how kinship counties have used waiver flexibility to enhance services to kinship caregivers. It is important to note that these themes appropriately parallel the main components in the logic model, described in Section 5.1.1.2.

Hiring staff: While many counties have staff who work with caregivers to conduct kinship home studies or process Kinship Permanency Incentive⁶ (KPI) applications, two kinship counties have established and maintained in-house staff specifically to directly support kinship caregivers in helping them navigate the child welfare and other human service systems. In both counties, these workers support both kinship caregivers of children involved in the child welfare system, as well as caregivers in

⁶ The Kinship Permanency Incentive (KPI) is a state-funded program intended to promote permanency of children living with kinship caregivers by providing time-limited incentive payments to caregivers who have legal custody or legal guardianship of children in their care.

the community who need support, and might not otherwise come into contact with the child welfare system. In having a designated kinship staff person within the PCSA, communication between the kinship staff and the assigned caseworker is greatly improved. In at least one kinship county, the position was clearly created because of the availability of waiver flexible funds.

Agency culture/philosophy: A central theme articulated by managers in kinship counties during interviews is a change in agency culture occurring over the last several years. This shift appears to have occurred slightly before or early in the second waiver. The kinship counties feel their focus on kin fits into a broader change in agency culture, that they are fundamentally more resourceful about alternative placement options and permanency. As a result, the emphasis on the use of kinship caregivers is now engrained in child welfare practice, whereas, prior to the waiver, kinship placements were much less often considered a viable and safe placement option. In the four kinship counties without designated kinship staff, this shift in agency philosophy is central to their description of change during the waiver: these four PCSAs do not feel they have significantly altered the way kinship services are provided, but, rather, they describe how their caseworkers are more systematically identifying kinship caregivers and more quickly providing these caregivers with supports and services. They attribute these changes to an overall shift in agency culture, as support for kinship placements is better integrated into practice. In particular, at least half the kinship counties described a notable shift in how workers are now cognizant of the need to work with birth families to identify potential kinship caregivers as placement options as soon as it is evident a child will be removed. This shift in philosophy is less apparent in agencies where there is a designated staff, likely because the shift isn't as essential to support kin in these counties; rather, caseworkers simply refer caregivers to a kinship worker, not needing to buy into the idea of supporting kin more actively themselves.

Goods and Services: Five kinship counties describe how they are now better able to provide goods and services to kinship caregivers. These counties emphasize how waiver funding has made it easier to purchase hard goods or services for kinship caregivers. They state that the availability of flexible funds to purchase services and supports for caregivers has dramatically increased the number of kinship caregivers that are willing and able to provide a stable placement for children who might otherwise be placed in foster care. In general, among these five kinship counties, there is a new attitude: if there is a need, we will pay for it.

Financial Support: When the kinship strategy was developed, the counties expressed a desire to provide kinship caregivers with ongoing financial support, feeling that this was a key component for caregivers, and a unique opportunity made possible because of flexible waiver dollars. While several counties have made attempts in this direction, only two kinship counties are providing ongoing financial support to more than an occasional case. While this appears to be a less common theme among kinship counties, it is an important component of the kinship strategy.

Table 5.3 provides a summary of the number of kinship counties who fit into the themes described above. Clearly, some of these efforts are easier for kinship counties to adopt than others, but each theme is an important component of the kinship strategy in the six kinship counties.

Table 5.3: Themes among Kinship Strategy Counties	
	Number (n=6)
Hired In-House Staff	2
Purchased Goods and Services	5
Shift in Agency Culture	4
Ongoing Increase in Financial Supports	2

Section 5.5 will closely examine system-level and case-level outcomes which have been achieved by kinship counties. However, kinship counties have also noted several outputs and outcomes that they *perceive* have been impacted by their focus on kinship practice; these findings are based on anecdotal evidence, but serve to describe the anticipated impact of the kinship strategy focus:

- Faster processing of custody transfers to kinship caregivers;
- Deeper appreciation for kin as a placement resource;
- More consistent focus on seeking and supporting kin throughout the case ‘life’ rather than just an initial placement resource;
- More concrete supports and involvement of kin with the agency; and
- Increase in the number of kin adopting children in their care.

Kinship counties believe that efforts such as those described above enable PCSAs to better support children in kinship placements by removing roadblocks and making workers more aware and focused on using kinship caregivers as a valuable resource. Ultimately, this impacts the experience of the children living in kinship placements, as well as placement patterns for PCSAs.

While it is clear that kinship county PCSA staff truly believe that the use of kinship caregivers is often in the best interest of the child and the agency, these staff also acknowledge that this focus has both strengths and challenges. The six kinship counties were asked to describe their biggest strengths and challenges with regard to the kinship strategy:

Strengths:

- *Placement with kin is often better for the child:* Kinship counties see a real benefit in placing children in a home with a relative or kin. Agencies often struggle to find appropriate foster homes, especially for teens, and find kinship placements in the best interest of the child. Kinship

Kinship County Manager Perspective

“The kinship strategy has revolutionized (our) philosophy and practice. ...Kinship families are used to prevent custody placement when children must be removed from bio families, kinship families are used to receive legal custody and usually receive financial support to maintain the children in the home. This practice has provided permanency for children more quickly, with more stability, and with less overall cost impact to the agency budget.”

placements decrease separation and anxiety, are more culturally appropriate, and increase birth parent involvement with the child. This belief coincides with the federal Adoption and Safe Families Act (1997), which encourages the use of relatives as a placement alternative.

- *Kinship placement benefits the PCSA:* While kinship counties are hesitant to say this is a driving force, kinship placements are a less expensive placement option for them. Using relatives also helps to alleviate the pressure on agency resources when PCSAs have difficulty maintaining an adequate number of foster homes to support the child welfare population. They also believe that kinship placements turn into permanent homes, reducing the likelihood that the child will return to the PCSA.
- *The focus on kinship strategy components enriches resources in PCSAs:* Kinship counties believe that focusing on the key components of the kinship logic model has improved practice overall. Dedicated workers are able to provide case management to kinship caregivers. Ensuring that caregivers understand the services and resources available to them reduces hardship on caregivers and encourages stability. A change in agency philosophy allows the agency to be proactive rather than reactive. Finally, creation of new services and supports for caregivers helps caregivers feel more supported and able to care for the children.

Challenges:

- *Confidence that the home is safe:* Workers in some counties are concerned about dysfunction in the extended family, and that ‘the apple doesn’t fall far from the tree’. With monitoring of kinship homes typically less rigorous than that of foster homes, staff are sometimes concerned about safety of kinship placements.
- *Difficulties working with kinship caregivers:* Some caseworkers find it more difficult to work with kinship caregivers than with birth parents. Caregivers often want more control and require more time to monitor and support, whereas foster parents are paid to support goals set out in the case plan. Further, caregivers may be more enmeshed in the family dynamics, either ‘enabling’ birthparents or creating tension with a birthparent, often impacting the ability of the birth parent to adhere to their individualized case plans or agency guidelines. As one manager stated, using caregivers is “worth the effort, but it’s a different kind of effort and it gives workers gray hair.”
- *Lack of resources to adequately support kinship caregivers:* While the waiver provides flexible funding opportunities, PCSA staff often feels they still need more staff, resources, services, and supports to adequately serve caregivers and help maintain these placements.

Summary: Participating in the waiver, and the kinship strategy, has clearly influenced how the six kinship counties support kinship placements, and those efforts have impacted overall practice regarding placements and permanency. While workers experience a number of challenges, managers in these agencies feel their efforts to support kinship caregivers surpass efforts in other counties across the state. Core to their efforts are having designated staff to work with kin, shifting agency culture/philosophy, and providing more supports and services, including financial supports. However, many Ohio PCSAs have put in place similar efforts to support kinship caregivers, which clouds our ability to attribute these improved kinship supports to the waiver. Nevertheless, the next section will compare

the six kinship counties' efforts to those of the other ProtectOhio demonstration and comparison counties.

5.3 HOW KINSHIP COUNTY EFFORTS DIFFER FROM THOSE OF OTHER EVALUATION COUNTIES

In exploring the extent to which the waiver has enhanced the kinship counties' support of kinship placements, the study team focused on differences among the six kinship counties, the 12 other demonstration counties, and the 17 comparison counties. In this section, the study team will explore both waiver and strategy effects using agency-level and case-level data. This section outlines differences found among the three county groups, first in structural and procedural differences (agency-level), and then in terms of the experience of children and kinship caregivers (case-level).

5.3.1 Differences at the Agency Level: Structure and Practice

This section explores difference among county groups, examining several components of the logic model (Section 5.1.1.2) in particular, based on site visits and telephone interviews in all 35 counties. It is important to note that because there are only six kinship counties, differences among county groups may not be statistically significant, but do provide insight about how the waiver has impacted the kinship counties' ability to change practice at the agency-level.

5.3.1.1 Staffing

As described earlier, several counties established dedicated staff positions to work with and support kinship placements, ensuring that caregiver needs are met and kinship placements are maintained. Some 'internal' staff positions or units have been established within the PCSA, working with both caregivers of children currently involved in the PCSA or those who are at-risk of PCSA involvement. In other counties, Kinship Navigators⁷ or other kinship support staff are located within other agencies in the community (i.e. Department of Aging); in some counties, PCSAs have been able to provide some funding to support these 'external' positions. As a key component in the kinship logic model, strategy counties believed that waiver funds could be used to create and support such designated positions. Several demonstration counties expressed the view that the flexibility of the waiver enabled them to establish or maintain such staff positions.

A few distinctions among county groups were found with regard to staffing:

- Kinship counties more often have designated kinship staff, compared to other demonstration or comparison counties. Five of the six kinship counties (83%) have a designated person to support kinship caregivers, either within the PCSA or in the local community, compared to five of the 12 other demonstration sites (42%) and nine of 17 comparison counties (53%).
- Since the strategy began, it appears that there has been an increase in the number of designated staff positions in all three county groups; interview data indicates that, in 2006,

⁷ Kinship Navigator programs were funded by Title VI-B Part II funds from 2001 until 2003 in 78 of the 88 Ohio counties. Since that time, some programs have continued with other funding supports, while others were discontinued. Recently, a collaborative of seven ProtectOhio demonstration counties won a federal grant under the Fostering Connections to Success Act to provide enhanced kinship navigator programming from late 2009 until late 2012.

seven counties had designated positions; by 2008, eleven counties had designated staff, either internal or external to the PCSA.

In addition to the existence of designated staff to support kinship caregivers, the study team also explored the roles and responsibilities of these individuals. Through interviews, the following activities were identified as most commonly performed by kinship staff:

- Identifying and recruiting kinship caregivers
- Providing case management for kinship cases
- Attending multi-system meetings (i.e. FTM)
- Conducting home studies and other assessments/visits
- Assisting in obtaining custody
- Assisting in obtaining KPI
- Assisting in applying for DJFS services
- Providing information and referral
- Conducting community outreach and awareness of kinship supports
- Publishing newsletter or similar resources for kinship caregivers
- Holding support groups or meetings for kinship caregivers

Clearly, a designated kinship staff person can provide a full-spectrum of supports to help ensure that kinship caregivers are supported. Across all the counties with a designated internal or external staff person, there is considerable variation in the roles and responsibilities of these staff. For example, one county may have an external kinship staff person who simply provides information and referral (I&R), while in another county, an internal unit who provides most of the supports listed above *and* an external staff person who provides I&R and outreach. Across the 17 counties with at least one designated staff person, the three most common supports provided by designated kinship staff were I&R, outreach, and support groups, while the least common activities include identification and recruitment of kinship caregivers, and case management.

Kinship Caregiver Perspective

“The kinship worker worked directly with me to see if I had the resources I needed, gave me referrals, checked on the kids’ progress in school. She can get school supplies, guide me through resources; she’s familiar with a ton of resources. She comes for a visit once a month and I can always call her. She is a more neutral resource, because she’s not ‘in the middle of the case’ like the caseworker. She keeps us informed about the agency activities and opportunities like trips to the zoo and support groups.”

Table 5.4 highlights the level of responsibility carried by designated kinship staff, defined in terms of the sheer number of activities handled by the internal or external staff person. The table indicates that, in kinship counties, designated staff appear to have more responsibilities in terms of the services and supports they provide to caregivers, suggesting that these designated staff are more focused on meeting the wide ranging needs of kinship caregivers, than are designated staff in other county groups.

Table 5.4: Level of Responsibility of Designated Staff			
	Kinship (n=4)	Other Demonstration (n=5)	Comparison (n=8)
Minimum Responsibility (less than 5 activities)	0	0	38% (3)
Moderate Responsibility (5-8 activities)	50% (2)	80% (4)	25% (2)
Significant Responsibility (9-11 activities)	50% (2)	20% (1)	38% (3)

Kinship Caregiver Perspectives on Designated Staff: During the 2008 interviews, kinship caregivers were asked how they would rate their relationships with designated kinship staff (from very positive to very negative). Caregivers in kinship counties more often reported positive relationships with their primary PCSA staff contact, than did caregivers in other county groups. As Table 5.5 indicates, while the kinship interviewee sample is not necessarily representative of all kinship caregivers, general trends appear to support the notion that caregivers feel better supported in kinship counties than in other demonstration and comparison counties (88% positive in kinship counties, compared to 59% in other demonstration counties and 70% in comparison counties).

Table 5.5: Caregiver Relationship with Primary Staff at PCSA				
	Kinship (n=8)	Other Demonstration (n=27)	Comparison (n=27)	All caregivers
Positive	88 % (7)	59 % (16)	70 % (19)	67 % (42)
Negative	0	15 % (4)	7 % (2)	10 % (6)
Neutral/Mixed/Unsure	12 % (1)	26 % (7)	22 % (6)	23 % (14)
Total	100 % (8)	100 % (27)	100 % (27)	62

During our interviews, kinship caregivers also answered very similarly when asked about their relationships with *the PCSA overall*: kinship strategy county caregivers reported entirely positive relationships (100%) while a lesser proportion of caregivers from other demonstration and comparison counties reported positive relationships (74% and 70% respectively).

5.3.1.2 Identification and Recruitment of Kinship Caregivers

Counties that chose to be a part of the kinship strategy recognized that if a PCSA desires to increase its use of kinship placements, a clear effort to ensure that potential kinship caregivers are identified and considered when a decision has been made to place a child is crucial. Therefore this effort was included as one component in the kinship logic model (Section 5.1.1.2). Through qualitative interviews, the study team explored whether kinship counties appear to more systematically use strategies to locate relatives or kin who would be willing to take in a child who might otherwise need to be placed in foster care.

Examination of efforts to identify and recruit kinship caregivers found no differences among county groups. However, it is helpful to recognize some of the common practices in place across the full 35 evaluation counties:

Processes for Identification of Potential Kinship Caregivers: While most PCSAs rely on the caseworkers assigned to a case to identify relatives or kin who might be willing to care for a child, agencies can also use team PCSA meetings involving supervisors and managers to identify potential kinship caregivers; with more PCSA staff involved, there is an increased chance of identifying a willing kinship caregiver who might be unknown to the assigned caseworker. To further broaden the array of individuals brought into the discussion, PCSAs may also conduct a meeting that involves individuals beyond its own agency; the best example of this would be a Family Team Meeting, where a community provider or a supportive friend might be able to identify a kinship caregiver unknown to the child welfare staff. (Evaluation findings regarding use of FTMs are discussed in Chapter 3.)

Documenting Potential Kinship Caregivers: The study team also explored how PCSA staff document potential kinship caregivers in the case file. When PCSA case workers clearly document the existence of kinship caregivers throughout the life of a case, this information can be used to quickly identifying kin or relatives to notify when it becomes clear that a child needs to be removed from the birth home. Genograms, pictorial family tree diagrams, provide a consistent method to have discussions with families that may help in the identification process. However, some counties have developed other types of forms to consistently document family members in an effort to ensure that all potential caregivers are identified. Though these forms generally are simple lists of potential kinship caregivers, they do provide a single form where a caseworker can look if the need for a kinship caregiver arises, aside from having to scour case notes.

Caregiver Perspectives on Identification and Recruitment: Caregiver stories about how children came to live in kinship placements shed light on how kinship caregivers were identified as potential placement options. The following abbreviated stories illustrate a variety of ways kinship caregivers are identified to care for a child:

- The PCSA requests the caregiver take a child: One caregiver described receiving a call from a caseworker letting her know that there had been an allegation of physical abuse and that the children would be removed from their birth mother. The caregiver went to get the children from the house before the PCSA was able to remove them.
- Caregivers initiate the removal by reaching out to the PCSA when they learn of a child's need for a home: One caregiver described contacting the PCSA to ask to care for the children after they had been removed from her daughter-in-law's care. This caregiver stated that the PCSA was reluctant at first to place the children with her, likely because the birth mother was living with the caregiver at the time. With persistence and after some negotiation with the PCSA, she was allowed to care for the children until the birth mother completed her case plan.
- Birth parents ask the caregiver to take care of a child: One caregiver described the PCSA removing her grandchildren from their birth father's home due to allegations of drug abuse in the home. When the child was placed in foster care, the birth mother frantically called her

mother, the grandparent to the child, asking her to intervene. The grandmother described calling officials and learning that a hearing was set for the next day.

5.3.1.3 Services and Supports for Kinship Caregivers

One of the core activities included in the kinship strategy logic model is increasing the availability of services and supports to kinship caregivers. Because many kinship caregivers struggle financially, a PCSA's ability to address caregiver needs for hard goods and services can encourage caregivers to care for children who might otherwise need to be placed in out-of-home care. Further, the flexibility of waiver dollars allows demonstration counties to create a larger pool of financial resources with which to purchase goods and services for kinship caregivers. Several ProtectOhio counties (three kinship counties, two other demonstration) state that they provide more of these supports due to the availability of flexible waiver dollars, whereas comparison counties must rely on limited ESAA, PRC⁸, and local levy funds, which are increasingly limited in the current economic environment. In the following sections, we explore how PCSA staff identify and assess the needs of kinship caregivers, as well as describe the availability of services and supports for caregivers by county group.

Kinship County Manager Perspective

We can really purchase anything a kinship caregiver needs: food, beds, clothing, day care, gas cards if the child has lots of appointments. This really helps when families want to take in a child but just don't have a home that is able to accommodate this new child. We've helped out with cases where there is no assigned worker, even purchased a furnace for an informal kinship placement, helped out a kinship caregiver in California. This is all viewed as helping reduce the risk of having to move the child. ... (Our administrator) almost never says 'no' to a request. ...Even though it is primarily ESAA funds that covers these supports for kinship caregivers, the ability to provide 'anything and everything' seems linked to the waiver- in talking to other counties not in the waiver, they are much more limited than we are, we seem to have a lot more flexibility.

How are caregiver needs assessed? In order to ensure that caregivers receive the services and support they genuinely need to care for a child, casework staff must first accurately assess the needs of these caregivers. While no substantial differences appear among the county groups in the practices used to assess caregiver need, a few interesting findings emerged:

- The needs of caregivers are generally assessed through informal conversations between the assigned worker and caregiver. However, 60% of ProtectOhio counties indicate that caregiver needs are also assessed in more formal ways: during the kinship home study process or at meetings between agency staff and kinship caregivers.
- Although assigned caseworkers are primarily responsible for assessing the need of caregivers, in 12 of 35 counties (34%), a kinship staff person may also assess needs of caregivers; this tends to occur in counties with internal kinship staff, as described in Section 5.3.1.1.

⁸ Emergency Services Assistance Allocation (ESAA) and Prevention, Retention, and Contingency (PRC) funds are two resources which are sometimes available through local county Job and Family Services departments to purchase hard goods and services for kinship caregivers.

Availability of goods and services: The array of supports and services offered to kinship caregivers is extensive. Table 5.6 includes some, but certainly not all, types of services/supports which PCSAs may offer to caregivers.

Table 5.6: Array of Services and Supports Offered to Kinship Caregivers	
<p>Supports (such as purchased ‘hard goods’) include:</p> <ul style="list-style-type: none"> ➤ Child care; ➤ Clothing, gas and/or grocery vouchers; ➤ Rental and/or utilities assistance; ➤ Furniture, bedding, appliances, fire extinguisher, smoke detector, or other home needs; ➤ Court filing costs; ➤ Transportation assistance including car repair, bus passes, car seats, etc.; ➤ School and summer camp related expenses; and ➤ Holiday supports (such as Christmas gifts) 	<p>Services include:</p> <ul style="list-style-type: none"> ➤ Mental health assessments, therapeutic and diagnostic services; ➤ Family preservation services; ➤ Respite; ➤ Transportation to visitation and doctor appointments; ➤ Information & referrals; ➤ Parent education services (esp. for children with spec needs); ➤ Case management services; and ➤ Support groups

Differences among county groups does not arise so much from varying types of services as from varying agency policies about how readily to make these services available. Table 5.7 indicates a substantial difference between strategy counties and other counties in their ability to provide ‘anything and everything’ to support kinship placements.

Table 5.7: What Supports or Services are Available to Kinship Caregivers?			
	Kinship (n=6)	Other Demonstration (n=12)	Comparison (n=17)
Very limited	---	2 (17%)	7 (41%)
Somewhat limited	1 (17%)	5 (42%)	7 (41%)
“Anything and everything”	5 (83%)	5 (42%)	3 (18%)

Among the 22 counties who do not profess to offer “anything and everything” to kinship caregivers, some agencies describe limits on what can be provided to caregivers. These limits fall into a variety of categories:

- *Program Qualifications:* If accessing TANF (such as ESAA and PRC funds), clients must meet the qualifications of these particular program such as income guidelines.
- *Time-Limited Supports:* Some PCSAs explain to kinship caregivers up front that supports and services are intended to be provided for a short amount of time, until the caregiver gets things

settled. For example, an agency might pay for child care, rent, or utilities for three months and then the agency expects the caregiver to find an alternative way to pay for it.

- **Resource-Limited Supports:** A number of counties have a financial limit on the amount of services or support that can be provided. This limit may be a one-time limit for ‘transitional services’ (\$1,000 available per child), a time-limited monthly cap (\$100/month for six months), or an annual cap (\$1,500 per year), often based on guidelines of programs such as PRC. We also learned about limits on hard goods, such as a quarterly clothing allowance or a time-limited monthly purchase order for food.
- **Case Status:** In many counties, services and supports are limited by custody or case status. Some agencies are unable to provide any supports to kinship caregivers if the agency does not have custody of the child. Particular services, such as day care, may also be limited to children in agency custody; in these counties, families are referred to other providers in the community, such as TANF or OWF if they are not eligible for assistance from the PCSA. At the opposite end of the spectrum, in some counties, as long as a case is open with the PCSA (even if a birth parent has custody), the caregiver can receive services and supports from the PCSA. Finally, in several counties, the agency is able to offer gift cards to kinship caregivers without even opening a case if it helps the caregiver keep the child, in an effort to prevent a need for PCSA involvement.

Other supports for kinship caregivers: Kinship caregivers can be supported in a variety of ways outside of the provision of hard goods and services. Table 5.8 lists some of the other ‘softer’ services which are made available to kinship caregivers, provided by either internal or external kinship staff. Strategy counties are much more likely to have newsletters and to do community outreach than are other counties.

Table 5.8: Supportive Activities for Caregivers			
	Kinship (n=6)	Other Demonstration (n=12)	Comparison (n=17)
Newsletter	67% (4)	17% (2)	24% (4)
Support Groups	67% (4)	45% (5)	47% (8)
Social Events	17% (1)	17% (2)	6% (1)
Community Outreach	67% (4)	33% (4)	29% (5)

Financial Supports: From the caregiver perspective, one of the biggest challenges in agreeing to be a caregiver is figuring out how to afford to take on the responsibility of caring for one or more additional children. While caregivers often say they are determined to ‘make it work’, regardless of financial resources, they also express that finances do cause considerable hardship.

The study team explored how caregivers ‘pay the bills’ and otherwise financially support the children in their care. Almost a third of the caregivers interviewed described how they were just ‘making it’ or really struggling to support their families and the children in their care. Most commonly, caregivers

depend on a caregiver’s job, retirement payments, and TANF, but also depend on their medical insurance, social security/disability, food stamps, and vouchers provided by the PCSA. Surprisingly few caregivers we spoke with received KPI, child support, or other kinship subsidies. Caregivers also expressed frustration that they do not receive the same financial support as foster parents or caregivers with legal custody.

Kinship Caregiver Job Loss:
Twelve caregivers interviewed (out of 62) reported loss of a job during the kinship placement: this includes caregivers who left a job in order to care for their child(ren).

In an effort to help caregivers cover day-to-day expenses and as a component of the kinship logic model, several counties reported that they provide financial support to some kinship caregivers, often with the flexibility created by the IV-E Waiver funding. Some have supported kinship caregivers caring for children with open PCSA cases, while others have provided support in the form of assisted guardianship or financial support to kinship caregivers with legal custody. These financial supports vary in dollar amount and restrictions, but enable kinship caregivers to take the responsibility of caring for these children with less personal hardship. There appears to be a slight difference among county groups: 50% of kinship counties have been able to offer either one-time or ongoing financial supports to some kinship caregivers, compared to 33% of other demonstration counties and 29% of comparison counties.

Summary: At the agency level, kinship counties appear to be different from the other two county groups in two areas. First, kinship counties more often have a designated kinship staff person to support kinship caregivers; further, in kinship counties, designated staff tends to have more roles and responsibilities in working with these caregivers, compared to other county groups. Second, kinship counties more often feel they are able to offer ‘anything and everything’ in terms of supports and services to kinship caregivers. While the number of kinship counties is relatively small, making it difficult to generalize about waiver and strategy effects, it appears that, in these two areas, kinship counties have been able to utilize the waiver to change agency practice to better support caregivers.

5.3.2 Differences at the Case Level

Against the backdrop of agency-level practice differences, this section presents differences among children in the three county groups, specifically examining how children enter kinship placements and what happens during these kinship placements. This section draws on findings from the kinship survey conducted in 2008, as well from the caregiver interviews and focus groups. As in previous sections, we explore the impact of the waiver by examining differences between the demonstration and comparison counties, and gather insight about the combined effect of the waiver and the kinship strategy by studying differences between kinship strategy counties and the comparison counties.

Throughout the remainder of this chapter, an asterisk (*) within a table indicates a bivariate comparison that was statistically significant at the .05 level. For comparisons of lengths of time, the study team used the mean within groups to examine differences and associations in order to conduct more rigorous statistical tests; however, because the mean is sensitive to outliers, we also report the median⁹ where appropriate to provide an alternate view of the distribution.

⁹ The median is a measure of central tendency representing the middle value for an ordered set of values.

5.3.2.1 Differences in Population Served

This subsection presents descriptive information on the characteristics of the children and kinship caregivers included in the kinship survey (n=611). This information offers a snapshot of all the children surveyed and highlights some differences among county groups.

Kinship Caregivers: Table 5.9 presents information on the caregiver’s relationship to the child for each child’s first kinship placement. Kinship caregivers are most often grandparents (41%), followed by aunts/uncles (31%), and then non-relatives (13%). One interesting contrast emerges among county groups: non-relative caregivers were more common in kinship counties than in either the other demonstration counties or the comparison counties. This finding may reflect the kinship counties’ efforts to reach out to a wider array of potential kinship caregivers as placement resources.

Table 5.9: Kinship Caregiver Relationship to Child				
	Kinship (n=82)	Other Demonstration (n=153)	Comparison (n=376)	Total (n=611)
Grandparent	41%	38%	42%	41% (251)
Aunt/Uncle	23%	25%	36%	31% (192)
Non-Relative*	21%	16%	10%	13% (80)
Other	15%	16%	11%	13% (78)
Unknown	0	5%	1%	2% (10)

Children in Kinship Placements: The surveyed children represent a broad range of ages, gender, and racial/ethnic groups:¹⁰

- When they entered the kinship placement, children ranged in age from infancy to 20 years old. Children in the demonstration counties were slightly older on average than those in comparison counties, eight years eight months versus seven years three months. Though this difference was statistically significant, the effect size is not large enough to draw any conclusions about a waiver relationship with age of children in kinship placement.
- Slightly more than half of the children in the kinship survey were female (54%), with no significant differences among the three county groups.
- Most children included in the kinship survey were White or Other (71%). Table 5.10 illustrates how racial proportions of children placed with kin varied across the county groupings. Children in the kinship counties were significantly less likely to be Black than the children in the comparison counties. This mirrors the underlying population differences between these counties; kinship strategy counties tend to be smaller, and therefore have smaller minority populations.

¹⁰ Source of gender and race information is SACWIS. All other information in this section was collected in the kinship case-level survey.

Table 5.10: Race of Children in Survey by County Grouping				
	Kinship (n = 82)	Other Demonstration (n = 153)	Comparison (n = 376)	All Children (n = 611)
Black/ African American*	12% (10)	33% (50)	32% (119)	29% (179)
White and Other ¹¹	88% (72)	67% (103)	68% (257)	71% (432)
Total	100 %	100 %	100 %	100 %

5.3.2.2 Exploration of Informal Placements

As described in Section 5.1.2.2, the study team identified 128 of the 611 first kinship placements as ‘informal’ using our definition of an informal placement; in each of these placements, the agency did not hold custody prior to, at, or during placement, although the placement may have ended (child physically left caregiver home) with the agency taking custody. For these 128 cases, at the time the kinship placement began, the majority of the children (76, or 59%) were in the custody of their birth parents; a small proportion (13, or 10%) were in legal custody of the kinship caregiver; and the remaining children (39, or 31%) were in temporary custody of the kinship caregiver. This section provides information about the children and caregivers in these placements. We explore this subgroup primarily because of its intrinsic interest to the kinship strategy counties; they reported that they believed they were supporting informal placements because of the flexibility afforded them under the waiver, whereas previously they could only provide support to formal placements.

The proportions of children from each county group (kinship, other demonstration, and comparison) who comprise the ‘informal’ population are comparable to those in the other analyses; the smaller number of cases, particularly in the kinship group, prevents us from doing any between-group comparisons. In addition, the county-specific composition of the informal group is a bit unusual. In particular, a comparison county, provides 48 of the 128 cases; using our definition, 81% of Trumbull’s kinship survey placements were informal. In speaking with the county staff as we collected the kinship survey, the study team came to understand that court and/or agency practice drive whether agencies work with kinship placements we would define as ‘informal.’ In some counties, courts insist that the agency retain custody, while other county courts allow for placement of children directly into caregiver custody.

Few differences were observed between cases in the informal group (n = 128) and the remainder of the kinship survey placements (n = 611 – 128 = 483). With regard to caregiver relationships, no substantial differences were found; generally, grandparents remain the most common caregiver relationship (48%, or 62 of 128). Similarly, no substantial differences were found with regard to the demographic characteristics of children in the two types of kinship placements; though slightly fewer females and slightly more males are in the informal group than the remaining group, the gender groupings are still very close to 50% each. Almost no difference was seen with regard to racial affiliation;

¹¹ Includes four children with missing or unable to determine race, three with multiple race.

likewise, no substantial differences were found with regard to age of the children at the date of placement.

While we might expect that informal placements might ‘look’ a bit different than the more formal cases (i.e. in terms of custody status, experience in kinship placement), initial analytic findings do not support this assumption. This may indicate that we have not been able to ‘see’ what underlying differences exist between informal and formal cases. It remains a valid research question, to better understand the implications of ‘informal’ status for children and families; whether the way a child’s case progresses, or the supports available to a kinship placement differ depending on this status. We have included a few notes below regarding supports and services and family team meeting participation, but we recognize that we have just scratched the surface of understanding these placements.

5.3.2.3 Description of Kinship Placements

In this sub-section, we describe the experience of children when they are placed in a kinship setting, using information from the kinship survey to explore where these children were placed prior to moving to kinship placements, what custody arrangements were used, and what services were provided. In particular, the study team was interested in differences among county groups, exploring whether the experience of children in kinship counties is different from that of children in other county groups.

While the study team received a total of 611 surveys, in this section we will focus on a subset of 442 children including only those in our sample frame. By using these ‘matched’ kinship placements, we have eliminated all ‘self-sampled’ cases, thereby eliminating a sampling bias. To explore the implications of the use of the 442 subsample, the study team explored how the 442 subsample compares to the remaining 169 cases:

- The proportion of cases in the kinship, other demonstration, and comparison county groups are comparable in the two samples.
- No significant differences were found between the two samples for child’s age or race.
- A statistically significant difference was found with regard to caregiver relationships; the caregivers in the subset of 442 are more likely to be non-relatives (15%) than those in the remaining group (8%).
- A statistically significant difference was found with regard to child’s gender – those children in the subset of 442 are less likely to be female (52%) than those in the remaining group (59%).

Findings should be viewed in the context of these differences.

Where were children placed prior to the kinship placement? The survey explored where children were placed prior to the kinship setting. When moving into a kinship placement, children were equally likely to come from other substitute care setting (49%) or the home of a birth parent (47%). Children were seldom placed with kinship caregivers at birth (1%) or moved from other kinship caregiver homes (2%). Survey analysis revealed no difference among county groups.

What custody arrangements are utilized during kinship placements? One factor which impacts how PCSAs work with kinship caregivers is the custody status of children placed with kin. Custody status can influence how involved child welfare staff can be in a case, as well as the amount of services and

supports which a PCSA is able to provide to kinship caregivers. Custody status can also indicate the degree of permanency of the kinship settings; in this area, the Children’s Bureau expressed an interest in learning if involvement in the waiver increased the number of kinship caregivers who are able to obtain legal custody. The kinship survey explored how custody changed during the course of the kinship placement, enabling an examination across county groups to explore the impact of the waiver.

In regards to custody at placement, Table 5.11 shows that the most common custody arrangement at kinship placement start is custody being held by the PCSAs, making up 59% of all 442 placements.

Table 5.11: Custody at Placement with KCG				
	Kinship (n=67)	Other Demonstration (n=118)	Comparison (n=257)	Total (n=442)
Birth Parent*	7.5% (5)	11% (13)	5% (12)	7% (30)
Caregiver-temporary custody *	16% (11)	12% (14)	26% (68)	21% (93)
Caregiver-legal custody	9% (6)	8.5% (10)	5% (13)	7% (29)
PCSA-permanent custody or PPLA	0	7% (8)	2% (6)	3 % (14)
PCSA-temporary custody*	66% (44)	59% (70)	52% (133)	56% (247)
Other/Unknown	1.5% (1)	2.5% (3)	10% (25)	7% (29)

Children in kinship counties were more often in temporary custody of the PCSA than were children in the comparison group. Similarly, it was significantly more common for caregivers to have temporary custody in demonstration counties than in comparison sites. Finally, more children began kinship placements in the custody of their birth parents (i.e. informally staying with kinship caregivers) in the demonstration counties than in the comparison counties.

Custody changes during the course of a kinship placement occurred for 50% of children in the kinship survey. The most commonly reported custody change was kinship caregivers gaining legal custody (58%), while 13% of kinship caregivers gained temporary custody, with no statistical difference among county groups. The remaining cases where there was a custody change experienced a change to PCSA custody. The lack of differentiation among county groups is notable; we might have expected to see more custody changes to caregivers in kinship counties, but this trend is not apparent.

In examining the findings regarding custody, it is important to understand that custody status is not always within the control of the PCSA. As mentioned in the context of our ‘informal’ placement exploration, PCSA staff report that whether custody is granted to kinship caregivers is often driven by the local courts; some courts do not allow the PCSA to hold custody of children who are placed with kinship caregivers, some courts encourage temporary or legal custody to kinship caregivers, and others require the PCSA to continue to hold custody or keep protective supervision beyond a child’s exit to a kinship caregiver in order to help ensure safety. Given these variations in practice, our ability to infer whether a particular custody status has a positive or negative impact on a child remains unclear.

However, as custody is an important aspect of child welfare practice, and does certainly impact children, this interaction and its impact of child outcomes, merits further study.

Finally, the study team looked at legal custody offers and awards. Despite the challenges in exploring custody status, several questions in the kinship survey successfully captured the degree to which caregivers are offered and awarded legal custody of the children in their care. Such increases in offers or awards of legal custody to kinship caregivers were an expected activity and outcome per the kinship strategy logic model. Overall, in 46% of kinship placements, the kinship caregiver was offered legal custody of the child(ren) in their care. Table 5.12 illustrates that a significantly larger percentage of kinship caregivers in the kinship group were offered legal custody than those in the comparison county group. ‘Offered’ legal custody followed a similar pattern; caregivers in kinship counties were significantly more likely to be awarded legal custody during placement than were caregivers in demonstration or comparison counties. It is interesting to note that comparison counties appear to be more successful with the acceptance of their offers – perhaps because the PCSA did not offer legal custody until it was sure the caregiver would accept. It is also noteworthy that over half of all kinship caregivers were not offered custody, largely due to that fact that reunification was the case plan goal in many of these cases.

Table 5.12: Offers and Awards of Legal Custody to Kinship Caregivers				
	Kinship	Other Demonstration	Comparison	Total
Offered *	64% (39)	44% (47)	43% (104)	46% (190)
Awarded	57% (35)	35% (38)	40% (98)	42% (171)
# of caregivers who didn't already have custody	61	108	244	412

What services and supports are provided during kinship placements?

One of the key components of the kinship logic model is that kinship counties wanted to increase supports and services to caregivers. As described in 5.3.1.3, at a systems-level kinship counties are able to provide more supports and services to kinship caregivers. In this section, we explore whether, at a case-level, kinship caregivers received more supports and services in kinship counties compared to other counties.

Services/Supports Provided: PCSA staff were asked to record all services and supports provided in each case surveyed – both those provided directly and those purchased by the PCSA.¹² Table 5.13 compares the number and percentage of cases in which at least one service was provided directly or purchased. At least one service was provided directly in 30% of the surveyed cases (as many as 13 separate types of services were reported per child), while 39% of the cases had at least one service purchased. Though no significant differences were found when comparing the kinship cases to the other county groupings, there is a significant difference between the demonstration and comparison counties with regard to both the services purchased and the combination of services provided directly or purchased, indicating a correlation between the waiver and an increase in services for kinship caregivers.

Informal Placements: Services and Supports

No substantial differences were found with regard to the overall provision of services and supports to informal placements as compared to more formal placements. Proportions of informal placements in which at least one service, support, or one of either, were provided, were very close to those presented for the matched group in Table 5.13. While this would seem to indicate that informal placements were as likely to receive any services or supports, overall figures were very low due to difficulty in capturing this information (Section 5.1.2.2).

Table 5.13: Services and Supports for Children in Kinship Placements				
	Kinship (n=67)	Other Demonstration (n=118)	Comparison (n=257)	Total (n=442)
At least one service provided directly	30% (20)	32% (38)	30% (76)	30% (134)
At least one support purchased*	42% (28)	50% (59)	34% (86)	39% (173)
At least one service/support was provided directly or purchased*	57% (38)	65% (77)	51% (131)	56% (246)

Table 5.14 shows the most commonly documented services provided to the kinship caregivers, either directly or purchased by the PCSA. The services most frequently directly provided include transportation, in-home family services, mental health assessments and therapy, and legal services. Those most frequently purchased include clothing, food, and furniture/appliances.

¹² See Section 5.1.2.2 for more details about the challenges of data collection regarding services and supports.

Table 5.14: Types of Services/Supports Provided Directly or Purchased				
	Services Provided Directly		Services Purchased	
	Number of Children (n=134)	% Children w/ at least 1 service provided	Number of Children (n=173)	% Children w/ at least 1 service purchased
Transportation	34	25%	13	8%
In-Home Family Services	32	24%	1	< 1%
Mental Health Assessment	25	19%	6	1%
Legal Services	24	18%	1	< 1%
Mental Health Therapy	23	17%	4	< 1%
Furniture/Appliance Purchases	13	10%	21	12%
Child Care	11	8%	13	8%
Drug or Alcohol Treatment	10	8%	4	1
School Expenses/Supplies	10	8%	7	4%
Respite Care	8	6%	3	< 1%
Utilities	5	4%	7	4%
Clothing	0	0%	79	46%
Groceries	0	0%	45	26%
Rent	0	0%	7	4%
Number of cases with at least one service provided directly	134	100%	173	100%

Child Care: The study team heard from both kinship staff and kinship caregivers that child care is a much needed support that is not always readily available for kinship placements. One caregiver interviewed stated that “losing day care supports when we gained legal custody of the children made things much more difficult. We plan to utilize Title XX for day care support, but have had a difficult time finding care and figuring out how to cover child care in the meantime. The KPI funds we receive are helpful but barely keep the children in pull-ups.” Thus, although the data has limitations, we provide here more information on this particular support.

Eleven children received day care supports directly from the PCSA. Three of these children were in the kinship counties, two in the other demonstrations, and six in the comparison counties. These numbers are quite small, representing less than 5% of the kinship cases; either the unmet need for child care remains high among kinship cases, or the data is incomplete; nonetheless, it is worth noting that the proportion of cases that received child care support is highest in the kinship counties (4.5% as

compared to 1.7% (other demonstration) and 2.3% (comparison)). These children were most commonly in the custody (temporary or permanent) of the PCSA at the time of placement (9 of 13).

Collecting financial data on the amounts spent to *purchase child care* was even more challenging than the receipt of services themselves (Section 5.1.2.2). However, estimates of spending for child care were available for most of the 13 cases included in the “services purchased” columns in the table above. In 10 of the 13 cases over \$550 was spent per case. As in the direct provision of child care supports, purchased supports were slightly more common in the kinship counties; of the 13 cases in which child care was purchased, five were in kinship counties, three were in other demonstration counties, and five were in comparison counties (7.5 % as compared to 2.5% in other demonstrations and 1.9% in the comparison counties).

Because more precise figures were not available, nor was the survey designed to collect them, the study team cannot complete any more thorough cost analysis on this topic. However, such analysis would be of interest to the waiver counties should an extension be granted, and the availability of SACWIS services data linked to service expenditures would support the ability to do more sophisticated analyses of services use in the future.

Kinship Caregiver’s reports of services and supports provided by the PCSAs: Caregivers interviewed in 2008 described a variety of services and supports which they received as kinship caregivers; this list is quite similar to the services and supports collected through the kinship survey. When specifically asked which services and supports were most helpful, caregivers most often described the following types of support: caseworker support/rapport, clothing/groceries/vouchers, financial supports, kinship navigator or kinship ‘program,’ child care, and furniture. Caregivers were also asked what kinds of services/supports would have been helpful, but were not provided; many caregivers mentioned some of the services described above (which they did not receive, i.e. financial supports, transportation, child care), and several caregivers expressed frustration at being ‘cut off’ from supports they had been receiving once legal custody was granted.

The study team also asked the caregivers whether they received assistance navigating other support systems, such as TANF, WIC, mental health services, etc. Only twelve caregivers reported receiving assistance beyond referral to other providers. For example, caregivers described assistance in setting up appointments, assistance with paperwork for medical or TANF benefits, or transportation assistance for appointments for other service providers. The vast majority of caregivers said they did not recall receiving any more than a referral, and many described feeling that they had been entirely on their own with regard to finding and securing supports such as medical coverage, food stamps, or TANF benefits.

To what extent are kinship caregivers involved in family team meetings for children in their care?

In conversations with kinship counties, several PCSAs discussed how they have tried to utilize FTMs to both identify and support kinship caregivers - these meetings provide a process to regularly check in with caregivers and determine how they are doing. To explore the use of FTM with kinship cases, the kinship survey captured the number of FTMs which took place during the kinship placement and whether or not the kinship caregiver attended each of the meetings. A total of 452 meetings were reported for 187 children. Across all county groups, kinship caregivers attended at least one FTM meeting in 75% of the cases (140 of 187), indicating that FTM practitioners generally try to include

caregivers. Even more interesting; however, is the difference in caregiver attendance among county groups: caregivers in the kinship counties attended at least one FTM more often than did caregivers in the comparison counties, 90% (35 of 39) compared to 72% (72 of 100); this difference is statistically significant and suggests an interaction between the FTM and kinship strategy.

In general, kinship caregivers value the opportunity to be part of FTMs; several kinship caregivers described why their experience with FTM was positive during our interviews:

- “[FTMs] were helpful because if anyone had any questions, this was the time to ask them. These really work well when everyone gets together; the agency even wanted my input.”
- “[We] went to about four of these meetings, held about every three months. [The caseworker] was good at keeping us informed so nothing was surprising. We knew most of the information shared at these meetings. But I got to say what I thought was best for the child and they [the PCSA staff] supported my opinions.”
- Several caregivers also noted that FTMs prior to the caregiver pursuing or receiving custody were helpful but that caregivers either chose not to attend to avoid conflict, or experienced too much conflict for the meetings to be of value once they were pursuing custody of the children.

Informal Placements and Family Team Meetings

Only 35% of the children in informal placements had at least one FTM (45 of the 128). Of those 45 cases, 20% (9) had their kinship caregiver in attendance at one of those meetings. While kinship strategy counties only made up 12 of the 128 placements overall, 11 of those had at least one FTM, or 92%. Further, 55% (6 of 9) of those cases had a kinship caregiver in attendance for at least one meeting.

Conversely, some caregivers did not feel as comfortable with the FTM process. For example, one caregiver described how they felt that the birth parents’ views were given greater weight; she felt the caseworkers and others in the meeting didn’t really understand the case history and treated the caregivers as adversaries.

Summary: The kinship survey case-level analysis provides rich detail about kinship placements in 33 of the ProtectOhio counties. Interesting findings that set the kinship counties apart from the other counties include:

- More non-relatives were represented in the kinship counties than in the comparison counties.
- Custody arrangements are complicated, but kinship caregivers were more often offered and awarded legal custody in kinship counties than in comparison counties.
- Many different services and supports are purchased or provided during kinship placements; at least one occurrence of service provision or purchase occurred more often in demonstration counties than in comparison counties.
- Kinship caregivers more often attended at least one FTM in kinship counties than in comparison counties.

- Children and caregivers were not found to be substantially different with regard to gender, age, race, or caregiver relationship to child in a small group of informal placements when compared to more formal placement, nor were differences observed with regard to the provision or purchase of services.

The next section further describes what was learned about the kinship caregiver perspective through the caregiver interviews conducted in 2008.

5.4 THE KINSHIP CAREGIVER PERSPECTIVE

While the kinship survey provides a wealth of information about the activities which occur during kinship placements (i.e. length of placement, custody changes, services provided), caregiver interviews provide a valuable perspective on the overall experience of kinship caregivers which is not necessarily conveyed by the kinship survey data. The caregiver perspective offers insight regarding why kinship caregivers take on this responsibility, what makes them feel valued, and how they could be better supported. It is important to remember that this analysis is simply descriptive of the caregiver experience; the study team does discern differences among county groups.

5.4.1 Overall Caregiver and Child Experience

Over half of the caregiver interviewees described their kinship caregiver experience as positive (56%), and an even larger majority (69%) felt the placement had been helpful to the child. Caregivers who had a positive experience themselves talked of the joy the children brought them, and feeling as though the children were ‘their own’. Comments from these caregivers included:

- “A three year old is tough, but I have much love for children and it’s very important to be a kinship caregiver, to have a lot of patience....”
- “[The children are] a little piece of heaven.”
- “I would fight like hell if someone wanted to take them away now.”

Over a third of caregivers (37%) described a mixed or neutral experience as a kinship caregiver. They talked about enjoying being a caregiver, but struggling with the transition to parenting, finances, meeting the needs of the child in their care (i.e. behavioral or emotional issues), and of conflict with the birth parents and the PCSA agency. A few comments to highlight these struggles include:

- “It would have been better if [we] had more support from the agency. But emotionally, it was really great, knowing the kids were with family and not in foster care.”
- “We were the only real parents she ever knew. But we were truthful with her about what was going on and the agency wasn’t. The agency wanted to reunify and they made lots of promises they didn’t keep.”
- A caregiver described the placement as difficult in the beginning, because so many things were up in the air, and they didn’t originally intend to be a permanent placement for the child so it was difficult to know how much to bond, how to help the child transition. However, this caregiver stated that “now it is wonderful” and she and her husband “are her parents.”

- A caregiver described that the kinship placement was hard because she had to focus on the child and not herself, that she was used to independence and that she found working and finding child care particularly challenging.

5.4.2 Level of Support from the PCSA

Caregivers were also asked to describe experiences in which they felt very well supported by the PCSA in taking care of the child(ren). In response to this question, caregivers described making difficult decisions about taking placement of children or ending a placement, and having support through court processes, or interactions with birth parents or other family members. The examples below illustrate some of the experiences of caregivers:

- A caregiver described the caseworker being very supportive when the caregiver was making the decision that she wasn't able to care for the youngest of a sibling group any longer. This was a difficult decision and the caseworker helped the caregiver to realize that she wasn't doing anyone any good struggling like she was with two toddlers in the house. The agency pulled all the family members together to talk through a solution.
- A caregiver described the caseworker 'standing up for her' in court during the hearing for receiving legal custody. She stated that when he gave his opinions and findings she felt he was on her side; he sat by her while they waited to begin and explained everything that would happen. The caregiver stated that this helped her to feel good, stronger, like she was getting some power back after feeling 'shut out' of the system.

About half of the caregivers were able to identify and describe an experience during which they felt they did not have the full support of or were in conflict with the PCSA. The following examples illustrate the variety of frustrating or difficult caregiver experiences with the PCSA:

- Feeling not listened to, or the PCSA 'taking side of' or otherwise supporting birth parent(s): a few caregivers described their concerns about the PCSA moving towards reunification, or reunifying children too quickly, or without enough 'checking' to be sure the birth parent(s) were really ready and stable.
- Frustration with caseworkers who were confused, uninformed, not culturally competent, or otherwise seemed to not be able to assist caregivers: one caregiver described a caseworker as 'acting suspicious and nasty' and not understanding why the caseworker was always questioning the caregiver's actions. Another caregiver described frustration that the caseworker didn't follow up on things she said she would do and always claimed there was no money available to help them.
- Frustration with lack of information: One caregiver described being frustrated that not all information could be shared with her, especially with regard to information on the children's medical needs and how the birth mother's case was progressing. This led to the caregiver feeling as though she had no rights, in contrast to the birth parents' many rights in the case. The caregiver felt the PCSA dragged out the reunification attempts for too long and found her lack of control of the situation difficult.

- Frustration with the level of services and support available: Several caregivers described a general lack of support, or the PCSA not being able to help with specific needs, such as counseling, financial difficulties, or assistance with the school system.

5.4.3 Permanency Options

Caregivers who had children with them at the time of the caregiver interviews (n=40) were asked how permanency options were explained, and why they decided to take legal custody or guardianship of a child, if they did so. Some caregivers described confusion and lack of understanding around permanency options, while others felt very well supported by their caseworkers with regard to understanding plans for permanency for the child. The following stories provide examples of caregiver perspectives on permanency/end of placement for caregivers who felt well informed of permanency options:

- A caregiver stated that the caseworker had discussed types of custody with her but the caregiver didn't really want anything to prevent the birth parents from getting the children back if they 'got their act together.' Legal custody felt like the best option because the caregiver felt in control, but if the birth parents work things out, they won't have lost all their rights.
- A caregiver stated that she felt really well informed, that the caseworker had discussed options for the child throughout the placement, including what support she would have given each permanency option. The caregiver also stated that she was very upfront with the agency and caseworkers about her desire to know what was going on and the chance of reunification because she knew that if she had the children longer than a year she would not want to give them back. She was clear with the agency that she would fight hard to keep them. However, the caregiver decided to pursue legal custody without the PCSA initiating it because she felt it would mean more to the child if it came from the caregiver.

Summary: Caregivers in all three types of county groups describe the experience of kinship caregiving as both positive and challenging. Interactions with children as well as the PCSA and other community providers, and financial struggles are some of the challenges faced by caregivers. Caseworker support and emotional connections to the children in their care were often cited during our interviews as driving forces behind caregivers maintaining placements.

5.5 WHAT DID THE STRATEGY ACHIEVE?

In developing the kinship strategy, the six ProtectOhio counties believed that by focusing on systematically supporting kinship caregivers, agency practices would shift, children would be placed with kinship caregivers more often, and ultimately, outcomes for children placed with kinship caregivers would be positively impacted. This section explores how the strategy has influenced changes at the system-level; we also report findings related to case-level outcomes for children placed with kin.

5.5.1 System Level Outcomes

This section describes PCSA perceptions of the impact of the kinship strategy on agency operations, presents county-level data on changes in the overall volume of kinship placements used, and reports the

rankings of counties on the kinship index, a scale devised to classify counties on overall efforts to support kinship caregivers.

5.5.1.1 Kinship Impact on PCSA

Through county interviews and the management survey conducted in 2009, the study team explored how much the kinship strategy impacted practice and agency culture in the six kinship counties. All six counties reported that the strategy had a positive impact on child welfare practice in their community. Four kinship counties categorized the impact as ‘significant’, while the other two counties indicated ‘some impact’. Counties recounted how the strategy has helped them to (1) focus on developing resources and removing roadblocks for caregivers, (2) reinforce a focus on supporting kinship caregiving as an alternative to placement, and (3) provide permanency for children more quickly. Further, three kinship counties indicated that the strategy had a significant impact on the culture of their agency, and two other PCSAs described ‘some’ impact on culture. As a manager in one strategy county wrote:

The culture of [our] agency clearly prefers kin - and giving guardianship or legal custody to kin - over other placement types. If a child cannot stay at home, the child should stay with relatives or kin. If no relatives or kin are available, the child can then stay with one of our foster families. While we have high quality foster families, agency culture believes that the child should stay with relatives as long as they are available and appropriate.

5.5.1.2 Volume and Utilization

By identifying, recruiting, and supporting kinship caregivers, strategy counties hoped to increase the number of children who were placed with kin. The study team used the Caseload Dynamics Reports (described in Chapter 1, Section 1.2.2.2) to explore the volume and utilization of formal kinship placements by county groupings. Specifically, the study team looked for trends in the number of children exiting PCSA custody to custody of kin and the percent of children placed with relatives and non-relatives, over time throughout the two waiver periods and since the beginning of the kinship strategy, comparing kinship counties to other demonstration and comparison counties. These trends offer some insight into the question: are more children placed formally with kinship caregivers in kinship counties and do more children in kinship counties exit to the custody of kin?

Chart 5.1 examines the percentage of all agency placements where children exited to a relative caregiver across county groups. This chart shows that kinship counties had a slightly higher percentage of children exiting to kin, suggesting that, even prior to the kinship strategy, kinship counties used kinship caregivers as a permanent setting for children. Findings from the Participant Outcome Study also examine the effect of the waiver on exit types. This analysis provides evidence of a significant increase in custody to kin or third party in five demonstration counties (two kinship counties) due to the waiver, as well as an overall significant increase in custody to kin or third party among demonstration counties, reflecting the second waiver’s kinship strategy and the overall increased attention paid by demonstration counties to finding kin caregivers (see Section 9.5).

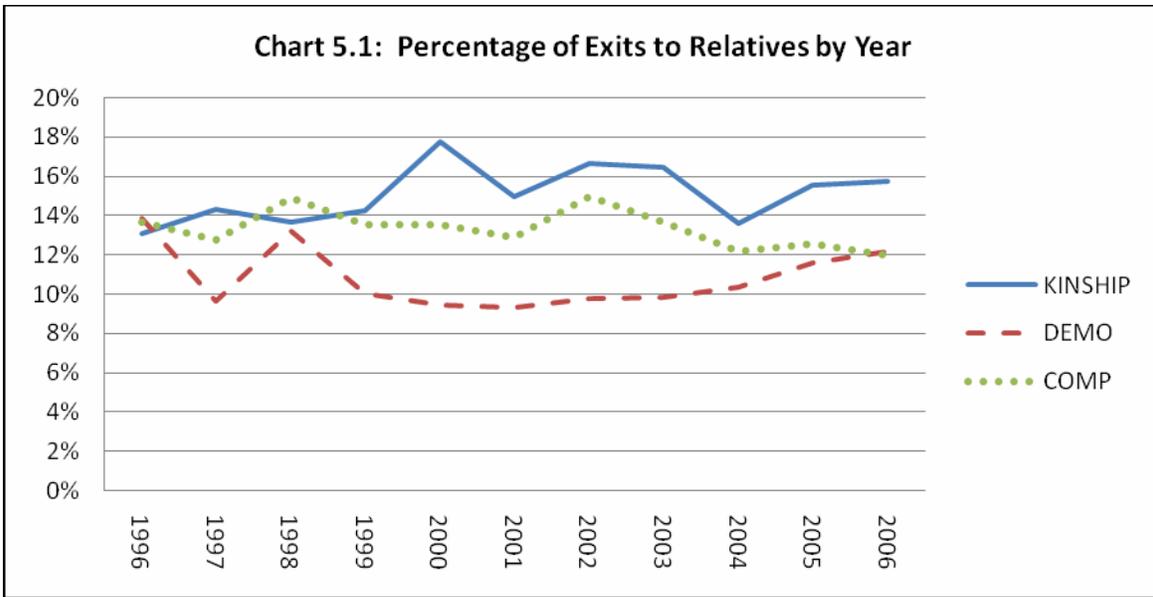
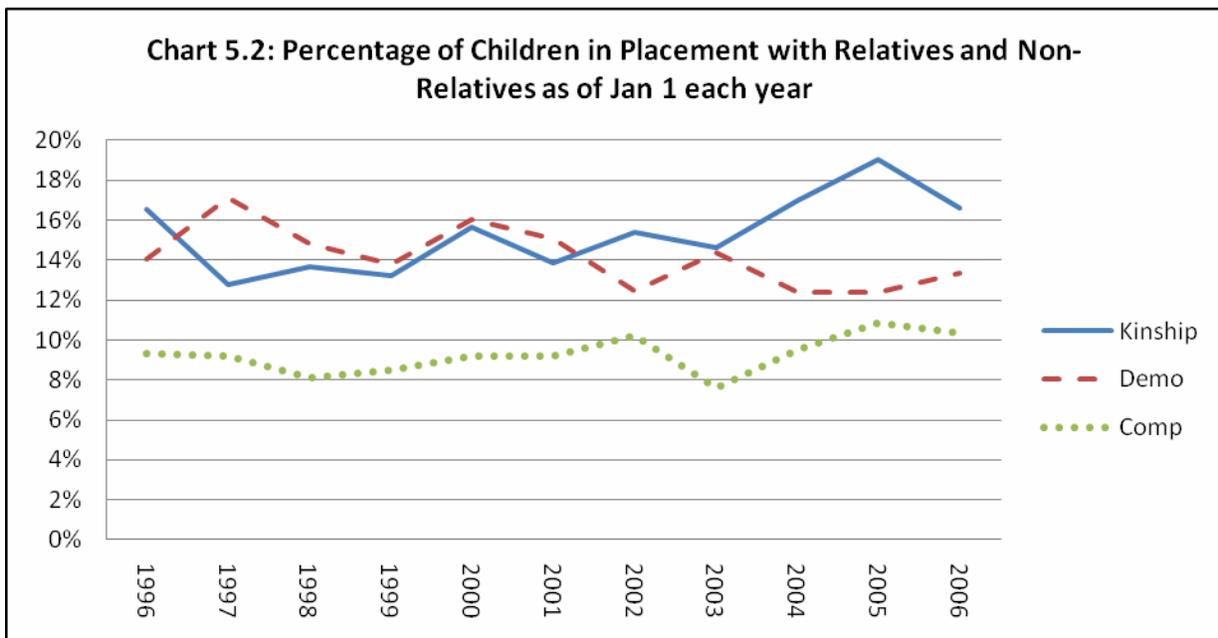


Chart 5.2 provides a graphic representation of the number of children placed ‘formally’ (e.g. with agency custody) with kin on the first day of every year, shedding further light on the volume of children in kinship settings. This chart illustrates that, again, kinship counties appear to place a slightly greater proportion of children in kinship placements, relative to other demonstration and comparison counties. Here it is also interesting to note that the comparison county trend line consistently falls below both the kinship county and other demonstration county lines, suggesting that demonstration counties utilized kinship caregivers more frequently than in comparison counties, perhaps due to the flexibility of waiver dollars to support these placements (i.e. providing supports and services to caregivers); however, it is also important to notice that this trend begins prior to the beginning of the first waiver (1997), suggesting a focus on working with kinship caregivers even before the first waiver began.



Finally, it is also interesting to note that the difference between kinship and other demonstration counties is more pronounced since the beginning of the strategy (2005), suggesting that the kinship strategy did have an impact on the number of children formally placed with kinship caregivers. While these data do not take into account differences in case mix across the counties, it suggests that the six kinship counties have collectively increased their use of kinship caregivers in cases where they maintain custody of the child.

5.5.1.3 Kinship Index

Throughout this chapter, the study team has emphasized differences between kinship and other counties on a variety of topics (i.e. staffing structure, services), in an effort to describe the impact of the kinship strategy. Qualitative interviews reveal variation across all counties in how systematically agency staff identifies, recruits, and supports kinship caregivers. Interviews also revealed that while many of the kinship counties had changed agency practice to support kin, several counties in the other county groupings had made similar changes in their agency practice. While common themes appeared across these counties, the study team saw a need to summarize our understanding of a county’s overall attention to supporting kinship caregivers. In an effort to capture this variation, the evaluation team has developed a ‘kinship index’. The Index delineates the 35 evaluation counties into ‘high’, ‘medium’, and ‘low’ attention to supporting kin; this categorization will be used to explore whether counties’ differing rankings on the kinship index have an impact on case-level outcomes.

The kinship index was first developed in preparation for the Interim Evaluation Report (HSRI, 2003). Since publication of that report, the evaluation team refined the index to include more concise information which was consistently collected from all 35 counties during site visits and telephone interviews in 2007 and 2008. During PCSA interviews, managers and kinship staff described the scope of supports available to kinship families, allowing the evaluation team to better focus on the realities of kinship support practice.

Table 5.15 presents the categorization of all 35 counties based on their level of emphasis on utilizing and supporting kinship placements.

Table 5.15: Score on Final Kinship Index			
	Kinship (n=6)	Other Demonstration (n=12)*	Comparison (n=17)
Low (score of 13-21)	--	25 % (3)	29 % (5)
Medium (score of 24-43)	33 % (2)	42 % (5)	47 % (8)
High (score of 47-70)	67 % (4)	33 % (4)	24 % (4)

** Score ranges are not continuous; county scores naturally clustered into these groupings.*

Overall, the kinship counties appear to be more focused on supporting kin than the other demonstration and comparison counties, although the small group sizes make any statements about statistical

significance inappropriate. The kinship index generated scores for each county between zero and 100 points. The mean score was 37. The lowest county score was 13, the highest 70.

The study team explored using the Kinship Index groupings to further examine child level outcomes but findings did not correlate to outcomes. This merits additional study in the future; we feel that a more thorough understand of the impact of a high level of support to kin placements would be highly valuable to the field.

Summary: All six kinship counties report that the strategy had a positive impact on child welfare practice in their community; four kinship counties categorize the impact as ‘significant.’ This is reflected in both the caseload dynamics analysis, which indicates that kinship counties see higher rates of both placements with and exits to kin, and in the study team’s kinship index construct, in which four kinship counties fall into the high category, and two into medium.

5.5.2 Child-Level Outcomes

The study team intended to examine case-level outcomes for children for whom the first placement captured in the survey matched with that child’s first case episode during the second waiver period per SACWIS data. We presumed that this would be a subset quite close to the set for which we did our survey analysis (n = 442), since those placements were matched with FACSIS data indicating a placement with or exit to kin (recall that this information was used to create the survey sample). However, it was not possible to establish a solid case episode for these purposes, because, as noted earlier in this report, case open and close dates approximating those found previously in FACSIS were not able to be adequately drawn from SACWIS. Instead, the study team worked with two sets of children for outcomes analysis: 1) children who were in foster care and exited to kin (n = 142), and 2) children who either were placed with kinship caregivers, as well as those who were placed with and exited to kinship caregivers (n = 300).

The adjustment in the usable child population led to some modification in the case-level outcomes that could be studied. With respect to child safety, the study team explored two outcomes for group 1 and group 2 (n = 442):

- Occurrence of abuse/neglect during a kinship placement episode (KPE)¹³; and
- Occurrence of abuse/neglect after KPE end

For outcomes regarding placement end and length, we examined two outcomes for group 2 only (n = 300):

- Where children were at the KPE end; and
- Length of time in the first KPE

¹³ For the purposes of outcomes analysis, we approximate an ‘exit destination’ outcome for the children in the kinship survey by developing a construct we call kinship placement episode (KPE), which begins with the date for kinship placement start, and ends with the first occurrence of the following; the child’s physical move out of the kinship home, or the award of legal custody to the kinship caregiver with whom the child is placed. We refer to this end as kinship placement episode end or KPE end.

Where appropriate, the study team analyzed differences among county groups and among demographic subgroups. However, these analyses do not control for underlying population differences among counties, and thus findings should be viewed as exploratory.

5.5.2.1 Safety: Occurrence of abuse/neglect during or after a placement

In an effort to examine whether children were at least as safe in kinship placements under the waiver as were their counterparts in non-waiver counties, the study team looked for incidents of abuse or neglect during and following the kinship placement episode described in the kinship survey (defined above in 5.5.2). Overall, very few children were found to have such incidents during their placement with kin, just 13 of the 442 children included in this analysis, across all county groups, or three percent. Similarly small figures were found for incidents occurring after a kinship placement; only 20 of the 244 children who left their kinship placements experienced an incident within a year of their physical move away from kinship placement¹⁴. The small overall total and resulting small county group totals do not enable us to test for significant differences among county groups, nor do they allow for examination of patterns with regard to demographics. However, the small percentages do seem to refute the concern raised by some workers regarding the safety of relative caregiver homes.

5.5.2.2 Kinship Placement Episode End

As defined in 5.5.2, this analysis utilizes kinship placement episode constructed by the study team to examine where the children were when that placement episode ‘ended’ via either permanency with the kinship caregiver through legal custody, or the child’s physical move away from the first surveyed kinship placement. The children and placements utilized in this analysis are those who had a sampled placement (group 2 as defined above), rather than only an exit to kin, and for which an ‘end’ can be determined (i.e. either permanency with kin was established in the form of legal custody, or the child physically left the kinship placement); the latter condition reduced the number of cases from 300 to 271. For these 271 children, the study team examined where the child went at the ‘end’ of that placement (see Table 5.16)¹⁵. The category of substitute care includes children who moved from the first kinship placement into either foster care or a group home/residential care setting. The category ‘another kinship placement’ includes children who physically left the first kinship placement and moved into another kinship placement. Such a move could arguably be considered either a positive or negative change – movement in itself is less stable, but remaining in a kinship placement setting is usually a positive alternative to moving to a substitute care setting.

¹⁴ Sufficient data covering at least 12 months following KPE end was available for all 244 children.

¹⁵ Three children (all from other demonstration counties) are not included in the table – they physically left the kinship placement through adoption, ‘aging out’, or entering detention.

Table 5.16: End of Placement: County Groupings				
	Kinship	Other Demonstration	Comparison	Total
Legal Custody with Kinship Caregiver*	48% (21)	32% (25)	28% (41)	32% (87)
Reunification (Birth Parent)*	20% (9)	23% (18)	36% (52)	29% (79)
Substitute Care	23% (10)	30% (24)	23% (33)	25% (67)
Another Kinship Placement	9% (4)	15% (12)	13% (19)	13% (35)
Total	44	79	145	268

The children in the kinship group more often ‘ended’ their placements in the legal custody of their caregiver than did those in either the other demonstration or comparison county groups, 48% compared to 32% and 28% respectively. The difference between the kinship county and comparison county groups is statistically significant. In contrast, the children in the kinship counties were significantly less likely to reunify with a birth parent than the children in the comparison counties, 20% compared to 36%. This difference is also statistically significant. No substantial difference is seen in the number of children ending the placement by returning to substitute care.

Demographic factors and ‘end of placement’: Independent of the central study questions about the impact of the kinship strategy and/or the waiver on child outcomes, the study team chose to also examine a variety of child characteristics for any association with the child’s kinship placement end. These analyses are purely descriptive, illustrating associations but not implying causality, and should be viewed in the context of other survey related findings. As Table 5.17 indicates, the caregiver’s relationship to the child shows some slight relationship to placement ending. Children having grandparents as their kinship caregiver seem to slightly more often go to legal custody of a relative, than they go to reunification with a birth parent or into substitute care; for aunts and uncles reunification was most common, and for non-relatives, substitute care. However, it is important to note that the kinship strategy group had more non-relatives overall, as well as more legal custody over all, so it is difficult to discern whether the relationship or the county focus resulted in the number of these caregivers who received legal custody.

Table 5.17: End of Placement by Caregiver Relationship to Child						
	Grand-parent (n = 98)	Aunt/ Uncle (n = 84)	Non- Relative (n = 39)	Other (n = 41)	Unknown (n = 6)	Total (n = 268)
Legal Custody with Kin	41% (40)	21% (18)	31% (12)	41% (17)	0	32% (87)
Reunification	32% (31)	42% (35)	13% (5)	12% (5)	50% (3)	29% (79)
Substitute Care	16% (16)	24% (20)	41% (16)	32% (13)	33 % (2)	25% (67)
Another Kinship Placement	11% (11)	13% (11)	15% (6)	15% (6)	17 % (1)	13% (35)

When the study team explored end of placement type by race and age grouping, the comparisons showed interesting results. With regard to age groupings (age at placement: infants under one year; children between 1 and 13 years, and teens ages 13 – 18), we found that children between the ages of 1 and 13 are significantly more likely to reunify than those 13 – 18 years of age (34% as compared to 19%). Likewise, children aged 13 – 18 are significantly more likely to end a kinship placement in substitute care than children between 1 and 13 (36% as compared to 22%). With regard to race, significantly more Black children than White or other children are exiting a kinship placement into substitute care. In order to explore whether the demonstration counties differed from the comparison counties in where children of different races went following kinship placement, the study team ran analyses on the races of children exiting to substitute care across the waiver groups (see Table 5.18).

Table 5.18: Children Ending Kinship Placement in Substitute Care by Race and County Group			
	Black	White and Other	Total
Demonstration Counties*	59% (16)	45% (18)	34
Comparison Counties	41% (11)	55% (22)	33
Total Children Ending Placement by going to Substitute Care	27	40	67

We found a significant difference between the categories ‘Black’ and ‘White and other’ regarding children exiting to substitute care only in the demonstration counties; 59% (16 of 34) of Black children exited to substitute care, as compared to 45% of White and other children. In contrast, 41% (11 of 33) of Black, and 55% of White and other children exited to substitute care in the comparison counties.

5.5.2.3 Length of time from Placement to “end” of placement

Kinship strategy counties expected that children would reach permanency more quickly under the strategy, and that the PCSA would be able to more quickly close cases. In order to explore this hypothesis, the study team examined length of time from start to end of kinship placement (with ‘end’ defined as either permanency with caregiver via legal custody, or physical move from placement). Although we found no statistically significant difference among the groups, Table 5.19 shows that length of stay was longer for children in the kinship counties than for those in the comparison county group, a difference that neared significance (p=.063). This finding may reflect the same phenomenon suggested above (Section 5.5.2.3 and Table 5.18): demonstration counties are focus on supporting children in birth homes whenever possible, so once a removal occurs, other permanency options must be achieved, and these permanency options require more time to complete (i.e. legal custody, adoption).

Table 5.19: Mean and Median Length of stay in Kinship Placement in DAYS by County Group				
	Kinship (n=44)	Other Demonstration (n = 81)	Comparison (n = 144)	Total (n = 269)
Mean length of placement ¹⁶	216 days	154 days	150 days	162 days
Median	151	87	77	86
Standard Deviation	205	157	184	181

Length of Placement by ‘End’ Type: Independent of the effect of the waiver or the kinship strategy, the study team chose to further explore the length of kinship placements by examining whether particular types of ‘ends’ of placements were associated with a longer or shorter mean length of stay (Table 5.20). Overall, children moved most quickly to another kinship placement or substitute care (in terms of mean as well as median number of days), and those who reunified with a birth parent or went to permanency with kin stayed in the kinship placement longer. It took an average of 204 days for children to find permanency with kin via legal custody, but the median time was actually shorter than for reunification, only 144 days. As noted above, the legal custody process is often not simple or speedy for caregivers– and PCSAs, and families, tend to delay such pursuits until they can be certain reunification is not a possibility.

¹⁶ For Tables 5.23 through 5.26, placement length is determined by ‘end’ as defined previously: LC to kin or physical move, whichever is first)

Table 5.20: Mean Length of stay in Kinship Placement in DAYS by END types					
	Permanency with Kin (LC) (n = 87)	Reunification (n = 78)	Substitute Care (n = 66)	Another Kinship Placement (n = 35)	Total (n = 269)
Mean length of placement	204 days	187 days	112 days	108 days	162 days
Median	144 days	149 days	44 days	63 days	86
Standard Deviation	194 days	194 days	161 days	111 days	181

Demographic factors and length of placement: When the study team examined the difference between race and age with regard to length of placement, no statistically significant differences were found. However, length of stay was shorter for Black children than for White and Other children both in median and mean; the median placement length for Black children being 71 and for White and Other children 101 days. The difference in means (134 and 175 days respectively) neared significance ($p = .057$).

Summary: In terms of child-level outcomes, the study team was not able to draw any conclusions regarding safety; the total number of children in our survey that experienced abuse or neglect during a kinship placement or following a kinship placement was quite low. The study team is able to report that, in our survey, children in the kinship counties were more likely to ‘end’ a kinship placement in the legal custody of a kinship caregiver but less likely to reunify with a birth parent, relative to those in the comparison counties. Examination of the length of time spent in kinship placement indicates that children’s kinship placements are longer in the kinship counties.

5.6 SUMMARY

This chapter illustrates how six kinship strategy counties support kinship caregivers and describes interesting differences between kinship counties and other demonstration and comparison counties. Because of the small number of counties involved in the strategy, it is difficult to generalize the overall impact of the waiver in the strategy counties. However, some notable differences are apparent.

In terms of process and implementation findings, the following differences were found between kinship counties and other counties.

- County staff report a shift in agency culture in kinship counties which emphasizes the value of kinship placements.
- Kinship counties more often have designated positions to support kinship caregivers, and these designated workers have more responsibilities than designated staff in other counties.

- Kinship counties appear to provide more hard goods and services needed by kinship caregivers to help them care for the children living with them.
- Kinship counties more often offer legal custody to kinship caregivers, giving children permanency and providing caregivers with legal authority to care for the children.
- Caregivers in kinship counties appear to be more often involved in FTMs, allowing the caregivers to advocate for their children.
- Use of the kinship index suggests that kinship counties have more efforts in place to utilize and support kinship placements.
- Use of caseload dynamics reports suggest that the proportions of exits from placement to a kinship caregiver and of formal placements with kinship caregivers are higher in the kinship strategy group.

Together, these differences indicate that kinship counties have been successful in enhancing their kinship supports.

In contrast, at the county level, the study team found that kinship counties have *not* been able to use waiver flexibility to enhance some supports to caregivers, compared to other county groups. In particular, practices related to identifying and recruiting kinship caregivers are not differentiated by involvement in the kinship strategy. Also, while kinship counties expressed a desire to support kinship caregivers with financial payments to reduce the hardship of caring for children who might otherwise be placed in foster care, we find that few counties, kinship or otherwise, are able to directly provide financial support to caregivers.

In terms of child-level outcomes, the study team found that children in the kinship counties were more likely to be in the legal custody of a kinship caregiver at the ‘end’ a kinship placement episode but less likely to reunify with a birth parent following such an episode, relative to those in the comparison counties. Based on our qualitative interviews with the county staff, the lower likelihood of reunification in the kinship counties could be due to strategy county efforts to utilize kinship placements when reunification is not likely. Examination of the length of time spent in kinship placement indicates that children’s kinship placements are longer in the kinship counties, though this could be due to the higher rate of placements ending in legal custody, a process that is known to take more time due to court procedures.

Given the varying evidence presented here regarding the impact of the kinship strategy on the nature and volume of supports provided to kin caregivers, as well as on outcomes for children who have lived with kin, the study team recognizes the importance of further research in this area. The kinship counties are committed to the strategy: in the 2009 management survey (Appendix B.1) the kinship county PCSAs stated that they will continue the kinship strategy if the waiver ends in July 2010, with four of the six kinship counties anticipating no changes to their kinship strategy efforts; two kinship counties indicated that the kinship strategy would be modified, one of which indicated that that financial supports would be very limited.

Managers were also asked how they would continue the kinship strategy if the waiver ends: one county respondent said they would simply make internal adjustments, four indicated they would look

for other PCSA resources, and one said they would look outside the PCSA for additional funding. In short, while kinship counties realize that loss of waiver funding will probably impact their kinship practice, they remain committed to continuing to support kinship caregivers to the best of their ability, believing that despite the current fiscal environment in Ohio, the practice of placing children in their communities with caregivers they know is truly in the best interest of these children.

It is better for children to be with kin, so we will find ways to make it work. Since the kinship strategy is best practice in the best interest of children, [our agency] will find some way to continue placing children with kinship families. However, financial support will be much harder to find for the support of these families. With the economic hard times, the fear is that due to a lack of financial support, many kinship families will not be able to maintain the children in their homes and custody to the agency will result with a greater impact on the agency budget which would then be passed on to the Title IV-E substitute care payment base.

-Kinship County PCSA Manager