Introduction

Understand the historical context and unique challenges that Kinship and Adoptive families face that inspired the development of OhioKAN.

OhioKAN Program Manual Overview

Image

OhioKAN is a flexible and responsive kinship and adoption navigator program designed to support children, youth, and their families. OhioKAN partners with families to strengthen their networks and connect them with programs and services that meet their unique needs. Building on the premise that families are inherently capable of finding solutions to the circumstances and challenges they face, the OhioKAN program takes an inclusive, engaging, and genuine approach to strengthening families and their networks. The OhioKAN program takes a holistic approach to supporting families by focusing on both needs at the family and community level.

OhioKAN aims to address these needs by providing navigation services to kinship and adoptive families to build confidence and connections, while also building the capacity of communities and systems. Macro-level systems change is designed to support and reinforce navigation services while the network of partnerships involved in systems change efforts are expected to benefit families because a more connected system that is aware of the unique needs of kinship and adoptive families will be better equipped to meet their needs.

Background

Kinship and adoptive families face unique challenges that have been neglected in the traditional service systems designed to support foster families. Kinship navigation programs and post-adoption programs have attempted to meet the gaps but have done so with mixed success. Moreover, due to low rigor in the research design of evaluations of kinship navigation programs, the field lacks robust evidence about these programs' effectiveness. The demand for evidence-based programs to support kinship families has been exacerbated by rising kinship placements as a result of the U.S. opioid epidemic [1]. In the state of Ohio, nearly 9% of all children are being raised by kinship caregivers [2].

Federal directives that impact funding have opened new opportunities for the development and evaluation of kinship navigation programs. In February of 2018, the Family

First Prevention Services Act (FFPSA) was enacted, allowing states to receive federal matching funds for the provision of prevention services implemented by a federally approved kinship navigator program. To qualify for approval, these programs must be evaluated according to rigorous criteria established by the Title IV-E Prevention Services Clearinghouse and demonstrate positive outcomes in specified domains 3 . As of March 2022, three kinship navigator programs have been rated by the Clearinghouse, including Ohio's Kinship Supports Intervention/ProtectOHIO which has been rated as "promising," and therefore is eligible for federal Title IV-E funding. In addition, the Clearinghouse rated both the Children's Home Society of New Jersey Kinship Navigator Model and the Kinship Interdisciplinary Navigation Technology-Advanced Model (KIN-Tech) as "does not currently meet criteria" 4 .

In response to the increased demand for kinship and post-adoption services and to the new legislation, the Ohio Department of Children and Youth (DCY) set out to develop a statewide kinship and adoption navigation program that would be well-positioned for a rigorous outcome evaluation according to FFPSA standards. Ohio Kinship and Adoption Navigator (OhioKAN) is the result of this initiative, which was established in partnership with over 90 stakeholders. These stakeholders collaborated extensively to identify gaps in kinship and adoptive families' access to support and services in the state of Ohio and to generate strategies to address these gaps.

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1   Waite, D., Greiner, M. V., & Laris, Z. (2018). Putting Families First: How the Opioid Epidemic Is Affecting Children and Families, and the Children Services Policy Options to Address It. Journal of Applied Research on Children, 9(1), 4.

2   Ohio Department of Job and Family Services (ODJFS). (2019, March). Fact Sheet: Kinship Care. Retrieved from https://jfs.ohio.gov/factsheets/KinshipCare.pdf

3   Wilson, S. J., Price, C. S., Kerns, S.E., Dastrup, S. R., & Brown, S. R. (2019). Title IV-E Prevention Services Clearinghouse Handbook of Standards and Procedures, v1.0. OPRE Report 2019-56. Retrieved from https://preventionservices.abtsites.com/themes/ffc_theme/pdf/psc_handbo...

4   Title IV-E Prevention Services Clearinghouse. Retrieved from https://preventionservices.abtsites.com/program?combine_1=&prograting%5...

Kinship and Adoptive Families

Kinship caregivers include relatives or close friends that become responsible for a child in their extended family or social network. Collectively, they account for the care of more than 2.5 million children in the United States. The circumstances leading to the caregiving arrangement can vary significantly but often follow a family crisis, during which there may be little to no preparation prior to bringing the child into the new home. The majority of these placements are "informal" meaning that the arrangement was made voluntarily, with or without the involvement of child welfare services. In addition, over 1.5 million children in the U.S. are living in adoptive families, and these two populations overlap. Of U.S. children adopted in FY 2018, 36% were adopted by relatives, while another 52% were adopted by foster parents, some of whom were likely relative or non-relative kin 5 . Poverty rates for kinship families are double the U.S. average, underscoring their need for support services, such as financial and social services. Moreover, the child's transition into the new home often puts added pressure on limited household resources and creates the need to navigate a host of new service systems related to the child's needs (e.g., legal, medical, mental health) 6 . Adoptive families tend to have higher incomes than kinship families on average, but many are also in need of material resources and specialized support to address changes in family dynamics over time.

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5   U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau (2019). The AFCARS Report. Retrieved from: https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport26.pdf

6   Pew Research Center. (2013). At grandmother's house we stay. One-in-ten children are living with a grandparent. Retrieved from Washington DC: https://www.pewsocialtrends.org/ 2013/09/04/at-grandmothers-house-we-stay/

Kinship and Adoptive Families in Ohio

The census estimates that there are 230,850 kids (9.2%) children living in kinship households in Ohio 10 . Almost 100,000 grandparents in Ohio are the primary caregivers for their grandchildren, often caring for multiple children in the household 11 . Of these grandparents, 67% are under the age of 60, 58% are in the workforce, 22% are in poverty, and 27% have a disability 12 . Additionally, well over 4,000 adoptions were processed through Ohio's probate courts in 2018, and more than 3,000 permanent custody cases were disposed in the state's juvenile courts that same year.

Given that informal kinship families may have little to no contact with the courts, less is known about their circumstances. However, of the informal kinship caregivers that received information and referral services from four rural sites in Ohio in a span of six months, 76% were white and 86% were female 13 . The median age was 54 years, but caregivers ranged from 19 to 74 years of age. Most had a high school education or lower and lived in low-income households 14 . As for children living in formal kinship households that received kinship support services in Ohio in recent years, about a third were under the age of 2 years, whereas another third were adolescents 15 . Of these youth, 59% were white, 29% were Black, and 4% were Hispanic. The vast majority (75%) were living in low-income households, as indicated by their eligibility for Title IV-E provisions.

Considering these national and local patterns, Ohio stakeholders met to discuss various sources of information to identify the most pressing needs faced by kinship and adoptive families. These sources included review of the research literature, national and Ohio-based kinship and adoption navigator programs, and data from caregivers and professionals in Ohio. Based on this information, stakeholders identified five primary needs that would be targeted by OhioKAN. The following section describes the national research literature regarding the identified needs.

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10   https://data.census.gov/table?q=S0901&g=040XX00US39&y=2023

11   Burroughs, V. & Dinehart, S. (2019, November). OhioKAN Design Workgroup Sessions. Presented at the OhioKAN Design Team meeting, Columbus, Ohio.

12   Burroughs, V. & Dinehart, S. (2019, November). OhioKAN Design Workgroup Sessions. Presented at the OhioKAN Design Team meeting, Columbus, Ohio.

13   Scale Strategic Solutions. (2019) Kinship navigator program evaluation: Year one final evaluation report.

14   Clone, S. (2019, November). Overview of Ohio Kinship Navigator Evaluations. Presented at the OhioKAN Design Team meeting, Columbus, Ohio.

15   Human Services Research Institute, Westat, & Chapin Hall Center for Children at the University of Chicago. (2016). ProtectOHIO Final Evaluation Report: Ohio's Title IV-E Waiver Demonstration Project Covering the Third Waiver Period, 2010-2-15. Retrieved from http://jfs.ohio.gov/ocf/ProtectOHIOThirdWaiverPeriod2010-2015FinalEvaluationReportFebruary2016.stm

The Problem: Needs at the Family-Level

Children face caregiving disruptions as a result of family adversity, often related to poverty, neglect, maltreatment, or contact with the criminal justice system 16 . The disruption in the caregiving placement constitutes an additional source of acute stress, and sometimes trauma, for the child and the family. Relatives responding to the need to care for the affected child take on new roles and responsibilities that they were unprepared for and often struggle with the resulting complexities of these new roles. For instance, kinship families experience issues with generational gaps, family loyalty, guilt and conflict regarding contact with birth parents 17 . In addition, kinship caregivers may underplay the behavioral difficulties of the children in their care 18 , potentially due to lack of trust of service providers or fear that further involvement with the child welfare system may jeopardize the placement 19 20 . Underreporting behavioral difficulties can result in missed opportunities for early intervention, which are particularly important given the multifaceted needs faced by children in kinship care 21 .

On the other hand, adoptive families often face a different set of complex dynamics. Difficulties may not emerge until specific developmental periods that fall outside the range of post-adoption support services. Conflicts in adoptive families are more likely to arise when the child reaches adolescence, which may be years after the finalization of the adoption 22 . Discerning differences in normative adolescent conflict from adoption-related issues can be of particular importance in these scenarios, yet families struggle to find providers that are specialized in issues of adoption 23 . This is a significant failed opportunity, given that adoptive parents stand to benefit substantially from understanding and learning to manage the child's difficult behaviors, even if the behaviors themselves do not change 24 .

Despite the prevalence of these complex family dynamics, kinship caregivers lack information about services available to address them 25 26 . Kinship caregivers may not be aware of their eligibility for certain programs and have lower expectations of assistance from child welfare compared to unrelated caregivers, especially when these families were formed via informal arrangements. Research has shown that kinship caregivers' lack of knowledge about resources moderates their children's access to needed mental health services, even when child welfare caseworkers are involved. Accordingly, recent initiatives have emphasized family engagement as a critical feature of programs for kinship families and recommended using public media campaigns, school-based programs, and health care and community professionals to promote engagement. Moreover, psychoeducation and navigation services can be especially effective to connect families with mental health services 27 .

Similarly, many adoptive families lack knowledge of the services that they are eligible for post-adoption 28 . Whereas pre-adoption services are often expected and available, families' need for services may not emerge until specific developmental periods or the occurrence of stressful events that may take place years after the adoption is finalized, after the connections to services have dissipated 29 . Therefore, researchers and practitioners have advocated for programs that provide a continuous model for follow-up and maintained connections to providers 30 .

Another long-recognized barrier that keeps both kinship and adoptive families from services is social stigma, particularly regarding mental health services. For instance, kinship caregivers may worry that the child's emotional or behavioral difficulties may be interpreted as a personal failure of the caregiver and may prompt increased involvement with the child welfare system or compromise the child's placement 31 32 . Adoptive caregivers also report feeling stigma, albeit in different forms. Weistra and Luke (2017) report that adoptive caregivers felt misunderstood by non-adopters and misrepresented as "heroes" or "desperate" by the media 33 .   Normalization of these families' unique dynamics and difficulties and of seeking services to address them can facilitate improved service access 34 .

Additionally, systemic issues can exacerbate barriers to accessing services for families of color and of lower socio-economic status 35 . Studies have repeatedly shown that Black and Latino youth with both kinship and non-related caregivers are less likely than White children to receive recommended mental health services 36 37 38 . Moreover, kinship caregivers of color and of lower socio-economic status are less likely to access needed medical and mental health services for themselves, even though they experience greater need for these services than their white and higher income counterparts 39 . Although the intersection of race, socio-economic status, and geographical location makes it difficult to disentangle the reasons for lower service utilization, studies suggest that negative and stigmatizing experiences with services providers may be, at least partly, responsible for these disparities 40 41 . Importantly, Schneiderman and colleagues found that when Black kinship caregivers faced difficulty with access to services, they sought help from their social networks 42 . Understanding how cultural factors influence the use of formal and informal services among kinship families of color is essential to increasing their access to adequate supports. Moreover, assessing the presence and magnitude of providers' stigma towards the families they serve may be useful to identify and address areas for organizational training and service improvement 43 .

16   ong, K. (2017). Children Services involvement and contexts of poverty: The role of parental adversities, social networks, and social services. Children and youth services review, 72, 5-13.

17   Smithgall, C., Mason, S., Michels, L., LiCalsi, C., & George, R. (2009). Intergenerational and interconnected: Mental health and well-being in grandparent caregiver families. Families in Society, 90(2), 167–175. http://dx.doi.org/10.1606/1044–3894.3869.

18   Rosenthal, J. A., & Curiel, H. F. (2006). Modeling behavioral problems of children in the Children Services system: Caregiver, youth, and teacher perceptions. Children and Youth Services Review, 28(11), 1391-1408.

19   Coleman, K. L., & Wu, Q. (2016). Kinship care and service utilization: A review of predisposing, enabling, and need factors. Children and Youth Services Review, 61, 201-210.

20   Berrick, J. D., Barth, R. P., & Needell, B. (1994). A comparison of kinship foster homes and foster family homes: Implications for kinship foster care as family preservation. Children and Youth Services Review, 16, 33–63.

21   Breman, R. (2014). Peeling back the layers–kinship care in Victoria: Research Report. Camberwell, Victoria: Baptcare. Retrieved from https://core.ac.uk/download/pdf/30673587.pdf

22   Stevens, K. (2011). Post-Adoption Needs Survey Offers Direction for Continued Advocacy Efforts, Adopttalk. North Council on Adoptable Children.

23   Rolock, N., Bader, H., Diamant-Wilson, R., Blakey, J., Zhang, L., White, K., Cho, Y., Fong, R. (2019). Evaluation results from Wisconsin-Final evaluation report. In Rolock, N. &

Fong, R. (Eds.). Supporting adoption and guardianship: Evaluation of the National Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG)-Final evaluation report. (pp. 7-1 – 7-68). Washington, DC: Department of Health and Human Services, Administration for Children and Families, Children's Bureau.

24   AdoptUsKids (2015). Support Matters: Lessons from the field on services for adoptive, foster, and kinship care families. Retrieved from: http://adoptuskids.org/_assets/files/AUSK/support- matters/support-matters-resource-guide.pdf

25   Children Services Information Gateway (2019). Children's Bureau Grantee Synthesis: Kinship Navigation Programs. Retrieved from https://www.childwelfare.gov/pubPDFs/kinshipnavigator.pdf

26   Coleman, K. L., & Wu, Q. (2016). Kinship care and service utilization: A review of predisposing, enabling, and need factors. Children and Youth Services Review, 61, 201-210.

27   Smithgall, C., Yang, D., & Weiner, D. (2013). Unmet mental health service needs in kinship care: The importance of assessing and supporting caregivers. Journal of Family Social Work, 16(5), 463–479. http://dx.doi.org/10.1080/10522158.2013.832460.

28   Dhami, M. K., Mandel, D. R., & Sothmann, K. (2007). An evaluation of post-adoption services. Children & Youth Services Review, 29(2), 162-179.

29   Stevens, K. (2011). Post-Adoption Needs Survey Offers Direction for Continued Advocacy Efforts, Adopttalk. North Council on Adoptable Children.

30   Rolock, N., Bader, H., Diamant-Wilson, R., Blakey, J., Zhang, L., White, K., Cho, Y., Fong, R. (2019). Evaluation results from Wisconsin-Final evaluation report. In Rolock, N. & Fong, R. (Eds.). Supporting adoption and guardianship: Evaluation of the National Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG)-Final evaluation report. (pp. 7-1 – 7-68). Washington, DC: Department of Health and Human Services, Administration for Children and Families, Children's Bureau.

31   Coleman, K. L., & Wu, Q. (2016). Kinship care and service utilization: A review of predisposing, enabling, and need factors. Children and Youth Services Review, 61, 201-210.

32   Gladstone, J. W., Brown, R. A., & Fitzgerald, K. J. (2009). Grandparents raising their grandchildren: Tensions, service needs and involvement with Children Services agencies. International Journal of Aging and Human Development, 69(1), 55–78. http://dx.doi. org/10.2190/AG.69.1.d.

33   Weistra, S., & Luke, N. (2017). Adoptive parents' experiences of social support and attitudes towards adoption. Adoption & Fostering, 41(3), 228-241.

34   Wang, K., Link, B. G., Corrigan, P. W., Davidson, L., & Flanagan, E. (2018). Perceived provider stigma as a predictor of mental health service users' internalized stigma and disempowerment. Psychiatry Research, 259, 526-531.

35   Szolnoki, J., & Cahn, K. (2002). African American kinship caregivers: principles for developing supportive programs. Northwest Institute for Children & Families, 4(5), 1-15.

36   Staudt, M. M. (2003). Mental health services utilization by maltreated children: Research findings and recommendations. Child Maltreatment, 8(3), 195–203. http://dx.doi.org/ 10.1177/1077559503254138.

37   James, S., Landsverk, J., Slymen, D. J., & Leslie, L. K. (2004). Predictors of outpatient mental health service use—The role of foster care placement change. Mental Health Service Research, 6(3), 127–141. http://dx.doi.org/10.1023/B:MHSR.0000036487.39001.51.

38   Petrenko, C. L. M., Culhane, S. E., Garrido, E. F., & Taussig, H. N. (2011). Do youth in out-of- home care receive recommended mental health and educational services following screening evaluations? Children and Youth Services Review, 33(10), 1911–1918. http://dx.doi.org/10.1016/j.childyouth.2011.05.015.

39   Coleman, K. L., & Wu, Q. (2016). Kinship care and service utilization: A review of predisposing, enabling, and need factors. Children and Youth Services Review, 61, 201-210.

40   Chambers, J. E., & Ratliff, G. A. (2019). Structural competency in Children Services: Opportunities and applications for addressing disparities and stigma. J. Soc. & Soc. Welfare, 46, 51.

41   Kennedy, S. C., Miller, C., & Wilke, D. (2020). Development and validation of the Children Services Provider Stigma Inventory. Journal of Social Work, 20(6), 703-729.

42   Schneiderman, J. U., Smith, C., & Palinkas, L. A. (2012). The caregiver as gatekeeper for accessing health care for children in foster care: A qualitative study of kinship and un- related caregivers. Children and Youth Services Review, 34, 2123–2130. http://dx.doi. org/10.1016/j.childyouth.2012.07.009.

43   Kennedy, S. C., Miller, C., & Wilke, D. (2020). Development and validation of the Children Services Provider Stigma Inventory. Journal of Social Work, 20(6), 703-729.

The Problem: Needs at the Community Level

While families benefit most from services provided by specialized professionals, finding providers with these competencies is often difficult. Lack of infrastructure for service coordination among providers and organizations that specialize in serving kinship and adoptive families may limit their visibility within the community [44]. Communities have also struggled to strengthen interagency collaboration due to a number of organizational barriers, ranging from differences between organizational cultures and values, to practical and legal limitations regarding the release of client information with partnering agencies, to staff turnover that destabilizes interagency relationships [45][46][47]. In addition to increasing service uptake, agencies themselves stand to benefit from such collaboration, as it increases their legitimacy, credibility, and financial resources [48]. Therefore, recommendations for facilitating interagency collaboration include the development of practical information sharing protocols (such as electronic forms for exchanging information about clients) to enable more effective communication between agencies, as well as the creation and maintenance of state-level directories of available and specialized services for kinship and adoptive families.

Perhaps the greatest barrier to both kinship and adoptive families' access to services is the lack of available service agencies and providers in some communities, particularly in rural areas. Material resources and financial assistance are often among the most frequent needs for of kinship and adoptive families both in Ohio, and nationally, but direct cash assistance is not a typical component of most family-serving agencies [49]. Moreover, there are stark disparities in the distribution of other human services needed by kinship and adoptive families, including limited specialized mental and behavioral health providers in rural regions of the U.S. [50]

Informed by extensive stakeholder engagement and the forgoing review of research literature, ODJFS issued an RFP for the design, implementation, and evaluation of a statewide kinship and adoption navigator program. Kinnect, a statewide nonprofit organization, was selected by ODJFS to lead the development of the OhioKAN program. The following section describes the core components of the OhioKAN program model as developed, implemented, and evaluated by Kinnect in partnership with ODJFS.

44   Osofsky, J.D., & Lieberman, A.F. (2011). A call for integrating a mental health perspective into systems of care for abused and neglected infants and young children. American Psychologist, 66(2), 120–128http://dx.doi.org/10.1037/a0021630.

45   McLean, S. (2012). Barriers to collaboration on behalf of children with challenging behaviors: A large qualitative study of five constituent groups. Child & Family Social Work, 17, 478–486.

46   Acri, M.C., Palinkas, L, Hoagwood, K.E., Shen, S., Schoonover, D., Reutz, J.R., et al. (2014). Interorganizational relationships among family support organizations and child mental health agencies. Administration and Policy in Mental Health and Mental Health Services Research, 41(4), 441–454.

47   Ziviani, J., Darlington, Y., Feeney, R., Meredith, P., & Head, B. (2013). Children with disabilities in out-of-home care: Perspectives on organizational collaborations. Children and Youth Services Review, 35, 797–805.

48   Lawrence, T.B., Hardy, C., & Phillips, N. (2002). Institutional effects of inter-organizational collaborations: The emergence of proto-institutions. Academy of Management Journal, 45(1), 281–290.

49   Scale Strategic Solutions. (2019) Kinship navigator program evaluation: Year one final evaluation report.

50   Andrilla, C. H. A., Patterson, D. G., Garberson, L. A., Coulthard, C., & Larson, E. H. (2018). Geographic variation in the supply of selected behavioral health providers. American Journal of Preventive Medicine, 54(6), S199-S207.