



CHSofNJ *Kinship Cares* Enhanced Navigator Model Research and Materials Summary

Evidence of *Kinship Cares* Alignment with
Federal Title IV-E Prevention Services Clearinghouse Criteria
for Funding under Families First Act

March 2019

The Children's Home Society of New Jersey (CHSofNJ) *Kinship Cares* program is an enhanced model for offering kinship navigator services to at-risk grandparents and other adults caring for related children. CHSofNJ *Kinship Cares* meets and/or exceeds the criteria required by the Federal Title IV-E Prevention Services Clearinghouse to be eligible for funding under the Families First Act, as outlined in this Research and Materials Summary.

ALIGNMENT WITH FEDERAL TITLE IV-E PREVENTION SERVICES CLEARINGHOUSE ELIGIBILITY CRITERIA

1. Types of Services and Programs. Eligibility will be limited to certain specific programs including kinship navigator programs.

Kinship Cares is an enhanced kinship navigator model.

2. Book/Manual/Writings Available. Eligibility will be limited to programs with a book or manual that specifies the components of the practice protocol and describes how to administer the practice.

CHSofNJ has made available online a *Kinship Cares* instructional manual titled, *Understanding and Implementing CHSofNJ's Kinship Cares Enhanced Navigator Model* at https://www.chsofnj.org/kinship-and-kinship-navigator-services/#.XH_sN8BKjct.

The manual specifies the practice protocol and describes how to administer the practices of *Kinship Cares*.

3. In Use/Active. Services currently in use with manual in English prioritized.

As described above, the *Kinship Cares* instructional manual in English titled, *Understanding and Implementing CHSofNJ's Kinship Cares Enhanced Navigator Model* is available at https://www.chsofnj.org/kinship-and-kinship-navigator-services/#.XH_sN8BKjct.

CHSofNJ currently operates a multi-county Kinship Navigator program in New Jersey with the following core services:

- Community outreach
- Intake, including referral to resources
- Confirmation of program eligibility, including home visit with safety check and document collection
- Processing of Kinship Wraparound financial assistance application (\$500 annually for clothing, bedding, furniture, books etc) through multi-step process, including administering \$500 voucher through agency Fiscal Team.
- Link with any other needed resources
- Support for pursuing Kinship Legal Guardianship of kin children
- Kinship caregiver events promoting social support and connection including an annual Kinship Picnic, Kinship Brunch and Kinship Winter Holiday Party – all supported in part with time and donations from corporate and community volunteers that support CHSofNJ

Elements of the enhanced model continue including:

- Crisis intervention for individual caregivers including case management services of: referral and assured connection to services; advocacy with service providers and school systems; and follow up by Kinship staff until crisis is resolved. Case management is offered on an as-needed basis in response to expressed need by families.
- Kinship support groups for kin caregivers are operated once to twice monthly in collaboration with the CHSofNJ Family Success Centers in Trenton, New Jersey. Family Success Centers are operated under contracts as primary prevention programs with the New Jersey Department of Children and Families, the state's child welfare agency.

4. Implementation and Fidelity Support. Services with implementation training and staff support and/or fidelity monitoring tools and resources available to implementers in English will be prioritized.

All CHSofNJ materials are provided in English, including the free manual, this free research and materials summary, one free webinar and free fidelity monitoring tools such as implementation checklists for interested community organizations and state agencies.

Organizations who choose to implement the *Kinship Cares* model may benefit from additional resources and Family First funding in their state, should their state apply. Program materials to help your agency plan and implement *Kinship Cares* will be publicly available on CHSofNJ's website beginning in March 2019 at www.chsofnj.org. These materials will include a Program Manual, Evaluation Report, and a Research and Materials Summary; and a schedule of three Spring Conference Calls in April, May and June that states and agencies may join to learn more about Kinship Cares and ask questions of CHSofNJ staff. We will also send these directly to you.

CHSofNJ is developing a detailed fee-based technical support package to help adapt *Kinship Cares* for different communities' specific needs, including opportunities to participate in virtual or on-site coaching, mentoring and training, video modules and comprehensive programmatic

materials and guides to help your agency. A menu of technical support materials will be available on our website beginning in March 2019. Visit https://www.chsofnj.org/kinship-and-kinship-navigator-services/#.XH_sN8BKjct.

CHSoF NJ has demonstrated success in Kinship Navigator and *Kinship Cares* services. We also had the opportunity to provide GrandFamily Success Center services as part of a competitive foundation five-year grant award. CHSoF NJ will also offer technical support materials on developing a GrandFamily Success Center and facilitating Family Group Decision Making with kinship families. Our agency has developed model innovations and a keen understanding of service methodology that produces successful outcomes. These models and the lessons learned through them and others will be made available as part of our technical support services.

5. Eligibility will be limited to studies included in peer-reviewed journal articles and/or publicly available literature that may include federal, state, and local government and foundation reports.

Enhanced model profiled in the California Evidence-Based Clearinghouse for Child Welfare: <http://www.cebc4cw.org/program/kinship-navigator-program-family-connections-grantee-model>

- Feldman, Leonard and Amanda Fertig. (2013). Measuring the impact of enhanced kinship navigator services for informal kinship caregivers using an experimental design. *Child Welfare* 2013 Vol 92, Issue 6 p41-62

Enhanced model also conducted and studied in Florida.

- Littlewood, K. (2015). Kinship Services Network Program: Five-year evaluation of family support and case management for informal kinship families. *Children and Youth Services Review*, 52, 184-191. doi:10.1016/j.childyouth.2014.10.008

6. Study Design. Eligibility will be limited to study designs that assess effectiveness (i.e., impact) using quantitative methods and utilize an appropriate control.

CHSoF NJ rigorously evaluated the *Kinship Cares* program using a randomized control group design. During the course of the project (33 months of actual service provision), 437 caregivers and 607 kin children were served. At the time intake was closed, 52 percent of the caregivers were assigned to the traditional services group (227 caregivers) and 48 percent were assigned to the enhanced services group (210 caregivers).

Families Served/Days of Service

Kin Caregivers (N= 437) Kin Children (N=607)	Median Days of Service	Median Months of Service
Enhanced Services Caregivers (N=210)	189.0	6.2
Traditional Services Caregivers (N=227)	37.9	1.2

Assignment to Control or Study Group. When caregivers applied for Kinship Navigator services, the project director, using a random assignment list, assigned them to either the traditional services or the enhanced services group. Participation in the project was voluntary and prospective participants went through an informed consent process before deciding on their participation. Those opting not to participate continued to receive traditional Kinship Navigator services and were not included in the project.

Data collection procedures. Data was drawn from multiple sources including: 1) a battery of measures that was administered to the caregiver by the worker at the beginning of service provision and at case closing to inform the caregiver and kin child profile; 2) the service activity logs of each worker; and 3) attendance and feedback forms completed at each group session.

Instrumentation/Forms (Some forms are proprietary, please see citations on the CHSofNJ website (www.chsofnj.org/wp-content/uploads/2019/03/Links-for-Proprietary-Tools-.pdf))

1. Form Log
2. Informed Consent
3. Kinship Care Services Demographic Profile
4. Caregiver Health Survey
5. Child Health Questionnaire
6. Family Needs Scale
7. RAND Social Support Survey
8. RAND Medical Outcome Study
9. Parent Stress Index (PSI) or Stress Index for Parents of Adolescents (SIPA)
10. Family Service Plan
11. Group Attendance Roster
12. Group Evaluation Form
13. Goal Achievement on Service Plan and Caregiver Feedback via Phone Interview
14. CSQ8 -- Client Satisfaction Questionnaire
15. SACWIS Data (NJ Department of Children and Families data system)

7. Study Available in English. Eligibility will be limited to studies available in English.

CHSofNJ studies available in English.

8. Study Rating Criteria. The Clearinghouse will rate studies using the following criteria: Study Design and Execution. Building from the standards of existing evidence reviews such

as the What Works Clearinghouse (WWC) and Home Visiting Evidence of Effectiveness (HomVEE), the Clearinghouse will assess studies on the basis of study design, overall and differential sample attrition, the equivalence of intervention and comparison groups at baseline (as applicable), and when necessary, procedures accounting for clustering. In addition, the study must account for confounding factors and examine at least one “target outcome” (see *Study Eligibility Criteria*) using a measure that is reliable and achieves face validity.

The study design dictated randomized assignment of families at intake to either an enhanced (or more intensive) services group (N=210) or a group that received traditional kinship navigator services (N=227). The analysis plan included comparing the two groups for baseline equivalency on various demographic characteristics and other measures using chi-square or ANOVA as appropriate. There were no significant differences between the two treatment groups on the demographic and other measures except for the racial characteristics of the kin children. The traditional services group was weighted towards African-American children (65 percent versus 54 percent) while in the enhanced services group 40 percent of the children were Caucasian versus 33 percent of traditional services group.

Families were screened for eligibility to participate in the study during the informed consent process. There were 63 refusals to participate in the study. Those caregivers with then offered kinship navigator services outside of the study. Another 10 families were under active supervision of the child welfare agency and thus ineligible to participate. Lastly, 54 families were deemed not eligible (according to Navigator rules) for reasons such as the biological parent was living in the home, the child was leaving to live with his or her biological parent, the caregiver was unable to show custody or relationship to the child, or the caregiver refused an initial home visit by the worker.

There was some sample attrition over time at Time 2 (case closure) despite the best efforts of staff to contact families to complete Time 2 surveys. In order to mitigate this issue, staff had collected both home and mobile phone numbers and made house calls to encourage participation. In addition, a gift card was offered for family participation.

Two research questions related to the targeted outcomes were: 1) Were the expressed needs, as measured by the Family Need Scale, of the enhanced services group better met relative to the traditional services group, post-intervention? 2) Did the perceived level of caregiver social support increase more for the enhanced services group post-intervention than for the control group? The two scales used to measure these outcomes have adequate psychometric properties. Family Need Scale has a Coefficient Alpha of .95 and a split half reliability of .96 as well as face validity. The Rand Corporation Medical Outcomes Study Social Support survey has a Coefficient Alpha of greater than .91 and construct validity has been supported according to the author. It measures three types of social support. The post-intervention Family Need Scale data reflected a statistically significant drop in the intensity of needs for the enhanced services families relative to the control group families. The effect size as measured by Cohen’s d was 0.37 – an effect size considered between small and medium. There was no difference between the scores of the enhanced and control group caregivers on the measure of Social Support at case closure. Controlling for group attendance did not impact the level of perceived social support.

To reduce the likelihood of systematic inconsistencies in the administration of the questionnaires, the staff responsible for providing services to families (ombudsman) were trained in the proper administration of the study protocol. Periodic feedback and discussions were held with staff to review the administration of each form and discuss problems as well as understand how the data could be interpreted and used at the clinical level.

9. Favorable Effects. Studies will be rated based on whether they demonstrate at least one meaningful favorable effect (i.e., positive significant effect) on a ‘target outcome.’

Statistically significant favorable effects occurred on three target outcomes where enhanced services kinship families did better than traditional services kinship families. Favorable effects occurred on five additional measures (See Outcomes Table in Item #11 below for additional detail.)

10. Sustained Favorable Effect. Studies with at least one meaningful favorable effect on a ‘target outcome’ will be rated on whether or not they demonstrate a favorable effect sustained beyond the end of treatment. Studies will be classified as not demonstrating a sustained favorable effect (i.e., effects are demonstrated for less than 6 months), demonstrating a sustained favorable effect of 6 months or more (but less than 12 months)

Four- to six-month follow up post case closing was used to assess caregiver feedback on goal achievement on service plan and caregiver feedback on services provided.

Also, using SACWIS (NJ Department of Children and Families data system), a six-month follow up post case closing was performed regarding referrals to the NJ Department of Children and Families.

A sustained favorable effect was found that fewer enhanced services children had DCP&P cases post *Kinship Cares* services (6 out of 15) at six month follow up.

11. Target Outcomes Reached (See table below)

Kinship Cares Outcomes & Federal Title IV-E Prevention Services Clearinghouse
Target Outcomes

	Child Safety	Child Permanency	Child Well-Being	Adult Well-Being	Access, referral to, satis. with programs
<i>Kinship Cares</i> Study Outcomes					
Statistically significant number of family service plan goals resolved			√	√	√

Statistically significant outcome for subset of enhanced model caregivers with clinical concern			√	√	
Statistically significant score improvement for enhanced model caregivers in social support				√	
Fewer enhanced model children had DCP&P cases post services	√	√			
Enhanced model caregivers had fewer limitations on their time due to children's physical or emotional health				√	
Enhanced model subset of caregivers with subscale and total stress scores on the PSI and SIPA above clinically significant levels showed positive impact of enhanced model				√	
Enhanced services caregivers experiencing significant strain with teens, had improved concerns				√	
More enhanced group rated the quality of services received, their overall satisfaction with services, & amount of help received as "excellent," & "very satisfied" at 4-6 months					√

Source: Feldman, Leonard and Amanda Fertig. (2013).