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Suzanne T. Sutphin

*University of South Carolina*, [sutphist@mailbox.sc.edu](mailto:sutphist@mailbox.sc.edu)

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## Using Kinship Navigators to Assess the Needs of Kinship Caregivers

### Cover Page Footnote

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*Research Article***Using Kinship Navigators to Assess the Needs of Kinship Caregivers**

Suzanne Sutphin, PhD  
University of South Carolina

**Abstract**

Kinship care is a viable alternative to foster care for many children, however, the proper supports and services must be in place for the families. This article describes a kinship navigator program for children and kin caregivers involved in Child Protective Services in-home treatment cases. The program was piloted over a three-year period to assess and address the service needs of kinship caregivers. Using the Family Needs Scale as a measurement tool, the results of the evaluation are provided along with a discussion of the need to support caregivers to provide the best outcomes for children in kinship care.

*Keywords:* kinship, grandparents, navigator programs

The Connecting for Kids: Kinship Navigator Program was a three-year demonstration program funded by the Administration for Children and Families as part of the 2008 Fostering Connections to Success and Increasing Adoptions Act. The program used kinship navigators to provide specialized service referral to kinship caregivers all of whom were caring for relative children who were a part of Child Protective Services in-home treatment cases. The child welfare agency contracted with kinship navigators, community support specialists, to assess the kinship caregivers for needed services and make the appropriate service referrals.

The kinship navigators were able to increase service identification for caregivers to help ensure that the child(ren) would remain with the kinship caregiver, instead of being placed in foster care, while the parents were participating in their treatment plan. The navigators were also able to alleviate some of the work of the social services caseworker, who was responsible for assessing and monitoring the family while they had an open Child Protective Services in-home treatment case. This article will present an overview of the process of using kinship navigators to work with the families and results of the evaluation of the program. The article will also provide information about the assessment of the families, services referred, services used, and satisfaction with the services received.

### **Literature Review**

Many children are diverted from foster care into kinship placements (Annie E. Casey Foundation, 2013; Geen, 2004; Wallace & Lee, 2013). The kinship caregivers, therefore, are fictive and non-fictive kin who are responsible for the care of children when their birth parents, the biological adults responsible for them, can no longer care for the children. As discussed below, kinship caregivers have a unique set of needs, and it is important to examine the needs of these caregivers and provide access to the appropriate supports so that the kin for whom they are caring can remain safely in their home instead of going into foster care. The need for services for kinship caregivers is established in the literature along with the lack of available resources and the lack of use of available services.

### **Benefits of Kinship Care**

There are significant benefits to placing children with relatives when their birth parents cannot care for them. In appropriate kinship placements, children can have

greater permanency and well-being compared to children in foster care (Metzger, 2008; Rubin, Downes, O'Reilly, Mekonnen, Luan, & Localio, 2008; Sakai, Lin, & Flores, 2011). For example, Zinn (2012) found that children placed with grandparents have low rates of placement disruption. Kinship caregivers usually live in close proximity to the children's biological parents and share the same sense of family and community. Also, with the proper supports, kin families are likely to be able to keep siblings together (Hegar & Rosenthal, 2009).

Children in kinship care often report a great attachment to the caregiver and the family (Hegar & Rosenthal, 2009). Children are usually familiar with the relative and are likely to have increased contact with their biological parents compared to being placed in foster care. They are also likely to experience greater stability and support in kinship care (Billing, Ehrle, & Kortenkamp, 2002; Dubowitz, Feigelman, Harrington, Starr, Zuravin, & Sawyer, 1994; Sakai et al., 2011; Winokur, Crawford, Longobardi, & Valentine, 2008).

Several studies have examined the outcomes of children in kinship care compared to those in foster care. In one study, the children in kinship care had "good or better outcomes" (Winokur et al., 2008, p. 344). Using data from the National Survey of Child and Adolescent Well-Being, Sakai, Lin, and Flores (2011) found that children in kinship care often have better behavioral outcomes compared to those in foster care. Children in kinship care have higher scores on expressive functions and are less at risk for delays in motor development and neurocognitive development compared to those placed in foster care (Stacks & Partridge, 2011). Infants have also shown the positive effects of kinship placements compared to foster care including decreased risk factors and a shorter time in the placement (Stacks & Partridge, 2011).

**Service Needs for Kinship Caregivers**

To maintain the children safely in the homes of kinship caregivers, many studies have identified the need to provide services to the caregivers. These needs have centered on the needs for financial resources, child care, legal services, and additional needs to support the family.

**Financial Needs**

Much of the identified needs for services for kinship caregivers has focused on the need for financial services (Chen, Hendrick, & Young, 2010; Coakley, Cuddeback, Buehler, & Cox, 2007; Landry-Meyer, 1999; Sakai et al., 2011). Many grandparents raising their grandchildren are low-income families and have a great need for financial resources (Ehrle, Geen, & Clark, 2001; Nelson, Gibson, & Bauer, 2010; Sakai et al., 2011; Sands & Goldberg-Glen, 2000). The lack of financial support increases the stress experienced by the grandparent (Dowdell, 1995; Sands & Goldberg-Glen, 2000). Kinship caregivers often do not use the financial resources available to them. In her study of kinship caregivers, for example, Dowdell (1995) found most of the caregivers in the study did not receive public financial assistance or food stamps even if they were eligible for the assistance.

Subsidized kinship care does not exist in many states (Nelson et al., 2010). The financial support offered by the state includes the Temporary Assistance for Needy Families (TANF) child-only welfare grant (Geen & Berrick, 2002), supplemental security income (SSI), (Ehrle & Geen, 2002; Ehrle et al., 2001; Murray, Macomber, & Geen, 2004) and social security for those who are eligible. TANF is part of a federal program created in 1996 to provide cash assistance to children and adults. Child-only TANF payments can be provided to children living in a home with no biological parent present, which make up the largest portion of the child-only TANF cases; however,

many eligible children are not enrolled and caregivers may not be aware of the child's eligibility (Mauldon, Speiglmán, Sogar, & Stagner, 2012). TANF payments vary by state and are usually less than a foster care payment (Ehrle et al., 2001). In their study of kinship caregivers, Gordon, McKinley, Satterfield, and Curtis (2003) found that many caregivers use the money saved for retirement to support the children in their care. These research findings point to the need to increase financial supports to safely maintain the children in the home and an increased awareness of the financial supports that are available.

### **Child Care Needs**

Previous studies have identified the need for childcare in addition to the need for financial assistance (Berrick, Barth, & Needell, 1994; Gerard, Landry-Meyer, & Roe, 2006; Sakai et al., 2011). Childcare services are often excluded from the service array of supports provided by the state for kin caregivers (Ehrle & Geen, 2002). In an interview of kin caregivers, many identified a need for child care to continue working (Coakley et al., 2007). Providing access to this service can reduce stress for the caregivers, which can improve their overall well-being (Gerard et al., 2006).

### **Legal Needs**

Kinship care presents legal issues and concerns for kinship caregivers (Gerard et al., 2006). In studies of kinship caregivers, many caregivers lacked information and did not understand the legal custody situation for the children in their care (Gordon et al., 2003). Kinship caregivers need help understanding the court process, especially if they or their grandchildren are needed to be present in court (Scannapieco & Hegar, 2002). Additionally, some kinship caregivers may decide to seek legal custody or guardianship of their grandchildren. These

caregivers often lack access to the appropriate legal services available (Scannapieco & Hegar, 2002; Wallace & Lee, 2013). The access to legal services can lend to a sense of security for the caregivers seeking to make the placement a more permanent living situation for their grandchildren (Gordon et al., 2003).

### **Other Needs**

Research has identified other needs of caregivers. Coakley, Cuddeback, Buehler, and Cox (2007) point out that kin caregivers need an array of services including parenting skills as well as access to resources. In a qualitative study of African American grandmothers, Gibson (2005) found that the grandmothers identified a need for coping with emotional and behavioral problems associated with the children. Caregivers also identified a need for access to support groups (Gerard et al., 2006; Sakai et al., 2011) and training (Berrick et al., 1994). Other top needs include assistance with housing and food (Ehrle & Geen, 2002), recreational activities for the children and the family, counseling for the children, information about available services, and tutoring for the children (Landry-Meyer, 1999). It is evident that an array of services is needed to support kinship caregivers and the children in their homes.

### **Service Accessibility**

As described above, children in kinship care and kinship families have a variety of service needs. However, many of the children and families do not receive services for which they are eligible (Ehrle & Geen, 2002; Ehrle et al., 2001). Kinship caregivers may experience barriers in accessing services. For example, in examining data from the National Longitudinal Study of Adolescent Health, Nelson, Gibson, and Bauer (2010) found that 87% of the kinship youth in the sample were eligible for a TANF child-only grant yet



they estimate that only 10% - 25% of these youth receive the grant. Gerard, Landry-Meyer, and Roe (2006) found that many grandparent caregivers did not use some of the supports available to them including kinship navigators, counseling services, and support groups.

There is a low usage of the state services because some kinship caregivers do not want to be involved with the child welfare agency (Murray et al., 2004; Schwartz, 2002). There is often a stigma attached to some of these services that prevent kin caregivers from accessing them despite the need (Ehrle & Geen, 2002; Ehrle et al., 2001). In their interviews of African American grandmother caregivers, Simpson and Lawrence-Webb (2009) found many grandmothers were confused and frustrated by the lack of resources available to them. The caregivers did not believe that the social services system was also able to refer them to resources to meet their needs. Caregivers also expressed a concern over placing the children in state custody and becoming licensed foster parents to receive the foster parent payment in that, ultimately, they feared losing their grandchildren (Simpson & Lawrence-Webb, 2009).

Kinship caregivers have indicated a lack of a feeling of respect from the child welfare agency, largely due to a lack of information provided. This leads to a situation of mistrust towards the agency. The caregivers sometimes feel as though they are being excluded from decisions made about the child. Many kinship caregivers feel the effects of high staff turnovers in the agency and have expressed a lack of service provision from the agency (Gordon et al., 2003). Kinship caregivers have also indicated issues navigating the service system and inadequate resources when needs were identified (Coakley et al., 2007). Being provided support services, however, enforces their role as a valued caregiver (Landry-Meyer, 1999).

While kin caregivers and foster parents provide the same service to the children in their care, they are not

provided the same resources. As pointed out by Scannapieco and Hegar (2002), child welfare workers may falsely assume that kinship caregivers do have as many needs as foster parents. Some eligibility workers may not be fully aware of services that are available to kin caregivers (Ehrle et al., 2001). Therefore, it is not surprising that kinship caregivers report having access to and using fewer services than foster parents (Berrick et al., 1994; Brooks, 2002; Brooks & Barth, 1998; Carpenter, Berman, Clyman, Moore, & Xu, 2004; Dubowitz, 1994). Kin caregivers have the option to become licensed foster parents to the kin children and then will receive foster care payments. Researchers propose that kinship caregivers should receive the same services provided to foster parents and that increased services could prevent entry into foster care and help support the entire family (Gordon et al., 2003; Schwartz, 2002).

Studies on kin caregivers and their use of services are often limited to those involved with child welfare system. Not all kin caregivers, however, are eligible for state-provided services (Ehrle & Geen, 2002; Ehrle et al., 2001). Informal caregiving arrangements often do not have the same access to needed services compared to those who have formal custody arrangements (Ehrle & Geen, 2002; Ehrle et al., 2001; Gerard et al., 2006). For example, children in public kinship care are more likely to receive services than those in private kinship care including financial assistance, food stamps, and Medicaid (Ehrle & Geen, 2002; Ehrle et al., 2001). Often kinship caregivers are unaware of the services for which they or the kin for whom they are caring are eligible (Ehrle & Geen, 2002; Ehrle et al., 2001; Gibson, 2003, Goelitz, 2007; Gordon et al., 2003; Langosch, 2012; Murray, Macomber, & Geen, 2004; Scannapieco & Hegar, 2002). Scannapieco and Hegar (2002) propose an array of services to kin caregivers

including financial, legal, mental health, medical, and dental services, social support and educational services.

Langosch (2012) describes that better policies need to be in place to provide the appropriate supports to kin caregivers. This includes more accessibility to available services for all kinship caregivers (Simpson & Lawrence-Webb, 2009). For example, in a pilot evaluation of caregiver supports, Chen, Hedrick, and Young (2010) identified the need to for a single place to help caregivers identify and access needed services. They also discovered a potential issue with limited service availability and inadequate services that do not fully address the needs of the caregivers. Results of the evaluation revealed that when caregivers did access needed services and resources, including financial supports, they had increased satisfaction in their role as a caregiver. This points to the need for kinship navigators (Sakai et al., 2011).

### **The Kinship Navigator Program**

To address the issues discussed in the literature above including increasing awareness of and access to services, the Connecting for Kids Kinship Navigator Program was offered in six counties in a southeastern state. The eligible families were all a part of Child Protective Services in-home treatment cases (now referred to as family preservation cases). In these cases, the children were placed with kin while their parent(s) completed a treatment plan. The program was a partnership between the state child welfare agency, which had access to the target population, a provider agency, which contracted the kinship navigators, and a state university for training, evaluation, and media development. The program was intended to identify children in kinship care who may be at risk of entering foster care and provide supports in the form of service referrals to the kinship caregivers.

The counties involved in the program are situated regionally in the state. Three provider agencies were part of the project and contracted with the kinship navigators who were paid by the hour for their work with the families. The provider agencies each had a Navigator Coordinator who was responsible for overseeing the kinship navigators and reporting progress at monthly project meetings. As part of the program model, the provider agencies selected navigators who reflected the communities of the clients they served and communicated effectively with individuals from various backgrounds. All navigators were professionals and were knowledgeable of services available for kinship caregivers in their communities. Navigators were also tasked with providing targeted outreach to community partners to encourage their support of the program and of kinship caregivers. In this regard, they were to serve as community advocates for kinship caregivers by increasing awareness to community organizations.

In working with the families, the direct services offered by navigators included assessment for services, referrals for services, supportive listening, and referrals for specialized training. First, navigators assessed the potential needs of kinship caregivers and referred them to available services in their communities. During this time, the kinship navigators were able to refer the kinship caregivers to the specialized training that a contract agency developed for them as part of the project. Finally, while not an intended primary service, they provided supportive listening to help caregivers express any concerns they may be having about their new role.

### **Training for Navigators**

The kinship navigators had access to a variety of training to help them in their role. The navigators participated in an initial training, which provided an overview of the project and their roles and responsibilities

as navigators. There was then a series of three webinars designed specifically for the navigators. The first two webinars included the overall process of the navigator model and the role of kin caregivers within the context of casework process and the specific duties that navigators would be expected to perform for each family. The third webinar focused exclusively on the evaluation including information about completing the evaluation instrument. Finally, a Kinship Navigator Practice Manual was developed to detail the process for the navigators and to provide resources to refer caregivers.

### **The Kinship Caregiver Referral Process**

Eligible kinship caregivers were referred to the navigator program by their caseworkers. The caseworker described the navigator service to the caregiver to determine if he or she was interested in being referred. If the caregiver was interested in the service, the caseworker made the referral to the navigator program. To provide an overview of the program, kinship caregivers were directed to the program's website which included a presentation about the navigator program. A DVD and brochure were developed to serve as tools to help explain the benefits of the program. The caseworkers and navigators used these materials to work with the families and to help educate the community about the program.

If the caregiver was eligible and interested in receiving the service, the navigator contacted the family to continue to explain the service. If the caregiver declined the service at this time, he or she was referred to the United Way's 2-1-1 system for any potential needs. If the caregiver accepted the service, the navigator scheduled an in-person meeting.

### **The Role of the Navigator: Assessing the Needs of the Family**

The primary focus of the program was to assess and refer for appropriate services. To assess the needs of the family, the navigators used the Family Needs Scale to identify needed service referrals. The Family Needs Scale is a 33-item scale that allows caregivers to rate their need for services on a 6-point rating scale (1 = never; 6 = always). At the initial assessment, the navigator completed the Family Needs Scale with the caregiver to assess needs and refer for services. The Family Needs Scale was re-administered once a month for up to three months, as long as the caregiver was still a part of the navigator program. Once areas of need were established by the assessment, the navigator identified appropriate referrals for services and helped the caregiver learn how to access the services. The service was offered for three months while the family was involved with Child Protective Services. When the service period concluded, the navigator made a final set of service referrals. The navigator then notified the caseworker of any remaining service needs the family may still have had.

This information became the basis of the data used in the evaluation. As part of the evaluation, the kinship navigators used a data collection form to capture demographic data, complete the Family Needs Scale, identify service referrals and usage, and track satisfaction with services used.

### **Results**

The kinship navigators were able to collect demographic information on 370 caregivers. Of those who used the kinship navigator service, 55% were a grandparent with 54% of those being a maternal grandmother and 28% being the paternal grandmother. The average age of the caregiver was about 50 years old and the average age of the child in care was about six and half years old. Seventeen percent of the caregivers did not have a high school diploma, and 35% made less than \$19,000 per year. Thirty-one percent of the children had been living with their

relative from one to three months, and 24% had been living with the relative for nine months or more.

The overall results of the Family Needs Scale are provided below. The needs are listed in order from the greatest identified need. The top identified needs are shaded.

**TABLE 1**  
Family Needs Scale

	<u>Initial Assessment</u>		<u>Follow-Up 1</u>		<u>Follow-Up 2</u>		<u>Follow-Up 3</u>	
	<i>n</i>	mean	<i>n</i>	mean	<i>n</i>	mean	<i>n</i>	mean
Extra money to buy necessities and pay bills	346	3.29	264	3.16	181	3.29	112	3.49
Info on where to get help	344	2.94	255	2.61	178	2.47	110	2.90
Help understanding government agencies	345	2.50	258	2.34	180	2.49	114	2.75
Time to do things for yourself	345	2.44	261	2.43	187	2.39	112	2.72
Someone to talk to about getting help for child	345	2.39	261	2.07	190	2.06	117	2.28
Help dealing with social services	343	2.36	258	2.25	180	2.33	111	2.43
Help getting/keeping public assistance	343	2.36	259	2.17	182	2.20	106	2.03
Support groups for kinship caregivers	343	2.20	259	1.94	187	1.89	112	1.99
Help getting enough food daily for two meals for your family	343	2.10	256	2.00	186	2.08	110	2.25
Someone to talk to about child (ren)	345	1.92	255	1.73	185	1.69	116	1.78
Routine child care	340	1.89	258	1.79	185	1.64	115	1.80
Time to do fun things with family	344	1.88	247	1.84	175	1.82	111	1.90

<b>Respite care (someone to help care for my child when I need a break)</b>	343	1.83	262	1.68	190	1.71	112	1.74
<b>Mental health services for your child</b>	343	1.74	254	1.72	184	1.76	114	2.00
<b>Legal assistance (adoption/custody)</b>	343	1.73	257	1.60	186	1.67	111	1.74
<b>Medical care for your family</b>	343	1.69	256	1.54	184	1.51	111	1.66
<b>Help learning to be more effective parent</b>	342	1.64	250	1.58	180	1.58	114	1.69
<b>Dental care for family</b>	342	1.58	253	1.49	185	1.44	109	1.54
<b>School services for my child</b>	341	1.52	257	1.44	187	1.43	113	1.54
<b>To belong to parent groups or clubs</b>	342	1.49	258	1.42	186	1.42	113	1.41
<b>Help managing the daily needs of my child at home</b>	341	1.49	260	1.43	188	1.38	115	1.45
<b>Help transporting my child places, including appointments</b>	344	1.47	259	1.43	187	1.44	112	1.52
<b>Legal assistance related to benefits</b>	339	1.45	252	1.41	178	1.35	108	1.35
<b>Emergency child care</b>	340	1.43	251	1.39	182	1.39	108	1.60
<b>Help getting a job</b>	340	1.43	255	1.39	184	1.35	112	1.51
<b>Special education services for your child</b>	341	1.38	255	1.35	185	1.32	114	1.46
<b>Help enrolling my child in school</b>	341	1.37	252	1.33	182	1.30	112	1.39
<b>Assistance with alcohol and other substance abuse problems either for myself or family member</b>	339	1.35	257	1.47	185	1.45	109	1.66
<b>Emergency health care for your family</b>	341	1.34	253	1.36	182	1.34	110	1.39
<b>Help getting places you need to go for yourself</b>	343	1.33	254	1.28	184	1.30	112	1.36



<b>Help getting a place to live</b>	339	1.32	254	1.30	177	1.32	115	1.32
<b>Other legal assistance</b>	339	1.24	250	1.21	179	1.28	110	1.43
<b>Vocational training services for your child</b>	339	1.09	243	1.12	174	1.15	112	1.19

From the Family Needs Scale, the main support needed to maintain stability was money to pay for bills and other necessities. Since many states do not offer additional subsidies for kinship families involved in with Child Protective Services, other than child-only TANF grants, this is a challenging service to offer based on the available community resources. In line with the previous research of Landry-Meyer (1999), other identified needs of the caregivers included: accessing public assistance, information on where to get help, help dealing with social services, help understanding government agencies, access to support groups, and counseling for children. Other needs addressed in the literature were not identified as top needs for caregivers included: access to transportation, childcare, and tutoring for the children.

### **Use of Services**

The navigators also assessed the usage and satisfaction of services that the caregivers used. Over the three years of the project, 435 caregivers were referred to the kinship navigator program. Not all accepted the assistance of the navigators. Navigators indicated a total of 248 caregivers that were referred for services. Caregivers were largely referred for the following services: financial services, legal aid services, United Way, Angel Food Ministries, Department of Mental Health, HALOS. Available services were limited in many counties and the needs of the caregivers were largely the same, so we repeatedly saw the same services being referred. One hundred and seventy-nine referrals were made for support

services and 173 referrals were made specifically for financial services.

Supportive listening was also a service provided by the navigators, though not part of their main job duties. Caregivers could receive both supportive listening and service referrals from the navigators. The navigators responded that they provided supportive listening to 320 caregivers.

**TABLE 2**

Did the Caregiver Use the Service(s) for Which They Were Referred?

<b>Responses</b>	<b>Frequency</b>	<b>Percent</b>
Yes	117	52%
No	106	48%
Total	223	100%

Just over half (52%) of the caregivers who reported they were referred for a service indicated that they used the service. At the first follow-up with the caregivers, navigators indicated that 137 caregivers had used the service for which they were referred. This low service usage supports the research cited in several other studies (Berrick et al., 1994; Brooks, 2002; Brooks and Barth, 1998; Carpenter et al., 2004; Dubowitz, 1994).

**TABLE 3**

Caregiver Satisfaction with Services Used

<b>Responses</b>	<b>Frequency</b>	<b>Percent</b>
Very Unsatisfied	4	4%
Unsatisfied	5	5%
Somewhat Unsatisfied	3	3%
Somewhat Satisfied	19	19%
Satisfied	37	38%

Very Satisfied	31	31%
Total	99	100%

The majority of the caregivers, 88%, expressed satisfaction with the service they used.

### **Follow-up Survey with Caregivers**

During the third year of the project, we conducted a follow-up survey with caregivers. One hundred and thirty surveys were mailed and we received responses from 17 caregivers, a 13% response rate. Caregivers who responded were given a gift card to Wal-Mart as an incentive for completing the survey. Despite the low response rate, the caregivers did provide important information regarding the kinship navigator program.

Eighty-eight percent indicated that the service time (three months) was long enough to meet their needs. Respondent indicated receiving referrals for medical services and food resources. Other main identified needs included clothing and baby items. One caregiver commented that monetary support would have been a helpful resource. There were several comments about the benefits of having a navigator. These comments included the navigator being accessible, listening, and providing information about resources.

Caregivers provided suggestions for improving the navigator program such as providing more financial resources, a faster contact time once custody is established, and to have the navigator be more active in making sure the resources are being used. One caregiver wrote, "I enjoyed being in the program; it helped me to see that there are others that are going through the same thing that I am facing now." Another commented, "This was a great service. Helped me with aid I knew nothing about."

**Entry into Foster Care**

One of the main outcomes of the project was to maintain the children in the home of the kinship caregiver while their parents were receiving treatment and thereby preventing their entry into foster care. Using state SACWIS data, the data collected by the Child Protective Services agency, the evaluator was able to track some of the children from the kinship navigator cases to determine if they had contact with the foster care system. Of the 75 cases that were tracked, seven (9%) had contact with foster care. The kin caregivers of all seven children had contact with the kinship navigator prior to the children having an open foster care date. The agency briefly placed one child in foster care one year after the family declined the service. Of those who entered foster care, most of the episodes were short – lasting only a few days to a few months. Two of the children are still in foster care, each having been in care about nine months. Overall, this data helps to demonstrate the benefits of supporting kinship caregivers as an alternative to foster care by preventing foster care entries.

**Conclusions**

The Connecting for Kids: Kinship Navigator Program was a demonstration project that illuminated the continued need to provide service referrals for kinship caregivers including knowledge of and access to services. As such the social services agency decided to incorporate the kinship navigator project into the standard service array and now has five regional kinship caregiver liaisons. Providing services for kinship caregivers has implications for state agencies and policymakers. Policymakers should continue to develop strategies to meet the needs of both kinship caregivers involved with the state child welfare agency and those who are not and identify which agencies are the most appropriate to provide services (Ehrle & Geen, 2002). Langosch (2012) advises that policy needs to change to

address the needs of kin caregivers by developing more comprehensive services for kin caregivers. Murray, Macomber, and Geen (2004) propose that states need to be aware of the eligibility of kinship caregivers for various services so they can continue to care for the children in their homes.

There were limitations to the evaluation. Based on the literature, which largely indicated higher needs for service referrals, the results from the Family Needs Scale were lower than anticipated. Many caregivers in the program had just assumed full-time care of their relative children. At that point at which they worked with the navigator, they may not have realized their full service needs. Also, the Family Needs Scale is quite long considering the time it would take to complete with caregivers, and, despite training, navigators may have not assessed all of the needs with the caregivers. This would lead to potentially underreporting service needs.

Kinship placements are often long-term placements for children. Therefore, many kin caregivers will have a long-term, ongoing need for services for their families. Coakley, Cuddeback, Buehler, and Cox (2007) revealed that kin caregivers are committed to keeping the family together, yet they experience many stressors in their new role. In their study of stressors for grandparents raising grandchildren, Sands and Goldberg-Glen (2000) found that 77% of those in their sample believed they would care for the children until the children reached adulthood. This further stresses the need to ensure that kinship caregivers have continued assessments for services and access to any service needs.

### **Using Kinship Care to Improve Outcomes**

Important to all social services agencies are the concepts of safety, permanency, well-being, and family stability for children. The Kinship Navigator Program

demonstrated the need to support kin caregivers to help ensure that they are able to maintain these outcomes. Kinship caregivers desire to maintain their family system, and they seek to provide a safe and stable environment for the children. The caregivers also express a concern for the safety and well-being of the children in the home of the biological parents, who often are dealing with substance abuse issues (Gordon et al., 2003). Important to promote well-being, kin caregivers need access to financial and emotional supports (Scannapieco & Hegar, 2002). Safety, permanency, and well-being can be enhanced through proper service provisions and the use of kinship navigators.

Monetary support continues to be a need for kinship caregivers involved with Child Protective Services; however, grant services often exclude the dispersion of this resource. States need to find alternative ways to financially support these kinship caregivers. This will maintain children safely in the home and keep them out of foster care. This will also help to promote safety, permanency, and well-being and ensure that kinship families have the best possible outcomes.

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**Correspondence:** Dr. Suzanne Sutphin The Center for Child and Family Studies, The College of Social Work 226 Bull Street University of South Carolina, Columbia, SC 29208. Phone: (803) 777-8494  
Email: [sutphist@mailbox.sc.edu](mailto:sutphist@mailbox.sc.edu)

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