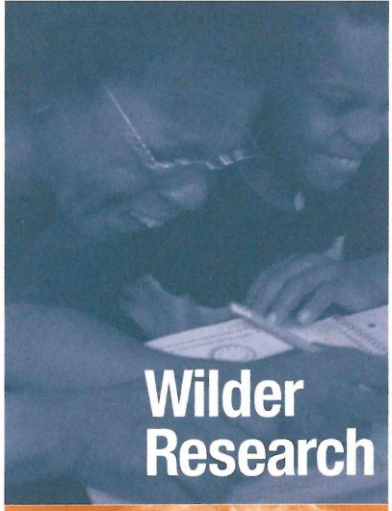

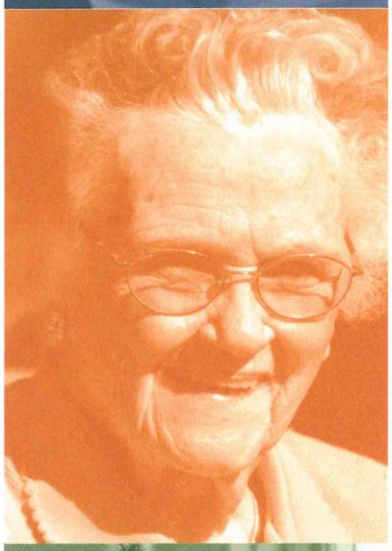

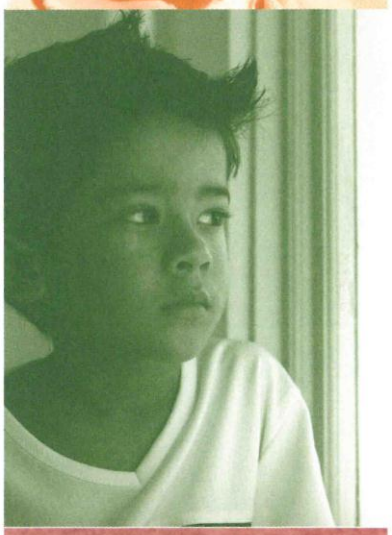

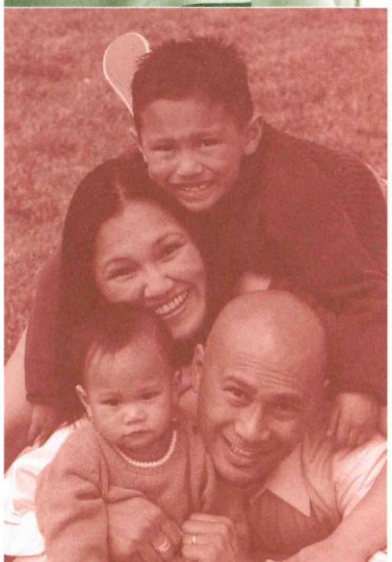

Minnesota Kinship Navigator Project: Final Progress Report

Family Connections Discretionary Grants
ACF-OGM SF-PPR
Performance Narrative

Reporting period: October 2009 – September 2012

DECEMBER 2012

Minnesota Kinship Navigator Project: Final Progress Report

Family Connections Discretionary Grants
ACF-OGM SF-PPR
Performance Narrative

Reporting period: October 2009 – September 2012

Grantee name:
Minnesota Kinship Caregivers Association

Grantee number:
93605

Submitted by:
Carla Jacobson, Minnesota Kinship Caregivers Association, St. Paul, MN;
prepared by Stephanie Nelson-Dusek and Michelle Decker Gerrard,
Wilder Research evaluators

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Figures

Executive summary

> I am grateful to know that Minnesota Kinship is available for parents who are in need of help and…I was able to get my questions answered and [the] referrals [I] needed. – *Kinship caregiver*
>
> [My kinship worker helped me by] always being there and at the meetings… giving her time to me, and I always felt I could call her at any time. She was good with anything. – *Kinship caregiver*
>
> It was helpful to have someone who understood the legal process and jargon. – *Kinship caregiver*
>
> [My kinship worker] saved me a lot of money by telling me where to go online to get the form and complete it and gave me the handbook…and gave clear direction on points in the book… [She] was always concerned with the well-being of the children. – *Kinship caregiver*
>
> The support [from my kinship worker] has helped create a calmer environment. – *Kinship caregiver*

The community, population, and needs

The Minnesota Kinship Caregivers Association (MKCA) is a statewide, nonprofit organization serving those who care for, or who are considering caring for, a relative's child. MKCA staff understand the unique circumstances and challenges of caring for kinship children and the importance of connecting caregivers to each other, as well as resources.

After receiving the Family Connections grant in 2009, MKCA and its partners began the Minnesota Kinship Navigator Project to help support successful caregiving outside the formal child welfare system. The goals of the project were to enhance the stability (safety and permanency) and well-being of children at risk of formal non-relative placement by supporting kinship care and (when possible) family reunification.

Although the project was led by MKCA (located in the Twin Cities), the Minnesota Kinship Navigator Project utilized a network of regional centers located across rural, urban, and suburban Minnesota to serve kinship families – including relative caregivers, the kinship children in their care, and families as a whole. The Kinship Navigator Program reached out especially to low-income families, those in rural areas, and communities of color within the nine metro counties. Outreach included African-American and Latino communities. In addition, MKCA and its regional partners aimed to increase the number of partnerships with American Indian groups in Minnesota.

Program model

The Kinship Navigator Project was an expansion of previous work done by MKCA and its partners, known as Relatives as Partners (RAP) programs. At the start of the Family Connection Grant, the MKCA model for delivering services had been to work through contracted regional RAP partners serving geographic areas within Minnesota. However, during year 2 of the grant (on August 23, 2010), MKCA's board approved a plan to develop a standardized approach to service delivery to increase the consistency of services and approaches across regions. This was due to difficulties with implementation experienced by the RAP partners (either withdrawing from the program or being unable to serve the proposed numbers of caregivers), as well as changes in MKCA leadership.

In order to meet the expectations of the federal grant, MKCA saw a need for five program areas: 1) direct services offered through MKCA, 2) services offered through RAP partners, 3) services offered through new partner agencies that contract with MKCA, 4) Caregiver Support Specialists (mentors), and 5) trainings. Throughout the three-year grant period, MKCA and its RAP partners made several supportive services available to kinship families throughout Minnesota. These services included: providing information and referrals, phone support, support groups, one-to-one services by trained caregivers, family activities, children's group activities, general advocacy and public awareness, and training and education for caregivers and professionals. In addition, some RAPs offered access to basic needs, medical information, transportation, child care, respite, and financial guidance.

Collaboration

MKCA had several key partners that were critical to providing program, evaluation, and other services throughout the grant period. These partners included RAPs, other community organizations and agencies (such as Inter-Tribal Elder Services and Elders Shaping our Community), the MKCA board of directors, the Strengthening Families of Children Impacted by Incarceration Coalition, and several informal collaborations with social service agencies (e.g., Children's Defense Fund and MNAdopt). Another key partner was Wilder Research, which served as the evaluator for the Minnesota Kinship Navigator Project.

The project also collaborated with many county child welfare offices, which referred families to Navigator services, and accepted referrals for Family Conferencing Services. MKCA hoped to have a more significant partnership with the Minnesota Department of Human Services (child welfare agency). However, while they did provide an initial letter of support for the project, and provided a staff person to serve on the agency's board of directors, they did not engage with the project directly.

Sustainability

For MKCA, the primary struggle throughout the grant period has been to raise the required cash match. Due to economic conditions, philanthropic restrictions, the small size of the agency and limited fundraising infrastructure, it was necessary for MKCA to subcontract its work to Lutheran Social Service (LSS) of Minnesota. As a result of subcontracting its work in late spring 2012, MKCA was required to close its office, greatly reduce the number of staff hours, and begin planning a transition of the Warmline – a centralized phone number that caregivers can call for information and guidance on resources in their communities.

With the dissolution of MKCA, almost none of the services will be sustained past the end of the grant. At the time this report was written, MKCA was in discussions with two agencies, including LSS, to take over the Warmline; however, no firm plans had been made. If no agency is able to take on Warmline responsibilities, that service will dissolve. One service that will remain is the Legal Steps Manual, which will be maintained and revised by the Legal Services Advocacy Project and made available at no cost to caregivers.

Evaluation

To assess the effectiveness of the Kinship Navigator Project over the life of the grant, MKCA asked Wilder Research to conduct process and outcome evaluations. The process evaluation was used to gain a better understanding of participants and implementation issues, while the outcome evaluation examined the progress of kinship caregivers and their families towards desired outcomes, such as permanency and stability for children.

Wilder employed an experimental design to help determine if changes to kinship families were related to the Kinship Navigator intervention. The design involved a comparison of two groups: 1) kinship families who received services (the intervention group) and 2) kinship families who contacted MKCA or its affiliates for information, but did not receive additional services (the control group). Wilder Research conducted telephone interviews with intervention and control group families at baseline and 9-month follow-up.

The process evaluation found that more than 2,167 kinship caregivers and their children were served by the Kinship Navigator Project during the three-year grant period. Kinship caregivers who contacted MKCA or other agencies involved in the Navigator Program tended to be older, white women. Many caregivers were also low-income, with a quarter reporting that their income was below the federal poverty line. The kinship *children* served by the Navigator Project were spread fairly evenly across all age groups. About a third (34%) of the children had special needs, and fewer than three in ten (27%) had been involved with Child Protection over the past five years.

MKCA and its RAP partners offered a variety of supportive services to kinship families during the three-year grant period. The most common type of service, received by 1,568 caregivers, was information and referral, or phone support. Evaluation data showed several positive outcomes for caregivers and their families, including:

- **Progress towards legal custody:** A majority of intervention caregivers experienced changes in the legal status of at least one of their kinship children with a quarter saying they now have legal permanent custody (including adoption, guardianship).

- **Positive relationships with birth parents:** A majority of caregivers in both groups reported positive relationships with the birth parents of their kinship children; while parental involvement remained low, it increased slightly (and more so for intervention caregivers).

- **Access to needed services:** Intervention families were more likely than control group families to receive a variety of social services, including MFIP/TANF, which showed statistical significance.

- **Caregivers felt supported:** At both baseline and follow-up, a large majority of intervention caregivers agreed that they have someone they can talk to who understands what they are going through, and more intervention caregivers than control group caregivers agreed with this statement at both pre- and post-service interviews. In both surveys, the difference between intervention and caregiver groups was statistically significant.

- **Improvements in mental health of children:** A slightly higher percentage of intervention caregivers (versus control group caregivers) reported that their children's mental health had improved in the last nine months. In addition, fewer intervention caregivers reported that their kinship children needed emotional or mental health services, which is statistically significant, or specialized educational services.

- **The program itself was highly valued:** A large majority of the intervention caregivers who contacted MKCA or a RAP agency said that their kinship worker was caring, warm, and helpful, gave useful suggestions, knew a lot about helpful services and programs in the community, and was easy to reach. All would recommend the Kinship Navigator Program to families similar to their own; and nearly all were satisfied with the information and support they received, particularly the emotional support and help in understanding legal issues.

Conclusions

For the most part, the Kinship Navigator Project was able to meet its family and system objectives, in particular: 1) increasing the number of kinship caregiver-led families seeking permanent status through reunification, transfer of legal custody, guardianship, or adoption, and 2) increasing the frequency and quality of contact with children's biological parents.

MKCA and its RAP partners worked hard to update and disseminate legal information for kinship caregivers, particularly through the Legal Steps manual, which was an area in which caregivers clearly wanted more information. Over half (55%) of intervention caregivers said that they have experienced changes in the custody status of at least one of their kinship children, which is slightly higher than control group (49%); 24 percent now have permanent legal custody (21% in the control group), 20 percent have obtained a delegation of parental authority or power of attorney (7% control), and 11 percent have taken other steps toward securing custody, adoption, or guardianship (21% control). However, it is important to note that control group caregivers might also have accessed the MKCA website, which has the same Legal Steps information. The fact that control group caregivers knew of MKCA and had the number of the Warmline means they could also have accessed/used legal services.

In looking at birth parent involvement between the two surveys, a greater number of intervention caregivers reported that the birth parents were either "very involved" (at both interviews) or that involvement increased over the nine-month period (intervention: 38%, control: 17% "very involved" or increased involvement). While a majority of caregivers in both groups reported that parental involvement was low, the important finding is that involvement did increase somewhat, and more so for the intervention group.

In addition, a majority of caregivers (69% intervention, 79% control) reported that their relationship with the birth parents is generally positive. Over the past nine months, the caregiver-parent relationship has stayed the same for 53 percent of those in the intervention group (48% for the control group), and a higher percentage improved (35%) than declined (13%); 23 percent said their relationship with the birth parents has improved a lot. Similarly, nearly half (48%) of caregivers reported that the relationship between kinship children and their parents has stayed the same; 40 percent said it has improved (18% a lot).

Lessons learned

The Minnesota Kinship Caregivers Association and its partners have learned a great deal throughout the course of this grant. This knowledge will hopefully be of use to the administrators of similar, future projects, the Children's Bureau, and those working in the child welfare field. Below are recommendations for each of these groups.

- Think carefully and thoroughly about the contracted service providers and partners you wish to engage on a project of this type. Identify partners early in the planning stages, and include them in the project design.

- Maintain strong, consistent communication using whatever means is available and convenient for all parties.

- Assemble a strong staff and board that can work collaboratively towards a common goal, particularly to help sustain the project after the grant ends.

- The Children's Bureau may wish to consider not requiring a large match when working with community-based organizations that target their services toward informal caregivers. The match required by the Navigator grant was difficult for small organizations to meet while still providing services to kinship families.

- It is vital that the child welfare community learns more about and helps support kinship families outside of the formal child welfare system. Child welfare policy makers and administrators can use information from this report to learn more about the demographic characteristics of kinship caregivers, as well as what services and supports they found most necessary and helpful. Instituting policies and programs that provide basic, front-end support for kinship caregivers could help get them the resources and support they need to care for their children, and keep caregivers and children out of crisis down the road.

The community, population, and needs

A. Description of the grantee organization

The Minnesota Kinship Caregivers Association (MKCA) is a nonprofit organization serving those who care for, or who are considering caring for, a relative's child. MKCA began in 1994 through the grassroots leadership of grandparents who were raising children and professionals who worked with kinship families. At that time, there were very few services or policies in Minnesota that recognized the role of family members as caregivers. Often times, county child welfare agencies would place children with kin and not offer them financial assistance, case management, mental health, or other services that were available to formal foster care providers. MKCA was initiated to fill the void, advocate for improved policies, and serve the needs of a rapidly growing population. As relative caregivers themselves, MKCA staff understood the unique circumstances and challenges of caring for kinship children. They also understood the importance of connecting caregivers to each other, as well as to legal information and other resources.

The founding mission of MKCA was to **impact law, policy, and services based on wisdom generated from local networks of kinship caregivers and collaboration with other agencies**; and the organization has received national recognition as a model approach to serving kinship families.

A hallmark of MKCA's work is extensive interagency collaboration with numerous nonprofit and government organizations throughout Minnesota. Especially significant are its productive working relationships with American Indian organizations.

Between 2001 and 2006, MKCA received federal caregiving funds from the Older American's Act ($150,000/year) distributed through the Minnesota Board on Aging and supplementary foundation grants to develop a statewide "Grandkin Navigator Program." The program was created and implemented through collaboration with six nonprofits serving five geographical regions and six American Indian Reservations in northern Minnesota. Contracted "Relatives As Parents" programs (RAPs) provided direct services for kinship families through support groups, education, and information and referral services. In each of the five years, there were increased numbers of support groups and persons served, with 37 support groups active and an estimated 6,000 persons served in 2006. Since the end of the five-year demonstration program (2006), Grandkin services have continued, but on a significantly reduced scale that reflects the reduced levels of funding and staffing for MKCA and the contracted regional Relatives As Parents programs.

After being awarded a Family Connections grant in 2009, MKCA began the Minnesota Kinship Navigator Project to help support successful caregiving outside the formal child welfare system. The goals of the project were to enhance the stability (safety and permanency) and well-being of children at risk of formal non-relative placement by supporting kinship care and (when possible) family reunification. The project was also meant to serve as a model for extensive interagency collaboration to create a statewide network making services available in all areas of the state, including American Indian reservations.

B. Description of the community in which the project takes place

It is estimated that about half of all formal and informal kinship families reside in the Minneapolis/St. Paul metro area (9 counties), with the other half scattered across a large, mostly rural, geographic area (78 counties). Kinship families living on farms or smaller towns are isolated from informal and formal support systems. Many kinship families experience issues related to poverty, such as lack of telephone and internet services and substandard or overcrowded housing. These needs are particularly evident on Minnesota's American Indian Reservations located in northern Minnesota.

Although the project was led by MKCA (located in the Twin Cities), the Minnesota Kinship Navigator Project utilized a network of regional centers located across rural, urban, and suburban Minnesota to serve kinship families. These centers are located within local nonprofit organizations and include:

- AEOA-ROCK Relatives as Parents (RAP) Program (Northeast Minnesota; rural areas)
- Child Care Choices RAP Program (Central and Southwest Minnesota; rural areas as well as towns and midsize cities)
- Lutheran Social Service of Minnesota (LSS) (serving all regions of Minnesota)
- Mahube Community Council, Inc. Child Care Resource & Referral, RAP Program (Northwest Minnesota; rural areas)
- Minnesota Chippewa Tribe Area Agency on Aging RAP Program (serving six northern American Indian reservation: Bois Forte, Grand Portage, Leech Lake, White Earth, Mille Lacs, and Fond du Lac; rural areas)

Over the course of the three year demonstration project, there were some changes in partnership agreements between MKCA and the RAP programs. These changes are discussed in the Collaboration section of the report.

C. Primary issues addressed by the demonstration project

Between 2002 and 2011, an average of nearly 14,000 children spent time in out-of-home care (Minnesota Department of Human Services, 2011). Neglect (31%), parental substance abuse (18%), and caretaker inability to cope (16%) were the top three caregiver-related reasons for placing children out of the home (MN DHS, 2011). In 2011, 2,962 children were placed with their relatives (for foster care or pre-adoption), which was 15 percent of all child welfare placements (MN DHS, 2011). In Minnesota, to receive reimbursement, these relatives must meet the same licensing requirements as any other foster parent.

However, many children at-risk for child abuse or neglect live with relatives who are not part of the formal child welfare system. According to the 2011 American Community Survey, the number of children living with relatives during the 2000s rose by more than 41 percent to 67,843 or 5.3 percent of Minnesota's children. About 76 percent of those 67,843 children are living with grandparents.

Census data show that there are 27,092 grandparents in Minnesota who report they are responsible for their grandchildren living with them. Of these grandparents:

- 69 percent are under the age of 60
- 14 percent live in poverty
- 32 percent are people of color
- 15 percent (4,022) reside in the core urban areas of Minneapolis and St. Paul (This does not include greater metro area.)

Research suggests that relative caregivers face a number of unique challenges and stressors related to providing care for their relatives' children. These challenges include financial worries, health concerns, and emotional stressors, among others (Okagbue-Reaves, 2005; Waldrop, 2003). In 2010, Wilder Research conducted focus groups with caregivers, in which participants stated that they need more information about available resources and services, including concrete supports related to legal information, finances, education, health care, mental health, and respite care, as well as informal supports like peer support groups and counseling services.

The difficulties faced by caregivers no doubt affect their ability to provide a safe and stable home environment for the children. For this reason, it is critical to support the needs of these caregivers and their families to ensure that the children's basic needs are also met.

D. Description of the population served

Through the three-year Minnesota Kinship Navigator Program, MKCA served relative caregivers, the kinship children in their care, and families as a whole. There were no changes in service recipients over the length of the project.

The population served by the program was spread across the state, including the Twin Cities metro area, small towns, and Indian reservations in northern Minnesota. The Kinship Navigator Program reached out especially to low-income families, those in rural areas, and communities of color within the nine metro counties. Outreach included African-American and Latino communities. In addition, MKCA and its regional partners aimed to increase the number of partnerships with American Indian groups in Minnesota; examples of this work are listed below.

- MCKA initiated a contract with Inter-Tribal Elder Services to offer one-to-one information and referral and support groups to American Indian relative caregivers in the Minneapolis/St. Paul metropolitan area.
- The Mahube RAP program partnered with White Earth Mental Health Services to facilitate a support group on the White Earth Reservation.
- The Mahube RAP program and MKCA partnered with the White Earth Child Care Program and the Shooting Star Casino to plan and host a Kinship Family Community Forum in Mahnomen, Minnesota in May 2011.
- The Lutheran Social Services RAP program participated in a discussion group of service providers serving older American Indian adults. As result of this discussion, they developed a partnership with Little Earth of United Tribes Housing complex located in Minneapolis.
- MKCA contracted with their evaluation partner, Wilder Research, to conduct four focus groups of caregivers to assess needs and inform service delivery. One culturally-specific focus group targeted American Indian caregivers.

Detailed demographic information about the population served is included in the Appendix.

Program model

A. Project goals, associated objectives, and desired outcomes

The overall service goal of the Minnesota Kinship Navigator Project was to enhance both the stability (safety and permanency) and well-being of children at risk of formal non-relative placement by supporting kinship care and, when possible, family reunification. To achieve this overarching goal, the Navigator Project sought to accomplish the following systems- and family-focused objectives.

System objective

1. Strengthen and expand the network of services and supports that is available for Minnesota's kinship caregivers and their families.

Family (caregiver and child) objectives

2. Increase the number of formal and informal kinship caregivers and children participating in support groups, mentoring programs, legal assistance programs, and other supportive services that have been shown to enhance child well-being or improve family stability.

3. Connect more caregivers and children to family counseling, mediation services, and family strengthening programs that have been shown to preserve family connections and increase the likelihood of permanency.

4. Provide intensive one-to-one support and mentoring to caregivers and children who are deemed at serious risk of abuse, neglect or out-of-home placement.

5. Increase the number of kinship caregiver-led families seeking permanent status through reunification, transfer of legal custody, guardianship, or adoption.

6. Increase the frequency (and the quality) of contact with children's biological parents.

7. Improve participating children's school attendance and performance.

8. Reduce participating children's engagement in risky behaviors.

The project's success in achieving each of the specific objectives was carefully monitored using the evaluation tools and measures outlined in the Evaluation section. In addition, the overall impact of the project's work on the permanency and well-being of

participating families was assessed by tracking, and regularly reporting on, the three Child and Family Services Review outcomes identified below:

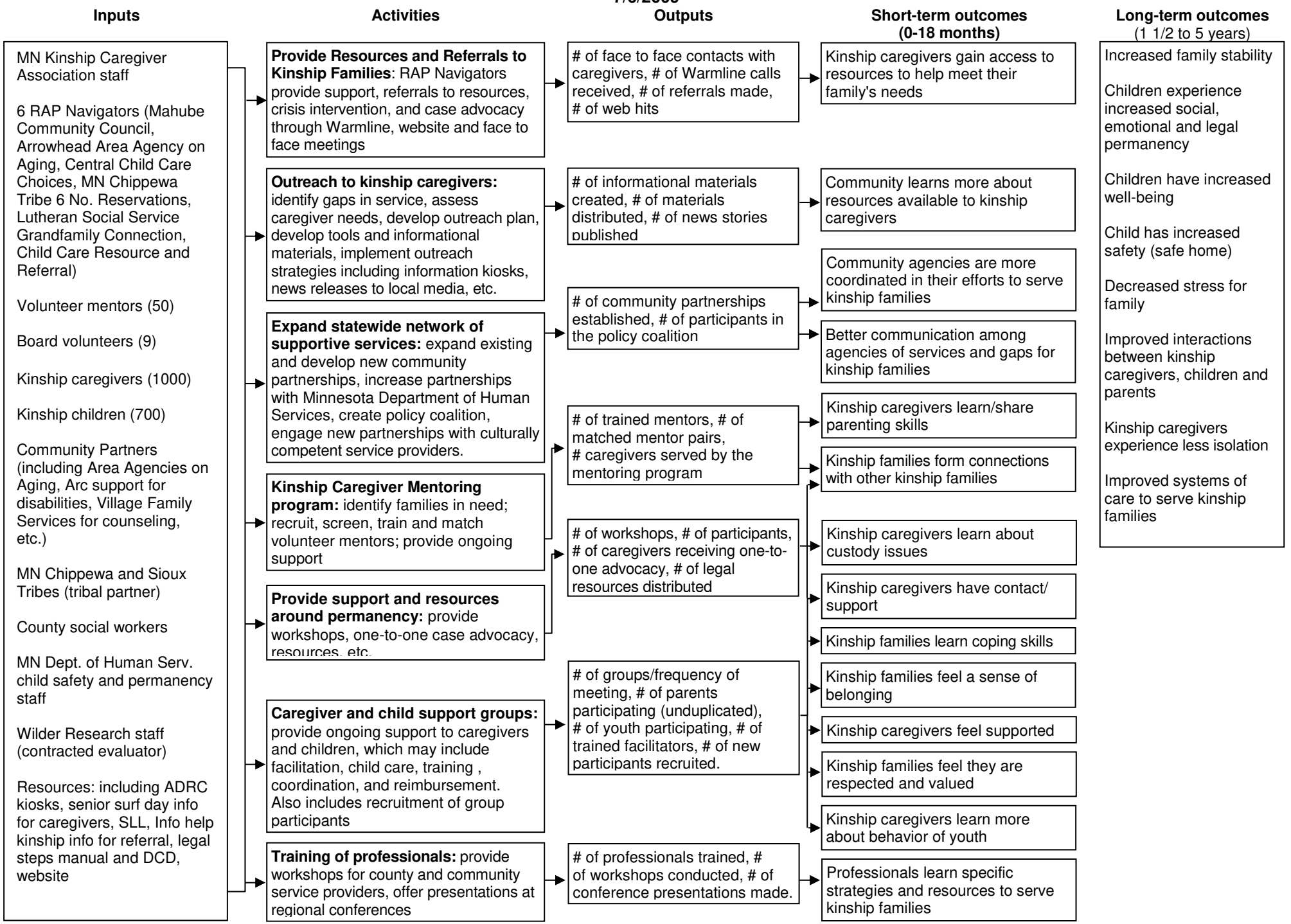
- Permanency Outcome 1: Children have permanency and stability in their situations
- Permanency Outcome 2: The continuity of family relationships and connections is preserved for children
- Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs

B. Logic model

Other desired short-term and long-term outcomes are outlined in the project's logic model (see below).

Minnesota Kinship Caregiver Association Kinship Navigator Program – Logic Model

7/6/2009



C. Project service model

The Kinship Navigator Project was an expansion of previous work done by MKCA and its RAP partners. At the start of the Family Connection Grant, the MKCA model for delivering services had been to work through contracted regional RAP partners serving geographic areas within Minnesota. Each RAP partner was contracted to provide information and referral services for caregivers and professionals (typically over the phone) and one or more of the following services: support groups, education and training for caregivers and the community, and other outreach activities. Through this model, MKCA hoped to reach caregivers across the state. However, during year 2 of the grant (on August 23, 2010), MKCA's board approved a plan to develop a standardized approach to service delivery to increase the consistency of services and approaches across regions.

In part, this was due to difficulties with implementation experienced by the RAP partners. In early 2010, Grandparents, Parenting Again, which served southeast Minnesota, withdrew from participation in the Navigator Project and did not pursue a subcontract, leaving an area of the state underserved. It also became clear that the proposed numbers to be served would not be realistic if all outreach and service was provided through subcontracts with the RAP partners. It became very important to closely consider and measure what had been proposed against the actual capacity of MKCA and the RAPs.

Another difficulty in executing the original program model came from a change in leadership at MKCA. The original executive director, in place at the time the project was proposed, retired before the grant started, and an interim director was installed for three months. After the interim director left, another director was hired (three months into the grant period). After reviewing the actual numbers served and services provided by the RAPs in the first few months, the interim director and the new executive director concluded that some modifications would need to be made in order to meet the objectives of the proposed project.

The new plan sought to:

- Deliver services directly to relative caregivers from the MKCA office
- Focus on counties with the highest numbers of caregivers (an eight-county focus)
- Continue to serve caregivers throughout the state, but acknowledge the reality that MKCA cannot deliver all services in all areas
- Focus on where MKCA and its contracted partners can become experts
- Develop strong partnerships with key organizations to help MKCA meet the many needs of relative caregivers

In order to meet the expectations of the federal grant, MKCA saw a need for five program areas: 1) direct services offered through MKCA, 2) services offered through RAP partners, 3) services offered through new partner agencies that contract with MKCA, 4) Caregiver Support Specialists, and 5) trainings. Each of these areas is described in detail below.

Direct services offered through MKCA

As a result of the change in service delivery, MKCA took on major responsibility in the establishment of a centralized phone number, called the Warmline. Time was spent considering what services could and should be provided and in what categories only referrals should be made. After gathering input from partners, the board of directors, and the types of calls received, it was determined that the call center should focus on legal options for custody, education access for children, and caregivers' eligibility for economic benefits. Requests for services in all other areas were referred elsewhere for assistance.

In those three areas, MKCA became deeply knowledgeable on the issues and opportunities related to relative caregivers. Staff members helped callers identify next steps in meeting the needs of the children in their care and offered a brief written action plan along with referrals to needed services, such as housing and mental health. A needs assessment was completed when appropriate.

MKCA's services focused on providing information and referral particularly on issues of stability. MKCA staff and volunteers offered families personal, in-depth information about options to help their family move toward further stability and possibly permanency for the child(ren) in their care. Options included referrals for family counseling and family strengthening programs, alternative dispute resolution, mediation, legal information (reunification, transfer of legal custody, guardianship, or adoption), referrals to legal assistance programs/clinics, and post-permanency services.

Services offered through RAP partners

It was the vision in the grant proposal that services to relative caregivers would be delivered through partnership with the RAP programs. The services offered by RAPs to relative caregivers have been in the areas of information and referral, support groups, and trainings. Their knowledge of local resources has been valuable to the work of MKCA and they have offered meaningful referrals to the relative caregivers. RAP programs are particularly skilled at helping relative caregivers access services which support their well-being. These are often services which must be delivered at a more local level and require knowledge of local resources, such as mental health services, food shelves, housing programs, and medical services.

Services offered through new agencies that contract with MKCA

In year 2 of the grant, MKCA sought to identify and contract with additional agencies providing services to relative caregivers throughout Minnesota. The focus was to expand services in the eight counties where the highest number of relative caregivers live, and to reach out to specific cultural communities by working with agencies/organizations serving those communities directly. Ultimately, MKCA established new partnerships with the following agencies:

- Inter-Tribal Elder Services, which facilitates a support group targeting American Indian kinship families, located in Minneapolis
- Grandparents Shaping Our Community, which facilitates a support group targeting African-American kinship families, located in Minneapolis

Caregiver Support Specialists

Caregiver Support Specialists are trained caregivers who provide direct services to other caregivers by answering Warmline calls, meeting in-person with caregivers, and forming support groups. This "mentorship" service model allowed MKCA to better serve a proportion of caregivers who could benefit from more ongoing support. MKCA recruited and trained caregivers who they felt would be comfortable discussing their personal experience, but who could recognize the uniqueness to each caregiver's story. Their primary role was to serve as a "listening ear." When asked to provide information or referrals outside of their personal experience, they were instructed to contact MKCA staff or refer the caregiver back to MKCA for more in-depth services. Taking into account the high demands placed on relative caregivers, MKCA saw an opportunity to contribute to the well-being of caregiving families by offering a stipend to the Caregiver Support Specialists.

Trainings

MKCA offered trainings for those considering becoming a relative caregiver, or those new to the role of relative caregiving, as well as professionals who are working with relative caregivers. Sessions were curriculum-based and professionally facilitated. Trainings were divided into three sessions: 1) an overview of relative caregiving, 2) an in-depth look at legal options available to relative caregivers, and 3) what educational and special needs services are available.

D. Key interventions and activities

During the three-year grant period, MKCA and its RAP partners made several supportive services available to kinship families throughout Minnesota. These services included: providing information and referrals, phone support, support groups, one-to-one services by trained caregivers, family activities, children's group activities, general advocacy and public awareness, and training and education for caregivers and professionals. In addition, some RAPs offered access to basic needs, medical information, transportation, child care, respite, and financial guidance. (See Figure 2 in the Evaluation Section for an illustration of the types of services provided by participants served.)

Detailed descriptions of the key interventions and activities offered by MKCA and RAP programs throughout the grant period are outlined below. A full list of specific activities can be found in the Appendix.

One-to-one services

Service recipients: Caregivers
Type of practice: Best/promising practice

MKCA and its regional partners (RAPs) provide direct one-to-one support for kinship caregivers and professionals primarily through the Warmline. As needed, support is also available by email and from in-person visits. In order to meet the needs of growing numbers of callers, MKCA recruited interns and volunteers and developed a set of training materials to assure a standard, high level of service from those who answer the phones.

As stated above, one-to-one services are also provided through mentors, known as Caregiver Support Specialists. The mentoring aspect of the Kinship Navigator Program requires MKCA to understand best practices, as research shows that a poorly implemented mentoring program can be worse than not offering any mentoring option.

Support groups

Service recipients: Caregivers and families
Type of practice: Best/promising practice and culturally-based practice

Every support group includes four components: an opportunity for relationship building among participants; an opportunity to share and hear concerns; an opportunity for referrals to happen; an opportunity for a content area (training) to be presented. MKCA knows from experience that, while many participants appreciate having a forum where they can feel heard, support groups also offer an opportunity for meaningful information

sharing. Most support groups are open to all caregivers and participants reflect a variety of racial and ethnic groups. However, several support groups were established to support the unique needs of special populations of caregivers, including American Indian and African American caregivers.

Workshops/Trainings

Service recipients: Caregivers, families, and professionals
Type of practice: Best/promising practice

During year 2, MKCA broadened workshop offerings for kinship caregivers, their families, and the professionals that work with them. In order to reach caregivers throughout Minnesota, trainings were offered in a variety of formats, such as in-person, conference calls, and on-line. All topics relating to children's mental health were delivered by mental health professionals.

Children's groups

Service recipients: Kinship children
Type of practice: Best/promising practice

MKCA also developed content and process for the children's groups it facilitates, for three age groups: early education, school age, and older youth. Activities focused on dealing with trauma and grief, self-esteem, and feelings while also providing opportunities for the participating children to connect with other children being raised by relatives.

Written materials

Service recipients: Caregivers, families, and professionals
Type of practice: Best/promising practice

MKCA also worked to develop high-quality written materials (in partnership with other child and family organizations) related to those reoccurring issues impacting kinship caregivers and the children in their care. Writings included newsletters and tip sheets. MKCA also revised the Legal Steps manual and developed an online legal flowchart that can be accessed and completed by a relative caregiver.

Community partnership events

Service recipients: Caregivers, families, and professionals
Type of practice: n/a

In addition to educational workshops and events, MKCA and RAP program staff built relationships and collaborated with other community organizations. Examples include: participating in Minnesota Thrive Initiative coalition meetings, which are focused on infant and toddler mental health; partnering with the Family Education Network, which allows community agencies to learn about and share family education opportunities in the area; and participating in Inside-Out Connections committees, which focus on supporting children of incarcerated parents.

Collaboration

A. Key partners

MKCA had several key partners that were critical to providing program, evaluation, and other services throughout the grant period. As mentioned earlier, these partners included Relative as Parents programs (known as RAPs) located in nonprofit organizations throughout Minnesota, as well as other community organizations and agencies, such as Inter-Tribal Elder Services and Elders Shaping our Community (both in Minneapolis). Another key partner was Wilder Research, which served as the evaluator for the Minnesota Kinship Navigator Project.

The project also collaborated with many county child welfare offices, which referred families to Navigator services, and accepted referrals for Family Conferencing Services. MKCA hoped to have a more significant partnership with the Minnesota Department of Human Services (child welfare agency). However, while they did provide an initial letter of support for the project, and provided a staff person to serve on the agency's board of directors, they did not engage with the project directly. Key partners are detailed below.

RAP programs

MKCA's work has always been built on a model of collaboration. As a small nonprofit organization, collaboration allowed MKCA to have a statewide, direct service component and offered relative caregivers a way for their collective voices to be heard. The services offered by RAPs to relative caregivers have been in the areas of information and referral, support groups, and trainings. Their knowledge of local resources has been valuable to the work of MKCA and has offered meaningful referrals to the relative caregivers. Over the years, MKCA worked under models that included as many as 23 partners, but prior to the grant had narrowed those partnerships to six, working to serve larger areas of Minnesota. Those original six partners, which had been formed with MKCA prior to the Family Connections grant, included:

- Arrowhead Area Agency on Aging; AEOA-ROCK Program
- Child Care Choices; RAP Program
- Grandparents, Parenting Again; Child Care Resource & Referral
- Lutheran Social Services of Minnesota; Grand Family Connection
- Mahube Community Council, Inc.; RAP Program
- Minnesota Chippewa Tribe; Area Agency on Aging

The contract with Grandparents Parenting Again was never initiated during this grant. They withdrew at the beginning of the project; this and other changes in partnerships are outlined below in the "Changes in partnerships" section.

Each partner provided similar services; some agencies designed programs for the children of the caregivers served during the support group sessions; in all cases child care was provided. Some partners also held events for caregivers and professionals in their service area.

From the beginning of the grant, staff members from each of these agencies were included in day-long planning meetings. For the first year, these meetings were held quarterly, during the second year MKCA held three meetings, and during the last year, partners spoke over the phone. (One of the difficulties in having partners located across the state was finding a location at which everyone could easily meet. Even at a "central" location, some RAP participants drove four hours each way.)

The meetings offered an opportunity for training, decision-making, and sharing updates, concerns, and plans with the group. The evaluation team attended these meetings allowing for an opportunity to keep data collection on track and accurate. In addition, a number of conference calls were held with partner agencies; these calls allowed an opportunity to check in, solve problems, and plan together.

Community partners

After MKCA developed a new service delivery model, the organization established new partnerships with additional agencies serving kinship families in the metropolitan area. These partners included:

- Inter-Tribal Elder Services, which facilitates a support group targeting American Indian kinship families, located in Minneapolis
- Grandparents Shaping Our Community, which facilitates a support group targeting African-American kinship families, located in Minneapolis

In July of 2010, MKCA contracted with Inter-Tribal Elder Services to offer one-to-one services, information, referrals, and support groups (including children's programming) to American Indian relative caregivers in the Minneapolis/St. Paul metropolitan area. During the second year of the grant (from September 2011 to February 2012), MKCA subcontracted with Grandparents Shaping our Community, which offered regular support groups to African-American caregivers.

As described in the section "Population served," MKCA and its regional partners aimed to increase the number of partnerships with American Indian groups in Minnesota. In

addition to Inter-Tribal Elder Services, new partners included Red Lake Community Education, Shooting Star Casino, White Earth Mental Health Services, and White Earth Child Care Program.

MKCA also partnered with ARC Greater Twin Cities, the Minnesota Board on Aging, The Village Family Service Center, and the Legal Services Advocacy Project. Those partnerships are outlined below:

Partner Name	Role/Responsibility	Collaboration Mechanism
ARC Greater Twin Cities	Provide services to relative caregivers particularly related to children with special needs	MKCA provides oversight and support to ARC through funding provided by the Metropolitan Area Agency on Aging (Work ended 12/31/10)
Minnesota Board on Aging	Provide professional development opportunities, such as caregiver coach and family meeting training as well as other caregiver supports. Distribute information about program at Aging and Disability Resource Center sites.	Letter of support
The Village Family Service Center	Provide mental health group services to relative caregiving families	MKCA provides oversight through a grant from Metropolitan Area Agency on Aging (Work ended 12/31/10)
Legal Services Advocacy Project	Provide revisions and updates to the Legal Steps manual; continue to provide the manual free of charge to caregivers after the federal Navigator grant ends	MKCA developed the manual, collaborated with the Legal Services Advocacy Project to update the manual, and transitioned the manual to Legal Services.

MKCA board of directors

Also key to the planning and oversight of the Family Connection grant was MKCA's board of directors. The board of directors met monthly and made key decisions regarding the direction of work. Examples include the decision to move to a child-centered focus, to bring services "in-house" at MKCA rather than contract out all of the services, oversight of the evaluation process and progress, and financial oversight. Throughout its history,

MKCA has had relative caregivers serving on the board of directors, and having those voices heard in discussions was very important.

Families affected by incarceration

During the course of the grant, a new statewide coalition was formed to work on issues related to the impacts of incarceration on the family members. MKCA staff served on this group, known as the Strengthening Families of Children Impacted by Incarceration Coalition (SFIIC). SFIIC is a public/private initiative working to improve and inform practices and policies that address the needs of children, caregivers, and parents of those incarcerated by communicating best practices, advocating for and impacting change within the community and organizations serving these families. Members of this group include: MN Department of Human Services, Children's Mental Health and Child Welfare; MN Department of Corrections; MN Department of Education; MN Office of Public Safety; MN Department of Health; Minnesota Fathers and Families Network; Volunteers of America; Wilder Research; Amicus; Initiative Foundations; The Council on Crime and Justice; Parenting with Purpose; University of MN Institute on Child Development and others.

Informal collaborations

MKCA also established some informal collaborations or partnerships with a number of social service agencies, including but not limited to:

- Children's Defense Fund
- Minnesota Organization on Fetal Alcohol Syndrome (MOFAS)
- MnAdopt (agency that provides information about special needs children available for adoption)
- North American Council on Adoptable Children (NACAC)
- National Alliance on Mental Illness (NAMI)
- Prevent Child Abuse Minnesota (PCAM)
- REACH for Children

Activities with these agencies included partnering on training opportunities, presentations, conference participation, review of written resources, and building awareness of available services. In most cases, these were new relationships for MKCA. Given limited staff, MKCA found it challenging to maximize these opportunities; however, the MKCA website provided information about the services offered by these organizations.

In addition, MKCA built a network of referral agencies including: schools (i.e., early childhood educators, school social workers, school administrators, classroom teachers, and paraprofessionals); self-help center staff at the county courts; county child protection workers; mental health professionals (psychologists, therapists); and legal staff (legal aid, paralegals, private attorneys). All of these organizations have provided referrals to MKCA services and vice versa.

Evaluation partner

Wilder Research served as the evaluator for the Minnesota Kinship Navigator Program. In order to examine how well MKCA and its community-based partner agencies were able to develop systems for serving informal kinship caregivers, Wilder conducted process and outcome evaluations related to the implementation of the project. The results of these evaluations are reported in the Evaluation section.

Wilder staff worked in partnership with Minnesota Kinship Navigator staff to plan and implement evaluation activities throughout the 3-year grant period. This included monthly meetings between Wilder and MKCA, and multiple phone and email contacts with partner agency staff, as well as communication through the project's wiki site.

In addition, Wilder conducted training and follow-up technical assistance with MKCA and RAP programs, and participated in a day-long orientation and training of the RAP partner organizations in February 2010. During the meeting, Wilder distributed an overview of the evaluation plan and drafts of several data collection instruments. Wilder also provided ongoing consultation with RAP and MKCA staff regarding the evaluation, and solicited their feedback on the evaluation tools.

In the third year, Wilder focused on completing the nine-month follow-up interviews so that outcome analysis could be completed by the end of the project period; there were also multiple Wilder internal planning meetings to discuss final data collection plans, analysis of baseline and follow-up data, and reporting.

After the reporting is complete, Wilder will help with dissemination by posting significant findings on its website, as well as publishing findings in the *Random Sampler*, a Wilder publication that reaches roughly 1,800 subscribers.

B. Changes in partnerships

The original Family Connection grant application was designed around continuing RAP partnerships in order to provide services throughout the state; however, during the first year RAP programs began to feel uncertain about their ability to meet the required

numbers of caregivers served; this was due to the fact that there are not high numbers of caregivers in most of the rural counties they serve. At the same time, each site has developed an aspect of service which is unique to their agency and to the needs of the relative caregivers they serve. MKCA experienced some changes in the contracting relationships with various agencies. Changes to the partnerships over the course of the grant were as follows:

- The contract with Grandparents Parenting Again was never initiated; they withdrew at the beginning of the project.
- In September 2010, the MKCA board of directors voted to discontinue its contract with Lutheran Social Services (LSS) due to concerns regarding the numbers of caregivers they were able to serve.
- However, in April 2012, MKCA approached LSS about the possibility of contracting to conclude Warmline services due to difficulties MKCA encountered in raising the required cash match for the grant; the contract with LSS was then reinitiated.
- The MKCA board of directors decided not to extend a third year contract to the Minnesota Chippewa Tribes due to administrative concerns.
- Inter-Tribal Elder Services ceased operations and closed their doors as of December 31, 2011, due in large part to the retirement of their executive director.

C. Lessons learned

Throughout the course of the grant, MKCA learned several lessons regarding collaboration:

- **Spend time up front choosing strong partners.** Perhaps the most important lesson learned from the Minnesota Kinship Navigator Project is to think carefully and thoroughly when identifying contracted service providers and other partners. In particular, partners should be identified in the planning stages of the project, and included up front in project design. One of the primary challenges in this project was that contracted partners had existing relationships with MKCA to provide a set of services established through a previous grant that was different than those services being required of them in the new Kinship Navigator grant. While they were aware of the new grant and the program changes, they perhaps did not fully understand the implications to their work until after the grant was awarded, and thus were sometimes unwilling or unable to implement the required components. Identifying partners who demonstrate, up front, both commitment and capacity to carry out the grant is key to success.

- **Have strong, non-adversarial communication.** Good, consistent communication is always an important factor in any collaborative process, and was no less true for the Kinship Navigator Project. Especially important for this project was the use of conference calls, email, and the project's wiki site, since partners were located far apart. Ongoing communication to engage project partners helped keep them up-to-date on information relevant to their work with caregivers, and allowed them to have a voice in guiding the work of the project. It also kept MKCA informed of any challenges faced by the partners, and allowed everyone an opportunity to share stories and collaborate on difficult cases.

- **Deep infrastructure is key**. Having a strong, cohesive board and staff members, including extensive fund-raising efforts, is important to maintaining a grant-funded project. At the time the organization applied for the Family Connections grant, MKCA had only one paid staff member, the executive director, and a board of directors largely composed of founding members who were also relative caregivers. When the organization was awarded the grant, the previous executive director had retired and the board was in the process of hiring a new full-time staff person to manage the grant and lead the organization. Over the course of the grant, the organization hired two additional staff and several interns, and experienced significant board turnover (due in large part to a recognition of the need to institute term limits for board members). Many of these changes were positive for the organization in terms of increasing reach and visibility within the caregiver and professional communities, focusing the organization's efforts, and improving the overall quality of services provided. However, there was also considerable disagreement about the direction of the organization moving forward. Perhaps related to the new and changing leadership on the staff and the board, the organization did not have or agree on a comprehensive funding strategy, and were unable to identify and secure adequate funds to sustain the organization after the grant. A complete discussion of this follows in the Sustainability section of this report.

Sustainability

For MKCA, the primary struggle has been to raise the required cash match for the federal grant. Due to economic conditions, philanthropic restrictions, the small size of the agency and limited fundraising infrastructure, it was necessary, in the spring of 2012, for MKCA to subcontract its work to Lutheran Social Service of Minnesota. As a result of subcontracting its work, MKCA was required to close its office, greatly reduce the number of staff hours, and begin planning a transition of the Warmline.

With the significant downsizing of MKCA, almost none of the services will be sustained past the end of the grant. At the time this report was written, MKCA was in discussions with two agencies, including LSS, to take over the Warmline; however, no firm plans had been made. If no agency is able to take on Warmline responsibilities, that service will dissolve. One service that will remain is the Legal Steps Manual, which will be maintained and revised by the Legal Services Advocacy Project and made available at no cost to caregivers.

Key products

Despite difficulties in sustaining the project past the grant period, several products were developed as part of the Minnesota Kinship Navigator Project, which will hopefully continue to benefit kinship caregivers, their families, and the professionals who work with them.

- **Legal Steps manual.** Most caregivers who contacted MKCA or a partner agency raised concerns about how to strengthen their legal relationship to the child(ren) in their care. Many were looking for information regarding a permanent option such as legal custody or adoption. MKCA recognized the need for legal information that is easily accessible to caregivers and, therefore, continually updated and made available the Legal Steps Manual and DVD, as well as the legal information on the MKCA website.

- **Marketing materials.** Over the course of the grant, MKCA conducted a variety of dissemination activities to reach more caregivers and professionals, such as newsletters and group presentations.

  Examples of group outreach include: co-sponsoring or participating in community events such as Relative Caregiver Foster Training, Duluth Family Fun Fest, Dancing Down Memory Lane focused on memory loss, Car Seat Safety training for kinship caregivers, Anoka-Hennepin Early Intervention committee, Child Well-being

Advocacy Group, Child Welfare Roundtable, U of M Alumni Association, Minneapolis Public Schools' Family Resource Center Latina Sewing Group, Child Abuse and Neglect Council, Inside Out Connections (supporting children whose parents are incarcerated), Optimist Club, Stearns County Transitions Task Force Meeting, McLeod County Thrive Meeting (infant mental health), and a County Supervisors meeting. In addition to these activities, 100 brochures were distributed at other community events.

After the implementation of a marketing plan, MKCA experienced a significant increase in the number of calls received to its Warmline. The volume of calls required MKCA to recruit and train volunteers and interns to meet the demand for services.

- **New logo.** MKCA also contracted with a web-designer and developed a new logo (below) and tagline to describe the work under this grant: *Committed to the safety, wellbeing, and stability of children in relative caregiving families.*

MINNESOTA Kinship Caregivers ASSOCIATION

Committed to the safety, well-being & stability of children in relative caregiving families.

- **Final reports.** In the final months of the grant period, the focus of the Kinship Navigator Project turned to reporting the overall results and disseminating significant findings. Other dissemination activities will take place through the RAP partners located throughout Minnesota. RAPs will continue to promote services if their funding is sustained; however MKCA will be unable to continue any services.

Future dissemination activities are outlined in the table below.

Task	Deadline/Priority	Outcome(s) Desired
Wilder Research will complete the final, overall report and post the findings on its website	Next 2 months	Share valuable information with a larger population of relative caregivers and the professionals who work with them
Wilder Research will publish significant findings in the *Random Sampler*, a Wilder publication that reaches roughly 1,800 subscribers	Next 3 months	Share valuable information with a larger population of relative caregivers and the professionals who work with them
Increase workshop presentations	Next 6 months	(Re)Connect with agencies to raise awareness of programs, distribute brochures
Increase community exposure to programs and services	Next 6 months	Serve a larger population of relative caregivers and the professionals who work with them
Increase partnerships/collaborations for educational/resource events	Next 6 months	Serve a larger population of relative caregivers and the professionals who work with them
Identify a new organization that can find better, more effective ways to market services; develop a branding and marketing plan	Next 6 months	Identify a new organization that can better reach clients, professionals, and the broader community to share information about kinship caregiving

Evaluation

Over the past three years, the Minnesota Kinship Navigator Project connected kinship participants with Navigators from community-based organizations, caregiver mentors, support groups, and educational resources to provide supportive services aimed at improving family functioning and increasing child well-being for kinship families.

In addition, the project examined whether Navigators can successfully engage families to voluntarily receive support services and whether the provision of supportive services has an impact on reducing the frequency and intensity of negative outcomes for children living in kinship families.

A. Methodology

To assess the effectiveness of the Kinship Navigator Project over the life of the grant, MKCA asked Wilder Research to conduct process and outcome evaluations. The process evaluation was used to gain a better understanding of participants and implementation issues, while the outcome evaluation examined the progress of kinship caregivers and their families towards desired outcomes, such as permanency and stability for children.

Wilder employed an experimental design to help determine if changes to kinship families were related to Kinship Navigator intervention. The design involved a comparison of two groups: 1) kinship families who received services (the intervention group) and 2) kinship families who contacted MKCA or its affiliates for information, but did not receive additional services (the control group). A comprehensive description of the evaluation methodology is appended in the back of this report.

B. Process evaluation results

Several key findings from the process evaluation are outlined below; additional findings can be found in the Appendix.

Participants served

More than **2,167** kinship caregivers and their children were served by the Kinship Navigator Project during the three-year grant period. The total is most likely higher, as the numbers in the table below do not account for persons served before data collection forms were implemented. In addition, some of these caregivers may have participated in training or other activities where an intake form is not completed unless further services are provided.

1. Participants served, October 2009 – September 2012

Timeframe	Kinship caregivers	Children	Total
October 2009 to September 2010 (1 year)	472	181*	653
October 2010 to March 2011 (6 months)	452	25	477
April 2011 to September 2011 (6 months)	457	67	524
October 2011 to March 2012 (6 months)	514	113	627
April 2012 to September 2012 (6 months)	653	48	701
Total (unduplicated)	1,860	307*	2,167

** This is the number of children served from October 2009-March 2010. Data collection procedures were put in place to record unduplicated number of children served for subsequent reports; number of children served is very likely underreported.*

Demographics

Kinship caregivers who contacted MKCA or other agencies involved in the Navigator Program tended to be older, white women. Roughly eight in ten were over the age of 40, and the mean age of caregivers was 51 years old. Eighty-four percent were female and 61 percent identified as white. Many caregivers were also low-income, with a quarter reporting that their income was below the federal poverty line.

Caregivers were most often grandparents (72%) to their kinship children, and a large majority (84%) reported "currently caring for children" at the time they made contact with MKCA or another agency. Six in ten were caring for one child, and the mean number of kinship children in the home was 1.6.

Demographically, kinship children served by the Navigator Project were spread fairly evenly across all age groups. Nearly half (47%) of the children served by MKCA and its partners had been living with their relative caregiver for over two years.

About a third (34%) of the children had special needs, and fewer than three in ten (27%) had been involved with Child Protection over the past five years.

Readers should note that complete demographic information is not available for all participants, partly because of limited evaluation resources and also because data collection forms were not immediately ready at the beginning of the grant. See Appendix for demographic tables.

Type of service by participant

As mentioned in the "Key interventions and activities" section, MKCA and its RAP partners offered a variety of supportive services to kinship families during the 3-year grant period.

The most common type of service, received by 1,568 caregivers, was information and referral, or phone support.

2. Type of services provided, by participant served, October 2009 – September 2012

			# Receiving Service(s)					
Service	**# Times Service Offered**	**Intended Service Recipient**	**9/30/09 to 9/29/10***	**9/30/10 to 3/31/11**	**4/1/11 to 9/29/11**	**9/30/11 to 3/31/12**	**4/1/12 to 9/29/12***	**Total**
Information and referral/ or phone support	2,807**	Caregivers	339	387	332	389	653*	1,568
Educational workshops or events	66	Caregivers	23	124	100	89		317
Children's activities (unduplicated)	73****	Kinship children	181****	25	67	113	48	307***
Support groups	260	Caregivers	168	128	89	105		269
1-to-1 support***	154	Caregivers	40	65	20	25		154
Total (unduplicated)	3,360		653	477	524	514	701	2,167

**During this final reporting period (April-September 2012) there were 484 new intakes and 169 callers from previous reporting periods. However, because of limited resources, intake and contact logs were not analyzed. Therefore, it is not possible to ascertain what categories of service were provided. It is also likely that the number served is underreported for the final period (because the numbers reported are based primarily on "intakes").*

***Data collection systems for tracking contact and participant information were put in place in February 2010. Therefore, some of the information about the number of contacts and numbers of participants served may be underreported. In addition, data for the number of participants in educational workshops and events was first collected in the summer of 2010.*

****Caregivers with four or more contacts during this period (these caregiver numbers are not included in the I&R numbers).*

*****Information about number of children participating in activities was included in a one-time report completed in April 2010. This did not include the number of events. During the previous period, researchers asked staff to begin tracking attendance at children's activities. Because these children's group attendance logs are new, we have information about 57 events that took place .*

In addition to considerable work on the direct service side, the project developed its organizational infrastructure to support the work of the federal Kinship Navigator grant and its evaluations.

- In November 2010, focus groups were held to gain a better understanding of the unmet needs identified by kinship caregivers. Findings showed that participants in the study expressed a need for more information about resources and services available to them, including concrete supports related to legal information, finances, education, health care, mental health, and respite care, as well as informal supports like peer support groups, counseling services, and overall guidance on how to best address family issues and their children's mental and emotional needs. Of particular interest

to caregivers was clarity and advice concerning legal options, and how various courses of action may impact caregivers' eligibility for public benefits.

Findings showed that, while many caregivers seek information through hotlines and the internet, targeted outreach at schools, social service agencies, and county offices – places where caregivers will likely cross paths at some point – would help get the word out about existing resources.

The full results of the focus groups are reported in the *Summary Report of Relative Caregiver Focus Groups* (Ryba et al., 2010).

- Also, in November 2011, Wilder Research worked with MKCA to conduct a web survey to quickly gather feedback from caregivers to be used in program development efforts. The following is a summary of key findings (N=131):

  - Two-thirds (66%) of the caregivers surveyed were grandparents or step-grandparents to the children in their care.

  - Over seven in ten (73%) caregivers contacted MKCA by email or phone, and another 12 percent were interested in this service.

  - Caregivers were most likely to receive information from MKCA about kinship caregiving (84% received), the Legal Steps manual (69%), or the name and contact information of a service, program, support group, or training (51%).

  - A large majority was satisfied with the information and support provided to them by MKCA, with 31 percent saying they were *satisfied* and twice as many saying they were *very satisfied* (62%).

  - A plurality of caregivers (44%) said that they had noticed changes in their family or kinship parenting because of the information, support, and referrals provided by MKCA.

  - Only 19 percent of caregivers had participated in a kinship parent or grandparent support group; however, out of those who had participated, 84 percent said they felt that attending a support group helped in parenting, or made them feel more prepared to parent their kinship child; 76 percent said that attending a support group had helped them find needed resources; and, overall, caregivers were satisfied with the information and support provided to them in the groups.

— Three-quarters (75%) of caregivers had visited the MKCA website and satisfaction was high among those who had visited. Nearly half (49%) said they were *satisfied* with the information provided, and 37 percent were *very satisfied*.

— Email (83%) was the clearly preferred method of receiving information from MKCA, with regular mail (47%) being the second choice.

C. Outcome Evaluation Results

In addition to the positive findings from the process evaluation, many of the outcomes measured show that the Kinship Navigator Project has had a positive impact on caregivers and their families in a variety of areas. Illustrative tables and verbatim quotes are included below; additional data can be found in the Appendix.

Most outcomes were collected by examining baseline versus matched follow-up interviews, to determine if there were any significant changes over time. Baseline interviews began in December 2010 for new participants to the project as well as selected control group caregivers. Responses from the intervention group (which includes caregivers who were served) were also compared to those from the control group to help determine any similarities and differences throughout the program.

The final results are taken from 175 follow-up interviews conducted between January 2012 and September 2012; 145 were conducted with intervention group caregivers and 30 were conducted with control group caregivers. Because of the small number of control group caregivers interviewed, results should be interpreted with some caution.

3. Completed interviews at baseline and follow-up

Sample time	Intervention	Control	Total
Baseline (December 2010 – January 2012)			
Total eligible	290	66	356
Completed	188	35	223
Response rate	65%	53%	63%
9-month follow-up (January 2012 – September 2012)			
Total eligible	188	36	224
Completed	145	30	175
Response rate	77%	83%	78%

Outcome evaluation highlights

Several positive findings emerged from the outcome evaluation, including:

- **Progress towards legal custody:** A majority of intervention caregivers experienced changes in the legal status of at least one of their kinship children with a quarter saying they now have legal permanent custody (including adoption, guardianship).

- **Positive relationships with birth parents:** A majority of caregivers in both groups reported positive relationships with the birth parents of their kinship children; and, while parental involvement remained low, it increased slightly (and more so for intervention caregivers).

- **Access to needed services:** Intervention families were more likely than control group families to receive a variety of social services, including MFIP/TANF, which showed statistical significance.

- **Caregivers felt supported:** At both baseline and follow-up, a large majority of intervention caregivers agreed that they have someone they can talk to who understands what they are going through, and more intervention caregivers agreed with this statement at both pre- and post-service interviews. In both surveys, the difference between intervention and caregiver groups was statistically significant.

- **Improvements in mental health of children:** A slightly higher percentage of intervention caregivers (versus control group caregivers) reported that their children's mental health had improved in the last nine months. In addition, fewer intervention caregivers reported that their kinship children needed emotional or mental health services, which is statistically significant, or specialized educational services.

- **The program itself was highly valued:** A large majority of the intervention caregivers who contacted MKCA or an RAP agency said that their kinship worker was caring, warm, and helpful, gave useful suggestions, knew a lot about helpful services and programs in the community, and was easy to reach. All would recommend the Kinship Navigator Program to families similar to their own; and nearly all were satisfied with the information and support they received, particularly the emotional support and help in understanding legal issues.

A more detailed description of outcome evaluation findings can be found below, as well as in the Appendix.

Legal status of caregiver's kinship children

- In both the baseline (81%) and follow-up interviews (80%), eight in ten caregivers in the intervention group said that they see themselves as the long-term caregivers for the kinship children in their care.

  While numbers for the intervention group have remained consistent over the past nine months, more caregivers in the control group have moved from viewing themselves as long-term (89% at baseline) to temporary caregivers (79% long-term, 10% temporary at 9-month follow-up).

- Over half (55%) of caregivers in the intervention group said that they have experienced changes in the custody status of at least one of their kinship children; 24 percent now have permanent legal custody, 20 percent have obtained a delegation of parental authority or power of attorney, and 11 percent have taken other steps toward securing custody, adoption, or guardianship. (See table in Appendix.)

4. Do you see yourself as the long-term caregiver for the kinship child(ren) in your care?

	Intervention group		Control group		All Respondents	
	Number	Percent	Number	Percent	Number	Percent
Baseline	**(N=188)**		**(N=36)**		**(N=224)**	
Yes, you see yourself as the long-term caregiver for the child(ren)	153	81%	32	89%	185	83%
No, this is a temporary arrangement	11	6%	-	-	11	5%
You're not sure/it's too early to tell	24	13%	4	11%	28	13%
9-month follow-up	**(N=132)**		**(N=29)**		**(N=161)**	
Yes, you see yourself as the long-term caregiver for the child(ren)	106	80%	23	79%	129	80%
No, this is a temporary arrangement	11	8%	3	10%	14	9%
You're not sure/it's too early to tell	15	11%	3	10%	18	11%

Relationship with birth parents

- In both the intervention and control groups (in the nine-month follow-up interviews) a plurality of caregivers said that neither birth parent is involved in making decisions for their children. However, roughly two in ten (17%) said that at least one parent is very involved in making parenting decisions; and a higher percentage in the intervention group reported that at least one parent is somewhat involved (24% intervention, versus 10% control).

- In looking at parental involvement **over time**, a greater number of intervention caregivers reported that the birth parents were either "very involved" (at both interviews) or that involvement increased over the nine-month period (intervention: 38%, control: 17% "very involved" or increased involvement).

  A majority of caregivers in both groups reported the opposite (that "neither birth parent was involved" at both interviews or that involvement decreased over the 9-month period) (intervention: 54%, control: 52% "neither parent was involved" or involvement decreased). However, it is important to note that birth parent involvement did increase somewhat, and more so for the intervention group.

- Despite low levels of parental involvement, a majority of caregivers (69% intervention, 79% control) reported that their relationship with the birth parents is generally positive. Over the past nine months, the caregiver-parent relationship has stayed the same for 53 percent of those in the intervention group (48% for the control group), and a higher percentage improved (35%) than declined (13%); 23 percent said their relationship with the birth parents has improved a lot.

- Similarly, nearly half (48%) of caregivers reported that the relationship between kinship children and their parents has stayed the same; 40 percent said it has improved (18% a lot).

5. Are the children's parent(s) involved in making any of the parenting decisions? (9-month follow-up)

	Intervention group		Control group		All Respondents	
	Number	Percent	Number	Percent	Number	Percent
	(N=130)		(N=29)		(N=159)	
At least one parent is very involved	22	17%	5	17%	27	17%
At least one parent is somewhat involved	31	24%	3	10%	34	21%
Their involvement is limited	21	16%	7	24%	28	18%
Neither parent is involved	56	43%	14	48%	70	44%

6. Caregiver's current relationship with birth parent(s) (9-month follow-up)

	Intervention group		Control group		All Respondents	
	Number	Percent	Number	Percent	Number	Percent
	(N=130)		(N=29)		(N=159)	
Generally positive or friendly with at least one parent	90	69%	23	79%	113	71%
Generally negative or adversarial	16	12%	3	10%	19	12%
Non-existent because parents are absent	24	19%	3	10%	27	17%

7. In the past 9 months, has the caregiver's relationship with the parents improved? (9-month follow-up)

	Intervention group		Control group		All Respondents	
	Number	Percent	Number	Percent	Number	Percent
	(N=129)		(N=29)		(N=158)	
Improved a lot	29	23%	6	21%	35	22%
Improved a little	15	12%	4	14%	19	12%
Stayed the same	68	53%	14	48%	82	52%
Become a little worse	10	8%	2	7%	12	8%
Become a lot worse	7	5%	3	10%	10	6%

8. In the past 9 months, has the kinship children's relationship with at least one parent improved? (9-month follow-up)

	Intervention group		Control group		All Respondents	
	Number	Percent	Number	Percent	Number	Percent
	(N=125)		(N=29)		(N=154)	
Improved a lot	22	18%	5	17%	27	18%
Improved a little	27	22%	9	31%	36	23%
Stayed the same	60	48%	12	41%	72	47%
Become a little worse	11	9%	2	7%	13	8%
Become a lot worse	5	4%	1	3%	6	4%

Kinship family needs and use of services

- Both intervention and control group families were generally able to meet their families' basic needs in the past month. A smaller percentage of intervention caregivers was able to get child care when needed (81% intervention group, versus 91% control group); although, in both groups, more caregivers were able to get child care than what was reported at baseline (73% intervention group, 79% control group).

- Over the past nine months, families were most likely to have had help applying for or accessing free or discounted medical care (52% intervention, 45% control), free or discounted dental care (44%, 38%), free or reduced school lunches (41%, 54%), and mental health services (41%, 38%).

- Intervention families were more likely than control group families to receive many of these services, including MFIP/TANF (29% intervention, 10% control), which showed statistical significance; although a higher percentage of control group families reported that they simply did not need the MFIP funds (47% intervention, 60% control).

9. In the last month, did you have child care when you needed it?

The number and percent of caregivers reporting "yes"	Intervention group		Control group		All Respondents	
	Number	Percent	Number	Percent	Number	Percent
	(N=109)		(N=23)		(N=132)	
9-month follow-up	88	81%	21	91%	109	83%
	(N=155)		(N=24)		(N=179)	
Baseline	113	73%	19	79%	132	74%

10. Over the past 9 months, did anyone help you apply for or access the following services for the kinship children in your care? (9-month follow-up)

The number and percent of caregivers reporting "yes"	Intervention group		Control group		All Respondents	
	Number	Percent	Number	Percent	Number	Percent
	(N=133)		(N=29)		(N=162)	
Free or discounted medical care	69	52%	13	45%	82	51%
Free or discounted dental care	58	44%	11	38%	69	43%
Free or reduced school lunches	54	41%	15	54%	69	43%
Mental health services	54	41%	11	38%	65	40%
Help with basic needs, like food, transportation, furniture, or household items	42	32%	6	21%	48	30%

10. Over the past 9 months, did anyone help you apply for or access the following services for the kinship children in your care? continued (9-month follow-up)

The number and percent of caregivers reporting "yes"	Intervention group		Control group		All Respondents	
	Number	Percent	Number	Percent	Number	Percent
	(N=133)		(N=29)		(N=162)	
Cash support through MFIP* for you or an MFIP child-only grant**	39	29%	3	10%	42	26%
Social security benefits	33	25%	4	14%	37	23%
Case management for you or a kinship child in your care	25	19%	5	17%	30	19%
Child support payments	21	16%	6	21%	27	17%
Free or discounted legal assistance	21	16%	4	14%	25	15%
Group counseling or support for kinship caregivers	19	14%	1	3%	20	12%
Adoption assistance, relative care assistance, or foster care payments	18	14%	5	17%	23	14%
One-on-one counseling or support for kinship caregivers	17	13%	2	7%	19	12%
Parenting education	8	6%	1	3%	9	6%
Respite care	5	4%	2	7%	7	4%
	(N=126)		(N=27)		(N=153)	
Free or discounted child care	5	4%	1	4%	6	4%
	(N=116)		(N=23)		(N=139)	
Veteran's benefits	1	1%	1	4%	2	1%

**MFIP is the Minnesota Family Investment Program. It is Minnesota's version of TANF cash assistance.*

***There was a statistically significant difference between the intervention group and the control group on this question calculated for those who answered yes (p<.05).*

Needs and concerns of caregivers

- At both baseline and follow-up, a large majority of intervention caregivers (87% baseline, 92% follow-up) agreed that they have someone they can talk to who understands what they are going through, and more intervention caregivers agreed with this statement at both pre- and post-service interviews (86% intervention caregivers agreed both times, versus 66% of control caregivers). In both surveys, the difference between intervention and caregiver groups was statistically significant.

> Just being heard and understood. None of my friends got it. [MKCA] gave me hope; a lot of positive interaction. There is a light at the end of the tunnel when you are in misery. [They] just listened, let me spill my story, and then tried to point me in the right direction. – *Kinship caregiver*

- With regard to caregiver needs, those in the intervention group were less likely to report good physical health at the nine-month follow-up interview; 19 percent said their physical health is very good, versus 31 percent of control group caregivers, and a third (33%) of intervention caregivers said their health is fair or poor, versus 21 percent of control group caregivers who said the same.

- Overall, intervention and control groups had similar reports on the status of their physical and mental health; although more intervention caregivers (23%) reported that their physical health has gotten "a little worse" than control group caregivers (14%). The majority of caregivers in both groups said that their physical and mental health has remained the same over the past nine months. (See tables in Appendix.)

11. I have someone I can talk to who understands what I am going through (9-month follow-up)

	Intervention group		Control group		All Respondents	
	Number	Percent	Number	Percent	Number	Percent
Baseline	**(N=189)**		**(N=36)**		**(N=225)**	
Strongly agree	119	63%	19	53%	138	61%
Somewhat agree	45	24%	7	19%	52	23%
Somewhat disagree	8	4%	4	11%	12	5%
Strongly disagree	17	9%	6	17%	23	10%
9-month follow-up	**(N=132)**		**(N=29)**		**(N=161)**	
Strongly agree	83	63%	16	55%	99	62%
Somewhat agree	38	29%	7	24%	45	28%
Somewhat disagree	3	2%	2	7%	5	3%
Strongly disagree	8	6%	4	14%	12	8%

12. In general, how would you describe your physical health over the past 9 months? (9-month follow-up)

	Intervention group		Control group		All Respondents	
	Number	Percent	Number	Percent	Number	Percent
	(N=133)		(N=29)		(N=162)	
Excellent	16	12%	4	14%	20	12%
Very good	25	19%	9	31%	34	21%
Good	48	36%	10	35%	58	36%
Fair	35	26%	6	21%	41	25%
Poor	9	7%	0	-	9	6%

Needs of kinship children

- Overall, caregivers felt that they are able to provide their kinship children with the things they need, both currently and for the future. (See tables in Appendix.)

- Six in ten (61%) intervention caregivers said their kinship children misbehave; however, fewer intervention caregivers (14%) than control group caregivers (30%) reported that their kinship children "often" misbehave.

  Also, fewer intervention caregivers (28%) than control group caregivers (46%) reported **at both surveys** that their kinship children "often" misbehave, or that the frequency of misbehavior increased.

  > One child was really out of hand, and over the last few months it has been getting better and better. – *Kinship caregiver*

- A slightly higher percentage of intervention caregivers said that their kinship children's mental health has improved in the last nine months (53% versus 45% control group); and fewer reported that their kinship children needed emotional or mental health services (40% intervention, 79% control), which is a statistically significant finding.

- In addition, fewer intervention caregivers reported at both surveys that their kinship children need specialized educational services (intervention: 27% said "yes" at both surveys; control: 48% said "yes" at both surveys). (See table in Appendix.)

13. Over the last month, how often did any of the children misbehave or break the rules* (9-month follow-up)

	Intervention group		Control group		All Respondents	
	Number	Percent	Number	Percent	Number	Percent
Baseline	(N=144)		(N=26)		(N=170)	
Never	16	11%	4	15%	20	12%
Rarely	36	25%	7	27%	43	25%
Sometimes	71	49%	9	35%	80	47%
Often	21	15%	6	23%	27	16%
9-month follow-up	(N=99)		(N=23)		(N=122)	
Never	6	6%	2	9%	8	7%
Rarely	33	33%	3	13%	36	30%
Sometimes	46	47%	11	48%	57	47%
Often	14	14%	7	30%	21	17%

**This question was asked only of participants with children age four or older.*

14. Mental health of kinship children (9-month follow-up)

	Intervention group		Control group		All Respondents	
	Number	Percent	Number	Percent	Number	Percent
	(N=131)		(N=29)		(N=160)	
Improved a lot	45	34%	8	28%	53	33%
Improved a little	25	19%	5	17%	30	19%
Stayed the same	49	37%	10	35%	59	37%
Became a little worse	9	7%	6	21%	15	9%
Became a lot worse	3	2%	0	-	3	2%

15. Emotional or mental health services for kinship children (9-month follow-up)

In the past 9 months, did any of your kinship children need any emotional or mental health services?	Intervention group		Control group		All Respondents	
	Number (N=132)	Percent	Number (N=29)	Percent	Number (N=161)	Percent
Yes*	53	40%	23	79%	76	47%
Were you able to get services that you did not have before?	30	57%	15	68%	45	60%
No	79	60%	6	21%	85	53%

**There was a statistically significant difference between the intervention group and the control group on this question calculated for those who answered yes (p<.05).*

Interaction with and views of the Minnesota Kinship Navigator Project

This section pertains **only** to the intervention group. (See tables in Appendix.)

- The majority of intervention group caregivers (71%) contacted MKCA or a RAP partner one to four times in the past nine months.

- Among the caregivers that contacted their agency, a large majority said that the kinship worker with whom they spoke was caring and warm (100%, with 74% who strongly agree), gave useful suggestions (95%, 56% strongly), was helpful (95%, 54% strongly), knew a lot about helpful services and programs in the community (94%, 45% strongly), and was easy to reach (95%, 46% strongly). All of the caregivers who answered the question would recommend the Kinship Navigator Program to families similar to their own; and nearly all (96%) were satisfied with the information and support provided by their kinship worker (58% very satisfied).

> I had no idea where to go to get services and help and someone told me about Kinship Care, then I knew there was somewhere to go for help. – *Kinship caregiver*
>
> I think the Kinship program is a great program for families. I would sure recommend them. – *Kinship caregiver*

- The most helpful services for caregivers were the emotional support they received from kinship workers, as well as help in understanding legal issues. Over six in ten caregivers said their kinship worker helped them by "just being there to provide emotional support or encouragement" (67%) and helping them to "understand legal issues or steps to gaining legal rights with regard to your kinship children" (61%).

> I didn't know there were so many people in the same situation [as me]... [My kinship worker] helped take some of the burden away and provided good emotional support. – *Kinship caregiver*

> I was concerned about my grandchild going into foster care and [my kinship worker] helped me find ways to keep her with me; and that was important. – *Kinship caregiver*
>
> The Kinship Caregiver group is so comforting and welcoming. Caregiving is very hard and you have to give up your life. They help you with where you should be with your legal rights with the child. – *Kinship caregiver*

Milestone outcomes

In addition to outcome data from the baseline and follow-up interviews, project staff began tracking "milestone" data halfway through the grant. Milestones were noted as staff worked with clients more intensively; however, they were not tracked systematically for all clients. Overall, milestones were collected for 49 clients; these milestones include:

Safety

- 23 participants reported that their kinship child(ren)'s safety had improved
- 22 participants reported that their family's safety had improved
- 3 clients reported that their (caregiver) safety had improved

Permanency

- 26 participants reported that they had made a step toward permanency for their kinship child(ren)

Well-being

- 16 families accessed financial benefits for their kinship children
- 13 families secured health insurance/coverage for their kinship children
- 12 participants reported an improved ability to meet the needs of their kinship child(ren)
- 10 participants reported that their kinship child(ren)'s behavior had improved
- 8 participants reported that their family had secured basic needs
- 5 participants reported their kinship child(ren) were now enrolled/attending school
- 5 participants reported that they had expanded their network of support persons to help with kinship children

D. Evaluation Discussion

There were several challenges encountered during the implementation of the original evaluation plan.

- There was some confusion at the beginning of the grant period, because the MKCA staff involved in the grant writing was no longer with the organization. It was difficult to get a clear understanding of the budget MKCA submitted in the original proposal and the budget that was approved. Previous staff underestimated the costs for contracted services, and as a result, other expenses had to be reduced to cover the costs of necessary contracted services.

- Initially, Wilder had planned to access Minnesota Social Service Information System (SSIS) records, but was unable to obtain approval, so did not use this source. As an alternative, Wilder collected information directly from caregivers during the participant interviews.

- MKCA had also hoped to refine the evaluation approach by selecting a comparison group of families using state administrative records. However, given the decision not to share administrative data, MKCA had to find an alternative method for creating the control group.

- Ultimately, evaluators and program staff moved from a quasi-experimental design to a true experimental design, which included a system of randomly identifying new families from calls to the Warmline that take place on selected days of the week. Unfortunately, there were fewer new callers than anticipated on the randomly selected dates, so the control group is quite small. In addition, some of the selected control group participants were ineligible because they were not current caregivers.

- Due to changes in the program model, baseline telephone interviews were put on hold until January 2011.

In addition to the challenges faced at implementation, and partly because of them, there are limitations in the data.

- Small n-sizes are one of the biggest limitations. The control group in particular was very small, so reliable, in-depth analysis is not possible.

- Other limitations included less reliable and inconsistent data. Rather than getting data from the state (through SSIS), researchers collected information directly from caregivers, and self-reported data can be less reliable. Researchers also had to manually pull a control group using random assignment (rather than pulling a group

from the database, which would have been much more comfortable for service providers than turning people away). There may also have been inconsistencies in the data; for example, since multiple researchers were conducting the interviews, there may be a higher likelihood of error and/or variance in responses than if the data were pulled from one, central database.

- Due to limited funding at the end of the grant period, all parties agreed that Wilder would only count information from the intake and contact logs, rather than conducting an in-depth analysis of the forms (as had been done previously). Therefore, limited data is available about the participants who initiated contact in the final six months of the grant period.

Conclusions

The overall service goal of the Minnesota Kinship Navigator Project, as outlined in the proposal, was to **enhance the stability (safety and permanency) and well-being of children at risk of formal non-relative placement by supporting kinship care and (when possible) family reunification.**

In order to achieve this overarching goal, the Kinship Navigator sought to accomplish the following specific, systems-focused and family-focused objectives. Several of these specific objectives were certainly met, while the outcome of others is less clear.

Family (caregiver and child) objectives

1. **Increase the number of kinship caregiver-led families seeking permanent status through reunification, transfer of legal custody, guardianship, or adoption.**

This was likely the goal that was most clearly met for the Minnesota Kinship Navigator Project. MKCA and its RAP partners worked hard to update and disseminate legal information for kinship caregivers, particularly through the Legal Steps manual, which was an area in which caregivers clearly wanted more information.

In reviewing the outcomes, over half (55%) of intervention caregivers said that they have experienced changes in the custody status of at least one of their kinship children, which is slightly higher than control group (49%); 24 percent now have permanent legal custody (21% in the control group), 20 percent have obtained a delegation of parental authority or power of attorney (7% control), and 11 percent have taken other steps toward securing custody, adoption, or guardianship (21% control).

However, it is important to note that control group caregivers might also have accessed the MKCA website, which has the same Legal Steps information. The fact that control group caregivers knew of MKCA and had the number of the Warmline suggests that they may have accessed/used legal services from the website. However, they would not have had a resource person from MKCA to guide them through the process.

2. **Increase the frequency (and the quality) of contact with children's biological parents**

In looking at birth parent involvement between the two surveys, a greater number of intervention caregivers reported that the birth parents were either "very involved" (at both interviews) or that involvement increased over the nine-month period (intervention: 38%, control: 17% "very involved" or increased involvement).

While a majority of caregivers in both groups reported that "neither birth parent was involved," at both interviews or that involvement decreased over the nine-month period, it is notable that birth parent involvement did increase somewhat, and more so for the intervention group.

In addition, a majority of caregivers (69% intervention, 79% control) reported that their relationship with the birth parents is generally positive. Over the past nine months, the caregiver-parent relationship has stayed the same for 53 percent of those in the intervention group (48% for the control group), and a higher percentage improved (35%) than declined (13%); 23 percent said their relationship with the birth parents has improved a lot.

Nearly half (48%) of caregivers reported that the relationship between kinship children and their parents has stayed the same; 40 percent said it has improved (18% a lot).

3. Increase the number of formal and informal kinship caregivers and children participating in support groups, mentoring programs, legal assistance programs, and other supportive services that have been shown to enhance child well-being or improve family stability.

In some cases, the number of kinship caregivers and children participating in services increased over the course of the grant. For example, in the first reporting period, there were 339 cases of referrals/phone support, while there were 389 in the second to last reporting period (with some fluctuation in between); also, there were 23 educational workshops/events in the first reporting period, and 89 in the second to last reporting period. As mentioned earlier, due to funding limitations, in-depth analysis was not conducted during the final six months and, therefore, it is difficult to say if participation in services increased; areas that seem to lose participation included support groups, one-to-one support, and children's activities.

In speaking with caregivers themselves, a large majority (92%) said that they have someone they can talk to who understands what they are going through, and more intervention caregivers agreed with this statement at both pre- and post-service interviews (86% intervention caregivers agreed both times, versus 66% of control caregivers).

4. Connect more caregivers and children to family counseling, mediation services, and family strengthening programs that have been shown to preserve family connections and increase the likelihood of permanency.

In order to help increase permanency and preserve family connections, a new group was formed to work on issues related to the impacts of incarceration on the family members. MKCA staff served on this group, which is called Strengthening Families of Children

Impacted by Incarceration Coalition (SFIIC). SFIIC is a public/private initiative working to improve and inform practices and policies that address the needs of children, caregivers, and parents of those incarcerated by communicating best practices, advocating for and impacting change within the community and organizations serving these families.

In addition to this group, MKCA and its partners worked to strengthen families by referring families to counseling and mediation; however, the number of participants who received these services was very small. Over the course of the grant 72 caregivers (3%) were referred to mental health or counseling services, and two were referred to mediation (<1%).

5. Reduce participating children's engagement in risky behaviors.

The data did not necessarily address the level of "risky" behavior among kinship children. Outcomes showed that behavior for intervention children generally remained the same between the two surveys (see Figure 13); however, fewer intervention caregivers (28%) than control group caregivers (46%) reported **at both surveys** that their kinship children "often" misbehave, or that the frequency of misbehavior increased.

A slightly higher percentage of intervention caregivers said that their kinship children's mental health has improved in the last nine months (53% versus 45% control group); and fewer reported that their kinship children needed emotional or mental health services (40% intervention, 79% control), which is a statistically significant finding.

6. Provide intensive one-to-one support and mentoring to caregivers and children who are deemed at serious risk of abuse, neglect or out-of-home placement.

MKCA addressed this objective by initiating the Caregiver Support Specialist Program. The Support Specialists, who acted as mentors to kinship caregivers, were assigned to intense, higher risk cases that needed more time, attention, and support. However, outcome data are not available from this component of the project.

7. Improve participating children's school attendance and performance.

As seen in Figure A43 (in the Appendix), 39 percent of intervention caregivers reported that their kinship children received specialized educational services, and nearly six in ten (59%) of those were able to get services that they did not have before. In addition, 23 caregivers received education-related referrals (see Figure A14).

MKCA worked hard to get children enrolled in school once they were in a new caregiver home; however, we do not have outcome data on school attendance and performance.

System objective

8. Strengthen and expand the network of services and supports that is available for Minnesota's kinship caregivers and their families.

MKCA and RAP partners were able to meet this goal by building relationships and collaborating with a variety of organizations. Examples of this include their participation in Minnesota Thrive Initiative coalition meetings, which are focused on infant and toddler mental health, their partnership with the Family Education Network, which allows community agencies to learn about and share family education opportunities in the area, and their participation in Inside-Out Connections committees, which focus on supporting children of incarcerated parents.

MKCA and its regional partners specifically aimed to strengthen and expand services and support for underrepresented groups in Minnesota. In July 2010, MKCA contracted with Inter-Tribal Elder Services to offer one-to-one services, information, referrals, and support groups (including children's programming) to American Indian relative caregivers in the Minneapolis/St. Paul metropolitan area. In addition to Inter-Tribal Elder Services, new partners included Red Lake Community Education, Shooting Star Casino, White Earth Mental Health Services, and White Earth Child Care Program. During the second year of the grant, MKCA subcontracted with Grandparents Shaping our Community, which offered regular support groups to African-American caregivers.

As reported earlier, the data also show that caregivers were generally able to meet their families' basic needs in the past month. Overall, intervention families were more likely to have had help applying for or accessing a variety of services, including free or discounted medical care (52% intervention, 45% control), free or discounted dental care (44%, 38%), and mental health services (41%, 38%). They were also more likely to have help applying for MFIP/TANF (29% intervention, 10% control), which showed statistical significance.

Child and Family Services Review outcomes

Findings from "milestone" tracking also show that goals related to safety, permanency, and well-being were met throughout the grant period; see page 41 for milestone outcomes.

Lessons learned about program implementation

As mentioned throughout the report, there were several factors driving program implementation, including limited funding, changes in partnerships, and the inability to gain approval to use SSIS records, which ultimately impacted the evaluation design.

The lessons learned from these experiences are the same as outlined in the Collaboration Section:

- **Spend time up front choosing strong partners.** Perhaps the most important lesson learned from the Minnesota Kinship Navigator Project is to think carefully and thoroughly, in the initial phases, when identifying contracted service providers and other partners. In particular, partners should be identified in the planning stages of the project, and included up front in project design. One of the primary challenges in this project was that contracted partners had existing relationships with MKCA to provide a set of services established through a previous grant that was different than those services being required of them in the new Kinship Navigator grant. While they were aware of the new grant and the program changes, they perhaps did not fully understand the implications to their work until after the grant was awarded, and thus were sometimes unwilling or unable to implement the required components. Identifying partners who demonstrate, up front, both commitment and capacity to carry out the grant is key to success.

- **Have strong, non-adversarial communication.** Good, consistent communication is always an important factor in any collaborative process, and was no less true for the Kinship Navigator Project. Especially important for this project was the use of conference calls, email, and the project's wiki site, since partners were located far apart. Ongoing communication to engage project partners helped keep them up-to-date on information relevant to their work with caregivers, and allowed them to have a voice in guiding the work of the project. It also kept MKCA informed of any challenges faced by the partners, and allowed everyone an opportunity to share stories and collaborate on difficult cases.

- **Deep infrastructure is key**. Having a strong, cohesive board and staff members, including extensive fund-raising efforts, is important in maintaining a grant-funded project. At the time the organization applied for the Family Connections grant, MKCA had only one paid staff member, the executive director, and a board of directors largely composed of founding members who were also relative caregivers. When the organization was awarded the grant, the previous executive director had retired and the board was in the process of hiring a new full-time staff person to manage the grant and lead the organization. Over the course of the grant, the organization hired two additional staff and several interns, and experienced significant board turnover (due in large part to a recognition of the need to institute term limits for board members). Many of these changes were positive for the organization in terms of increasing reach and visibility within the caregiver and professional communities, focusing the organization's efforts, and improving the overall quality of services provided. However, there was also considerable disagreement about the direction of the organization

moving forward. Perhaps related to the new and changing leadership on the staff and the board, the organization did not have or agree on a comprehensive funding strategy, and were unable to identify and secure adequate funds to sustain the organization after the grant. A complete discussion of this is in the Sustainability section of this report.

Program impact on families

Overall the project has had an impact on the caregivers, children, and families it served, as well as the partner organizations involved.

- Kinship caregivers and their families can more clearly navigate the legal process, thanks to information from Kinship Navigators, and a majority of intervention group caregivers experienced changes in custody of at least one of their kinship children.
- At the time of their follow-up interview, a majority of kinship children had not been involved in a Child Protection case over the past nine months.
- A slightly higher percentage of intervention caregivers said that their kinship children's mental health has improved in the last nine months, and fewer reported that their kinship children needed emotional or mental health services, which is a statistically significant finding.
- The frequency of birth parent involvement has gone up slightly, and the quality of the relationships between parent-caregiver and parent-child are improving.
- Families received help in applying for a variety of services, particularly free or discounted medical care, free or discounted dental care, free or reduced school lunches, and mental health services. Intervention families were more likely than control group families to receive help in applying or accessing many services, particularly MFIP/TANF.
- In terms of the Kinship Navigator Program itself, a large majority of caregivers said that their kinship worker was caring and warm, gave useful suggestions, was helpful, knew a lot about helpful services and programs in the community, and was easy to reach.
- All of the caregivers who answered the question would recommend the Kinship Navigator Program to families similar to their own; and nearly all were satisfied with the information and support provided by their kinship worker.

Program impact on partners

Being involved in the Kinship Navigator Program helped improve consistency and quality in services provided by partner organizations. The program also helped bring partners together as a "network." They seemed to truly value the opportunity to connect with one another and share resources and ideas for ways to engage and assist families. Particularly because most of these programs are housed in small agencies and managed by one or two staff per site, this networking and sharing opportunity was extremely valuable. They also benefited from the research on best practices and program manual and other materials developed by the executive director.

Program impact on child welfare community

Unlike other Kinship Navigator grantees, MKCA focused on kinship families outside of the formal child welfare system; very little is known about these caregivers, their numbers, or their needs. Currently there are so few resources for these families that they often go into the system just to get their basic needs met; that could be avoided if the right services and supports were available and accessible to people outside. Therefore, it is in the child welfare community's best interest to learn about and help support this population because, with the help of caregivers, these children are able to avoid the child protection system.

Recommendations

The Minnesota Kinship Caregivers Association and its partners have learned a great deal throughout the course of this grant. The knowledge we have gained will hopefully be of use to a variety of parties, including 1) the administrators of similar, future projects, 2) the Children's Bureau, and 3) those working in the child welfare field.

Below are recommendations for each of these groups.

Recommendations for administrators of similar, future projects

As mentioned throughout the report, it is extremely important to think carefully and thoroughly about the contracted service providers and partners you wish to engage on a project of this type. Make certain to identify partners early in the planning stages, and include them in the project design. As much as possible, identify partners who are enthusiastic and demonstrate the commitment and capacity to carry out the grant. On a project of this type, it may be useful to formally involve leadership from the child welfare system to enhance cross-referrals, formal child welfare services for caregivers who need them, and policy improvements based on the experiences of the informal caregivers involved with the project.

After partners have been selected, it is important to maintain strong, consistent communication using whatever means is available and convenient for all parties. Of particular use for the Kinship Navigator Project was a wiki site, since partners were located far apart and in rural areas. Ongoing communication helped to keep partners up-to-date on information relevant to their work with caregivers, and allowed them to have a voice in guiding the work of the project. It also kept MKCA informed of any challenges faced by the partners, and allowed everyone an opportunity to share stories and collaborate on difficult cases.

In addition to having committed partners, a strong board and staff (especially those who are committed to extensive fund-raising efforts) are integral to carrying out a grant-funded project. Over the course of the Family Connections grant, MKCA went through a variety of staffing changes and experienced significant board turnover. While many of these changes were positive, they also created issues for funding and sustainability. Therefore, having a strong staff and board that can work collaboratively towards a common goal, such as a funding strategy, is crucial, particularly in sustaining the project after the grant ends.

Recommendations for the Children's Bureau

The Navigator grant targeted not only kinship families involved in the formal child welfare system, but also those families caring for kin who were not involved in the system. Minnesota's Kinship Navigator Project focused on the latter group of informal caregivers; however, the overall structure of the grant and reporting requirements did not encourage flexible services provided by grass-roots, community-based nonprofits. The grant required a match that was difficult for these small organizations to meet while still providing services to kinship families. The Children's Bureau may wish to consider not requiring a large match when working with community-based organizations that target their services toward informal caregivers.

Recommendations for the child welfare field

Because very little is known about kinship families outside of the formal child welfare system (and few resources are currently available for these families), it is vital that the child welfare community learns more about and helps support this population. Kinship caregivers are providing a valuable service to the broader community by caring for children who would otherwise end up in foster care. Foster care is not only more expensive than kinship care; it also typically results in poorer outcomes for children. However, many kinship caregivers feel so isolated and depleted of their own resources that they end up turning to the formal foster care system for support. Through the course of this project, staff from the Kinship Navigator Program and program evaluators heard countless stories of caregivers who cared deeply about the children in their care, who wanted desperately to provide for them, but who were simply too overwhelmed emotionally, physically, and/or financially to meet the children's needs. Many were teetering on the edge of crisis, and without the support of the Kinship Navigator Program would have very likely resorted to calling social services.

Child welfare policy makers and administrators can use information from this report to learn more about the demographic characteristics of kinship caregivers, as well as what services and supports they found most necessary and helpful. Instituting policies and programs that provide basic, front-end support for kinship caregivers could help get them the resources and support they need to care for their children, and keep caregivers and children out of crisis down the road.

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Appendices

Key interventions and activities

Evaluation Methodology

Process Evaluation: Additional Data/Findings

Outcome Evaluation: Additional Data/Findings

Key interventions and activities

Outreach

A1. General outreach activities, October 2009 – September 2012

	Number of activities	Estimated number of persons reached
Group presentations/group outreach	119	4,725
Newsletter	61	22,400+
One-to-one outreach to professionals	107	150+

**There may be duplication in number of persons reached across semi-annual reporting periods.*

A2. Media coverage, October 2009 – September 2012

	Number of mentions
Radio/Television	967
Newspaper	188
Web/Online Coverage	73
Billboards	3
Other coverage	19

Support groups

A3. Support group activities

Period covered	Number of support groups	Number of meetings held	Number of caregivers participating
October 2009-March 2010	18	45	103
April-September 2010	22	71	157
October 2010-March 2011	19	51	126
April-September 2011*	12	37	89
October 2011- March 2012*	15	51	105
April-September 2012**	37	n/a	n/a

** Numbers during this period may be an undercount because one of the contracted partners had staff turnover during this period, and there may be a lag time in submitting support group logs.*

*** Due to limited funding at the end of the grant period, the support groups were only counted; no other information about the groups or attendance was collected.*

Workshops/Trainings

A4. Educational workshops or events

Event and Location	Audience
October 2009 – March 2010	
Everyday Stress (co-sponsored by Messiah Lutheran Church); Mount Iron, MN	Kinship caregivers
Intro to the ROCK Program; Grand Rapids, MN	Professionals
Mahube Board of Directors Meeting; Detroit Lakes, MN	Professionals
Legal training (co-sponsored with White Earth Tribal Court providing legal expertise); Waubun, MN	Kinship caregivers and professionals
Dental health (co-sponsored with Beltrami County Health and Human Services); Bemidji, MN	Kinship caregivers
Census 2010 information (co-sponsored with US Census Bureau); Park Rapids, MN	Kinship caregivers
Helping Traumatized Children Heal; Waterville, MN	Kinship caregivers
Infant Mortality Conference (sponsored by the Leech Lake Health Division); Leech Lake, MN	Kinship caregivers
April – September 2010	
Planning for Your Child's Lifelong Security; Marshall, MN	Kinship caregivers and professionals
Relaxation/Stress Reduction; St. Cloud, MN	Kinship caregivers
Behavioral Guidance; White Earth Reservation	Kinship caregivers on the White Earth Indian Reservation
Kinship Family Community Forum (legal resources); Pelican Rapids, MN	Kinship caregivers and professionals
Nutrition Education and Fitness; Mora, MN	Kinship caregivers
Fetal Alcohol Syndrome; Mount Iron, MN	Kinship caregivers and professionals
Senior networking; Forest Lake, MN	Professionals
Infant/Child CPR; St. Cloud, MN	Kinship caregivers
Raising Money Savvy Kids	Kinship caregivers, parents
Legal workshop	Kinship caregivers
October 2010 – March 2011	
"It wasn't supposed to be like this": Parenting the second time around	Kinship caregivers
"Getting to know you": Parenting the second time around	Kinship caregivers
"Rebuilding a family": Parenting the second time around	Kinship caregivers
"Discipline is not a dirty word": Parenting the second time around	Kinship caregivers
"Legal concerns for grandparents raising children": Parenting the second time around	Kinship caregivers
Love and Logic	Kinship caregivers and professionals
Boy and girl brains: Make the difference work for you	Kinship caregivers, child care providers
Attachment workshop	Kinship caregivers, professionals

Post-Traumatic Stress Disorder and Reactive Attachment Disorder	Kinship Caregivers, professionals
Presentation of RAP services	Kinship caregivers
Elder informational sessions	Kinship caregivers
"Live well at home" workshop	Kinship caregivers
What's new in diabetes care: Self-management and more	Kinship caregivers
Legal issues for caregivers	Kinship caregivers
Kinship caregivers perspectives breakfast: Foster care	Kinship caregivers, professionals
Relatives as parents: overview of legal options and financial resources	Kinship caregivers
"When families and households experience change"	Professionals, kinship caregivers, other caregivers
Parenting the difficult child	Kinship caregivers
Third party custody	Kinship caregivers, professionals
Nutrition and stretching your food dollars	Kinship caregivers
Feeding your family on a budget	Kinship caregivers
"Feeding your family without wearing out your wallet"	Kinship caregivers
April – September 2011	
"Stress Busters": You and the Children you are Raising	Kinship caregivers
"Protect Our Children": Preventing and Recognizing Sexual Abuse in Children	Kinship caregivers
Kinship caregivers perspectives breakfast: The Courts	Kinship caregivers and professionals
Kinship caregivers perspectives breakfast: Informal Caregiving	Kinship caregivers and professionals
Relative Caregiving: Strengths and Challenges	Kinship caregivers and professionals
Minnesota Association of Children's Mental Health-poster session	Kinship caregivers and professionals
The Challenges of a Large Rural Service Delivery Area: Creative Ways to Organize Support Groups and Children's Groups	RAP professionals
Coffee & Conversation (2 meetings)	Kinship caregivers and their friends/family and providers
Mahnomen (White Earth) Kinship Family Forum (partnership with White Earth Relatives as Parents program)	Kinship caregivers and their friends/family
October 2011 – March 2012	
Family Centered County Approaches, Eagan, MN	Kinship caregivers and professionals
Child with ADHD; LSS/Minneapolis	Grandparents/foster parents
Project Mura; UROC/Minneapolis	Grandparents
Computer skills; UROC/Minneapolis	Grandparents
NAMI Children's Mental Health; NAMI office	Grandparents
Computer; Minneapolis	Grandparents
Due Process; Urban League	Grandparents
Coffee & Conversation; Park Rapids	Kinship caregivers and their family, friends, and neighbor providers

April – September 2012	
Hutchinson Kick-Off; Hutchinson, MN	Caregivers
Living on Less/Kids and Money; St. Cloud, MN	Caregivers
Coffee & Conversation; Park Rapids	Kinship caregivers and family, friends, and neighbor providers
Self-Care Tools for Kinship Foster and Adoptive Parents; LSS/Minneapolis	Caregivers
A 3-D View; A Complete Look at Your Adopted Child; A Deeper Understanding of Complex Trauma in Adopted and Foster Kids; Bloomington, MN	Caregivers, Professionals
Raising Kids with Fetal Alcohol Spectrum Disorder; LSS/Minneapolis	Caregivers
Strong Women, Stronger Legacies; LSS/Minneapolis	Caregivers, Parents
Here We Go Again, Parenting in the 21st Century; LSS/Minneapolis	Caregivers
Nurturing Feeding: Promoting Recovery from Eating Issues; LSS/Minneapolis	Caregivers
Planning for Your Child's Future: Your First Step; LSS/Minneapolis	Caregivers
MSSA Regional Conference: Raising Relatives' Children; Bloomington, MN	Caregivers

Children's groups

A5. Children's activities

Description of activity	Frequency	Partner organizations	Number of children in attendance
April – September 2010			
Science Center staff help children explore exhibits in the center while adults meet for support group	Monthly	Headwaters Science Center; Bemidji, MN	n/a
Children swim at the community center while adults meet for support group	Monthly	Staples Community Center; Staples, MN	n/a
October 2010 – March 2011			
Science Center staff lead children in education activities during adult support group	Monthly	Headwaters Science Center; Bemidji, MN	5-11
Children swim at the community center while adults meet for support group	Monthly	Staples Community Center; Staples, MN	5-9
Children participate in shared story time and craft activity during adult support group	Monthly	Northwest Regional Library, Thief River Falls	3-4
Staff lead children in crafts, puzzles and reading activities during adult support group	Monthly	White Earth Childcare program, White Earth Reservation	6-14

Licensed staff lead children in age-appropriate activities during adult support group	Monthly	Child Care Choices, St. Cloud	1-4
Licensed staff lead age-appropriate activities during adult support group	Monthly	Dassel-Cokato School District	3-7
April – September 2011			
Science Center staff lead children in education activities during adult support group	Monthly	Headwaters Science Center; Bemidji, MN	5-7
Children swim at the community center while adults meet for support group	Monthly	Staples Community Center; Staples, MN	6-8
Staff lead children in crafts, puzzles and reading activities during adult support group	Monthly	White Earth Childcare program, White Earth Reservation	7-11
Licensed staff lead children in age-appropriate activities during adult support group	Monthly	Child Care Choices, St. Cloud	1-12
Licensed staff lead children in age-appropriate activities during adult support group	Monthly	Dassel-Cokato School District	4
October 2011 – March 2012			
Science Center staff lead children in education activities during adult support group	Monthly	Headwaters Science Center; Bemidji, MN	4-8
Children swim at the community center while adults meet for support group	Monthly	Staples Community Center; Staples, MN	5-8
Staff lead children in crafts, puzzles, and reading activities	Monthly	White Earth Child Care Program, White Earth Reservation	8-16
Staff work with children on crafts, reading, and outdoor activities	Bi-monthly	Grandparents Shaping Our Community, Minneapolis, MN	2-30
Staff work with children on crafts, puzzles, reading activities, and games	Once	Park Rapids RAP – children's group	5
April – September 2012			
Science Center staff led children in education activities during adult support group	Twice	Headwaters Science Center; Bemidji, MN	6-7
Children swam at the community center while adults met for support group	Twice	Staples Community Center; Staples, MN	6-8
Staff led children in crafts, puzzles, and reading activities	Twice	White Earth Child Care Program, White Earth Reservation	4-10
Children watched a Fidgety Fairy Tale performance	Once	LSS	2
Children were provided with care during adult support group	Monthly	St. Cloud RAP group	6-14
Children were provided with care during adult support group	Twice	Dassel-Cokato RAP group	5-6
Children were provided with care during adult support group	Once	Marshall RAP group	1

A6. Other community partnership activities

Description of partnership activity	Number of meetings	Partner organizations
October 2009 – March 2010		
Elders Service Provider Network (serving American Indian elders in the Leech Lake/Reservation area)	3	Nokomagiisis Program (serving abused elders and children), Cass Lake Family Center, Leech Lake Elderly Nutrition Program, Leech Lake Housing Authority, Access North (Cass County), Leech Lake Elder Advocates, MN Chippewa Tribe SNAP-Ed Program
Meeting regarding potential respite care	1	Lutheran Social Service of Minnesota programs and Central Childcare Center
Weekly programming for youth violence prevention at Holy Rosary Catholic Church (outreach to Latino kinship caregivers)	1	Holy Rosary Catholic Church
Meeting regarding legal service needs and provision	1	Lutheran Social Service of Minnesota programs, Messiah Lutheran Church, volunteers, Kaleidoscope School Age Child Care Center
Planning meeting for upcoming "Girls Night Out"	1	Suitably Yours, Mount Olivet Lutheran Church
Planning lunch with Inter-Tribal Elder Services	1	Inter-Tribal Services
Workshop targeting grandparents with grandchildren with special needs and professionals working with them	1	The Windmill Project, PACER
Workshop targeting grandparents raising grandchildren and professionals working with them	1	The Village, Big Brothers/Big Sisters, STARS for Children's Mental Health, and Sherburne County Human Services
April – September 2010		
Participation in monthly meetings of local Child Abuse and Neglect Council	3	Benton County Child Protection, St. Cloud area hospital, Anna Maries (Domestic Abuse Shelter) YMCA, Crisis Nursery, Head Start
Participation in monthly meetings of the Stearns County Transitions Task Force, county advisory committee focused on homelessness, cash and child care assistance, and other social services.	3	Stearns County, Community Action, Recovery Plus, St. Cloud HRA, Mid Minnesota Family Practice.
Participation in monthly meetings of the Family Education Network to learn about and share family education opportunities in the area.	2	St Cloud Early Childhood Family Education, Resource Training and Solution, Big Brothers Big Sisters, Parent Tip Line and Crisis Nursery.
Attendance at Stearns County Inside-Out Connections meeting, program for children of incarcerated parents.	2	Local school districts, Crisis Nursery, Boy Scouts, Boys and Girls Club, YMCA, and Stearns County Jail
Participation in Minnesota Thrive Initiative coalition meetings, focused on infant and toddler mental health.	ongoing	Mental health practitioners, public health professionals, county social workers, and early intervention staff.

Attendance at Wright County Inside-Out Connections meeting, program for children of incarcerated parents.	1	Buffalo Early Childhood Family Action, Wright County Jail, Wright County Sheriff's Department, Wright County Public Health, Crisis Nursery, Initiative Foundation.
Attendance at Land of the Dancing Sky Area Agency on Aging Senior Advisors meeting	1	Land of the Dancing Sky Agency Area on Aging
Attendance at the Red Lake Child Care Program Advisory committee meeting	1	Red Lake Child Care program
Attendance at the Isle Recreation and Education Center Advisory Board	1	Isle School, Recreation and Education Center
Partnership with Virginia Community Education program to offer parenting education classes to caregivers	ongoing	Virginia School District community education program
Participation at the St. Cloud Human Services Advisory meeting	1	Stearns County social services staff, Benton County social services staff, area school districts, United Way
Participation at the Family Education Network meeting	1	St. Cloud Early Childhood Family Education, Resource Training and Solution, Big Brothers Big Sisters, Community Action, Parent Tip Line, Crisis Nursery.
Partnership with Holy Rosary Catholic Church Youth Violence Prevention Program to reach out to Latino kinship caregivers	ongoing	Holy Rosary Catholic Church
Partnership with Mount Olivet Lutheran Church to host "Girls Night Out" event for female kinship caregivers.	1	Mount Olivet Lutheran Church
October 2010 – March 2011		
Participation in Minnesota Thrive Initiative coalition meetings, focused on infant and toddler mental health.	7	Mental health practitioners, public health professionals, county social workers, and early intervention staff.
Participation in monthly meetings of the Family Education Network to learn about and share family education opportunities in the area.	5	St Cloud Early Childhood Family Education, Resource Training and Solution, Big Brothers Big Sisters, Parent Tip Line and Crisis Nursery
Participation in monthly meetings of local Child Abuse and Neglect Council	4	Benton County Child Protection, Stearns County Child Protection, St. Cloud area hospital, Anna Maries (Domestic Abuse Shelter) YMCA, Crisis Nursery, Head Start
Participation in monthly meetings of the Stearns County Transitions Task Force, county advisory committee focused on homelessness, cash and child care assistance, and other social services.	4	Stearns County, Community Action, Recovery Plus, St. Cloud HRA, Mid Minnesota Family Practice.
Attendance at Stearns County Inside-Out Connections meeting, program for children of incarcerated parents.	2	Local school districts, Crisis Nursery, Boy Scouts, Boys and Girls Club, YMCA, and Stearns County Jail
Participation in Elder Services Provider Network (ESPN)	2	Leech Lake Band of Ojibwe Elder programs
Attendance at County Adult Protection meetings	2	Leech Lake Health Division, Law Enforcement, Cass County Social Services, Nokomagiizis Elder Abuse Program, Local Sexual Assault Program

Attendance at Wright County Inside-Out Connections meeting, program for children of incarcerated parents.	1	Buffalo Early Childhood Family Action, Wright County Jail, Wright County Sheriff's Department, Wright County Public Health, Crisis Nursery, Initiative Foundation.
Participation in Leech Lake Elder Advisory Council meetings	1	Nokomagiizis Elder Abuse Program
Participation in Minnesota statewide committee serving children of incarcerated parents	1	Wilder Foundation, Minnesota Department of Corrections, Minnesota Department of Human Services, Volunteers of America
Partnerships with Urban American Indian Tribal Office Staff to host health and wellness events and activities for program participants	ongoing	White Earth, Leech Lake, Red Lake, and Mille Lacs
April – September 2011		
Participation in St. Cloud Area Thrive coalition meetings, focused on infant and toddler mental health.	2	Sauk Rapids Early Childhood Family Education, mental health practitioners, public health professionals, county social workers, and early intervention staff.
Participation in monthly meetings of the Family Education Network to learn about and share family education opportunities in the area.	2	St Cloud Early Childhood Family Education, Resource Training and Solution, Big Brothers Big Sisters, TriCAP, Crisis Nursery, Catholic Charities, and Rasmussen College.
Participation in monthly meetings of local Child Abuse and Neglect Council	2	Benton County Child Protection, Stearns County Child Protection, St. Cloud area hospital, Anna Maries (Domestic Abuse Shelter) YMCA, Crisis Nursery, Head Start, and Albany hospital.
Participation in monthly meetings of the Stearns County Transitions Task Force, a county advisory committee focused on homelessness, cash and child care assistance, and other social services.	2	Stearns County, TriCAP, Community Action, Recovery Plus, St. Cloud HRA, Mid Minnesota Family Practice, Place of Hope, and other professional community members.
Attendance at Stearns County Inside-Out Connections meeting, program for children of incarcerated parents.	3	Local school districts, Crisis Nursery, Boy Scouts, Boys and Girls Club, YMCA, and Stearns County Jail
Attendance at Strengthening Families of Incarcerated Parents ad hoc committee.	2	Minnesota Department of Corrections, Minnesota Department of Human Services, Minnesota Department of Education, Volunteers of America of Minnesota, and Wilder Foundation.
Participation in monthly meetings of the Human Services Council, a group of human service professionals who gather to share resources and network.	1	Local school district staff, county social service workers, Centra Care staff, Catholic Charities, TriCAP, Lutheran Social Service, United Way, and Initiative Foundation.
Attendance at Wright County Inside-Out Connections meeting, program for children of incarcerated parents.	1	Buffalo Early Childhood Family Action, Wright County Jail, Wright County Sheriff's Department, Wright County Public Health, Crisis Nursery, Initiative Foundation.
October 2011 – March 2012		
Strengthening Families of Incarcerated Parents	1	MN Departments of Corrections, Human Services, Education, and Public Safety: Initiative Foundation; Amicus; Council on Crime and Justice; Wilder Foundation; Volunteers of America

Participation in St. Cloud Area Thrive Coalition meetings, focused on infant and toddler mental health.	2	Sauk Rapids Early Childhood Family Education, mental health practitioners, public health professionals, county social workers, and early intervention staff.
Participation in monthly meetings of the Family Education Network to learn about and share family education opportunities in the area.	5	St Cloud Early Childhood Family Education, Resource Training and Solution, Big Brothers Big Sisters, TriCAP, Crisis Nursery, Catholic Charities, and Rasmussen College.
Participation in monthly meetings of local Child Abuse and Neglect Council.	5	Benton County Child Protection, Stearns County Child Protection, St. Cloud Hospital, Anna Maries (Domestic Abuse Shelter) YMCA, Crisis Nursery, Head Start, and Albany hospital.
Participation in monthly meetings of the Stearns County Transitions Task Force, a county advisory committee focused on homelessness, cash and child care assistance, and other social services.	3	Stearns County, TriCAP, Community Action, Recovery Plus, St. Cloud HRA, Mid Minnesota Family Practice, Place of Hope, and other professional community members.
Attendance at Stearns County Inside-Out Connections meeting, program for children of incarcerated parents.	4	St. Cloud School District, Crisis Nursery, Boy Scouts, Boys and Girls Club, YMCA, St. Cloud Reformatory, Benton County Jail, and Stearns County Jail.
Attendance at Wright County Inside-Out Connections meeting, program for children of incarcerated parents.	1	Wright County Public Health, Buffalo Early Childhood Family Action, Wright County Jail, and PATH Crisis Nursery.
Members of Minnesota Organization on Fetal Alcohol Syndrome Advisory.	1	Arc Midstate, Public Health, and Centra Care
The We Care program, facilitated by grandparent Lorraine Smaller, has agreed to provide educational art and expression services for grandchildren	1	Oak Park Community Center
S. Mills agreed to serve as Child Development support for grandparent bi-monthly meeting, providing grandchildren with development and social engagement activities during the meetings	1	La Creche Early Childhood Development Center
Outreach to civic, health, and social organizations to raise awareness of the professional/cultural support needed by grandparents raising grandchildren	1	MN Chapter of Black Social Workers, MN Chapter of Black Nurses, University of MN Law School, Legal Rights Center
Northside Residents Redevelopment Council and University Research Center have supported grandparents, acting as fiscal host and providing meeting space	1	University of MN Family Education Center, University of MN Children's Mental Health
April – September 2012		
Child Abuse and Neglect Council. This meeting is about preventing child abuse and neglect. Often times children living with a relative have experienced some kind of abuse or neglect. RAP program information is shared at each meeting that we are able to attend. There have been several referrals to our program from Stearns and Benton County Child Protection workers because of our attendance at this meeting. We have also developed a close relationship with Benton County Child Protection due to our attendance at these meetings.	3	Benton County Child Protection, Stearns County Child Protection, St. Cloud Hospital, Anna Maries (Domestic Abuse Shelter), YMCA, Crisis Nursery, Head Start, Albany Hospital.

Stearns County Transitions Task Force. This task force is a County Advisory Committee focused on homelessness, cash/child care assistance, MFIP services, child support, child care licensing, and foster care licensing. RAP program information is shared at each monthly meeting. Attending this meeting has helped us develop a strong relationship with Stearns County.	5	Stearns County, TriCAP, Recovery Plus, St. Cloud HRA, Mid Minnesota Family Practice, Place of Hope, and other professional community members.
Family Education Network. The purpose of this meeting is for community agencies to get together and do monthly program updates. RAP information is shared at each of the monthly meetings. Several of the agencies who attend these meetings are willing to help us do support group and general program outreach.	4	St. Cloud ECFE, Resource Training and Solutions, Big Brothers Big Sisters, TriCAP, Crisis Nursery, Catholic Charities, and St. Cloud State University.
St. Cloud Area Thrive Coalition. A coaltion focused on infant and toddler mental health. RAP program information is also shared at these meetings. We have gotten several referrals from connections we have made because of being a part of this coalition.	1	Many community partners are involved, including (but not limited to): Sauk Rapids ECFE, mental health practitioners, public health, county social workers, and early intervention staff.
Stearns/Benton County Inside-Out Connections. A committee that focuses on supporting children of incarcerated parents. Updates about the RAP program and brochures are distributed at every meeting. Because of our connections with this group we have access to many resources that will help us with our work with relatives caring for children due to parents being incarcerated. Our connections with this group also enabled us to have our program listed in their printed community resource listing.	5	Many community partners are involved, including (but not limited to): St. Cloud School District, Crisis Nursery, Boy Scouts, Boys and Girls Club, YMCA, St. Cloud Reformatory, Benton County Jail, and Stearns County Jail.
Wright County Inside-Out Connections. A committee focused on supporting children of incarcerated parents. We are able to share information at each meeting and have received a few referrals from connections we have made.	1	Many community parters are involved, including (but not limited to): Wright County Public Health, Buffalo ECFE, Wright County Jail, and PATH Crisis Nursery.
MOFAS Advisory. We just became members of this group and it has turned out to be a wonderful connection for the RAP program. There are many relatives raising children with FASD. This group has connected us with the diagnostic clinic at Centra Care and will help us be much better equiped to refer caregivers to this program.	1	Many community parters, including (but not limited to): Arc Midstate, public health, Centra Care.
Strenghtening Families of Incarcerated Parents Coalition.	6	MDE, MDH, DOC (Transition Coordinators, Reentry, Child Support), DHS (CPS and Children's Mental Health), Amicus, Parenting with Purpose, VOA, Wilder, Families and Fathers Network, Office of Public Safety, Council on Crime and Justice, and University of MN.
Relative Search and Engagement Workgroup.	2	DHS and County Child Protection agencies.

Detailed Evaluation Methodology

In order to fulfill the requirements of the Family Connections Grant, MKCA contracted with Wilder Research to help assess the impact of supportive services on kinship families of children at-risk for abuse, neglect, or out-of-home placement – specifically to see how the intervention may help to prevent child maltreatment and increase the stability (safety and permanency) and well-being of children being cared for by kinship families. Another goal was to examine how well MKCA and its community-based partner agencies are able to develop systems for serving informal kinship caregivers (families caring for children not currently served by the formal child protection system).

To accomplish these goals, Wilder Research conducted process and outcome evaluations related to the implementation of the Minnesota Kinship Navigator Project at the six regions and tribal communities in Minnesota. The following describes the evaluation components.

Research questions

The **process evaluation** sought the answers to three main questions.

1. What are the characteristics of kinship caregivers and their families who use Kinship Navigator Project services? What are their needs and what services do they seek? How are they impacted by caregiving?

2. How is the Kinship Navigator Project being implemented and what implementation issues arise at the family level, provider level, and systems level?

3. To what degree are participants satisfied with services, and what are the best ways to effectively engage participants?

The **outcome evaluation** sought answers to questions on two levels: family and systems.

Family level:

1. To what extent does the project make an impact on CFSR Permanency Outcome 1: Children have permanency and stability in their situations?

2. To what extent does the project make an impact on CFSR Permanency Outcome 2: The continuity of family relationships and connections is preserved for children?

3. To what extent does the project make an impact on CFSR Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs?

In addition to the CFSR outcomes, additional questions included:

4. To what extent did the project increase the number of formal and informal kinship caregivers and children participating in support groups, mentoring programs, legal assistance programs, and other supportive services that have been shown to enhance child well-being or improve family stability?

5. To what extent did the project connect more caregivers and children to family counseling, mediation services, and family strengthening programs that have been shown to preserve family connections and increase the likelihood of permanency?

6. To what extent did the project provide intensive one-to-one support and mentoring to caregivers and children who are deemed at serious risk of abuse, neglect or out-of-home placement?

7. To what extent did the project increase the number of kinship caregiver-led families seeking permanent status through reunification, transfer of legal custody, guardianship, or adoption?

8. To what extent did the project increase the frequency (and the quality) of contact with children's biological parents?

9. To what extent did the project improve participating children's school attendance and performance?

10. To what extent did the project reduce participating children's engagement in risky behaviors?

Systems level:

11. To what extent are community resources accessed to support families?

12. To what extent are such resources integrated at the service level (for each family individually) or at the systems level (through new processes that change how the services are organized and/or delivered)?

13. How did the project strengthen and expand the network of services and supports that are available for Minnesota's kinship caregivers and their families?

Research design

The **process evaluation** included a description and analysis of family characteristics; service provider characteristics and service models, including service dosage; and clients' level of connectedness and utilization of community resources. An important component of the process evaluation was to assess the programs efforts to successfully recruit and engage informal kinship families – those families not currently being served through the child welfare system. The process evaluation also examined the coordination of services across systems including community-based partners and formal governmental support services such as economic support and child welfare systems. These data were collected early in the implementation process in order to provide agencies with timely feedback to adjust future efforts at system collaboration.

Progress toward desired **outcomes** was measured at the family level and systems level.

Family level: Information was collected on a range of outcomes for kinship caregivers and their children, including child protection involvement, basic needs, employment, use of MFIP (Minnesota's TANF program) child-only grant, risk and protective factors related to family and child-specific outcomes, child well-being, and the kinship caregiver-child relationship. These outcomes were aligned with the CFSR outcomes selected:

- **Permanency Outcome 1**: Children have permanency and stability in their situations
- **Permanency Outcome 2**: The continuity of family relationships and connections is preserved for children
- **Well-Being Outcome 1**: Families have enhanced capacity to provide for their children's needs

Systems level: This component of the evaluation included an assessment of the degree to which community resources are accessed to support families, and the extent to which such resources are integrated at the service level (for each family individually) or at the systems level (through new processes that change how the services are organized and/or delivered).

In order to help determine if changes to kinship families throughout the program were related to Kinship Navigator intervention, an experimental design was employed that included comparisons among two groups: 1) kinship families who received services, and 2) kinship families who contacted MKCA or its affiliates for information, but did not receive additional services.

Evaluators moved from a quasi-experimental design at the beginning of the project to a true experimental design, because of changes in the data collection process.

Participants served

There were two groups of participants served by the Minnesota Kinship Navigator Project who are included in the evaluation: 1) kinship caregivers and 2) children of kinship caregivers who participated in grant-funded activities.

Towards the end of the grant period, the evaluation also included interviews with a control group of families. These families represent a third unit of analysis. The recruitment procedure involved the random selection of a day each week in which all calls to the MKCA Warmline were assigned to the control group (staff explained the study to those callers and asked them to participate). Control group caregivers were referred to their county social service agency for information and referral services.

Throughout the course of the grant period, the project served a total of 2,167 participants; although this is most likely an underestimate.

A7. Participants served, October 2009 – September 2012

Timeframe	Kinship caregivers	Children	Total
October 2009 to September 2010 (1 year)	472	181*	653
October 2010 to March 2011 (6 months)	452	25	477
April 2011 to September 2011 (6 months)	457	67	524
October 2011 to March 2012 (6 months)	514	113	627
April 2012 to September 2012 (6 months)	653	48	701
Total (unduplicated)	1,860	307*	2,167

** This is the number of children served from October 2009-March 2010. Data collection procedures were put in place to record unduplicated number of children served for subsequent reports; number of children served is very likely underreported.*

In February 2010, project staff were asked to begin completing intake and contact logs for each caregiver served through project activities, including a short intake log completed by caregivers participating in support groups only. Therefore, the numbers in the "participants served" table do not account for persons served before data collection forms were implemented. Also, there was some ramp-up time needed for project staff to fully implement the data collection procedures.

It should also be noted that there are two versions of the intake form: one that includes more extensive information that is completed by staff, and one that is a shorter version

designed to be completed as a self-administered questionnaire with caregivers who participate in support groups only, or other less intensive in-person services. Therefore, demographic information for caregivers is based on 1,084 staff-completed intake forms (more information) and 154 caregiver self-administered questionnaires (less information). Because of limited evaluation resources, demographic information for 484 new clients served in the final evaluation period was not analyzed.

A8. Demographics of caregivers at first contact, October 2009 – September 2012

	First contact October 2009 – September 2012*	
	Number	**Percent**
Age	(N=810)	
18-40 years old	155	19%
41-54 years old	305	38%
55-79 years old	349	43%
80 and over	1	>1%
Mean age	51 years old	
Gender	(N=1,211)	
Female	1022	84%
Male	189	16%
Racial background	(N=976)	
White	598	61%
American Indian	133	14%
African American/African Native	138	14%
Asian American	10	1%
Multiracial	19	2%
Other	17	2%
Unknown	61	6%
Hispanic/Latino (any race)	17	2%
Referral source	(N=1,084)	
Friend/family member	157	15%
Brochure/newsletter	89	8%
Website	345	32%
Community organization/group	93	9%
County social services	128	12%
Other (coded below)	220	20%

A8. Demographics of caregivers at first contact, October 2009 – September 2012 (continued)

	First contact October 2009 – September 2012*	
	Number	**Percent**
Referral source	(N=1,084)	
Newspaper	11	1%
Court system/attorney	53	5%
United Way First Call for Help/help line	16	1%
Conference/event	21	2%
County (not social services)	35	3%
Doctor/mental health/social worker	18	2%
Other various referral sources	66	6%
Income	(N=717)	
Below $20,000/year	255	36%
$20-29,000/year	118	16%
$30-39,000/year	87	12%
$40-49,000/year	69	10%
$50-59,000/year	52	7%
$60-79,000/year	31	4%
$80,000 or above/year	40	6%
Refused	65	10%
Income was reported to be below federal poverty line	179	25%
Relationship to child/children	(N=1,025)	
Grandparent	733	72%
Aunt/uncle	180	18%
Great grandparent	17	2%
Sibling	27	3%
Other relatives	20	2%
Family friend	24	2%
Other	31	3%

A8. Demographics of caregivers at first contact, October 2009 – September 2012 (continued)

	First contact October 2009 – September 2012*	
	Number	**Percent**
Type of kinship care arrangement	(N=1,238)	
Currently caring for kin	1,036	84%
Not currently, but recently had, or will soon be, caring for kin	202	16%
Number of kinship children in the home	(N=805)	
1 child	483	60%
2 children	204	25%
3 children	65	8%
4 children	32	4%
5 or more children	20	2%
Mean	1.6	

**During this final reporting period (April-September 2012) intake forms were not analyzed, and thus not included in this table.*

Kinship Navigator: Caregiver Level

Note: Wilder was unable to provide some of the requested items under this section because we did not ask for it on our intake forms. (Forms were designed before this reporting template was rolled out). For this reason, the following are **not** included in the table[1]:

- Marital status
- Education level
- Employment status
- Primary language
- Primary reason for assuming care
- Number currently receiving kinship guardianship assistance payments

[1] These items were asked in the baseline telephone interviews with "served" and control group caregivers. The analysis of baseline interviews conducted to date is included in the final section of the report.

A9. Demographics of kinship children of caregivers served, October 2009 – September 2012

	First contact October 2009 –September 2012*	
	Number	**Percent**
Age	(N=1,028)	
Birth to 2 years old	143	14%
3 to 4 years old	195	19%
5 to 8 years old	251	24%
9 to 12 years old	219	21%
13 to 17 years old	209	20%
18 to 21 years old	11	1%
Length of time in relative's care	(N=885)	
Less than 6 months	232	26%
6 months to 2 years	238	27%
More than 2 years	415	47%
Children involved in child protection during past 5 years	(N=777)	
Yes	212	27%
No	484	62%
Unknown	81	10%
Children have special needs	(N=493)	
Yes	167	34%

**During this final reporting period (April-September 2012) intake forms were not analyzed, and thus not included in this table.*

Kinship Navigator: Child Level

For this section, we are unable to provide some of the requested items, because we did not ask for them on our intake forms. (Forms were designed before this reporting template was rolled out). However, intake forms completed with caregivers provide some basic information about children of caregivers served through the project. Because children are not the primary direct recipient of services, the following are not included in the table:

- Gender (frequency)
- Race/Ethnicity (frequency)
- Number of siblings (average and frequency)

- Current involvement with the child welfare agency. (On this item, we asked if the children had been involved in the child protection system during the past 5 years.)

- Length of time in foster care

Data collection procedures

Wilder Research worked in partnership with Minnesota Kinship Navigator staff to plan the evaluation design and activities; this included monthly meetings between Wilder Research and MKCA staff; several conference calls facilitated by MKCA with its partner agencies in which Wilder Research staff gave evaluation updates or asked for feedback from partners; a meeting between Wilder Research and staff from the Metro Area Agency on Agency to discuss multiple uses of the evaluation; and an in-person meeting with MKCA and partner agency staff in which Wilder staff answered questions related to revisions to various data collection forms.

Initially, Wilder had planned to access Minnesota Social Service Information System (SSIS) records, but was unable to obtain approval, so did not use this source. As an alternative, Wilder collected information directly from caregivers during the participant interview. In addition, Wilder decided not to use the Family Assessment of Needs and Strengths or the Child Well-Being Tool as a basis for the caregiver assessment, which were both indicated in the original proposal. It was determined that tools were not the best fit for this population, so, instead, Wilder developed the Caregiver Assessment Checklist, which more closely aligns with the characteristics of this population.

Final data procedures and sources are outlined below.

- **Interviews with service provider staff.** During the initial months of the implementation, Wilder Research contacted providers to collect information directly from staff about their service models and processes, staff and program characteristics, and information about the populations (and cultural groups) served.

- **Trainings.** At the beginning of the grant, Wilder held trainings and follow-up technical assistance with MKCA and RAP staff. Wilder participated in a day-long orientation and training of the RAP partner organizations in February 2010; during the meeting, Wilder distributed an overview of the evaluation plan and drafts of several data collection instruments.

- **Focus groups.** In November 2010, staff from Wilder Research conducted four focus groups with 26 kinship caregivers who had recently contacted MKCA, Lutheran Social Service of Minnesota, or Inter Tribal Elder Services. The purpose of the focus groups was to gain a better understanding of the unmet needs identified by kinship

caregivers. Focus group questions emphasized needs related to concrete supports (such as legal assistance, childcare, and financial supports) and informal supports (such as peer support). Three groups took place during the day at Wilder Center in Saint Paul and one was conducted at Inter Tribal Elder Services in Minneapolis. The focus group at Inter Tribal Elder Services focused on the needs of American Indian caregivers.

- **Baseline telephone interviews.** In addition, Wilder staff designed a baseline interview to be conducted with caregivers within one month of their first contact. This includes caregivers who are served by the project as well as a randomly selected control group.

- **Web-based survey.** Wilder worked with MKCA to design a web-based (Survey Monkey) survey of caregivers to find out more about their satisfaction with program services to date.

- **Nine-month follow-up interviews.** Wilder staff designed a follow-up interview to be conducted with caregivers at approximately nine-months after the baseline interview (which is conducted within one month of first contact). This includes caregivers who are served by the project as well as a randomly selected control group.

  Wilder Research staff conducted all nine-month follow-up telephone interviews with caregivers. The follow-up interviews began in November 2011 and were completed in August 2012. In all, 175 follow-up interviews (145 "intervention" and 30 "control" group) were completed. These interviews were matched with the baseline interviews conducted with the intervention and control group sample to measure changes over time.

  Because of limited evaluation resources, MKCA and RAP partners continued to collect intake and contact logs, but it was agreed that Wilder would count forms rather than analyzing, in-depth, the information included in the intake and contact logs. Therefore, there is limited data available about the participants who initiated contact in the final six months of the grant period. Although staff report that clients had similar needs as those served previously.

- **Caregiver Support Specialist Program assessment.** MKCA staff designed two data collection tools to collect feedback about their new Caregiver Support Specialist program. One form is to be completed by the Caregiver Support Specialist at case closure, and the other form is to be completed with caregivers. MKCA will contract with social work student interns to complete forms with caregivers via telephone.

A full list of forms used for data collection is listed below.

A10. Data collection tools completed by MKCA and partner agencies

Form	When to collect	Form description and instructions
Client data		
Intake Form (FULL FORM)	Once at program entry	Complete one form for every new program participant who contacts your organization. To be completed by program staff or volunteers (not participants). Do not read questions verbatim. Participant will often offer much of this information without prompting. Try to fill out the form as completely as possible. At a minimum, make sure to complete the questions in the boxes.
Support Group Participant Intake Form (IN PERSON FORM)	Once at program entry (if participant has not completed an Intake log – FULL FORM)	To be completed by support group participants, training attendees, or other participants *if you have not already completed* a FULL FORM for these participants. Participants complete this form on their own (self-administered). Make sure support group/event facilitators have copies of this form so they can administer it to any new participants each week.
Caregiver Assessment checklist (Included in FULL Intake Form, and as a standalone)	Once within first few contact with participant	Included in full intake form, and as a standalone checklist. Complete the standalone if not already completed in the intake form. To be completed by program staff for new program participants, to assist with case planning and providing services to the participant.
Kinship Contact Log	Once at every contact following the first contact	Complete one form for each participant for every contact they have with your organization *after* the first contact (You do NOT need to fill out a contact log at the first contact. You only need to complete an Intake Form). To be completed by program staff or volunteers (not participants). Try to fill out the form as completely as possible. At a minimum, make sure to complete the questions in the boxes.
Milestone Tracking Form	As needed, after each program milestone	Complete this form to indicate when participant has achieved a key outcome, like adoption or custody, securing housing or child care, or other indicators of positive change related to safety, permanency or well-being.
Support group sign in sheet	Once at every support group session	Distribute a blank copy of this sheet to all support group facilitators in your region. Ask them to bring a copy to each session of the support group, write the name and date at the top, and ask attendees to sign in. Request that support group facilitators send you the completed sheets at the end of each session or end of each month. You may want to keep a log of sheets that you receive to help you keep track of any outstanding forms.
Training cover sheet and attendance log	Once per training	Complete one cover sheet per training (or topic, if training includes multiple topics or presenters). Request attendees to complete the sign in sheet. Attach cover sheet to attendance log.
Children's group sign in sheet and cover sheet	Once at every children's group	Complete one cover sheet per children's activity. Request that each caregiver/adult with complete the sign in sheet for their child(ren). Attach cover sheet to attendance log.

A10. Data collection tools completed by MKCA and partner agencies (continued)

Form	When to collect	Form description and instructions
Program data		
Quarterly Services Summary Form	Once every quarter	Complete this form electronically by entering your data directly into the text boxes. When you complete it, click "save as" and title it with the month and year. Count each activity only once. (For example, do not count the same activity under training and outreach). If you are unsure where an activity fits, contact Carla, Maggie or Michelle, or make your best guess.
Caregiver Assessment checklist (Included in FULL Intake Form, and as a standalone)	Once within first few contact with participant	Included in full intake form, and as a standalone checklist. Complete the standalone if not already completed in the intake form. To be completed by program staff for new program participants, to assist with case planning and providing services to the participant.
Kinship Contact Log	Once at every contact following the first contact	Complete one form for each participant for every contact they have with your organization *after* the first contact (You do NOT need to fill out a contact log at the first contact. You only need to complete an Intake Form). To be completed by program staff or volunteers (not participants). Try to fill out the form as completely as possible. At a minimum, make sure to complete the questions in the boxes.
Milestone Tracking Form	As needed, after each program milestone	Complete this form to indicate when participant has achieved a key outcome, like adoption or custody, securing housing or child care, or other indicators of positive change related to safety, permanency or well-being.
Support group sign in sheet	Once at every support group session	Distribute a blank copy of this sheet to all support group facilitators in your region. Ask them to bring a copy to each session of the support group, write the name and date at the top, and ask attendees to sign in. Request that support group facilitators send you the completed sheets at the end of each session or end of each month. You may want to keep a log of sheets that you receive to help you keep track of any outstanding forms.
Training cover sheet and attendance log	Once per training	Complete one cover sheet per training (or topic, if training includes multiple topics or presenters). Request attendees to complete the sign in sheet. Attach cover sheet to attendance log.
Quarterly Services Summary Form	Once every quarter	Complete this form electronically by entering your data directly into the text boxes. When you complete it, click "save as" and title it with the month and year. Count each activity only once. (For example, do not count the same activity under training and outreach). If you are unsure where an activity fits, contact Carla, Maggie or Michelle, or make your best guess.

Process Evaluation: Additional Data

A11. Caregiver legal status in relation to the child at first contact, October 2009 – September 2012

	First contact October 2009 – September 2012* (N=1,016)	
Caregiver's legal status in relation to the child		
Caregiver has permanent legal custody	218	21%
Children placed in the home due to involvement of County or Tribe	51	5%
Children in home through other documented legal arrangements	97	10%
Children living with caregiver without legal documentation	281	28%
Other (coded below)	303	30%
Children living with caregiver: combination of custody arrangements for multiple children	6	<1%
Child and child's parents living with caregiver	20	2%
Child living part-time with caregiver and part-time with others	12	1%
Caregiver has temporary legal custody (DOPA)	24	2%
Caregiver has notarized paperwork signed by parents	6	<1%
Other various situations	235	23%

**During this final reporting period (April-September 2012) intake forms were not analyzed, and thus not included in this table.*

Source: *Reports from Minnesota Kinship Caregivers Association and five regional partner agencies.*

Note: *Project staff were asked to begin tracking this information in April 2010.*

A12. Caregiver level outputs, types of contact, October 2009 – September 2012

	October 2009 – September 2012*	
	Number	**Percent**
Number of kinship contacts per caregiver	(N=1,084)	
Number of contacts with caregiver	2,154	
Mean number of contacts per caregiver	2.0	
Mode of contacts with caregiver	(N=2,154)	
Phone	1,423	66%
Email	337	16%
In person	279	13%
Other (Website, Facebook)	79	4%
Missing/unknown	52	2%

**During this final reporting period (April-September 2012) contact logs were not analyzed, and thus not included in this table.*

A13. Caregiver level outputs, services provided at contact, October 2009 – September 2012

	October 2009 – September 2012*	
Services provided to caregiver at contact by project staff	(N=2,154)	
Emotional support	819	38%
Resource information/referral	813	38%
"Legal Steps" resource manual/DVD	772	36%
Developed a care plan	341	16%
Conducted a formal assessment	296	14%
Support group information/referral	181	8%
Legal information/advocacy	138	6%
Mentor program information/referral	40	2%
Training information/referral	9	<1%
Other	271	13%

**During this final reporting period (April-September 2012) contact logs were not analyzed, and thus not included in this table.*

***Caregiver could give more than one reason for contact.*

A14. Caregiver level outputs, types of referrals made, October 2009 – September 2012

	October 2009 – September 2012*	
Types of support caregivers are linked to (referrals made)	(N=2,154)	
Legal referral	323	15%
Financial support/MFIP/TANF grant	136	6%
Other RAP/Project Partner	113	5%
County social services	99	5%
Basic needs	94	4%
Mental health/counseling	72	3%
Respite	71	3%
Medical referral	37	2%
Child care	34	2%
Medical Assistance	34	2%
Education services	23	1%
Mediation	2	<1%
Other	91	4%

A14. Caregiver level outputs, types of referrals made, October 2009 – September 2012 (continued)

	October 2009 – September 2012*	
Reason(s) for contact	(N=2,154)	
Questions about custody, adoption, or guardianship	956	44%
Emotional support	573	27%
Financial support/eligibility for benefits	400	19%
Other legal support	213	10%
Legal Steps Manual	202	9%
Other basic needs	153	7%
Mental health/behavior of child	105	5%
Physical health of child	64	3%
Physical health of caregiver	60	3%
Education needs of child	53	3%
Child care	39	2%
Other (coded, main reasons listed below)	709	33%
Event/field trip	155	9%
Project staff contacted caregiver to check-in	92	5%

**During this final reporting period (April-September 2012) contact logs were not analyzed, and thus not included in this table.*

A15. Assessments of caregiver needs, October 2009 – March 2012

	October 2009 – September 2010	October 2010 – March 2012*	
		Number	**Percent**
Identified need	Form not collected during this period	N=380-477	
Caregiver has concerns about child's safety		161	34%
Caregiver has concerns about own safety		31	7%
Caregiver has concerns about family's safety		40	9%
Caregiver has concerns about meeting basic needs of family		145	32%
Children have behaviors that worry caregiver on a regular basis		147	32%
Children are attending or enrolled in school		321	72%
Children are receiving financial benefits		219	57%

A15. Assessments of caregiver needs, October 2009 – March 2012 (continued)

	October 2009 – September 2010	October 2010 – March 2012*	
		Number	Percent
Children have health insurance		324	82%
Caregiver has someone to talk to about their children		401	95%
Caregiver has someone to take care of children when they need a break		336	88%
Caregiver has questions about their legal rights to care for the child		286	61%
Caregiver has had problems in meeting the needs of the children in their care		72	17%

**During this final reporting period (April-September 2012) contact logs were not analyzed, and thus not included in this table.*

A16. General outreach activities, October 2009 – September 2012

	Number of activities	Estimated number of persons reached
Group presentations/group outreach	119	4,725
Newsletter	61	22,400+
One-to-one outreach to professionals	107	150+

**There may be duplication in number of persons reached across semi-annual reporting periods.*

A17. Media coverage, October 2009 – September 2012

	Number of mentions
Radio/ Television	967
Newspaper	188
Web/Online Coverage	73
Billboards	3
Other coverage	19

Outcome Evaluation: Additional Data

A18. Number of children in caregiver's home through a legal or informal kinship agreement

	Intervention group		Control group		All Respondents	
	Number	Percent	Number	Percent	Number	Percent
	(N=145)		(N=30)		(N=175)	
Five	1	1%	0	-	1	1%
Four	4	3%	1	3%	5	3%
Three	11	8%	1	3%	12	7%
Two	34	23%	9	30%	43	25%
One	77	53%	15	50%	92	53%
None	18	12%	4	13%	22	13%
Last time we spoke, you told us you had # kinship children living in your home. Where are these children currently living?*	(N=18)		(N=3)		(N=21)	
Children's parents	11	61%	3	100%	14	67%
Another relative	4	22%	0	-	4	19%
Foster family	1	6%	0	-	1	5%
Residential treatment	1	6%	0	-	1	5%
Kinship child turned 18 and moved	1	6%	0	-	1	5%
Half-way house	1	6%	0	-	1	5%

** Respondents could give more than one response.*

A19. Number of kinship children living with caregiver full time

	Intervention group		Control group		All Respondents	
	Number	Percent	Number	Percent	Number	Percent
	(N=127)		(N=26)		(N=153)	
One child	77	61%	13	50%	90	59%
Two children	31	24%	9	35%	40	26%
Three children	11	9%	1	4%	12	8%
Four children	4	3%	1	4%	5	3%
Five children	1	1%	0	-	1	1%
Average number of kinship children in household	1.52		1.46		1.51	

A20. Have the kinship children been involved in a child protection case during the last 9 months?

	Intervention group		Control group		All Respondents	
	Number (N=143)	Percent	Number (N=29)	Percent	Number (N=172)	Percent
Yes	19	13%	5	17%	24	14%
No	124	87%	24	83%	148	86%

A21. Did you or someone else call child protection about the kinship children during the past 9 months?

	Intervention group		Control group		All Respondents	
	Number (N=143)	Percent	Number (N=29)	Percent	Number (N=172)	Percent
Yes	28	20%	1	3%	29	17%
No	115	80%	28	97%	143	83%

A22. Changes to custody status for any kinship children

	Intervention group		Control group		All Respondents	
	Number (N=132)	Percent	Number (N=29)	Percent	Number (N=161)	Percent
Yes, I now have legal permanent custody (including adoption, guardianship)	31	24%	6	21%	37	23%
Yes, I have taken other steps toward securing custody/adoption/ guardianship	15	11%	6	21%	21	13%
Yes, I have obtained a delegation of parental authority/power of attorney	26	20%	2	7%	28	17%
No, we have an informal arrangement, with no written agreement	30	23%	6	21%	36	22%
No, I already had legal permanent custody	15	11%	5	7%	20	12%
No, I have taken some steps, but no change over the last 9 months	11	8%	1	3%	12	8%
Other	12	9%	4	14%	16	10%

A23. In the last month, did you have the following needs/services?

The number and percent of caregivers reporting "yes"	Intervention group		Control group		All Respondents	
	Number	Percent	Number	Percent	Number	Percent
	(N=133)		(N=29)		(N=162)	
A stable place to live	133	100%	29	100%	162	100%
Phone service, either in your home or a cell phone	133	100%	29	100%	162	100%
Food for at least two meals a day in the last month	131	99%	28	97%	159	98%
Adequate clothing for you and the children in your care	128	96%	29	100%	157	97%
Reliable transportation when you need it	126	94%	28	97%	154	95%
Enough money to pay for heat and other utilities	124	93%	25	86%	149	92%
	(N=109)		(N=23)		(N=132)	
Child care when you need it	88	81%	21	91%	109	83%

A24. Over the past 9 months, did anyone help you apply for or access the following services for the kinship children in your care?

The number and percent of caregivers reporting "yes"	Intervention group		Control group		All Respondents	
	Number	Percent	Number	Percent	Number	Percent
	(N=133)		(N=29)		(N=162)	
Free or discounted medical care	69	52%	13	45%	82	51%
Free or discounted dental care	58	44%	11	38%	69	43%
Free or reduced school lunches	54	41%	15	54%	69	43%
Mental health services	54	41%	11	38%	65	40%
Help with basic needs, like food, transportation, furniture, or household items	42	32%	6	21%	48	30%
Cash support through MFIP* for you or an MFIP child-only grant**	39	29%	3	10%	42	26%
Social security benefits	33	25%	4	14%	37	23%
Case management for you or a kinship child in your care	25	19%	5	17%	30	19%
Child support payments	21	16%	6	21%	27	17%
Free or discounted legal assistance	21	16%	4	14%	25	15%
Group counseling or support for kinship caregivers	19	14%	1	3%	20	12%

A24. Over the past 9 months, did anyone help you apply for or access the following services for the kinship children in your care? (continued)

The number and percent of caregivers reporting "yes"	Intervention group		Control group		All Respondents	
	Number	Percent	Number	Percent	Number	Percent
	(N=133)		(N=29)		(N=162)	
Adoption assistance, relative care assistance, or foster care payments	18	14%	5	17%	23	14%
One-on-one counseling or support for kinship caregivers	17	13%	2	7%	19	12%
Parenting education	8	6%	1	3%	9	6%
Respite care	5	4%	2	7%	7	4%
	(N=126)		(N=27)		(N=153)	
Free or discounted child care	5	4%	1	4%	6	4%
	(N=116)		(N=23)		(N=139)	
Veteran's benefits	1	1%	1	4%	2	1%

**MFIP is the Minnesota Family Investment Program. It is Minnesota's version of TANF cash assistance.*

***There was a statistically significant difference between the intervention group and the control group on this question calculated for those who answered yes (p<.05).*

A25. Of the programs or services you identified, which have been the most helpful?

	Intervention group		Control group		All Respondents	
	Number	Percent	Number	Percent	Number	Percent
	(N=101)		(N=20)		(N=121)	
Free or discounted medical care	27	27%	3	15%	30	25%
Cash support through MFIP* for you or an MFIP child-only grant**	18	18%	2	10%	20	17%
Mental health services	10	10%	2	10%	12	10%
Help with basic needs, like food, transportation, furniture, or household items	8	8%	1	5%	9	7%
Case management for you or a kinship child in your care	6	6%	1	5%	7	6%
Free or reduced school lunches	6	6%	1	5%	7	6%
Social security benefits	6	6%	1	5%	7	6%
Adoption assistance, relative care assistance, or foster care payments	4	4%	5	25%	9	7%
Free or discounted legal assistance	3	3%	2	10%	5	4%
Free or discounted dental care	3	3%	0	-	3	3%

A25. Of the programs or services you identified, which have been the most helpful? (continued)

	Intervention group		Control group		All Respondents	
	Number (N=101)	Percent	Number (N=20)	Percent	Number (N=121)	Percent
Group counseling or support for kinship caregivers	3	3%	0	-	3	3%
Child support payments	2	2%	1	5%	3	3%
One-on-one counseling or support for kinship caregivers	2	2%	1	5%	3	3%
Parenting education	2	2%	0	-	2	2%
Respite care	1	1%	0	-	1	1%

A26. In the past 9 months, how much have you learned about the programs and services in your community that help families?

	Intervention group		Control group		All Respondents	
	Number (N=133)	Percent	Number (N=29)	Percent	Number (N=162)	Percent
A lot	30	23%	6	21%	36	22%
Some	28	21%	7	24%	35	22%
A little	38	29%	8	28%	46	28%
Nothing at all	37	28%	8	28%	45	28%

A27. In the past 9 months, how often have you used these types of programs?

	Intervention group		Control group		All Respondents	
	Number (N=133)	Percent	Number (N=29)	Percent	Number (N=162)	Percent
More than 10 times	27	20%	8	28%	35	22%
5-10 times	21	16%	5	17%	26	16%
3-4 times	18	14%	7	24%	25	15%
Once or twice	28	21%	0	-	28	17%
Never	39	29%	9	31%	48	30%

A28. Improvements to physical health over the past 9 months

	Intervention group		Control group		All Respondents	
	Number (N=133)	Percent	Number (N=29)	Percent	Number (N=162)	Percent
Improved a lot	11	8%	3	10%	14	9%
Improved a little	17	13%	5	17%	22	14%
Stayed the same	73	55%	17	59%	90	56%
Became a little worse	31	23%	4	14%	35	22%
Became a lot worse	1	1%	0	-	1	1%

A29. Improvements to mental health over the past 9 months

	Intervention group		Control group		All Respondents	
	Number (N=133)	Percent	Number (N=29)	Percent	Number (N=162)	Percent
Improved a lot	17	13%	4	14%	21	13%
Improved a little	22	17%	5	17%	27	17%
Stayed the same	73	55%	15	52%	88	54%
Became a little worse	18	14%	4	14%	22	14%
Became a lot worse	3	2%	1	3%	4	3%

A30. Right now, I am able to provide my kinship children with the things they need

	Intervention group		Control group		All Respondents	
	Number (N=133)	Percent	Number (N=29)	Percent	Number (N=162)	Percent
Strongly agree	87	65%	19	66%	106	65%
Somewhat agree	38	29%	9	31%	47	29%
Somewhat disagree	5	4%	1	3%	6	4%
Strongly disagree	3	2%	0	-	3	2%

A31. I am worried about my ability to care for my kinship children in the future

	Intervention group		Control group		All Respondents	
	Number (N=132)	Percent	Number (N=27)	Percent	Number (N=159)	Percent
Strongly agree	12	9%	2	7%	14	9%
Somewhat agree	43	33%	11	41%	54	34%
Somewhat disagree	15	11%	3	11%	18	11%
Strongly disagree	62	47%	11	41%	73	46%

A32. I have someone I can count on to encourage me when I am down?

	Intervention group		Control group		All Respondents	
	Number (N=133)	Percent	Number (N=29)	Percent	Number (N=162)	Percent
Strongly agree	95	71%	20	69%	115	71%
Somewhat agree	30	23%	7	24%	37	23%
Somewhat disagree	3	2%	2	7%	5	3%
Strongly disagree	5	4%	0	-	5	3%

A33. I have someone I can count on to take care of the child(ren) for a few hours in an emergency?

	Intervention group		Control group		All Respondents	
	Number (N=129)	Percent	Number (N=26)	Percent	Number (N=155)	Percent
Strongly agree	95	74%	18	69%	113	73%
Somewhat agree	26	20%	6	23%	32	21%
Somewhat disagree	5	4%	2	8%	7	5%
Strongly disagree	3	2%	0	-	3	2%

A34. How often do you feel that difficulties are piling up so high that you cannot overcome them?

	Intervention group		Control group		All Respondents	
	Number (N=133)	Percent	Number (N=29)	Percent	Number (N=162)	Percent
Most of the time	2	2%	1	3%	3	2%
About half of the time	24	18%	2	7%	26	16%
Rarely	83	62%	23	79%	106	65%
Never	24	18%	3	10%	27	17%

A35. How often do you feel that you are on top of things?

	Intervention group		Control group		All Respondents	
	Number (N=132)	Percent	Number (N=29)	Percent	Number (N=161)	Percent
Most of the time	99	75%	22	76%	121	75%
About half of the time	30	23%	6	21%	36	22%
Rarely	3	2%	1	3%	4	3%
Never	0	-	0	-	0	-

A36. How often do you feel that you have the energy that you need to take care of the children in your home?

	Intervention group		Control group		All Respondents	
	Number (N=133)	Percent	Number (N=29)	Percent	Number (N=162)	Percent
Most of the time	108	81%	22	76%	130	80%
About half of the time	24	18%	5	17%	29	18%
Rarely	1	1%	1	3%	2	1%
Never	0	-	1	3%	1	1%

A37. How often do you feel that you are able to take time for yourself when you need it?

	Intervention group		Control group		All Respondents	
	Number (N=133)	Percent	Number (N=29)	Percent	Number (N=162)	Percent
Most of the time	37	28%	8	28%	45	28%
About half of the time	51	38%	10	35%	61	38%
Rarely	40	30%	8	28%	48	30%
Never	5	4%	3	10%	8	5%

A38. How often do you feel that you have time to do things you enjoy?

	Intervention group		Control group		All Respondents	
	Number (N=133)	Percent	Number (N=28)	Percent	Number (N=161)	Percent
Most of the time	30	23%	7	25%	37	23%
About half of the time	51	38%	12	43%	63	39%
Rarely	43	32%	8	29%	51	32%
Never	9	7%	1	4%	10	6%

A39. Over the last month, how often were you concerned about the kinship children's ability to get along with other children?*

	Intervention group		Control group		All Respondents	
	Number (N=99)	Percent	Number (N=23)	Percent	Number (N=122)	Percent
Often	7	7%	5	22%	12	10%
Sometimes	31	31%	6	26%	37	30%
Rarely	21	21%	6	26%	27	22%
Never	40	40%	6	26%	46	38%

**This question was asked only of participants with children age four or older.*

A40. Over the last month, how often were you concerned about the kinship children's ability to get along with family members?*

	Intervention group		Control group		All Respondents	
	Number (N=98)	Percent	Number (N=23)	Percent	Number (N=121)	Percent
Often	5	5%	2	9%	7	6%
Sometimes	24	25%	4	17%	28	23%
Rarely	24	25%	9	39%	33	27%
Never	45	46%	8	35%	53	44%

**This question was asked only of participants with children age four or older.*

A41. Over the last month, how often were you concerned about the kinship children's ability to get along with other adults?*

	Intervention group		Control group		All Respondents	
	Number (N=99)	Percent	Number (N=23)	Percent	Number (N=122)	Percent
Often	5	5%	2	9%	7	6%
Sometimes	19	19%	4	17%	23	19%
Rarely	27	27%	9	39%	36	30%
Never	48	49%	8	35%	56	46%

**This question was asked only of participants with children age four or older.*

A42. Over the last month, how often were the children able to cope when things went wrong?*

	Intervention group		Control group		All Respondents	
	Number (N=99)	Percent	Number (N=23)	Percent	Number (N=122)	Percent
Often	48	49%	14	61%	62	51%
Sometimes	45	46%	6	26%	51	42%
Rarely	6	6%	1	4%	7	6%
Never	0	-	1	4%	1	1%

**This question was asked only of participants with children age four or older.*

A43. In the past 9 months, did any of your kinship children need specialized educational services?

	Intervention group		Control group		All Respondents	
	Number (N=99)	Percent	Number (N=23)	Percent	Number (N=122)	Percent
Yes	39	39%	13	57%	52	43%
Were you able to get services that you did not have before?	23	59%	6	46%	29	56%
No	60	61%	10	44%	70	57%

A44. Is where you are living now the same place you were living when we last interviewed you (baseline month)?

	Intervention group		Control group		All Respondents	
	Number	Percent	Number	Percent	Number	Percent
	(N=132)		(N=29)		(N=161)	
Yes	115	87%	27	93%	142	88%
No	17	13%	2	7%	19	12%
How many times have you moved?	**(N=17)**		**(N=2)**		**(N=19)**	
1	16	94%	2	100%	18	95
2	1	6%	0	-	1	5%

A45. Between baseline and now, has someone in your household…

	Intervention group		Control group		All Respondents	
The number and percent of caregivers reporting "yes"	Number (N=131)	Percent	Number (N=29)	Percent	Number (N=160)	Percent
Moved in or out	38	29%	7	24%	45	28%
Started a new job	28	21%	7	24%	35	22%
Had a drug or alcohol problem	15	11%	3	10%	18	11%
Lost a job unexpectedly	14	11%	5	17%	19	12%
Become seriously ill or injured*	12	9%	7	24%	19	12%
Gotten into trouble with the law	12	9%	4	14%	16	10%
Been involved in a personal relationship with someone who hit them, slapped them, or pushed them around, or threatened to do so	6	5%	2	7%	8	5%
Gotten married	5	4%	0	-	5	3%
Become pregnant	2	2%	1	3%	3	2%
Died	2	2%	0	-	2	1%
Become separated or divorced	0	-	1	3%	1	1%

**There was a statistically significant difference between the intervention group and the control group on this question calculated for those who answered yes (p<.05).*

A46. Over the last month, how often did you play games with the children?

	Intervention group		Control group		All Respondents	
	Number (N=132)	Percent	Number (N=29)	Percent	Number (N=161)	Percent
Often	76	58%	19	66%	95	59%
Sometimes	40	30%	6	21%	46	29%
Rarely	12	9%	3	10%	15	9%
Never	4	3%	1	3%	5	3%

A47. Over the last month, how often did you have dinner together as a family?

	Intervention group		Control group		All Respondents	
	Number (N=133)	Percent	Number (N=29)	Percent	Number (N=162)	Percent
Often	116	87%	22	76%	138	85%
Sometimes	17	13%	7	24%	24	15%
Rarely	0	-	0	-	0	-
Never	0	-	0	-	0	-

A48. Over the last month, how often did you read with the children?

	Intervention group		Control group		All Respondents	
	Number (N=133)	Percent	Number (N=29)	Percent	Number (N=162)	Percent
Often	78	59%	15	52%	93	57%
Sometimes	31	23%	9	31%	40	25%
Rarely	14	11%	3	10%	17	11%
Never	10	8%	2	7%	12	7%

A49. Over the last month, how often did you remain calm when dealing with the children's misbehavior?

	Intervention group		Control group		All Respondents	
	Number (N=131)	Percent	Number (N=29)	Percent	Number (N=160)	Percent
Often	93	71%	20	69%	113	71%
Sometimes	34	26%	9	31%	43	27%
Rarely	4	3%	0	-	4	3%
Never	0	-	0	-	0	-

A50. Over the last month, how often did you scold or yell at the children?

	Intervention group		Control group		All Respondents	
	Number (N=132)	Percent	Number (N=29)	Percent	Number (N=161)	Percent
Often	6	5%	0	-	6	4%
Sometimes	47	36%	10	35%	57	35%
Rarely	56	42%	17	59%	73	45%
Never	23	17%	2	7%	25	20%

A51. Over the last month, how often did you show the children physical affection, for example by giving him or her a hug or kiss?

	Intervention group		Control group		All Respondents	
	Number (N=133)	Percent	Number (N=29)	Percent	Number (N=162)	Percent
Often	126	95%	26	90%	152	94%
Sometimes	5	4%	2	7%	7	4%
Rarely	2	2%	1	3%	3	2%
Never	0	-	0	-	0	-

A52. Do you recall receiving services from the MN Kinship program?

	Number (N=129)	Percent
Yes	89	69%
No	40	31%

A53. About how many times have you contacted (agency) in the past 9 months by phone, email, or some other way?

	Number (N=92)	Percent
5 or more times	13	14%
1 to 4 times	65	71%
0 times	14	15%

A54. The kinship worker I spoke with gave me useful suggestions…

	Number (N=78)	Percent
Strongly agree	44	56%
Agree	30	39%
Disagree	4	5%
Strongly disagree	0	-

A55. The kinship worker I spoke with was caring and warm…

	Number (N=77)	Percent
Strongly agree	57	74%
Agree	20	26%
Disagree	0	-
Strongly disagree	0	-

A56. The kinship worker I spoke with knew a lot about services and programs in the community that could help me and my family…

	Number (N=71)	Percent
Strongly agree	35	49%
Agree	32	45%
Disagree	2	3%
Strongly disagree	2	3%

A57. The kinship worker I spoke with was easy to reach…

	Number (N=76)	Percent
Strongly agree	35	46%
Agree	37	49%
Disagree	3	4%
Strongly disagree	1	1%

A58. The kinship worker I spoke with was helpful for me and my family…

	Number (N=76)	Percent
Strongly agree	41	54%
Agree	31	41%
Disagree	4	5%
Strongly disagree	0	-

A59. I would recommend the Kinship Navigator Program to families like mine…

	Number (N=78)	Percent
Strongly agree	58	74%
Agree	20	26%
Disagree	0	-
Strongly disagree	0	-

A60. Did your kinship worker help you…

The number and percent of caregivers reporting "yes"	Number (N=76-78)	Percent
By just being there to provide emotional support or encouragement?	52	67%
Understand legal issues or steps to gaining legal rights with regard to your kinship children?	47	61%
With basic things like food, clothing, housing, or paying bills?	14	18%
With parenting?	13	17%
With services related to your own or your kinship children's safety?	12	16%

A61. Of these areas, which one was the most helpful to you or your children?

	Number (N=66)	Percent
Understand legal issues or steps to gaining legal rights with regard to your kinship children?	28	42%
By just being there to provide emotional support or encouragement?	26	39%
With basic things like food, clothing, housing, or paying bills?	8	12%
With parenting?	2	3%
With services related to your own or your kinship children's safety?	2	3%

A62. Overall, how satisfied are you with the information and support provided by your kinship worker?

	Number (N=77)	Percent
Very satisfied	45	58%
Satisfied	29	38%
Dissatisfied	3	4%
Very dissatisfied	0	-

A63. Have you noticed any changes in your family or kinship parenting because of the information, support, and referrals you have received from your kinship worker?

	Number (N=76)	Percent
Yes	38	50%
No	38	50%

A64. Have you ever participated in a kinship parent/grandparents support group?

	Number	Percent
	(N=128)	
Yes	23	18%
No, but I am interested in this service	51	40%
No, and I am not interested	54	42%
How often have you participated?	**(N=23)**	
4 or more times	9	39%
2-3 times	3	13%
1 time	5	22%
None in the past year	6	26%

A65. Overall, how satisfied are you with the information and support provided through the group?

	Number (N=17)	Percent
Very satisfied	11	65%
Satisfied	5	29%
Dissatisfied	0	-
Very dissatisfied	1	6%

A66. Have you participated in a kinship parenting workshop or training program through MKCA or its partners in the past year?*

	Number (N=130)	Percent
Yes	9	7%
No, but I am interested in this service	56	43%
No, and I am not interested	65	50%

**This does not include training that was part of a support group.*

A67. Overall, how satisfied are you with the information and support provided through the training or workshop?

	Number (N=9)	Percent
Very satisfied	6	67%
Satisfied	2	22%
Dissatisfied	1	11%
Very dissatisfied	0	-

A68. Please tell me the top one or two ways that you most prefer to receive information

	Intervention group		Control group	
	Number (N=132)	Percent	Number (N=29)	Percent
Mail	79	60%	9	31%
Email	57	43%	19	66%
Personal phone call	50	38%	9	31%
One-to-one support/mentor	14	11%	4	14%
Electronic newsletter	12	9%	3	10%
Support group/in-person training	11	8%	1	3
Website	6	5%	5	17%

A69. Employment status*

	Intervention group		Control group		All Respondents	
	Number (N=132)	Percent	Number (N=29)	Percent	Number (N=161)	Percent
Employed full-time (35 or more hours a week)	54	41%	16	55%	70	44%
Employed part-time (less than 35 hour a week)	9	7%	7	24%	16	10%
Retired	19	14%	1	3%	20	12%
Disabled (not working)	26	20%	1	3%	27	17%
Unemployed – looking for work	5	4%	1	3%	6	4%
Unemployed – not looking for work	4	3%	1	3%	5	3%
At home full time	13	10%	2	7%	15	9%
Self-employed	1	1%	0	-	1	1%
On sabbatical	1	1%	0	-	1	1%

**There was a statistically significant difference between the intervention group and the control group on this question calculated for those who answered "employed full time," "employed part time," and "not working" (p<.05).*

A70. Geographic location

	Intervention group		Control group		All Respondents	
	Number (N=132)	Percent	Number (N=29)	Percent	Number (N=161)	Percent
Urban area	33	25%	6	21%	39	24%
Suburban area, within 30 miles of urban area	43	33%	15	52%	58	36%
Town in rural area	21	16%	4	14%	25	16%
Outside of town in rural area	35	27%	4	14%	39	24%